



Department
for Education

Changes in resourcing and characteristics of children's centres

Evaluation of Children's Centres in England (ECCE, Strand 4)

– Additional research report

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Contents

List of figures	ii
List of tables	ii
Evaluation of Children's Centres in England: Research Team	iii
Executive Summary	iv
1 Introduction	1
2 Research Design and Methodology	3
2.1 Evaluation of Children's Centres in England (ECCE)	3
2.2 The sample	4
2.3 The Measures	5
2.3.1 Changes in resourcing over time	5
2.3.2 Centre characteristics and processes	5
3 Findings	7
3.1 Characteristics of the registered centre's reach area	7
3.1.1 Reach area deprivation levels	7
3.1.2 Reach area size	7
3.2 Characteristics of the registered centres	8
3.2.1 Centre user's locality to the registered centre	8
3.2.2 Centre organisation: configurations	9
3.2.3 Centre size	11
3.3 Characteristics of the registered users	12
3.3.1 Centre user's home neighbourhood deprivation	12
3.3.2 Centre user's financial disadvantage and need	13
3.4 Centre profile	15
4 Discussion and Conclusions	17

5 References	19
Appendix A	21
Appendix B	22

List of figures

Figure 3.1 Proportion of centres that changed configuration by reported cuts.....	11
Figure A.1 The ECCE Study Design of 5 Linked Strands and Sample Strategy.....	21
Figure B.1 Results from the Two-Step Cluster Analysis	23

List of tables

Table 3.1 Average reach deprivation (CIDI: 2009).....	7
Table 3.2 Size of reach area (in Hectares)	8
Table 3.3 Number of 0-4 year olds in reach area.....	8
Table 3.4 Proportion of registered users living within the reach area	9
Table 3.5 Proportion of 'one centre unit' centres in 2011.....	9
Table 3.6 Proportion of 'one centre unit' centres in 2013.....	10
Table 3.7 Proportion of centres that changed configuration from 2011 to 2013.....	11
Table 3.8 Characteristics of the centre: number of users and staff.....	12
Table 3.9 Characteristics of users: Neighbourhood deprivation.....	13
Table 3.10 Characteristics of users: Families experiencing high financial disadvantage	14
Table 3.11 Characteristics of users: Mothers with no qualifications.....	14
Table 3.12 Characteristics of users: Mothers with poor mental health.....	15
Table 3.13 Characteristics of users: mean neighbourhood deprivation	16
Table B.1 Descriptive Statistics for Strand 1 measures at Wave 2 (2012).....	22
Table B.2 Descriptive Statistics for the four clusters.....	23

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Executive Summary

During the ECCE Impact evaluation, many children's centres underwent changes to funding, staffing and services (Evangelou et al., 2014, Goff et al., 2013). These reflected various changes in policy priorities, local priorities and the context of austerity measures post 2010. This analysis is based on a sample of 117 centres and presents findings that summarise some of the changes to funding, resources and services that were captured via questionnaires completed by centre staff during the period 2012 to 2013 (comparing budgets across these two financial years). Specifically the descriptive analysis investigates associations to show whether certain centres were more likely to have experienced change than others, and what characteristics were shared by centres that were expanding rather than reducing services. This focus was chosen to follow up the main Impact report (Sammons et al., 2015, in press) that investigated the effects of children's centres in promoting better outcomes for children, parents and families.

Centres were classified, via cluster analysis, into four groups based on a range of information about the extent of reported budget cuts that affected staffing or services and the addition of any new services:

1. Centres classified as '*supported growth*' centres had reported little or no cuts that affected staffing or services and were adding new services;
2. Centres classified as '*Positive stasis*' centres had reported little or no cuts that affected staffing or services but were not adding new services;
3. Centres classified as '*Reducing*' centres had reported cuts that affected staffing or services and were not adding any new services;
4. Lastly, '*Restructuring*' centres had reported cuts that affected staffing or services but were also adding some new services.

In all, just under a quarter of centres did not provide data about budget changes. However, they were retained as an additional group in the analysis to maintain sample size.

The overarching research questions were:

- Is there any relationship between changes in resourcing and specific characteristics of the centres' reach area (e.g. geographical size, number of families with young children in the reach area, average neighbourhood deprivation of the reach area)?
- Is there any relationship between changes in resourcing and specific characteristics of centres (e.g. number of staff at the centre, number of families registered at the centre)?
- Is there any relationship between changes in resourcing and specific characteristics of the registered users (e.g. average neighbourhood deprivation of

the registered users, average financial deprivation of the registered users, proportion of higher need families registered as users)?

It should be noted that centres underwent multiple changes to organisation and resources during the course of the ECCE research period (2009-2014). The data used in this analysis relates to the period of the main Impact study but cannot reflect the full complexity of re-organisation and change to children's centres that took place following a change of government in 2010 and budget reductions from 2011 onwards. Many Local Authorities experienced significant budget cuts as a consequence of austerity measures and these affected spending on children's centres and their services in different ways in different areas, depending on local conditions and priorities.

Characteristics of the registered centres' reach areas

- Children's centres in this sample (Phase 1 and 2 centres) had a higher proportion of children living in income deprived households than expected nationally.
- Centres experiencing '**supported growth**' had the highest proportion of income deprived families living in their reach area (mean 32.3%) when compared to other types of centres, although this difference just failed to reach statistical significance ($p < 0.10$).
- Centres experiencing '**supported growth**' tended to have the smallest geographical reach area (e.g. mean=940 hectares, compared to 6000 hectares for '**reducing**' centres).
- Although the number of families with young children living within a centre's reach area varied widely between reach areas, it was not significantly related to changes in resourcing reported by centres.

Characteristics of registered centre users

- Families registered at '**supported growth**' centres were more likely to live in disadvantaged neighbourhoods than families registered to other groups of centre.
- Families registered at '**supported growth**' centres were also more likely to be financially disadvantaged, have an unqualified mother and have a mother with potential mental health issues than families registered to other centre groupings (based on survey measures collected from families in the Impact sample at baseline).
- In contrast, there was no difference between the four groups of centres in the proportions of single mothers and young mothers registered at baseline.

Characteristics of registered centres

- Few centre characteristics distinguished between centres experiencing changes to funding, staffing and services (organisation, centre size).
- Centres classified in the groups '**supported growth**' or '**restructuring**' were found to be larger, in terms of having more staff on average than other centres (those in the '**positive stasis**' or the '**reducing**' groups). Although both these groups of centres were adding new services, some in the **restructuring** group had also cut or changed their offer at the same time (2012-2013).
- Approximately one third of centres changed configuration¹ between 2011 and 2013, mainly moving from a 'One centre unit/standalone' centre to another type of arrangement, typically some form of form of clustering.
- Centres classified as either in the '**supported growth**' or '**positive stasis**' group (i.e. those expanding or reporting few or no cuts) were the most stable in organisational form: they were less likely to have changed their organisational structure in terms of the configuration in operation between 2011 and 2013. Moreover, centres that provided no data on whether they had experienced budget cuts or increases were identified as the group most likely to have changed their configuration during this time.

Centre profile

- Children's centres in the sample were generally found to be one of three types in terms of their user profiles (i) *Wide usage centres* (centres with lower numbers of local users, serving lower disadvantage families, and an average geographical reach area) (ii) *Local lower need centres* (centres with a high proportion of local users, of relatively low/medium disadvantage, and a large geographical reach area) (iii) *Local higher need centres* (centres with a high proportion of local users, with more users classified as high disadvantage, and the smallest mean reach area).
- There was a tendency for centres in the '**supported growth**' group to have a user base that was more local and of higher need than other centres (50% of '**supported growth**' centres had local and high need users). In contrast, centres that were not adding new services ('**reducing**', '**positive stasis**') were the least likely to have local and high need users (8% and 13% respectively).

¹ Configuration is the organisational structure of the children's centre. Centres were classified by Strand 3 researchers in 2011 and again in 2013 into one of four types of centre: One centre unit, cluster/locality, hub and spoke or virtual. See Goff et al 2013 for more details.

Conclusions

The main ECCE Impact analysis (see Sammons et al., 2015, in press) found that families registered at centres experiencing '**supported growth**' reported greater improvements in various measures of family functioning across the period of the project than those registered at centres that were experiencing cuts (the '**reducing**' group). These effects, though relatively small, were significant and positive (ranging from 0.12 to 0.22). Such positive effects were also identified in further analyses focusing on families with higher levels of financial disadvantage (effect sizes ranging from 0.24 to 0.25). Centres experiencing '**supported growth**' could be considered the most successful centres, growing in a time of national reductions and having a positive impact on families - especially the most disadvantaged.

These more successful '**supported growth**' centres were generally characterised as having smaller, more disadvantaged reach areas, compared to centres in the other resourcing groups. The users of these '**supported growth**' centres were more likely to live in highly disadvantaged neighbourhoods (based on postcode data); were more likely to be financially disadvantaged; have few qualifications; and show poorer mental health. Importantly, more of the '**supported growth**' centres were also classified as *local high need* centres: they were also more likely to attract high need families from within their reach areas, which may be a function of the smaller geographical size of their reach areas. These centres were also more likely to be located in large conurbations.

What makes the '**supported growth**' centres more successful is not known but what may play a part is their greater stability in organisation configuration (i.e. not **restructuring**) that is linked with increased resources. Many of these centres appeared to be more successful in attracting needy families from within their reach area, and this may have been facilitated by having a smaller geographical area to cover and by expanding rather than contracting staff and or services. They also tended to have higher numbers of staff than other centres, again likely to reflect more favourable budget positions.

It is possible that a greater targeting of specific groups, in line with core purpose principles, has meant that those centres serving more disadvantaged reach areas may have been subject to less severe cuts than others. If so, this would have enabled them to serve the families in most need and suggests local authorities were trying to assess local needs and prioritise resources accordingly. The benefit is that families who most need well-resourced centres in these areas were more likely to have one available, at least during the timescale for which resources data were collected (between the financial years 2012 and 2013). However, while successful '**supported growth**' centres appeared to serve the most disadvantaged neighbourhoods, there was less evidence that they were more likely to serve some of the specific high need groups (e.g. young mothers, single parents).

It should also be noted that many of the other centres that were experiencing resourcing pressures (e.g. **'reducing'**, and **'restructuring'** centres) also served some of the most disadvantaged areas and families. Furthermore, the families at these centres were likely to have had fewer services available due to the changes in resourcing noted during the timescale covered here (2012-2013 financial years). In addition, since 2013 there have been significant additional pressures on Local Authority budgets that have affected children's centres in many areas and which have led to further cuts and the closure of some centres (a count of 76 outright closures by June 2014: Elizabeth Truss, 2014; cited by Stewart and Obolenskaya, 2015). This report cannot investigate these more recent changes in resourcing or their effects on service provision or staffing. Nor is it possible to say whether the **'supported growth'** or the **'positive stasis'** groups would still be so classified following budget changes since 2013 onwards.

1 Introduction

Children's centres have undergone a number changes since their inception in 1998. Initially located only in the poorest 30 per cent of neighbourhoods (as *Sure Start Local Programmes*), their main aim was to reduce social inequality by supporting families with young children. In 2004, policy moved towards universal provision, and Sure Start was expanded to all types of communities, irrespective of local deprivation. *Sure Start Children's Centres* provided universal access to support services and childcare that included the 'core offer' of key services, including parenting support, drop-in sessions, outreach, health, employment and childminder services (either through signposting or direct provision depending on the levels of local deprivation).

Expansion of children's centres nationally was followed by a policy move towards a 'core purpose' emphasising provision of services for those deemed to be in greatest 'need' (DfE, 2011), and dropping a number of previously key requirements (e.g. JobCentre Plus links, early education and childcare).

Since 2010, children's centres have experienced new and considerable changes to their structure and organisational models. Funding cuts have been widespread and well documented (4Children, 2014; Goff et al., 2013; Ofsted, 2014; Sylva et al., 2015) and addressing the new children's centre 'core purpose' has meant that children's centres have had to reassess the services they offer. Centres in the Evaluation of Children's Centres in England (ECCE) study have not been immune to these changes. A key change to the organisation of children's centres identified by the ECCE research has been a move from single 'one centre units' to various forms of cluster type arrangements (these organisational arrangements are termed 'configurations' in the ECCE research). This report investigates how specific changes to resourcing (across the two financial years 2012-2013) and service provision relate to other centre characteristics, including organisational configuration. The following key research questions are addressed:

- Is there any relationship between changes in resourcing and the characteristics of centres' reach areas (e.g. geographical size, number of families with young children in the reach area, average neighbourhood deprivation of the reach area)?
- Is there any relationship between changes in resourcing and the characteristics of centres (e.g. number of staff at the centre, number of families registered at the centre)?
- Is there any relationship between changes in resourcing and the characteristics of the registered users of centres (e.g. neighbourhood deprivation of the registered users, financial disadvantage of the registered users)?

The ECCE impact analysis (see Sammons et al., 2015, in press) found that families registered at centres experiencing '**supported growth**' showed greater improvements in family functioning across the period of the project than those registered at centres that were experiencing cuts (the '**reducing**'). These effects though relatively small were

significant and positive (ranging from 0.12 to 0.22). Such positive effects were also identified in further analyses focusing on families with higher levels of financial disadvantage (effect sizes ranging from 0.24 to 0.25). This suggests that resourcing is associated with outcomes. Centres that did not experience budget/service/staff reductions were also more stable (in terms of configurations). The Impact evaluation results indicate that there is an association between poorer outcomes and measures of resource cuts to centres, and the **restructuring** of services. These associations have implications for service delivery and success in meeting needs in a time of budget austerity and in the context of reduced public services.

2 Research Design and Methodology

2.1 Evaluation of Children's Centres in England (ECCE)

The ECCE evaluation links together data and evidence collected through five linked Strands that are briefly described next. Strands 1, 2, 3 and 5 have already published several reports and research summaries to inform policymakers and practitioners (addressing the formative purposes of the evaluation). This report focuses on the study of change in resourcing and how it relates to other aspects of centre organisation and characteristics.

The Evaluation of Children's Centres in England (ECCE) is being carried out by a consortium of organisations (NatCen Social Research, the University of Oxford and Frontier Economics), that were commissioned by the Department for Children, Schools and Families (DCSF, now Department for Education: DfE). The eight year study (2009-2017) aims to provide an in-depth understanding of children's centre services, including establishing their effects in promoting better outcomes for children and families; and seeks to assess their economic cost and value for money in relation to different types of services. The evaluation will involve a further follow up of children when they enter primary school. The research comprises a number of different research components carried out by the different ECCE consortia organisations. These were organised into five 'Strands' of work as detailed next:

- Strand 1 utilised multiple surveys with children's centre leaders. Leaders from a sample of children's centres were interviewed in 2011 on key aspects of service provision, including management, staffing, services, users, and finance (Tanner, et al., 2012; Poole et al., 2015);
- Strand 2 involved a number of repeated surveys (over three Waves) with families registered at 128 of the children's centres taking part in the Strand 1 survey. Information collected regarded families' service use, demographics, health, and wellbeing: as well as their child's development (Maisey et al., 2013; 2015);
- Strand 3 involved visits to 121 of the 128 children's centres sampled for Strand 2. The first of two Waves of fieldwork was carried out in 2012, to assess the range of activities and services that centres delivered, partnership working methods, leadership and management, and evidence-based practice (Goff, et al., 2013; Sylva et al., 2015), parenting support (Evangelou, et al., 2014) and centre reach (Smith, et al., 2014);
- Strand 4 studied naturally occurring variation in the take-up and use of children's centres and their services amongst a sample of users. It linked together quantitative data about children's centres and their characteristics, and the use of children's centre services by children and families, collected from the first three Strands of the project (Sammons et al., 2015, in press);

- Strand 5 aims to assess the cost-effectiveness and cost benefit of children's centre services based on integrating the impact findings of children's centre effects obtained from Strand 4, with cost data collected from 24 case studies (Briggs et al., 2012).

2.2 The sample

Three hundred centres were selected as the basis for recruiting users for the Strand 2 *survey of families* (of which 128 took part, 42.7%; see Maisey et al., 2013). These 128 centres were later invited to take part in the first Wave of Strand 3 *visits to children's centres* fieldwork in 2012 (n=121 centres participated, representing 94.5% of the 128; see Goff et al., 2013), and again in 2013 (n=117 centres participated, representing 91.4% of the 128; see Evangelou et al., 2014). Alongside this, 72 local authorities (containing one or more of the original 128 centres) were surveyed for the *reach* fieldwork. The *reach* sub-study examined centre records of registered families' postcodes to establish how far centres were successful in attracting users who lived in the most disadvantaged neighbourhoods (Smith et al., 2014). This report uses the 117 centres selected for the Impact study as the sample for studying variations in centre characteristics and links with the resourcing group to which centres were allocated.

The 117 centres included in the Impact strand sample for the ECCE research cannot be considered as representative of all children's centres in England operating during the period 2009 to 2014, as they did not contain any of those centres designated as 'Phase 3 centres' (those established to provide services for families living in somewhat less disadvantaged areas). Nonetheless, the sample of centres forming the focus of this report is likely to remain broadly representative of those Phase 1 and 2 centres that were in existence and operating in England at the time the evaluation research was conducted (2009-2014). Further information about the sampling strategy used by ECCE is provided in other publications (Tanner et al., 2012; Maisey et al., 2013). The sample frame is illustrated in Appendix A.

This report focuses on the associations between resourcing and other centre characteristics. It should be noted that a substantial minority of centres (29 out of 117, or 24.8%) provided no information on whether they had experienced budget or staff cuts or increases during the evaluation period. They are included in the analyses for comparative purposes, to maintain sample size. This group of centres (i.e. those providing no data on resourcing budget cuts) was also found to be the most likely to have changed their organisational configuration, and it seems plausible that this instability may have affected the response rate.

2.3 The Measures

2.3.1 Changes in resourcing over time

A cluster analysis of staff responses to a number of questionnaire survey items collected from centres on cuts to services and staff, and the introduction of new services, separated centres into four main groups (see Appendix B for full details of cluster analysis):

- **Supported growth:** centres that had experienced few or no cuts that affected staffing or services and were adding new services.
- **Positive stasis:** centres that had experienced few or no cuts that affected staffing or services but were not adding new services.
- **Reducing:** centres that had experienced cuts that affected staffing or services and were not adding any new services.
- **Restructuring:** centres that had experienced cuts that reduced staffing and/or services but nevertheless were also adding some new services.

It should be noted that this categorisation of centres provides a picture of how the centres were operating and how they reported changes experienced during the period covered by the survey (across the financial years 2012 and 2013), but may not represent the current state of play of these children's centres: there have been further cuts to local authority (LA) budgets, as well as restructuring and closures of children's centres from 2013 onwards (Sammons et al., 2015, in press, 4Children, 2015).

2.3.2 Centre characteristics and processes

The following aspects of the reach area, centre characteristics and characteristics of centre users were investigated:

1. Characteristics of the registered centre's reach area

- Reach area neighbourhood deprivation (children in income deprived households);
- Geographical size of the reach area (in hectares);
- Potential children's centre users in the reach area (number of young children (aged 0-4 in the reach area).

2. Characteristics of registered centres

- Proportion of users of registered children's centre who lived locally (within the reach area);
- Centre size and usage (number of registered users, number using centre, number of staff);

- Organisation (centre configurations in 2011 and 2013, change in configuration from 2011 to 2013).

3. Characteristics of registered centre users

- Centre user's neighbourhood deprivation (children in income deprived households, employment rates) for the full user sample;²
- Centre user's financial disadvantage, for the ECCE impact sample;
- Centre user's qualifications (mother in household), for the ECCE impact sample;
- Centre user's age (mother in household), for the ECCE impact sample;
- Centre user's mental health (mother in household), for the ECCE impact sample.

In addition, a typology of centres based on a cluster analysis, was also included (see below).

4. Centre profile typology

Centres were split into three types based on user disadvantage, deprivation and whether users were local or not. Children's centres in the sample were generally one of three types:

1. Wide coverage centres: centres with higher numbers of users from outside the reach area, serving lower disadvantage families, and an average geographical reach area;
2. Local lower need centres: centres with a high proportion of local users, of low/medium disadvantage, and a large geographical reach area;
3. Local higher need centres: centres with a high proportion of local users, with high disadvantage, and the smallest mean reach area.

² Based on all registered users (see Smith et al., 2014).

3 Findings

3.1 Characteristics of the registered centre's reach area

3.1.1 Reach area deprivation levels

Mean reach deprivation, based on the proportion of children living in income deprived households was calculated for each centres' reach area. This measure was based on all the registered users' postcodes located within the reach area, linking to the Economic Deprivation Index sub domain for children living in income deprived households (Children in Income Deprived households Index: CIDI - see Smith et al., 2014 for further details on how this was calculated). Table 3.1 shows the mean reach deprivation levels for each of the five types of centres. As only Phase 1 and 2 children's centres were investigated, all five groups had a higher proportion of children living in income deprived households than would be expected nationally (which stands at 21.8% across all lower super output areas nationally; Department for Communities and Local Government, 2012).

Centres experiencing '**supported growth**' were, on average, situated in the most deprived reach areas (mean proportion of income deprived families= 32.3%, $p<0.10$). Centres with the least deprived reach areas were classified as '**reducing**' or '**positive stasis**' centres (i.e. not adding new services).

Table 3.1 Average reach deprivation (CIDI: 2009)

Category	N	Mean (sd)
Missing data	29	28.18 (10.09)
Positive stasis	16	24.95 (7.75)
Supported growth	30	32.29 (12.22)
Reducing	12	24.67 (9.55)
Restructuring	30	28.46 (7.90)
Total N centres	117	
significance		F=2.085, p=0.087

Nonetheless, it should be noted that all of the groups ('**positive stasis**', '**supported growth**' etc.) included centres that served both high and low deprivation reach areas.

3.1.2 Reach area size

In terms of geographical reach area (in hectares), '**supported growth**' centres tended to cover a smaller geographical area (average of approximately 940 hectares), and '**reducing**' centres the largest (average of approximately 6000 hectares). See Table 3.2 for details.

Table 3.2 Size of reach area (in Hectares)

Category	n	Mean (sd)
Missing data	29	1928.62 (2876.80)
Positive stasis	16	1354.13 (2210.81)
Supported growth	30	937.37 (2009.60)
Reducing	12	5997.92 (14132.78)
Restructuring	30	1317.60 (3144.83)
n/significance	117	p=0.058

There was no significant difference in the number of 0-4 year olds living within the reach area (see Table 3.3).

Table 3.3 Number of 0-4 year olds in reach area

Category	n	Mean (sd)
Missing data	29	1418.90 (859.48)
Positive stasis	16	1214.50 (516.62)
Supported growth	30	1302.97 (699.87)
Reducing	12	1415.00 (592.30)
Restructuring	29	1402.60 (818.57)
n/significance	116	F=0.282, p=0.889

3.2 Characteristics of the registered centres

3.2.1 Centre user's locality to the registered centre

The proportion of families registered at a children's centre living within its reach area (based on the designated postcodes the centre is set up to serve) was previously calculated (Smith et al., 2014) and anyone living within the reach area was classified as a 'local' user. Although not significant ($p=0.102$, see Table 3.4), there was a tendency for '**restructuring**' centres to have somewhat lower numbers of local users (73% for '**restructuring**' centres) than other centres, and centres with missing data. '**Reducing**' centres had the highest number of local users (88% for missing data, 87% for '**reducing**' centres).

Table 3.4 Proportion of registered users living within the reach area

Category	N	Mean (sd)
Missing data	29	88.14 (18.84)
Positive stasis	16	83.50 (20.09)
Supported growth	30	80.46 (21.17)
Reducing	12	87.12 (21.18)
Restructuring	30	72.92 (27.57)
n/significance	117	F=1.983, p=0.102

3.2.2 Centre organisation: configurations

Four types of centre configuration were defined within Strand 3 ECCE fieldwork (see Sylva et al., 2015 for details): 1) A *one centre unit* or *standalone* centre was described where one centre delivered services and held a single strategic lead role; 2) A *cluster* of centres was described where the ‘cluster manager’ formally manages two or more children’s centres, and is responsible for coordinating the delivery of these; 3) A *hub-and-spoke* centre is a children’s centre that is non-hierarchical in structure, and where one centre or basic cluster was chosen as the hub (sometimes referred to as the ‘enhanced centre’) with other centres or delivery points as the spokes (sometimes referred to as ‘outreach centres’ or ‘gateways’); 4) A *virtual* centre has no actual centre, but exists as an administrative address only, providing services to the community from other community venues or outreach services.

In addition, changes in resourcing were not significantly related to whether a centre was a *one centre unit/standalone* centre or another type of centre (*cluster/locality model, hub-and-spoke, virtual*) at either 2011 or 2013 (see Tables 3.5 and 3.6).

Table 3.5 Proportion of ‘one centre unit’ centres in 2011

Changes in resourcing	One centre unit/ standalone	Other	Total
Category	n (%)	n (%)	n (%)
Missing data	15 (65.2)	8 (34.8)	23 (100.0)
Positive stasis	11 (61.1)	7 (38.9)	18 (100.0)
Supported growth	21 (67.7)	10 (32.3)	31 (100.0)
Reducing	8 (57.1)	6 (42.9)	14 (100.0)
Restructuring	17 (56.7)	13 (43.3)	30 (100.0)
n/significance	72 (62.1)	44 (37.9)	116 (100.0)

Chi=4.087, p=0.903

Table 3.6 Proportion of 'one centre unit' centres in 2013

Changes in resourcing	One centre unit/standalone	Other	Total
Category	n (%)	n (%)	n (%)
Missing data	5 (21.7)	18 (78.3)	23 (100.0)
Positive stasis	8 (44.4)	10 (55.6)	18 (100.0)
Supported growth	15 (46.9)	17 (53.1)	32 (100.0)
Reducing	6 (42.9)	8 (57.1)	14 (100.0)
Restructuring	10 (33.3)	20 (66.7)	30 (100.0)
n/significance	44 (37.6)	73 (62.4)	117 (100.0)

Chi=8.583, p=0.738

As can be seen from Tables 3.5 and 3.6 there was a general shift away from *one centre units* (62% were classified as a *one centre unit* in 2011, compared to 38% in 2013). The following changes to the way centres were structured took place from 2011 to 2013;

- Approximately one quarter changed from being categorised as a *one centre unit* to another arrangement (n=30, 25.9%);
- Four centres (4.1%) changed from a *cluster* arrangement to a *hub-and-spoke*, and one centre (0.9%) changed from a *hub-and-spoke* to a *cluster* arrangement;
- Two centres (1.7%) changed from a *cluster* or *hub-and-spoke* centre to a *one centre unit*.

Of the remaining centres, approximately one third stayed as *one centre units* (n=42, 36.2%) and one third stayed as a *cluster* or *hub-and-spoke* type centre (n=32, 36.2%).

Changes in resourcing using the four groups was not found to be significantly related to a change in centre configuration (Chi=6.650, p=0.156) although centres failing to return resourcing data and '**reducing**' centres were the most likely to have changed configuration (see Table 3.7).

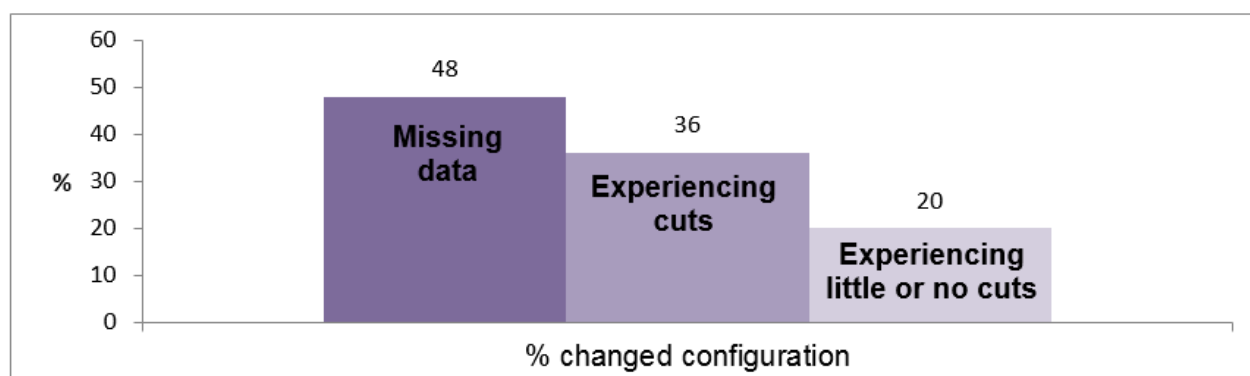
Table 3.7 Proportion of centres that changed configuration from 2011 to 2013

Changes in resourcing	Stayed same configuration	Changed configuration	Total
Category	n (%)	n (%)	n (%)
Missing data	12 (52.2)	11 (47.8)	23 (100.0)
Positive stasis	15 (83.3)	3 (16.7)	18 (100.0)
Supported growth	24 (77.4)	7 (22.6)	31 (100.0)
Reducing	8 (57.1)	6 (42.9)	14 (100.0)
Restructuring	20 (66.7)	10 (33.3)	30 (100.0)
n/significance	79 (68.1)	37 (31.9)	116 (100.0)

Chi=6.650, p=0.156

Centres that experienced little or no cuts (**‘supported growth’** or **‘positive stasis’** centres combined) were the least likely to have changed configuration between 2011 and 2013 (one fifth of these centres) and children’s centres that failed to complete the questionnaire (missing data) and those that did experience cuts (**‘reducing’**, **‘restructuring’** centres combined) were significantly more likely to have changed configuration during this time (Chi=6.068, $p<0.05$, see Figure 3.1). Approximately half (48%) of centres that had missing data changed configuration during this time and their lower response rate may reflect the greater pressures and demands that staff were under.

Figure 3.1 Proportion of centres that changed configuration by reported cuts



3.2.3 Centre size

Centre size was measured via three separate sources of information:

1. The number of registered users at the centre (collected by Strand 3 in 2013);
2. The number of families using the centre within a single time frame (three months in 2011);
3. Total number of staff working at the centre (in 2011).

As can be seen from Table 3.8, the number of registered or recent users was not related significantly to resourcing changes. In contrast, **‘supported growth’** and **‘restructuring’** centres were more likely to have higher numbers of staff (mean nearly 54). Centres in the group with missing data, by contrast, had the least (mean=34 staff members).

Table 3.8 Characteristics of the centre: number of users and staff

Changes in resourcing	Total	Number of registered users (2013)	Number of recent users (2011)	Number of staff (2011)
Category	n	Mean (sd)	Mean (sd)	Mean (sd)
Missing data	33	100.06 (45.56)	459.17 (249.92)	34.30 (16.28)
Positive stasis	18	114.22 (50.48)	397.87 (237.22)	43.83 (25.05)
Supported growth	32	115.84 (52.72)	443.36 (301.79)	53.98 (31.90)
Reducing	14	136.07 (73.62)	569.88 (1002.99)	48.07 (30.23)
Restructuring	31	113.42 (101.33)	497.95 (485.82)	57.42 (31.89)
n/significance	128	F=0.710, p=0.587	F=0.336, p=0.853	F=3.432, p=0.011

3.3 Characteristics of the registered users

3.3.1 Centre user’s home neighbourhood deprivation

Two separate measures of neighbourhood deprivation were linked to the home postcode of families included in the impact sample (collected at baseline). These were:

1. **IMD: IDACI** - This is a sub-scale of the Index of Multiple Deprivation (2010) that measures the proportion of children in their neighbourhood (LSOA) living in income deprived households (claiming specific benefits)³;
2. **EDI: Employment** - This is a sub-scale of the Economic Deprivation Index (2009) that measures the proportion of working age people that are out of work ‘involuntarily’, and claiming out of work benefits.

As can be seen in Table 3.9, both measures of deprivation showed that families registered at **‘supported growth’** centres came from the most deprived neighbourhoods in terms of both income and employment deprivation. Families attending **‘reducing’** or **‘positive stasis’** centres lived in the least deprived neighbourhoods.

³ The neighbourhood is the Lower Super Output Area (LSOA), comprising of approximately 1500 households).

Table 3.9 Characteristics of users: Neighbourhood deprivation⁴

Changes in resourcing	Total	IMD: IDACI	EDI: Employment
Category	n	Mean (sd)	Mean (sd)
Missing data	1401	0.30 (0.16)	14.68 (6.11)
Positive stasis	809	0.27 (0.17)	13.15 (6.60)
Supported growth	1462	0.34 (0.18)	15.79 (7.20)
Reducing	621	0.27 (0.15)	12.81 (6.13)
Restructuring	1368	0.31 (0.17)	15.39 (6.61)
n/significance	5661	F=28.659, p=0.000	F=37.726, p=0.000

n.b. based on the full user list provided by Smith et al 2014

3.3.2 Centre user's financial disadvantage and need

Five measures of higher needs populations were also investigated:

1. Proportion of families registered at the centre (in the ECCE impact sample) experiencing high financial disadvantage. Cluster analysis created a measure of whether or not families were experiencing financial disadvantage, based on receipt of benefits and housing tenure (for details see the Impact report: Sammons et al., 2015, in press);
2. Proportion of young mothers (under 20 years old) registered at the centre (in the ECCE impact sample);
3. Proportion of single mothers registered at the centre (in the ECCE impact sample);
4. Proportion of unqualified mothers registered at the centre (in the ECCE impact sample);
5. Proportion of mothers with mental health issues registered at the centre.

The proportion of families experiencing high financial disadvantage was highest in **'supported growth'** centres, and lowest for families attending **'reducing'** or **'positive stasis'** centres (p=0.080, see Table 3.10), although the difference was not large.

⁴ Any zeros were suppressed values so were removed from this analysis.

Table 3.10 Characteristics of users: Families experiencing high financial disadvantage

Changes in resourcing	High disadvantage	Medium/low disadvantage	Total
Category	n (%)	n (%)	n (%)
Missing data	381 (27.2)	1019 (72.8)	1400 (100.0)
Positive stasis	190 (23.3)	625 (76.7)	815 (100.0)
Supported growth	415 (28.2)	1055 (71.8)	1470 (100.0)
Reducing	153 (24.4)	473 (75.6)	626 (100.0)
Restructuring	357 (26.1)	1013 (73.9)	1370 (100.0)
Total	1496 (26.3)	4185 (73.7)	5681 (100.0)

Chi=8.332, p=0.080

There were more mothers without any qualifications registered at the centres that failed to return resourcing data (the missing group) at 11.8 per cent, followed by those at **‘supported growth’** centres (9.3%). See Table 3.11.

Table 3.11 Characteristics of users: Mothers with no qualifications

Changes in resourcing	No qualifications	Some qualifications	Total
Category	n (%)	n (%)	n (%)
Missing data	165 (11.8)	1237 (88.2)	1402 (100.0)
Positive stasis	58 (7.1)	757 (92.9)	815 (100.0)
Supported growth	137 (9.3)	1332 (90.7)	1469 (100.0)
Reducing	44 (7.0)	583 (93.0)	627 (100.0)
Restructuring	116 (8.5)	1254 (91.5)	1370 (100.0)
Total	520 (9.2)	5163 (90.8)	5683 (100.0)

Chi=19.874, p=0.001

Mother’s mental health at baseline was measured via the General Health Questionnaire, and the Health Survey for England (HSE) scoring was used here, with a high GHQ-12 score indicating ‘probable psychological disturbance or mental ill health’ (Knott, 2012). Table 3.12 shows that **‘supported growth’** centres had the highest proportion of mothers with potential mental health issues (21%) and **‘positive stasis’** centres the least (16%).

Table 3.12 Characteristics of users: Mothers with poor mental health

Changes in resourcing	High GHQ-12 score	Low-Medium GHQ-12 score	Total
Category	n (%)	n (%)	n (%)
Missing data	228 (17.4)	1080 (82.6)	1308 (100.0)
Positive stasis	126 (16.2)	651 (83.8)	777 (100.0)
Supported growth	294 (21.3)	1086 (78.7)	1380 (100.0)
Reducing	113 (18.9)	485 (81.1)	598 (100.0)
Restructuring	245 (19.3)	1022 (80.7)	1267 (100.0)
Total	1006 (18.9)	5163 (90.8)	5330 (100.0)

Chi=10.864, p=0.028

No significant differences were found for the proportion of younger mothers (Chi=7.741, p=0.102), or the proportion of single mothers registered at the centre (Chi=3.435, p=0.488) by changes in resourcing group.

3.4 Centre profile

Children's centres were classified into three main types, based on a combination of user deprivation/disadvantage information and the proportion of local users centres had;

- **Wide coverage centres:** Centres in this category had the highest number of non-local users (i.e. did not live within the reach area), and had the least disadvantaged user base (in terms of personal financial disadvantage). The mean size of the reach area was average (mean=1300 hectares⁵);
- **Local lower need centres:** Centres in this category had a high proportion of local users (i.e. lived within the reach area), and generally low/medium disadvantage families. The mean size of the reach area was large (mean=3200 hectares);
- **Local higher need centres:** Centres in this category had a high proportion of local users, who were generally higher disadvantage families. The mean size of the reach area was small (mean=500 hectares) and these centres were more likely to be situated in large conurbations;

Centres experiencing '**supported growth**' were the most likely to have been classified as *local higher need centres* (50% of '**supported growth**' centres). In contrast, '**reducing**' and '**positive stasis**' centres were the least likely to have been classified as *local higher need centres* (8% and 13% respectively). The results are shown in Table 3.13.

⁵ N.b. the reach geographical size and the location (urban/rural) were not included in the cluster analysis but were noted here if they distinguished between groups.

Table 3.13 Characteristics of users: mean neighbourhood deprivation

Changes in resourcing	Wide usage	Local –Lower need	Local- Higher need	Total
Category	n (%)	n (%)	n (%)	n (%)
Missing data	3 (10.3)	14 (48.3)	12 (41.4)	29 (100.0)
Positive stasis	3 (18.8)	11 (68.8)	2 (12.5)	16 (100.0)
Supported growth	5 (16.7)	10 (33.3)	15 (50.0)	30 (100.0)
Reducing	3 (25.0)	8 (66.7)	1 (8.3)	12 (100.0)
Restructuring	9 (30.0)	10 (33.3)	11 (36.7)	30 (100.0)
n	23 (19.7)	53 (35.0)	41 (45.3)	117 (100.0)

Chi =15.368, p=0.052

4 Discussion and Conclusions

The ECCE evaluation is based around a number of linked Strands and has produced a series of reports (Tanner et al., 2012; Goff et al., 2013; Smith et al., 2014; Evangelou et al., 2014; Maisey et al., 2013 and 2015; Sylva et al., 2015; and Sammons et al., 2015, in press). This report describes and summarises the main results from an additional descriptive analysis of changes in resourcing for the ECCE sample of children's centres during the course of the study.

Previously the ECCE research has provided detailed evidence on practices in the provision, delivery and use of children's centres and their services between 2011 and 2013, as well as the impact of children's centres on child and family outcomes (Sammons et al., 2015, in press). The ECCE impact analysis found that families registered at centres experiencing '**supported growth**' showed greater improvements in family functioning across the period of the project than those registered at centres that were experiencing cuts (the '**reducing**' group). These effects though relatively small were significant and positive (ranging from 0.12 to 0.22). Such positive effects were also identified in further analyses focusing on families with higher levels of financial disadvantage (effect sizes ranging from 0.24 to 0.25, see Sammons et al., 2015, in press).

Centres experiencing '**supported growth**' could be considered the most successful centres in the impact analysis, growing in a time of national reductions and having a positive impact on families in the sample. They were generally characterised as having smaller, higher disadvantage reach areas, compared to other centres. The users of the centres were also more likely to come from more disadvantaged neighbourhoods, be financially disadvantaged, have less qualifications and show poorer mental health. Importantly, more of these centres also were classified as local high need centres, likely to attract high need families from within the reach area, which may be a function of the smaller geographical size of the reach area, and be located in larger conurbations.

Many of these centres appeared to be more successful in attracting needy families from within their reach area, and this may be facilitated by having a smaller geographical area to cover. They also tended to have higher numbers of staff than other centres.

The current analyses suggest that some centres serving more disadvantaged reach areas have been protected or subjected to less severe cuts than other children's centres. This might have enabled them to serve the neediest families and suggests some local authorities were prioritising resources for children's centres serving the most needy groups. The impact analysis suggests there are benefits in terms of promoting better outcomes for families if they are registered with better resourced/expanding centres and this is likely to be most important for these families with high needs (Sammons et al., 2015, in press). However, although successful '**supported growth**' centres appear to serve the most disadvantaged neighbourhoods, and families with greater needs (in terms of poorer mental health, high financial disadvantage) they are not more likely to serve

some of the neediest groups (e.g. young mothers, single parents) than centres in other resourcing groups.

Overall this report reveals that many Phase 1 and 2 children's centres in the ECCE sample (of 117 centres) experienced budget cuts and restructuring during the course of the evaluation. However, this was not universal. Centres varied in the extent that budgets/services or staff were cut and a minority expanded. There was an association between cuts and restructuring including changes in the configuration of services and move away from standalone centres to other cluster based configurations.

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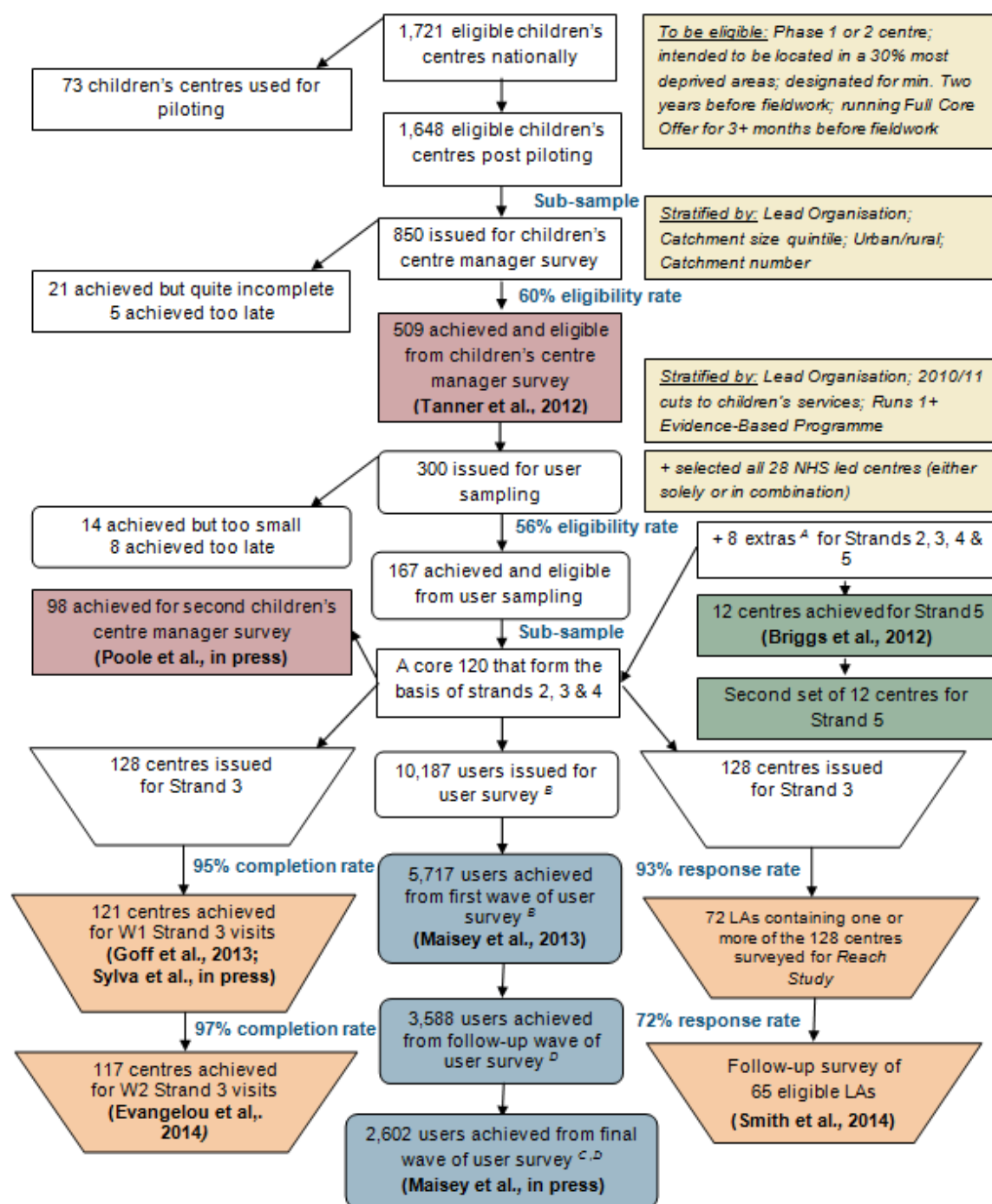
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Appendix A

Figure A.1 The ECCE Study Design of 5 Linked Strands and Sample Strategy



Strand 1 fieldwork
Strand 2 fieldwork
Strand 3 fieldwork
Strand 5 fieldwork

^a Note: Extra centres were allocated to allow for potential attrition.

^a Users were drawn from the same 128 centres allocated to Strand 3 fieldwork.

^b Users were drawn from the 117 centres achieved at Wave 2 of Strand 3.

^c Figures shown are achieved users with full interview data. The full 3,599 Wave 2 sample and 2,608 Wave 3 sample was used in the impact analysis.

Appendix B

Measuring resourcing changes

Objective

To create a summary measure of the financial/services situation (in terms of cuts to staffing and expansion of services) of registered children's centres (Wave 2 on the Strand 1 manager's questionnaire). This summary measure of was created in order to facilitate the study of whether children's centre finances could influence child, mother or family outcomes (via Contextualised [CA] and Contextualised Value Added [CVA] regression models).

Sample

The sample of 121 centres from ECCE Strand 1 manager's questionnaire at Wave 2.

Measures

Table B.1 displays the two measures that were related to finances at Wave 2.

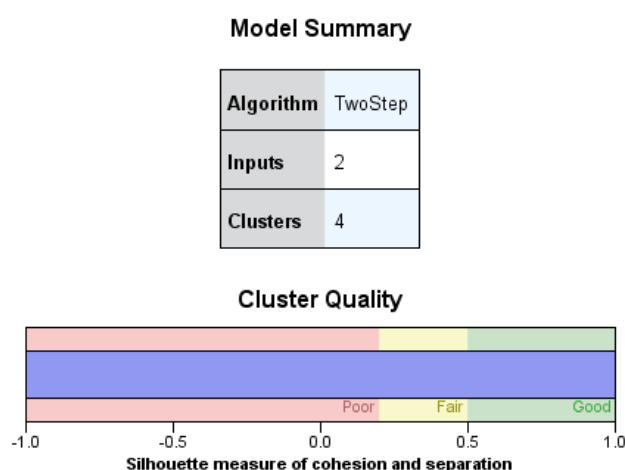
Table B.1 Descriptive Statistics for Strand 1 measures at Wave 2 (2012)

Measure	Frequency	Percent
Whether there were any reductions in funding from the local authority, or other sources, that affected children's centre staff during the 2012-2013 tax year		
Missing	25	22.6
Yes	45	37.1
No	51	42.1
Whether any services were introduced or expanded during the 2012-2013 tax year		
Missing	25	22.6
Yes	63	50.1
No	33	27.3

Results

Figure A.1 presents the results from the Two-Step Cluster Analysis and shows that a four cluster solution was 'optimal' and that the 'cluster quality' was 'Good'.

Figure B.1 Results from the Two-Step Cluster Analysis



Conclusions

Table B2 displays descriptive statistics that detail the four clusters that resulted from the Two Step Cluster Analysis Procedure. Nineteen per cent of centres were found to have had no cuts that affected staffing, and *were not* expanding or introducing new services (**Positive stasis**); 33 per cent of centres had also had no cuts to staffing but *were* expanding or introducing new services (**supported growth**); 12 per cent had cuts to staffing and *were not* expanding or introducing new services (**Reducing**); and 32 per cent had cuts that affected staff but *were* expanding or introducing new services (**Restructuring**). Although cuts that affected services were not included in the model, they did distinguish between groups: those in **positive stasis** or **supported growth** centres reported no cuts that affected services, whereas the entire **reducing** group did and some of the **restructuring**.

Table B.2 Descriptive Statistics for the four clusters

Name/Description	Frequency	Percent	Valid Percent
Positive stasis	18	15.9	18.8
Supported growth	32	26.4	33.3
Reducing	14	11.6	14.6
Restructuring	31	25.6	32.3
Total	96	100.0	100.0
Missing	25	0.0	---
Total	121	100.00	---



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