



## **A Review of Sure Start Children's Centres in Nottinghamshire**

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## Contents

<b>1. EXECUTIVE SUMMARY</b> .....	3
<b>1.1 Key Recommendations</b> .....	4
<b>2. BACKGROUND</b> .....	4
2.1 SSCCs in Nottinghamshire .....	5
<b>3. METHODS</b> .....	6
3.1 Sampling.....	6
3.2 Data collection .....	6
3.3 Data Analysis .....	7
3.4 Ethics .....	7
3.5 Reliability.....	8
<b>4. FINDINGS</b> .....	8
4.0.1 Table 1 – Summary of focus group data .....	9
4.0.2 Table 2 – Emerging semantic themes .....	10
4.0.3 Figure 1 - Interrelated Themes emerging from Focus Groups.....	10
4.1 Availability of SSCC Services.....	10
4.1.1 Table 3 – Opening Hours (as advertised online) .....	11
4.1.2 Figure 2 – Opening Hours (as advertised online).....	11
4.2 Additional data.....	11
<b>5. DISCUSSION</b> .....	12
<b>6. CONCLUSION AND RECOMENDATIONS</b> .....	13
6.1 Acknowledgement .....	14
<b>7. REFERENCES</b> .....	15
<b>8 APPENDICES</b> .....	17
8.1 Appendix 1 .....	17
8.1.1 Bingham .....	17
8.1.2 Calverton .....	18
8.1.3 Killisick.....	19

## 1. EXECUTIVE SUMMARY

- Sure Start Local Programmes (SSLP) marked the beginning of a local and national programme of Sure Start Children's Centres (SSCCs). The previous Labour Government's vision for the SSCCs was that they would offer a holistic service for families relating to: health, education, family matters, advice and parenting.
- Initially SSLPs were aimed at disadvantaged families with children aged 0-5 years. The long-term strategy was to roll out the SSLPs as a public service for all in three staggered phases. The aim of these phases was to bridge gaps between disadvantaged families and non-disadvantaged families.
- Since 2013 SSCCs have been commissioned by Nottinghamshire County Council (NCC) and are delivered by the Nottinghamshire Children and Families Partnership (NCFP) which is led by Nottinghamshire Healthcare Trust (NHT) in partnership with Family Action and North Nottinghamshire and Rotherham College. In Nottinghamshire SSCCs also include health visiting services and focus on the health and wellbeing of families including services for children and young people aged 0-19 years.
- Within Nottinghamshire there are 7 districts: Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark and Sherwood and Rushcliffe. Within these 7 districts there are 18 clusters and within the clusters there are 58 Ofsted registered SSCCs and outreach support. Outreach and centres operate together in providing services such as: sign posting, centre-led structured activities and groups, support, advice and guidance.
- This evaluation was commissioned by Nottinghamshire County Council to review the role of SSCCs within Nottinghamshire. The aim was to gather and review local and national evidence in order to demonstrate the impact of SSCCs.
- This evaluation employed a mixed methods approach to collect qualitative and quantitative data to answer the main research questions which were:
  - Do SSCCs improve outcomes for children and families within Nottinghamshire?
  - Are the findings in Nottinghamshire similar to or different from national findings?
- Qualitative data was collected, assisted by a short topic guide for the running of focus groups. The topic guide was piloted with a group of 6 SSCCs management staff to check for relevance, ease of understanding and completeness.
- Focus groups for parents and carers who use the service were held across 3 SSCCs.
- The SSCCs were randomly selected owing to time constraints. 19 family members took part in the focus groups. Six members of staff attended in a supporting capacity so they did not answer questions specifically. The participants were largely white

British, some from a working class background with the rest claiming state benefits and for two participants English was not their first language.

- The data that emerged from the focus groups demonstrated that families valued and needed an accessible service. The emerging themes were interrelated, these were: Upskilling, Belonging and Relationships/Networking. Personal Development emerged as a theme inextricably linked into the other emergent themes.
- SSCCs communicate with families through their websites where they advertise opening hours of 8.30am – 5pm Monday to Thursday and 8.30am – 4.30pm on Fridays. The websites provide details all activities except those requiring referrals. There was multiple advertisement of similar health related groups within one day and at times this was the only advertised activity. The 3 SSCCs were closed for periods during the advertised hours owing to lack of staff and staff rotation, resulting in parents having to call a number to access help or information.

### **1.1 Key Recommendations**

Findings suggest that it be useful for Nottinghamshire County Council to explore:

1. Whether the service currently delivered by SSCCs could be offered in alternative ways – for example Cotgrave offer the service from a local school, and with the increased involvement of parents and guardians in the running of the service although in order for this to be effective it may be necessary to provide guidance packs and offer parents/guardians access to a community development officer.
2. Re-establishing working links with Job Centre Plus enabling parents to be job ready – some parents have suggested making the centres into a joined-up service with Job Centre Plus to offer an all-family approach under one roof
3. Continuing with outreach services – offering support to the hard to reach families with a focus on engaging BME families in particular
4. Continuing close working relationships with health teams – families make good use of baby weighing, breast feeding support and general health advice.

## **2. BACKGROUND**

Sure Start Local Programmes provided the platform for what are now known as Children's Centres. Sure Start originated in the late 1990s to provide a key service to families in the most deprived local government wards according to the Index of Multiple Deprivation (IMD), (Whitely, 2008). The programmes were expected to deliver a range of services to local communities, including: Outreach, home visits, family support, health support and developmental support for families with additional needs (4Children, 2016). Sure Start local programmes and subsequent government consultations relating to children and families' services jointly led to changes in legislation, namely the Children Act (1989, as amended 2004).

Children's Centres were rolled out across England between 2004 and 2010 in three phases, with an expectation of 3,500 centres being opened nationally (Whitely, 2008). The initial

phase followed the Every Child Matters (ECM), policy document in 2003, which came about largely due to structural failures relating to child protection services.

The first phase of the roll out of SSCCs commenced in 2004 and was expected to cover the 20% most deprived wards according to IMD (Whitely, 2008). In response to the recommendations of the ECM policy the government's strategy was to fund one Sure Start Centre in every community (Whitely, 2008). This meant that each local authority would be able to set and meet targets relating to the five core aims of the ECM policy for children to: stay safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic well-being (Department for Education, 2003).

Phase two of the SSCCs was rolled out in response to the Childcare Act (2006) which amended part 10A of the Children Act (1989). Section 39 placed a duty on the local authority to provide a set of standards for children aged 0-5 who were accessing educational settings. Thus SSCCs were expected to target children who were not of school age to allow for their education and development to be delivered and monitored by a professional body (National Evaluation of Sure Start (NESS), 2008). The second phase was to cover 30% most disadvantaged wards demonstrating a 10% increase to the target population (families with children 0-5) (according to the IMD) (Whitely, 2008).

The final phase, rolled out from 2008 aimed to make Sure Start accessible to all. A number of the SSCCs offered affordable child care to working families and fifteen hours of free child care to all. The SSCCs would also provide free and impartial information relating to local child care providers to assist parents in their selection. This was necessary as the provision of child care hours were not limited to SSCCs meaning parents and guardians were able to access non-SSCC's child care. This flexibility in selecting child care providers offered parents/guardians the opportunity to train or work during these hours.

Also within SSCCs there were timetabled activities for children and families to come together, to enjoy structured play and socialisation. However, there was a stigma attached to the Centres, with parents/guardians believing that access was limited to those who had been referred to the service by Social Care, thus prompting others within the local community to question parenting abilities (Avis et al, 2007).

## 2.1 SSCCs in Nottinghamshire

In Nottinghamshire the County Council commissioned the SSCCs through NCFP which is led by the Nottinghamshire Healthcare NHS Foundation Trust in partnership with Family Action and North Nottinghamshire and Rotherham College. The County Council became wholly responsible for Sure Start in 2006 and it was at this point that the Sure Start Local Programme (SSLP) became known as SSCC. This shift allowed for a clearer focus on expected outcomes, and guidelines put in place thus ensuring the service was aimed at the target groups (NESS, 2005).

From the initial setting up of SSLPs there has been a wealth of local and national research into both the impact and the reach of the service. SSCC attendance has been linked to: improved parenting skills, and better child socialisation in turn leading to higher levels of self-regulation and independence in children (NESS, 2008). These improved outcomes were

evidenced further when the ECCE undertook a six year review of SSCCs and found key improvements for children relating to in areas relating to: emotional, physical and social functioning (Sammon et al, 2015). Parents of children who attended also benefitted from improved knowledge, upskilling and reduced levels of dysfunction. These changes were attributed to parents and their children attending SSCCs and their engagement served as a vehicle through which preventative work could occur.

In 2017 NCFP compiled an impact report (Dunsford and Foulkes) stating that provision was offered based on the Childcare Act 2006 with the purpose of the service being to: Improve child development and school readiness, increase parental aspirations and parenting skills and to improve child and family health and life chances. The report highlights that in terms of education 67% of SSCCs locally were Ofsted rated as good or above (11% above national average), 24,390 children have been reached in a move to close the education gap and 958 disabled children have received support since 2013. In addition the report states that 126 “troubled families” (as defined by central government) have been turned around with 9 now being in continuous employment. Suggesting SSCC’s potentially save the local authority approximately £1.6 million annually however, it is unclear how these savings are being achieved.

Given the significant contribution SSCCs are reportedly making by the NCFP, this current evaluation was commissioned from NTU as an external academic institution, in order to inform decision making in Nottinghamshire County Council about the continued investment in SSCCs in the light of the austerity measures and transformation agenda for change

### **3. METHODS**

#### **3.1 Sampling**

Parents/caregivers were recruited as participants through their local SSCCs. Information sheets were distributed throughout the Centres, and respondents came forward as a self-selected sample. 19 participants and 6 staff members attended the focus groups. Staff were present at each focus group in a supporting role and thus had none of their comments recorded. The staff reminded participants of things they may have forgotten and encouraged them to give their views about the service. All participants were female and English was not the first language for 2 participants. All participants were white and described themselves as either working or receiving state benefits. The inclusion criteria for taking part in the evaluation was that participants were either: parents/caregivers and attended or received a service from Nottinghamshire SSCCs.

#### **3.2 Data collection**

Data collection involved collecting qualitative data from the focus group interviews. Initially desk based research, searching grey and academic literature sought to ground the evaluation in the context of any similar such evaluations and inform the creation of the focus group topic guide, information sheets and consent forms for participants.

The desk-based research led to the production of a short topic guide for the focus group which consisted of six questions (see, Table 1). These questions were generated through consultation with NCC and NHCT staff, this allowed the research team: to better understand

what had worked previously and to gain a better understanding of how to engage parents/caregivers attending SSCCs as the sample for the evaluation.

Participants were a self-selecting sample who took part in 1 hour long focus-groups at their local SSCCs. Time constraints meant that it was not possible for the RA to hold focus groups at all SSCCs therefore only those that could accommodate the RA attending within the time period for the evaluation were selected as a convenience sample. Participants from 5 SSCCs attended 3 scheduled focus groups that were held at 3 different SSCCs. As some parents/caregivers were working it was necessary to offer some focus groups in the evening.

Questions were asked within the focus groups by an NCC officer as a means of demonstrating that Nottinghamshire County Council were interested in hearing the views and experiences of parents/caregivers. The answers were recorded and analysed by the Research Assistant (RA) to ensure completeness and a degree of objectivity. This method of data collection helped to capture the feedback in the focus groups as discussions were lively and there was a risk of losing data with some participants voicing their feedback more loudly than others. The data collected was transcribed verbatim by the RA onto a password protected word document. Only the RA had access to the document and the data at this stage.

### 3.3 Data Analysis

Thematic analysis was selected as it allows for themes to emerge from the data to reflect participants' experience in a subjective way. Initially the transcribed data was read line by line and the RA took notes based on information arising from the data. The notes were then separated into categories based on how the codes linked, for example if a participant discussed college and another discussed SSCCs courses these were deemed to be linked through an overarching theme of development and skill management. Coding the data in this way allowed for six semantic themes to emerge including: Parenting Skills, Socialisation, Development, Relationships, Support and Non-Judgemental approach (see Table 2). This process was then considered in reverse order to check that the semantic themes matched back to the data. This checking process was undertaken in order to improve the reliability of the data.

The final stage involved further analysis of the semantic themes to establish what emerged as three interrelated themes: Upskilling, Belonging and Relationships/Networking (see Figure 1). This analysis occurred through separating the semantic themes and re-categorising them in clusters based on their similarities.

### 3.4 Ethics

Ethical approval for the evaluation was provided by the Business, Law and Social Sciences College Research Ethics Committee at Nottingham Trent University; meaning that the research was conducted in accordance with the University's approval processes. Participants' anonymity was preserved throughout the project although they were aware that their experiences shared during the focus groups would be rendered anonymous and included in a report that would be published by the local authority.



Confidentiality was also maintained. The focus groups took place as a closed event meaning that if the centres were operational during the time of the focus group, this took place in a separate space with access to the general public prevented. The centres are close to the homes of the attendees so no notices were displayed advertising the focus groups. Participant names were not recorded and pseudonyms were not utilised, the method of choice (as agreed with participants) was that they were referred to as a parent from the named centre where they attended the focus group.

All participants received an information sheet outlining the research aims and objectives. Informed consent sheets were distributed, these were signed by participants after data collection. The participants were informed of their right to withdraw at any stage prior to data collection and they were given instructions on how to do this should they so wish. Once the data had been collected from the focus group it was transcribed and rendered anonymous. This meant that participants were unable to withdraw after this stage. None of the participants asked to withdraw their data.

It is important to note the ethical dilemma that underpins this evaluation: notably that NCC commissioned this evaluation with an expectation of using any evidence gathered to inform budgetary decisions and future allocation of resources within the overarching area of services to children and families. The participants were not explicitly made aware of this agenda during the focus group in order that they could provide unbiased feedback about their experiences of using the SSCCs before any decisions to make changes to services were enacted by the Council.

### 3.5 Reliability

During the time allocated for data collection there were two unexpected purdah periods thus impacting on the data collection time-scale. Initially the evaluation set out to include data from interviews, questionnaires and focus groups. Timing of local elections prevented the distribution of questionnaires and then the unexpected timing of the general election prevented the interviews from going ahead. No consultations are permitted during purdah and with a final report deadline of July/August 2017 it was not viable to re-schedule. This resulted in the data collection being limited to the focus group interviews and being qualitative in nature. The thematic analysis of the qualitative data was therefore reviewed by the RA's supervisor after the data collection stages. This was in an attempt to check the reliability of the data.

## 4. FINDINGS

There are 58 Ofsted registered Children's Centres within Nottinghamshire which forms 18 clusters within the 7 districts of the County. Data was collected from 19 parents/caregivers who were attendees at 5 SSCCs. Table 2 displays a summary of the findings from the focus groups. Those in bold represent the centres attended by the researcher.



4.0.1 Table 1 – Focus group summary

	<b>Killisick/Arnbrook</b>	<b>Calverton/Gedling Villages</b>	<b>Bingham</b>
	Participants 11	Participants 7	Participants 1
	Staff 2	Staff 2	Staff 2
1. Why do you use the service?	Free and convenient Personal development Professional development Supportive Offers opportunities	Support Guidance Advice Signposting Family environment	Relationships Parenting advice Support Courses Activities
2. What has the difference been to you?	Routines Professional support Offloading Not feeling judged	Breast feeding Professional development Volunteering Understand special needs Confidence Ideas for own groups	Mental health Realities of parenting Kept family together Kept marriage together Understand behaviours Professional development Family values
3. How could SSCC be provided in different ways?	Available for older children Reduce referral times Sleep professional Health care professional	Other providers SSCC cover group costs	It couldn't
4. What changes could be made?	One central centre Privately rent Continuously manned centre More staff More professionals	More money More groups Age specific groups Issue specific groups Nutritional support A central hub Help with fundraising Targeted groups for all Afterschool clubs Share the building	It doesn't need to change Support is good Drop in More staff More sessions Mixed age sessions Dad peer support Use local schools more
5. When is the centre at its busiest?	When groups are on	When groups are on	When groups are on Drop in throughout the day so is often full to capacity throughout most days
6. How could the service be improved?	*H/V for baby weigh in Bite size courses Joined up with Jobcentres CV workshops IT skills training More staff	More groups Go back to before Be open more Have drop in Link Jobcentre Plus Continuity of staff	The building needs to stay as it's a hub for many surrounding villages that have no access to any other support
Other Comments **	Feel isolated without SSCC More professionals to help identify children in need	There is nothing on after 3pm here Happy to take charge but need aa fundraising hub	Staff need to be seen as they provide emotional support and this is best face to face. Other services cost and aren't policed well

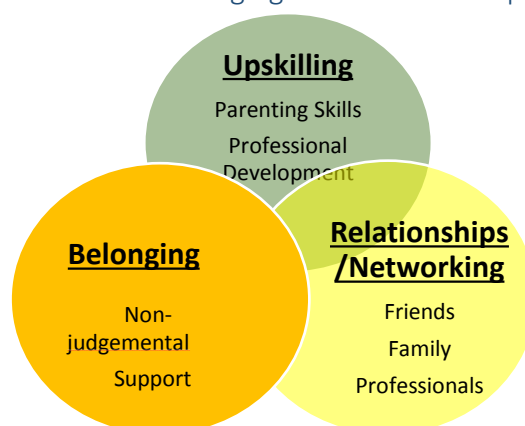
\*H/V – Health Visitor, \*\*data from discussions inside of the focus group not arising from the above questions.

Table 1 shows the overall summary of data recorded during the focus groups. Table 2 shows the emerging semantic themes which inform Figure 1 below.

#### 4.0.2 Table 2 – Emerging semantic themes

Semantic themes	Evidence (see Appendices)
Parenting Skills – routines, understanding, feeding, breast feeding, discipline	Refer to Q1 and Q2 for Bingham, Q1 for Calverton, Q2 and Q4 for Killisick
Socialisation – making friends, taking part in activities, children’s groups	Refer to Q1 for Bingham, Q1 for Calverton, Q1 Killisick
Support – social, academic, legal, financial, medical	Refer to Q1, Q2, Q3 and Q4 for Bingham, Q1, Q2 and Q3 for Calverton, Q1, Q2, Q3 and Q4 for Killisick
Professional Development – short courses, college, university, volunteering, job centre plus, parent business	Refer to Q2 for Bingham, Q1 Q2 and Q6 for Calverton, Q1 and Q6 for Killisick
Relationships – spousal, parental, sibling, professionals, friends	Refer to Q1 and Q2 for Bingham, Q1 and Q4 for Calverton
Non-judgemental – diversity, understanding, inclusion	Refer to Q2 for Bingham, Q1 and Q2 for Killisick

#### 4.0.3 Figure 1 - Interrelated Themes emerging from Focus Groups



#### 4.1 Availability of SSCC Services

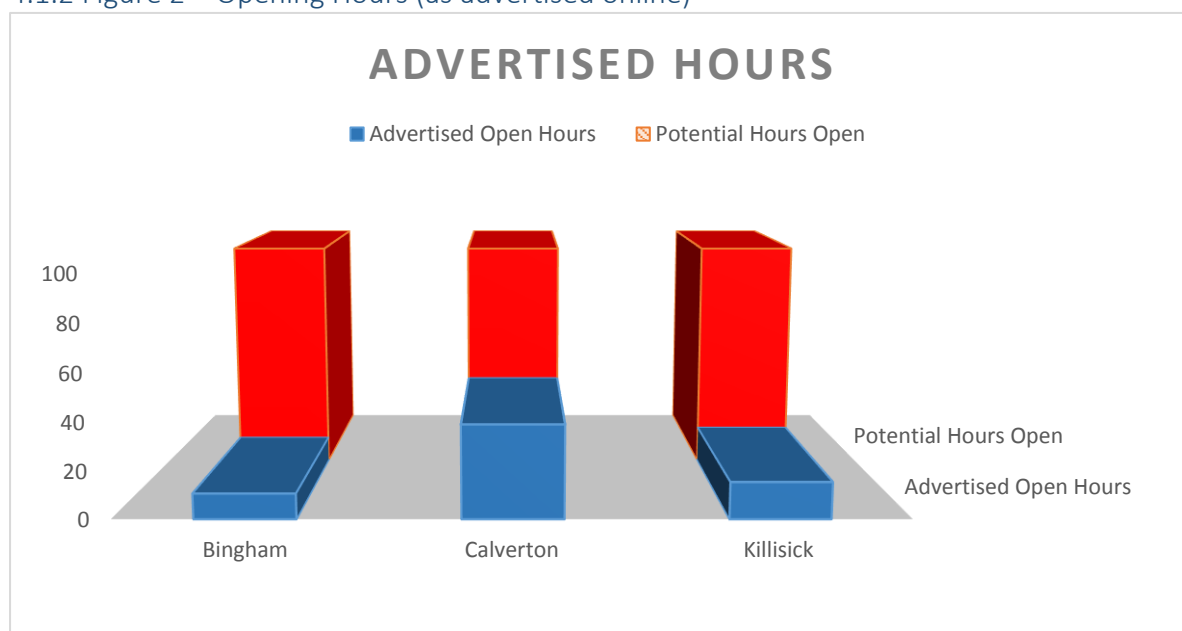
The participants spoke about making more use of the Centres if there were more staff and groups, however after further analysis it became apparent that some Centres were not always available. Table 3 and Figure 2 provide details of the online advertised opening times (compared with the percentage of time the Centres are open and could be open). This demonstrates that the Centres are not operating to capacity while the online timetables suggest that Centres are opening for a total of 42 hours on average per week.

The opening hours are advertised from 8.30am – 4.30pm however some centres such as Killisick extend these opening hours over the weekend thus increasing the Centre’s availability. Within the timetables posted online there are other community based events taking place and the SSCC may link up with these. It is important to note that Children Centre staff also work from other buildings e.g. community centres, parish halls and schools (and these activities may not be advertised). Please note Calverton and Killisick timetables are from 2015 which means they may not reflect current levels of activity.

4.1.1 Table 3 – Opening Hours (as advertised online)

Days	Bingham Hours Open	Calverton Hours Open	Killisick Hours Open
Monday	0	4.5	1.5
Tuesday	0	4.5	0
Wednesday	4.5	3.75	1.5
Thursday	0	5.5	1.5
Friday	0	0	0
Saturday	0	0	2
Percentage Hours Open	10.7%	39.2%	15.5%

4.1.2 Figure 2 – Opening Hours (as advertised online)



## 4.2 Additional data

The participants provided some additional comments during the focus groups which whilst relevant fell outside the overarching themes identified. For completeness these comments have been included below.

- The participants expressed desires to receive support and guidance in career development and feel as if this area is very limited and often over-subscribed.
- It was also evident that online safety was a key area often neglected within SSCCs. Parents are keen for information about this to be made available as often they do not fully understand the new and changing technologies and are therefore concerned to keep up with monitoring their children’s online activities.

## 5. DISCUSSION

Research has been undertaken both nationally and locally in relation to evaluating SSCCs this current evaluation contributes to that expanding knowledge base. The strength of this evaluation is that it has gathered rich data from the parents/caregivers who make use of SSCCs and this local data can be compared to that of national findings to offer a clearer picture of what is occurring.

The limitations of this evaluation is the small sample size and limited avenues for data collection which were further constrained by the co-occurrence of the evaluation timescale with the local and national elections. It may be that more participants and more sources of data including quantitative data would have allowed for a more diverse data set.

Along with these limitations the characteristics of the sample of parents/caregivers who took part in the evaluation were all white, female and mostly English. It is reasonable to assume particular female groups are excluded from centre group participation owing to lack of female only sessions.

Within Nottinghamshire County there are 13,042 people identifying as BME, with almost 50% of this group identifying as British Asian in comparison to 167,568 people identifying as white. These figures suggest that 1 in 12 people are from a BME background and as such are likely to be under represented in the small, self-selecting focus group samples that featured in this study (the highest numbers attending a focus group was 11 participants). It could therefore be argued that SSCCs could do more to engage BME children and families.

A number of the parents/caregivers who attended the focus groups disclosed having mental health problems suggesting that SSCCs are being accessed by some hard to reach/vulnerable populations. The staff who supported parents/caregivers in the focus groups assisted individuals in having their voices heard so that their involvement can in turn inform any changes to service delivery.

It could be argued that the staff being present in the focus groups biased data collection however, the participants knew prior to attending the focus group that staff would be present in a supporter role and they made an informed choice to attend. For those who chose not to attend their decision may have been influenced by the knowledge that staff would be present and they may have chosen not to share their experiences in this forum.

Overall the findings provide tentative support that SSCCs are contributing to improved outcomes for both children and parents. Parents reported having a better and clearer understanding of their children's needs including parents with children who had additional needs. The parents also reported how SSCCs had provided vital support at critical points in their spousal relationships. Routines and bedtimes were also reported to have improved as a result of both advice and practical support received through SSCCs.

This current evaluation found the parents focused on having access to education, which in turn could contribute to making parents job ready, the data suggests this could be an area for Nottinghamshire to focus on. In relation to national findings Nottinghamshire appears

to be on par with other SSCC's regions as NESS (2008) found the economic status of families did not improve therefore it was recommended that families would benefit from receiving support around upskilling parents for professional development. This could put Nottinghamshire ahead of the curve, as they are examining the economic impact on families utilising SSCC's in order to put a functional strategy in place to fill this gap in services.

When findings from national evaluations of SSCCs are considered alongside local evaluations such as the one reported here there seems to be a degree of consensus that parental, professional development is a key area for future focus. Some participants had gained training and employment through engagement with SSCCs, and they felt there was still more to be offered through closer relationships with agencies that can offer accredited qualifications and access to paid employment. Research by the National Institute for Adult Continuing Education (NIACE, 2013) demonstrate a clear need for parents to obtain employment or education as a means of improving their overall wellbeing and that this in turn improves their children's outcomes.

When Dunsford and Foulkes (2017) evaluated the impact of SSCC within Nottinghamshire they stated that there were one third of under 5s who were not accessing the service. National findings state there are 90% of families registered with SSCCs with 60% making light use of the services on offer. It is important to understand that a registered user does not reflect service use as a person can register and chose not to make use of those services. However, the findings do suggest there is a similarity in service attendance both nationally and locally (Bate and Foster, 2017).

Obesity is a well-documented concern within the UK with a variety of strategies being devised to help reduce childhood obesity. Nottinghamshire appear to be tackling this concern in part through SSCC's, with Nottinghamshire being below the national average (Dunsford and Foulkes, 2017). In addition to this Nottinghamshire breast feeding mothers are 3% above the national average (ibid). This was corroborated during the focus groups with parents reporting that they would never have breastfed had it not been for the support of SSCCs. However, parents said they would welcome more nutritional guidance as they felt they did not receive enough of this. This lack of opportunity was reflected in the online advertised opening hour's timetable of activities.

## **6. CONCLUSION AND RECOMENDATIONS**

The findings demonstrate that for those parents/caregivers who took part in the evaluation SSCCs are reportedly providing a valuable service which is making a positive difference to their lives and the lives of their children. However with reducing budgets it will be necessary for the County Council to explore further how to deliver elements of the SSCCs in innovative and modified ways if services are to continue in future. Families utilise the Centres in many ways for a variety of reasons and many have referred to the negative impact it would have on them if there was no such professional service available. Consequences spoke about included family breakdown, divorce, alcohol issues, a breakdown of parent child relationships and lack of support for children with additional needs. Parents said that if there had been no service from the SSCCs then these issues would not have been resolved.

This leaves the question of how can support currently provided by SSCCs can be achieved at a time when austerity measures are being enforced on public sector services. This suggests the need for Nottinghamshire County Council to explore further:

- An outreach service to extend engagement to the hard to reach including BME families.
- Providing access to professionals who would support parents to play a more proactive role in delivering the service in innovative ways. Professional support could include: an overall coordinator, an SSCC hub in each district, guidance packs for parents, storage facilities for equipment and pop-up structured groups
- Whether families could become responsible for managing areas of the service with a designated coordinator to oversee this
- Enhancing the links with employment and training services
- Continuing to build on relationships with all healthcare professionals

### 6.1 Acknowledgement

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## 8 APPENDICES

### 8.1 Appendix 1

#### 8.1.1 Bingham

**1** To help others with relationship problems, having somebody to talk to, to feel normal, create friendship groups, to help with problems, to help with the realities of parenting, to help with own mental health, reassurance, support

**2** Helped me to advise others, I wouldn't be in education without it, I would be divorced without it, I would be a mess without it, I would definitely need access to other services such as mental health without it, I don't feel judged,

**3** We need to see staff regularly their professional guidance is imperative

**4** More groups, pop up stuff, more staff, more sessions, offer childcare, other services aren't professional and are policed poorly, father to father peer support groups, could use local schools and churches for space

**5** When the activities are on but lots of people just drop in on the way to schools and shops as they have to pass by here to access anywhere else.

**6** Can't get rid of the building because it's used by too many local villages, enough cuts have been made and if this wasn't here how would we know how to be parents - what good parenting is and what my child be doing and when, the health visitors have been cut so if this goes who is responsible for picking up concerns, Cotgrave do not have a designated building and that is missed by parents, could try parent led.

These are the participant's answers to the 6 questions in Bingham there was 1 and 2 members of staff – for a summarised version please refer to the Executive Summary.

### 8.1.2 Calverton

- 1** Activities, self weigh, friendships, understanding, empathy, professional support, structure, guidance, knowledge, professional development, personal development, learning, specialist training and to learn parenting skills.
  - 2** Helped me with my low self-confidence, I have entered into paid employment following volunteering here, would not have breast fed, I have been trained as a volunteer, my children prefer Sure Start over attending a nursery,
  - 3** Access funds such as Greggs to provide equipment, have storage areas so we could do pop ups, we could fundraise ourselves but we need a central hub and access to a professional for guidance and structure, home groups, we could do with nutritional support at times that obesity is an issue, and more communication groups

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  - 4** More groups would be nice, re-instate some of the old groups, age specific groups, merged age groups, introducing children to food, do not wish to travel other groups as this would require a car, make referral groups open to all, if we attend other groups we risk experiencing: additional costs, lack of structure and being socially excluded
  - 5** During groups times is when we are the busiest
  - 6** More groups, look at previous models, be open for more drop in sessions, link phones with Jobcentre Plus, continuity of staff.
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These are the participant's answers to the 6 questions in Calverton there were 7 participants and 2 members of staff – for a summarised version please refer to the Executive Summary.

### 8.1.3 Killisick

- 1 Free, close, support, prevent isolation, confidence issues, create friendships, help with self-harm, advice, career development, it's available to all, no discrimination towards multiple language families, to gain tips and advice, activities, for my children to mingle, professional development opportunities, accessible to disabled people, to help with my mental health and prevent me needing pills.
- 2 Helped with routines, without this my house would be mayhem, platform to get other professional help, helped to identify issues, I don't feel judged, I feel relieved and it's made me become more realistic.
- 3 Be for older children, referral times are too long, could do with a sleep study worker, bring back structured baby weighs, children in need are being missed this lack of structured health visitor service.
- 4 If the changes meant there was no centre then we don't want any changes, if there was no centre I would be isolated, I would struggle to manage my children's behaviours, we could rent space elsewhere, need somewhere to store the toys, make more use of the centre, use the church next door, do not want to travel to Arnbrook it's two buses and awkward to get to.
- 5 It's only open when groups are on, Arnbrook has stuff on but it's hard to get too, Arnbrook has more on.
- 6 Health Visitor undertaking baby weigh ins, bite size accredited courses, Job advice, better links to Job Centre Plus, Internet training, IT skills, word courses and more staff.

These are the participant's answers to the 6 questions in Killisick there were 11 participants and 2 members of staff – for a summarised version please refer to the Executive Summary.