An Equal Start: Improving outcomes in Children’s Centres

The Evidence Review

UCL Institute of Health Equity
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The Evidence Review
In 2010, when we published *Fair Society, Healthy Lives*, we identified the importance of giving every child the best start in life. What was evident then was that inequalities in outcomes in the early years were highly predictive of inequalities in health and other outcomes in later years. I am deeply concerned that only 59 per cent of children reach a good level of development at age five and that this is partly related to family socioeconomic status. We should and can do more to improve outcomes for children. We advocated for action to reduce inequalities in physical and emotional health, cognitive, linguistic and social skills. We also called for high quality maternity services, parenting programmes, childcare and early-years education to meet the need across the social gradient. Since then government has placed greater emphasis on the early years; and the need to focus on this area was further highlighted by Frank Field and Graham Allen in two major independent reviews for government.

Encouragingly, I now find myself surrounded with activity trying to make this happen. This is a great opportunity to ensure that we get it right. It is into this context that we were asked, by 4Children, to develop an outcomes framework for Children’s Centres to help inform their activities and priorities. This would enable Children’s Centres to prioritise those outcomes that would matter most to later life outcomes, and would enable them to judge whether or not they were making a difference. Our proposed priority outcomes are based on the best available evidence, and we were assisted by a steering group of highly skilled academics, government representatives, practitioners and commissioners.

The outcomes are described in the executive summary and the main report. They fall into three categories: outcomes targeted at improving children’s development, outcomes based on parenting, and outcomes based on improving the lives of parents. We are encouraged by the work of government in this area, specifically on identifying the most important outcomes for children through the focus on school readiness at age five, and for acknowledging the importance of parenting. We identify the most important of these outcomes and link, where relevant, to existing frameworks. We add more detail on those aspects of parenting that have been shown to be particularly effective, and place importance on the parenting context, for instance levels of debt, and physical and emotional health.

Our focus here, therefore, is not just on determinants of health, but on the determinants of a wider range of later life outcomes. In *Fair Society, Healthy Lives* we argued that focusing only on obesity and smoking, for example, could not reduce the gradient in health: rather, we needed to focus on the causes of the causes (the circumstances in which people are born, grow, live, work and age – the Social Determinants of Health). We do need to reduce obesity and smoking, but we also need to look at income levels and stress. Similarly, here we argue that we need to improve children’s attention and skills, but we also need to increase positive engagement with children, and to look at promoting the conditions that best support parents to be good parents. Juggling two jobs, while living in an overcrowded house, will limit the time and space available for good parenting. Insufficient income or poor quality work will increase parental stress and limit parents’ capacity to be positive parents with high levels of attachment to their children. I am aware that the new approach by government reflects a belief that it is not who parents are that matters, but what they do. This is true, but what is also important is that parents’ lives impact on what they do. Supporting parents to have good mental wellbeing, improved skills and knowledge, and financial security are important in ensuring that they do not have levels of stress that interfere with good parenting. Children’s Centres can only support some of this, for instance through facilitating access to advice, support services and skills training.

It is clear from our work that focusing just on a small group of children who are most at risk, for instance children from ‘troubled families’, will miss many children at risk of poor outcomes. More children have good development in the richest, highest social groups, while each step down the social scale is associated with more children not reaching their full potential.

Children’s Centres can be at the heart of local area activity working to improve outcomes for young people. Our work in this area will continue, with added focus on the measurement of these outcomes.

Professor Sir Michael Marmot
Director of the UCL Institute of Health Equity
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We thank all of those who hosted us and participated in our visits to Birmingham, Gateshead, Knowsley, Tower Hamlets, Warwickshire and as well as others who took time to inform our work.

We thank 4Children for funding this project.

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Executive Summary

Summary
This work identifies the most important outcomes Children’s Centres should be striving for in order to give all children positive early-years experiences. We draw together the best academic evidence, the views of practitioners and parents, and the work that government continues to take forward around the early years. We recognise the value of many of the existing national and local frameworks. Our project adds to the debate by drawing those together and emphasises the need to focus on supporting good parenting and the environment in which parents live and work.

The early years
What happens in pregnancy and the early years of a child’s life has a profound impact on the rest of his or her life. Experiences in the early years influence children as they grow, through primary school, secondary school and into adulthood. For example, one study suggests that children born with very low birth weight are less likely to enter post-secondary education than their peers (30 per cent versus 53 per cent) (Hack et al 2002). More children are born with very low birth weight in poorer communities than in those that are wealthier. Feinstein (2003) explored the success of children from the 1970 British Cohort Study on a development index derived from tests that children carry out in two observations of children’s language. His research found that 26 per cent of children in the lowest quartile at 42 months went on to gain no or ‘miscellaneous’ qualifications by 26 years old while the comparative figure for children in the highest quartile was 6.5 per cent. Only 17 per cent of lowest quartile children achieved A-level or above compared to 52.5 per cent of highest quartile children.

Policies that are universal and proportionate to increasing need are critical to reducing these inequalities – see figures 1–4 over.

When Sure Start was first introduced, it had ambitions to sever the link between childhood disadvantage and poverty in later life. Twelve years on, Children’s Centres still inspire that level of ambition among many.

AN EQUAL START: IMPROVING OUTCOMES IN CHILDREN’S CENTRES – THE EVIDENCE REVIEW
Our work

The document Core Purpose of Children’s Centres, co-produced in 2012 by the Department for Education, local authorities and early years professionals, articulated a vision for Children’s Centres. They would “improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness supported by improved parenting aspirations, self-esteem and parenting skills and child and family health and life chances.”

This built on years of attention and investigation from government into the factors that drive outcomes for children, and how to redress the inequalities that exist. Reports such as Professor Cathy Nutbrown’s Foundations for Quality, Professor Eileen Munro’s Better Frontline Services to Protect Children, Dame Clare Tickell’s The Early Years: Foundations for life, health and learning, Frank Field’s The Foundation Years: Preventing Poor Children Becoming Poor Adults, and Graham Allen’s Early Intervention: Next Steps all contribute to how we support families most effectively in the earliest years.

Questions remain over how best to achieve the Core Purpose. Practitioners and policy colleagues often seek to distil the most important aspects of children’s early years into a manageable set of priorities. Choosing the right priorities becomes even more important in times of declining resources both in and around early years services for families.

We asked:

Where should Children’s Centres focus their efforts to improve the early years for children, and in particular reduce inequalities in health and other outcomes? What are the essential outcomes that need to—and can be—improved?

The identification of essential outcomes sits at the heart of our work. We provide policy colleagues, strategic leaders and Children’s Centre managers with areas for focus and associated outcomes based on what the evidence says matters most in the early years for improving early experience for all young children and their families. These are outcomes that the evidence suggests Centres can influence.

We describe the evidence and prioritise the following three areas. Once children are safe and their basic health needs are met, Children’s Centres should focus on:

- Children’s health and development
  Cognition, communication and language, social and emotional development, and physical health are all critical for children to thrive as they grow up. While debate continues about which of these four aspects is the most important, there is agreement that they are all critical and interrelated. All Children’s Centres support children in these areas.

- Parenting
  The dynamic interaction between parent and child, and in particular the type of home communication and learning environment that parents establish and nurture for their children from birth, is critical. Parenting must also generate attachment between parents and their children. Children’s Centres can offer a range of interventions and opportunities to support parents to improve their own approaches and skills based on an understanding of what is most important.

- Parents’ lives
  There are particular factors that sit outside the immediate parent-child relationship but exert powerful influence over parenting. Parents’ health, social networks, financial resources and knowledge about parenting collectively act as enablers or barriers to nurturing their children’s development. Children’s Centres can support parents to improve a number of these even if not all are within their remit.

The latter two focuses – parenting and parents’ lives – are particularly important in improving early-years experiences and later-life chances. Evidence shows that parenting, shaped by the parent’s own context, drives much of what happens in the early years. Parenting and the context in which it takes place is associated with the inequalities that exist between families and across the social gradient, and with the inter-generational persistence of inequality.

While many Children’s Centres already prioritise parenting, the measures of success now need to do the same, placing parenting and parenting circumstances on equal footing with influencing children directly.

Developing the evidence base

The areas chosen for focus stem from the research and have been rigorously debated by experts. The evidence we have assessed and on which our priority areas are based includes:

- Evidence review
  We have considered the existing evidence about why the early years are so important, the links between early-years experiences and outcomes and inequalities throughout life. We have explored evidence about ingredients of successful interventions and services and how Children’s Centres can make a difference to parenting and to the family’s context through services to children.

- Field visits
  We discussed this research with parents and professionals in local contexts, on visits to Warwick, Birmingham, Knowsley, Tower Hamlets and Gateshead. During these visits we gathered qualitative evidence about what parents and professionals think is important and how they assess impact, change and improved outcomes for children.
Children with particularly poor communication skills and support. However, the skills of a poor outcomes remains stubbornly unequal. Many outcomes such as academic achievement, behaviour and employment outcomes are worse further down the socioeconomic gradient. These disparities are often sustained through the generations.

The Core Purpose of Children’s Centres recognises the persistent and complex relationships between family status and outcomes. The core purpose of Sure Start Children’s Centres is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so children are equipped for life and ready for school, no matter what their background or family circumstances. We emphasise that parental engagement is needed across the social gradient, not simply for the most disadvantaged, although this is where most intergenerational support has occurred. All the statutory frameworks refer to parenting, and there are some existing measures. For example, the Ofsted Inspection Framework for Children’s Centres looks at: “the extent to which all children and parents, including those from target groups, enjoy and achieve educationally and in their personal and social development.” Yet further detail is often absent. Finding individual measures that balance rigour with simplicity still proves elusive.

We identify where further investment should be focused to fill the measurement gaps around the most important aspects of parenting. When taken together, the specific measures we propose give a robust analysis of parenting quality and children’s development.

Parent’s lives: those elements of parent’s lives which exert powerful influence over parenting

Parenting is influenced by parents’ own childhoods and their current lives, including their own mental wellbeing, their income, and their networks of support. There are, of course, aspects of family life that can affect home and community environments.

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Well-trained, highly qualified staff
Professionals with a good grasp of early-years pedagogy supported by knowledgeable and stable leaders are critical. Research into play suggests staff should possess the following essential, specific attributes: they need to provide clarity of what is expected, positively encourage children to cooperate and engage, and to consistently model good behaviour (although perfection is not needed). There is evidence that collaboration between staff is powerful: workers with a wide range of skills and professional backgrounds can work together to deliver a high-quality family support service. This evidence is backed up by views from parents who consistently cite the staff – and often individual staff members – as the reason that their parenting skills and confidence have improved. We welcome the tenor of Professor Nutbrown’s review into early education and childcare and in particular the call to ensure that professionals have the skills and understanding needed to guide babies and young children the best start in life.

Outreach and engagement
Evidence shows that engaging with families is critical: many families would not naturally consider entering a Centre and while Children’s Centres provide outreach services in the community, a significant proportion of their offer remains within the Centre building itself. Evidence and practice suggest a number of features for successful engagement, including peer support and peer referral.

Successful approaches to increasing engagement have included the development of trusting personal relationships between providers and service users; resolving practical issues (such as whether the parent had previous experience of being turned down when asking for help, opening times, availability of childcare and cost of services); providing a ‘service culture’; and being responsive to the expressed wishes of parents.

Characteristics of interventions
Research also identifies characteristics of programmes that suggest a greater likelihood of achieving improvements. The evidence of what works in parenting programmes continues to develop. Cavets remain, particularly around effect size and whether or not the families who are assessed are representative. There are concerns that high attrition rates from particular programmes have meant that the evidence of success stems from self-selected participants.

However, there is growing agreement over the aspects of parenting programmes that work, including highly qualified staff, regular and consistent engagement with children and their families, opportunities to practise new approaches and behaviours that may be discussed or ‘taught’ in particular programmes, and providing support before a crisis occurs.

Programmes that support children directly need to be high-quality, regular and long-term (dosage and intensity are both important).

An equal start: the evidence base provides further detail on interventions that support particular groups of parents, and what the evidence suggests does not work as well.

What next?
The proposed framework is practical and aligned sufficiently with the required measurement regimes to give Children’s Centres a simple approach to identifying what their focus should be, and if their services are making a meaningful difference to children’s lives.

The framework will support policy colleagues in early years, health, housing and employment to think about the network of services and social context that supports families and children in the first few years of life. We welcome the opportunity to work with colleagues at a national level to inform work underway to revise the current Ofsted Inspection Framework for Children’s Centres and enduring activities to reduce inequalities for children as early as possible.

Ensuring every child has the best start in life is a priority for the Institute of Health Equity and we will continue to advocate for and participate in the development of measures where there are gaps. We will continue to call for high-quality services for children and families and for the wider social determinants of health to be addressed to support parents in their unique and unparalleled role in raising their children.

An equal start: the evidence base provides further detail on interventions that support particular groups of parents, and what the evidence suggests does not work as well.

The Outcomes Framework

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<tr>
<th>Areas for focus</th>
<th>Proposed outcomes</th>
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<tbody>
<tr>
<td>Children are developing well</td>
<td>Cognitive development</td>
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<tr>
<td></td>
<td>1 All children are developing age appropriate skills in drawing and copying</td>
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<td></td>
<td>2 Children increase the level to which they pay attention during activities and to the people around them</td>
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<tr>
<td>Communication and language development</td>
<td>3 Children are developing age appropriate comprehension of spoken and written language</td>
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<td></td>
<td>4 Children are building age appropriate use of spoken and written language</td>
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<tr>
<td>Social and emotional development</td>
<td>5 Children are engaging in age appropriate play</td>
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<td>6 Children have age appropriate self-management and self-control</td>
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<td>Physical development</td>
<td>7 Reduction in the numbers of children born with low birth-weight</td>
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<td></td>
<td>8 Reducing the number of children with high or low Body Mass Index</td>
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<td>Parenting enables development</td>
<td>9 Creating a safe and healthy environment</td>
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<td>10 Increase in the number of mothers who smoke during pregnancy</td>
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<tr>
<td>Promoting an active learning environment</td>
<td>11 Increased number and frequency of parents regularly talking to their child using a wide range of words and sentence structures</td>
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<td></td>
<td>12 More parents are reading to their child every day</td>
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<tr>
<td>Positive parenting</td>
<td>13 More parents are regularly engaging positively with their children</td>
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<td></td>
<td>14 More parents are actively listening to their children</td>
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<td></td>
<td>15 More parents are setting and reinforcing boundaries</td>
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<td>Parent context enables good parenting</td>
<td>Good mental wellbeing</td>
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<td></td>
<td>16 More parents are experiencing lower levels of stress in their home and in their lives</td>
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<td></td>
<td>17 Increase in the number of parents with good mental wellbeing</td>
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<td></td>
<td>18 More parents have greater levels of support from friends and/ or family</td>
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<td>19 More parents are improving their basic skills, particularly in literacy and numeracy</td>
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<tr>
<td></td>
<td>20 More parents are increasing their knowledge and application of good parenting</td>
</tr>
<tr>
<td>Be financially self-supporting</td>
<td>21 Parents are accessing good work or developing the skills needed for employment, particularly those furthest away from the labour market</td>
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Introduction

Fair Society, Healthy Lives, the review of health inequalities led by Professor Sir Michael Marmot, highlighted the centrality of early-years experiences in shaping individuals’ life chances. A positive start during a child’s early development will shape the foundations for them to thrive in later childhood and onto adulthood. Positive early experiences are associated with a range of social outcomes including: better performance at school, better social and emotional development, improved work outcomes, and improved health.

The way children are born and develop is shaped by their environment: their primary caregivers, their wider families and communities and the contact they have with others. It is therefore important that everyone involved with children’s lives has the support and information they need to make children’s experiences in the early years as positive as they can be.

The Marmot Review called for a “second revolution” in early-years provision, to emphasise the importance that should be attached to this period in life and the ability of society to make a collective contribution to improve it and reduce persistent inequalities.

The aim of this work has been to develop an Outcomes Framework for Children’s Centres. Its goal has been to identify those outcomes that matter most to children’s lives and future life chances.

1.1 Inequalities in children’s outcomes

The Institute of Health Equity’s 2012 publication of annual indicators for health inequalities showed large disparities in early-years abilities across England with only 59 per cent of children reaching a good level of development at age five. Wealthier areas have better outcomes while outcomes worsen progressively with increasing deprivation.
These figures are of concern. They mean that 41 per cent of children are not reaching a good level of development. These 41 per cent of children do not come only from the most deprived households. There are children across the whole socio-economic gradient, of course people have opportunities to develop. Kelly et al. found that if parents engaged in a number of activities, including reading to their children, having a positive home learning environment and setting firm routines and bedtimes, then across the socioeconomic groups, outcomes improved and the socioeconomic gradient in outcomes flattened.  

1.2 An emerging consensus

The importance of early years to later life is shared across the political spectrum and internationally. As Graham Allen, a Labour MP, and Iain Duncan Smith, a Conservative Minister, note in their book Early Intervention: Good Parents, Great Kids, Better Citizens:

More and more eminent thinkers, policy makers and practitioners are acknowledging the importance of Early Years in supporting children’s lives. Teachers, health workers, police officers and parents tell the same story.  

The need to address the early years is also gaining ground internationally. For example, UNICEF has argued:

Today’s rising generation is the first in which a majority are spending a large part of early childhood in some form of out-of-home child care. At the same time, neuroscientific research is demonstrating that loving, stable, secure, and stimulating relationships with caregivers in the earliest months and years of life are critical for every aspect of a child’s development. Taken together, these two developments confront the nation to identify robust yet practical measures across the country to identify robust yet practical measures of success. The public health sector is exploring a new assessment framework to measure the development of two year olds as part of the Early Years Foundation Stage (EYFS) Framework. Assessment also rests on the EYFS Profile (revised) at entry to school, in which children are assessed against three prime areas and four specific areas. While not all children will have attended a Children’s Centre, these EYFS measures are still used to understand a local area’s effectiveness at supporting children and families in the early years. This national assessment architecture continues to evolve: at the time of publication the Ofsted framework is under review and the Payment by Results trials are ongoing, challenging local authorities across the country to identify robust yet practical measures of success. The public health sector is exploring a new outcomes framework which includes a number of measures across a range of sources including mental and physical health outcomes across the social gradient and especially for more vulnerable groups.

1.4 Children’s Centres

For more than a decade the Children’s Centre has been at the forefront of attempts to meet the needs of young children in the early years in order to transform children’s lives. In her book Providing a Sure Start: How Government Discovered Early Childhood, Naomi Eisenstadt writes:

There are ongoing debates about what kind of early years services the nation needs and no longer about whether the nation needs these services at all.  

Starting as Sure Start Local Programmes in the most deprived areas of the country, the role of Children’s Centres has evolved. Today they are a universal service with a tailored approach to supporting disadvantaged children. There are approximately 3,500 centres across the country, one in every community, available to every family. Children’s Centres build on a long tradition of nurseries, early education, health services, family centres and other services. However, Children’s Centres are unique in the breadth of their remit and responsibilities. Children’s Centres also have a community responsibility as a hub for the local community building social capital and cohesion.  

1.3 Preventing future costs to society

The early years matter because they are the foundation, of course people have opportunities to develop throughout childhood and later life, but very often the trajectory gets set early on. As James Heckman, Nobel Prize-winning economist, has argued:

Skill begets skill. Skill formation is a life cycle process. It starts in the womb and goes on throughout life. ... There are multiple skills and multiple abilities that are important for adult success ... Skill attainment at one stage of the life cycle raises skill attainment at later stages of the life cycle (self-productivity). Early investment facilitates the productivity of later investment (complementarity). The return to investing early in the life cycle are high. Remediation of inadequately early investments is difficult and very costly.  

One implication is that early investment, when the most significant changes can be made to people’s long-term paths, reaps both social and economic dividends. Estimating the cost of inaction in the early years is complex, poor early-life experiences increase the demands made on budgets that deal with health, education, crime, and social security, and reduce tax revenue from employment. Despite this difficulty, it is clear that the savings to be made from early intervention could be substantial. For example, some estimates suggest that youth unemployment costs £30 million per year in lost productivity, and that a person who spends his or her lifetime on benefits costs society £40,000. The cost of youth crime in the UK is £3—£1 billion per year and the cost of children in care is an estimated £20 billion per year. Estimates in Fair Society, Healthy Lives suggest that health inequalities cost the UK £31–33 billion a year in lost productivity and £20–32 billion a year in lost tax revenue and higher benefit payments. Investing in children early in life should bring down these costs over the long term.  

1.4.1 Current context

Children’s Centres sit within a policy framework of Families in the Foundation Years, focusing on families from pregnancy until children are five years old. This framework identifies five critical areas as determinants of early childhood outcomes: children’s health in early life, good maternal mental health, quality of parenting and parent-child relationships, learning activities and high-quality care. In 2012 the Coalition Government set out its vision for Children’s Centres and the role they would play in promoting positive early years outcomes. The Challenge – The Sure Start Children’s Centres charges Children’s Centres to:

Improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness supported by improved parenting aspirations, self-esteem and parenting skills and child and family health and life chances.  

Measuring effectiveness against this vision currently takes place through the Ofsted Inspection Framework for Children’s Centres, which evaluates progress towards a range of early education and health outcomes, including attainment measured by the summative assessment of pupil performance drawn from the statutory Early Years Foundation Stage (EYFS) Framework. Assessment also rests on the EYFS Profile (revised) at entry to school, in which children are assessed against three prime areas and four specific areas. While not all children will have attended a Children’s Centre, these EYFS measures are still used to understand a local area’s effectiveness at supporting children and families in the early years.

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The implementation of early years services is more likely to be unimplemented in the future, and higher levels of parental stress will lead to worse outcomes for many of the children of this generation.  

At the same time we know from our visits that in response to austerity, Children’s Centres are reshaping their services to deliver more for less and in some cases to deliver fewer services. While each local area will take its own unique approach to this, some Centres may play a role in re-profiling their staff mix to rely more heavily on more junior and less qualified staff and a greater use of volunteers.

1.4.2 Evidencing the value of Children’s Centres

Children’s Centres are dealing with many and rapid changes and there is a need to demonstrate with sound evidence the contribution made by Children’s Centres to the well-being of every child. The Early Intervention Grant, introduced in 2011, subsumed a range of government funding streams for local authorities. Allied to a strong focus on ensuring that their management and oversight, expanding the scope of responsibility for experienced leaders. Others are shifting towards long-term funding to deliver a sustained resource-intensive one-to-one support. Many Children’s Centres are re-profiling their staff mix to deliver more for less and in some cases to deliver fewer services. While each local area will take its own unique approach to this, some Centres may play a role in re-profiling their staff mix to rely more heavily on more junior and less qualified staff and a greater use of volunteers.

Early intervention has long been central to public policy. In the United States while a lot of British evidence is limited, it does not cover early-years milestones, there will be young children in some of these families who will be impacted by any new interventions and Children’s Centres may play a role in delivering these.

Like all services, Children’s Centres face a changing economic and social context which impacts on staffing, funding, and the need to demonstrate with sound evidence the contribution made by Children’s Centres to the well-being of every child. The Institute for Health Equity’s recent report on the economic downturn argued:

Rising unemployment, poorer working conditions, depressed incomes and an inability to pay for decent housing and basic needs will exacerbate mental and physical health outcomes across the social gradient and especially for more vulnerable groups. Those unemployed for long periods of time will be more likely to be unemployed in the future, and higher levels of parental stress will lead to worse outcomes for many of the children of this generation.

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I: INTRODUCTION

Funding to councils to support a particular group of families. While a lot of British evidence is limited, it does not cover early-years milestones, there will be young children in some of these families who will be impacted by any new interventions and Children’s Centres may play a role in delivering these.

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The purpose of this project is to develop an Outcomes Framework. It makes explicit where Children's Centres should prioritise their efforts to support all children to thrive. The list of outcomes is in the executive summary, above, and in section 8.1.

This document is the evidence base behind this Outcomes Framework. It provides the information and the analysis that supports the outcomes we have prioritised.

Several influential reviews over the past five years have focused on various aspects of the early years. Most recently Professor Cathy Nutbrown's Foundations for Quality has looked at the training and pedagogy requirements across the early-years sector, Professor Eileen Munro gave recommendations for Better Frontline Services to Protect Children. Dame Clare Tickell's The Early Years: Foundations for Life, Health and Learning, Frank Field's The Foundation Years: Preventing Poor Children Becoming Poor Adults and Graham Allen's Early Intervention: The Next Steps have looked at the training and pedagogy requirements across the early-years sector.

Our literature review was wide-ranging. We drew on recently completed reviews and original research from the UK and abroad. We worked with experts from our advisory group to identify key research themes to incorporate. We also drew on research conducted for the Department for Education.

We have considered the existing evidence about why the early years are so important, and the links between early-years experiences and outcomes and inequalities throughout life. We have explored evidence about ingredients of successful interventions and services and how Children's Centres can make a difference to parenting and to the family context through services to children and families.

We have not considered the full range of services with which children interact in their earliest years, such as health visiting and immunisation services. They are critical partners for Children's Centres but the complete makeup of the early-years system is for another review.

Our aim was to propose a set of early-years outcomes strongly rooted in the evidence base. These are outcomes that have significant impacts on children's lives and their later lives and would be sensitive to intervention by Children's Centres. However, we also wanted to ensure that the outcomes made sense to practitioners and were applicable in a local context.

We approach therefore focused on three strands of activity: a literature review, visits to Children's Centres, and an advisory group of policymakers, academics and practitioners.

1.6 This document

An overview of our methodology is provided in Section 2. In Section 3 we present the conceptual approach which forms the basis of our focus on children's health and development, parenting and parents' lives. In Sections 4 to 6 we present the evidence that underpins the outcomes that we propose.

In Section 7 we discuss ensuring engagement and access for all parents; in Section 8 we present the outcomes framework, and in Section 9 we identify our next steps in this work. Appendix A maps our outcomes against statutory frameworks current at the time of publication.

Where should Children's Centres focus their efforts to improve the early years for children, and in particular reduce inequalities in health and other outcomes?

What are the essential outcomes that need to – and can be – improved?

We explicitly chose the word ‘essential’. We want to provide policymakers, strategic leaders and Children's Centre managers with specific areas for focus. We then identified outcomes that Children's Centres should focus on. These outcomes fit three criteria: evidence says the outcomes are important in the early years, there is evidence that these outcomes are distributed unequally across the social gradient, and to the extent to which it is possible there is evidence that Children's Centres can make a difference.

Of course, the evidence varies from outcome to outcome and across these three criteria. Evidence about what matters is particularly robust, as is the evidence about the social gradient. The evidence about why outcomes are unequal and what we can do to redress this inequality is less clear.

2 Methodology

Our approach therefore focused on three strands of activity: a literature review, visits to Children's Centres, and an advisory group of policymakers, academics and practitioners.

2.1 Literature review

We reviewed the literature on the relationship between early-childhood outcomes and later-life chances, and the drivers of these outcomes. We structured our literature review around five strands of the evidence:

- The early years of children's lives as determinants of health and wellbeing in later life
- The influence of parenting on children's early lives
- The influence of the parents' skills and capabilities and the context in which they parent
- The inequalities that exist across the outcomes
- The role of Children's Centres in addressing these factors.

Our literature review was wide-ranging. We drew on recently completed reviews and original research from the UK and abroad. We worked with experts from our advisory group to identify key research themes to incorporate. We also drew on research conducted for the Department for Education.

We have considered the existing evidence about why the early years are so important, and the links between early-years experiences and outcomes and inequalities throughout life. We have explored evidence about ingredients of successful interventions and services and how Children's Centres can make a difference to parenting and to the family context through services to children and families.

We have not considered the full range of services with which children interact in their earliest years, such as health visiting and immunisation services. They are critical partners for Children's Centres but the complete makeup of the early-years system is for another review.

2.2 Field visits

We visited five areas across England – Warwickshire, Birmingham, Knowsley, Tower Hamlets and Gateshead – aiming to see a wide range of types of Children's Centres serving different localities. We sought to include areas that reflected a mix of delivery contexts including urban, suburban and rural areas, more or less diverse areas, areas with wide-spread levels of deprivation and areas where deprivation primarily exists in pockets.

During our visits we asked professionals and parents to give us their views on what they thought was most important for children and families in the early years, what worked to support those outcomes, what Children's Centres could do and how parents and professionals would know if interventions and activities were having an impact.

Most of the visits were two-days long, giving us the opportunity to engage with parents (mothers, fathers and grandparents), front-line staff from a range of agencies, senior management, local politicians and other partners.

We tested what was emerging from the literature review, held discussions, and ran workshops with parents and professionals. Together we undertook exercises to identify what participants felt was ‘most important’ in the early years, what impact Children's Centres could have and how we would know that this impact was occurring.

Parents told us: “I just know she’s getting something out of it. I can tell”, and “I can feel that I am getting something out of it.” The visits ensured that in considering how to apply the evidence base we remained grounded to the challenges and constraints experienced at a local level. A challenge for all frameworks will be to find a way to capture and turn into evidence these types of observations and ‘feelings’ from parents and professionals as a legitimate part of any assessment of outcomes.
2.3 An advisory group of experts

We assembled an advisory group that brought together practitioners, senior managers, leading academics and policy officials to respond to our work. They acted as ‘critical friends’ and helped to synthesise the academic evidence and practice based understanding. They provided challenge through four meetings and numerous interactions in the interim. In particular they worked with our team to ensure that we balanced academic rigour with practical applicability and relevance. The list of advisory group members can be found on page 4.

2.4 Reflections on the evidence base

These three activities formed the evidence base for the outcomes framework. We are confident that the outcomes that we propose are supported robustly by the evidence. However, there are gaps in the evidence and some areas where it is stronger and others where it is weaker.

For example, there is an increasingly rich evidence base about the importance of the home learning environment and its independent contribution to children’s outcomes. On the other hand we know that knowledge about parenting is important – professionals told us this and parents wanted to develop their own parenting skills. However, the evidence base linking parenting knowledge, as distinct from parenting style or particular parenting behaviours, to children’s outcomes is limited and the complexity of unpacking it is beyond the scope of this report.

Evidencing causality is also a challenge. The association of outcomes in early life with outcomes in later life does not necessarily mean the first caused the second. Even when utilising sophisticated statistical analyses, where multiple variables are controlled for, we can only demonstrate significant and strong associations between two outcomes. There is strong association between parenting behaviours and the outcomes for their children but again these associations alone do not demonstrate a causal relationship. A range of biases can occur. For example, our initial measures could be proxies for something else, closely correlated with another factor, but it is the other unmeasured factor that is the critical ingredient. Indeed many of the outcomes we focus on in early life are highly correlated with each other and this has important implications for the statistical reliability of any one individual measure.

With the maturation of many longitudinal data-sets both in the UK and elsewhere, including those with a specific focus on the early years such as the Millennium Cohort Study, we are building up a stronger picture of what outcomes appear to matter. Where there is a wealth of evidence about a particular outcome we have taken this as a strong suggestion of the importance of this attribute in the early years. There are still gaps in joining up evidence from various disciplines around early-years development. Where this is particularly important is in the links between neurobiological development – what is happening to a child’s brain from conception to age five – and observable development of speech, dexterity, confidence and so on. While discussion between education/early-years experts and brain scientists are taking place, this represents an emerging area of knowledge, which will in the future inform developments of policy and practice.

2.5 Children in special circumstances

Some children have diagnosed developmental delays, speech and language impairments, physical disabilities and other characteristics which mean that they and their families may need additional support. Other families are deeply affected by issues such as alcohol and substance misuse, violence and crime. These families’ lives can be particularly hard and chaotic. There is a separate area of children’s services dedicated to reducing harm for children in such circumstances.

Children’s Centres should play a core role in local systems that identify and respond to children who have particular needs. However the detailed evidence about the impact of these special circumstances and the most effective responses are the purview of other work.

3 An ecological approach to the early years

We started by identifying the areas of children’s development from pregnancy to age five that are most important for later-life outcomes. These largely mirror those already identified by government and in particular the prime areas of the Early Years Foundation Stage Development Matters provides detailed guidance about how development should manifest over ages and stages and what Children’s Centres can do to promote it. From there we focus on parenting and the parent. The existing frameworks talk about the need to support parents but there is less detail about what might work. We highlight what the evidence suggests is most important in both parenting and the parent context and what we do know about what Children’s Centres can do.

Drawing on Bronfenbrenner’s Ecological Model, the domains of influence that we propose recognise that children are primarily shaped by their parents, whose behaviours and resources are shaped by myriad influences on their own lives:

— Children’s health and development
  Cognition, communication and language, social and emotional skills, and physical health are all critical for children to thrive as they grow up and prosper when they are adults. All Children’s Centres support children in these areas.

— Parenting
  The dynamic interaction between parent and child, and in particular the type of home communication and learning environment that parents establish and nurture for their children from birth, is critical. Parenting must also generate attachment between parents and their children. Children’s Centres can offer a range of interventions and opportunities to support parents to improve their own approaches and skills, based on an understanding of what is most important.

— Parents’ lives
  There are particular factors that sit outside the immediate parent-child relationship but exert powerful influence over parenting. Parents’ health, social networks, financial resources and knowledge about parenting collectively act as enablers or barriers to nurturing their children’s development. Children’s Centres can support parents to improve a number of these, even if not all are within their scope.

We know that these all sit within a wider context of neighbourhood and community, including quality of housing, green spaces, safety, crime and so on. Children’s Centres are not in a position to make radical changes in these areas. They support parents to be resilient in the face of challenging contexts and work with local partners to showcase the long-term harmful impacts that these have.

These domains of influence are represented in Figure 2, the conceptual model.

The rest of the document provides the evidence base. In each section we set out the evidence about why the chosen outcomes are important and in particular how they contribute to the areas of focus that we have prioritised. We consider the evidence on inequalities in these areas and what we know about the impact that Children’s Centres can have.
We focus on four domains of outcomes for children: their cognitive development, how well they are learning to communicate and use language, the emergence of social and emotional skills and their physical health. These are all vital aspects of early child development. These domains are helpful for understanding and discussing different aspects of child development. There is, however, fluidity in the underlying relationship and an interaction between development in each of these domains.

As David et al write:

In real life, children’s development and learning is not compartmentalised but is holistic, with many interconnections across different areas of experience.

For example, communication and language skills are closely correlated with experiences in childhood, with the other domains we discuss, and with later life. Across all these domains there are differences in outcomes, differences which can in part be explained by wider social inequalities. For example as Figure 3 shows, children from less well-off backgrounds perform less well in achieving ‘school readiness’, specifically regarding verbal, spatial and non-verbal abilities and socio-emotional difficulties.

Parents and parenting are the biggest influences on children’s development across all four domains (see Sections 5 and 6). However, where Children’s Centres provide nurseries they can make an impact through the delivery and promotion of high-quality, affordable preschool and nursery provision as well as targeted inputs.
4.1 Cognitive development

4.1.1 Inequality in cognitive outcomes

Evidence shows that children from poorer backgrounds tend to have lower levels of cognitive development even in the earliest years. They have lower IQ scores than other children in a range of tests. Most of this is based on vocabulary tests, discussed in Section 4.2. However, composite measures of cognitive development are linked to socioeconomic status. Feinstein and Duckworth write that, “the long-term explanatory power of the copying design test is striking.” The same research shows that children who have basic foundation skills may struggle and continue to fall behind.

Two particularly strong markers of children’s cognitive development are their copying skills and the level of attention they pay to other children and adults while involved in tasks and activities. Copying skill tests are regularly used to measure cognitive development and consistently show strong predictive power for later outcomes. Feinstein and Duckworth write that, “the copying design test is a powerful approach to improving outcomes.” Attention to the skills underlying copying — and then review through the use of copying tests — may be a powerful approach to improving outcomes.

Children’s ability to pay attention and cooperate effectively seems to be relatively static from the age of three or little change is observed. They are shown to have high levels of social competence and low levels of behavioural problems throughout life. Preschool skills around attention and self-control are also correlated with the transition into school which itself links to later educational successes. Mother-reported inattention at age five showed a strong association with reading scores at age 10.85. Good levels of early attention are associated with higher academic achievement and wages at age 30. Poor levels of attention in the early years have been linked to conduct and behavioural disorders later in life.

4.1.2 Improving children’s cognitive development

The Effective Preschool and Primary Education (EPPE) study has provided unprecedented wealth of evidence about the potential impact of preschool on children in the UK. The research found that attending preschool, particularly high quality preschool, for more than two years had a positive impact on children’s outcomes.

Making a difference across the social gradient

The Effective Preschool and Primary Education study also shows that preschool can improve the cognitive outcomes for children who are at risk (defined through a range of socioeconomic background factors). One third of the at-risk children studied had low cognitive attainment at age three (when they entered preschool) and by age five this number had dropped to one fifth. These children were also seen as at risk for Special Educational Needs (SEN). 21 per cent of the cohort showed some form of SEN but this was compared with 51 per cent of children who stayed home, who are also more likely to be at-risk backgrounds than not.

The EPPE study found that the use of preschool varies across the social gradient as well. Children from lower socioeconomic groups attend preschool for four to six months less time than their better-off peers. The greatest proportion of children in private day nurseries (shown to be particularly effective) had mothers with degree-level or higher qualifications while the majority of the ‘stay home’ children had mothers with less than GCSE qualifications. Notably, more than 50 per cent of children attending integrated centres (also shown to be particularly effective) were from families where there were no more than GCSE education levels. At the same time the study showed that disadvantaged children had the potential to benefit the most from good quality preschool. They benefited most from good quality preschool. They benefited the most from good quality preschool.
Children’s language skills develop particularly quickly in the first three years of their lives. These skills are critical to how a child engages with his or her environment. Communication and language have two aspects: comprehension or understanding of how the language is spoken, heard or read; and use of language – that is, speaking and in some cases, in the early years, their own writing.

Communication begins with the crying of very new babies, the cooing noises as they grow a bit older, the sounds that become words and the words that become sentences. Infants begin to develop an understanding of sounds and associate them with voices they hear regularly.

Language development, and in particular multiple-word sentences at age two, are a strong predictor of children’s performance on entry to primary school. Vocabulary is a predictor of later-life outcomes, including, but not only, success in learning to read. Children’s phonological skills at age five are strongly linked to how well they are doing at age seven and their vocabulary skills at age five are similarly useful in anticipating complex tasks of reading at age 11. Marchman and Fernald in the US have demonstrated powerful links between vocabulary use at 25 months and a range of cognitive abilities including language use at age eight. Feinstein showed that vocabulary use at five years old was one of the two most powerful predictors of reading at age seven. Children from high socioeconomic groups have been shown to use more types of words than children from middle socioeconomic groups. A study by Hoff showed children from higher socioeconomic backgrounds have a greater variety of words than other children (see Table 1). Analysis of the Millennium Cohort Study also suggests that poorer children have worse vocabulary. Using the British Ability Skills (BAS) Early Years Version Naming Vocabulary tests, Dearden et al. found a gap between children from the highest socioeconomic quintile and those from the lowest quintile at age three and this gap widened by age five. Moreover the same research showed that children from lower socio-economic groups who were performing well on vocabulary tests at age three were more likely to be performing less well by age five than children with the same ability at age three from

### Table 1 Average number of types of words used in two observations of children’s language

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid socioeconomic status</td>
<td>35</td>
<td>46</td>
</tr>
<tr>
<td>High socioeconomic status</td>
<td>357</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Hoff E (2003) (numbers in table rounded)

Children with poor language and communication also have more behavioural difficulties, and problems with social communication. Research on children with diagnosed Speech and Language Impairments (SLI) suggests that they struggle to develop friendships at the same rate and level as other children, even from preschool days. Poor language skills can leave a child less sensitive to others’ starting interactions, more likely to have inappropriate verbal responses and achieve fewer agreements. While these children have specific impairments, the relationship between strong verbal skills and peer relationships is likely to exist with other children.
higher socio-economic groups. Similarly among those who were performing relatively poorly at age three, children from higher socio-economic groups were more likely to be performing relatively better at age five.

A number of studies have tried to explain why poor children lag behind their better-off peers in the development of their language. Dearden et al’s work with the Millennium Cohort Study showed that parenting skills and the quality of the home learning environment explain a large percentage of the difference. But other family characteristics such as mother’s age, parental education and number of siblings also seem to matter and are not entirely explained by differences in the parenting variables. In their 2003 study of vocabulary in the United States, Hart and Risely echo this focus on children’s experience at home. Children of poorer parents (classified as parents on welfare in the US context) heard half as many words per hour as their working-class peers and less than a third of the words of their peers from professional families.

The impact is cumulative so that by the age of four a child of a poorer family has on average heard 13 million fewer words than a child from a middle-income family.

4.2.2 Improving communication and language skills

The evidence suggests that parents are the strongest drivers and enablers of children’s communication and language development. Direct intervention to build children’s language and breadth of vocabulary may have limited impact. In the US study discussed above, children retained new words that they were directly taught but there was no impact on the pace at which they developed their own vocabulary outside of the sessions. As Hart and Risely write:

However many new words we taught the children in the preschool, it was clear a year later, when the children were in kindergarten that the effects of the boost in vocabulary resources would have washed out.

The EPPE study suggests that preschool can have a significant impact on children’s language development with the effect size growing as children spend more time in these settings. The work points to teaching songs and nursery rhymes as particularly linked to improved language. The evidence suggests that attendance for more than one year is particularly important for pre-reading. The EPPE study also looked at the impact of a mother having a degree versus no qualification. Only attendance for three years at preschool had greater effect than a mother having a degree.

Those Children’s Centres not providing preschool need to be aware of how their communication can help or hinder children’s development. In the main, Children’s Centres should focus their efforts on supporting parents to provide a high-quality home learning environment, increasing their own range of vocabulary and conversation, and should encourage parents to take advantage of free, high-quality preschool provision, or paid provision where it can be afforded.
4.3 Social and emotional development

Outcomes

5 Children are engaging in age appropriate play

6 Children have age appropriate self-management and self-control

Play helps children build their social and emotional skills while navigating and testing new relationships. Play also helps children build their cognitive skills—although the research in this area is still developing.

A child’s approach to play can reflect their sense of security or lack of attachment. Children who feel more secure are more likely to be outgoing and to engage in made-up games and complex play with other children. Children who are under stress or anxiety are less likely to play.

Self-regulation is also an important component of children’s social and emotional development. Children begin life unable to control themselves—they cry when they are hungry, wet or in any other way uncomfortable or needing help. As they get older, however, they learn to understand their feelings and are better able to control their behaviours and their emotions. This control over their behaviour is often referred to as self-regulation.

4.3.1 Inequality in social and emotional wellbeing

As children get older there is evidence that the steepness of the gradient in social and emotional problems becomes greater. Children from poorer backgrounds are more likely to display more behaviour problems than children from more affluent families. In one study at three years of age, two per cent of children from families in the highest income group had socio-emotional difficulties compared with 16 per cent of those from families in the lowest income group. This gap persists: at age five, only two per cent of children from families in the lowest income group had socio-emotional difficulties compared with 16 per cent of those from families in the highest income group.

There is growing evidence that children from lower socio-economic backgrounds have higher rates of mental ill-health and diagnosed mental illness. Based on Melzer’s 2000 study of child mental health in Britain, Spencer argues that:

If all children had the same risk of mental disorder as those from the highest income group, then there would be 4 per cent fewer mental disorders, 59 per cent fewer conduct disorders (anti-social behaviours), 54 per cent fewer hyperkinetic disorders (ADHD) and 34 per cent fewer emotional disorders.

Children who experience poor treatment at home are more likely to behave aggressively to peers in nursery school, even if the setting is nurturing and supportive. This can persist into adolescence.

Children also learn their social and emotional skills by watching others, primarily their parents but also other significant and present adults. The use of ‘circle time’, stories, and collaborative games all support children to develop. These can be features of a nursery setting or individual stay-and-play sessions or other sessions children and their parents.

Children’s Centres can also influence the complexity and impact of children’s play. Research by Dockett found that supporting children to develop their play increased the complexity and therefore developmental benefits of play. Children’s Centres can also work with parents to increase the amount of joint play between mother and child, which is correlated with measurable improvements in conduct by age four.

Many mothers and fathers we met on our visits said that they had learned new ways to play with their children from attending sessions at the Centre.

Figure 9: Effect of attending preschool against not attending on child outcomes

Children’s physical development underpins all the other domains: their cognitive, communication and socio-emotional development. From birth, children who struggle physically may also have difficulties in other areas. As children grow, their physical needs continue to underpin their capacity to experience and enjoy life. As David et al write:

A child who is hungry, tired or uncomfortable will not enjoy the company of adults or other children. A child who is physically well will have the energy and enthusiasm to benefit from the range of activities on offer.

Low birth weight is strongly correlated with poor outcomes in early and later life. For each kilogram increase in birth weight, improvements can be seen in cognitive tasks and educational achievement. An American study of very low-birth-weight children (children with a mean birth weight of 1.179g) showed:

- Significantly higher rates of chronic conditions compared with their peers (33 per cent compared with 21 per cent).
- 40 per cent of very low-birth-weight children had repeated a year in school, and 74 per cent had graduated from high school by 20 years of age. In comparison, 27 per cent of children born with normal birth weight had repeated a year and 83 per cent had graduated from high school.
- In later life only 16 per cent of men born with low birth weight had enrolled at a four-year college and 83 per cent had graduated from high school by 20 years of age. In comparison, 27 per cent of children born with normal birth weight had repeated a year and 83 per cent had graduated from high school by 20 years of age.
- The same study found that children’s health was also impaired in the long term. A total of 23 per cent of the very low-birth-weight participants had one chronic condition compared with 17 per cent of their peers, nine per cent had two chronic conditions against four per cent, and one per cent had three or more chronic conditions. Children who are born with low birth weight are found to have higher rates of cardiovascular diseases in middle age.

There is a weak negative association between obesity and educational attainment in children and young people (as the former rises, the latter falls). Much of this is explained by the association of obesity with socioeconomic status. When socioeconomic status is taken into consideration, the association between obesity and attainment often loses statistical significance. A systematic review by Caird et al suggested a range of factors that may connect obesity with educational attainment, including poor mental health, stigmatisation and discrimination, disordered sleep, decreased time spent in physical activity and socialising, and absenteeism. Caird et al argue that these remain hypotheses and this is an area where more research is required.

4.4.1 Inequality in physical development

There are differences in physical development across the social gradient. In general, poorer children are more likely to suffer from poor dental care and avoidable injuries, and they are more likely to die early in their lives. Poorer children are less likely to have immunisations on time.

Rates of low birth weight are higher in lower socioeconomic groups. Spencer has calculated that, based on data from the Millennium Cohort Study, if all births in the UK followed the distribution of weight of the most well-off, there would be 34 per cent fewer low-birth-weight births in the UK. Maternal neo-natal behaviours such as poor prenatal care, substance abuse, poor nutrition during pregnancy and smoking are all more prevalent in mothers lower down the social gradient and are associated with poor outcomes.

Obesity also persists across the social gradient with the least deprived children being less likely to be obese than their peers lower down the social gradient – and this difference grows by age eleven. Evidence has emerged to show child obesity rates in the UK levelling off, however, this is not the case among the most deprived groups of children.

Healthy eating also follows a social gradient, with children from higher socioeconomic groups more likely to eat five or more portions of fruit and vegetables in a day than their peers.

4.4.2 Improving physical development among young children

As well as working with many mothers, Children’s Centres often work with midwives and GPs, which means they are well placed to target health promotion
Parenting has the greatest influence on children’s lives. From even before children are born, the way they are nourished, cared for, stimulated, and nurtured will impact on long-term health and wellbeing.

5.1 Creating a safe and healthy environment

Outcomes

9 Reduction in the numbers of mothers who smoke during pregnancy

10 Increase in the numbers of mothers who breastfeed

One of the primary responsibilities of parents is protecting their children from harm. Young children – particularly babies – depend on their parents and carers. They need to be ‘kept safe’ by adults and their health needs must be met. Choices – particularly by mothers – will impact on long-term health and wellbeing.

There are many aspects to staying safe and healthy such as prenatal maternal nutrition, drugs and alcohol use including in pregnancy, dental care and accident prevention. In section 6.2 we highlight parents’ knowledge as a key enabling factor for parenting. Many Children’s Centres offer programmes specifically to improve awareness in these areas.

Similarly, we include healthy weight among the desired child outcomes and this is hugely contingent on the parents creating a healthy environment and making healthy food choices.

5. Parenting promotes development

Behaviours before and just after birth are particularly important for children’s long-term health. In section 4 we discussed the impact of low birth weight and in particular the increased risks presented by prenatal smoking. Smoking during pregnancy is responsible for a significant proportion of foetal morbidity and infant mortality.

Smoking can cause low birth weight, significant reduction in growth of head circumference, abdominal circumference and femur length (a particularly strong indicator of healthy development. Prenatal smoking is associated with a 20–30 per cent higher likelihood of stillbirth, a 40 per cent increased risk of infant mortality and a 200 per cent increase in the incidence of sudden unexpected death in infancy (SUID). Smoking in pregnancy is also related to increased risk of obesity by age seven.

Breastfeeding – and breastfeeding for at least six months – provides children with a healthy start. Children who are breastfed are less likely...
5.1.1 Inequality in the safety of a child’s environment

There is a social gradient in children’s safety and health. Children born into poverty are more likely to die younger particularly from injury, to face a serious illness during childhood and to have a long-term disability. Their early health impacts on their later life outcomes with increased risk of death even when taking into account the adult circumstances.

Rates of prenatal smoking are higher in lower socioeconomic groups. There is also a social gradient in breastfeeding. In one recent study 51 per cent of mothers from the poorest quintile attempted to breastfeed compared with 90 per cent of mothers from the most affluent quintile. Duration of breastfeeding also followed the gradient with poorer mothers spending less time breastfeeding (under 10 weeks in the lowest quintile compared with nearly 17 weeks in the most affluent). As Figure 13 shows, the mothers in the highest quintile were also much more likely still to be breastfeeding when children were about nine months old.

5.1.2 Reducing parental smoking in pregnancy

Elsewhere we show evidence that certain types of smoking cessation programmes are particularly effective at curtailing smoking during pregnancy. Providing mothers with support, encouraging partners who smoke to also stop, and providing ongoing information as part of general health care all improve the efficacy of interventions.

5.1.3 Supporting mothers to breastfeed

Most, if not all, Children’s Centres offer breastfeeding support, including breastfeeding clinics and breastfeeding drop-in sessions.

During our visits we spoke to mothers attending a breastfeeding drop-in session. They told us that lack of knowledge and social stigma had made them nervous and unsure about breastfeeding their children. For many, they were the only mother they knew outside of the drop-in sessions who was breastfeeding and in particular felt uncomfortable breastfeeding in public. They found the drop-in sessions not only reassuring and comfortable – a place where they could breastfeed without concern – but also useful in building confidence and knowledge. NICE summarises evidence about what works to support mothers to breastfeed. Breastfeeding support and peer-to-peer support should be proactively offered to women in their communities and given to women immediately following birth, and this support should continue. Daily log-keeping by mothers and supportive reassurance for women who find breastfeeding challenging also shows promise.

5.2 Promoting an active learning environment

Before they go to school, children’s primary learning environment is their home. It is both a place to develop skills but also where children develop their interest and enthusiasm for learning. As Edward Meluish writes as part of the EPPE study:

The home learning environment (also sometimes called the communication environment) can be measured in a number of ways such as the presence and use of books and toys, the extent to which parents read to their children, trips to the library, use of letter, word and number games and so on. It is in effect where parents become what David et al call ‘educarers’ – intertwining development and care for their children.

The EPPE study looked in detail at aspects of the home learning environment. Social activities (playing with friends, visiting relatives, shopping, watching television, eating meals together and regular bedtimes) were not found to be associated with children’s attainment in literacy and numeracy at age five. However other factors around ‘clear learning opportunities’, including frequency of being read to, going to the library, playing with numbers, painting and drawing, being taught letters and numbers and singing songs, poems and rhymes, were all found to have a significant effect on children’s achievement.

Owning books has also been shown to be associated with outcomes. Children in families that owned more books and were taken to the library more frequently at age two achieved higher scores on the school assessment when entering primary school than their peers.

Conversation and reading are particularly important aspects of the home learning environment. Interactive conversation between children and their primary caregivers, someone they feel safe and secure with, supports longer-term outcomes.

The complexity and breadth of vocabulary heard at home makes a significant difference to a child’s language development by age three and their literacy.
development as they grow up.\textsuperscript{22} It is not the amount that a mother reads per day but the number of word types that she uses when having a conversa-
tion.\textsuperscript{23} Children’s vocabulary is very strongly asso-
ciated with their parents’. In one study, 86 to 98 per cent of the words in children’s vocabulary were also found in their parents’ vocabulary and by age three their vocabulary variation was similar to their parents’.\textsuperscript{24} The amount a parent reads to their child is repeatedly associated with outcomes much later in life including employment and wages. While no rela-
tion has been found between shared reading with children at five years of age and later language outcomes, shared reading at eight months has been shown to be strongly associated with children’s expressive vocabulary.\textsuperscript{25}

In another study, 37 per cent of children whose parents did not read to them had ‘very limited’ lan-
guage development at five years of age and only 18 per cent of children in this cohort had normal levels of language development. This is compared with children whose parents read to them every day, where only 21 per cent had very limited development and 40 per cent of children had normal language skills.\textsuperscript{26}

Payne et al looked in detail at reading habits of 236 low-income families to identify associations with children’s literacy development. They tested chil-
dren’s ability using the Peabody Picture Vocabulary Test 2-Revised and the Expressive One Word Picture Vocabulary Test, which both measure receptive and expressive vocabulary.\textsuperscript{27} The results suggest that frequency of reading and number of books in the home are both very significantly associated with children’s performance.

5.2.1 Inequality in the home learning environment

The quality of home learning is asso-
ciated with socioeconomic position.\textsuperscript{28} The EPPE study found that eight per cent of the group of chil-
dren who stayed at home came from families where mothers had achieved GCSEs at most.\textsuperscript{29} Muhsin looked at a number of factors associated with differences in the home learning environment. He found that girls consistently had stronger home learning environments than boys. He also found differences between families from different ethnic groups which may reflect different approaches to the home learning environment.\textsuperscript{30}

Evidence suggests the home learning environ-
ment accounts for between 16 and 21 per cent of the cognitive school readiness gap between low and middle income children.\textsuperscript{31} In environments where mothers provided more stimulation, child develop-
ment on all measures was generally higher, regard-
less of maternal education level or indeed economic circum-
stance.\textsuperscript{32}

One study, which focused on the home learning environment through the Home Observation for Measure-
ment of Environment (HOME) inventory, found that measures of socioeconomic status such as occupation, income, education and home crowding accounted for up to 51 per cent of the variance in the environment, a finding which has been sustained in further research.\textsuperscript{33} This echoed previous analysis that suggests that between 12 and 19 per cent of the difference in child language scores at age four can be accounted for by differences in the home learning environment.\textsuperscript{34}

Children from poorer families have fewer experi-
cences of a range of ‘home learning’ activities such as counting, learning songs, poems and rhymes, as well as providing reading materials even earlier, when children were seven months old. The Birmingham Bookstart programme provided families of nine-month-old children with a pack containing a book and information about literacy. Evaluations were conducted at six months, two and four years. The evaluations suggested increased levels of shared book reading, increases in active interaction with books, increased level of concentra-
tion and attention from the children and more encourage-
manship by parents towards their children’s enthusiasm and interest in books.\textsuperscript{35}

Kirkcaldes Council built on this evidence and designed ‘Babies into Books’, providing parents with reading materials even earlier, when children were seven months old. The programme also provided literacy support groups for parents and children. Parents were interviewed at the outset of the programme and then again two months later. The research found that the number of books a child owned had increased (from an average of 6.0 to 7.8 books) amongst socially disadvantaged families.\textsuperscript{36}
seven to 15) as had the frequency with which parents looked at books with their children. Parents had also increased the amount of painting or drawing that they did with their children.

The Peers Early Education Partnership (PEEP) programme provides parents with books and with support to read with their children through group sessions or home visits depending on need. A matched control study of PEEP has shown that children in the programme had greater improvements in their cognitive development than the control group. Further research suggests that the relationship between socioeconomic status and the home learning environment is complicated by wider factors including crowding in the home and number of siblings present, which may reduce both the amount and quality of parent/child interactions.

5.3 Positive parenting

13 More parents are regularly engaging positively with their children
14 More parents are actively listening to their children
15 More parents are setting and reinforcing boundaries

Children need to interact with consistent caregivers with whom they develop a long-standing relationship. The way that parents speak to each other and their children, how they solve disputes and problems, how they reward success and good behaviour, how they set and maintain authority and boundaries and the choices they make about nutrition all impact on children. In Norway increased paid and unpaid maternity leave reforms in 1977 led to an average increase in family income. This presented an opportunity for assessing the impact of increased time with parents on children’s outcomes including high-school drop-out rates, college attendance, IQ and height in men, and teenage pregnancy rates. The research found that the increased time led to a nearly three percent-point decrease in high-school drop-out rates, college attendance, IQ and height in men, and a five percentage point decrease for all children and a five percentage point decrease for teenage pregnancy rates. The research found that the increased time led to a nearly three percent-point decrease in high-school drop-out rates, college attendance, IQ and height in men, and teenage pregnancy rates. The research found that the increased time led to a nearly three percent-point decrease in high-school drop-out rates, college attendance, IQ and height in men, and teenage pregnancy rates.

Parental attention can significantly reduce the risk factors of poor outcomes associated with poverty. The impact of involvement is found to be particularly strong for children born with low birth weight.

Conversation – interactive rather than passive – is also a critical part of this interaction. Conversation serves to both confirm children’s feelings about the world and to extend their understanding of their environment. It supports the development of children’s own language skills. Babies whose cooing (usually beginning around three months) receives positive responses feel confident and are more likely to engage in verbal exploration and development. Rewards can come from body language as well as verbal language. Children rely on body language to understand their environment before they understand words and they can misinterpret body language just as they can spoken language. Eye contact is also critical: children use their parents’ faces as sources of information about their environment.

Dismissive or aggressive responses to children who attempt to engage with their parents have long-term effects on development which began even in the earliest years. One study found that a mother’s vocal language in books with their children, Parents had also increased the amount of painting or drawing that they did with their children.

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Dismissive or aggressive responses to children who attempt to engage with their parents have long-term effects on development which began even in the earliest years. One study found that a mother’s vocal
responsiveness and responsiveness to her child’s distress explained 25 per cent of the difference in IQ as early as three months old.

Children in these types of interactions learn to withhold and ignore their feelings even though feelings are necessary for navigating the world.

Positive reinforcement is critical as is setting appropriate boundaries and managing problematic behaviour in a nurturing way. Children need to be ‘protected’ from disapproval, teasing or punishment, particularly around behaviours that are part of their exploration and experimentation of the world. They need to have permission and safety to make mistakes and errors as they develop new skills or seek new information. Children also benefit from having their achievements and advances celebrated by the adults around them, particularly those they spend a lot of time with.

This is particularly important for babies who have yet to develop physiologically to respond to punishment or reinforcement. Observations of the level of conflict in mother–child interactions found that it was the manner in which conflict was resolved including how and if the mother justified her actions and the level of compromise reached rather than the presence of conflict itself that had the biggest association with attachment security.

Children also need to be protected from stress. The National Scientific Council on the Developing Child in the United States identifies three types of responses to stress in young children based on the extent to which the responses may cause long-term psychological disruption. The three types vary in two important ways: the length and severity of the adverse experience and, critically, the presence or absence of a responsive caring adult who is already a constant in the child’s life. Stressors that are short and in particular where children are supported by a trusted adult do not have significant impact on children’s development and can help build coping mechanisms that are useful throughout life.

However, stressors that are sustained, and/or occur when a child does not have an adult to turn to, cause significant changes in children’s hormones and brain activity. These compound each other: children’s brain activity is disrupted, their hormone levels are raised and organ function is disturbed. The impact is such that there are visible changes to the brains of children who suffer from toxic stress.

Toxic stress is defined as:

The excessive or prolonged activation of the physiological stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.

The biological impact of toxic stress is linked to a range of poor outcomes including poor health, poor cognitive development, social, emotional and linguistic deficits, lower levels of resilience and coping, higher rates of internalised behaviour, harmful health decisions and disproportionate responses to lower levels of stress—all of which we have shown to link to later life experiences.

5.3.1 Inequality in the quality of parenting

While positive parenting is found widely across the social gradient, Bradley and Corwyn summarise a wealth of research that indicates that lower socioeconomic status is associated with behaviours that include harsh and negative parenting and an absence of positive parenting. The research suggests that the absence of positive parenting itself has detrimental effects—not just the experience of negative parenting.

Hart and Risely, in a United States-based study, looked at the ratio of affirmations to prohibitions in different families. They found that in professional families in an hour there would be an average of 32 positive comments and five negative ones. In families in the middle of the socioeconomic gradient the ratio was 12 positive to seven negative comments. In families receiving benefits there were 11 prohibitions and five affirmations in an hour—more negative statements than positive.

Lack of boundaries also follows a social gradient. Dearden et al again provide useful insight into the distribution of particular characteristics across the social gradient at 36 months of age. This is summarised in Figure 18 below:

5.4 Having an impact on parenting

Research by Belsky and Fearon found that children who were insecure and poorly attached at 15 months, who then received very sensitive parenting, improve significantly, while children who were secure but then experienced a decline in their environment became less secure. Other research suggests that programmes such as home visiting and maternal support can make a difference to levels of attachment between a mother and her child.

Research by Hashim and Amato suggests that the level of punitive behaviour by low-income families can be positively influenced by social support. Families below the poverty line with two or fewer sources of support had a greater probability for punitive behaviour than families in similar socioeconomic circumstances but with three or more sources of support. For families above the poverty line, however, there was very little difference in probability.

While parenting programmes represent a significant proportion of Children’s Centres’ provision, the evidence about what works is still developing.

There is an emerging menu of what works in general:

— Home visiting

All families in the UK receive some form of home visiting in the first few weeks of life from their Health Visitor but this is more frequent and focused for some than others. Home visiting programmes that are successful often focus on targeted populations with well-trained and adequately supervised staff delivering a range of services over a significant duration.

Figure 17 Average affirmations and prohibitions per hour by socioeconomic status in the US

![Figure 17](image)


Figure 18 Boundary and rule-making behaviour in households by socioeconomic position

![Figure 18](image)

Source: Dearden L, Silovsky L, and Sylvia K (2011)
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**Focusing on parents’ own resources**

Parents want support to build their own confidence, develop their own skills as parents and access to local services and facilities, giving them the resources to have a positive influence on their children. Pregnancy and just after birth are particularly effective times to do this. A review of 47 interventions of ‘anticipatory guidance’ given to mothers by healthcare workers showed that these types of programmes led to reduced stress and improved parenting confidence.

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**Clear aims and objectives**

Sure Start evaluation suggests that in order for programmes to work they need to have clear objectives – and that parents and providers can measure progress against these. It is not enough for parents to enjoy the intervention: they must also achieve some sort of discernible change.

Programmes that translate these aims and objectives into a structured curriculum are more effective. The evidence does not suggest a specific curriculum, just that a curriculum followed with fidelity makes a difference.

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**Enabling parents to practise at home**

Programmes that support parents to take the tools and approaches they learn and practise them at home also show promise. The programmes should incorporate ongoing attention to ensuring attendance.

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**Bringing together care and learning**

Programmes that combine care for children with learning for their parents, and focus on both cognitive and non-cognitive development for the child and the mother, were powerful as well. Focusing on behavioural changes that require improvement in a number of parents’ resources were found to be more effective than other approaches.

Programmes with a curriculum, those covering positive parent–child interaction, emotional and communication skills, use of ‘time-out’, parental consistency and requiring parents to practise new skills were more effective. A review of health-led parenting programmes found those that began ante-natally and worked through the first two years of life were particularly effective.

The Family Nurse Partnership (FNP) provides nurse home visiting to low-income first-time mothers, delivering about one visit per month during pregnancy and the first two years of the child’s life. Evidence from FNP’s predecessor in the US has shown that this model significantly helps improve infant health and care of children early in life.

Another programme, in use by a number of Children’s Centres, is Incredible Years. This programme provides parent training through video-based learning. Primarily for families with children who have significant behavioural challenges, it has shown impacts on parents’ ability to manage their children’s behaviour and to contribute to improvements in both conduct disorder and attention deficit hyperactivity disorder.

The Brazelton Neonatal Behavioural Assessment Scale is used to give parents a greater understanding of their baby’s states of being to increase parental awareness and then respond to their children more effectively. A meta-analysis of interventions has found a small to moderate beneficial effect on parental behaviour.

Parenting programmes can be effective in numerous ways, providing necessary knowledge and skills, building self-confidence and self-efficacy, contributing to greater resilience and offering support. Parenting programmes may also utilise the power of social networks, building on evidence that people often follow the behaviours of those around them.

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**Parents’ lives influence their parenting**

There are a number of factors that shape the way in which parents ‘parent’, in particular their mental wellbeing and the level of stress in their lives. Factors such as support networks and financial security can either be protective or can add to the stress and threaten mental wellbeing.

The Core Purpose document for Children’s Centres recognises this, placing the health and wellbeing of parents firmly within the remit of Centres.

Poorer parents operate in a particularly challenging context with many aspects of disadvantage influencing their lives. In their book The Spirit Level, Wilkinson and Pickett show how many of the factors that shape the context of family lives are socially graded. They argue that without tackling inequality at the basic societal level, it will be very hard to create more equal outcomes in particular areas.

Many Children’s Centres have taken the role of tackling inequality very seriously, helping parents to maximise their incomes, develop work-related skills and find jobs. At the same time there is evidence that Children’s Centres can improve parenting but unless steps are taken to support parents’ health and wellbeing, these impacts may be minimal and limited.

6.1 Good mental wellbeing

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<thead>
<tr>
<th>Outcomes</th>
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<tbody>
<tr>
<td>16 More parents are experiencing lower levels of stress in their home and in their lives</td>
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<tr>
<td>17 Increase in the number of parents with good mental wellbeing</td>
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<tr>
<td>18 More parents have greater levels of support from friends and/or family</td>
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Good mental wellbeing puts parents in the position to nurture their children: it means low levels of stress and high levels of support from friends and family. Low levels of mental wellbeing impact on children in different ways. Poor mental well-being can directly influence the parent–child relationship by making parents unpredictable or irrational, creating a harsher discipline environment, impacting on children’s ability to form attachments and to create trusting and nurturing relationships with adults. Indirect effects of poor mental wellbeing can stem from insecurity and disruption in the child’s environment and in the parent’s capacity to focus on their child. The impact begins before birth, antenatal maternal stress can impact on foetal development.

Parents’ mental health is also associated with other positive outcomes. As de Coulon et al write: “...the greater parents’ life satisfaction, the fewer behavioural and emotional problems their children exhibit.” Depression is the most prevalent form of mental ill-health: at least 10 per cent of women will have a depressive episode serious enough to be diagnosed and between 10 and 17 per cent of new mothers will suffer from some form of postnatal depression. Estimates suggest that as many as 35 per cent of women of childbearing age suffer from depression at some time. Parents who suffer from poor mental health at some point in their lives are at greater risk of suffering it a second or even third time. Two-thirds of mothers with poor mental health in the first ‘wave’ of the Scotland-wide study of maternal mental health Growing up in Scotland were in a similar situation during follow-up.

The impacts of poor maternal mental health on children are significant. They begin even before birth as maternal depression can contribute to low birth weight. From birth they can impact with lower rates of breastfeeding. Impacts of maternal depression on children include delayed language development, greater levels of misconduct, reduced social and emotional competence, sleeping problems, physical ill health and lower levels of attachment with its associated detrimental effects. Even short periods of mental ill health can impair children’s social, emotional and behavioural development, although not as significantly as for children who face prolonged or repeated exposure.

Children’s attachment levels are affected, with impacts for their cognitive development by the age of 18 months. However, as Marrtyn and Martin show, at the age of 34 months mental wellbeing was no longer associated with children’s cognitive development – and became more associated with their social and emotional skills. By the age of four, children living with mothers who had repeated and/or prolonged mental health problems were particularly likely to have poorer behavioural, emotional and social outcomes than their peers.

6: Parent context enables good parenting
However, the difference is less steep for their cognitive development. Further analysis suggests that the difference in cognitive development is no longer significant once other socioeconomic factors were considered (such as maternal educational attainment, living in areas of deprivation and in urban areas, larger family size and persistent poverty). 232

Friends and family provide a rich support basis when not one is a parent. This becomes even more important when the daily challenges of parenting begin. Social networks help people to manage their lives and the complexities that they face on a day-to-day basis. Other people act as role models for behaviours and approaches, and have a shared understanding of both the stresses and the rewards of parenting. 232 Strong social networks act as protection against other risk factors for poor outcomes and provide a buffer to the daily challenges of parenting. 232 Evidence shows that strong networks for parents protect against poor outcomes for children. 232 Mothers with extensive social networks have more positive interactions with their children than mothers with smaller networks. 232 They tend to praise their children more and are less controlling than mothers who are not happy with their social networks. Higher rates of child abuse are found in socially isolated families, and social support has been found to moderate the impact of child harm. 232

Four types of social networks have been identified: emotional support involves providing love and empathy to another, instrumental support includes tangible assistance such as food or giving someone a lift somewhere, informational support delivers new knowledge for problem-solving and appraisal support provides someone with information about self and own behaviours. 232

One key aspect of engagement with social networks is willingness to ask for help. Not seeking help or engaging with services is likely to impact on the ability to identify problems at all levels of intervention. 232 The quality of the closest relationship—such as between partners—also shapes children’s outcomes. Children whose parents (biological or not) had poor relationships are likely to have poorer preschool relationships with their peers, independent of any other factor. The poor parent relationships also affect maternal mental health and therefore have a secondary impact on children’s outcomes. 232 Marital discord is one creator of stress. Within every study where it was assessed, there were highly significant associations between marital quality, particularly marital disharmony and conflict, and mental health. 232

6.1.1 Inequality in mental wellbeing
Disparities in mental wellbeing exist across the social gradient. Levels of poor mental health are higher in poorer socioeconomic groups, as are the factors that lead to high levels of stress including lack of financial resources, low levels of social support and difficult relationships. 232 Stress is distributed unevenly across the population: families from lower socioeconomic backgrounds carry a disproportionate share of the burden of stress including more fractious relationships, greater numbers of emergencies and less support to respond to. In a study of stress in the US those on lower incomes were more likely to experience stressful reactions (such as irritability or anger, feeling anxious or sad, lack of motivation or energy, feeling as though you could cry) than their better-off peers. 232 This leaves parents less resilient and the stress can account for a significant proportion of the difference in outcomes for children from different socioeconomic groups. 232

Depression and poor mental health also follow the social gradient. Growing up in Scotland found that 82 per cent of families with higher incomes (over £33,571) had no instances of poor maternal mental health over the course of the study, while only 54 per cent of the families in the lowest quintile (under £8,410) had no instances of poor mental health. 24 per cent of the poorest families had repeated mental health problems while for families in the highest income bracket this figure was only six per cent. 232

Poor mental health was also associated with a number of socioeconomic factors that follow the social gradient, including living in a low-income household and living in an area of deprivation. Living without a garden in an area of deprivation and in an urban area was also associated with higher levels of poor mental health.

The three specific outcomes we focus on often co-exist: mothers who experience a significant stress in their lives and have low levels of support are more likely to become depressed after another stressful episode as are mothers who are not employed outside of the home. Mothers who did not have supportive partners (either they were single or in an unsupportive relationship) and/or lacked economic resources were more likely to be depressed during pregnancy and after birth. 232

6.1.2 Improving parents’ mental wellbeing
Recent developments in how to improve mental health and wellbeing have focussed both on the potential benefits of more clinical, individual focussed interventions such as cognitive behavioural therapy through group work into more population based interventions including mental health promotion. 232 A 2007 NICE published review of programmes aiming to support mental health and wellbeing concluded that while there are many evaluated interventions the quality of evaluation is often lacking. However it did identify that both behavioural and cognitive behavioural interventions have been shown to improve levels of confidence in parenting skills and self-esteem, and reduce levels of guilt and the frequency of automatic negative thoughts. 232 Since then there has been the roll out of the Increasing Access to Psychological Therapies programme. On the mental health promotion side there has been increasing interest in the 5 a day approach. This
Five Ways to Wellbeing

1 Connect...
With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community.
Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2 Be active...
Go for a walk or run. Step outside. Cycle. Play sports. Find something you enjoy. Learning new things will make you more confident as well as being fun.

3 Take notice...
Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

4 Keep learning...
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

5 Give...
Do something nice for a friend, or a stranger. Thank someone. Smiles. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.


Evidence suggests that parents are becoming less confident and sure about how to nurture their children. The academic findings are echoed by the parents we spoke to – mothers and fathers who repeatedly credited the Children’s Centre with helping them to learn new and improved ways to support their children, particularly how to nurture them and how to discipline them appropriately.

Research suggests that parents have their own schemas for parenting that are shaped in large part by the way they were parented themselves. Parents are not always aware of these traits and how they do or do not align with what works best for children – and for their children. For example, a parent who has experienced overly rigid parenting themselves may apply this to their own children, or a parent who grew up with too much freedom may follow the same pattern.

There is a large body of evidence which shows links between parenting knowledge and outcomes for children. A study by Rennie and Brooks-Gunn of parents of children born prematurely showed an association between parenting knowledge and the quality of the home environment, behavioural problems and cognitive outcomes in young children. Of course, the host of modelled interventions discussed in the previous chapter are based on the idea that knowledge and understanding of parenting leads to better outcomes.

Parents, particularly new or young parents, may not be aware of how much their child depends on them to perform and to support their children is very evident.


6.2 Knowledge and skills

Outcomes

19 More parents are improving their basic skills, particularly literacy and numeracy

20 More parents are increasing their knowledge and application of good parenting

One factor that shapes parenting is the knowledge and skills that underpin individual parent’s approach. This incorporates their understanding of family support. They need to keep a child safe, help them thrive physically, the importance they attach to stimulation and activities such as play and reading, as well as the necessary capabilities, such as sufficient literacy to do so, the way they seek to build a relationship with their child and how they manage behaviour and set boundaries.

The concept of a ‘good’ parent is still emerging and is complex given the variety of factors that operate in the transmission between parenting and children’s outcomes. However, the pressure on parents to perform and to support their children is very evident.


Figure 21 Distribution of services in Children’s Centres
on them to learn to talk and communicate effectively, particularly when children are babies. Understanding when and how to support children is particularly important. Parents whom we met throughout our work said that they needed to know more about how to support their children and that the information and knowledge that they received from the Children’s Centre was invaluable. This was particularly true for parents of children with learning difficulties and other special needs. Their qualitative input echoed evidence that parents can develop more effective parenting skills, in particular if they pay close attention to a child’s responses. 

6.2.1 Inequality in knowledge and skills

As Table 3 shows, parents’ own perceptions of themselves as good parents follow the social gradient, with poorer parents (mothers and fathers) having lower perceptions of their effectiveness. Measures were taken when children were about 36 months old. It is also noticeable that across the population, few parents rate themselves well. De Coulon et al. showed that parents’ literacy and numeracy skills have an independent impact on children’s cognitive development even when a number of other potential explanatory variables such as parents’ qualifications, socioeconomic status, the home environment and parents interactions are taken into account. The research also found that parents’ basic skills impact on children’s social and emotional outcomes. There was no difference in impact between mothers and fathers although mothers’ skills seemed to be more associated with their daughters’ outcomes while fathers were more significant for their sons. Poor parental literacy is related to poor child health, and children whose parents improve their literacy skills have fewer health problems, better nutrition and fewer negative life problems including teenage pregnancy and exclusion from the workforce. In the United States poor literacy skills are closely linked with poor health and higher rates of teenage pregnancy and exclusion from the workforce. In the United States poor literacy skills are closely linked with poor health and higher rates of teenage pregnancy and exclusion from the workforce.

Table 3 Parents’ self-reported views of their parenting quality (per cent, figures rounded up)

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Bottom</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>Top</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father rates herself as a good parent</td>
<td>16</td>
<td>21</td>
<td>25</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Mother rates herself as a very good parent</td>
<td>27</td>
<td>30</td>
<td>28</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Father rates himself as a good parent</td>
<td>18</td>
<td>19</td>
<td>26</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Father rates himself as a very good parent</td>
<td>27</td>
<td>31</td>
<td>32</td>
<td>31</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Dearden L, Slibetski L and Sylva K (2011)

6.2.2 Improving knowledge and skills

There is evidence that boosting the literacy skills of parents translates into improved outcomes for children. As Carpinteri et al. write, “Family literacy programmes are effective, both in improving child literacy and improving parental support skills.” For example, the Turkish Early Enrichment Project and the Mother-Child Education Programme showed that the children of mothers who engage in improving their literacy through the programmes perform significantly better at school. At age 13–15 children whose mothers were involved in TEEP had much higher vocabulary scores and were more likely to be in school than children whose mothers were not involved and this increase in vocabulary was sustained until they were 25–17 years old. The Mother-Child Education Programme focuses on training mothers to develop ‘co-work’ with their children. The use of at-home work focusing on the mother–child interaction shows positive results across a number of studies. A review of literacy programmes in the United States shows that parents’ literacy skills can be improved and that they lead to improvements in other areas of people’s lives. Programmes such as Even Start, a family literacy programme, show that parents’ written and oral literacy skills improved. Parents then increased the following: their interest and engagement in their child’s learning at home; the amount they read to their children by 40 per cent; the number of bought or borrowed books for their children by more than 40 per cent; and the amount that children asked their parents to read to them increased 20-fold compared with before their involvement in programmes. The evidence on the impact of literacy programmes across the socioeconomic gradient is mixed. Some studies suggest that literacy programmes have a smaller impact on families lower down the socioeconomic spectrum than their more affluent peers while other evidence suggest that there is no difference between the socioeconomic groups. Knowledge is not enough: parents also need to believe that they – and their actions – can have an impact on outcomes for their children.

6.3 Being financially self-supporting

Throughout, this report highlights the way that many key outcomes of childhood and their drivers are distributed unevenly by social background and economic situation. There is a gradient where adverse outcomes are experienced most frequently by the poorest and best outcomes experienced most often by the affluent. A wide range of evidence throughout this report has highlighted this stark reality. Figure 22 shows this on a key indicator of early child development: the Early Years Foundation Stage Profile. The proportion of those who experience persistent poverty in the early years who then reach a good level is much less than half of those who do not experience any poverty. Among the poorest quintile of children, just over 30 per cent reach this level compared with nearly 70 per cent in the top quintile.

Figure 22 Percentage achieving good development on early years Foundation Stage Profile and family poverty and family resources

Poverty is associated with the quality of parenting, as we have explained above. It is also independently associated with poor outcomes for children. The impact of poverty varies in large part by the duration (short spells are significantly less harmful) and by the timing (poverty in the earliest years has a greater impact than in later life). Duncan et al. looked closely at the independent impact of poverty on children’s outcomes and found it to be significantly correlated with IQ, internalising and externalising behavioural problems. Children in poor families who were in poverty for a long time were found in one study to have IQs that were nine points lower than their peers. They found that the effects of persistent poverty on behaviour problems at age five were 60 to 80 per cent higher than the effects of transient poverty.

Recent evidence suggests that income effects are strongest during preschool/early school years and that the impact varies by outcome, with stronger influence on education and cognitive achievement. Children who experience financial difficulties in their family lives are less likely to stay on in school and are outperformed by their peers. Children in low-income families had poorer behaviour at 46 months than their peers, as well as lower performance on cognitive tests at 34 months. Their performance is also poorer once they reach age five. Using the EYFS profile, research shows that poor children have lower levels of achievement.

There are many reasons why poverty impacts
on children’s life chances. Poverty exerts stress on family life, which impacts on physical and mental health of adults and children and puts great pressure on relationships. This may impact the greatest on mothers, both because lone parenthood is a key risk factor for poverty and because women are the ‘shock absorbers’ of poverty, making personal sacrifices to protect their children from the worst impacts. Poverty means living with material hardship and very often debt, and going without things that many take for granted: healthy, nutritious food, adequate heating at home in winter, holidays and breaks to take time out and refresh. Poverty saps resilience and the ability to face the great number difficult choices people need to make in their lives. Families living in fuel poverty and cold housing are more likely to suffer from poor mental health as a result. The causes of poverty and inequality are many and complex. The fiscal policy regime including tax and benefit policy, the structure of the labour market, and geographical patterns of economic opportunity are three of the main drivers. Children’s Centres can exert little influence over these. However, Children's Centres have an important role to play in this area at the individual level, whether through providing welfare benefits advice, offering work-related education or training or providing direct support around accessing work. Children's Centres managers we spoke to were conscious that the need for this type of support was likely to increase as Universal Credit is implemented. Children’s Centre managers were already looking at budgeting and financial management programmes they could offer to parents. Given the gap between what is provided by out-of-work income supplements and the poverty line, accessing employment is the most sustainable way of lifting a family out of poverty. However, work will not necessarily lift a family out of poverty: more than half of children in poverty live in a household where someone works. In addition, work will not necessarily lead to better outcomes for children. Work can also worsen individuals’ health and can mean children receive less attention and support. Indeed, the prevailing political attitude that requires women to move into the labour market when their children are at younger ages is built on a limited evidence base, particularly in relation to children's outcomes. Yet there is good reason, beyond the consistent and strong associations between poverty and poor outcomes, to believe that accessing work or developing better skills with a view to employment will be beneficial. As Fair Society, Healthy Lives argued:

Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities. However, jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health…. the quality of work matters. Getting people off benefits and into low paid, insecure and health-damaging work is not a desirable option.

For parents of young children, the quality of work is not the only important factor, as the quality of childcare will also need to be high in order to maximise the chances of positive outcomes for children.

It is methodologically difficult, particularly without experimental studies, to look directly at the impact of going into work, link this to increased incomes and then show impact on children’s outcomes, but there is a small amount of evidence to suggest positive outcomes for both parents and young children from policies that have increased parents’ income as they have moved into work. Low skills and being out of work both make it hard to access any employment, let alone good employment. Hillage et al in a review of adult learning present a range of evidence to show that adult learning can provide not only the skills to help access work but also the benefits on a wide range of outcomes including mental health, self-efficacy and confidence, improved social networks and reduced health risk behaviours. Many parents who are not in work may fit into a category that Gregg has called the “progression to work group”: those not necessarily ready to actively seek work but ready to take steps to prepare them for return to work. Worklessness is associated with poor outcomes including poor educational attainment and with poor maternal mental health. In the Scottish Government’s investigation into maternal mental health, only 51 per cent of families with no one in work were free from poor maternal mental health episodes in the first four years of a child’s life, compared with 74 per cent of those with some employment (at least one parent or carer in part-time employment) and 72 per cent of families with at least one parent or carer in full-time employment.

Figure 23 Fuel poverty across the social gradient

While debate persists about the most appropriate configuration of services for families with young children, there is evidence that services based in and around Children’s Centres can have an impact on outcomes for children and their families.

Engaging families is as important as the quality of what is offered: clearly, if no one comes to the Centre than the quality is irrelevant. While Children’s Centres provide a universal service, they are expected to prioritise supporting ‘target’ families.

This section reviews the evidence on engagement and inclusion. We must remember that parents need to want to participate. Parents have differing views of where the boundaries are for services. In general, parents think that services should intervene with children and support children’s development but not force interventions on parents. As Gosling and Khor write:

Participants often wanted advice on a take it or leave it basis but were prepared to accept services of advice on quite intimate subjects or areas. Conversely any suggestion of mandatory programmes tended to be received poorly; similarly programmes framed as correcting a deficit in parenting rather than offering support were not well received.

As one manager put to us, “you have to find everyone’s carrot” to successfully engage parents. While there is a sense from professionals and from families that Children’s Centres are welcoming and engaging, ensuring access, particularly from families who may feel less comfortable, is still important. Some parents still have negative associations with Children’s Centres and feel that the language used is not engaging or accessible.

Some families do not want to access early-years services outside of their home and rely on informal networks for care and support; others will continue to feel threatened or unwelcome in services that “aren’t for me.” However, as Katz et al write, “it must be stressed that the vast majority of barriers are not of parents’ making. Parents generally want to receive help if it is appropriate to their needs.”

Most of the information about who accesses Children’s Centres sits with the individual Centres. Research in 2011 identified characteristics of families who made use of a group of Children’s Centres. As Figure 24 shows, among those attending Children’s Centres, 94 per cent of families had ‘parenting issues’ while 81 per cent had ‘family social issues’. The research also found that families have multiple health needs including general and mental health issues and physical disability issues.

While this research looked at the needs of parents and families when they first attended the Centre, we also asked parents to reflect on the reasons that they came. Mothers talked about meeting people, making friends, being around people like themselves. They also talked about the Centres providing opportunities for their children that they were not able to provide at home. Their children got to meet other children, play with new toys and play outside. The parents also watched the staff and learned from the modelling around them.

Non-users have identified a number of reasons for not attending a Centre. In general they either do not know about the services or feel that they do not need them. Some parents in the latter group see Children’s Centres as explicitly a service for at-risk or disadvantaged families, a group that parents are unlikely to put themselves into whether or not they may fit that profile. This sense of stigma was particularly strong from families at the lower end of the socioeconomic spectrum.

7.1 Inequality in access

There are particular groups of parents who are less likely than others to engage in mainstream services. This includes fathers, disabled parents, BME groups, homeless families or families who are frequently moving (‘peripatetic’ families), and rural families. Children’s Centres are acutely aware of the need to engage fathers and while we met some fathers on our visits, the vast majority of the parents we met were mothers. The fathers we spoke to did feel some trepidation about joining predominately female groups and feel some concern about community impressions of men who spend significant time around children. However, they did welcome specific father groups that were often held at weekends. Research echoes this: fathers feel that centres are run by women, for women.
7.2 What works to engage people

The evidence base for access is still developing and as Katz et al write, it is “rather thin” and groups that are “hard to reach” for services have also been less involved in research. However, there is more to be learnt from existing evidence to draw on what parents relate.

Successful approaches to increasing engagement include the development of trusting personal relationships between providers and service users; getting the practical issues right (such as whether the parent had previous experience of being turned down when asking for help, opening times, availability of childcare and cost of services); service culture; and responsiveness to what parents want. Other reviews have also summarised the characteristics of services that parents and children in need of support particularly value and take up: easily accessible services, practitioners who are approachable and responsive, culturally sensitive services, attention to strengths as well as needs, and a focus on supporting both child and parent.

The parents we spoke to echoed this research: they wanted to speak to someone who listened, who understood and who did not judge. The most frequent refrain on our visits was, “They don’t judge you. They just listen and try and help.”

Outreach can also be a way to engage families in other services that they may need. Successful outreach often sees project staff make individual contact with families in the community (in their own homes in the first instance), and is essential to make a reality of access for those families who are seen as being the hardest to reach. Other approaches include having existing service users act as advocates and mentors for other families.

This was echoed by the parents we spoke to in our visits who credited both individual workers and their own friends and social networks as key to their involvement. Other research suggests that individual contact from project staff is critical to encouraging access by harder-to-reach families.

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Katz et al identified three barriers to access.

- **Physical and practical barriers** included lack of knowledge about what was available—a finding echoed by our conversations with parents who said, “I didn’t come in the beginning because I didn’t know what was here.” Other physical barriers include transport, particularly for families reliant on public transport and with pushchairs. The majority of parents we met on our visits did not have cars and accessed the Children’s Centres by walking, this was particularly true for the young mothers we met who said that they would not have attended if it required a significant journey by public transport. Many of the parents reflected that having parents’ involvement in the Children’s Centres within their local community encouraged them to participate and to access the services.

- **Social barriers** also played a role. There is ongoing discussion about parents feeling that Children’s Centres are “not for me” and feeling nervous about entering the building. Clearly, the parents we spoke to did not have that concern (or at least no longer had it), as we met them in the Children’s Centres. When we asked parents why they had not come in the past and/or why people they knew did not come, lack of confidence and comfort came up a number of times. They reflected that some parents might not know that the staff were friendly and there to help and might be worried that staff would be patronising and stigmatising. Katz et al found that cultural barriers may be particularly strong for minority ethnic families and in particular for groups who are isolated or culturally meant to ‘stay at home’ with their children.

- The final barrier was **social stigma**, with parents fearing that they would be labelled as bad or failed parents. The parents we spoke to emphasised how important it was that staff at the Children’s Centre were seen not to judge and to “meet you on your level” to help parents. This was particularly important to the teenage mothers we spoke to, who reflected that most people “looked down on you” for being a young mother but that the staff at the Centre did not make judgments and were just there to help.

7.2.1 Keeping people engaged

Retention is as important as ensuring initial access. Reviews of some programmes suggest that participant attrition is particularly high for parents who are ‘hard to reach’ or whose cultural context for parenting is at odds with parenting courses that tend to be shaped around particular models of good parenting. One particular risk is that if parents find support stigmatising or at odds with their own views, they simply stop accessing support. For example, if health visitors gave new mothers advice on weaning that was at odds with mothers’ beliefs on weaning (often based on advice from their own mothers), the mothers simply stopped seeing the health visitor.

Parents who do use Children’s Centres tend to rate them highly, attributing improvements in confidence and self-esteem to involvement in courses and programmes. They felt that involvement in the Children’s Centre also helped their children develop what they needed for school. This sense of direct benefit contributes to ongoing engagement and involvement.

Less is known about supporting fathers although the need to include fathers is growing, not only as parents but also in their role as contributing to the financial security of the household, and as partners and support for mothers.
8 The Outcomes Framework

The Outcomes Framework we have developed is based on the evidence presented in the preceding pages. It attempts to balance what the evidence says makes a difference with what is practical; it makes allowances for where evidence may be weaker but is still strongly suggestive of what is important; it builds on what parents and practitioners told us, and it aligns where possible to the existing frameworks.

We have started from the principle that we need to be measuring what is important – not be guided by what we can measure. We have defined as ‘important’ what the research suggests plays a particularly significant role in children’s early lives – and where possible where research suggests that particular factors have more impact than others.

The Outcomes Framework

<table>
<thead>
<tr>
<th>Areas for focus</th>
<th>Proposed outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive development</td>
<td>1. All children are developing age appropriate skills in drawing and copying</td>
</tr>
<tr>
<td></td>
<td>2. Children increase the level to which they pay attention during activities and to the people around them</td>
</tr>
<tr>
<td>Communication and language development</td>
<td>3. Children are developing age appropriate comprehension of spoken and written language</td>
</tr>
<tr>
<td></td>
<td>4. Children are building age appropriate use of spoken and written language</td>
</tr>
<tr>
<td>Social and emotional development</td>
<td>5. Children are engaging in age appropriate play</td>
</tr>
<tr>
<td></td>
<td>6. Children have age appropriate self-management and self-control</td>
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<tr>
<td>Physical development</td>
<td>7. Reduction in the numbers of children born with low birth weight</td>
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<td></td>
<td>8. Reducing the number of children with high or low Body Mass Index</td>
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<tr>
<td>Parenting enables development</td>
<td>9. Reduction in the numbers of mothers who smoke during pregnancy</td>
</tr>
<tr>
<td></td>
<td>10. Increase in the number of mothers who breastfeed</td>
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<tr>
<td>Promoting an active learning environment</td>
<td>11. Increased number and frequency of parents regularly talking to their child using a wide range of words and sentence structures</td>
</tr>
<tr>
<td></td>
<td>12. More parents are reading to their child every day</td>
</tr>
<tr>
<td>Positive parenting</td>
<td>13. More parents are regularly engaging positively with their children</td>
</tr>
<tr>
<td></td>
<td>14. More parents are actively listening to their children</td>
</tr>
<tr>
<td></td>
<td>15. More parents are setting and reinforcing boundaries</td>
</tr>
<tr>
<td>Parent context enables good parenting</td>
<td>16. More parents are experiencing lower levels of stress in their home and in their lives</td>
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<tr>
<td></td>
<td>17. Increase in the number of parents with good mental wellbeing</td>
</tr>
<tr>
<td></td>
<td>18. More parents have greater levels of support from friends and / or family</td>
</tr>
<tr>
<td>Knowledge and skills</td>
<td>19. More parents are improving their basic skills, particularly in literacy and numeracy</td>
</tr>
<tr>
<td></td>
<td>20. More parents are increasing their knowledge and application of good parenting</td>
</tr>
<tr>
<td>Be financially self-supporting</td>
<td>21. Parents are accessing good work or developing the skills needed for employment, particularly those furthest away from the labour market</td>
</tr>
</tbody>
</table>
We have shown, the rationale and thinking behind an evidence based outcomes framework which, if followed, will make a real improvement to children's lives and to their outcomes in the future.

However what we have not done, is look in depth about how easy this will be for children's centres to follow and measure. The next stage of our work will be to set out how to achieve this, working closely with children's centres and linking in with the existing measurement regimes that exist, wherever possible.

For example, Development Matters provides in-depth suggestions for observation of development. It is particularly strong in looking at how a consistent set of outcomes manifests across different ages in the early years, which is critical. The Early Years Foundation Stage Profile (EYFSP) Total Score correlates strongly with predictions made on earlier tests and can be a useful measure of understanding spoken language. The language scale of the EYFSP also correlates very strongly with all of the other scales, and is therefore associated with progress in all other domains of development.

This is less true when looking at parenting and the parent context. While there are a number of measurement tools that have been used in the academic research, these tools are unsuitable for Children's Centres. They are too resource-intensive and too complex to provide the quick and accessible information that Children's Centres need on an ongoing basis to assess their impact.

Children's Centres face particular challenges in measurement, including finding approaches that are both rigorous and practical and in particular finding ways to measure changes in behaviours that take place in homes. The availability of high-quality yet easy-to-use measurements varies across the areas of responsibility and focus, and indeed within some.

Development Matters already contains a wealth of suggestions for behaviours and attributes that Children's Centre staff may observe in children. It is particularly good at identifying age-appropriate manifestations of outcomes across the early-years age range. We suggest a few additional tools that may supplement what is in Development Matters and may be particularly useful in comparing outcomes between families and between Children's Centres.
The Outcomes we propose map closely to existing and emerging statutory frameworks at both a high level and in the detail. At a high level our proposed outcomes echo the themes of children’s personal, social, emotional and physical development that form the basis of the Ofsted Inspection Framework for Children’s Centres, Early Years Foundation Stage (EYFS) Framework, and the Healthy Child Programme. These Frameworks also promote the social and emotional development of parents. The outcomes we have included are all critical for ensuring that children and their families are prepared for school and able to thrive and grow when they enter formal education. We are aware of the investment and efforts underway as part of the Payment by Results trials. As these are continuing to emerge all the time, we have not included them here. However, we will aim to share our analysis and thinking with the programme as it develops.

Our work also focuses on the need to support all families, not just the most disadvantaged. As the risk of poor outcomes exists across the social gradient, we urge an approach based on proportionate universalism, supporting all families to thrive.
### Appendix A: Our outcomes aligned against existing frameworks

<table>
<thead>
<tr>
<th>Areas for focus</th>
<th>Proposed outcomes</th>
<th>Core Purpose of Children’s Centres</th>
<th>Ofsted (KPIs &amp; SEF areas)</th>
<th>EYFS: March 2012</th>
<th>Public health outcomes</th>
</tr>
</thead>
</table>
| Children are developing well | Cognitive development | - All children developing age-appropriate skills in drawing and copying  
- Children increase the level to which they pay attention during activities and to the people around them | Child development and school readiness | All children and parents, including those from target groups, enjoy and achieve educationally and in their personal and social development (A2.3) | Specific areas: Literacy, mathematics, and expressive arts and design |
| Communication and language development | - Children are developing age-appropriate comprehension of spoken and written language  
- Children are building age-appropriate use of spoken and written language | Personal, social and emotional development, physical development and communication and language so children develop as curious learners and are able to take full advantage of the learning opportunities in school | Percentage of children who achieve a total of at least 75 points across the EYFS profile with all six points scored in each of the personal, social and emotional development (PSED) and communication and language (CLL) scales. The extent to which all users enjoy and achieve educationally and socially | Specific areas: Literacy and mathematics |
| Social and emotional development | - Children are interacting appropriately with other children and with adults  
- Children increase their engagement with various forms of play  
- Children have age-appropriate self-management and self-control | Prime area: Personal, social and emotional development and all associated early learning goals | Prime area: Personal, social and emotional development and all associated early learning goals | All children and parents, including those from target groups, are physically, mentally and emotionally healthy and families have healthy lifestyles (A2.1) |
| Physical development | - Reduction in the numbers of children born with low birth weight  
- Reduce the number of children with high or low Body Mass Index | Child and family health and life chances – good physical and mental health for both children and their family | Percentage of children in reception year who are obese. Children, including those from vulnerable groups, are physically, mentally and emotionally healthy and families have healthy lifestyles (A2.1) | Incidence of low birth weight of full-term live births, with gap narrowing, in the local authority area. Prevalence of healthy weight at age 4–5 years, with gap narrowing, in the local authority area |
| Parenting promotes development | Creating safe and healthy environment | - Reduction in the numbers of mothers who smoke during pregnancy  
- Increase in the numbers of mothers who breastfed in the first 6 weeks after birth | Parenting aspirations, self esteem and parenting skills | Percentage of infants being breastfed at 6–8 weeks after birth. Children, including those from vulnerable groups, are physically, mentally and emotionally healthy and families have healthy lifestyles (A2.1). Children are safe and protected, their welfare concerns are identified and appropriate steps taken to address them (A2.2) | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
| Promoting active learning | | - Increased number and frequency of parents regularly talking to their child using a wide range of words and sentence structures  
- More parents reading to their child every day  
- More parents are playing with their child – and encouraging their child to explore | Parenting aspirations and parenting skills – building on strengths and supporting aspirations so that parents and carers are able to give their child the best start in life | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
| Positive parenting | - More parents are regularly engaging positively with their children  
- More parents actively listening to their children  
- More parents are setting and reinforcing boundaries | Parenting aspirations and parenting skills – building on strengths and supporting aspirations so that parents and carers are able to give their child the best start in life | Parenting aspirations and parenting skills – building on strengths and supporting aspirations so that parents and carers are able to give their child the best start in life | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
| Parent context enables good parenting | Good mental wellbeing | - More parents are experiencing lower levels of stress in their home and their lives  
- Increase in the number of parents with good mental wellbeing  
- More parents have greater levels of support from friends and / or family | Child & family health & life chances | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
| Knowledge and skills | - More parents are improving their basic skills, particularly literacy and numeracy  
- More parents are increasing their knowledge and application of good parenting | Supporting parents to improve the skills that enable them to access education, training and employment | Knowledge and skills | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
| Be financially self-supporting | - Parents are accessing good work or developing the skills needed for employment, particularly those parents furthest away from the labour market | Children and families are safe, free from poverty, and able to improve both their immediate wellbeing and their future life chances | Percentage of children age 0-4 living in households depending on working tax credits. Percentage of eligible families benefiting from the childcare element of Working Tax Credits. Parents are developing economic stability and independence, including access to training and employment (A2.5) | Smoking status at time of delivery. Breastfeeding prevalence (at 6–8 weeks after birth), with gap narrowing, in the local authority area |
The Millennium Cohort Study is a longitudinal study following the lives of approximately 19,000 children born in 2000-1.

Guidance on identifying troubled families instructs councils to begin by identifying families who are involved in crime and anti-social behaviour and/or have children of school age who are not in school. Councils are then told to identify families within these groups who also have an adult receiving out-of-work benefits. Families who meet all three criteria are immediately considered troubled and local authorities make up the balance of their 'allocation'. www.communities.gov.uk/documents/communities/pdf/2117840.pdf, accessed 6 July 2012.

Children’s communication language skills are often discussed as a subset of cognitive development. We have chosen to treat the two separately as the understanding of the interplay between communication and language skills and social and emotional skills continues to develop.

All three- and four-year-olds are entitled to free childcare provision. Central and local government have been rolling out a targeted programme of free childcare for the most disadvantaged two-year-olds.

More detail on the PPVT-R can be found at www.michigan.gov/documents/rude/PPVT-IV_training_10-08_258864_7.pdf and more detail about the One Word test can be found in Gardner M F, Expressive one-word picture vocabulary test, Academy Therapy Publications, 2001.

Joint attention is defined as periods of time when the mother and child are focused on the same activity or object. Topic-continuing replies are responses made immediately by the mother and that refer to something that the child has just mentioned.

Endnotes


6 Backing The Future: Why Investing In Children Is Good for Us All, new economics foundation and Action for Children, 2009


120 Gard J, Kavanagh J, Oliver K, Oliver S, O'Malley M, and Thomas J (2011) *Childhood obesity and educational attainment: a systematic review*. EPPi-Centre Social Science Research Unit Institute for education University of London.


As Above


level: why equality is better for everyone.


As above

Differences to Parenting and Outcomes for Children, Child, Family and Social Work, 9 3–11.


As above


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