

A review of the services offered by English Sure Start Children's Centres in 2011 and 2012

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This paper is based on research that was funded by the UK Department for Education

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Abstract

This paper presents a review of the family services that were offered by a sample of 121 English Sure Start Children's Centres in 2011 and 2012. Children's Centres are community based facilities that aim to improve outcomes for at-risk families and children through the delivery of a range of services largely aimed at families with young children. Services commonly offered include: health advice, childcare and early education, employment advice, informal drop in facilities, and specialist support on parenting. This paper provides a snapshot of Children's Centre service provision in 2011 and 2013 and documents the extent of change. A picture of broad stability was observed in the numbers of services that centres reported offering (from a list of 47 services grouped into 11 categories). However, some Children's Centres also appeared to be changing the focus of the services that they provided. Some centres seemed to be shifting towards providing greater outreach (rather than parent-support) and services which were targeted (rather than universal).

Background

Recent years have been challenging times for the provision of public services in the UK. In particular, Local Authorities have faced difficult decisions brought about by changes to their funding services (Clarke and Cochrane, 2013). One of the common consequences of this has been that the funding for some services has been cut while the funding for others has been maintained (Camps and Long, 2012). This paper presents a review of the possible consequences of these funding changes for one of the main UK vehicles for the provision of early years services for children and families: *Sure Start Children's Centres*.

Sure Start Children's Centres are a feature of the UK early years landscape and were designed to ensure that high-quality integrated services are located in accessible places and are welcoming to all. Their aim is broad: to support young children and their families, particularly the most disadvantaged, and to reduce inequalities in child development and school readiness. The mechanism for achieving this is through supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing access to good early education, and addressing family health and life chances. For a comprehensive up to date review and description of Sure Start Children's Centres, their history and the potential for future change, see Leadsom and Hodgson (2013).

To understand the rationale behind the intended purpose of Children's Centres, it is first necessary to understand where Children's Centres (and their associated policies and legislation) came from. Their direct history can be traced back to the late 1990s. In 1998, a major UK review was carried out on services for children under eight. The review found that families tended to be poorer when children were very young and that poverty experienced in the first few years of life had long-lasting effects (see Glass, 1999). As a result, a new programme entitled *Sure Start* was developed, which was aimed at families with children under four years of age living in disadvantaged areas. Sure Start was an area-based programme; that is, based in poor areas but open to all families. Its main aims were particularly ambitious. As described in its first published guidance document, Sure Start was seen as, '*key to the [UK] Government's drive to prevent social exclusion, raise educational standards, reduce health inequalities and promote opportunity*' (Department for Education and Employment, 1999). These goals were to be achieved by supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing benefits and housing advice, helping families back into employment, providing access to good early education, and addressing family health and life chances.

The approach of Sure Start was to select particularly disadvantaged areas where children's services were traditionally most scarce (Noble and Smith, 1994) and develop a local partnership with both parents and the key agencies concerned with children. This partnership would then decide on a set of services and activities that would be likely to deliver the ambitious aims of Sure Start as set out in its own Public Service Agreement (Gay, 2005). The model was, 'tight/loose' based on wider reforms to the delivery of public services set out in the UK Government's 1999 Modernizing Government Agenda (HMSO, 1999). The principle was to be clear on outcomes ('tight'), but flexible on the processes designed to deliver the outcomes ('loose'). For Sure Start this meant clarity on what local Sure Start programmes were meant to achieve for their areas, but very open about the design and delivery of the services that would achieve those aims. In the early days there was a very strong emphasis on community involvement, volunteers, and the role of local parents in determining the services that were offered to families (Eisenstadt, 2011). There was also a strong emphasis on the role of health services in promoting child wellbeing (e.g. Children, Schools and Families Committee, 2010).

Fast-forward to the new millennium and in 2002, the UK Prime Minister's Strategy Unit carried out *another* review of all services for under fives (Inter-departmental Childcare Review, 2002). This review found that even within government there was fragmentation between policy activities across the Sure Start Unit, Early Education, and Childcare. There were concerns that the major capital funding for Sure Start was not being strategically used to aid the needed expansion of childcare, and that the notion of *a Sure Start Programme* was difficult to grasp, as it was not a particular building or a standard set of services. This prompted the decision to change the name of the endeavour from, '*Sure Start Programmes*' to, '*Sure Start Children's Centres*' (Eisenstadt, 2011; HM Treasury 2004).

Focussing on England in particular, since 2004 *Sure Start Children's Centres* have been rolled out in three phases, with the poorest areas being covered in the first two phases, and less poor areas being

covered in the third (Department for Children, Schools and Families, 2007). The main original objective of providing integrated services (e.g. health, education, welfare) continued with phase three centres but with two key changes: these were now for *all* young children and their families, and these were now for children up to age *five* as opposed to age *four* (HM Treasury, 2004). While the decision to ensure that all families had access to the services provided by Children's Centres was taken in 2004, the tightening of the definition of precisely what would be offered in a Children's Centre came later, in-part because of disappointing early results from the National Evaluation of Sure Start (NESS; see Melhuish, Belsky and Leyland, 2005). These results showed some positive effects for the majority of participants (for example more stimulating and less chaotic home environments; see National Evaluation of Sure Start, 2010) but also showed that some of the very poorest groups of families (particularly teen mothers) had not seen measured improvements. Ministers thus decided to make more explicit what a Sure Start Children's Centre was meant to deliver, not just what it was meant to achieve and this became defined as the *Core Offer* (see National Audit Office, 2006; Hughes and Knight 2007).

With the arrival of the Coalition Government in 2010, there was a rethinking of the role of Children's Centres and a desire to ensure that the most disadvantaged families would get the most support (see Teather and Milton, 2011). In 2011, a new *Core Purpose* for Children's Centres was set out as part of a government reform of early learning (see Department for Education, 2012a). In particular, the overall aim of Children's Centres was redefined as, '*improving outcomes for young children and their families, and reducing inequalities*' with a particular emphasis on identifying, reaching and helping those families, '*in greatest need of support*'. This Core Purpose defined those Children's Centre services that were to remain *universal* and those which should *target* the most disadvantaged families. The reform also reinforced the Core Purpose of Children's Centres as promoting: child development and school readiness, parenting aspirations and parenting skills, child and family health, and life chances. However, there was also a *reduced emphasis* on a core set of

services to achieve this Core Purpose and a return to the earlier model of local determination of what constituted a designated Children's Centre (see Leadsom and Hodgson, 2013). This present local determinism is also compatible with Local Authorities' continuing statutory duty to maintain sufficient Children's Centres to meet their local need (under the Childcare Act, 2006).

As part of the changes in policy emphasis introduced by the 2010 UK Coalition Government, different approaches to the running of Children's Centres are being explored in order to allow professionals, parents, and communities to have more control over the running of their centres (e.g. Liberal Democrats, 2011). For example, this has included the encouragement of the use of manual-based, Evidence-Based Programmes that have been subject to rigorous evaluation (i.e. Allen, 2011). Furthermore, in 2013 the Government published new statutory guidance for Sure Start Children's Centres (Department for Education, 2013) which included the requirement for the provision of both targeted and universal services. However, this guidance made clear that the role of Children's Centres is to support access to these services for local families - whether these are provided directly by the centres, or accessed elsewhere. This also evidences a strong tension faced by Children's Centres: on one hand they are expected to be *flexible* to the local needs of families, while on the other they are expected to deliver a *mandatory* core offer. A mandatory offer assumes that all local families in all areas need the same set of services; flexibility allows for much more local determination of needs, and how these needs should be met.

With the continuing changes faced by Sure Start Children's Centres, questions arise concerning the services that they are providing to children and families because it is through these that they are like to achieve their aims. This paper addresses two questions that are central to the delivery of services:

- what child and family services were Children's Centres offering in 2011 and 2012?

And,

- was there any change in the child and family services that were offered in 2012 compared to those offered in 2011?

Method

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

This is a six year study (2009-2015) commissioned by the UK Government's Department for Education and is undertaken by a consortium of three partners: NatCen Social Research, the University of Oxford, and Frontier Economics. The aim of the project is to provide an in-depth understanding of Children's Centre services, including their effectiveness in relation to different management and delivery approaches as well as establishing the cost of delivering different types of services. The key elements of the evaluation are:

1. surveys of Children's Centre leaders
2. surveys of families using Children's Centres
3. investigations into service delivery, multi-agency working, parenting support, leadership, evidence-based practice, and reach
4. an analysis of the Impact of Children's Centres
5. a cost benefit analysis balancing the cost of services against their impacts

The data reported in this paper comes from the first and third elements above: surveys of leaders are used to inform on the delivery of services.

Sample

This paper presents an analysis of the child and family services that were offered by a stratified random sample of 121 Children's Centres drawn from across England in 2011 and 2012 (3.6% of a 2012 population of 3,350; see Teather, 2012). The sample was carefully designed so as to be broadly representative of all Phase 1 and 2 centres in England while including all available centres that were led by the National Health Service (NHS; n=4 within the sample frame). However, this sample is *not*

representative of all Children's Centres because only English centres were sampled and because Phase 1 and 2 centres were more likely to be based in poorer areas than phase 3 Centres.

Additionally, Phase 3 Children's Centres were not required to: (1) offer childcare, and (2) to have either a teacher or an Early Years Professional.

To collect information on the provision of services by Children's Centres, the ECCE project used a nested sample design. In 2011, leaders from 509 Children's Centres (response rate=60%) were interviewed on key aspects of service provision, including management, staffing, services, users, and finance. This survey was conducted with a mixed-mode approach using both a web survey and telephone interviewing, and took place between July and September 2011 (see Tanner, Agur, Hussey, Hall, Sammons, Sylva, Smith, Evangelou and Flint, 2012). However, the methodology of the 2012 fieldwork differed from 2011. In 2012, the fieldwork consisted of a two-day visit by fieldworkers rather than the web/telephone approach. Centres that were approached earlier in the 2011 fieldwork period were again approached first in 2012 so as to maximise the interval between the 2011-2012 data collection points and therefore allow for more change.

Measuring the services on offer

The ECCE consortium developed a centre manager questionnaire that asked about the services that a Children's Centre might offer and utilised this in both 2011 and 2012. It consisted of a list of named-services that originated from a literature search on related early-years service delivery, integrated working, and partnership approaches. However, before being implemented by the fieldwork teams of 2011 and 2012, this manager questionnaire first went through piloting with fifty centre managers in 2010 (see Tanner et al., 2012). Only after this 2010 piloting (yielding minor revisions) were Centre Managers asked whether or not their centre offered services from a consistent list of 47 (presented in 11 categories).

Analytic Approach

The services that were offered by Children's Centres in 2011 and 2012 were analysed at two separate levels: at the level of 11 categories, and at the level of 47 individual services. In this way, both broad changes (via categories) and smaller variations (between services) could be established. There was no missing data from either of the two lists of 47 services. Simple Wilcoxon Z Tests were used for comparing the 2011 data to that from 2012.

Results

Table 1 presents the 11 different categories of service that the 121 managers were asked about in 2011 and 2012. In both years, 8 out of the 11 categories of service were self-reported as offered by 88 percent or more of the Children's Centre Managers. Only '*before and/or after school care for older children*' was an uncommon category of service as it was offered by no more than 27 percent of the centres in either 2011 or 2012.

[Insert Table 1 here]

Considering change over time, a broad stability in the breadth of categories can be observed from the results presented in Table 1; Managers reported a significant change in only 3 of the 11 categories of service (vice versa: consistency in 8 of the 11). Considering these three categories of change in more detail: Between 2011 and 2012, managers reported, 'small' but significant *increases* in the broad service categories of: *Childcare and early education (+11, r=0.21, p=0.022)*; *Health-related services (+4, r=0.18, p=0.046)*; and '*Other*' services (*+10, r=0.26, p=0.004*) that included, '*Toy library*'; '*Book Start Baby Bags/My treasure box*'; '*Sure Start resource library*'; and '*Parent forum*'.

However, although the figures shown in Table 1 suggested a general stability (with some growth) in terms of the *categories* of services that managers self-reported between 2011 and 2012, these results did not extend to changes *within* these categories of service - and this is an important distinction. For example, if a category featured both a service that significantly increased as well as

one that significantly decreased, then this difference would be missed when considering categories alone. Thus it is necessary to also consider change at the level of each of the separate 47 services.

Table 2 presents the individual services that the managers reported their Centres to offer in both 2011 and 2012 (from the list of 47). A wide range of services can be seen to have been offered in both years with some services being offered by many more centres than others. For example, in 2011, the 'top five' services mentioned by over 85 percent of the centres were: *stay and play for children and parents, breastfeeding support, home-based outreach services, family support/parenting classes, and evidence-based parenting programmes*. By contrast, in 2012 the 'top five' services that were mentioned by over 90 percent of the centres were: *stay and play for children and parents (same), breastfeeding support (same), evidence-based parenting programmes (same), early learning and childcare (new), and developing and supporting volunteers (new)*.

[Insert Table 2 here]

Considering changes in the 47 *individual* services, *seven* services were reported as offered by significantly more centre managers in 2012 than in 2011 and *six* services by significantly fewer (thus: no change in thirty four). That there was so little significant change in the number of offered services (less than 15%) supports the suggestion of broad stability that was also reached from the consideration of categories (Table 1) and through observation of the most-commonly offered services (Table 2).

Considering Table 2 and the seven services that *increased* between 2011 and 2012, five of these were for parents and there was evidence suggesting expanding *outreach work*: *'Other' outreach services (+39, r=0.49, p<0.001)*; *Home-based services/visits (+23, r=0.29, p=0.002)*; *Sport and exercise for parents (+13, r=0.23, p=0.012)*; *Parent Forum (+10, r=0.18, p=0.050)*; and *Evidence-*

based parenting programmes (+9, r=0.19, p=0.039). By comparison, of the six services that *decreased* between 2011 and 2012 there was again an emphasis on services that were aimed at parents (4 out of 6) but now there was evidence of contracting *support programmes: Peer Support (-61, r=0.64, p<0.001)*; *'Other' specialist support (-40, r=0.45, p<0.001)*; *Activities and hobbies for parents (-13, r=0.18, p=0.042)*; *Next Steps Employment Support (-12, r=0.18, p=0.046)*.

Comparing the remaining two services that were not aimed at parents and which increased rather than decreased between 2011 and 2012, these were: *Early learning and childcare (+11, r=0.21, p=0.022)*; and *Book Start Baby Bags (+19, r=0.30, p=0.001)*. By contrast, the remaining two (non-parental) services that were offered by fewer centres in 2012 were: *Stay and play for older children (-17, r=0.24, p=0.01)*; and *Childminder drop-ins (-15, r=0.25, p=0.007)*.

Discussion

There was a high level of consistency in the services that Children's Centres self-reported offering to families 2011 and 2012 and this was despite concurrent UK changes to the funding of public services (see Clarke and Cochrane, 2013). Children's Centres not only reported offering a wide variety of services in both years, but there was also evidence of expansion when it came to *childcare/early years education* (potentially due to the 2 year old offer; see Department for Education, 2012b), and *health-related services*. Further, there were small but significant increases that may have been the product of centres re-focussing upon their 2011 Core Purpose (Department for Education, 2012a). For example, *parent support programmes* (e.g. Peer Support) were found in fewer centres in 2012 whereas *outreach work* had increased. Similarly, early learning and childcare, and support for young children's reading were more common in 2012, just as stay and play for older children, and childminder drop-ins had declined. Our results suggest a number of possibilities the first of which is that across 2011 and 2012, Children's Centres may have been attempting to maintain the *range* of services that they were offering (vis a vis the stability across service categories and which we suggest

would perhaps be a natural inclination for any Centre). This picture of broad stability in the number of services on offer is also in keeping with the findings of recent annual surveys published by 4Children in 2012 and 2013 (4Children, 2012; 2013).

The second possibility suggested by our results is that Centres may have been *concentrating on reforms* that reflected the more *focused approach* that was required by the Coalition Government. As such, centres may have been *narrowing their focus*, both in terms of the activities they offered and the increased targeting of services at those thought to be in most need of the services. In turn, this could be indicative of a return to the original aims of Sure Start as re-emphasised in the 2011 *Core Purpose: providing services that would narrow the gap in outcomes between disadvantaged children and the rest* (see Glass, 1999; Eisenstadt, 2011). However, the original design of Sure Start was open access in poor areas, rather than what evolved into a much larger number of centres which then were asked to target by individual family needs. This is also plausible because a focus on the disadvantaged would also be consistent with the self-reported increase in the use of Evidence Based Programmes (EBP). This is because EBPs are commonly designed to improve child behaviour through improved parenting (e.g. Allen, 2011) and it is child behaviour which has been the disadvantage target for Children's Centres instead of poverty itself (see Field, 2010).

The third possibility suggested by our results is that the increased numbers of health visitors nationally - up 721 between 2010-12 (Health and Social Care Information Centre, 2013; Department of Health, 2012) - may have been partly responsible for the increased numbers of self-reported health-related services and programmes of outreach work. However, this third possibility would need to be confirmed by future research that would focus on the numbers of health visitors in Children's Centres rather than the broader documentation of service provision as is carried out here. If health visitors were to be confirmed as having increased in number then Children's Centres would

need to ensure effective multi-agency working between them and other staff - especially as effective multi-agency working remains a subject of continuing concern (Leadsom and Hodgson, 2013) and research (e.g. Goff et al., 2013).

As well as possible activities on the ground,, the findings from this paper also make suggestions for researchers both in the UK and internationally. Primarily, it is important that researchers consider the level of detail with which they measure services that are offered not only in *Sure Start Children's Centres* in England but also similar facilities elsewhere, for example in the *Familienzentrum* ("Family Centres") in Germany (Mankau, Seehausen, and Wüstenberg, 2010). When a broad range of services are known to be on offer, researchers might be tempted to gather data at only the broadest level – considering just categories of services for example. However, our results caution against this approach as considering only change at the level of categories can obfuscate churn *within each category*. In other words, while stability might be suggested from an analysis of categories, this could also result from ignoring differences between individual services, and so produce an inaccurate picture of what is really happening. Therefore, it is our recommendation to future researchers that when they investigate programmes that are designed to deliver family services: they consider conducting detailed measurement of individual services rather than a lighter-touch alternative such as gathering information merely on categories of service.

Limitations

Of the limitations to these results, several must also be borne in mind. First and as we have tried to emphasise throughout, all the findings of this report relied upon the self-reports of Children's Centre managers and this means that there was the potential for inaccurate reporting (and the potential for bias). A good example of the potential for inaccurate self-reporting concerns whether centres were using Evidence-Based Programmes (EBP) –services in which the 'evidence' part is inconsistently defined (Goff, Hall, Sylva, Smith, Smees, Smith, Eisenstadt, Sammons, Chu, & Evangelou, 2013). It is

possible that what one centre manager may have thought as an EBP might not have been agreed upon by another. As a result, our results would strongly benefit from follow-up research with a narrower focus so as to determine not only what is possible and plausible (in broad terms) but also what is actually happening on the ground with individual services.

A second limitation is that these results reflect only one year of change in the most established of (Phase 1 and 2) Sure Start Children's Centres in England: it is possible that it takes time for changes in funding to manifest as changes to service provision. Further, such as delayed impact has been noted as a managerial concern by Children's Centre Managers themselves (see Goff et al., 2013). It could also be that a different pattern of services in 2011-12 were offered by the less well established (Phase 3) centres, or by the Children's Centres located in Wales, Scotland, and Northern Ireland (see Johnson, 2011).

Third, the findings presented here do not take into account changes to budgets from April 2013 onwards – the picture presented is specific only to the financial years covering 2011 and 2012.

Finally, it must also be borne in mind that the data from 2011 and 2012 was gathered from different procedures - web survey and telephone interview in 2011 as opposed to postal surveys and face-to-face interviews in 2012 - and that this may have led to some differences in how managers described the services that their centres offered.

Fourth, while this paper suggested that a wide variety of services were on offer in Children's Centres in 2011/12, it is important to note that we have (as yet) little data on the *quality of services offered*.

Other documented changes in staffing levels, and in particular the increase of managers moving from operational control of one centre to control of several centres (Goff et al., 2013) may affect: parental choice of activities, the quality of their implementation, and managerial knowledge of the needs of the local community. These relationships will be explored in future papers.

A fifth limitation is that this analysis only documented the services that centres offered, not the services that families used. At the time of writing the ECCE research team are gathering this information and again, these relationships will be explored in future papers.

Conclusions

Children's Centres are changing – this paper provides a comparison of the situation in 2011 and 2012 but it is clear that they will have continued to change since then (Goff et al., 2013). At a time when many UK public services are under pressure with some having to trim down (see Leadsom and Hodgson, 2013), Children's Centres may need to concentrate on only certain activities and professional relationships - with the ECCE Project aiming to provide evidence on this. Here, we found evidence that in both 2011 and 2012, Children's Centres offered a very large number and range of services and that these were mostly consistent across the two years. However, when comparisons were made between the number of services that were offered in 2012 rather than 2011, there was the suggestion that the broad-brush parental-support provision of 2011 may have been shifting to a more focused and targeted approach in 2012. A shift that would be consistent with the *Core Purpose* of Children's Centres as set out in 2011. Looking ahead, in 2013 the Government published new statutory guidance for Sure Start Children's Centres (Department for Education, 2013). This guidance included the requirement for Children's Centres to provide both targeted and universal services. However, it also makes clear that the role of a Children's Centre is to support access to these services for local families whether provided directly or accessed elsewhere. Therefore, not only is there the potential for continuing change in the services that Children's Centres offer (and which are available for families to take-up) but that any such change might be different to that documented here. For example, Centres might opt to offer fewer services directly, opting instead for more signposting and referrals.

Implications What is evident from this a snapshot of Children's Centres in 2011-12 is evidence of the disruptive nature of changes in government, and indeed changes of ministers between elections. Children's Centres and the wider policy area surrounding the Early Years have been in constant flux through the current and previous UK governments. This has contributed to ambiguity in the Core Purpose of Children's Centres which is both a strength and a weakness. There exists ambiguity over whether centre services are for parents or for children, for educational attainment or child behaviour, or for families in poverty or families with complex difficulties. While there is considerable overlap in the policy and service response to these issues, there is also some tension. Without clarity it is difficult to decide what activities will best meet the needs, where investment should be concentrated, and most importantly for researchers: establishing fair measures of success.

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Table 1. Change in the 11 categories of services offered by 121 Phase 1 and 2 English Sure Start Children's Centres across the years 2011 and 2012

Categories of Services (<i>n</i> =how many individual services are summarised within the category)		Centres offering these categories in 2011		Centres offering these categories in 2012		Statistical comparison of the change in offered categories between 2011 and 2012			
		No. of Centres	%	No. of Centres	%	Overall Δ (2012-2011)	Statistic (Wilcoxon Z)	Effect Size, <i>r</i> ($Z/(n^{1/2})$)	<i>p</i>
1	Childcare and early years education (<i>n</i> =1)	99	82	110	91	+11	Z=2.3	0.21	0.022
2	Before/after school care for older children (<i>n</i> =2)	27	22	34	28	+7	Z=1.5	0.14	0.127
3	Opportunities for parents and children to play and take part in activities together (<i>n</i> =4)	118	98	121	100	+3	Z=1.7	0.15	0.083
4	Childminder development and support (<i>n</i> =3)	103	85	100	83	-3	Z=0.7	0.06	0.491
5	Health-related services (<i>n</i> =9)	117	97	121	100	+4	Z=2.0	0.18	0.046
6	Employment and benefits services or advice (<i>n</i> =8)	111	92	115	95	+4	Z=1.3	0.12	0.206
7	Other advice and information services (<i>n</i> =2)	88	73	97	80	+9	Z=1.6	0.15	0.106
8	Adult education for parents (<i>n</i> =4)	106	88	112	93	+6	Z=1.5	0.14	0.134
9	Family and parenting support(<i>n</i> =7)	116	96	119	98	+3	Z=1.1	0.10	0.257
10	Outreach or home-based services (<i>n</i> =3)	114	94	114	94		<i>No change</i>		
11	Other Services (<i>n</i> =4)	110	91	120	99	+10	Z=2.9	0.26	0.004

Note: Effect sizes are interpreted as: $r=0.1$ "small"; $r=0.3$ "medium"; $r=0.5$ "large"

Table 2. The services offered by 121 Phase 1 and 2 English Sure Start Children's Centres in 2011 and 2012

Categories	Individual Services	Centres offering these services in 2011		Centres offering these services in 2012	
		No. of Centres	%	No. of Centres	%
Childcare and early years education	1 Early learning and childcare*	99	82	110	91
Before/after school care for older children	2 Before school care for older children	17	14	20	17
	3 After school care for older children	24	20	32	26
Opportunities for parents and children to play and take part in activities together	4 Stay and play	118	98	119	98
	5 Thematic stay and play (music classes/art classes)	97	80	93	77
	6 Play and learn (stay and play for older children)*	58	48	41	34
	7 Weekend activities	75	62	77	64
Childminder development and support	8 Childminder development (training and support)	82	68	86	71
	9 Childminder drop-ins*	94	78	79	65
	10 Childminders play and learn	41	34	40	33
Health-related services	11 Health watch	10	8	4	3
	12 Speech and Language Therapy (SALT)	91	75	92	76
	13 Breast feeding support	109	90	109	90
	14 Midwife clinic	88	73	86	71
	15 Health visitor clinic	95	79	92	76
	16 Sports and exercise for babies and children	92	76	88	73
	17 Sport and exercise for parents*	48	40	61	50
	18 Specialist clinic	34	28	47	39
	19 Clinical psychology services	31	26	34	28
Employment and benefits services or advice	20 Benefits and tax credits advice	89	74	97	80
	21 JobCentre plus (drop-in and pc terminal)	37	31	44	36
	22 JobCentre plus (back to work advice)	47	39	56	46
	23 JobCentre plus (appointment only sessions)	35	29	36	30
	24 Next steps (employment support)*	47	39	35	29
	25 Teenage parents - get into work or training	65	54	60	50
	26 Women's back to work support	46	38	38	31
27 Basic IT and job skill course	62	51	52	43	
Other advice and information services	28 Housing advice or information	73	60	81	67
	29 Debt advice (e.g. From citizen's advice bureau)	77	64	80	66
Adult education for parents	30 Adult learning	96	79	105	87
	31 Further education	40	33	39	32
	32 English for Speakers of Other Language Classes (ESOL)	62	51	55	45
	33 Life coaching	27	22	19	16
Family and parenting support	34 Ante natal classes	80	66	78	64
	35 Post natal classes	56	46	58	48
	36 Peers and family support/parenting classes/relationship support	107	88	107	88
	37 Peer support *	100	83	39	32
	38 Activities and hobbies for parents*	65	54	52	43
	39 Evidence- based parenting programmes*	103	85	112	93
	40 Other specialist support*	81	67	41	34
Outreach or home-based services	41 Home-based services^{1*}	75	62	98	81
	42 Home-based outreach services ²	108	89	102	84
	43 Other outreach services^{3*}	44	36	83	69
Other Services	44 Toy library	57	47	60	50
	45 Book Start Baby Bags/My treasure box*	85	70	104	86
	46 Sure Start resource library	34	28	38	31
	47 Parent forum	98	81	108	89

Notes: ¹ Merely home visits; ² As "Home-based services" but also to deliver a service; ³ Services that are not "Home-based"; *Services for which there was a statistically significant change in the number of children's centres that offered these between 2011 and 2012