Building on the Best:

an outcomes-based approach for children's centres in Suffolk

Rt Hon Frank Field MP

Naomi Eisenstadt CB

Isaac Stanley

December 2014

Contents

Summary

We were asked in June, and then commissioned in September 2014, to report on how best to build on the success the County Council has already achieved with its spread of children's centres. The context in which we were invited to carry out this report was the consultation on the future of children's centres in Suffolk, opened by the county council in July. The County Council is committed to continuing to deliver high quality, effective children's centre services to families across the county. But like other councils across the country, it has to make significant savings over the next three years at least.

The County Council has consulted on proposals to review its children's centres services and, as part of that, to look at the number of children's centres operated. We feel strongly that the fundamental question for the council's review is not how many buildings stay open or are amalgamated, but how to organise children's centres in order to achieve the best possible outcomes. Social class should not be allowed to dictate a child's life chances; how can social class be trumped as a determining factor? Here we offer the beginnings of strategy that will help children's centres to play a decisive role in improving the life chances of disadvantaged children.

Our major recommendation is that the County Council adopts as single, overarching goal for Suffolk's children's centres: **to ensure school readiness for all children.** School readiness is to be defined broadly, as consisting of:

- Good child development (cognitive, social and physical)
- Good parenting capabilities
- Good parental wellbeing (skills, employment, mental wellbeing)

In this report we provide a set of outcomes which must be achieved if school readiness is to be ensured. The achievement of these outcomes must be the focus of all children's centres, and will provide the basis for their assessment. We also make clear the steps, in terms of data use and other operational aspects, that must be taken in order to achieve these outcomes.

Ensuring school readiness is fundamental. A weight of research shows that by the time children enter reception, their rates of cognitive, social and physical development vary strongly in proportion to income. While schools improve the abilities of all children, they are often unsuccessful in narrowing these class-based differences. The County Council's early years strategy - which is broader than simply its children's centre strategy and involves a variety of stakeholders including early years and childhood providers in the PVI sector, health services, social care and primary school practitioners - should be focused on this single goal, with the aim, over time, of ensuring that poorer children are better equipped to start school successfully.

We expect that this strategy will help schools to begin to close class differences in ability, and so have a marked impact on the results all young people have when they leave school. While it's crucial for the future of the country that the brightest children achieve highly, it is equally important that our schools cease to produce pupils whose chance of finding a job in the present labour market are pitifully slim.

We have proposed, if the County Council wishes, to make a further, more detailed report on the menu of recommended interventions that will be required in order to achieve the outcomes we recommend here. In this report, we focus on the outcomes framework and operational and data-collection practices required to achieve them.

1. Introduction

At a time when it is faced with tough budgetary cuts, Suffolk County Council would anyway have needed to carry out a review of the services offered by its children's centres. However, the County Council's leadership is determined to turn this crisis to an advantage, and seize this moment to bring about a significant change to the way Early Years services are approached in the County. The overall vision of the education leadership in the county council is to take Suffolk towards the top of the educational league tables. This is the background against which we accepted the invitation to review children's centre services and make recommendations.

We visited nine centres in contrasting rural and urban areas across the county. We had the opportunity to speak with council officers, children's centre staff, nurses and parents. We also examined data from across the County which the team at Children and Young People's services helpfully provided.

Findings

It was clear from our visits that Children's Centres are much-valued institutions in Suffolk. Staff are dedicated, proud of their work, and confident they are making a difference to both children and families. In visits to children's centres across the county, we met practitioners with inspiring commitment and vision. However, we did identify areas that required action – incidentally similar to those that require attention for children's centres across the country:

- Children's Centres are not working with a clear overarching goal or set of defined outcomes.
- Despite excellent recent progress on EYFSP results, a substantial poverty-related achievement gap persists - this is the case across the country as well as in Suffolk.
- Children's Centres do not always select interventions on the basis of a quantitative picture of local needs. Children's Centres do not systematically collect certain key data, and other agencies (notably health) do not systematically share data which would enable the building up of such a quantitative picture.

An outcomes-based approach

In order to address these issues with a single initiative, we propose a reinvigorated approach for children's centres in Suffolk: an approach based on outcomes. This is a way of drawing on the innovative work already being done in children's centres in different parts of Suffolk, and organising it so that children and families across the county can benefit.

We believe the overarching goal to which the county council should commit itself for children's centres should be **to ensure school readiness for all children**.

We do not, however, define school readiness in a limited and brittle manner. A weight of research shows that better outcomes by the time a child starts school (as well as later on in education) are driven by a range of factors, which demand a broad understanding of what "school readiness" requires. The evidence shows that school readiness can only be ensured, and continual improvement sustained, if three broad outcomes are achieved:

- Good child development (cognitive, social and physical)

- Good parenting capabilities
- Good parental wellbeing (skills, employment, mental wellbeing)

There is now a wealth of evidence which details why achieving good outcomes in these three areas – i.e. improving school readiness - is a key factor in improving life chances, particularly for poorer children.[1] This research shows that the differences in cognitive, social and physical development, which are so apparent when children begin school, are not narrowed by the 12 - 15 following years of education. Indeed, if anything, these class based differences widen. Of course, investment in the early years cannot be a substitute for good primary and secondary education – every link in the chain is crucial. We believe that a children's centre strategy directed towards improving school readiness, providing that is backed up by the work of partners in the PVI sector, and followed up by strong primary and secondary education, will itself begin to affect the performance of Suffolk's Schools and the take the county from an average to a well above average position in the league tables.

The achievement of all three of these outcomes, then, is crucial if school readiness is to be improved across the county. But the fact that all these outcomes must be achieved does not mean children's centres are obliged to offer every single appropriate intervention – this would be practically impossible. Nor does it mean that the exact programme offered by each children's centre is to be centrally determined by a Council document. Children's centres have a great deal of local expertise and must of course be given the space to make choices about which interventions to offer; the advantage of the outcomes framework proposed here is that it provides an evidence-based rationale for making these choices. If the same rationale is shared across all centres, the County Council can delegate decision making to centre-level safe in the knowledge that the protocols necessary for achieving school readiness across the county are already in place.

We firmly believe that the implementation of the outcomes-based approach we suggest could have a major positive impact on children's centre in Suffolk, in bringing more clarity and rigour to the way services are delivered. The transformative potential of an outcomes-based approach for those disadvantaged children who are slipping through the fingers of the more haphazard system currently in place is particularly important to recognise. We feel it is worth highlighting this, as, in times of service-review, amalgamation and cuts, it can sometimes become difficult to see the wood for the trees. The desire to save every children's centre from closure - regardless of how poorly it is located or attended - for the benefit of those vulnerable families that do use them, is compassionate and laudable. But this desire should not become a barrier to undertaking a more sweeping changes which would ensure that vulnerable families *across* Suffolk receive the support they need – rather than simply that which their local centre happens to offer. It would be better to have fewer children's centres, located in areas that data shows to be the most deprived and systematically addressing outcomes in the way we suggest, than to have more centres which are not optimally located and which do not employ an outcomes-based approach.

The outcomes approach we suggest has been developed largely by the Institute of Health Equity at University College London. It has not yet been tested in children's centres, but is based on rigorous research evidence. For children's centres effectively to carry out this approach will require cooperation and collaboration from a number of agencies within Suffolk. It is incumbent on the County Council to ensure systems are in place to ensure the information sharing and data analysis critical for the success of this approach. Our key recommendation is about achieving clarity of purpose, and for systems to measure progress towards that purpose.

The rest of our report sets out our findings and recommendations and expands on them in more detail. In chapter 2 we provide some historical perspective and consider the changing objectives the Sure Start project, before providing an outline of the current state of play of children's centres in Suffolk in chapter 3. In chapter 4,

[1] See Field, F. *The Foundation Years: preventing poor children becoming poor adults* (2010),; UCL Institute of Health Equity *An Equal Start: Improving outcomes in Children's Centres* (2012)

we outline in more detail our key recommendation – an outcomes based approach. Finally, in chapter 6, we set out requirements interventions, and for data collection and sharing, both for children's centres and for other bodies. We also make recommendations on various 'operational' aspects that would be required, in our view, for children's centres to achieve the outcomes we have proposed, and also touch briefly on requirements in terms of interventions.

2. Life before Sure Start, and since

2.1 Before Sure Start

The policy background to Sure Start Children's Centres can be traced back to the early seventies. Local authorities had been running specialist centres for families under social service department supervision. These family centres provided intensive support for families known to be at high risk, often on the child protection register and of significant concern to social services. In the early seventies, the larger children's charities started to run community based family centres, normally based in poor neighbourhoods; hence, although open to all in the locality, they tended to serve low income families. Children's centres grew out of an era when services for young children were provided mainly by local government or the voluntary sector, with central government providing basic regulation on services but having no requirements for delivery.

From the outset there was a tension over these programmes' objectives. Was the main aim to support parents with the assumption that this would lead to longer term improved outcomes for children, or was it specifically to improve the social and cognitive development of children? Arguably, the question has remained unanswered to this day, and an important part of this report will be to provide a framework which reconciles these two important outcomes.

2.2 The Birth of Sure Start

In 1997, the Labour Government came to power with a commitment to provide free nursery education for all four year olds within the first Parliament, and a commitment to set a date for the delivery of free nursery education for all three year olds. They were also committed to developing a pilot programme of Early Excellence Centres. The expansion of childcare was a major commitment sitting alongside the various welfare to work policies. It was clear that getting lone parents into employment was unlikely to happen without a rapid expansion of affordable childcare.

The Government also became increasingly concerned about child poverty. In 1998 a major review was carried out and a new programme entitled Sure Start was developed, which was aimed at families with under fours living in disadvantaged areas. Sure Start was seen as 'key to the Government's drive to prevent social exclusion, raise educational standards, reduce health inequalities and promote opportunity'. The specific aims identified in the review were: 'to work with parents and children to promote the physical, intellectual, social and emotional development of children, particularly those who are disadvantaged, to make sure they are ready to thrive when they get to school.'

This goal was to be achieved through the objectives of 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. These ambitious objectives still form the basis for service delivery in children's centres, the successive policy to Sure Start.

2.3 From targeted to universal service

The next big shift in Sure Start policy, and the one that would have the most significant impact on children's centres as currently configured, occurred towards the end of 2004 and marked the end of Sure Start as a policy aimed particularly at poor areas. It promised Sure Start Children's Centres in every community offering a range of parenting support services as well as directly provided childcare or easy access to childcare.

Sure Start Children's Centres were rolled out in three phases across England. All children's centres were required to deliver:

- information and advice to parents on looking after babies and young children and the availability of local services such as childcare;
- drop-in sessions and activities for parents, carers and children;
- outreach and family support services, including visits to all families within two months of a child's birth;
- child and family health services, including access to specialist services for those who need them;
- links with Jobcentre Plus for training and employment advice; and
- support for local child-minders and a child-minding network.

Children's centres serving the 30 per cent most deprived communities would in addition offer integrated early education and childcare places for a minimum of five days a week, 10 hours a day, 48 weeks a year.

2.4 Recent developments

The Coalition Government in 2010 began a rethink of the role of children's centres, and in particular, a desire to ensure that the most disadvantaged families would get the most support from the centres. In July 2011, a new core purpose for children's centres was set out as part of a government reform of early learning. 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 services to remain universal and those which should target the most disadvantaged families.

Two changes in particular distinguish the current Government's thinking on children's centres from the earlier model. Soon after being elected, the Government commissioned four studies on support for children before the age of five. The report the Prime Minister requested on 'The Foundation Years: preventing poor children becoming poor adults' emphasised the importance of linking budgets to child outcomes, and the importance of school readiness. Relevant to the sharper focus on child outcomes, the new Government became interested in ensuring that children's centres increase their use of evidence-based programmes, guided by manuals, which have been subject to rigorous evaluation.

This background raises a number of key questions for our report on Suffolk County Council's children's centres. They are:

- What do children's centres in Suffolk understand to be their core objective?
- On what basis do children's centres in Suffolk determine local needs?
- How should 'school readiness' be understood, and what is its relationship with the variety of objectives Sure Start has been associated with in its short, but eventful, life course?

We now turn to our findings and recommendations.

3. Children's Centres in Suffolk: a current picture

Introduction

Children's Centres are much-valued institutions in Suffolk. They offer some evidence based programmes, a mix of open access and targeted services, and a mix of on-site and home based support. They take referrals from other agencies as well as self-referrals. Staff are dedicated, proud of their work, and confident they are making a difference to both children and families. In visits to children's centres across the county, we met practitioners with inspiring commitment and vision.

We also identified a number of areas that require attention - but these are common to most children's centres around the country. In this section we provide an outline of these areas.

3.1 A clear, overarching goal

In the course of our visits, we were struck that Centre leaders and practitioners answered the question of what was the overall *goal* of their work in variety of different ways. Different answers included ' improving relationships between parent and child', 'preparation for employment', 'support from the very earliest stages of life.' These goals are not inconsistent, but they do reflect the national problem facing children's centres as to agreement on core purpose.

We have already commented on how central government has failed to set a central objective for children's centres and hold to this course. Centre leaders and practitioners have handled this situation admirably and with entrepreneurial flair, creatively responding to local needs as they assess them. However, the result is a general uncertainty about the evenness of services across the county, in terms of the type of work being done, and who is being reached.

3.2 The poverty-related achievement gap in EYFSP results

Excellent progress has recently been made on improving Early Years Foundation Stage Profile (EYFSP) results in Suffolk. As can be seen in figure 1, 10% more children achieved a "good level of development" (GLD) as measured by the EYFS in 2014 than in 2013. The same period saw a substantial rise in numbers of children achieving GLD across England, but Suffolk's improvement of 10 percentage points compares favourably with the national improvement of 8 percentage points.

Fig 1: Table showing percentage of children achieving Good Level of Development in Suffolk and England

• ALL	2013	2014	Difference
ENGLAND	52	60	**8**
SUFFOLK	49	59	**10**
GAP	3	**1**	2

Of particular interest to us is not only the question of overall achievement, but the question of the poverty-related achievement gap. Figure 2, taken from the County Council's digest of Suffolk's 2014 EYFSP results shows

a gap between free school meals and non-free school meals pupils on every score. Encouragingly, as we can see in figure 3, , the poverty-related achievement gap decreased for all 17 Early Learning Goals (ELGs) which make up the EYFSP assessment between 2013 and 2014.

However, the degree of decrease in the poverty-related achievement gap varies considerably from one Early Learning Goal to another. For example, if we take results on "exploring media and materials", the achievement gap between free-school meals (FSM) and non FSM pupils has decreased from 11.8% in 2013 to 7.6% in 2014. On the other hand, for several key areas - notably reading and writing ability, ease in using numbers, and likewise knowledge of shapes, space and measures - the decrease has been modest, and the achievement gap between FSM and non-FSM remains stubbornly high.

Whilst 77.7% of Suffolk non FSM children reach the expected or exceed the desired ability levels in reading, only 59% of poorer children match those successes. This represents a narrowing in the poverty-related achievement gap of only 1.2 percentage points since 2013. For writing the relevant figures are 70.1% and 51.8%, representing a narrowing of just 1.9 percentage points since 2013. For numbers the relevant data are 77.1% compared with 59.8% (gap narrowed by 0.4 percentage points), and on shapes, spaces and measures the differences recorded come in at 82.4% compared with 66.3% (gap narrowed by 1.8 percentage points).

We do not wish to suggest that Suffolk suffers from a particularly acute poverty related achievement gap compared to other regions of the country. It should be noted that when we look at the percentage of FSM and non FSM pupils achieving a good level of development for all Early Learning Goals (see figure 4), the poverty related achievement gap in Suffolk is 18 percentage points, and thus slightly less than the poverty related achievement gap for England as whole, which is 19 percentage points. Nor do we want to undermine the important progress that has been made. Rather, we have discussed this data because it seems to highlight the particular difficult of closing the poverty-related achievement gap for core cognitive skills that play such an important role in a child's educational experience and life chances. It highlights a need to reach more effectively the most deprived families that is common to children's centres *across* the country.

Fig 2: from Poverty-related EYFSP achievement gap (from 'Suffolk EYFSP Results 2014')

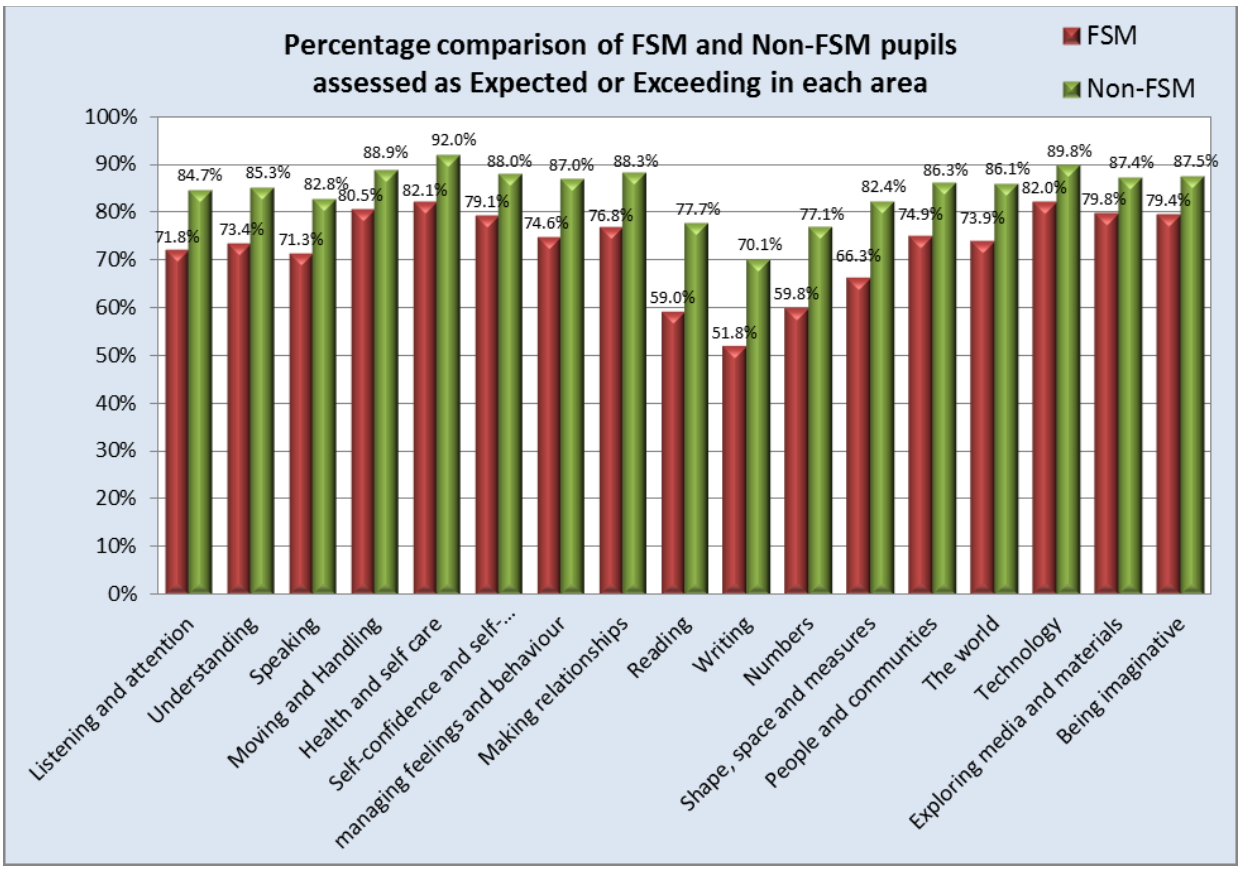
Percentage comparison of FSM and Non-FSM pupils assessed as Expected or Exceeding in each area
FSM
Non-FSM
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
71.8%
84.7%
73.4%
85.3%
71.3%
82.8%
80.5%
88.9%
82.1%
92.0%
79.1%
88.0%
74.6%
87.0%
76.8%
88.3%
59.0%
77.7%
51.8%
70.1%
59.8%
77.1%
66.3%
82.4%
74.9%
86.3%
73.9%
86.1%
82.0%
89.8%
79.8%
87.4%
79.4%
87.5%
Listening and attention
Understanding
Speaking
Moving and Handling
Health and self care
Self-confidence and self-...
managing feelings and behaviour
Making relationships
Reading
Writing
Numbers
Shape, space and measures
People and communties
The world
Technology
Exploring media and materials
Being imaginative

Fig 3: Poverty related-achievement gap in Percentage points, by Early Learning Goal

Early Learning Goal	2013	2014	Difference
Listening and attention	14.5%	12.8%	-1.7%
Understanding	13.9%	11.9%	-1.9%
Speaking	15.5%	11.6%	-3.9%
Moving and Handling	12.0%	8.4%	-3.6%
Health and self-care	13.4%	9.9%	-3.5%
Self-confidence and self-awareness	12.5%	8.9%	-3.6%
Managing feelings and behaviour	14.3%	12.4%	-1.9%
Making relationships	12.8%	11.5%	-1.4%
Reading	19.9%	18.7%	-1.2%
Writing	20.3%	18.3%	-1.9%
Numbers	17.8%	17.3%	-0.4%
Shape, space and measures	17.9%	16.1%	-1.8%
People and communities	15.0%	11.3%	-3.6%
The world	16.2%	12.2%	-4.0%
Technology	11.9%	7.8%	-4.1%
Exploring media and materials	11.8%	7.6%	-4.2%
Being imaginative	11.0%	8.1%	-2.9%

Fig 4: Achievement of GLD by FSM and non FSM pupils, 2014

Pupils eligible for FSM				All other pupils		
	Number of eligible children	% achieving expected level in ALL ELGs		Number of eligible children	% achieving expected level in ALL ELGs	
ENGLAND	112,697	42			528,634	61
SUFFOLK	1,248	42			6,742	60

3.3 Data use and collection

The County Council collects a considerable amount of data – the EYFSP results, for example. However, we found it difficult to interpret these data for the purposes of evaluating the work of children's centres.

While Children's Centres in Suffolk offer a range of impressive interventions, centres do not always appear to select the interventions they offer on the basis of a quantitative picture of needs in a given reach-area. The building-up of such a quantitative picture of local needs is, furthermore, made difficult by the fact that Children's Centres do not systematically collect certain data, and other agencies, notably health services and primary schools, do not systematically share certain data with them. This appears to be the case despite Suffolk CYP services employing an Integrated Service Delivery model, which seeks to promote a high degree of integration between health, education and social services.

It is to be noted that limited collection of or access to certain data also prevents children's centres having a clearer idea of what impact they are having.

3.4 Staff Qualifications

We have already commented on the commitment of those staff who we met. A number of Children Centre managers we met showed huge enthusiasm for their work as well as demonstrating a not inconsiderable range of entrepreneurial skills. Having leaders who readily engage, and understand the local areas, is crucial to success of the reform programme that we propose here. A weight of research has demonstrated the positive impact of graduate-led services for the quality of early-years education that children receive, and the benefits of practitioners having at least level 3 qualifications. It is pleasing to note that all children's centre managers in Suffolk are required to hold at least a degree level or equivalent qualification - with many having gained the specialist NPQICL (National Professional Qualification in Integrated Centre Leadership) – and that all practitioners are qualified to at least level 3 and often level 4.

3.5 Child safeguarding

It is clear from talking with staff that their work in child safeguarding is not only emotionally draining to deliver, but is also often immensely time-consuming to carry out.

4. A New Start based on outcomes

Introduction

In the last section, we outlined a number of key areas that require attention by Children's Centres:

- Children's centres are not working with a clear overarching goal or set of defined outcomes
- Despite recent improvements, a stubborn poverty-based achievement gap in EYFSP results remains, and is particularly pronounced in key areas such as reading, writing, numbers and shapes
- Children's centres do not always select interventions on the basis of a quantitative picture of local needs. Children's centres do not systematically collect certain data, and other agencies (notably health) do not systematically share certain data which would enable the building up of such a quantitative picture.
- Limited collection of, or access to, certain data also prevents children's centres having a clearer idea of what *impact* they are having.

In order to address these issues, we propose a new approach for children's centres in Suffolk: an approach based on outcomes. This is a way of drawing on the innovative work already being done in children's centres in different parts of Suffolk, and organising more rigorously so that children and families across the county can benefit.

4.1 An outcomes-based approach

We believe the overarching goal to which the county council should commit itself for children's centres should be **to ensure school readiness for all children.** This goal can clearly only be achieved in collaboration with other key partners, notably early years and childcare providers in the PVI sectors, health services and social care.

We do not, however, define school readiness in a limited and brittle manner. A weight of research shows that better outcomes by the time a child starts school (as well as later on in education) are driven by a range of factors, which demand a broad understanding of what 'school readiness' requires. The evidence shows that school readiness can only be ensured, and continual improvement sustained, if three broad outcomes are achieved:

- Good child development (cognitive, social and physical)
- Good parenting capabilities

- Good parental wellbeing (skills, employment, mental wellbeing)

There is now a wealth of evidence which details why achieving good outcomes in these three areas – i.e. improving school readiness - is a key factor, if not the key factor in improving life chances, particularly for poorer children.[2] This research shows that the differences in cognitive, social and physical development which are so apparent when children begin school, and which are closely correlated with income and mental health, are not narrowed by the 13 following years of education. Indeed, if anything, these class based differences, widen. We believe that a strategy of improving school readiness will itself begin to affect the performance of Suffolk's Schools and the take the county to a well above average position in the league tables.

The achievement of the three broad outcomes listed – good child development, good parenting capabilities, and good parent wellbeing - depends on the achievement of 8 sub-outcomes, which in turn depends on the achievement of 18 specific outcomes, detailed below in section 5.2.[3] These outcomes are to be considered essential for *all* Children's Centres*,* and the assessment of Children's Centres should accordingly be based on the achievement of these outcomes. Crucially however, "achievement" should be defined, at minimum, as **the attainment of an appropriate level by a certain proportion of reach-area families** (as indicated by local data). The appropriate level will be defined distinctively in terms of each outcome, and the satisfactory proportion of reach-area families will be set by reference to data from other economically comparable regions of the country. It is only when local data indicates that a certain proportion of families in a reach-area are falling *below* a satisfactory level that the "achievement" of an outcome will be defined as **an increase in the number of families attaining an appropriate level.**[4]

This definition of outcomes is important, because it means that intervention by children's centres in a given area is only a requirement when local need exceeds a certain threshold. Children's centres, as we have stressed, carry out extremely challenging and sensitive work on limited budget, and they will never be able to offer the entire range of interventions that would be desirable. Children's centres have a great deal of local expertise and must of course be given the space to make choices about which interventions to offer; the advantage of the outcomes framework proposed here is that it provides an evidence-based *rationale* for making these choices. If the same rationale is shared across all centres, the County Council can delegate decision making to centre-level safe in the knowledge that the protocols necessary for achieving school readiness *across the county* are already in place.

It is to be noted that the approach we have just outlined contrasts somewhat with the current Ofsted assessment framework for children's centres, which emphasises the measurement of processes rather than the direct measurement of outcomes. We appreciate the great weight that Ofsted reports carry in making or breaking the reputation of children's centres - clearly it would be unreasonable to expect children's centres to disregard the bases Ofsted requires them to cover in the name of the new approach we have outlined. However, we do believe that over time that a move to an outcomes-based approach is essential for improving results for Suffolk's

[2] See Field, F., *The Foundation Years: preventing poor children becoming poor adults,* (2010) ; UCL Institute of Health Equity *An Equal Start: Improving outcomes in Children's Centres* (2012)

[3] These outcomes are partly inspired the recommendations of the Institute of Health Equity's 2014 report *Measuring What Matters: A Guide for Children's Centres,* and partly inspired by the findings of analyses commissioned for Frank Field's 2010 review of Poverty and Life Chances.

[4] [Local data does not exist to indicate on all the specific outcomes, so proxy indicators may be necessary - this will be detailed in Appendix B].

families. We hope that the County Council will join us in lobbying Ofsted to improve their assessment framework so that outcomes rather than processes become the focus of measurement, with Suffolk held up as an example of good outcomes-based practice.

Of course, a framework of outcomes is only useful if it includes a clear sense of what is required to achieve them. Each of these has implications in terms of:

- The interventions which children's centres need to offer
- data collection by children's centres
- data collection and sharing by other bodies (e.g. health services)
- Operational requirements for children's centres
- Operational requirements for *other* bodies in Suffolk (e.g. primary schools)

These are set out in chapters 5. In the remainder of chapter 4, we set out in more detail the sub-outcomes and specific outcomes which make up the broad outcomes we have defined, and set out some guidelines for their assessment and measurement (detailed in appendix B).

4.2 Broad outcomes, sub-outcomes and specific outcomes

As stated above, a weight of evidence suggests that ensuring school readiness for all children requires the achievement of three broad outcomes by Children's Centres:

- Good child development
- Good parenting capabilities
- Good parental wellbeing

In this section, we set out the sub-outcomes and specific outcomes which add up to the achievement of each of these broad outcomes. The question of how the achievement of these outcomes is to be assessed and measured is addressed in section 4.3 and appendix B.

4.2.1 Good child development

The first broad outcome necessary to ensure school readiness is the achievement of good child development. This is currently the area most closely associated with the term "school readiness", and forms the basis of the EYFS curriculum which informs all age 0 – end of Reception practice. Good child development requires the achievement of 3 sub outcomes:

- Good cognitive development
- Good social development
- Good physical development

Each of these sub-outcomes depends in turn on the achievement of two to three specific outcomes as set out in the table below:

Broad outcome	Sub-outcome	Specific outcome
1.Good child development	I. Cognitive development	1. Children paying attention to activities and people
		2. Age appropriate language comprehension
		3. Age appropriate language use
	II. Social development	4. Age appropriate play
		5. Age appropriate self-management and self-control
	III. Physical development	6. Age-appropriate Body Mass Index

4.2.2 **Good parenting capabilities**

Although good child development by the age of entry in reception is crucial to ensure that disadvantaged children are not left behind early on, research shows that a key driver for the achievement of good outcomes by the *end* of reception (and by the end of secondary education) is the presence of **good parenting capabilities**. The same research points to three sub-outcomes that would constitute the achievement of good parenting:

- Good parental health behaviour
- Strong Parental warmth and sensitivity
- Good home learning environment

Each of these sub-outcomes depends in turn on the achievement of two to three specific outcomes as set out in the table below:

Broad outcome	Sub-outcome	Specific outcome
2. Good parenting	IV. Good parental health behaviour	7.Mothers not exposed to tobacco smoke during pregnancy
		8. Mothers breastfeed
	V. Strong parental warmth and sensitivity	9.Parents regularly engaging positively with children
		10.Good parental responsiveness and secure parent-child attachment
		11.Parents effectively setting and reinforcing boundaries

	VI. Good Home learning environment	12. Parents regularly talking to child using wide range of words and sentence structures, including songs, poems and rhymes
		13.Parents reading to child daily

4.2.3 **Good parental wellbeing**

Achieving what we call here good parental wellbeing is already an important part of the work of many Children's Centres in Suffolk. However, it is not an area which features prominently in current assessments of Children's Centres. Having considered the evidence, we believe that achieving good parental wellbeing must be considered equally important for achieving school readiness as good child development and good parenting. Implicit here is a recognition that family life will, whether we like it or not, play a major role in a child's educational experience. It is not only a child that must be school ready, but, in some sense, the child's parents. There are two key sub-outcomes necessary to achieve good parental well-being:

- Good parental mental health and wellbeing, which can be greatly advanced by:
- Parents accessing employment and skills (key routes to financial security)

Each of these sub-outcomes depends in turn on the achievement of two to three specific outcomes as set out in the table below:

3. Good parental well-being	VII. Good parental mental health and wellbeing	14.Parents have good mental wellbeing
		15.Parents experiencing lower levels of stress in homes and in lives
		16.Parents receive good levels of support from friends and/or family
	VIII. Parents accessing employment and skills	17.Parents are accessing good work or developing skills needed for employment, particularly those far furthest from labour market
		18.Parents improving their basic skills, particularly in literacy and numeracy

4.3 Assessment and Indicators

As we have stated, the achievement of all of these outcomes is to be considered to be considered essential for all Children's Centres, and the assessment of Children's Centres will accordingly be based on the achievement of these outcomes. However, as we have specified, 'achievement' should be defined, at minimum, as the attainment of a satisfactory level by a certain proportion of reach-area families (as indicated by local data). It is only when local data indicates that a certain proportion of families in a reach-area are falling below a satisfactory level that the 'achievement' of an outcome will be defined as an increase in the number of families achieving a satisfactory level.

Appropriate Indicators are thus needed to assess two things here: 1) local need for intervention in a given outcome and 2) the impact a children's centre is having on that outcome. Ideally, for the sake of simplicity, indicators of need and children's centre impact for a given outcome should use consistent data. For example, the percentage of mother's breastfeeding in a given-reach area, as revealed by health service data, will indicate the level of local need for intervention in this domain. If the percentage of women breastfeeding in the reach area has risen since the previous year, this would indicate children's centre having a positive impact in contributing to the achievement of a key outcome.

In some cases, however, it may be that indicators of need are inappropriate as indicators of positive impact by children's centres – for example DWP figures on unemployment in a given reach area might provide a good indicator of local need for employment-related intervention with parents, but be inappropriate as indicators of the impact of children's centres. A 'softer' indicator, such as an increase in the proportion of the number of families engaging with a centre who are completing 'work readiness' programmes, may be more appropriate.

Our subsequent report, should the County Council wish us to produce it, will contain more details on exactly which indicators of need and impact should be employed. In this report, we offer a set of provisional indicators, detailed in appendix B. All these indicators have been selected for their ease of use, since it is important that data collection does not become too overbearing a task for busy practitioners. We would warmly welcome the opportunity to organise a seminar with children's centre leaders to discuss further the question of indicators, to help identify the indicators which would be most useful for practitioners.

Using indicators to assess need and impact in the way we propose will, in some cases, require children's centres to collect data that they are not currently collecting. In other cases measurements will depend on data collected by other bodies, which implies a need for these bodies to systematically share data. These requirements are set out in more detail in chapter 5.

5. Intervention, data use and operational requirements

Introduction

As we have just indicated, an outcomes framework is of no use without clear guidance on what it would take to achieve them. There are three key sets of requirements for Children's Centres and other bodies necessary to achieve the outcomes we have proposed:

1) Intervention requirements (appropriate interventions)
2) Data collection and sharing requirements
3) Operational requirements (a well-oiled system which allows practitioners the space and support to do what they do best)

5.1 Intervention requirements

Clearly, there is little hope of achieving a given outcome without employing an appropriate, tried-and-tested intervention. The Early Intervention Foundation is currently the organisation in the UK charged with providing information and guidance on 'what works', for interventions at different stages. Their expertise may be useful in establishing an approved menu of appropriate interventions for use by children's centres in Suffolk.

However, the sharing of experience and expertise accumulated by practitioners themselves, in Suffolk and beyond, should also play an important part in creating this menu. The Centre of Excellence which we propose later in this chapter (see section 5.2.3) would be able to provide a reference point and source of guidance for children's centres throughout the county in the processes of selecting and implementing interventions.

5.2 Data use and collection

The final set of key requirements we outline here relate to data use and collection. We have already indicated that although children's centres in Suffolk offer a range of impressive interventions, Centres do not appear to select the interventions they offer on the basis of a quantitative picture of needs in their own reach-area. The building-up of such a quantitative picture of local needs is, furthermore, made difficult by the fact that Children's Centres do not systematically collect certain data, and other agencies, notably health services and primary schools, do not systematically share certain data with them. This appears to be the case despite Suffolk CYP's model of integrated service delivery.

In order to set intervention priorities which meet real local needs, it is vital to change data practices. It is thus important to be clear what data is collected *for*. At the same time, it is important to clear and specific about precisely what the data collection responsibilities of *children's centres* should be, and precisely what the responsibilities of other bodies should be.

As we mentioned in our discussion of indicators (section 4.3) data has two precise uses for children's centres. Firstly, it provides indicators of needs in a given reach area, in order to plan services. Secondly, it provides indicators of the impact of children's centres, measured in terms of

improvements in a given outcome. Indicators of need and of performance will ideally use consistent data for the sake of simplicity, (e.g. percentage of mothers breastfeeding in reach area). However, sometimes this may not be appropriate, and indicators of need (e.g. DWP on local unemployment figures) may be different from indicators of impact (e.g. percentage of parents engaging in children's centre completing work readiness programmes). Appendix B provides a full list of proposed indicators, distinguishing indicators of need and indicators of impact.

The second key distinction to be made in relation to data use for children's centres is between data which should be collected by other bodies and systematically *shared* with children's centres, and data which should be collected by children's centres themselves. The full set of data collection requirements for children's centres and for other bodies, grouped by outcome, is set out in appendix C. Here we give some key examples of data which must, as a matter of course, be collected and shared by other agencies, or collected by children's centres, if the right intervention decisions are to be made.

5.2.1 Data to be collected and shared by other bodies

Key data collected by other bodies that must be systematically shared with children's centres includes data on:

- Birth-weight of all babies resident in reach-area, collected by health services (indicator of need)
- Rates of breast-feeding in reach-area, collected by health services (indicator of need and impact)
- Numbers of mothers smoking/exposed to cigarette smoke, in antenatal and postnatal periods, collected by health services, and other key information from a mother's first prenatal scan (indicator of need)
- Home learning environment data in reach area, which will be collected as part of integrated review from 2015 under the rubric of "the child in context"[5] (indicator of need and impact)
- Experiences of post-natal depression in reach area, collected by health services (indicator of need)
- Rates of unemployment, receipt of certain benefits, data from DWP, (indicator of need and impact)

5.2.2 Data to be collected by children's centres

Key data to be systematically collected by children's centres includes data on:

- Highest qualifications of all parents at registration (indicator of need)
- Social support/isolation, measured by multi-dimensional scale of Perceived Social Support (indicator of impact)

[5] Department of Health, *Latest update on the integrated health review*, (10th October 2013) p. 7 – 9 (available at http://www.foundationyears.org.uk/wp-content/uploads/2013/10/Pauline-Watts-Integrated-health-review.pdf)

- Parenting practices, measured by the Keys to Interactive Parenting Scale, (indicator of impact)

5.2.3 Making data manageable

We have stressed that the collection and use of data is the only way to ensure school readiness at reach-area level. However, it is also important, as we have intimated, that data collection does not become such a burden on children's centres that it becomes a hindrance rather than a help. Practitioners are extremely busy, and may not have extensive experience working with large quantities of data.

Suffolk County Council has already started on the planning of an intelligence hub for its early years services. One of the key roles of this hub should be to support children's centres in the process of collecting and interpreting data, or even to centrally coordinate data sharing with other key agencies.

Another important key to a successful use of data will be establishment of an IT database system that makes collecting data and sharing with other agencies as easy and 'automatic' as possible. Such a system should be capable of organising the data in a digestible form, so that the messages it gives about local needs can be made easily legible to practitioners who may not be trained statisticians.

This is of course easier said than done, and will not be easy to establish in a time of limited funding. However, once created, such a system, could be used in an identical way across the county – indeed across the country – and would thus be a very worthwhile investment by the County Council. Alternatively, given how tremendously useful such a system would be across the country if it was well-built, it might be worth seeking external funding to commission.

5.3 Operational requirements

There are a broad range of operational requirements, both for Children's Centres and other organisations under County Council control, which we consider necessary the achievement of the outcomes we have proposed. Here we group them under the broad outcomes they are necessary to achieve.

5.3.1 Operational requirements to achieve good child development

- **Staff Qualifications**

We have already noted that the minimum qualification standard for children's centre leaders in Suffolk is currently level 6, which is pleasing given that a weight of research has demonstrated the positive impact of graduate (i.e. level 6 qualifications) - led services for the quality of early-years education received by children.[6] Most practitioners, though, are less highly qualified, although as a minimum they do hold level 3 qualifications as recommended for practitioners by the Nutbrown review.

[6] Nutbrown, Cathy, *Foundations for Quality: The independent review of early education and childcare qualifications,* (2012)

One way to increase graduate involvement in the work of children's centres still further, and especially the involvement of young graduates, would be through the establishment of a Foundation Years First pilot programme. This will be modelled on Teach First, and would be developed by the Centre of Excellence we propose (see section 5.3.3), hopefully, in collaboration with Teach First. The aim would be to attract more of the most talented graduates into early year's education, and for them to begin sustainable careers in this area. These graduates could potentially work between children's centres and primary schools so that a career path can be developed and managed.

- **The 2, 3 and 4 year-old offer for childcare**

The funding coming into Suffolk to meet the 15 hours a week childcare offer for the poorest 2 year old children, and for all 3 and 4 year old Suffolk children, i.e. the overall place funding for the PVI and maintained sector, amounts to £30.4 million. This sum substantially exceeds the County Council's budget for children's centres, which stands at £7.2 million. We will recommend in a subsequent report, if Suffolk County Council would like us to make one, what moves can be made to ensure that the maximum advantage is gained for Suffolk children, and particularly the poorest children, from this considerable input of tax-payer's money.

Here we will confine our comments to the use of the Early Years Pupil Premium (EYPP), which is due to be implemented across the country in April 2015. This will provide extra funding to early years education providers working with the most disadvantaged children (living in families eligible for free school meals or with involvement in the care system) to early years providers to help them raise the quality of their provision. The projected total allocation for the EYPP in Suffolk is £521,268.[7] In a recent submission to the All Party Parliamentary Group on children's centres,[8] Professor Ted Melhuish recommended that when this money is available to children's centres it should be pooled and used to fund staff training courses, which have been shown to have a strong impact on the quality of early years education children receive.

Clearly, when this funding is being made available to providers in the PVI sectors, it is less easy to centrally coordinate its use. Nevertheless, we recommend that Suffolk County Council work closely with providers in the PVI sectors to develop a common strategy to the use of this funding, for example by centrally organising training programmes which PVI providers could pay for using the EYP monies.

- **Child safeguarding**

We have already noted that the work of children's centre staff in child safeguarding is not only emotionally draining to deliver, but is also often immensely time-consuming to carry out.

A main theme of our report is that Suffolk should move swiftly to a system of children's centres that, while offering a range of universal services, concentrates heavily on the provision of services to the most disadvantaged families.

We appreciate that some of the children in greatest need are to be found in families where child abuse takes place. It is therefore right that children's centres should undertake measures to protect

[7] Department for Education, 'Early years pupil premium allocations for 2015 to 2016,' (October 2014) (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379772/Early_years_pupil_premium_allocations_2015_to_2016.pdf)

[8] 4Children, forthcoming

children where abuse is possibly occurring. Our concern is that children's centres receive the resources and support necessary to adequately carry out this difficult work.

The total budget allotted for child protection should be fairly distributed between children's centres carrying and with other agencies the council uses to meet their statutory duties in this area. Equally importantly, practitioners based in children's centres must receive adequate support for the work they do in child safeguarding.

We are pleased to note that training is available for practitioners, and would like to highlight how important it is that they are fully aware of these opportunities, given that practitioners have not generally benefited from the same level of training as social workers but are nevertheless now expected to contribute to child safeguarding work. We also want to underline the importance of practitioners having regular, ongoing contacts with social services to support them in this work.

5.3.2 Operational requirements to achieve good parental (and child) well being

- **Care/work balance**

Gaining employment can be a proven route out of poverty. However there is very little childcare available anywhere in the country that is better than the vast majority of at-home primary-caregiver care during the first year of a child's life, and this finding probably applies to childcare facilities for children up to the age of two.

This does not mean that parents looking after very young children below the age of two should not be thinking about how they also progress their employment and skills. But we do believe any emphasis in helping parents gain work should begin after a child's second birthday for, as we make plain later in our report, work even part-time work, can have an important impact on a parent's bearing and mental health. An improvement in the mental health of mothers is important in its own right, but is also fundamental to ensuring better school readiness. But again we stress that, for the vast majority of parents, work is only a secure route out of poverty if one partner can work full time and the other at least part-time.

5.3.3 Operational requirements to achieve *all* outcomes

- **Good outreach techniques**

A crucial requirement if good child development, good parenting capabilities and good parental wellbeing are to be achieved is good outreach. Without a good outreach approach and set of techniques, children's centres may fail to reach the most vulnerable families and those who are most in need. Appropriate outreach techniques will be addressed in more detail in our final report. It should be noted that good reach is in part dependent on having the data identified in section 5.2, so that centres have a better idea of to whom they should be reaching out. It should also be noted that even with an excellent set of outreach techniques, *persistence* will remain very important in reaching the most vulnerable families.

- **Universal registration services**

An important way to reach the 'hard to reach' is to establish children's centres as the key sites of certain universal services. One example, which would be neither expensive to establish nor to maintain, would be for children's centres to be added to the list of venues a child's birth can be legally registered, or event to become the chief venue. Poorer parents would know that the children's centre is used by every young family, and the stigma sometimes attached to children's centres would be decreased.

This is within the County Council's power to decide and operate. Building a more universal service in this way might also open opportunities to the sourcing of volunteers from more privileged strata of local populations. We suggest that, in the first instance, the County Council introduces a couple of pilots on this front to gauge costs, effectiveness and the reaction of parents.

- **Good links with primary schools**

In our visits it became clear that some children's centres experience substantial difficulties in liaising effectively with local primary schools – not for want of effort on their part. We believe that liaison with local primary schools is essential in order to enable the sharing of information about local issues which will inform the priorities which children's centres set. We are pleased to note that Local Area Liaison Meetings (LALMs) already take place to facilitate collaboration, and we would like to see this collaboration developed further. We recommend that all Primary school Head Teachers be asked by the County Council to make more regular contact with local children's centres in order to share key information.

- **Centre of Excellence**

At several points in this chapter we have made reference to a Centre of Excellence for Early Years services in Suffolk. We propose the establishment of such a centre in order to drive through any reform programme agreed by the County Council in at least two ways.

The first task of the Centre will be, as we have suggested, to drive excellence through the County Council's intervention programmes. It is crucial that the interventions chosen for the approved "menu" not only meet local needs, but also have a proven track record of achieving the goal of raising school readiness in the broad sense that we have defined this objective.

A second task of the centre will be to establish a Foundation Years First pilot programme, as described in section 5.3.1.

We appreciate that current budgetary constraints might render the immediate establishment of such a centre difficult, but believe that its establishment in the near future should represent an important aspiration for the County Council.

6. Appendices

Appendix A: Outcomes Framework, showing full list of broad outcomes, sub-outcomes and specific outcomes

Broad outcome	Sub-outcome	Specific outcome
1.Good child development	I. Cognitive development	1. Children paying attention to activities and people
		2. Age appropriate language comprehension
		3. Age appropriate language use
	II. Social development	4. Age appropriate play
		5. Age appropriate self-management and self-control
	III. Physical development	6. Age-appropriate Body Mass Index
2. Good parenting	IV. Good parental health behaviour	7.Mothers not exposed to tobacco smoke during pregnancy
		8. Mothers breastfeed
	V. Strong parental warmth and sensitivity	9.Parents regularly engaging positively with children
		10.Good parental responsiveness and secure parent-child attachment
		11.Parents effectively setting and reinforcing boundaries
	VI. Good Home learning environment	12. Parents regularly talking to child using wide range of words and sentence structures, including songs, poems and rhymes
		13.Parents reading to child daily

3. Good parental well-being	VII. Good parental mental health and wellbeing	14.Parents have good mental wellbeing
		15.Parents experiencing lower levels of stress in homes and in lives
		16.Parents receive good levels of support from friends and/or family
	VIII. Parents accessing employment and skills	17.Parents are accessing good work or developing skills needed for employment, particularly those far furthest from labour market
		18. Parents improving their basic skills, particularly in literacy and numeracy

Appendix B: Indicators of need and children's centre impact by outcome (provisional)

Broad outcome	Sub-outcome	Specific outcome	Indicator of need (all data at reach-area level)	Indicator of children's centre impact
1.Good child development	Cognitive development	Children paying attention to activities and people	• EYFSP results • ASQ results (Ages and stages questionnaire, to be used in integrated review from 2015)	•EYFSP results •ASQ results (Ages and stages questionnaire, to be used in integrated review from 2015)
		Age appropriate language comprehension		
		Age appropriate language use		
	Social development	Age appropriate play		
		Age appropriate self-management and self-control		
	Physical development	Age-appropriate Body Mass Index	• % of reception children high or low body mass index • % of term babies born with low birth weight	• % of reception children high or low body mass index
2. Good parenting	Good parental health behaviour	Mothers not exposed to tobacco smoke during pregnancy	• % of women identified as exposed to tobacco smoke during pregnancy	• % of households in reach area/LAA with at least one smoker referred to smoking programmes/ set a quit-date/stopped smoking
		Mothers breastfeed	• % of mothers in reach area who totally or partially beast-feed at initiation, 6-8 weeks and longer	• % of mothers in LA/reach area who totally or partially beast-feed at initiation, 6-8 weeks and longer

				• % of mothers attending CC/in reach area attending breastfeeding/peer support groups
	Strong parental warmth and sensitivity	Parents regularly engaging positively with children	• % of parents regularly engaging positively with their child (according to KIPS scale)	• % of parents regularly engaging positively with their child (according to KIPS scale)
		Good parental responsiveness and secure parent-child attachment	• % of parents demonstrating increased responsiveness and parent–child attachment. (KIPS)	• % of parents demonstrating increased responsiveness and parent–child attachment. (KIPS)
		Parents effectively setting and reinforcing boundaries	• % of parents setting and reinforcing boundaries. (KIPS)	• % of parents setting and reinforcing boundaries. (KIPS)
	Good Home learning environment	Parents regularly talking to child using wide range of words and sentence structures, including songs, poems and rhymes	• % of parents regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes	• % of parents regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes
		Parents reading to child daily	• % of parents regularly reading with their child.	• % of parents regularly reading with their child.

3. Good parental well-being	Good parental mental health and wellbeing	Parents have good mental wellbeing	• Rates of use of post-natal depression services • Figures on mental health service use	• % of parents with good mental well-being. ("Satisfaction with life scale", and "Positive and Negative Affect" scale)
		Parents experiencing lower levels of stress in homes and in lives		• % of parents experiencing lower levels of stress in their homes and in their lives.
		Parents receive good levels of support from friends and/or family	• Proxy indicator *to be determined*	• % of parents with greater perceived levels of support from friends and family (Multi-dimensional perceived scale of social support)
	Parents accessing employment and skills	Parents are accessing good work or developing skills needed for employment, particularly those far furthest from labour market	• % of disadvantaged and other families accessing high quality early education in LA area • % unemployed in area, in receipt of JSA	• % of parents from households where someone is in work • % of families attending and completing work readiness and learning skills programmes • (decreased) % of families in reach area identified as willing, ready and able to work in receipt of JSA and low income benefits
		Parents improving their basic skills, particularly in	• Rates of qualification in reach-area (exact indicator to be determined)	% of CC users with low-level qualifications achieving entry, foundation and

		literacy and numeracy		intermediate level numeracy and literacy qualifications

Appendix C: Data collection/sharing requirements for children's centres and other bodies by outcome

Broad outcome	Sub-outcome	Specific outcome	Data requirements for CCs	Data requirements for other bodies
1.Good child development	Cognitive development	Children paying attention to activities and people	• Monitor developmental milestones, using 2-2.5 year EYFS assessment (to be replaced with integrated review from 2015)	• Local Authorities should make EYFS profile data available in an appropriate format for data matching • Health visitors should work with Children's centres to share data and monitor the developmental progress of children
		Age appropriate language comprehension		
		Age appropriate language use		
	Social development	Age appropriate play		
		Age appropriate self-management and self-control		
	Physical development	Age-appropriate Body Mass Index		• Health care professionals responsible for measurement and sharing of birth weight and body mass

2. Good parenting	Good parental health behaviour	Mothers not exposed to tobacco smoke during pregnancy	• Collect (at registration) parental self-report feedback on smoking during pregnancy/ exposure to smoking	Health professionals and local authorities to gather baseline data during first maternity booking, and provide to CCs
		Mothers breastfeed	• CCs to liaise with health visitors and midwives to obtain local data on breastfeeding rates • If this data insufficient to assess impact of CCs, CCs should gather baseline and follow-up data on breastfeeding initiation and attendance rates on breastfeeding groups	• Local authorities should work with health services and CCs to gather and share baseline data on 1) new and pregnant mothers 2)rates of breastfeeding and continuation in a given area
	Strong parental warmth and sensitivity	Parents regularly engaging positively with children	• Use the Keys to Interactive Parenting Scale (KIPS) to gather data	• Other early childhood service, including health visitors, to gather EHLEI and KIPS data from families not registered in CCs, including as part of age 2 – 2 ½ health check/integrated review from 2015
		Good parental responsiveness and secure parent-child attachment		
		Parents effectively setting and reinforcing boundaries		
	Good Home learning environment	Parents regularly talking to child using wide range of words and sentence structures, including songs, poems and rhymes	• Use the Early Home Learning Environment Index EHLEI to gather data on home learning environment	
		Parents reading to child daily		

3. Good parental well-being	Good parental mental health and wellbeing	More parents with good mental wellbeing	• CCs to use "Satisfaction with Life" Scale and "Positive and Negative Affect" scale with targeted parents/all parents, at registration and at regular intervals	• Health professionals to monitor mental health during antenatal and postnatal periods using standard health questionnaires
		More parents experiencing lower levels of stress in homes and in lives		
		More parents have greater levels of support from friends and/or family	• CCs to use the Multi-dimensional scale of Perceived Social Support with all parents/targeted parents at registration and regular intervals	• Early childhood services should work closely to identify need, refer and share info with CCs
	Parents accessing employment and skills	More parents are accessing good work or developing skills needed for employment, particularly those far furthest from labour market	• CCs to regularly collect evaluation data on employment statistics, benefit claimants, work-related well-being and employability • CCs to capture data on their efforts to either provide high quality child-care directly or support parents to access such provision elsewhere, and on volunteering and training opportunities offered in centre/via partners	• DWP to consistently and accurately share relevant data to help CCs engage with families who need support • Local authorities to provide data to CCs on benefits and JSA claim in reach area, and data on children using funded childcare provision • Local authorities need to be supported by central government, and providers need to be supported by local authorities, in using a wider range of

				measures than Ofsted inspection as a measure of quality of early education
		More parents improving their basic skills, particularly in literacy and numeracy	• CCs to collect data on highest qualifications of all parents at registration • CC staff to monitor attendance and completion rates for targeted parents	• Adult learning providers should refer and share data with CCs and local authority