
An Equal Start: Improving outcomes in Children's Centres

UCL Institute of Health Equity



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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 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 in this cohort underwent. 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.

Parenting is critical to children’s experience of early years and their life chances. The biggest influence on children’s outcomes is from primary care-givers; most often these are mothers, frequently they are fathers, and sometimes others such as guardians, siblings or extended family members. Throughout this report we use the word ‘parent’ to recognise all primary care-givers.

The early years are not only critical for life chances: inequalities at this age perpetuate throughout life. Improving experiences in the early years is central to reducing inequalities in childhood and later life. Children from the lowest income

households have an average percentile score on school readiness that is more than 30 points below their peers in the first quartile, and their vocabulary at age 3 is more than 20 points below their peers.

The link between inequalities of experiences in early years and inequalities in later-life outcomes is well established. So persistent is this inequity across the generations that our earlier work, *Fair Societies, Healthy Lives*, the review of health inequalities led by Professor Sir Michael Marmot, made improving experiences in the early years its priority objective for reducing health and other inequalities.

As we showed then, inequalities are not concentrated at the bottom of the socioeconomic spectrum in a specific group of poor or problematic families. Children’s outcomes improve progressively the further up the socioeconomic spectrum, and worsen progressively the further down. There are inequalities in outcomes between the top socioeconomic status and everyone else, and the gap between those groups is growing relatively wider and more entrenched.

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

The ambition to reduce inequalities and improve outcomes for all children is a central feature of Children’s Centres, a universal service that tailors its responses to all families with children from pregnancy through to starting school, rather than just to those deemed most at risk. And Children’s Centres can – and do – have an impact.

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.

Figure 1 Birth weight

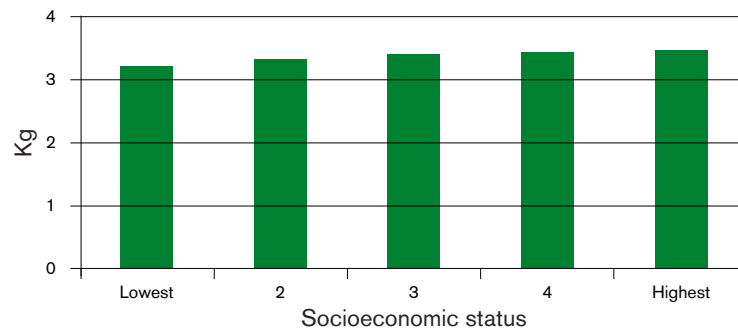


Figure 2 Mother suffered post-natal depression

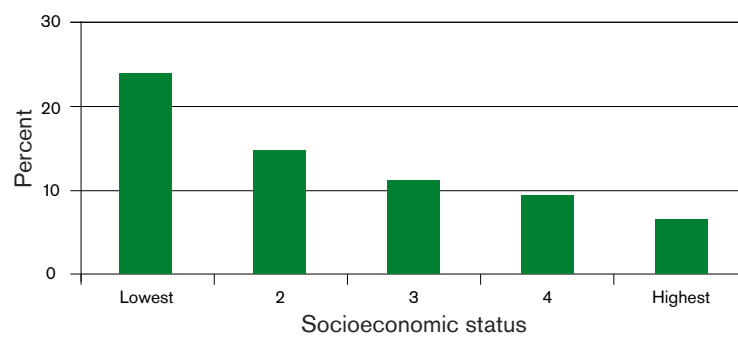


Figure 3 Read to every day at age 3

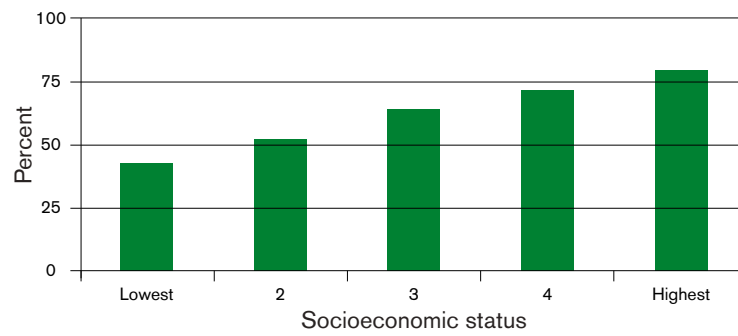
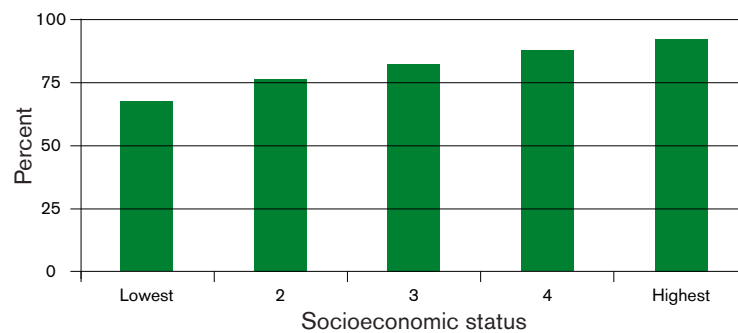


Figure 4 Regular bedtimes at age 3



Source: Department for Children, Schools and Families cited in *Fair Society Healthy Lives*

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:

1 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.

2 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.

3 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:

1 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.

2 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.

3 Advisory group

Our advisory group of practitioners, academics and policy officials have challenged our work, giving their expert input and advice throughout.

Together, these four inputs have shaped a detailed analysis of *why* the early years are so important, *what* impacts on these outcomes and on persistent inequality, and *how* Children's Centres can respond.

Outcomes

Against each of the areas of focus we suggest a small number of outcomes that should be measured at an individual and population level.

The outcomes are those that the evidence illustrates are the most important for improving children's lives and futures, and for reducing inequalities in outcomes. In *An equal start: the evidence base* we point to measures of these outcomes included in the current Ofsted Inspection Framework for Children's Centres, Early Years Foundation Stage (EYFS) Framework, and Healthy Child Programme, and to where there are outcomes to be developed further.

In some areas, particularly parenting and the parent context, we point to existing approaches drawn primarily from academic research. These may form the foundation for future development of measures that are both robust and practical.

Summary of the evidence

An equal start: the evidence base describes and assesses existing documents and measures. It details the research and evidence behind the recommended areas for focus and priority outcomes proposed here.

Children are developing well: cognitive development, communication and language, social and emotional development and physical health

Children develop across four interdependent and reinforcing domains: cognition, communication and language, social and emotional development and physical attributes. All of these are important and mutually reinforcing.

Cognitive skills such as memory, reasoning, problem-solving and thinking shape later-life outcomes. Paying attention is strongly associated with later-life outcomes, including employment. While many frameworks suggest communication and language are a subset of cognitive development, the evidence suggests that progression in each area is so important that we choose to treat each independently.

Strong communication and language skills in the early years are linked with success in education throughout life. This persists through life-long learning, leading to higher levels of qualifications, higher wages and better health, among other desirable outcomes. Poor communication and ineffective acquisition of early language are associated with behavioural problems, in turn linked to worse outcomes, including worse health, throughout life.

Children with particularly poor communication skills often struggle to develop friendships, even from the youngest ages.

Cooperation, sociability, openness and self-regulation all help children flourish. Social adjustment is associated with improved employment, higher wages and reduced likelihood of criminal behaviour. Mental wellbeing in early years protects against poor mental health in later life.

At the earliest stages, low birth weight relates to adverse outcomes in later life. The relationship between physical health and development and outcomes persists. They both link strongly to engagement in education later in life.

Cognition, communication and language, social and emotional skills and physical attributes are covered comprehensively by existing national frameworks. Three (communication and language, social and emotional skills and physical health) directly mirror the revised EYFS Prime Areas, while cognition is recognised throughout the Specific Areas of the EYFS. We welcome the introduction of a review of these Prime Areas at 2 years of age.

Our work builds on these and adds greater emphasis onto the role of parenting and parents. We reiterate that these areas are critical from birth – and in many cases prenatally. Parents need to know how they can support development throughout their child's life.

Parenting: the interaction between parent and child

Parenting is a dynamic, evolving relationship, informed by the parent and the child. Emerging evidence suggests that some children may require more attention and more active parenting than others. This happens for a range of reasons, some of which can be prevented and others Children's Centres are not able to change.

Of course, parents and children all have different temperaments – and parents in particular possess different levels of resilience. Families' living circumstances, such as their housing, income, community environment and many other social and economic factors, influence and affect parenting.

Children's behaviours and mothers' resilience both shape the nature of parenting. The reciprocal nature means that patterns are reinforced, whether they are positive or detrimental to a child's development.

In addition to ensuring their children are safe and healthy, there are two critical roles for parents:

1 Being responsive and attentive

Attachment is crucial and comes through attention and interaction. This ranges from body language through to setting boundaries that keep children safe while allowing them to explore their world.

2 Providing a nurturing and active learning environment

A rich and responsive language environment, a range of toys and books and in particular talking to and reading to children, are fundamental.

Parents from anywhere on the socioeconomic spectrum may need support. However, the distribution of 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 attention is needed across the social gradient, not simply for the most disadvantaged, although this is where most intensive support may be required. 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 Children's Centres are limited in shaping, for example the quality of housing. Children's Centres should focus on supporting families within these environments while advocating for improvements in them across the social spectrum. Children's Centres can support parents in contacting services, and getting the best advice and support – for instance by facilitating access to housing services.

Existing measurement processes, including the current Ofsted Inspection Framework for Children's Centres, EYFS Framework and the Healthy Child Programme, recognise the importance of Children's Centres in supporting parents to thrive in their wider environment. Employment and the skills needed to secure work are regularly included in these regimes as measures. We add a renewed focus on securing parental wellbeing.

Parents' mental wellbeing – particularly mothers' – is critical. Mental wellbeing has both direct and indirect impacts on a child: directly through the impact on parenting itself and indirectly through the mother's capacity to withstand stressors that can affect home and community environments.

Identifying and responding to post-natal depression is key, and the prevalence of that condition is again disproportionately spread across the social gradient, with a greater concentration among more disadvantaged mothers.

An Outcomes Framework focused on what matters most

We start from the principle that we need to be measuring what is important: not to be guided by what we can measure.

Our Outcomes Framework echoes some of what Children's Centres already measure through the Ofsted Inspection Framework for Children's Centres (current and forthcoming), the EYFS profile and locally defined measurement regimes. We reframe and suggest additional outcomes, based on our recent review of the evidence. Each outcome stems from evidence about what is important and what can be influenced and improved. Where possible we align what is most important with what is most practical for Children's Centres. Where measures do not currently exist, in the main document we recommend actions to develop these.

All of these outcomes are important to achieve throughout children's early years. For example, talking to a child is not just something that happens when the child can talk back. Talking to a pre-verbal child is critical for his or her development. We highlight in the main report where evidence points to age-related impact.

Characteristics of Children's Centres: the features that best enable positive contributions to outcomes

Children's Centres play a fundamental role in protecting and safeguarding the children in their community. Beyond this it is appropriate that Children's Centres vary in their delivery. Some make use of formal programmes in their work while others bring together ingredients for success into less rigorously reviewed approaches. All provide interventions not codified in specific programmes through outreach, group work and individual interactions.

Children's Centres provide a universal service that helps those who are most at risk. Local-level conversations, including detailed discussions with commissioners, translate this into reality. We reinforce the focus on services that are proportionate to need across the socioeconomic spectrum, providing universal access coupled with targeted support.

The evidence suggests that there are key features of Centres themselves that enable success, particularly with some family groups. The Core Purpose of Children's Centres sets out many of these, reflecting the statutory duties of Centres.

The Ofsted Inspection Framework for Children's Centres assesses many of these areas, and Development Matters provides guidance to Children's Centres on how to translate the EYFS into practice. Our review of the evidence suggests that the following two areas are particularly important:

Figure 1 Areas for focus and proposed outcomes

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

1 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 give babies and young children the best start in life.

2 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. Caveats 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.

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