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Department for Education

Evaluation of Children's Centres in England (ECCE)

Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Executive summary

This report is the first output from the Evaluation of Children's Centres in England (ECCE), a six year study commissioned by the Department for Children Schools and Families (now the Department for Education) and undertaken by NatCen Social Research, the University of Oxford and Frontier Economics.

Children's Centres

Children's centres are intended to be one of the main vehicles for ensuring that integrated and good quality family services are located in accessible places and are welcoming to all. They aim to support young children and their families, particularly the most disadvantaged, to reduce inequalities in child development and school readiness. The mechanism for achieving this is through supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing access to good early education, and addressing family health and life chances.

The Evaluation

The aim of ECCE is to provide an in-depth understanding of children's centre services, including their effectiveness in relation to different management and delivery approaches and the cost of delivering different types of services. The key elements of the evaluation are outlined below.

- Strand 1: Survey of children's centre leaders
- Strand 2: Survey of families using children's centres
- Strand 3: Investigation of children's centres' service delivery, multiagency working and reach
- Strand 4: Impact analysis
- Strand 5: Cost benefit analysis

Aims and scope of Strand 1

The aim of Strand 1 is to profile children's centres in the most disadvantaged areas, providing estimates on different aspects of provision with which to select centres for subsequent stages of the evaluation and to explore different models of provision. The profile covers all key aspects of provision including management, staff, services, users and finance and involves close to 500 children's centres, representative of all Phase 1 and 2 centres in the most disadvantaged areas.

The survey was conducted with a mixed mode approach using a web survey and telephone interviewing techniques. The fieldwork took place between July and September 2011.

Key findings

Governance and management

- Fifty-eight per cent of leaders reported that they managed one centre; the remainder managed two or more centres and a minority (7%) managed more than four.
- The local authority was the lead organisation for the majority of children's centres. Eighty-one per cent of centres were led by the local authority, schools or both.
- Most centres (95%) had an advisory board which, in the majority of cases, met once a term or once a quarter. The advisory boards represented a wide range of organisations.

Location

- Most centres (97%) had a main site. One third of these centres had a single central location; the remainder either had satellite sites that were part of the children's centre or made regular use of other venues.
- A wide range of services were located in or close to the children's centres, supporting the idea of children's centres as being located in accessible places. The most frequently cited services were schools (90%), centre-based childcare and early learning (89%), a park or playground (88%) and health centre (88%).

History

- Half of the children's centres in deprived areas had developed from Sure Start Local Programmes. Centres also frequently developed from community centres, Neighbourhood Nurseries and local authority maintained nursery schools. For 27 per cent of children's centres, the centre was completely new.

Staff

- Over half of all the staff delivering services were employed by the children's centre (29% full-time and 25% part-time). Staff employed by other organisations comprised 28 per cent and volunteers made up 18 per cent of staff.
- The average annual salary of staff was £15,001 - £20,000. The salaries were fairly normally distributed with a slight skew to the higher end. Three per cent of staff were paid over £40,000.
- Half of the staff (50%) were qualified to NVQ level 3 or equivalent, based on qualifications that were relevant to their post. Thirty-one per cent were qualified at a higher level and 11 per cent were qualified at a lower level. A minority (7%) had no qualifications relevant to their post.
- Sixty-three per cent of leaders had achieved the National Professional Qualification for Integrated Centre Leadership (NPQICL) and a further 10 per cent were working towards it. Other achieved professional qualifications included Qualified Teacher Status (27%), Social Work (15%) and the Early Years Foundation Degree (15%).

- Professional qualifications most frequently held by staff other than the leader were Qualified Teacher Status (at least one staff member in 77% of centres), Early Years Foundation Degree (in 57% of centres), Early Years Professional Status (in 49% of centres) and Social Work (in 30% of centres).

Service provision

- Across different service types, children's centres were more likely to provide services directly than help users gain access through sign-posting and referral.
- Forty-six different types of services and programmes were offered by the centres.
- The most frequently cited service was 'Stay and Play'. Other services mentioned by over 80 per cent of the leaders were home based services (99%), parent and family support classes or groups (93%), breast feeding support (91%), adult learning programmes (87%), parent forum (86%), evidence based parenting programmes (84%), health visitor clinic (82%) and early learning and childcare (82%).
- Among the centres providing early learning and childcare, the majority provided 'full-time' sessions (78%). Thirty-seven per cent offered part day sessions of less than four hours and 29 per cent offered longer part day session of four hours or more. A minority (9%) offered sessions outside of normal working hours.
- Children's centres services were more often open to all rather than requiring referral. Services more likely to require referral were those offering specialist support, targeted at specific groups, and evidence based programmes.
- Services with the highest number of users were early learning and childcare services, and 'stay and play' programmes (average of 98 users in both cases). The services with the lowest numbers of users were employment and benefits advice, advice and information services and adult education.
- Forty-seven per cent of centres offered at least one evidence-based programme from those shortlisted in the Graham Allen review on early intervention. The most common programmes were 'Incredible Years', 'Triple P' and 'Family Nurse Partnership'. A further 41 per cent mentioned other kinds of programmes and 12 per cent of centres did not offer any evidence-based programmes.
- The user groups regarded as a high priority by most centre leaders were workless households (96%), children between the ages of one and five (95%), new-borns and babies under 12 months (94%), children with special educational needs and lone parents (93%), teenage and young parents and expectant parents (92%) and fathers (90%).

Publicity

- Word of mouth was the most popular method for raising awareness and considered effective by nearly all leaders. Other well-regarded methods were through the health visitor, fun fairs or events, referrals or signposting from partner agencies, the children's centres outreach practitioner and local community groups and networks.

Users

- The average number of users of services in the previous three months was 337 with some centres reporting up to 4,000.
- Approximately one fifth (21%) of the service users spoke English as an additional language, and just over a quarter (27%) were from an ethnic minority background.
- Twenty-eight per cent of the children's centre users in the last month used only the childcare and early years services.

Feedback and evaluation

- All leaders referred to obtaining feedback from parents to monitor progress and performance. Most centres also used a range of other methods for self-evaluation.
- Outcomes for disadvantaged families were most often monitored through assessing service usage and carrying out informal observational assessments.

Finance

- Children's centres received resources from a variety of organisations with the local authority being the main provider (99% of centres). Centres were also supported by the NHS (35%), child development services (29%) and local charities and third sector organisations (each 24%).
- The local authority provided funding in all cases, but also provided staff, venues and materials to over half of the children's centres. Most of the other organisations mentioned mainly provided staff.
- In terms of annual revenue, the local authority provided an average amount of close to £300K in 2010-11 and up to £3m for some children's centres. Charging fees brought in an average revenue of close to £50k and partner agencies provided on average approximately £17k.
- The local authority was the sole funder for 37 per cent of centres. In most other cases, local authority funding was combined with funding from partner agencies and/or fees.
- The largest area of expenditure was employment costs. In 2010-11, children's centres spent on average close to £300K on employment costs and a little under £100K on goods, materials and services.

Cuts

- The majority (60%) of leaders reported that no cuts had been made in 2010-11. Forty per cent reported that cuts had been made, reflecting the economic climate and budget reductions affecting local authority services more widely. No data was collected on the amount by which centre budgets had been reduced.

Types of provision

To extend the descriptive analysis, the data from the leader survey and national database were explored further to see whether it was possible to identify meaningful typologies of children's centres. Using cluster analysis, four typologies of children's centres were suggested that strongly differed by site arrangements and the number or centres that a

leader managed. This analysis will be extended further as more data are gathered through subsequent stages of the evaluation.

Summary and next stages of the evaluation

The survey provided a 'snapshot' of service provision in children's centres in deprived areas in the summer/autumn of 2011. This report shows the changing environment in which children's centres operate with 40 per cent experiencing recent cuts in services or staffing (in line with cuts to public services more generally), and many leaders managing two or more centres instead of one. The follow-up survey, due to be carried out in 2013, will monitor any changes in provision over the next two years.

ECCE is based on a nested design of users within centres, so as well as profiling the children's centres in deprived areas, Strand 1 also served as a sample frame for subsequent stages of the evaluation. A subsample of centres was selected from the respondents to the leader survey for more detailed data collection on service delivery, multiagency working, reach and finance, and the families from the same centres were invited to take part in a longitudinal survey, beginning in spring 2012.

1 Introduction

1.1 Background to the evaluation

This report is the first output from the Evaluation of Children's Centres in England (ECCE), a six year study commissioned by the Department for Children Schools and Families (now the Department for Education) and undertaken by NatCen Social Research, the University of Oxford and Frontier Economics.

Children's centres are intended to be one of the main vehicles for ensuring that integrated and good quality family services are located in accessible places and are welcoming to all. They aim to support young children and their families, particularly the most disadvantaged, to reduce inequalities in child development and school readiness, 'narrowing the gap' in children's outcomes between rich and poor. The mechanism for achieving this is through supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing access to good early education, and addressing family health and life chances.

The aim of ECCE is to provide an in-depth understanding of children's centre services, including their effectiveness in relation to different management and delivery approaches and the cost of delivering different types of services. The key elements of the evaluation are outlined below.

- Strand 1: Survey of children's centre leaders
- Strand 2: Survey of families using children's centres. Families from approximately 120 of the centres interviewed for Strand 1 will be interviewed for the first time when their child is 9-18 months old and will be asked about service use, family circumstances, health and well-being. Families will be interviewed again when their children are two and three years old, creating a profile of children's development over time.
- Strand 3: Investigation of children's centres' service delivery, multiagency working and reach. The research team will visit the 120 children's centres for three full days to find out more about the services on offer. These visits will assess:
    - the range of activities and services centres deliver;
    - leadership;
    - evidence-based practice;
    - parenting support services; and
    - partnership working.

  In addition, the research team will undertake a profiling exercise in the 120 children's centre areas to assess their reach. This will be done by comparing information about the centres and the families that use them, to existing data on the demographic composition of the centres' catchment area.
- Strand 4: Impact analysis. The evaluation aims to answer the question: "Which types of children's services affect different outcomes when children are three years

old and later when they are five years old?". This question will initially be explored by examining the information generated on provision and use of services. An additional stage of the impact research will use children's Foundation Stage Profile results to assess the effect of children's centres on school readiness at age five.

- Strand 5: Cost benefit analysis. Lastly, the research team will conduct economic case studies in 24 children's centres which will ask about the costs of delivering different services. This information will be combined with data from other elements of the evaluation to assess the effectiveness and benefits of children's centres in relation to cost.

1.2 Aims and scope of Strand 1

The aim of Strand 1 is to profile children's centres in the most disadvantaged areas, providing estimates on different aspects of provision with which to select centres for subsequent stages of the evaluation and to explore different models of provision. The profile covers all key aspects of provision including management, staff, services, users and finance and involves close to 500 children's centres, representative of all Phase 1 and 2 centres[1] in the most disadvantaged areas. The follow-up survey, due to be carried out in 2013, will monitor any changes in provision.

There are two reasons for focusing on children's centres in the most disadvantaged areas: first, because this is where the greatest policy interest lies; and second, because it is in these areas that we would expect the needs of families to be greatest and consequently for children's centres to have the greatest impact. The estimates in this report therefore apply to a particular subset of children's centres in deprived areas rather than all children's centres.

1.3 Methodology

1.3.1 Sampling

ECCE is based on a nested design whereby the children's centres participating in Strands 2 to 5 are sampled from the centres that responded to the initial survey of leaders (Strand 1). In summary, the approach was as follows:

- We selected a random stratified sample of 850 centres for the centre managers' survey from the list of those eligible.
- From the responding sample, we then selected a sub-sample of 300 centres and invited them to recruit their users for the evaluation. The stratification variables were: lead organisation, whether the centre had made cuts to services in 2010-11 and whether the centre offered at least one Evidence Based Programme. All health led centres that responded to the Strand 1 survey were included.

[1] The Department for Children Schools and Families set up children's centres in three phases: phase 1 (2004-06) targeted areas of greatest social need – the 20 per cent most deprived wards in England; phase 2 (2006-08) completed the coverage of the most deprived communities the definition of which was widened to include the 30 per cent most deprived – and expanded into some of the 70 per cent less deprived communities; and phase 3 (2008-10) extended to all remaining 70 per cent less deprived areas of England.

- We selected a sub-sample of 120 centres (plus 30 held in reserve) from the centres that successfully recruited users for the evaluation for subsequent stages of the evaluation.

Figure 1.1 provides a graphical illustration of the ECCE sampling strategy. The following section describes the sampling process for Strand 1 in more detail.

Sampling frame and eligibility criteria

The sample frame for ECCE was a database of children's centres maintained by Together for Children at the time of sampling (and later passed to EC Harris). To be eligible for the evaluation, children's centres had to meet the following criteria:

- Phase 1 or 2 centres
- Located in the 30 per cent most deprived areas[2]
- Designated for 2 years by the start of fieldwork
- Implemented the Full Core Offer of services at least 3 months before the start of fieldwork

Applying these criteria to the 3,629 children's centres in the database resulted in 1,721 eligible children's centres in 2011. (Note that all centres that met the first two criteria also met the third and fourth.)

We conducted a scoping study, cognitive pilot and dress rehearsal pilot during the design stages of the evaluation that took place in 2010. These centres were not included in the sampling frame for the main surveys in 2011. (A total of 76 centres were used in piloting; 73 of these were theoretically eligible for fieldwork and therefore excluded from the sampling frame). The final sample frame therefore comprised 1,648 centres.

Sampling for managers' survey

We sampled a total of 850 children's centres for the Strand 1 survey. The sample was stratified by:

- Lead organisation
- Catchment size quintile
- Urban or rural
- Catchment number

The numbers in each category of lead organisation are shown in the table below. As only 42 eligible children's centres (not taking part in the pilot) were PCT led, all were selected in order that these could be analysed later. In all other categories, children's centres were sampled in proportion to the numbers in the eligible population.

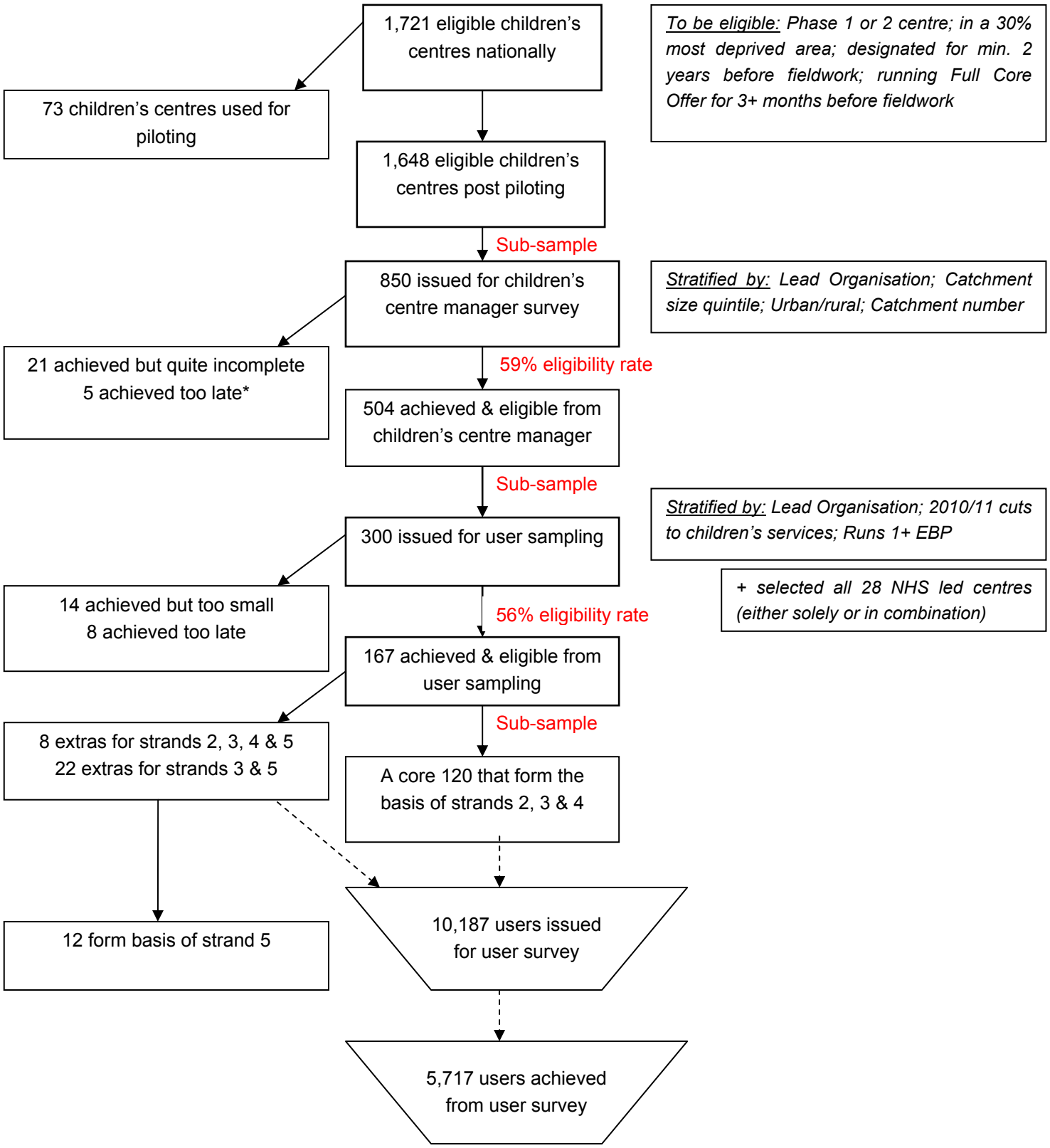
[2] A field in the TFC database derived from Office of National Statistics Indices of Deprivation data.

Table 1.1 Sample broken down by lead organisation			
Lead organisation (according to the TfC database)	**Eligible centres**	**Excluding pilot**	**Sampled**
No information/ Unclear	112	108	54
Private/ Voluntary/ Independent (PVI)I	251	240	121
Local authority	914	873	440
Primary Care Trust (PCT)	43	42	42
Nursery/ School/ College	401	385	193
Total	1721	1648	850

Within each stratum of lead organisation, we over-sampled larger centres relative to smaller centres for two reasons. First, to make the sampling more efficient by sampling centres in proportion to size and enabling us to sample equal numbers in the larger centres at the second stage. Secondly, to make sure we had enough large centres to provide a sample of users of sufficient size. As we did not have information on the number of parents (as a measure of size), the size of the catchment area was used as a proxy. We created quintiles of catchment area size within each of the five main strata, and children's centres were further stratified into five sub-strata using these quintiles.

We weighted centres in the largest quintile so that they had a three times greater chance of selection than those in the smallest quintile, with an equal step-increase in probability between successive strata (i.e. weights were 1, 1.5, 2, 2.5 and 3). Sampling was then carried out in proportion to these weights, with sampling fractions calculated to produce the numbers in the table above.

Figure 1.1 ECCE Sample design



*These 5 were included in the Strand 1 analysis. As such the response rate for the Strand 1 analysis was 60%.

1.3.2 Questionnaire development

We developed the questionnaire in Blaise, a software programme for computer assisted interviewing (CAI) techniques, covering the following topics.

Table 1.2 Questionnaire topics

Section	Topics included
Management & governance	Number of centres led by manager Lead organisation Advisory board Site arrangements & location Area deprivation Previous arrangements from which centres developed
Staff	Number of staff: full-time, part-time, voluntary. Staff salaries Staff and leader qualifications
Services	Services provided directly or through sign-posting/referral. Where services were provided Whether services are universal or targeted Evidence based programmes Target groups Relationships with organisations
Users and ongoing evaluation	Publicity methods and perceived effectiveness Number of users in different categories Self-evaluation and Ofsted inspections
Finance	Income: amount from different sources, value of assets Expenditure: set-up costs, ongoing expenditure, capital expenditure Recent cuts to services

We developed the questionnaire in collaboration with the ECCE team and DfE and tested through pilots conducted both before and after the redesign of the project in early 2011.

- We carried out a cognitive pilot in November 2009 with approximately 10 children's centre managers to test whether the questions were understood in the way they were intended and assess whether respondents were able to answer the questions.

- We carried out a pilot in February/March 2010 with an issued sample of 50 children's centres. Eighteen full or partial responses were achieved. Respondents raised concerns over the length of the questionnaire and in particular the length of the section asking about services. Respondents also reported difficulty in answering the finance questions. Following the pilot, we reduced the length of the questionnaire considerably.

- Following the redesign of the project in 2011, we carried out user testing with a small number of children's centre managers focusing on the design of the web

survey instrument. We took on board the comments arising from testing by the ECCE team and DfE.

We asked children's centre leaders to provide detailed information throughout the questionnaire, including numbers of service users, staff qualifications and financial information. We asked respondents to be as accurate as possible, but encouraged them to provide estimates where the actual figures were not known. This should be borne in mind when interpreting the data.

1.3.3 Mode

We delivered the questionnaire by means of a sequential mixed methods survey, leading with self-completion on the internet and then offering an interviewer-administered option by telephone for non-respondents and to follow-up on unanswered questions. The rationale for offering more than one approach was to maximise:

- cost-effectiveness. Web surveys are relatively cheap to administer.
- population coverage, recognising that not all the respondents may have easy access to the internet to complete the web survey, but all would have access to a telephone.
- the response rate. Web surveys (like postal surveys) generally have lower levels of response than interviewer administered modes.
- flexibility in completion. In many ways a web survey approach was best suited to the nature of the questions, many of which required respondents to find the information from data records or colleagues. Telephone is also a flexible option, with the interviewers able to make appointments at different times of the day and across different days of the week to suit the respondent.

The same Blaise programme was used by both the web survey and the telephone survey, ensuring that the same questions were asked with both modes and facilitating the production of one dataset. The respondent's progress in completing the web survey (i.e., whether or not they had logged in and if so, the extent of completion) was automatically monitored so that when contact was made by telephone interviewers, the introductory text was tailored to the respondent's level of activity on the survey. The interviewer then completed the survey using the same web instrument that was available to the respondent. The questions were designed so that they could be delivered orally as well as visually, with the interviewer briefing focusing on the questions that were less well suited to the telephone.

Given that the questionnaire was primarily intended as a self-completion mode along with the substantial length of the questionnaire, we decided to build the programme in such a way that the respondent could choose to skip questions (rather than requiring them to complete each question before being allowed to move on). Instead, we built prompts into the programme to alert respondents to when questions were left incomplete. It was also possible to complete the questionnaire in more than one sitting and navigation bars enabled respondents to move around the questionnaire.

Overall, 65 per cent of the productive cases were completed fully by web survey and 35 per cent were completed either partially or fully over the telephone (in most cases fully). The cases completed fully by web with no prompting from an interviewer had a significantly higher rate of item non-response. Of the 50 questions asked of all respondents, those responding fully by web answered an average of 34 questions compared to 49 questions for those responding by telephone.

We carried out checks to assess whether responses were related to mode on key variables. Mode was not related to the number of centres managed by the respondent, cuts to services, or the amount of funding from different sources. Where responses were related to mode it seems more likely that the characteristics of the centres influenced the mode of response rather than mode affecting the answers given. Assuming this is the case, centres with an advisory board, with satellite sites or use of other venues were more likely to respond by telephone. Centres led by the local authority, with one central location for service delivery or smaller in terms of the number of users were more likely to respond by web.

1.3.4 Procedure

Fieldwork took place between mid July and the end of September 2011. The following procedure was followed for launching the web and telephone survey.

- Advance letters (Appendix A) containing the password for accessing the web survey were sent out by post to all 850 children's centre leaders on July 11th along with supporting documents (Appendices B and C).
- The web survey went live on July 12th.
- Emails were sent out to all leaders (excluding the password for data security reasons) on July 13th.
- Further emails were sent on July 15th in cases where the initial email had bounced and an alternative was found.
- Reminders were sent out on July 25th and 26th by email where the addresses appeared correct and by post for the remainder.
- Telephone fieldwork began on August 1st.

We made cases available to the telephone interviewers if the children's centre leader had:

- Not yet started the web survey
- Started but not completed the web survey
- Indicated they had completed all they could but had left some key questions unanswered.

The role of the telephone interviewers was to:

- Check leaders had received the advance letter and knew their web password
- Check contact details

- Respond to questions about the web survey
- Check whether the leader was willing to complete the survey online
- Offer to help them complete the survey by means of telephone interview.

1.3.5 Response

The final response rate was 60 per cent (509 surveys out of an issued sample of 850). Achieving this response rate proved to be challenging for the following reasons:

- Incorrect or out of date contact details on the database of children's centres.
- The length of the questionnaire.
- Complexity of certain questions, particularly those relating to finance.
- Leaders absent during the summer holiday period.

In response, the following strategies were put in place:

- Extension of the fieldwork period by one month.
- Additional telephone interviewers and encouraging completion by phone.
- Launching a shorter version for those unwilling to complete the full survey.

In total, 9 per cent (44 of the 509 respondents) completed the shorter version of the survey.[3]

For the 509 cases on whom this report is based, the extent of item non-response varied throughout the questionnaire. Overall, the completion rate was lowest for the questions that children's centres could not easily answer including the qualifications of staff, the number of users in different categories and income and expenditure. Based on the comments of children's centre leaders, the difficulties faced were partly due to the structure of children's centres, particularly where centres had amalgamated or where resources were shared across centres.

1.4 Report outline

The remaining chapters of this report provide summary statistics on each topic of the questionnaire. Appendix 1 presents exploratory analysis to investigate whether children's centres can be grouped into different types.

[3] The shorter version was approximately two-thirds of the length of the full version. The following questions were cut: checking name and local authority of centre, whether management organisation selected through local authority commissioning process, location of main site, services close to centre, history of children's centre, questions about advisory board, qualification level of staff, number of staff delivering each type of service, how organisations are involved in delivering services, publicity methods, number of services used, information collected about respondents, inspections, providers of money or resources, value of assets, set-up costs, whether cuts made to services.

1.4.1 Table conventions

- Throughout the report, percentages based on fewer than 50 cases are enclosed in square brackets, and should be interpreted with caution.
- All percentages and means are weighted, and the unweighted base population is shown in each table.
- Percentages are rounded up or down to whole numbers and therefore may not always sum to 100.
- Where more than one answer could apply, this is indicated under the table.
- Percentages less than 0.5 (but greater than 0) are shown as '*'.

1.4.2 Indicative estimates for confidence intervals

Confidence intervals are a measure of precision, indicating the range around the survey estimates within which the true population value is likely to fall. A 95 per cent confidence interval is constructed in such a way that 95 times out of 100 it captures the true population value within the upper and lower limits.

Table 1.3 shows the confidence intervals expected for estimates based on different sample sizes for the survey of children's centre leaders. The estimates take into account the complex sample design and are based on a typical design effect of 1.3.[4]

For example, an estimate of 30 per cent where the base is n=500, has a confidence interval of + or - 4.6%, hence the true value is within the range of 25.4 to 34.6 per cent.

Table 1.3 Typical 95% Confidence Interval examples for the children's centre survey of leaders

	Survey estimate		
Sample size	**10% or 90%**	**30% or 70%**	**50%**
100	6.7	10.2	11.2
200	4.7	7.2	7.9
300	3.9	5.9	6.5
400	3.4	5.1	5.6
500	3.0	4.6	5.0
Figures are based on a typical design effect of 1.3			

[4] The design effect indicates the relative loss in effective sample size resulting from unequal selection probabilities.

2 Governance, Management and Location

This chapter focuses on the characteristics of governance and management of children's centres. It also explores the accessibility and location of the children's centres and the arrangements from which they developed.

2.1 Key findings

- Fifty-eight per cent of leaders reported that they managed one centre; the remainder managed two or more centres and a minority (7%) managed more than four.
- The local authority was the lead organisation for the majority of children's centres. 81 per cent of centres were led by the local authority, schools or both.
- Most centres (95%) had an advisory board which, in the majority of cases, met once a term or once a quarter. The advisory boards represented a wide range of organisations.
- Most centres (97%) had a main site. One third of these centres had a single central location; the remainder either had satellite sites that were part of the children's centre or made regular use of other venues.
- A wide range of services were located in or close to the children's centre, supporting the idea of children's centres as being located in accessible places. The most frequently cited services were schools (90%), centre-based childcare and early learning (89%), a park or playground (88%) and health centre (88%).
- Half of the children's centres in deprived areas had developed from Sure Start Local Programmes. Centres also frequently developed from community centres, Neighbourhood Nurseries and local authority maintained nursery schools. For 27 per cent of children's centres, the centre was completely new.

2.2 Management and governance arrangements

The management and governance arrangements of children's centres were extremely varied. A little over half of the leaders who responded to the survey (58%) reported that they managed one centre; the remainder managed two or more centres and a minority (7%) managed more than four (Table 2.1).

Table 2.1 Number of children's centres managed by the leader

Base: Responding sample (509).
Missing cases: 2.

Number of children's centres	Column %
One	58
Two	21
Three	10
Four	5
More than four	7
Unweighted base	*507*

The local authority (LA) was the main lead organisation of children's centres (69 %) (Table 2.2). Maintained nurseries, schools, Academies and colleges, mentioned by 18 per cent, could also be considered to fall under the 'local authority' and 81 per cent mentioned the local authority, schools or both. The range of other organisations leading children's centres reflected the diversity of provision, including third sector organisations, health-led providers and private providers. The majority of centres (87%) were led by one organisation and the remainder led by up to four organisations.

Table 2.2 Organisations that manage the children's centre

Base: Responding sample (509).
Missing cases: 2.

Type of organisation	Column %
Local authority	69
Maintained nursery, school, Academy or college	18
National charity or voluntary organisation	9
Local charity, voluntary or community organisation	9
NHS organisations	4
Private or independent providers	3
Social enterprise or mutual	2
Unweighted base	*507*

Percentages do not add up to 100 as more than one answer could apply.

Table 2.3 shows the breakdown of the types of educational institutions that managed children's centres. There was a fairly even split between maintained primary schools and maintained nursery schools with a minority led by other types of schools and colleges.

Table 2.3 Type of educational institution that manage the children's centre	
Base: Centres that mentioned a maintained nursery, school, Academy or college as their lead organisation (98). *Missing cases: 2.*	
Type of educational institute	**Column %**
Maintained primary school	49
Maintained nursery school	46
Further education college	2
Academy	1
Other educational institute	3
Unweighted base	*96*

For just over half of the children's centres that were led by an organisation other than the local authority, the lead organisation was selected as a result of a local authority commissioning process (Table 2.4).

Table 2.4 Whether the managing organisation was selected as a result of a local authority commissioning process	
Base: Centres that were not managed by the local authority as their lead organisation (228). *Missing cases: 22.*	
Response	**Column %**
Yes	56
No	44
Unweighted base	*206*

For the majority of children's centres in deprived areas, the local authority provided support across a range of areas (Table 2.5). In terms of governance, the local authority provided some support to 48 per cent of centres and took full responsibility in a further 40 per cent of centres. In the areas of finance and human resource issues (other than recruitment), the local authority carried out all provision for nearly half of the children's centres (49% in each case).

Clearly there was considerable overlap between these four areas in which the local authority provided support. A minority of leaders (7% of the responding sample) reported that their centres did not receive support from the local authority in any of the above areas.

Table 2.5 Support received from the local authority

Base: Responding sample (509).
Missing cases: 54-59

	Row %			
Area of support	**No support provided**	**Some support provided**	**All provision done by the local authority**	***Unweighted base***
Governance	13	48	40	455
Finance and accounting functions	17	35	49	454
Staff recruitment	26	32	43	453
Other human resources issues	20	31	49	450

A small minority of leaders reported that their children's centre had amalgamated with another during the last year (Table 2.6). The follow-up survey will also include this question to monitor any change over time.

Table 2.6 Whether the children's centre amalgamated with another children's centre in the last year

Base: Responding sample (509).
Missing cases: 1.

Response	**Column %**
Yes	6
No	94
Unweighted base	*508*

2.2.1 Advisory boards

Most of the leaders (95%) reported that their children's centre had an advisory board to assist with governance (Table 2.7). Subsequent questions about the advisory report were asked of this subsample.

Table 2.7 Whether the children's centre had an advisory board	
Base: Responding sample (509). *Missing cases: 49.*	
Response	**Column %**
Yes	95
No	5
Unweighted base	*460*

For most of the centres, the advisory board had been in place for at least one year (Table 2.8). Most advisory boards met either once a quarter (46%) or once a term (39%). A minority (7%) met much more frequently – once a month. The majority of leaders (60%) reported that the advisory board for their centre worked with just one children's centre. Of the remainder, 35 per cent oversaw a cluster or linked group of children's centres.

Table 2.8 Advisory board set-up and arrangements	
Base: Centres that had an advisory board (435). *Missing cases: 1.*	
How long the advisory board has been in place	**Column %**
Less than a year	13
Between one and two years	29
More than two years	59
Unweighted base	*435*
How often the advisory board meets	
Once a month	7
Once a term	39
Once every quarter	46
Once every six months	1
Other	8
Unweighted base	*434*
How the advisory board operates	
The advisory board oversees the one children's centre only	60
The advisory board oversees a cluster/linked group of children's centres	35
The advisory board oversees the children's centre and another organisation	3
Other operation arrangements	2
Unweighted base	*434*

The interest groups represented on the advisory boards were numerous and diverse. Over 90 per cent of respondents mentioned parents and children's centre staff. Other representatives spanned health, education, local authority, childcare providers, third sector and private organisations and many others.

Table 2.9 Interest groups represented on the advisory boards

Base: Centres that had an advisory board (435).
Missing cases: 2.

Groups on advisory board	Column %
Parents/expectant parents	94
Children's Centre staff	93
Health professionals	89
Educational institutions	87
Local authority	74
Other local professionals or practitioners	63
Local charities, voluntary or community organisations	63
Private providers	54
Childminder representatives	52
Jobcentre Plus	48
Social care services	47
Local and/or parish councillors	41
Child development services	41
National charities or voluntary organisations	36
Other representatives	30
Police or Youth Justice system	25
Child and Adolescent Mental Health Services	6
Drug and Alcohol teams	4
Unweighted base	*433*

Percentages do not add up to 100 as more than one answer could apply.

Table 2.10 Bodies to whom the advisory board reported

Base: Centres that had an advisory board (435).
Missing cases: 4.

Bodies to whom the board reported	Column %
Local authority co-ordinator	43
Children's centre leader	41
School governing body	27
Head of the lead organisation	16
Executive committee / board of directors	6
Health organisation	2
Other	7
Unweighted base	*431*

Percentages do not add up to 100 as more than one answer could apply.

For the minority of centres that did not have an advisory board, the centre leader most frequently reported to a school governing body or a local authority coordinator (Table 2.11).

Table 2.11 Bodies to whom the children's centre leaders reported	
Base: Centres that did not have an advisory board (25). *Missing cases: 0.*	
Bodies to whom the leaders reported	**Column %**
School governing body	[74]
Local authority co-ordinator	[43]
Executive committee / board of directors	[15]
Head of the lead organisation	[9]
Health organisation	[3]
Other	[7]
Unweighted base	*25*

Percentages do not add up to 100 as more than one answer could apply.

2.3 Location

As explained above (Section 1.3.1), all the children's centres sampled for Strand 1 were categorised on the Together for Children (TfC) database as serving families within the 30 per cent most deprived areas. A question was asked in the survey to check the perception of the leaders and nine per cent reported that their centre did not serve a deprived area. This discrepancy may reflect changes in the catchment area since the TfC database was compiled or may be due to different understandings of the catchment area.

Table 2.12 Deprivation level of area served by the children's centre	
Base: Responding sample (509). *Missing cases: 6.*	
Deprivation level	**Column %**
30% most deprived area	91
70% least deprived area	9
Unweighted base	*503*

Nearly all the children's centres (97%) had a main site, defined as the place at which most of the services were delivered, where the leader was based and the address for enquiries and mail (Table 2.13). Just over one third (34%) of the centres had a single central location; the remainder either had satellite sites that were part of the children's centre or made regular use of other venues.

Table 2.13 Site arrangements of children's centres

Base: Responding sample (509).
Missing cases: 4.

Site arrangements	**Column %**
Main site: with other regular venues that are not part of the children's centre	34
Main site: services are delivered from a single, central location	32
Main site: with one or more satellite sites that are part of the children's centre	31
Main site: with satellite sites and other venues	2
No main site: services are delivered from a range of different locations	1
Unweighted base	*505*

Approximately one-third (31%) of the centres that had a main site identified this as a building for the children's centre sole use. Other main sites were frequently located in educational institutions; schools or colleges (mostly primary schools) (36%) or on the site of a nursery (19%).

Table 2.14 Locations of main site of children's centres

Base: Centres that operated from a main site (495).
Missing cases: 41.

Locations of children's centres	**Column %**
School or college site	36
Building for the children's centre sole use	31
Nursery site	19
Community centre	4
Integrated location with other community services	4
Library	2
Surgery, health centre or walk in centre	1
Church hall or another faith venue	1
Other (Academy, mobile location, hospital)	2
Unweighted base	*454*

Children's centres are intended to be located in accessible places and easy access to other services that would often be used by families provides an indication of this (Table 2.15). We asked leaders to select which other services were located either in or close to the children's centre, defined as within pram-pushing distance or a 15-20 minute walk. The most frequently cited services were schools (90%), centre-based childcare and early learning (89%), a park or playground (88%) and health centre (88%). A wide range of other services were also mentioned by a sizeable proportion of leaders.

Table 2.15 Services located in or close to the children's centre

Base: Responding sample (509).
Missing cases: 47.

Type of service	**Column %**
School, Academy or college	90
Centre-based childcare or early learning for under 5s	89
Park or playground	88
Surgery, health centre or walk-in centre	88
Playgroup	80
Library	76
Community centre	67
Child development services	52
Other family services	51
Other children's centres	49
Jobcentre Plus office	41
Social care office	28
Hospital	21
Polyclinic	3
None of the above	1
Unweighted base	*462*

Percentages do not add up to 100 as more than one answer could apply.

2.4 History

Half of the children's centres in deprived areas had developed from Sure Start Local Programmes (Table 2.16). Other arrangements commonly cited were community centres (coded post-hoc from 'other' open responses), Neighbourhood Nurseries and local authority maintained nursery schools. For 27 per cent of children's centres, the centre was completely new.

Table 2.16 Arrangements from which children's centres developed

Base: Responding sample (509).
Missing cases: 47.

Type of arrangement	**Column %**
Sure Start Local Programme (SSLP)	50
Community centre	29
Neighbourhood Nursery (NN)	14
Local authority maintained nursery school	13
Integrated centre	9
Local authority family centre or day nursery	8
Voluntary sector family centre or day nursery	6
Early Excellence Centre (EEC)	6
PCT / health centre	4
Nursery class in a primary school	3
None of these: the children's centre was completely new	27
Unweighted base	*462*

Percentages do not add up to 100 as more than one answer could apply.

3 Children's Centre Staff

This chapter reports on three aspects of staffing at children's centres in deprived areas – the number of staff, salaries and qualifications.

3.1 Key findings

- Over half of all the staff delivering services were employed by the children's centre (29% full-time and 25% part-time). Staff employed by other organisations comprised 28 per cent and volunteers made up 18 per cent of staff.

- The average annual salary of staff was £15,001 - £20,000. The salaries were fairly normally distributed with a slight skew to the higher end. Three per cent of staff were paid over £40,000.

- Half of the staff (50%) were qualified to NVQ level 3 or equivalent, based on qualifications that were relevant to their post. Thirty-one per cent were qualified at a higher level and 11 per cent were qualified at a lower level. A minority (7%) had no qualifications relevant to their post.

- Sixty-three per cent of leaders had achieved the National Professional Qualification for Integrated Centre Leadership (NPQICL) and a further 10 per cent were working towards it. Other achieved professional qualifications included Qualified Teacher Status (27%), Social Work (15%) and the Early Years Foundation Degree (15%).

- Professional qualifications most frequently held by staff other than the leader were Qualified Teacher Status (at least one staff member in 77% of centres), Early Years Foundation Degree (in 57% of centres), Early Years Professional Status (in 49% of centres) and Social Work (in 30% of centres).

3.2 Number of staff

The survey asked for the number of staff in six categories: those employed by the children's centre, those working at the children's centre and employed by other organisations and volunteers (full-time and part-time in each case). The following tables present the number of staff in different ways but the key finding in both cases is that on average, the highest proportion of staff were employed by the children's centre, with smaller proportions employed by other organisations and offering their services as volunteers.

Table 3.1 shows the distribution of all staff working in the participating children's centres across the different categories. Over half of all the staff delivering services were employed by the children's centre (29% full-time and 25% part-time). Staff employed by other organisations comprised 28 per cent and volunteers made up 18 per cent of staff. Staff employed by the children's centre were more likely to work full-time than part-time, whereas the opposite was true for those employed by other organisations and particularly for volunteers.

The children's centre leaders reported a total of 13,859 staff members across the responding centres, an average of 27 per children's centre.

Table 3.1 Proportion (%) of all staff within different categories

Base: Total staff employed by CC in responding CC (509).
Missing cases (CC): 5.

Categories of staff	**Column %**
Staff employed by CC full-time	29
Staff employed by CC part-time	25
Staff employed by other organisations full-time	11
Staff employed by other organisations part-time	17
Full-time volunteers	1
Part-time volunteers	17
Total staff across CC (unweighted)	13,859

Table 3.2 provides more detail about the number of staff in each category. Half the children's centres had between one and five full-time staff employed by the children's centre and a similar proportion had the same number of part-time staff (47%). The highest number of staff employed by children's centres was 41 for full-time staff and 43 for part-time staff.

On average, children's centres had fewer staff employed by other organisations. Over half the centres had no full-time staff in this category and 37 per cent of centres had no part-time staff employed by other organisations. Overall, children's centres had more part-time staff than full-time staff employed by other organisations. The contrast between full-time and part-time was even stronger for volunteers. The majority of centres (72%) had some part-time volunteers compared to 9 per cent of centres having full-time volunteers. Table 3.2 also shows the number of paid staff and the number of all staff including volunteers.

Table 3.2 Number of staff at children's centre

Base: Responding sample (509).
Missing cases: 6.

	Row %					*Un-weighted base*
	Number of staff					
	0	**1-5**	**6-10**	**11-20**	**21-145**	
Staff employed by CC						
Full-time staff	4	50	23	18	5	503
Part-time staff	9	47	24	15	5	503
Staff employed by other organisations						
Full-time staff	61	22	9	7	2	503
Part-time staff	37	34	17	10	3	503
Volunteers						
Full-time staff	91	7	1	1	0	503
Part-time staff	28	44	20	5	3	503
Total number of paid staff (employed by CC and other organisations)	0	6	17	34	43	503
Total number of staff including paid and volunteers	0	3	11	31	54	503

3.3 Staff salaries

Table 3.3 shows the distribution of staff across the salary groups with proportions calculated based on the total number of staff for whom centre leaders have provided salary information (6,748, which is substantially lower than the total number of staff reported in Table 3.1). The average annual salary was £15,001 - £20,000. The salaries were fairly normally distributed with a slight skew to the higher end. Three per cent of staff were paid over £40,000.

Table 3.3 Proportion (%) of staff employed by children's centre within each annual salary category

Base: Total staff employed by CC in responding CC (502).
Missing cases (CC): 30.

Salary groups	Column %
Up to £5,000	5
£5,001-£10,000	11
£10,001-£15,000	18
£15,001-£20,000	30
£20,001-£25,000	18
£25,001-£30,000	8
£30,001-£40,000	7
Over £40,000	3
Total staff across CC for whom salary information provided (unweighted)	*6748*

Table 3.4 provides more detail on the number of staff paid at different levels. One quarter of centres had upwards of six staff paid 15,001 - £20,000. At the extremes, 21 per cent of centres had staff paid at the lowest level and 28 per cent of centres had between one and five staff paid over £40,000.

Table 3.4 Annual salary of staff employed children's centre

Base: Total staff employed by CC in responding CC (502).
Missing cases (CC): 30.

	Row %				*Unweighted base*
	Number of staff				
Salary groups	**0**	**1-5**	**6-10**	**11-50**	
Up to £5,000	79	17	4	*	472
£5,001-£10,000	59	32	7	2	472
£10,001-£15,000	34	53	9	5	472
£15,001-£20,000	19	56	14	11	472
£20,001-£25,000	26	64	9	2	472
£25,001-£30,000	45	52	2	*	472
£30,001-£40,000	37	63	*	*	472
Over £40,000	72	28	*	0	472

3.4 Staff qualifications

We asked centre leaders to indicate the highest qualification levels of the staff employed by the children's centre (taking into account qualifications relevant to their post at the children's centre). Half of the staff (50%) were qualified to NVQ level 3 or equivalent (Table 3.5). Thirty-one per cent were qualified at a higher level and 11 per cent were qualified at a lower level. A minority (7%) had no qualifications relevant to their post. These calculations are based on the total number of staff for whom qualifications (or lack thereof) were reported.

Table 3.5 Proportion (%) of staff employed by children's centre within category of highest qualification level (relevant to post)

Base: Total staff employed by CC in responding CC (502).
Missing cases (CC): 75.

Highest qualification level	Column %
No relevant qualification	7
NVQ1 or equivalent	2
NVQ2 or equivalent	9
NVQ3 or equivalent	50
NVQ4 or equivalent	8
NVQ5 or equivalent	6
NVQ6 or equivalent	9
Above NVQ6 or equivalent	8
Total staff across children's centres for whom qualification information provided (unweighted)	*6056*

The concentration of staff at NVQ level 3 is also demonstrated in Table 3.6. Also worthy of note is that nearly two-thirds of centres (65%) had some staff employed at the highest level – above NVQ level 6 or equivalent. This would include relevant Masters degrees (e.g., in early years or social work) and the PGCE teacher qualification.

Table 3.6 Highest qualification level (relevant to post) of staff employed by children's centre

Base: Total staff employed by CC in responding CC (502).
Missing cases (CC): 75.

	Row %				*Unweighted base*
	Number of staff				
Highest qualification level	**0**	**1-5**	**6-10**	**11-50**	
No relevant qualification	69	27	2	1	427
NVQ1 or equivalent	87	12	1	*	427
NVQ2 or equivalent	51	44	4	1	427
NVQ3 or equivalent	6	51	21	23	427
NVQ4 or equivalent	47	49	3	*	427
NVQ5 or equivalent	52	47	1	0	427
NVQ6 or equivalent	51	45	3	1	427
Above NVQ6 or equivalent	36	63	2	0	427

Focusing on professional qualifications, 63 per cent of children's centre leaders had achieved the National Professional Qualification for Integrated Centre Leadership (NPQICL) and a further 10 per cent were working towards it (Table 3.7). Other qualification types were reported by a much lower proportion of leaders: 27 per cent were qualified teachers, 15 per cent had a social work qualification and 15 per cent held the Early Years Foundation Degree.

Table 3.7 Qualifications of children's centre leaders

Base: Responding sample (509).
Missing cases: 31

	Row %			*Un-weighted base*
Qualification	**Achieved**	**Working towards**	**Neither / Don't know**	
National Professional Qualification for Integrated Centre Leadership (NPQICL)	63	10	27	478
Qualified Teacher Status (QTS)	27	1	72	478
Social Work / Social Care (eg DipSW)	15	1	84	478
Health visitor	4	*	95	478
Midwife	3	0	97	478
NHS Manager	2	0	98	478
Other health related qualification	10	*	90	478
Early Years Professional Status (EYPS)	11	5	85	478
Early Years Foundation Degree	15	6	79	478

Children's centre leaders were less able to provide this level of detail about the qualifications of their staff as shown by the large amount of missing data for Table 3.8. The qualifications most frequently held by staff other than the leader were Qualified Teacher Status (at least one staff member in 77% of centres), Early Years Foundation Degree (in 57% of centres), Early Years Professional Status (in 49% of centres) and Social Work (in 30% of centres).

Table 3.8 Qualifications of staff employed by the children's centre

Base: Centres with staff employed by CC (504).
Missing cases: 178-280

	Row %					
	Number of staff					
Qualification	**0**	**1**	**2**	**3**	**4+**	*Unwt base*
National Professional Qualification for Integrated Centre Leadership (NPQICL)						
Achieved	53	37	8	1	*	315
Working towards	80	19	1	0	0	256
Qualified Teacher Status (QTS)						
Achieved	33	51	10	3	3	326
Working towards	95	3	1	1	0	227
Social Work / Social Care						
Achieved	70	24	5	1	0	263
Working towards	93	6	2	0	0	232
Health Visitor qualification						
Achieved	91	6	*	2	1	230
Working towards	98	1	*	0	0	225
Midwife qualification						
Achieved	92	6	0	0	2	232
Working towards	100	*	0	0	0	224
NHS manager qualification						
Achieved	97	3	0	0	*	224
Working towards	100	0	*	0	0	225
Other health-related qualification						
Achieved	82	13	3	2	*	239
Working towards	96	3	*	0	0	229
Early Years Professional Status						
Achieved	51	35	8	4	1	293
Working towards	73	21	5	*	0	250
Early Years Foundation Degree						
Achieved	43	31	12	9	5	302
Working towards	54	32	10	3	1	284

4 Service Provision

This chapter presents the descriptive findings about the different types of services and specific programmes that were provided by the children's centres. It also presents findings about the types of relationship the children's centres had with other organisations relating to the provision of the different services.

4.1 Key Findings

- Across different service types, children's centres were more likely to provide services directly than help users gain access through sign-posting and referral.
- Forty-six different types of services and programmes were offered by the centres.
- The most frequently cited service was 'Stay and Play'. Other services mentioned by over 80 per cent of the leaders were home based services (99%), parent and family support classes or groups (93%), breast feeding support (91%), adult learning programmes (87%), parent forum (86%), evidence based parenting programmes (84%), health visitor clinic (82%) and early learning and childcare (82%).
- Among the centres providing early learning and childcare, the majority provided 'full-time' sessions (78%). Thirty-seven per cent offered part day sessions of less than four hours and 29 per cent offered longer part day session of four hours or more. A minority (9%) offered sessions outside of normal working hours.
- Children's centres services were more often open to all rather than requiring referral. Services more likely to require referral were those offering specialist support, targeted at specific groups, and evidence based programmes.
- Services with the highest number of users were early learning and childcare services, and 'stay and play' programmes (average of 98 users in both cases). The services with the lowest numbers of users were employment and benefits advice, advice and information services and adult education.
- Forty-seven per cent of centres offered at least one evidence-based programme from those shortlisted in the Graham Allen report on early intervention. The most common programmes were 'Incredible Years', 'Triple P' and 'Family Nurse Partnership'. A further 41 per cent mentioned other kinds of programmes and 12 per cent of centres did not offer any evidence-based programmes.
- The user groups regarded as a high priority by most centre leaders were workless households (96%), children between the ages of one and five (95%), new-borns and babies under 12 months (94%), children with special education needs and lone parents (93%), teenage and young parents and expectant parents (92%) and fathers (90%).

4.2 Types of services

This section of the questionnaire was aimed at gathering information about the range of provision offered by the children's centres in order to inform later stages of the evaluation. The different types of services were represented under 11 headings (Table 4.1).

Table 4.1 shows the balance between centres providing services directly, helping users gain access to services or both. For the majority of the service types, centres were more likely to provide them directly. The exception was 'before or after school care for older children', where centres were more likely to help users gain access to these services than to provide them directly. For all service types, there were some centres that both provided the service directly and helped users gain access.

Table 4.1 Whether children's centres provided services directly or helped gain access

Base: Responding sample (509).

	Row %			
Type of service	**Provided directly only**	**Helped gain access only**	**Provided directly and helped gain access**	**Neither**
Early learning and childcare	56	25	18	1
Before/after school care for older children	18	62	4	17
Opportunities for parents and children to play and take part in activities together	83	1	16	*
Childminder development and support	64	21	13	1
Health related services	53	25	22	*
Employment and benefits services or advice	43	38	19	*
Other advice and information services	43	35	22	0
Adult education for parents	54	18	28	*
Family and parenting support	72	4	24	0
Outreach or home based programmes	77	3	20	*
Other	57	3	7	33
Unweighted base				509

The children's centres offered a wide range of services and programmes. Table 4.2 and Table 4.3 present the list of services mentioned by the leaders. In total, children's centres offered 46 different types of services and programmes. As would be expected given the aims of children's centres, services targeted at parents and children of younger age (birth to five) were more common compared to services and programmes targeted at children of older ages (over five years old).

The most frequently cited service which was mentioned by all the responding leaders was 'Stay and Play'. This type of service provides an opportunity for parents and children to play together and meet other families with children under five in an informal setting. Other services which were mentioned by over 80 per cent of the leaders were home based services (99%), parents and family support classes or groups (93%), breast feeding support (91%), adult learning programmes (87%), parent forum (86%), evidence based parenting programmes (84%), health visitor clinic (82%) and early learning and childcare (82%).

Table 4.2 Types of services offered by the children's centres

Base: Responding sample (509).
Missing cases: 25.

	Column %
Childcare and early years education	
Early learning and childcare	82
Before/after school care for older children	
After school care for older children	25
Before school care for older children	20
Opportunities for parents and children to play and take part in activities together	
Stay and Play	100
Thematic Stay and Play	79
Weekend activities	62
Play and Learn	52
Childminder development and support	
Childminder drop in	76
Childminder development	66
Childminders Play and Learn	33
Health related services	
Breast Feeding Support	91
Health Visitor Clinic	82
Sports and exercise for babies and children	77
Midwife clinic	70
Speech and language therapy	69
Sport and exercise for parents	44
Specialist clinic	29
Clinical psychology service	21
Unweighted base	484

Percentages do not add up to 100 as more than one answer could apply.

Table 4.3 Types of services offered by the children's centres (continued)	
Base: Responding sample (509). *Missing cases: 25.*	
	Column %
Employment and benefits services or advice	
Benefits and tax credits advice	74
Teenage parents - get into work or training	52
Basic IT and job skills course	49
Jobcentre Plus advice	42
Jobcentre Plus appt only	35
Jobcentre Plus	34
Next steps	30
Women's back to work support	28
Other advice and information services	
Housing advice or information	67
Debt advice	64
Adult education for parents	
Adult learning	87
English for Speakers of Other Languages classes	48
Further education	30
Life coaching	16
Family and parenting support	
Parents and family support / parenting classes / relationship support	93
Evidence based parenting programmes[5]	84
Peer support	78
Other specialist support	70
Ante natal classes	66
Activities and hobbies for parents	52
Post natal classes	49
Outreach or home-based services	
Home based services	99
Other (non home based) outreach services	64
Other services	
Parent Forum	86
Book Start Baby Bags/My Treasure Box	77
Toy library	48
Sure Start resource library	30
Unweighted base	*484*

Percentages do not add up to 100 as more than one answer could apply.

[5] In this generic question, 84 per cent of leaders stated that their centre offered evidence based parenting programmes. When asked to indicate which of the list of specific programmes they offered (Table 4.12) the responses were slightly different: 47 per cent offered at least one programme on the list and a further 41 per cent offered a programme not on the list. The different responses relate to the level of specificity in the question.

We asked centre leaders, who mentioned that they offered early learning and childcare through their children's centres, about the types of sessions they offered (Table 4.4). The majority of the centres provided 'full-time' sessions (78%). Thirty-seven per cent offered part day sessions of fewer than four hours and 29 per cent offered longer part day session of four hours or more. A minority (9%) offered sessions outside of normal working hours. There was a low level of overlap between the different sessions that were offered by the centres. Less than a fifth of the centres offered full time sessions as well as part day or outside normal working hours, suggesting a limit to the extent of flexibility for parents and carers in selecting childcare sessions.

Table 4.4 Types of sessions offered in early learning and childcare services

Base: Centres who mentioned they provide early learning and childcare services (392). Missing cases: 22.

Type of session	**Column %**
Full time	78
Part-day: less than four hours	37
Part-day: at least four hours	29
Outside normal working hours	9
Unweighted base	*370*

Percentages do not add up to 100 as more than one answer could apply.

4.3 Number of staff delivering each type of service

Chapter 3 reported on the total number of staff who were working at the children centres who were employed by the children's centre, by other organisations and volunteers (full-time and part-time). This section will report on the number of paid staff (not volunteers) who worked in each type of service. Table 4.5 shows the total and average number of paid staff working in each type of service. Early learning and childcare was the service type with the highest average number of staff.

Table 4.5 Number of paid staff working in each type of service

Base: Responding sample (509).
Missing cases: 79.

Type of service	Total staff across CC (un-weighted)	Mean	Min	Max	SD
Early learning and childcare	4,662	11	0	75	11
Before/after school care for older children	570	2	0	23	4
Opportunities for parents and children to play and take part in activities together	2,508	6	0	43	5
Childminder development and support	766	2	0	20	2
Health related services	2,253	5	0	52	5
Employment and benefits services or advice	854	2	0	21	2
Other advice and information services	977	2	0	20	3
Adult education for parents	1,349	3	0	29	3
Family and parenting support	2,063	5	0	43	4
Outreach or home based programmes	2,199	5	0	113	6

Table 4.6 and Table 4.7 show the distribution of staff working in each service area across the four categories of those employed by the children's centres, those employed by other organisations, each full-time and part-time. In the following services, the proportion of staff employed by the children's centre was larger than that employed by other organisations: early learning and childcare, opportunities for parents and children to take part in activities together, childminder development support, family and parenting support and outreach or home-based services. The proportion of staff employed by other organisations outweighed those employed by the children's centres in before/after school care, health-related services, advice and adult education.

Table 4.6 Proportion (%) of all paid staff within different categories by type of service

Base: Responding sample (509).
Missing cases: 79.

	Total staff across CC (unweighted)	Column %
Early learning and childcare		
Staff employed by CC full-time	4,662	34
Staff employed by CC part-time	4,662	25
Staff employed by other organisations full-time	4,662	24
Staff employed by other organisations part-time	4,662	17
Before/after school care for older children		
Staff employed by CC full-time	570	22
Staff employed by CC part-time	570	21
Staff employed by other organisations full-time	570	18
Staff employed by other organisations part-time	570	40
Opportunities for parents and children to play and take part in activities together		
Staff employed by CC full-time	2,508	39
Staff employed by CC part-time	2,508	40
Staff employed by other organisations full-time	2,508	7
Staff employed by other organisations part-time	2,508	15
Childminder development and support		
Staff employed by CC full-time	766	36
Staff employed by CC part-time	766	29
Staff employed by other organisations full-time	766	14
Staff employed by other organisations part-time	766	21
Health related services		
Staff employed by CC full-time	2,253	14
Staff employed by CC part-time	2,253	13
Staff employed by other organisations full-time	2,253	31
Staff employed by other organisations part-time	2,253	41
Employment and benefits services or advice		
Staff employed by CC full-time	854	31
Staff employed by CC part-time	854	24
Staff employed by other organisations full-time	854	15
Staff employed by other organisations part-time	854	30

Column per cents may not add up to 100 due to rounding.

Table 4.7 Proportion (%) of all paid staff within different categories by type of service (continued)		
Base: Responding sample (509). *Missing cases: 79.*		
	Total staff across CC (unweighted)	**Column %**
Other advice and information services		
Staff employed by CC full-time	977	33
Staff employed by CC part-time	977	27
Staff employed by other organisations full-time	977	13
Staff employed by other organisations part-time	977	26
Adult education for parents		
Staff employed by CC full-time	1,349	28
Staff employed by CC part-time	1,349	21
Staff employed by other organisations full-time	1,349	13
Staff employed by other organisations part-time	1,349	38
Family and parenting support		
Staff employed by CC full-time	2,063	42
Staff employed by CC part-time	2,063	27
Staff employed by other organisations full-time	2,063	12
Staff employed by other organisations part-time	2,063	19
Outreach or home based programmes		
Staff employed by CC full-time	2,199	45
Staff employed by CC part-time	2,199	28
Staff employed by other organisations full-time	2,199	12
Staff employed by other organisations part-time	2,199	15

Column per cents may not add up to 100 due to rounding.

4.4 Whether services were open access or by referral

The services and programmes which were offered at the centres were more often open to all rather than requiring referral. Programmes which were more commonly by referral or targeted at those most in need tended to be those requiring specialist support (such as speech and language therapy, specialist clinics, Jobcentre Plus advisors), targeted at specific groups (such as teenage parents), and Evidence Based Programmes (Table 4.8 and Table 4.9).

Table 4.8	Open access or by referral – Childcare and early learning and health related services		
Base: Centres that mentioned they provide each type of service in Table 4.2 *Missing: 12-47 cases across different service types*			
	Row %		
	Universal / open access	**Referral / targeted at those most in need**	***Unweighted base***
Childcare and early years education			
Early learning and childcare	89	12	356
Before school care for older children	96	4	72
After school care for older children	91	9	91
Opportunities for parents and children to play and take part in activities together			
Stay and Play	93	7	445
Thematic Stay and Play	81	19	338
Play and Learn (for older children)	85	15	189
Weekend activities	79	21	276
Childminder development and support			
Childminder development	80	20	285
Childminder drop in	89	11	334
Childminders Play and Learn (pre-registration)	85	15	127
Health related services			
Speech and language therapy (SALT)	17	83	311
Breast Feeding Support	85	15	406
Midwife clinic	68	32	309
Health Visitor Clinic	84	16	355
Sports and exercise for babies and children	79	21	342
Sport and exercise for parents	89	11	179
Specialist clinic	12	88	128
Clinical psychology service	9	91	91

Row per cents may not add up to 100 due to rounding.

Several leaders mentioned ‘Healthwatch’ as one of the services they offer, however due to small base this service is excluded from the analysis.

Table 4.9	Open access or by referral –Employment, adult education and family support related and other services		
Base: Centres that mentioned they provide each type of service in Table 4.3 *Missing: 12-65 cases across different service types*			
	Row %		
	Universal / open access	**Referral / targeted at those most in need**	***Unweighted base***
Employment and benefits services or advice			
Benefits and tax credits advice	73	27	320
Jobcentre Plus (drop-in and PC terminal)	78	22	147
Jobcentre Plus (back to work advice)	62	38	161
Jobcentre Plus (appointment only sessions)	34	66	153
Next steps (employment support)	63	37	123
Teenage parents - get into work or training	36	64	217
Women's back to work support	56	44	115
Basic IT and job skills course	78	22	216
Other advice and information services			
Housing advice or information	67	33	283
Debt advice	66	35	278
Adult education for parents			
Adult learning	79	21	373
Further education	81	19	132
ESOL classes	50	50	223
Life coaching	45	56	70
Family and parenting support			
Ante natal classes	78	22	290
Post natal classes	77	23	202
Parenting/family support	30	70	412
Peer support	75	25	343
Activities and hobbies for parents	90	10	220
Evidence based programmes	25	75	362
Other specialist support	25	75	303
Other			
Toy library	96	4	213
Book start	91	9	325
Sure Start resource library	90	10	110
Parent forum	98	2	374

4.5 Number of users of each type of service

We asked children's centre leaders about the number of people who used the services provided by the children's centre during the previous month, which would have incorporated the school summer holiday period for most.[6] Table 4.10 and Table 4.11 show that the services with the highest number of users were early learning and childcare services, and 'stay and play' programmes (average of 98 users in both cases). Another popular service was the health visitor's clinic (average of 76 users). At the other end of the scale, the services with the lowest numbers of users were related to employment and benefits advice (average of 11-14 users across services), advice and information services (average of 10-12 users) and adult education (average of 15-16 users).

Table 4.10 Number of users in a month – Childcare and early education and health related services

Base: Centres that mentioned they provide each type of service in Table 4.2
Missing: 12-120 cases across different service types

	Mean	Min	Max	SD	Unwt base
Childcare and early years education					
Early learning and childcare	98	1	1180	108	307
Before school care for older children	36	1	500	77	72
After school care for older children	41	1	500	75	87
Opportunities for parents and children to play and take part in activities together					
Stay and Play	98	1	870	104	380
Thematic Stay and Play	50	1	433	58	265
Play and Learn (for older children)	43	1	400	51	146
Weekend activities	25	1	500	33	207
Childminder					
Childminder development	13	1	158	18	207
Childminder drop in	17	1	150	20	275
Childminders Play and Learn	22	1	232	35	89
Health related services					
Speech and language therapy (SALT)	20	1	256	35	233
Breast Feeding Support	18	1	240	23	324
Midwife clinic	46	1	500	53	248
Health Visitor Clinic	76	1	500	81	287
Sports and exercise for babies and children	25	1	153	27	266
Sport and exercise for parents	20	1	400	34	144
Specialist clinic	12	1	250	23	98
Clinical psychology service	7	1	50	8	64

[6] The fieldwork period ran from mid July just before the end of term until the end of September, so the reference period of the previous month would have included the holiday period for most.

Table 4.11 Number of users in a month – Health, employment and benefits related services					
Base: Centres that mentioned they provide each type of service in Table 4.3 *Missing: 39-154 cases across different service types*					
	Mean	**Min**	**Max**	**SD**	**Unwt base**
Employment and benefits services or advice					
Benefits and tax credits advice	13	1	134	15	240
Jobcentre Plus (drop-in and PC terminal)	11	1	74	12	106
Jobcentre Plus (back to work advice)	12	1	103	15	130
Jobcentre Plus (appointment only sessions)	14	1	103	17	108
Next steps (employment support)	10	1	34	8	74
Teenage parents - get into work or training	12	1	104	15	151
Women's back to work support	11	1	48	11	81
Basic IT and job skills course	14	1	60	12	132
Other advice and information services					
Housing advice or information	10	1	84	12	206
Debt advice	12	1	134	15	201
Adult education for parents					
Adult learning	20	1	240	23	270
Further education	15	1	200	25	81
ESOL classes	16	1	225	22	150
Family and parenting support					
Ante natal classes	21	1	129	23	221
Post natal classes	18	1	250	23	144
Parenting/family support	32	1	348	49	303
Peer support	26	1	257	28	260
Activities and hobbies for parents	18	1	86	16	151
Evidence based programmes	13	1	175	14	243
Other specialist support	10	1	78	10	215
Other services					
Toy library	20	1	200	25	153
Book start	28	1	190	33	219
Sure Start resource library	15	1	96	19	87
Parent forum	10	1	195	12	292

4.6 Evidence-Based programmes

The DfE is committed to increasing the use of evidence-based programmes as part of the services offered at the children's centres. Therefore, we asked children's centre managers which programmes they offered from a short-list of programmes ranked (according to quality and volume of supporting evidence) in the Graham Allen report on early intervention[7] and which were appropriate for the 0-5 year age group. Table 4.12 shows the wide range of evidence-based programmes that were offered by children's centres. Close to half of the centre leaders (47%) mentioned at least one of the evidence-based programmes. The most common programme, cited by 41 per cent of the leaders was 'Incredible Years', followed by 'Triple P' (38%) and 'Family Nurse Partnership' (20%). A further 41 per cent indicated that they offered an evidence-based service that was not on the list[8] and 12 per cent said they did not offer any evidence-based programmes.

[7] Allen, G., *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government* (2011). HM Government.

[8] Although leaders were asked to describe the 'other' programmes, an insufficient level of detail was provided to code them adequately or to differentiate between valid and invalid answers.

Table 4.12 Evidence-based programmes which were delivered as part of the children's centres	
Base: Responding sample (509). *Missing cases: 73.*	
Evidence-based programmes	**Column %**
Incredible Years	41
Triple P	38
Early Literacy and Learning	20
Family Nurse Partnership[9] (FNP)	14
Parents as Teachers	6
Parent Child Home Programme	4
I Can Problem Solve	3
High/Scope Perry Pre-School	3
Brief Strategic family therapy	2
Breakthrough to Literacy	2
Community Mothers	2
Success for All	1
Curiosity Corner (part of Success for All)	1
Parent Child Interaction Therapy (PCIT)	1
Healthy Families New York	1
Multidimensional treatment Foster Care (MTFC)	1
Bright Beginnings	1
Ready, Set, Leap!	1
Dare to be You	1
Even Start	*
Let's Begin with the Letter People	*
Healthy Families America	*
Other (please specify at next question)	41
None of these	12
Unweighted base	*436*

Percentages do not add up to 100 as more than one answer could apply.

[9] Known as Nurse Family Partnership in USA.

4.7 Target groups

Table 4.13 shows the different groups at which the children's centres targeted their services and programmes. The groups which were mentioned as a high priority by 90 per cent of the leaders and over were workless households (96%), children between the ages of one and five (95%), new-borns and babies under 12 months (94%), children with special education needs and lone parents (93%), teenage and young parents and expectant parents (92%) and fathers (90%).

Older children and siblings were a low priority or not a priority for the majority of the centres.

Table 4.13 Target groups for children's centre services

Base: Responding sample (509).
Missing cases: 64.

	Row %		
Target groups	**High priority**	**Low priority**	**Not a priority**
Target workless households	96	2	*
Children between 1 and 5 years old	95	2	3
New-borns and babies under 12 months	94	3	3
Children with SEN	93	6	2
Lone parents	93	6	1
Teenage mothers, pregnant teenagers, young mothers and fathers	92	6	2
Fathers	90	9	2
Children with behavioural problems	89	8	3
Children in Black and Minority Ethnic (BME) communities	82	15	3
Expectant mothers	82	14	4
Children with long-standing illnesses and disabilities	78	17	5
Looked after children (children in care)	78	15	7
Target Parents with little/no English	78	7	*
Homeless families	77	14	10
Children with parents who have long-standing illnesses and disabilities	74	21	6
Childminders	52	42	7
Travellers	48	34	18
Children between 6 and 8 years old	9	48	43
Older siblings	7	63	29
Children between 9 and 19 years old	5	33	62
Unweighted base			*445*

Row per cents may not add up to 100 due to rounding

4.8 Working relationships with other organisations

Centre leaders indicated which types of organisations they worked with (Table 4.14). A wide range of organisations were involved with the work of the children's centres, each of them cited by over a half of the leaders, indicating the breadth of multi-agency working. The organisations which were mentioned by most of the leaders were child development services (86%), social care services (85%) and primary or nursery schools (84%).

Table 4.14 Whether centres mentioned working with different organisations

Base: Responding sample (509).
Missing: 7

Organisations	**Column %**
Child development services	86
Social care services	85
Primary or nursery school	84
Health Centre	82
Local charities	81
JobCentre Plus	80
Child and Adolescent Mental Health Services	79
Higher or further education provider	71
National charities	70
Drug and Alcohol Teams	70
Private organisations	69
Other local professionals or practitioners	69
Unweighted base	*502*

Percentages do not add up to 100 as more than one answer could apply.

Centre leaders who answered the full version of the questionnaire (see Section 1.3.5), also provided detail on the nature of their working relationship with the different types of organisations. Table 4.15 shows the range of the different types of engagement between the children's centres and other organisations. Children's centres were generally more likely to have 'keep in touch' arrangements, information sharing protocols, agreed referral systems and joint service delivery with other organisations. Children's centres were less likely to have staff secondment arrangements with other organisations.

Table 4.15 Nature of the relationship between children's centres and other organisations

Base: Centres responding to the full version (465).

	Row %						
Organisations	**Keep in touch arrangement between staff**	**Information sharing protocols**	**Agreed referral systems and procedures**	**Joint staff training and development sessions**	**Staff secondment arrangements**	**Joint service delivery**	**Unwt base**
Child development services	51	62	85	50	10	54	393
Social care services	51	67	86	37	11	46	390
Primary or nursery school	58	55	62	38	5	39	383
Health Centre	60	44	68	21	4	35	368
Local charities	64	52	67	36	8	48	369
JobCentre Plus	57	42	60	13	2	27	364
Child and Adolescent Mental Health Services	47	45	79	20	2	20	354
Higher or further education provider	59	25	37	8	3	34	320
National charities	56	47	61	35	8	44	318
Drug and Alcohol Teams	50	37	70	12	1	13	315
Private organisations	61	43	46	35	4	29	312
Other local professionals or practitioners	68	56	70	29	6	45	310
Unweighted base							*465*

Percentages do not add up to 100 as more than one answer could apply.

As well as giving detail on the nature of their relationship, leaders also indicated whether each type of organisation was involved directly in service delivery or sign-posting and referral (Table 4.16). In general, the different types of organisations were more likely to be involved in referrals and sign-posting than in the delivery of services, except in the case of child development services.

Table 4.16 Ways in which different organisations were involved with the children's centres

Base: Centres that mentioned working with each type of organisation.
Missing: 47-69.

	Row %		
Organisations	**Delivering children's centres services**	**Sign-posting or referring cases to children's centres**	***Unweighted bases***
Private organisations	45	79	283
National charities	52	74	297
Local charities	58	69	349
Child development services	73	59	377
Health services	51	71	352
Primary or nursery school	50	74	367
Higher or further education provider	56	65	296
Social care services	55	69	380
Child and Adolescent Mental Health Services	32	83	332
Drug and Alcohol Teams	18	91	296
JobCentre Plus	48	72	343
Other local professionals or practitioners	57	71	269
Other people or organisations	49	76	185

5 Users and Evaluation

This chapter reports on the publicity methods used by children's centres, approaches to self-evaluation, and the number of users in different categories.

5.1 Key Findings

- Word of mouth was the most popular method for raising awareness and considered effective by nearly all leaders. Other well-regarded methods were through the health visitor, fun fairs or events, referrals or signposting from partner agencies, the children's centres outreach practitioner and local community groups and networks.

- The average number of users of services in the previous three months was 337 with some centres reporting up to 4,000.

- About a fifth (21%) of the service users spoke English as an additional language, and just over a quarter (27%) were from an ethnic minority background.

- Twenty-eight per cent of the children's centre users in the last month used only the childcare and early years services.

- All leaders referred to obtaining feedback from parents to monitor progress and performance. Most centres also used a range of other methods for self-evaluation.

- Outcomes for disadvantaged families were most often monitored through assessing service usage and carrying out informal observational assessments.

5.2 Publicity methods and perceived effectiveness

The survey asked children's centre leaders about their use of different methods of raising awareness and whether or not they perceived them to be effective (Table 5.1). The most popular method of raising awareness, which 99 per cent of the leaders perceived as effective was 'word of mouth', meaning relying on people who come into contact with the children's centre telling others about it. Other forms of raising awareness which were found effective by over 90 per cent of the leaders were through the health visitor (95%), fun fairs or events (94%), referrals or signposting from partner agencies (94%), the children's centres outreach practitioner (92%) and local community groups and networks (91%).

Adverts in the local media and GP or doctors surgeries were the methods least likely to be used and the least likely to be considered effective.

Table 5.1 Methods of raising awareness used by children's centres and perceived effectiveness

Base: Responding sample (509).
Missing cases: 113

	Row %		
Method	**Effective**	**Not effective**	**Not used**
Word of mouth	99	*	1
Health visitor	95	4	2
Family fair/ fun events/ park picnics	94	3	2
Referral or sign posting from partner agencies	94	3	3
Children's Centre outreach practitioner	92	1	7
Local community groups and networks	91	5	5
Leaflets/ posters/ sending letters to parents	88	9	3
Open days/ taster sessions at the Children's Centre	87	4	9
Midwife	82	12	7
Other health professionals	74	13	13
Door knocking/ walking the streets	69	14	17
Websites	58	24	17
Adverts in local media (newspaper/ radio)	36	22	42
GP / doctor	30	45	25
Other	13	1	87
Unweighted base			*396*

Rows do not add up to 100 per cent due to rounding.

5.3 Number of users

We also asked questions about the overall number of users and use of services by particular groups (Table 5.2 to Table 5.8).[10] The average number of users of services in the previous three months was 337. This may be lower than the average number across the year since the survey was conducted during the summer months. The maximum number of users reported by leaders was 4000 users. About a fifth (21%) of the service users spoke English as an additional language, and just over a quarter (27%) were from an ethnic minority background. Twenty-eight per cent of the children's centres users in the last month used only the childcare and early years services.

Table 5.2 Number of families using children's centre services in last 3 months

Base: Responding sample (509).
Missing cases: 100

	Unwt N	Mean	Min	Max	SD
Number of families using CC services in last 3 months	409	377	0	4000	382

Table 5.3 Number of families using children's centre services in last 3 months (by five categories)

Base: Responding sample (509).
Missing cases: 100

Banded number	Column %
0-100	11
101-200	22
201-500	47
501-1000	16
1001-4000	4
Unweighted base	*409*

Table 5.4 Percentage of children's centre users with English as an Additional Language

Base: Responding sample (509).
Missing cases: 89

	Unwt N	Mean	Min	Max	SD
Percentage of users with EAL (%)	420	21	0	100	25

[10] For the purpose of this survey, a user was defined as a family that came to the centre at least once.

Table 5.5	Percentage of children's centre users with English as an Additional Language (by five categories)
Base: Responding sample (509). *Missing cases: 89*	
Banded percentage	**Column %**
0-10	57
11-20	13
21-30	7
31-50	8
51-100	15
Unweighted base	*420*

Table 5.6	Percentage of children's centre users from an ethnic minority background				
Base: Responding sample (509). *Missing cases: 85*					
	Unwt N	**Mean**	**Min**	**Max**	**SD**
Percentage of users from ethnic minority background (%)	424	27	0	100	29

Table 5.7	Percentage of children's centre users from an ethnic minority background (by five categories)
Base: Responding sample (509). *Missing cases: 87*	
Banded percentage	**Column %**
0-10	47
11-20	14
21-30	7
31-50	12
51-100	20
Unweighted base	*424*

Table 5.8	Percentage of children's centre users in last month using only childcare and early years services				
				Base: Responding sample (509). *Missing cases: 166*	
	Unwt N	**Mean**	**Min**	**Max**	**SD**
Percentage of users using just childcare and early years services (%)	343	28	0	100	25

5.4 Self-evaluation

When asked about the different methods to assess the progress and performance of the children's centres, all leaders referred to obtaining feedback from parents (Table 5.9). The feedback from parents was in most cases collected verbally, via a written questionnaire and in writing in an open format (Table 5.10).

Three quarters of the leaders also mentioned monitoring the number of people using the children's centre (98%), monitoring the use of the children's centre by particular target groups (95%), using administrative data to look at child outcomes (93%), obtaining feedback from partner agencies (90%) and using local authority data to look at family outcomes (86%) as other methods of collecting feedback from users. (Table 5.9).

Table 5.9 Methods used to assess progress and performance of children's centre

Base: Responding sample (509).
Missing cases: 77

Method of self assessment	**Column %**
Obtain feedback from parents	100
Monitor the number of people using the children's centre	98
Monitor use of the children's centre by particular target groups	95
Use administrative data to look at child outcomes (e.g. EYFS data)	93
Obtain feedback from partner agencies	90
Use local authority data to look at family outcomes	86
Allocate staff members to observe children's centre services and activities	74
Use NHS data to look at health outcomes	73
Use other data to look at family outcomes	67
Other	17
None of the above	*
Unweighted base	*432*

Percentages do not add up to 100 as more than one answer could apply.

Table 5.10 Type of feedback sought from parents

Base: Responding sample who had indicated that they obtained feedback from parents (431).
Missing cases: 42

Feedback	**Column %**
Verbal feedback	100
Response to questionnaire	98
Written feedback in open format	94
Unweighted base	*389*

Percentages do not add up to 100 as more than one answer could apply.

The aim of the children's centres programme is to improve developmental outcomes for all children and to reduce inequalities in outcomes between the most disadvantaged children and others. There is particular interest, therefore, in how the centres monitor the progress of disadvantaged families. The methods most frequently cited by leaders were monitoring of service usage (mentioned by 92% of the leaders) and carrying out informal observational assessments (88%) (Table 5.11).

Table 5.11 Methods used by children's centre to assess outcomes for disadvantaged families

Base: Responding sample (509).
Missing cases: 80

Method	**Column %**
Monitor service use	92
Informal observational assessments	88
Structured child development assessment tools	68
Other	22
Unweighted base	*429*

Percentages do not add up to 100 as more than one answer could apply.

In terms of external assessment. just over a third of the centres reported having an Ofsted inspection since April 2011 (i.e., during the previous four or five months) (Table 5.12).

Table 5.12 Whether children's centre had had Ofsted inspection since April 2010

Base: Responding sample (509).
Missing cases: 120

Response	**Column %**
Yes	37
No	63
Unweighted base	*389*

6 Finance

The final chapter of the summary statistics reports on the finances of children's centres in deprived areas, detailing income, expenditure and recent financial cuts to services.

6.1 Key findings

- Children's centres received resources from a variety of organisations with the local authority being the main provider (99% centres). Centres were also supported by the NHS (35%), child development services (29%) and local charities and third sector organisations (24%).

- The local authority provided funding in all cases, but also provided staff, venues and materials to over half of the children's centres. Most of the other mentioned organisations mainly provided staff.

- In terms of annual revenue, the local authority provided an average amount of close to £300K in 2010-11 and up to £3m for some children's centres. Charging fees brought in an average revenue of close to £50k and partner agencies provided on average approximately £17k.

- The largest area of expenditure was employment costs. In 2010-11, children's centres spent on average close to £300K on employment costs and a little under £100K on goods, materials and services.

- The local authority was the sole funder for 37 per cent of centres. In most other cases, local authority funding was combined with funding from partner agencies and/or fees.

- The majority (60%) of leaders reported that no cuts had been made in 2010-11. Forty per cent reported that cuts had been made, reflecting the economic climate and budget reductions affecting local authority services more widely. No data was collected on the amount by which centre budgets had been reduced. The most frequently cited area of cuts was to staff and training (40%), followed by family and parenting support (20%), resources (18%), early learning and childcare (17%) and health related services (15%).

6.2 Income

Children's centres received resources from a variety of organisations (Table 6.1). The local authority was the main provider, cited by 99 per cent of centres. A wider range of other organisations were mentioned by a smaller proportion of centres including the NHS (35%), child development services (29%) and local charities and third sector organisations (24%).

Table 6.1 Organisations providing money or resources for services run by children's centre

Base: Responding sample (509).
Missing cases: 120.

Sources	**Column %**
Local Authority	99
NHS organisation	35
Child development services	29
Local charities, voluntary or community organisations	24
Social care services	22
Jobcentre Plus	22
Educational institutions	19
National charities or voluntary organisations	16
Child and Adolescent Mental Health Services (CAMHS)	13
Private providers	12
Local and/or parish councillors	10
Drug and Alcohol teams (DAT)	9
Big Lottery	5
Other local professionals or practitioners	14
Unweighted base	*389*

Percentages do not add up to 100 as more than one answer could apply.

For each of the organisations cited in Table 6.1, we asked the leaders about the types of resources provided (Table 6.2). The local authority provided funding in all cases, but also provided staff, venues and materials to over half of the children's centres. Most of the other organisations mentioned mainly provided staff.

Table 6.2 Types of resources provided by other organisations

Base: Centres to whom each organisation provided resources.
Missing cases: 2 – 7 cases across organisations.

	Row %					
Sources	**Money**	**Staff**	**Venue**	**Materials**	**Other**	*Un-weighted base*
Local Authority	100	63	64	54	10	378
NHS organisation	10	98	12	28	3	139
Child development services	3	96	4	36	5	109
Local charities, voluntary or community organisations	34	68	35	33	3	83
Social care services	7	86	10	12	11	75
Jobcentre Plus	3	88	3	34	6	84
Educational institutions	12	73	44	34	3	73
National charities or voluntary organisations	41	74	15	40	13	57
Child and Adolescent Mental Health Services (CAMHS)	8	80	0	13	13	49
Private providers	35	71	13	30	12	39
Local and/or parish councillors	[52]	[18]	[11]	[23]	[19]	31
Drug and Alcohol teams (DAT)	[5]	[79]	[0]	[19]	[13]	31
Big Lottery	[100]	[0]	[0]	[0]	[3]	17
Other local professionals or practitioners	[6]	[84]	[19]	[35]	[12]	49
Unweighted base						*389*

Row percentages sum to over 100 as more than one option could apply

Table 6.3 shows the amount of funding received from the local authority, partner agencies and fees charged for activities and services. The local authority provided an average amount of close to £300K in 2010-11 and up to £3m for some children's centres. Charging fees brought in an average revenue of close to £50k and partner agencies provided on average approximately £17k.

Table 6.3 Amount of funding from different sources in 2010-11 tax year (£)

Base: Responding sample (509).
Missing cases: 138-142

Sources	*Un-weighted base*	Mean	Min	Max	SD
Local authority	369	294,307	0	3,000,000	227,632
Partner agencies	367	16,891	0	1,000,000	82,831
Charging fees for activities and services	371	48,759	0	1,667,050	139,027

Of the centres that provided details about income, 37 per cent received all their income from the local authority (and none from partner agencies or fees) (Table 6.4). Most of the other centres were funded by a combination of the local authority LA, partner agencies and fees. Only in three per cent of cases did the children's centre report not receiving income from the local authority.[11]

Table 6.4 Proportion of income from local authority, partner agencies and fees in 2010-11 tax year

Base: Centre leaders who reported income (369).

Sources	Column %
All income from local authority	37
Income from local authority and partner agencies	8
Income from local authority and fees	37
Income from local authority, partner agencies and fees	16
Income from partner agencies and fees	3
Unweighted base	*369*

One-third of centres indicated that they also received income from other sources during the same year (Table 6.5).

[11] The discrepancy between this 3 per cent and the responses in Table 6.2 is due to missing data in the amount of funding provided by the local authority.

Table 6.5 Whether income received from other sources in 2010-11 tax year	
Base: Responding sample (509). *Missing cases: 105.*	
Response	**Column %**
Yes	37
No	63
Unweighted base	*404*

The value of children's centre assets (excluding buildings) varied widely (Table 6.6). Of the leaders that responded, half reported their children's centres as having assets of between £1 and £50,000.

Table 6.6 Value of children's centre assets (£)	
Base: Responding sample (509). *Missing cases: 231*	
Banded amount	**Column %**
£0	12
£1 - £25,000	23
£25,001 - £50,000	27
£50,001 - £75,000	7
£75,001 - £100,000	13
£100,001 - £500,000	14
£500,001 - £1,400,000	3
Unweighted base	*278*

6.3 Expenditure

Approximately half of the leaders responded to the question about set-up costs. Building costs amounted to £418,835, on average and equipment costs were £70,645 (Table 6.7).

Table 6.7 Set up costs (£)					
Base: Responding sample (509). *Missing cases: 241-248*					
Set up costs	**Unwt N**	**Mean**	**Min**	**Max**	**SD**
Buildings	267	418,835	0	2,000,000	509,855
Equipment	266	70,645	0	1,000,000	161,520
Total set up costs[+]	261	484,652	0	2,800,000	592,253

[+]Reported for cases that provided costs for buildings **and** equipment

Ongoing capital expenditure was reported as £50,194 on average (Table 6.8).

Table 6.8 Average capital expenditure per financial year (£)					
Base: Responding sample (509). *Missing cases: 198*					
	Unwt N	**Mean**	**Min**	**Max**	**SD**
Average capital expenditure (excluding first year of operation)	311	50,194	0	1,000,100	148,276

The largest area of expenditure was employment costs (Table 6.9). In the financial year 2010-11, children's centres in deprived areas spent on average close to £300K on employment costs and a little under £100K on goods, materials and services.

Table 6.9 Expenditure on employment costs and goods, materials and services in 2010-11 tax year (£)					
Base: Responding sample (509). *Missing cases: 171-187*					
Expenditure	**Unwt N**	**Mean**	**Min**	**Max**	**SD**
Employment costs	338	273,630	0	7,200,000	393,719
Goods, materials, services	330	92,731	0	8,976,581	413,040
Total expenditure on the above[+]	322	369,372	0	9,169,581	591,348

[+]Reported for cases that provided costs for employment **and** goods, materials, services.

The majority of children's centres (65%) reported zero expenditure on rent during 2010-11 (Table 6.10), presumably because the buildings were provided by an external body such as the local authority (Table 6.2). The annual rent for most other children's centres was up to £50K. A small minority paid up to £100K in rent.

Table 6.10 Amount spent in rent in 2010-11 tax year (£)	
Base: Responding sample (509). *Missing cases: 164*	
Amount	**Column %**
£0	65
£1 - £10,000	17
£10,001 - £50,000	17
£50,001 - £100,000	2
Unweighted base	*345*

Where rent *was* paid, one third of children's centres received a discount (Table 6.11).

Table 6.11 Whether rent was discounted or subsidised	
Base: CC paying rent (120). *Missing cases: 12*	
Response	**Column %**
Yes	37
No	63
Unweighted base	*108*

6.4 Cuts

Given the recent widespread reductions to public sector budgets, there was interest in the extent to which children's centres had been affected (Table 6.12). Leaders were asked whether they had made cuts to children's centre services during the previous financial year (2010-11). The majority (60%) of leaders reported that no cuts had been made. Forty per cent reported that cuts had been made, reflecting the economic climate and budget reductions affecting local authority services more widely. No data was collected on the amount by which centre budgets had been reduced.

Table 6.12 Whether children's centre had to make cuts to services in 2010-11

Base: Responding sample (509).
Missing cases: 146

Response	**Column %**
Yes	40
No	60
Unweighted base	*363*

The 40 per cent of leaders who reported that their centre had experienced cuts were asked to provide more detail about the services affected. This was an open question, allowing the leader to respond verbatim and responses were coded later. The most frequently cited area of cuts was not to services, but to staff and training (40%).[12] This was followed by family and parenting support services (20%), resources (18%), early learning and childcare services (17%) and health related services (15%) (Table 6.13). Subsequent stages of the evaluation will report on more recent financial issues.

Table 6.13 Areas of provision that were affected by cuts among the 40 per cent of childrens centres reporting reduced budgets

Base: Children's centres that had to make cuts (147).
Missing cases: 0

Services	**Column %**
Staff/training	40
Family and parenting support	20
Children's centre resources	18
Early learning and childcare	17
Health related services	15
Other advice and information services	9
Opportunities for parents and children to play/activities together	5
Employment and benefits services/advice	3
Adult education for parents	3
Toy library	2
Before/after school care for older children	2
Childminder development and support	2
Birth registrar	1
Volunteer coordinator	1
Other services	6
Unweighted base	*147*

Coded from verbatim responses. Percentages do not add up to 100 as more than one answer could apply.

[12] It is not possible to separate staff and training because of the nature of the verbatim responses.

Appendix A Possible typologies of provision

A.1 Introduction

The report above has shown that Sure Start Children's Centres (SSCCs) are complex vehicles that take varying forms in order to ensure that integrated and good quality family services are accessible to disadvantaged communities. However despite such heterogeneity in form, it is possible that certain types of setup and certain ways of working are common across SSCCs that otherwise appear nominally different.

The first section of this appendix explores the possibility that types of SSCCs can be identified according to shared characteristics while the second section explores whether these characteristics have changed following the subsequent ECCE sub-sampling procedure (down to approximately 120 centres - see Section 1.3) the design of which ensured that no group of interest was excluded disproportionately by chance.

A.2 The Possibility of Underlying Typologies

This section explores whether typologies' of similar SSCCs can be identified within the Strand 1 ECCE data that has been collected to date. Typologies are sought after that summarise and distinguish different forms of SSCC management, working, and service provision. If typologies can be successfully identified within this data this technique might be used later in the ECCE Project once more data has been gathered about SSCCs and once theoretical models of impact are being developed and statistically tested.

We report on a multivariate exploratory statistical procedure ('Cluster Analysis') that was carried out to determine whether typologies/clusters of SSCCs were identifiable within data gathered from the 2011 survey of leaders and the TfC database. A 'Two-Step' Cluster Analysis was carried out on nine characteristics measured by eleven variables that captured key aspects of a centre's management and leadership, form and structure, provision of services, and user take-up (see Table A1). These nine characteristics were selected after initial examination of descriptive statistics and based on judgement of likely importance given a review of SSCC policy and literature. The conducted Cluster Analysis is a purely exploratory procedure that permitted all eleven of the measures (both categorical continuous, see Table A1) to be considered in the same single analysis. The use of this technique was especially suitable to the exploratory task of identifying potential typologies as no constraint was placed on the number of valid groupings that could be revealed.

Considering the eleven measures presented in Table A1, ten can be seen to contain missing data with this mostly apparent within the five variables that were measured on continuous scales. Only 277 of the 509 SSCCs (54 percent) that completed the survey of leaders returned complete data on all of these questions. This high degree of missing data jeopardised the validity of any results that could be obtained from an immediate

cluster analysis. This is because analysing fewer Centres would reduce the likelihood of accurately detecting typologies as there would be less information drawn upon. As a consequence and before the cluster analysis was undertaken, the five continuous measures presented in Table A1 each had their missing values numerically estimated through use of the Expectation Maximisation (EM) algorithm.[13] With the missing data on the continuous measures estimated, the Two-Step Cluster Analysis was then undertaken on a sample of 491 SSCCs (97 percent of the 509).[14]

While most of the eleven measures presented in Table A1 are reasonably self-explanatory (with further details found in the other chapters of this report), for readers to have a full-understanding of the measures that were considered in the Cluster Analysis further information is required on the measures summating the numbers of *Evidence-Based Programmes (EBP)* and *service-types* offered by each SSCC. Regarding the number of EBP programmes, the leaders of SSCCs were asked which programmes they provided from a list of 23 (+1 "other"; see Table A2). This short-list of EBPs were selected from the top three tiers of programmes as ranked (according to quality and volume of supporting evidence) in the Graham Allen Report (2011) and which were appropriate for the 0-5 year age group. Considering the total number of different types of service that were offered by SSCCs, the survey of leaders asked about 10 (+1 "other) services (see Table A3) and whether these were provided either "*directly*" by the Centre or whether the Centre "*helps centre users gain access to these*" (indirect).

[13] The Expectation Maximisation (EM) algorithm is a two-step (Expectation, E, then Maximisation, M) iterative mathematical procedure that computes Maximum Likelihood (ML) estimates of missing values.

[14] Regarding the effect of the missing data on the cluster analyses: The results from the cluster analyses reported here closely matched those of a parallel cluster analyses conducted on a sample with no missing data (referred to as a 'list-wise deleted' sample). Four clusters were again found and this was again a "fair" solution. Two clusters mapped exactly onto two of the clusters reported here while the other two clusters both partially mapped but with partial overlap onto other clusters. Here we report the cluster analysis from the larger sample size for increased statistical power.

Table A1 **The 9 SSCC characteristics measured by 11 variables that were included in the Two-Step Cluster Analysis used to determine the possibility of underlying Typologies of SSCCs**

Characteristic (n=9):	Variable description (n=11):	Form of measure:	Valid n (max. n=509):	% missing:
1. Lead Agency	(lead agency) – local authority led (yes/no)?	Categorical	507	0.4
	(lead agency) – NHS led (yes/no)?	Categorical	507	0.4
2. Urban or rural	Urban or rural setting (yes/no)?	Categorical	509	0.0
3. Single or multi centre manager	Single centre manager (yes/no)?	Categorical	507	0.4
4. Site Arrangements	(Site arrangements; dummy) – "main site with satellites" (yes/no)?	Categorical	492	3.3
	(Site arrangements; dummy) – "main site with other regular venues" (yes/no)?	Categorical	492	3.3
5. Number of EBP Programmes	Number of EBP programmes offered	Continuous	436	14.3
6. Number of Types of Service	Total number of different types of service offered	Continuous	463	9.0
7. Number of Target Users	Number of registered users with 9-18m old children (ECCE-target families)	Continuous	350	31.2
8. Number of Users over last 3 months	Total number of users in last 3 months	Continuous	409	19.7
9. Number of Staff Employed	Total number of staff employed	Continuous	430	15.5

Note: LA: Local Authority; EBP: Evidence-Based Programmes

Table A2	The 23 (+1 "other) Evidence Based Programmes (EBP) that leaders of SSCCs were asked whether or not their centre provided	
Curiosity Corner (part of Success for All)	Parent Child Home Programme	Brief Strategic family therapy
Incredible Years	Bright Beginnings	Community Mothers
Let s Begin with the Letter People	Parent Child Interaction Therapy (PCIT)	Dare to be You
Ready, Set, Leap!	Al s Pals	Even Start
Success for All	Breakthrough to Literacy	Healthy Families America
Early Literacy and Learning	I Can Problem Solve	Healthy Families New York
Multidimensional treatment Foster Care (MTFC)	Parents as Teachers	High/Scope Perry Pre-School
Family Nurse Partnership	Triple P	*"Other (please specify at next question)"*
Note: Future work will be done to identify which of these is the most common in our sample		

Table A3	The 10 (+ 1 "other) Types of Service that leaders of SSCCs were asked whether or not their centre provided (directly or indirectly)	
Adult education for parents	Before/after school care for older children	Childminder development and support
Early learning and childcare	Employment and benefits services	Family and parenting support
Health related services	Opportunities for parents and children to play and take part in activities	Other advice and information services
"Other (please specify at next question)"	Outreach or home-based services	
Note 1: Indirect Provision here refers to SSCCs that, "help centre-users gain access to these [services]"		
Note 2: The types of service are presented in alphabetical order		

The results of the Two-Step Cluster analysis can be seen in Table A4. Four Clusters/Typologies of SSCCs were identified (with this being a solution of "fair" quality[15]) with the percentage of children's centres within each typology varying between 20 and 31 percent. Table A4 also reveals that of the eleven measures that were Cluster-Analysed, *only seven* ended-up significantly varying across typologies.[16]

Table A4	**Significant Differences between the four SSCC clusters/typologies identified from the Two-Step Cluster Analysis (on n=492, 97% of available cases)**			
Measure (7 of 11)	**Typology/Cluster 1 (n=100, 20%)**	**Typology 2 (n=124, 24%)**	**Typology 3 (n=102 s, 20%)**	**Typology 4 (n=155, 31%)**
...SSCCs within each Typology were more likely to...				
Single or multi centre manager	...Have a multi-lead centre manager	...Have a single-lead centre manager	...Have a single-lead centre manager	
Local Authority (LA) led SSCC	...Be LA led	...Be non-LA led		
Physical Site arrangements	...Be either a *single main site,* or a *main site with regular other venues*.	...Be a *main site with regular other venues*	...Be just a *main site*	...Be a *main site with satellites*
Number of EBP programmes		...Offer the **least** number of EBP programmes		...Offer the **greatest** number of EBP programmes
Registered users with 9-18m old children (ECCE-target families)	...Have the **fewest** registered users with at-least one 9-18 month old child			...Have the **most** registered users with at-least one 9-18 month old child
Total users in last 3 months		...Have the **fewest** users within the past 3 months		...Have the **most** users within the past 3 months
Number of staff employed		...Employ the **greatest** number of staff	...Employ the **least** number of staff	
Note: Excludes an 'Outlier Cluster' of n=11 SSCCs that were characterised *by extremely large numbers of registered users, recent users (last 3 months), and the total number of staff employed* – possibility of error in manager responses				

Of all eleven measures that were analysed in the Two-Step Cluster Analysis, only two were found to strongly differentiate the four typologies (number of centres managed[17] and

[15] "Fair" according to the "*Silhouette measure of cohesion and separation*", a measure of a cluster solution's overall goodness of fit (relative to the data it is applied to) being roughly equal to 0.3. With a range of -1 to +1, silhouette values <±0.20 indicated "poor" solutions, values ≥±0.20 but < ±0.50 indicate "fair solutions", and values ≥±0.50 indicate "good" solutions

[16] Revealed via Chi-square tests for the categorical measures of Table 7.1 and ANOVAs for the continuous measures (see Appendix E)

[17] Just one SSCC, or more than one SSCC

physical site arrangements[18]). As such, the four Typologies of SSCCs that are shown in Table A4 were given the following names (respectively by Typology Number):

Typology 1: "Non-satellite setups with multi-lead centre managers"
Typology 2: "Setups characterised by having a main-site plus other regular venues"
Typology 3: "Just main-site setups with single-lead centre managers"
Typology 4: "Setups characterised by having a main-site plus satellite sites"

Details of the significant differences between the four typologies are as follows (with additional descriptives presented in Appendix B):

Typology/Cluster 1 (n=100 of the n=492; 20 percent) "Non-satellite setups with multi-lead centre managers":

- LA led (n=89; *present in 89 percent of all the n=100*)
- Multi-lead centre manager (n=100; 100%)
- Setups that are either a single main site, or a main site with regular other venues (n=100; 100%)
- Lowest number of registered ECCE-target families (mean=151; SD=119)

Typology 2 (n=124; 24 percent) "Setups characterised by having a main-site plus other regular venues" :

- Non-LA led (n=67; *present in 54 percent of all the n=124*)
- Single-lead centre manager (n=107; 86%)
- Setups that featured a main site plus regular other venues (n=124; 100%)
- Fewest number of EBP programmes on offer (mean=0.61; SD=0.83)
- Lowest number of users over the past 3 months (mean=324; SD=222)
- Greatest number of staff employed (mean=46; SD=29)

Typology 3 (n=102; 20 percent) "Just main-site setups with single-lead centre managers":

- Single-lead centre manager (n=99*; present in 97 percent of all the n=102*)
- Setups that were just a single main site (n=102; 100%)
- Lowest number of staff employed (mean=40; SD=28)

Typology 4 (n=155; 31 percent) "Setups characterised by having a main-site plus satellite sites":

- Setups that featured a main site with satellites (n=154; *present in 99 percent of all the n=155*)
- Greatest number of EBP programmes offered (mean=1.08; SD=1.25)
- Greatest number of registered ECCE-target families (mean=189; SD=149)
- Greatest number of users over the last 3 months (mean=413; SD=314)

[18] Just a main site, a main site plus other regular venues, or a main site plus satellite sites

Discussion

The above analysis aimed to establish whether ECCE data on SSCCs might be analysed to reveal typologies of children's centres that exhibited certain shared characteristics. Through a Cluster Analysis of eleven measures originating from the 2011 survey of leaders and the TfC database, the possibility of detecting SSCC typologies within the ECCE data was confirmed as four typologies were revealed that were most strongly characterised by differing site arrangement and the number of centres that a leader managed. However, although the above analysis demonstrates that it is possible to successfully distinguish groups of SSCCs from one another, there are two notes worth keeping in mind when attempting to apply these results to the broader ECCE Project.

First, the four typologies/clusters that are suggested by the above Cluster Analysis do not necessarily represent categories of SSCCs as they exist in the real world. Instead, the above results indicate only that there *might be* measureable patterns within the different forms of SSCC structures, management, and day-to-day practice. To *truly* identify real-life categories of SSCCs would require a Cluster Analysis that was more strongly informed by top-down expert knowledge of current conditions on the ground – a knowledge-base that the ECCE team is increasingly developing as fieldwork progresses across all the different strands. With such information, the ECCE team grows ever more informed as to which measures (including those yet to be developed) are most likely to distinguish SSCCs from one another (and which might therefore be included in future Cluster Analyses). At the same time however, to retain the same statistically-satisfactory four-cluster solution that was returned here while considering a potentially greater number of measures would require these measures to be increasingly related to one-another. As such, a sensible recommendation from the above analysis would be for its repetition later on in the life of ECCE Project as the extra information becomes available as this would enable a better-informed set of typologies while not necessarily considering a greater number of measures.

The second note to bear in mind when considering these results is that the above Cluster Analysis method might be successfully extended to other instances where an exploration of patterns is required within the ECCE data. For example, are certain 'packages' of Evidence Based Programmes commonly offered together, or are there certain categories of users? In other words, the application of Cluster Analysis is not limited in its application to centre-level ECCE data. Indeed, one application of this statistical procedure might be in the generation of 'light' vs. 'heavy' user groups to help ECCE better attribute the impacts of SSCCs to their users. In this instance, Strand 2 asks multiple questions related to the issue of 'heaviness of use' such as, *"How many services does a registered user make use of?"*, *"Over what period have these been used?"*, *"With what frequency are these used?"* and, *"How long per-week are these used?"*. Cluster Analysis has the potential to consider all this information and reveal not only 'light' and 'heavy' users, but also different types of 'light' and 'heavy' use.

A.3 The ECCE Sub-Samples and Changing Characteristics of Sure Start Children's Centres

This second section examines the persistence of any 'Typologies' that were evident from the first section (as well as considering the characteristics of SSCCs more generally) as ECCE has progressed beyond Strand 1 with the drawing of a sub-sample of approximately 120 SSCCs to take part in the remainder of the evaluation including fieldwork visits by Strands 2, 3, and 5[19] (see Section 1.3).

Although Section A2 suggested that statistical analysis of ECCE data can lead to informative typologies of Sure Start Children's Centres, the form of these typologies may change depending upon at what stage in the ECCE sampling procedure a sub-sample is drawn for analysis. This is because the ECCE project drew sub-samples of SSCCs that varied by different characteristics (see Chapter 1, Section 1.3) as part of a sampling strategy that maximised the likelihood of certain types of SSCC being sampled so as to enable comparisons.[20]

The final part of this Chapter outlines the different characteristics of the sub-sample of 150 SSCCs that will be analysed in strands 2-5 as compared to the larger ECCE sample of 509 who were achieved from the 2011 leader survey. Going a step further, this Section then considers whether the four typologies that were suggested by Section A2 are under- or over-represented in this sub-sample as a result of these differences. Determining if and how the sub-sample of 150 differs from the broader non-selected sample of 509 was accomplished by statistical analysis of the data that was gathered from the 2011 survey of leaders and searching for statistically significant differences (at the 95% probability level) between three nested ECCE sub-samples:

1. The final n=150 Centres that will be analysed in strands 2-5 (see Section 1.3)
2. The remaining n=150 SSCCs that were part of the sample of n=300 SSCCs that were issued for user sampling (see Figure 1.1)
3. The remaining n=209 SSCCs that were achieved from the 2011 leader survey (for a total sample of 509; see Figure 1.1)

[19] The 150 SSCCs for fieldwork visits by ECCE Strands 2, 3 and 5 are composed of 120 who will be visited by Natcen and Oxford fieldworkers in Strands 2 and 3 (respectively) plus 30 that are held in reserve in case of refusals. These 30 also form the basis of the Strand 5 fieldwork visits that will be carried out by Frontier Economics

[20] For example, comparing SSCCs that are run by different lead organisations such as the NHS and LAs

A.4 Systematic Variations in the Reducing ECCE Sample

In comparing the three nested ECCE sub-samples (n=150 vs. n=150 vs. n=209), eighty variables were examined for statistically significant difference[21] - *although only eight were subsequently found (10%)*. Together, these eighty variables contained information on a wide-range of centre characteristics with these summarised in Table A5.

Table A5 **The various aspects of Sure Start Children's Centres that were measured within the eighty variables that were examined for significant differences between the sample that was achieved from the 2011 survey of leaders down to the final sample that will be analysed in strands 2-5**

2010-11 SSCC amalgamation	Historical Origin of SSCC	Types of services that are provided	Recency of last Ofsted inspection (since 2010)	Number of users
Lead Organisation	Nature of Local Authority (LA) support	Total number of different types of service offered	Any 2010-11 financial cuts	
Location of main SSCC site	Characteristics of advisory board	Number of Evidence-Based Programmes that are provided	Urban or rural setting	
Proximity of SSCC to other services	Number of staff employed	Targeted groups of users	Multi-lead centre manager	

The eight significant differences between the three compared groups were:

1. There were significantly more NHS led centres within group 2 (n=18, 12%) rather than in group 3 (n=0) or group 1 (n=10, 7%).
2. There were significantly more SSCCs managed by maintained primary schools within group 1 (n=19, 73%) rather than in group 2 (n=12, 48%) or group 3 (n=19, 42%).
3. There were significantly fewer SSCCs that were within pram-pushing distance of a doctor's surgery in group 3 (n=162, 85%) rather than in group 1 (n=127, 93%) or group 2 (n=123, 91%).
4. A significantly greater number of the SSCCs from group 2 claimed that their managers received *no support in their governance arrangements* from the LA (n=27, 20%) as compared to group 1 (n=20, 15%) or group 2 (n=19, 10%).
5. A significantly greater number of the SSCCs from group 3 claimed that their managers received *some support in their finance and accounting functions* from the LA (n=164, 88%) as compared to group 2 (n=105, 78%) and group 1 (n=104, 79%).
6. A significantly greater number of the SSCCs from group 3 claimed that their managers received *some support in their staff recruitment* from the LA (n=147, 79%) as compared to group 2 (n=95, 71%) and group 1 (n=81, 61%).

[21] With two inferential statistical tests used to determine whether the three groups of SSCCs significantly differed (again, at the 95% probability level): 1) The Chi-Square Difference Test was used with categorical measures; 2) The Kruskal-Wallis Test was used with continuous measures

7. Significantly more SSCCs within group 1 (n=18, 14%) have an advisory board who report to someone other than the six given options[22] than do groups 2 (n=6, 5%) and 3 (n=10, 6%).
8. Significantly more SSCCs within group 1 (n=82, 62%) offered 1+ (compared to none at all) Evidence-Based Programmes than did group 2 (n=56, 43%) or group 3 (n=88, 50%).

The eight significant differences that were identified between the three groups of SSCCs can be summarised in a short-list of four bullet points to describe and differentiate the final 150 SSCCs that will be analysed in strands 2-5:

1. Not all of the especially-selected NHS led SSCCs that were issued for user sampling (see Chapter 1, Section 1.3) ended up as part of the final 150 that will be analysed in strands 2-5.
2. The final sample for analysis in strands 2-5 included a greater percentage of SSCCs that were managed by maintained primary schools.
3. The final sample of SSCCs for analysis in strands 2-5 has more 'unusual'[12] arrangements in place concerning to whom their advisory board reports.
4. The final sample of SSCCs for analysis in strands 2-5 is made up of a greater number of SSCCs that offer at least one Evidence-Based Programme rather than none at all.

The final part of this appendix considers the distribution of the four typologies suggested by Section A.2 (from a Cluster Analysis on data from the 509 SSCCs achieved from the 2011 leader survey) within the sub-sample of 150 SSCCs that will be analysed in strands 2-5 (see Table A6). With no 'Adjusted Residuals' exceeding ±1.96[23], the figures within Table A6 indicated that all four of the typologies were as equally represented within the final sub-sample of 150 SSCCs as they were within the remaining sample of the 509 SSCCs achieved from the leader survey.[24]

[22] "Unusual" meaning an advisory board other than: 1) a school governing body; 2) a health organisation; 3) an executive committee/board of directors; 4) the head of the lead organisation; 5) a local authority co-ordinator; 6) the children's centre leader
[23] The threshold for statistical significance at the 95% probability level
[24] Only 481 of the 509 SSCCs achieved from the leader survey were here analysed. 11 SSCCs formed an "Outlier Cluster" (which is here discarded) and 17 (3%) had missing data on at least one of the categorical variables considered in the Cluster Analysis of Section 7.2 (and so were discarded at that stage)

Table A6 Cross-Tabulation showing the number of SSCCs that were Sub-sampled for analysis by Strands 2-5 broken-down by membership of the four typologies (carried out on n=481 of n=509)					
SSCC within the sub-sample of n=150 that will be analysed in ECCE strands 2-5	**The four suggested Clusters/Typologies from Section A.2**				
	1.	**2.**	**3.**	**4.**	**Total**
"No" – Count	67	87	73	114	**341**
(Adjusted Residual)	*(-1)*	*(-0.2)*	*-0.2*	*-0.9*	
"Yes" – Count	33	37	29	41	**140**
(Adjusted Residual)	*(1)*	*(0.2)*	*(-0.2)*	*(-0.9)*	
Total	**100**	**124**	**102**	**155**	**481**

Discussion

The results from the above analyses illustrate how some characteristics of SSCCs (though only 10% in the above exercise) can be more or less apparent over the different ECCE sub-samples. Therefore (and considering the Cluster Analysis procedure of Section A.2), it is possible that the number and nature of any typologies that are returned from any future Cluster Analysis of SSCCs that is carried out on the sub-sample of n=150 SSCCs may differ from that which was carried out on the sub-sample of n=509.

A.5 Summary and Conclusions

This Chapter set out to determine whether it was feasible for meaningful typologies of SSCCs to be established from the quantitative data that is being gathered by the ECCE Project. With a consideration of eleven measures taken from the 2011 leader survey and the TfC national database, a Two-Step Cluster Analysis, and a suggestion of four typologies, this feasibility was confirmed. A number of caveats to this solution were then discussed which together emphasise that the merits of any suggested set of typologies from this approach will depend strongly upon the quality of the expert knowledge that goes into their generation (be this knowledge relating to SSCCs, or knowledge concerning the ECCE sub-sample under analysis). Future follow-up statistical analyses based on additional *as yet unconsidered* ECCE data will test the validity of the techniques here explored as well as the robustness of these results. Additional data will come not only from the two data sources considered here (the initial 2011 leader survey and the TfC database), but also from future ECCE fieldwork involved in four out of the five strands of ECCE (only Strand 4: Impact having no fieldwork element).

Appendix B Further analysis to support Appendix A

Table B1 reveals the numeric results of the three Chi-Square and four ANOVA tests that yielded the seven statistically significant differences that characterised the four typologies suggested in Section A.2. In-text description of these differences can be found within Section A.2 itself.

Table B1. Statistically significant differences between the four typologies suggested in Section A.2

Measure (8 of 11):	**Statistical Test**	**Result**	**p-value**
Single or multi centre manager	Chi-Square	X2(df=3; n=481)=246.85	<0.001
Local Authority (LA) led SSCC	Chi-Square	X2(df=3; n=481)=47.93	<0.001
Physical Site arrangements	Chi-Square	X2(df=3; n=481)=808.38	<0.001
Number of EBP programmes	One-way ANOVA	F (4, 416) = 7.036	<0.001
Registered users with 9-18m old children (ECCE-target families)	One-way ANOVA	F (4, 335) = 15.870	<0.001
Total users in last 3 months	One-way ANOVA	F (4, 391) = 33.851	<0.001
Number of staff employed	One-way ANOVA	F (4, 414) = 9.154	<0.001

Tables B2 through B3 reveal the results of an additional set of descriptive statistics conducted on the four typologies/clusters in an attempt to better clarify what kinds of Sure Start Children's Centres each may capture. Table B1 reveals that significantly different numbers of SSCCs ($\chi^2(df=3, n=481)=9.412, p<0.05$) were managed by the PVI sector across each of the typologies suggested in Section A.2. SSCCs within Typology 1 (*"Non-satellite setups with multi-lead centre managers"*) were significantly less likely to be managed by the PVI sector while there were was no association between PVI-management and membership of any of the other three typologies.

Table B2 Cross-Tabulation showing the distribution of the number of SSCCs that were managed by the PVI sector 2 (inc. national and local charities) across each of the four typologies suggested in Section A.2 (carried out on n=481)

			The four suggested Clusters/Typologies				
			1	2	3	4	Total
PVI as a lead organisation	"No"	Count	92	98	79	130	399
		Adjusted Residual	2.7	-1.3	-1.7	.4	
	"Yes"	Count	8	26	23	25	82
		Adjusted Residual	-2.7	1.3	1.7	-.4	
Total		Count	100	124	102	155	481

Table B3 shows the statistically significant relationship between the four typologies that were identified and described in Section A.2 and the number of SSCCs that self-reported being former LA maintained nursery schools ($\chi^2(df=3, n=439)=9.916, p<0.05$). SSCCs within Typology 1 (*"Non-satellite setups with multi-lead centre managers"*) were significantly more likely to have been former LA maintained nursery schools while the reverse was true for SSCCs within Typology 3 (*"Just main-site setups with single-lead centre managers"*).

Table B3 Cross-Tabulation showing the distribution of the number of SSCCs that were formerly nursery schools across each of the four typologies suggested in Section A.2 (carried out on n=439)

			The four suggested Clusters/Typologies				
			1	2	3	4	Total
SSCC self-reports being a former Local Authority maintained nursery school	"No"	Count	87	100	68	119	374
		Adjusted Residual	2.3	-.4	-2.6	.7	
	"Yes"	Count	7	19	21	18	65
		Adjusted Residual	-2.3	.4	2.6	-.7	
Total		Count	94	119	89	137	439

Appendix C Advance letter

Evaluation of Children's Centres in England

Dear «Leader»,

We would like to invite you to participate in a survey for the Evaluation of Children's Centres in England.

The Department for Education (DfE) has commissioned the National Centre for Social Research (NatCen) in collaboration with the University of Oxford and Frontier Economics to conduct an evaluation of the national roll out of Children's Centres in England.

The evaluation involves research with Children's Centre staff and the families who use the services. The evaluation will provide an in-depth understanding of the effectiveness of different approaches taken in the management and delivery of Children's Centre services and will produce wide-ranging evidence about the best ways to support families and children.

The evaluation begins with a web survey of around 500 Children's Centres lasting approximately 45 minutes. The questionnaire covers the following topics:

- Site and management arrangements
- Staffing
- Work with partner organisations
- Services and signposting
- Awareness raising
- Income and expenditure

To access this survey you will need the link to the survey and your unique access code recorded below.

Your unique access code for this survey is: **«AccessCode»**

The link for the online survey is: https://www.natcen-surveys.co.uk/ccw1m

Enter the link into your internet browser and type in your access code. Please follow the instructions in the survey and answer every section. You do not need to complete the survey in one sitting. You can log out and log in again using your access code, allowing you to stop the survey and look something up, for example. When you complete the survey simply follow the instructions on screen and the data will be uploaded securely onto NatCen system. Please complete and submit the survey by **Friday 19th August.**

Attached with this letter are two sheets to help you answer questions relating to Children's Centre staff, service users, income and expenditure. The Qualifications Help Sheet will help you determine what level on the National Qualifications Framework each staff member's qualification equates to. Please refer to the Data Sheet before you begin the web survey to ensure that you have the necessary information to hand.

NatCen will email you to confirm the web link during the next couple of days using this address:
«Email»

If this email address is not correct or not known, you do not have web access, or if another member of your staff is better placed to complete the survey, please contact NatCen by phone on 0800 652 0201 or email at childrens-centres-evaluation@natcen.ac.uk with the correct details. Please note the reference number on the top right of this letter on all correspondence.

The information you provide will be used for research purposes only and will be treated in strict confidence in accordance with the Data Protection Act. No information that can identify you will be reported or passed to anyone else without your permission. For more information about the evaluation including how your data will be used, please see
http://www.natcen.ac.uk/study/evaluation-of-children's-centres-in-england.

If you have any questions or difficulties in responding to this survey, please feel free to contact the research team at NatCen on the email address or phone number provided above.

Thank you for supporting this important evaluation. We hope you enjoy taking part.

Yours sincerely,

Michael Dale

Senior Research Officer
Department for Education

Appendix D Qualifications Helpsheet

Level (National Qualifications Framework)	Qualifications relevant to working with children (Education and Childcare) Name (not all names are included)
1	• **NVQ Level 1** • **CACHE Level 1** e.g. Entry Level Certificate in Preparation for Childcare • **Take 5 for Play – Introductory Level** • **Introduction to Childcare Practice** • **BTEC Introductory Diploma or Certificate** • **NCFE Level 1 National Award** e.g. in Working with Children • **Foundation GNVQ** • **Foundation Award** e.g. in Caring for Children • **Equivalent Level 1 qualification**
2	• **NVQ / Children, Care, Learning and Development (CCLD) Level 2** e.g. in Early Years and Education, in Playwork • **CACHE/ NCFE/NOCN /Edexcel/City & Guilds/ PLA Level 2 Certificate** e.g. in Childcare and Education (CCE), in Pre-school Practice (CPP), in Playwork, in Early Years Practice • **Progression Award in Early Years Care and Education** • **Level 2 BTEC First Diploma/ Certificate** e.g. BTEC First Diploma in Early Years • **Level 2 NCFE Intermediate Certificate** e.g. in Developing Skills Working with Children and Young People • **Early Years Care & Education Foundation Modern Apprenticeship** • **Equivalent Level 2 qualification**
3	• **NVQ / Children, Care, Learning and Development (CCLD) Level 3** e.g. in Early Years and Education, in Playwork • **CACHE/NCFE/NOCN/Edexcel/City & Guilds/PLA Level 3 Certificate or Diploma** e.g. Diploma in Childcare & Education (DCE), Diploma in Pre-school Practice (DPP), Certificate in Early Years Care & Education, , in Caring and Working with Children, in Childminding Practice • **NNEB** • **Certificate of Professional Development in work with Children and Young People (CPD)** • **Level 3 BTEC National Certificate/ Diploma/ Award** e.g. in Early Years, in Health and Social Care, in Children, Care, Learning and Development • **Level 3 Montessori qualification** e.g. Montessori Diploma, Montessori Certificate (2-6 years), (Montessori College Wimbledon Teacher Training Centre) • **Early Years Care & Education Advanced Modern Apprenticeship** • **Advanced Certificate in Childcare and Education, Advanced Certificate in Playgroup Practice** • **Relevant A-Level** • **Equivalent Level 3 qualification**
4	• **NVQ/ CACHE/ Children, Care, Learning and Development (CCLD) Level 4** e.g. in Early Years Care and Education • **BTEC Professional Diploma/ Certificate/ Award** • **Level 4 Certificate** e.g. Early Years Practice, in Supporting Learning in Primary Schools • **Childcare-related Certificate of Higher Education** • **Advanced Diploma in Childcare and Education (ADCE)** • **HND or HNC (not BTEC)** e.g. HNC in Childcare and Education • **Level 4 Montessori qualification,** e.g. International Montessori Diploma, Early Childhood / Primary Teaching Diploma. • **Equivalent Level 4 qualification**
5	• **Early Years Sector-Endorsed Foundation Degree (EYSEFD)** • **Early Years Foundation Degree (EFD)** • **Higher National Certificate/Diploma** e.g. in Advanced Practice in Work with Children and Families • **BTEC HND/HNC,** e.g. Early Childhood Studies / Primary Education • **BTEC Advanced Practice in Work with Children and Families** • **Equivalent Level 5 qualification**
6	• **Relevant Degree** e.g. Early Childhood Studies, Playwork, BEd • **Professional Postgraduate Certificate in Education (PGCE)/ Graduate Teacher Programme (GTP)** • **Advanced Early Years Specialism Award** • **Childcare-related Graduate Certificate or Diploma** • **Equivalent Level 6 qualification**
7	• **Relevant Masters** e.g. in Early Years • **Masters-level Postgraduate Certificate in Education (PGCE)** • **BTEC Advanced Professional Diploma/Certificate/Award** • **Equivalent Level 7 qualification**
8	• **Equivalent Level 8 qualification**

Level (National Qualifications Framework)	Qualifications relevant to working with children (Health Professions)
	Name (not all names are included)
1	• Level 2 Nurses
2	• Level 1 Nurses
5	• Specialist Practitioner - Children's Nursing • Specialist Practitioner - Learning Disability Nurse • Specialist Practitioner - General Practice Nursing • Specialist Practitioner - Community Mental Health Nursing • Specialist Practitioner - Community Learning Disabilities Nursing • Specialist Practitioner - Community Children's Nursing • Specialist Community Public Health Nursing • Midwife • ST1/ST2 Core Medical Training • Acute Care Assessment Tool
8	• ST3 Speciality training (medicine)

Level (National Qualifications Framework)	Qualifications relevant to working with children (Social Work)
	Name (not all names are included)
1	• HO - (Home Office Certificate) HOME OFFICE • CSS - CERTIFICATE IN SOCIAL SERVICE • CQSW - CERTIFICATE OF QUALIFICATION IN SOCIAL WORK • DipSW - DIPLOMA IN SOCIAL WORK (NB replaced CSS and CQSW)
6	• BA - SW BA degree in Social Work • BSW - Bachelors degree in Social Work
7	• MSW - Masters degree in Social Work • MA/MSc - SW Masters degree (MA or MSc) in Social Work

Appendix E Data sheet

Some questions in the survey ask for details about staff, service users and finance. You may find it helpful to look out this information before you start completing the survey.

- Number of staff who work as part of the Children's Centre
    - Number of full-time and part-time staff
    - Number of staff employed by the Children's Centre and by other organisations
    - Number of volunteers.

- Salary bands of staff employed by the Children's Centre.

- Number of families who used the centre in the last 3 months.

- Percentage of users with English as an Additional Language (EAL) and from ethnic minority backgrounds.

- Number of registered users with a 9-18 month old child and the number of services they use.

- Income for the 2010-11 tax year from the following sources:
    - Local authority
    - Partner agencies
    - Charging fees for activities and services
    - Other sources (e.g., donations, grants, fundraising activities)

- Expenditure for the 2010-11 tax year on the following:
    - Employment (salaries)
    - Goods, materials and services
    - Rent

- Average annual capital expenditure.

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