

## **The Development of Integrated Children's Centres in the UK**

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### **1. Current policy developments in England**

The expansion and improvement of services for young children and families has been a key aim for the UK Government since 1997. Much work has been done, particularly through the National Childcare Strategy and a range of other initiatives, including the Sure Start, Early Excellence and Neighbourhood Nurseries Programmes. These developments are intended to support the realisation of several overarching or 'top level' objectives, including,

- Raising educational achievement;
- Increasing parent employment and productivity;
- Reducing child poverty;
- Improving health;
- Reducing social exclusion;
- Promoting equal opportunities;
- Improving quality and access to public services.

Since 1997 there has been substantial Government investment in early childhood education and care to realise these objectives (OECD, 2001). The 2002 Comprehensive Spending Review (CSR) announced a significant expansion in childcare, early years and Sure Start spending through an investment of £1.5 billion by 2006, and the creation of a single inter-departmental unit within the DfES, now called the Sure Start Unit. In 2004 and 2006 two further Acts of Parliament have made the development of integrated services for children and families a statutory obligation for all communities in England.

To support the realisation of this vision, resources are to be made available for the development of a universal network of Children's Centres and Extended Schools across England, which builds on other provision, and offers a range of services to children, families and the local community, particularly in the most disadvantaged wards. These centres are intended to bring together good quality childcare and early years education, family support and health services and to act as service hubs within the community for parents and providers of childcare services for children of all ages. In addition, there is an acknowledgement of the need to introduce a sustainability grant for childcare in the most deprived areas, to provide support for the training and development of leaders, managers and staff of children's centres and to encourage the better use of schools in providing childcare (Children Act 2004, Childcare Act 2006). A further aim in the new vision is to end the confusion caused by the existence of similar but differently named and separate initiatives, (for example, Sure Start, Early Excellence Centres, Neighbourhood Nurseries), through the development of one 'brand' of integrated early years services, so that, *"Ultimately, children's centres will provide the focal point for rationalising a wide range of existing community based initiatives, building vital links between education, employment, health and social services."* (Cabinet Office, 2002, p38)

### **2. The Early Excellence Centre (EEC) Pilot Programme**

Following its launch in 1997, the EEC programme became an important element in the Government's broader strategy for raising educational standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty. Centres designated under the EEC pilot programme aimed to provide innovative models of integrated service delivery and offer:

- high quality and integrated early education and childcare;
- family support, involvement and learning;
- adult education;



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- health services;
- practitioner training;
- dissemination of good practice.

Although a key and distinguishing feature of the EEC programme was its emphasis on delivering high quality educational opportunities for both the children and adults who use the services, it acted primarily to exemplify integrated early childhood services in action as a catalyst for change across the sector. The high number of qualified educational professionals on EEC staff teams, in addition to well qualified professionals from other disciplines, such as social work and health, especially at management level, meant that EECs had the potential to act as cross sector trailblazers in the development of integrated services. They could also operate as professional leaders within their local area, disseminating good practice and offering training and development opportunities to other early years providers, thus raising the quality of early years provision, locally and nationally, and encouraging the further development of integrated service delivery. Through these multi-faceted strategies they had the potential, over time, to impact strongly on children and families' lives.

### 3. The Evolution of Integrated Services

This section of the paper provides evidence on the evolution and implementation of integrated services. In particular it will focus on the evolving local contexts in which integrated centres are operating, the evolution of integration within the centres, the issues of leading and managing an integrated service and the challenges of organisational development in a time of change.

A range of models of integrated centres were identified in the evaluation (Bertram, Pascal et al, 2002) and are summarised below:

- **Single Site Centre:** An EEC that operates from one defined site, with both on-site and outreach work based at the site.
- *Single Site, Single Building:* A single site EEC where all services are based within one single building.
- *Single Site, Campus:* A single site EEC where services are based in different buildings but on one defined site or campus area.
- **Multiple Site Network:** An EEC that operates as a network of different centres or sites, together which offer the range of on site and outreach services which constitute the EEC.
- *Neighbourhood Network:* A multiple site EEC where the various sites are located geographically closely within one neighbourhood or community.
- *Distanced Network:* A multiple site EEC where the various sites are located geographically at some distance.
- *Generalised Sites:* A multiple site EEC where each of the various sites offer the full range of EEC services for children, families, adults and practitioners.
- *Specialist Sites:* A multiple site EEC where each of the various sites offer different and specialist services, (for example, one site may be particularly focused on meeting the special educational needs of children) each of which contributes to the overall range of EEC services provided across the network.

The pilot EECs were initially described as either networks (7) or single site (22). This typology was further developed suggesting for example, 'campus', 'neighbourhood', and 'specialist' EECs (see above and Bertram, Pascal et al, 2002, pp 36 - 43). The evidence on EEC functioning suggests that network EECs have required particular conditions for success whether they are rural (2) or urban (5). Some networks continue to struggle to develop real integrated collaboration. There are other networks that have been successful in making their



network strategically effective across their Local Authority. This connectedness to the local authority strategy seems to be the key element in their success but on the whole, networks seem to find the process of integration harder to achieve and sustain than single site Centres.

#### 4. Organisational development priorities

The evidence indicates that as the EECs evolved over the evaluation period, they faced a range of organisational development issues. Looking across the five years of development, the evidence shows that some of these issues have remained a constant factor, and are continuing to feature strongly in centre's development priorities. However, other issues seem to be associated with the early stages of organisational development, when the EECs were constructing their integrated services, and have become less prominent as the EECs have evolved. Yet other organisational issues are just beginning to emerge, as the pilot EECs enter into a more advanced stage of the consolidation of their services.

#### Evolution of organisational development issues 1999-2004

<p><b>Constant organisational issues:</b>            Funding and sustainability;            Recruitment and retention of staff, terms and conditions of service;            Multi-professional team building and cohesiveness;            Supporting and developing EEC leaders;            Links to other initiatives, including Sure Start, Neighbourhood Nurseries;            Strategic links to EYDCPs, LAs and Health Authorities;            Sustaining and extending the quality of programmes.</p>
<p><b>Early organisational issues:</b>            Developing organisational identity;            Local visibility and awareness;            Expanding range and level of services offered;            Management structures and systems;            Building works and changing accommodation use;            Developing data management systems and evaluation skills of staff.</p>
<p><b>Later organisational issues:</b>            OfSTED inspection;            Developing and promoting specialisms;            Developing and managing training and dissemination activity;            Devolution of decision making and management;            Increasing access to services for hard to reach groups;            Enhancing access and services for the able and less able, and children with special needs;            More effective use of monitoring and evaluation data to inform development;            Establishing greater continuity and smoother transitions to primary schools.</p>

#### 5. Benefits of integrated services

This material shows the effectiveness of the EEC pilot programme in achieving its core objectives of addressing children and family needs through community based, integrated, multi-agency responses. It also illustrates the contribution of the EECs to the development of early years services locally.

The narratives provided in the case studies provide rich evidence of the perceived benefits for children and families of accessing the integrated services. Additional evidence of the outcomes of high quality integrated early years centres (including EECs) for children is also



provided by the Effective Provision of Pre-school Education (EPPE) Study (DfES, 2002) which has shown that,

*“Quality and type of provision are both associated with better developmental outcomes, with quality being a stronger predictor than type. However, there is a relationship between quality and type with integrated centres and nursery schools associated with better quality and outcomes.....Fully integrated centres (which have fully integrated education with care)...tend to do better on intellectual outcomes for children.” DfES, 2002*

### **Benefits for children:**

The EEC evaluation identifies a range of perceived benefits for children in accessing integrated services. It should be noted that some children have very short periods of time within EEC services, whilst others begin their experience within the EEC as a very young baby and stay until they move on to school. Some children may receive very intensive support on a one to one basis in a nurture group, whilst others may attend group sessions. Thus the input from EEC staff into a child’s experience may be short or longer term, intensive or intermittent. There is no standard EEC experience for children against which it is possible to assess impact. It should also be noted that at this early stage in children’s lives, some of the longer term benefits may not be manifesting themselves in terms of children’s progress at this point in their lives. Nevertheless, the case studies provide a strong indication of the short and medium term benefits to children.

The most commonly cited benefit in the evaluation evidence is enhanced social competence and dispositions, and that parents particularly value this benefit. Their emphasis on social and dispositional factors is supported by the Inter-Departmental Childcare Review (Cabinet Office, 2002), which states that,

*“Behavioural and attitudinal factors have been argued to be more likely to last than educational uplifts. These factors may have significant effects on later life.” Cabinet Office, 2002, p 31*

Enhanced cognitive development is also well recognised. The early identification and remediation of special needs is also notable for some children. There is also some evidence that children’s physical health can be improved, and that the number of children at risk can be reduced. The following extracts from the case studies illustrate the value placed on these benefits to children by parents and staff. It might also be useful to refer to last year’s report which identified the professional strategies that appear to be associated with these benefits (Bertram, Pascal et al, 2002, pp 82-95.)

### **Benefits for Families:**

The case studies show a range of perceived benefits for families. As with children, There is no standard EEC experience for families against which it is possible to assess impact. Nevertheless, the case studies provide a strong indication of the short and medium term benefits to families.

The array of benefits to families is extensive and reveals that the EEC services do address a wide range of needs within families. The most commonly cited benefits in both years are a reduction in isolation, improved family relationships, less stress, improved confidence and esteem and better parenting skills. Many families referred to the relief of being able to access affordable and flexible childcare, which they felt they could trust, and which also gave them access to non-judgmental support and advice on a range of family and parenting issues.

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There is also evidence of the EECs contribution to employability and aspirations within families. There is some evidence of improved health and enhanced educational opportunities for teenage parents. The following extracts from the case studies illustrate the value placed on the most commonly cited benefits to families. It might also be useful to refer to last year's report which identified the professional strategies that appear to be associated with these benefits (Bertram, Pascal et al, 2002, pp 82-95.)

## **6. Key findings from the evaluation**

A review of the evidence from the five years of the evaluation of EECs provides a detailed and illuminative portrait of the development, functioning and benefits of integrated programmes. The key findings from the evaluation are listed below:

1. The evaluation of the EEC programme has shown that deep, transformational change to integrate multi-agency services into a cohesive, comprehensive web of support for children and families, which has the potential to impact on cycles of deprivation over time is an enormously challenging and ambitious agenda. It requires courage, determination, resources and commitment at all levels to achieve a fully integrated and functioning centre, but it is possible to achieve within a timescale of approximately three - five years by building on existing provision, particularly school based provision.
2. In the lifespan of the programme (1997-2004) the majority of the EECs have become well established and now provide high quality, integrated services for children, families and local communities, minimally offering education and care, family support, health and adult education services, which closely match the core criteria for the Children's Centre initiative.
3. The EECs are reaching large numbers of the Government's target population for support, including lone and teenage parents, the unemployed and those on low income. They are also supporting considerable numbers of children in poverty and children with special educational needs. Most, but not all, EECs are in the poorest 20% population wards.
4. The EECs are delivering benefits to children, families, the local community and the early years sector, which directly address the Government's 'top level' objectives.
5. The EECs are playing an important role in the development of integrated services locally and nationally through their extensive training and dissemination activity across the early years sector. In particular, the programme offers strong models of leadership and management, and also training, opportunities for those who are involved in running, or developing, integrated services.

## **7. Lessons for other integrated centres**

The evaluation has highlighted the following key features of an effective integrated centre which may be helpful to those involved in the development of integrated services more widely.

### *Successful leadership and management:*

The leadership and management of centres clearly affects their success. The need for clarity of vision and well agreed policies for action are critical. Not only is the actual management structure important, but regular meetings and a clear means of communicating between staff also leads to successful integrated practice. Centres tend to work well where the Head of Centre and managers meet on a regular basis to discuss progress, integration and future plans, and where there are regular meetings with all the professionals involved and other external agencies. Partners need to be encouraged to take a proactive role within Centre management structures and systems. The evaluation evidence makes it clear that the



underlying principles of informed choice, equality of access to information and services and behaving in an anti-discriminatory way are very important and must guide policy and operation for integrated Centres.

The characteristics of the leaders and managers themselves also seem to affect the success of a centre. Centres report that success depends on commitment and vision, and centres need leadership as well as management. There are various characteristics that make a successful leader in the early years sector. Successful leaders have a strong commitment to integrated practice, have a clear vision of what is to be achieved, and are willing to take some risks to achieve that vision. Charismatic leadership is important but it should be recognised that individuals differ. It seems to be the measure of commitment that is the strongest indicator of a successful leader. It also appears to be useful to have a team of managers with a variety of backgrounds and experiences - drawn from the fields of education, health, social services and other relevant areas.

*A shared philosophy and working practices across the range of services;*

To work effectively an integrated centre needs to work in a way that is open, efficient, professional and delivering high standards. The evidence suggests that good teamwork requires a measured and sensitive interaction with between the staff from different services and this takes commitment, time and consistency. To work effectively all members of the multi-agency team should share an understanding of each other's roles within a shared philosophy and agreed working principles.

*Cohesive multi-agency staff teams:*

The way in which the multi-agency staff team works together is important. A successful team is one that demonstrates professionalism, shared beliefs, common identity and vision, breadth of expertise and skills, and feels secure enough within the management system to take on new activities without fear and to operate within a professional climate which balances openness to new ideas with pragmatic critique. It is clear that members of staff must fulfil many different tasks, have a wide variety of different skills and be flexible enough to cope with whatever is required in any given situation. With multi-agency working there is a need to integrate different staff teams. Successful practice seems to involve a relaxation of professional boundaries and the development of a non-judgemental but highly professional and principled environment. There is a need for a less compartmentalised mentality. This links to the need for good communication and shared understanding of one another's roles, which training can help to facilitate. A commitment to a sense of 'team' can have beneficial effects as it can help in fostering good teamwork between professionals, and a climate of cooperation. An emphasis on team building works if all practitioners are striving for an holistic service delivery free from professional jealousies. Also a mechanism for effective communication that uses a common language and keeps professional jargon to a minimum seems to lead to successful practice. This idea of a common language can help in team identification, and can help lead to shared understanding of roles and relaxation of professional boundaries. An emphasis on monitoring and evaluating – and acting on the findings of any such monitoring – is clearly part of building and maintaining good integrated provision.

*Well focused training opportunities for staff, leaders and managers:*

It has been emphasised that good communication is a very important factor when integrated multi-agency working is needed, and training helps in developing good communication skills. Training also helps in sharing understanding of the roles of all those working within a centre,



as well as making staff more confident, giving them new opportunities and helping staff to feel valued and supported. A well-planned and comprehensive training programme for all staff is an essential part of what makes for successful integrated practice. Leaders and managers benefit from joint training programmes too, as they can share good practice and gain support from other leaders and managers. There is a crucial need for effective and specialist leadership and management training for heads of integrated centres. One way of sustaining a climate of well being and a culture of trust between staff is to give them time to interact, and to learn about one another and each other's roles. This can best be achieved by having staff development time.

*A clear focus on quality improvement and assurance*

All Centres are monitored by OfSTED but best practice, which Early Excellence Centres were selected to exemplify, should go beyond minimal standards. Successful integrated practice means good quality provision, and quality is helped by Centres embracing quality improvement and assurance procedures that ensure ongoing review and improvement. Other practical means of achieving quality include having a clear staff induction programme, a focus on practice and organisational improvement and thorough staff review procedures. The importance of real world, practitioner research and evaluation which helps to develop innovative, evidenced based practice is emphasised.

*A responsive and flexible approach to local community needs:*

It is clear that successful integrated centres focus on responding flexibly to the needs of the local community. All communities have a different make up which generates different needs. For example, those Centres based in rural areas, those in inner city areas, those with a large ethnic minority population, and those with a diverse mix of communities will require an individualised response from centres. There is a clear need for integrated centres to have the flexibility and autonomy to address the needs of their particular communities.

*Appropriate accommodation, buildings and resources:*

The actual layout of buildings and the physical structure of an integrated centre are important when considering what works. Successful integration requires common, shared facilities to aid communication and foster identity. There is a need to deliver a comfortable and secure working environment. Some Centres that have a 'campus' design can find that communication is harder than if the provision is all under one roof. A clear induction programme for users, staff and site managers seems to be a way of integrating centres with a 'campus' design. However, the evaluation evidence indicates that a 'network' form of integrated services appears even harder to integrate effectively.

*A strategy for monitoring and evaluating services and identifying ongoing challenges:*

Achieving a high quality integrated service that serves the needs of all children and families remains a challenge and the EECs continue to work on this goal. Issues identified by the EECs as particularly challenging throughout their development process include:

- *Achieving inclusiveness and equality of access:* Inclusiveness and equality of access are both important aims for an integrated centre, and there is a strong emphasis on these issues and on anti-discriminatory practice within the pilot EECs. A policy emphasising inclusion is clearly important in all centres, but achieving inclusiveness is something many are still working at. There is a need for more research on this issue to begin to tease out how centres go about achieving inclusiveness, and how far inclusiveness is being achieved.



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- **Communication:** A main inhibitor is poor communication within a centre. Members of staff report problems when they do not know what is happening, when they do not have sufficient staff meetings to disseminate information, and when they are not kept up-to-date with changes.
  
- **Staff morale:** High staff morale leads to successful integrated practice, and consequently poor morale inhibits this. Centre staff need to be flexible, to have many different skills and be willing to cope with whatever is demanded of them. For this to happen staff morale needs to be high. However, the factors that inhibit high staff morale, include uncertainty of staff about their role(s), when confidentiality is not maintained, when there are unhappy people working at a centre, when other staff are inflexible and difficult, when there is inconsistent behaviour, and where there is gossip and manipulation within the centre. These sorts of factors need to be challenged by leaders, managers and supervisors, and good communication systems, a clear staff review and supervision system, and shared understanding of roles - which can be achieved through training - are ways in which they can be avoided.
  
- **Staffing and funding issues:** Poor pay and conditions of employment are seen as inhibitors to successful integration, as is the lack of attention paid to retention and recruitment of quality staff. Recruitment and retention of staff is not helped by the funding situation where this is varied, partial and not sustainable. With insecurity over funding comes a focus on short-term contracts for staff, and this gives staff a feeling of insecurity. In this climate it is not surprising that retaining staff can be a problem. Also when staff are seconded in they may experience split loyalties, and this can make it more difficult to break down professional barriers.

**Concluding comments:** The evaluation shows that EEC pilot programme has made a valuable contribution to the achievement of key objectives for the UK Government. It also shows that the EECs have the potential to play an active and unique part in the realisation of the government vision for early years and childcare services in England. The national network of EECs in England is well established and, along with other government programmes, could usefully continue to inform the development of the new programme of universal Children's Centres and Extended Schools which are being developed across England, acting to safeguard and promote quality across the sector and to ensure effective management and leadership practice within newly designated integrated centres. The evaluation evidence demonstrates that the EECs, and their committed, well trained, reflective and articulate management and staff teams, have acted as effective advocates for the sector, acting as an axis for transformation and improvement across the national early years and childcare landscape.



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