

# **A research report to ascertain why some families with children aged 0-1 years choose not to access Children Centre services and to identify ways to overcome potential barriers**



Pen Portrait: TRACEY FRY

I joined University Centre Doncaster in 2013 to study for a foundation degree in Early Childhood studies whilst being employed as a Family Support Worker. During this time, as my knowledge and skills in Early Years increased I progressed my career to become an Early Years Coordinator, managing the early years team across three Children Centres. After completing the Foundation Degree in 2016, I continued with my studies to complete a BA (Hons) Top Up in Early Childhood Studies. I have enjoyed the last four years at

Doncaster University and and I have found that the knowledge and skills I have built up throughout my studies has support and enhanced my professional practice.



## Abstract

All children deserve the best start in life and every Local Authority has a duty to improve the well-being of young children living in their area to reduce inequalities between them by providing a range of universal services which are inclusive to all, promote child development and maximise outcomes for children (DfE, 2010). The purpose of this Research Project was to ascertain why some families with children aged 0-1 years chose not to access Children Centre services and to identify ways to overcome potential barriers.

The research question was addressed through an Action Research Report. A range of data collection methods were used to provide both qualitative and quantitative data to compare and to support the understanding of the research question, through questionnaires with parents who are not accessing Children Centre services, interviews with practitioners, a midwife and Business Administrator and a focus group of three Children Centre practitioners.

The main finding from the questionnaires was families were unaware of the services that the Children Centre provides despite the majority of them accessing antenatal care in their local Children Centre.

Interviews with Children Centre practitioners and Business Admin identified that although parents do receive information regarding services provided, each family receives the same leaflet containing written information advertising activities. The midwife also shared that they provided little information on Children Centre services during antenatal appointments.

The literature review emphasised that the key time to engage families, is during transitional periods in their lives such as finding out they are pregnant or the birth of a child (Ward, 2009; APPG, 2015), therefore it is vital that all Children Centre staff

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and midwives are working in partnership to engage families within this short window of opportunity through the transitional period of being pregnant and becoming a new mum. To offer them information, support and guidance to improve parenting, foster positive outcomes and give children the best start in life (Field, 2010; Allen, 2011).



## Chapter 1: Literature review

### 1.1 The history of children's centres

Children's Centres (CC's) were first established in the late 1990's in response to the changing political agenda. The newly elected labour government recognised the importance of parental involvement in early years and in response to this, introduced a major initiative, the National Sure Start programme (CC's). The programme was developed to provide advice and support to families with children aged 0-4 years living in deprived communities (DfEE, 1999a cited in Whalley, 2007), for example areas with high levels of poverty, crime, antisocial behaviours and housing to name a few (Camina, 2004). The core offer of CC's was to provide early education and

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childcare, family support and a job centre. Phase 1 CC's were built in the most deprived areas of the country (All Party Parliamentary Group (APPG), 2016; DfE, 2010).

These were developed between: 2004-08 to support the most disadvantaged families, living in the 20% most deprived communities in the county (Sure Start, 2005). The Childcare Act (2006 cited in DfE 2010) defined CC's in law, advising that CC's must be the first point of call for parents who need help or advice on parenting and their child's learning and development. The Act imposed that every Local Authority had a duty to improve the well-being of young children in their area to reduce the inequalities between them by providing a range of universal services which were inclusive to all and to promote child development and maximise outcomes for children and families. In 2004-06, phase 2 CC's were built, reaching out to families in the 30% most deprived communities of the country (Sure Start, 2005) and by 2010 there was a CC in every community with the core offer changed to become the core purpose to improve outcomes for children and families, with a particular focus on disadvantaged families, to reduce inequalities in child development and promote school readiness (DfE, 2010).

To achieve this, CC's offered a range of universal and targeted services both from the CC and outreach venues to meet the needs of the local community. Parents were able to access advice and support in all aspects of parenting, such as behaviour management, sleep routine and toilet training, or be signposted on to the relevant agencies to access specialist support for example, health related issues. Families could also access high quality play activities that promote early attachments, learning and development (APPG, 2016; DfE, 2010; DfE, 2014). Phase one CC's were to become Sure Start CC's under section 3 of the Child Care Act (2006 cited in APPG, 2015) and all centres were given strict legislation to follow to ensure they provided positive outcomes for disadvantaged children and families. Sure Start Statutory Guidance suggested CC's plan to meet the needs of eight hundred children under five years old in their local area, outlining this would be best met by providing targeted services such as stay and play sessions for the most disadvantaged children and families (DfE, 2010).

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Neaum, (2013) agrees that targeted support would have the greatest impact on improving the life chances of the most vulnerable children, by working with parents, providing support and guidance to provide better parenting will increase the potential of positive outcomes for children.

The aim of CC's is to improve the health and well-being of children and families and ensure children are able to achieve and are ready for school (Barker, 2008; DfE, 2013). To achieve this CC's have strong partnerships with external agencies and collaborative working (APPG, 2016; DfE, 2010). In the past CC's have had poor data recording systems, therefore there was no true account of how well centres were engaging and having an impact on disadvantaged families (DfE, 2014). The term "reach" area was used to explain the number of families accessing the centre compared to the population within the area for example there may be 1001 children in the reach area however only 186 are accessing their local CC.

However, this has now altered and target groups are defined by postcodes from super output areas (LSOA) 10%, 20%, 30% or 70% areas (DfE, 2014). LSOA's are identified using the indices of multi deprivation, to define areas of low income, rating each area on a percentage of deprivation, in comparison to more affluent areas in the country. For example, families with a low income, living in poverty with a high crime rate in the area, would be a 10% or lower LSOA, with the more affluent in the country, with low crime rates living in a 70% or above area (LSOA, 2013). The disadvantage to this approach is that areas of high deprivation may have pockets of affluent families, therefore not all of these families would need support and the number of families accessing the provision could be skewed. As the focus of CC's has shifted to support "hard to reach" and disadvantaged families, this may have lost the previous area focus, and people who are in need of support being missed (DfE, 2014).

Furthermore, CCs have recently moved from individual standalone centres, to a locality model, clustering a group of CCs together, with one CC in the area being the "Hub" providing a full range of services, and the other cc's being used as outreach buildings with shorter opening times and a reduced time table of services available. This approach makes the target population much higher, making the task to engage

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hard to reach, disadvantaged families, much greater (DfE, 2014). The Millennium Cohort Study (NSPCC, 2015) argues that parents living in disadvantaged areas have a slightly stronger bond with their children, as APPG (2015) highlights that parents who are in tune with their baby's needs, support the development of neural pathways and optimal brain development for their child, one could question if these families were in need of children's centre support. Although, research has proven that poverty has a clear link to poorer parenting, studies have highlighted that it is not parent's income, but parent's education that contributes to building secure attachments with their children (Moullin et al., 2014). To ensure positive outcomes for children, parents need educating on how this can be achieved (Field, 2010).



Research states that parents are usually most engaged and open to suggestions and new ideas regarding their children's learning and development during transitional stages in their lives, such as when they have just found out they are pregnant, the birth of their baby and their child starting nursery or schools (APPG, 2015; Ward, 2009). As the CCs are trying to engage families with children aged 0-1 years, there is a short window of opportunity through the transitional period of being pregnant and becoming a new mum. Every pregnant lady in the area attends the CC for antenatal care with their midwife, however only a small percentage of these ladies access the centre once their babies are born. Data shows that only 38% of the reach areas are registered with the CCs (Local Authority Data, 2017). Further exploration needs to be completed as to why CCs are failing to engage families during this time.

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Research identifies that children from poorer backgrounds are more likely to have poorer outcomes and can affect their life chances (Field, 2010; Allen, 2011). The first year of a child's life is the most crucial in their development. Every aspect of a child's environment influences their development (Bunting and Gallaway, 2012; APPG, 2015). By focusing this action research on engaging families with children aged 0-1 into CCs services, providing information, support and guidance to improve parenting will in turn provide better outcomes for children and give them the best start in life. Nothing can be achieved without positive parenting (Field, 2010; Allen, 2011).

## 1.2 Cuts in Government Funding



Until 2011, the funding supporting CCs was ring fenced which meant that CCs were protected and they would continue to receive sufficient funding to maintain service delivery and meet the needs of the local community. However, in 2011, funding changes and reallocation resulted in the introduction of the Early Intervention Grant (EIG). Meaning that children's centres would now share funding across all ages of childhood from 0-19 years and also with all services defined as providing Early Intervention, for example youth crime, mental health and teen pregnancies (Bate and Foster, 2015). The Sure Start England briefing paper identified that in April 2010 there were 3632 children's centres across the United Kingdom and by June 2015 this number had reduced to 2677, with 705 outreach venues providing services in the community. This figure has been argued as it is not a true reflection of each local authority, between 2010 and 2013 in 20 local authorities over 50% of CCs had closed (Bate and Foster, 2015). According to The Guardian, government figures show that 156 CCs across the United Kingdom closed in 2015 (Walker, 2016). Due to lack of information provided by the DfE it has been difficult to provide evidence of the exact amount of closures of CCs, an article published in Nursery world suggested that the DfE have deleted the data identifying closures from their website (Morton, 2014).

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The potential impact of these closures is that a further barrier has now been created to engage disadvantaged families into services, research shows that the most deprived and disadvantaged families are the most difficult to engage into services and those who often need the most support (Ward, 2009). This could potentially affect the life chances and outcome of the children within the area as evidence shows that children from deprived backgrounds to poorer academically than their advantaged peers (Field, 2010; Allen, 2011).



There has been a shift in government funding, to focus on a reactive approach instead of proactive to prevent issues arising. Troubled Families England, is one example of the government taking a reactive approach. The scheme was developed in 2012, providing targeted intervention for families with a child under 18 years of age, experiencing one or more of the following:- mental health issues, domestic abuse, antisocial behaviour, unemployment and/or convicted of committing a crime within the last 12 months (Bate, 2016). Local Authorities identify “Troubled Families” within their area and Central Government pay them for each family with improved outcomes, the criteria noted for a family being classed as receiving successful intervention has been identified as being very broad, judging success on progress from their starting point or back into employment and coming off benefits. This is not a true indication as to whether a substantial and sustained change was made (Bate, 2016). Research showed that intensive intervention for a family would cost the government £10,000 however Troubled Families England agreed “payment by results” offering £4,000 for each family they managed to improve outcomes for. Although these families need support, surely it would be more appropriate to transfer government funding to the early years, at the prenatal stage to give children the best start in life, become well rounded members of society and therefore intensive,

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targeted support may not be needed in the future (Allen, 2011; APPG, 2015; Field,2010)



Lack of local authority funding should not be a barrier to invest in Early Years as money will come back in the long term, by creating well rounded children right from birth, savings will be made in welfare, education and criminal justice (APPG, 2015).



Doncaster Metropolitan Borough Council's (DMBC, 2015) Early Help Strategy aims to change the culture of reacting when families are in serious need of support, by refocusing activities and resources on the root causes of problems to improve outcomes for children and families and avoiding costly statutory intervention. With the aim to intervene early when families experience problems to avoid escalation in turn this will support children to feel safe, be healthy, resilient and give them the best

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start in life. To achieve this DMBC (2015) pledged to provide universal services to all families, with families encouraged to access and use services independently. The strategy recognises the importance of the development of early year's services in CC's to support children's social and emotional development with a particular focus on families with children aged 0-2 years as this is the most important stage of their development (Bunting and Galloway, 2012; APPG, 2015). The strategy promotes focused play sessions that encourage parents and children to interact and build positive relationships (DMBC, 2015). Whilst this is a very positive move for Doncaster, there has been a number of CC closures, and the introduction of locality models and clusters of CC's ( DfE, 2014) resulting in these not being as accessible and families having to travel some distance to access services. DMBC (2015) acknowledges the importance of engaging hard to reach families and suggests that building links with the local community to encourage them to access services, stating that services and activities should also be targeted to communities and groups where the need is greater. This will be determined by used the indices of multi deprivation, and targeting services in the most disadvantaged wards, 10% LSOA's (LSOA, 2013).

### 1.3 Outcomes for children and families

“What parents do is more important than who parents are” (Sylva, 2004:1 *et al*).

CCs are the hub of the local community, by providing universal services this keeps them welcoming and inclusive with a non-stigmatising approach, however aims to target services to those who would benefit the most (Field, 2010). As research emphasises that disadvantaged children are developmentally delayed in comparison to their more advantaged peers (Sylva, 2004 *et al*) these are the families that CCs are targeting. APPG (2015) highlights that perinatal mental health and child maltreatment are both closely linked and fundamentally avoidable. Also research shows parents suffering from mental health issues often have poor attachments with their children (Bunting and Galloway, 2012; APPG, 2015). Therefore, intervening early at prenatal stage is the best chance of a child growing to be a well-rounded member of society. The CC provides ante-natal clinics on a daily basis, however with stretched resources; they do not always have the time or capacity to support issues outside of the normal antenatal care. It is essential that expectant parents are given

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information and guidance to understand their role as parents, what to expect and their prenatal responsibilities of eating a healthy diet and having good physical and mental health to give their child the best start in life (APPG, 2015; Field, 2010). Thus, allowing optimal brain development as it is important to note that at birth, 25% of a baby's brain is already developed (Allen, 2011).

To achieve this, CCs need to provide more sessions to support families at the prenatal stage. APPG (2015) recognises that parents become families before birth, it is essential there is opportunities and services available for families to attend. Conception to Age 2: First 1001 days (APPG, 2015) identifies that a third of domestic violence begins in pregnancy and reoccurring cycles of disadvantage, violence and abuse continues from generation to generation. However, being loving, nurtured or receiving family support can help people break free of these repeated cycles (APPG, 2015).

This is where CCs need to focus their time and resources, to get it right at prenatal stage and provide parents with the knowledge and information they need to give their babies the best start in life. With this information, post birth, parents can then put into practice what they have learnt and will have a full understanding of what their babies need to help them to grow and develop, providing a positive and nurturing relationship, by responding to their child's signals, developing secure attachments and fostering optimal development of baby's brains (APPG, 2015). By CCs engaging families with children aged 0-1 years into services, they will have the opportunity to provide parents with the right information, support and guidance, to improve parenting and provide better outcomes for children (Field, 2010; Allen, 2011).

Bowlby (1973) believes that secure attachment to a mother is crucial for a child's emotional development. In contrast to this, it has been argued that a child can form a secure attachment to any primary care giver and does not necessarily need to be the mother (APPG, 2015). Moreover, behavioural theory implies that a baby will form an attachment with a carer that provides food (Watson, 1928, cited in Doherty and Hughes, 2009).

Poor attachments lead to poor social, physical development and behavioural difficulties and most importantly, poor outcomes for children (Allen, 2011; Gerhart,

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2015). Evidence suggests that parents own childhood experiences can affect their ability to develop a loving, caring relationship with their own children (APPG, 2015). APPG (2015) report highlights that the groundwork for good citizenship begins in the first 1001 days of life, from conception to 2 years of age. The core aim of the APPG (2015) report is to deliver well rounded children, who are socially and emotionally able by the age of 2 years. To achieve this and give every child the best start in life it is imperative that CCs engage the most vulnerable, disadvantaged families into services at the earliest opportunity.

Without intervention, there is the potential that there will be no changes in the future and poor children could grow to be poor adults, who could then become parents and the cycle of disadvantage, inequality and poor outcomes for children will continue (Allen, 2011; Field, 2010; APPG, 2015).

From birth, every aspect of a child's environment influences its physical, emotional and social development (Bunting and Gallaway, 2012; APPG, 2015). Attending CC activities, during the first year of a child's life, parents are given support and guidance in all areas of parenting, whilst also offering activities to create strong bonds between the child and their care giver, providing opportunities for optimal brain development and supporting positive outcomes for children right from the very start of life (APPG, 2015; Field, 2010). Working with parents, providing support, information and guidance to improve parenting and creating a positive approach to learning at home provides better out comes for children and determines how well a child will do in the future (Field, 2010; Allen, 2011). Desforges and Abouchuar (2003 cited in Ward 2009) and Tickell (2011) highlights that the majority of a child's life is spent in the family home, parents have the biggest impact on a child's learning and development, the earlier this process starts the more effective the process can become. In contrast, Sylva (2004) believes that high quality childcare can make up for a poor home learning environment. Tickell (2011) argues that the home learning environment is vital to a child's intellectual and social development. To achieve this parents must have the knowledge and information to create a rich and stimulating home learning environment and give their child the best start in life, as the aspirations and actions of parents are critical to children's life chances (Field, 2010), which is why the work of the CCs in the first year of a baby's life is crucial.

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#### 1.4 Potential barriers to families attending children centre services

Potential barriers to engaging disadvantaged and vulnerable families can be due to domestic violence, mental health issues, substance misuse, disabilities and lack of knowledge and understanding (APPG, 2015). Statistics show that there are around 144,000 children under one years of age, living with a parent with mental health issues, most of these have never been treated or given support to improve their relationship with their child (DfE/Wave trust, 2013 cited in APPG 2015) . This is detrimental to the child as it severely affects their life chances (Field, 2010; APPG, 2015). Parents with mental health issues, find it difficult to function in society on a daily basis, and would therefore find it extremely difficult to access CCs to receive support. It is essential that mental health difficulties are detected in pregnancy, if not before, so that the right support can be implemented to give the child the best start in life (APPG, 2015). To do this, practitioners need training on the impact of mental health issues, both prenatal and post-natal, and the anxiety attached to this, along with the importance of mother and baby developing a secure attachment. This information and knowledge then needs to be shared with parents, at prenatal stage, so they can make a full and informed decision on receiving treatment for the benefit of their child's wellbeing and overall development. Early diagnosing and treatment is essential as maternal mental health issues have been linked to poor attachments between mother and baby that could ultimately lead to poor outcomes for the child (SEU, 2006, APPG, 2015).

Sure Start Statutory Guidance (DfE, 2013) acknowledges that parents may also be suspicious about accessing CC services if they are unfamiliar to them. To overcome this it is suggested to plan services through stages, understand the local need and priorities, plan different ways in achieving desired outcomes of engaging families with 0-1 year olds, review and monitor service delivery against the uptake of 0-1 year olds, look at location of services and consult, especially with those not accessing the children's centre to identify potential barriers and find a way to overcome these (DfE, 2010).

Similarly, Whalley (2007) suggests that when working with disadvantaged families and trying to engage them in the CC, the focus should be on involving them in

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decision making, on what services they think the CC should offer, shaping services to meet the needs of the community. Whalley (2007) believes staff should be given responsibilities according to strengths; he suggests a practitioner who does not like working in the community and promoting services, will not engage as many new families as a practitioner who enjoys finding new and innovative ways of engaging families.

Ward (2009) makes the point that the first step in engaging parents is in encouraging them to access the CC. To achieve this, a range of methods will need to be used to engage families; practitioners must recognise each family is different with individual needs. A leaflet advertising services, may be enough to engage one family however another may need a home visit along with time to build a relationship with the practitioner and extra support to access services. Often families with complex lives are least likely to access CC services. Inadequacy, not fitting in, feeling undervalued, anger, fear, isolation and anxiety are all contributing factors which prevent parents engaging with services (Arnold, 2008 cited in Whalley 2007). CCs must offer a variety of services in multiple locations across the area to target those most in need of support and encourage attendance (APPG, 2015). It is also essential that all practitioners' that work with children and families are well qualified and know the importance of very early life. This will enable them to support parents, identify any potential issues and provide support at the earliest opportunity to foster positive outcomes for the child (APPG, 2015).

Building relationships with families takes time. Parents need to feel they are listened to, and have their views acknowledged, by practitioners who are honest and show a genuine interest in them, their family and their achievements in order for them to engage and work with those practitioners (Ward, 2009).

Pugh (1996) explains the model of staged approach to working in partnership with parents: - Parents lack confidence to engage with services, this needs to be acknowledged in the first instance for parents to be committed to their child's learning, next is raising parents understanding and participation so that they know what is expected of them, then moving on to real involvement, through to parent-practitioner partnership and finally parents as partners in their child's learning. On

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the contrary, with all of this knowledge, Ward (2009) indicates that parental partnerships in early years' settings can still be improved.

Every pregnant lady in the area accesses antenatal care in their local CC, however babies 0-1years registered with the CC is extremely low in comparison with the population data. Therefore, the question can be asked *Why do families with children aged 0-1 years of age choose not to access CC services?*

## Chapter 2: Research Findings and Discussion

### Graph 1

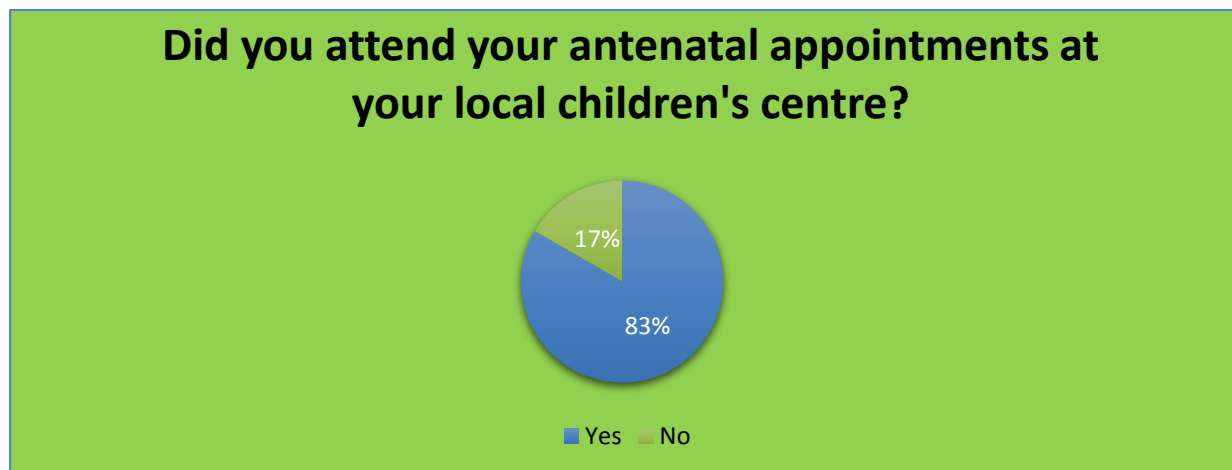
According to the findings of the questionnaires two of the ladies did not attend antenatal appointments at their local CC. The interview with the midwife found that:-

***“You might get a women for example who has had all of her care in another area and has moved here at the very last minute you know only comes here***

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***after she has had the baby and we might go and see her at home when she has had baby so she might not ever actually come here”.***

The findings did show that ten ladies have accessed their local CC for antenatal appointments; all of these ten parents are not currently accessing CC services.

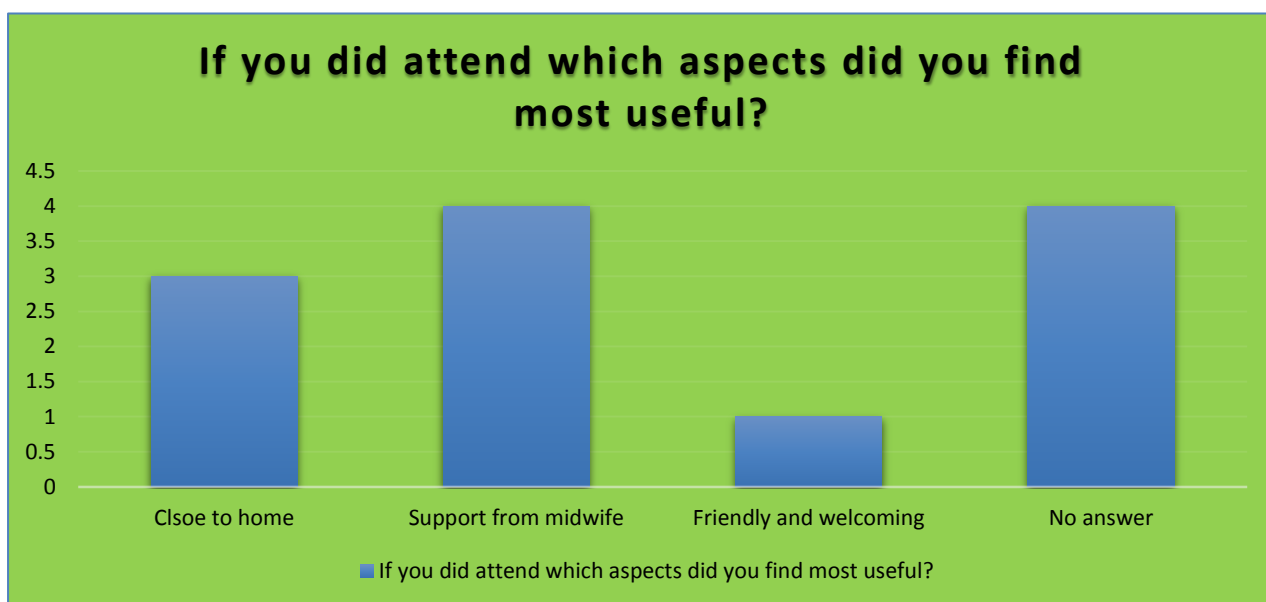


### Graph 2

The findings from the following question shows that out of the twelve questionnaires completed four ladies chose not to answer, however two of these ladies did not access CC's for their antenatal appointments. A further four finding support from the midwife the most useful aspect from their attendance at the CC, this suggests that the closure of some CC's, resulting in some not being as accessible and families having to travel some distance to access, has not had an effect on these families (DfE, 2014). Three ladies found it useful that it was close to home and one found the most useful aspect was that the CC was friendly and welcoming.

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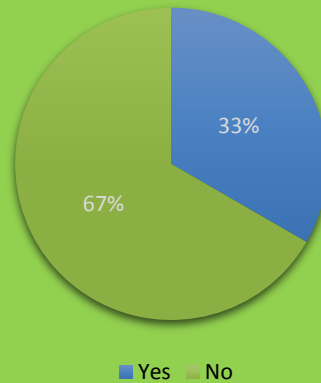


Graph 3

The results from the chart below show that eight ladies were not aware of the services provided by the CC in comparison to four ladies who did know what was available. The focus group of early years practitioners and the interview with participants one and two, identified that ladies were given information on sessions and services available for them to attend, when they visit the midwife and they have access to the displays and literature in the corridors informing them of services however the midwife stated that she provides ladies with very little information and relies on the information given by cc staff.

***“We do mention that there are groups and things but obviously not in great depth”***

## Are you aware of the services provided at your local children's centre?



Following this question, the focus group and interviewees were asked an additional question to identify if they felt that parents have enough information about CC services? All of the participants agreed that parents did not have enough information about the services the CC provides. Both the midwife and the administrator raised the point that some families do not even know the CC is there and when they do attend it is to come and see the midwife, so they are unaware of what is going on elsewhere.

Interviewee 1 felt that parents were given the information, however it was difficult to know what they did with it, she stated that there was lots of information in the form of leaflets and posters in the community providing information on CC services, however:-

***“How much parents take in, can be difficult to analyse”***

These results suggest that pregnant ladies visit the CC to attend an appointment with the midwife, although CC staff are giving out information regarding cc services, it is unclear if mums to be are reading the information provided. In the interview with the midwife she revealed that during antenatal appointments she gives very little information regarding the services the CC offers, this suggests that there is a gap in information being transferred to parents at the antenatal stage. The consequence of could be a missed opportunity to engage families, at this transitional stage in their

life, when they have just found out they are pregnant and are open to new ideas and suggestions (APPG, 2015; Ward, 2009).

#### Graph 4

The question for the graph below was asked to help the researcher identify the main barrier to families not accessing CC services. Some of the families ticked numerous boxes, leaving the data difficult to analyse.



Other:- Don't speak English x 1

Interviewees 1 and 3, agreed that families with English as an additional language could be a barrier to accessing the CC as did one participant from the questionnaires.

***“ I think that there may be some cultural problems and language barriers that , may stop them, as my case load is increasing in terms of non-English speaking”.***

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***“In our area, one could be language as a big barrier, as families don’t always understand and what services are out there and leaflets and posters don’t always overcome these barriers”.***

The results from the graphs identified that the time of the sessions, not knowing what they offer and not knowing the developmental benefits to their child were the most common reasons for ladies choosing not to access CC services. One parent felt that having the confidence to access services was the main barrier for her.

The results from the interviews showed that all participants agreed with the reasons identified in the questionnaires.

The focus group and interviewee one, both commented that some parents may feel their child is too young to benefit from accessing services as well having the confidence to access, with interviewing one also highlighting that some parents may find it particularly difficult to get themselves and a baby ready to access the groups:-

***“When parents have got babies so young they seem to think that the sessions won’t benefit them and their babies, cos their babies can’t do anything, we have heard that from families, sometimes it’s just really difficult for parents to get out of the house and get ready with a small baby, they have also told us this”.***

Field (2010) stresses that to ensure positive outcomes for children, parents need education on how this can be achieved as research identifies that children from poorer backgrounds are more likely to have poorer outcomes (Allen, 2011; Field, 2010). The findings from both the questionnaire and the interviews suggest that parents do not know the impact accessing CC services can have on their child’s development.

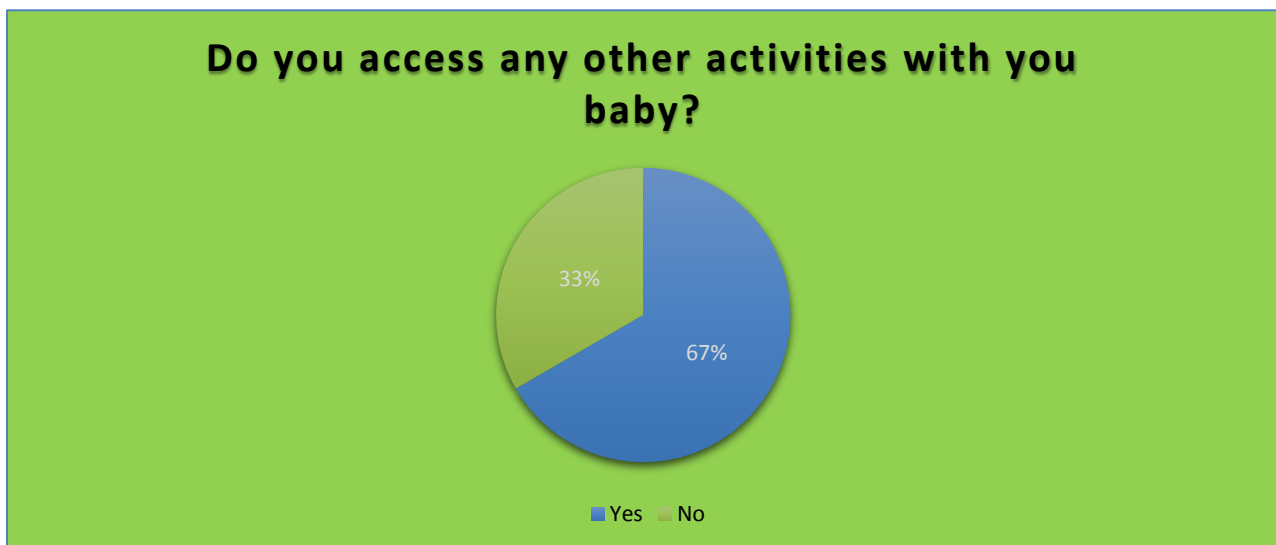
The literature review found that the first year of a child’s life is the most crucial in their development and every aspect of their environment influences this (APPG, 2012; Bunting and Galloway, 2015). By attending CC services, with their baby, parents are given information and support in all areas of parenting, whilst offering stimulating activities providing opportunities for optimal brain development and supporting positive outcomes for children (APPG, 2015; Field, 2010). It is extremely worrying that these families do not know the benefits from accessing cc services can

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have on their child's life chances. It is also concerning that the majority of a child's life is spent in the family home and that parents have the biggest impact on a child's learning and development (Tickell, 2011). To achieve positive outcomes, parents must have the knowledge and information to create a rich and stimulating home learning environment to maximise outcomes for their child (Field, 2010).

Interviewee three, also made reference to the fact that some mums from the higher earning wage bracket may struggle to access because that work throughout their pregnancy and once they have given birth they are often lonely and isolated, the midwife feels that the main barrier to these ladies accessing CC services is where they are situated with in the community. These results suggest that the midwife is unaware of the core purpose of the CC being to improve outcomes for children and families, with a particular focus on disadvantaged families, to reduce inequalities in child development and school readiness (DfE, 2010).

Graph 5

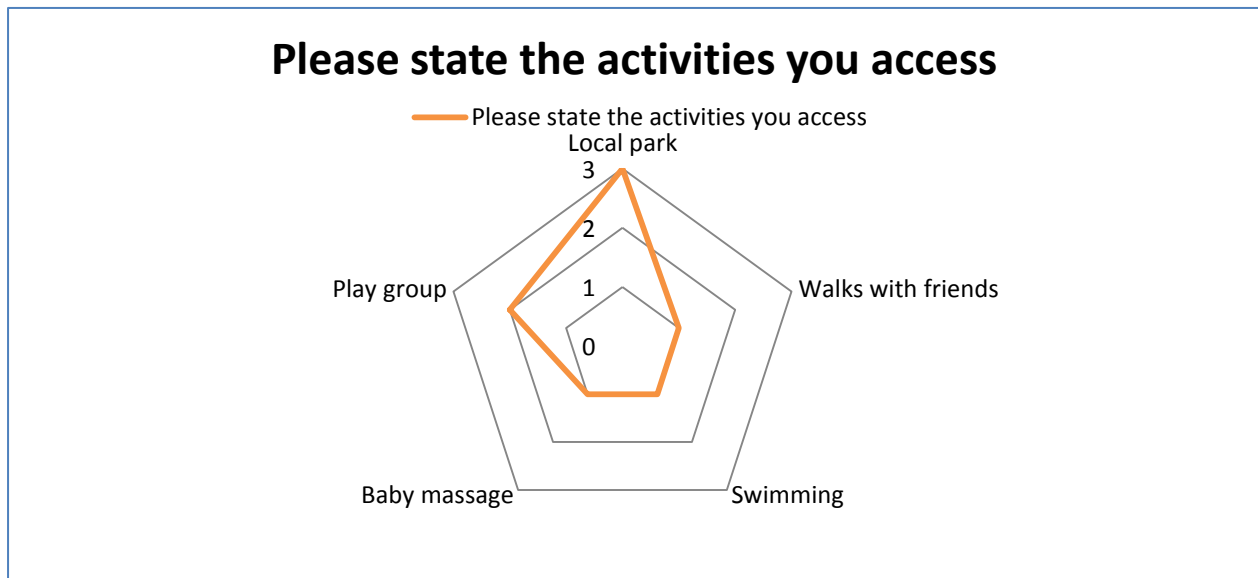


The graph below shows that eight out of the twelve families are accessing other activities with their babies. As every aspect of a child's environment influences it physical, emotional and social development, this could have a positive impact of children's development (APPG, 2015; Bunting and Gallaway, 2012).

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### Graph 6

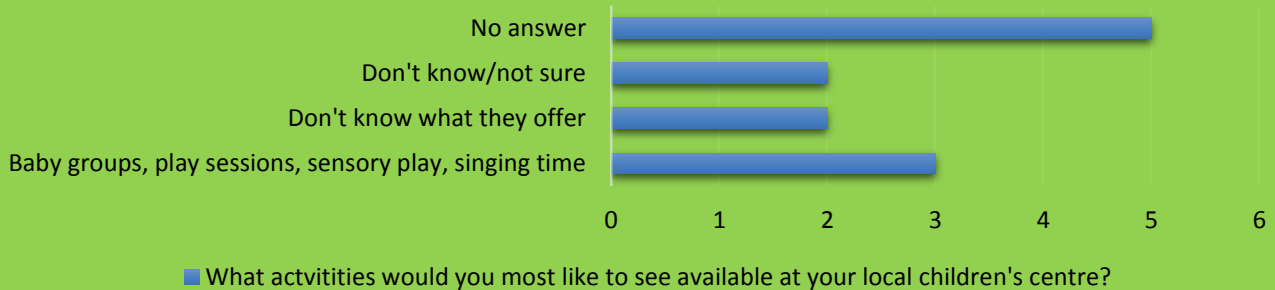
The findings from the graph below identify that only eight ladies chose to answer this question and the results were varied, with the local park being the most popular answer, with three people stating this is where they access.



### Graph 7

The final question was asked to shape services around the needs of the local community, as Whalley (2007) recommends this as the best approach to engage families, however five of the twelve participants chose not to answer the question, whilst a further four were either not sure, or do not know what is already available. The remaining three participants requested baby groups, play sessions, sensory play and singing time, this would suggest that these participants are also unaware of CC services as these groups are already provided.

## What activities would you most like to see available at your local children's centre?



Interviewee one, two and the focus group all identified that an antenatal group was needed to engage families right at the earliest stage and inform them of the importance and benefits of attending CC services with their babies. This corresponds to the findings in the literature review, emphasising the significance of providing mums to be with information and guidance to understand their role as a parent, to give their child the best start on life (APPG, 2015; Field, 2010). Also APPG (2015) acknowledges that parents become families before birth therefore it is essential that there are services available for them to attend. Furthermore the focus group discussed using different methods to engage pregnant ladies:-

***“Find out where they are and either go out and speak to them or invite them up to a session and say that you will be there and take them into the session, so say for example if it was growing friends the staff in there would do that, if its baby fun, whatever staffs in baby fun to do that, so that they have go that connection”***

The focus group and Interviewee one also suggested building relationships with parents and personally inviting them to a taster or an information session once they have had their baby, to meet other new mums and then for CC staff to use the opportunity to promote cc services. This mirrors Ward (2009) concept, that a range of methods will be needed to engage families and that each and every family is different, some families will need a home visit however for another a leaflet

advertising services may be enough to engage them into CC services. Interviewee three discussed the need to advertise the service more, to raise awareness, by getting out there in the local community and promoting. Interestingly enough, Interviewee one, two and the focus group are all CC staff, interviewee three is a midwife who is based within the CC.

### Chapter 3: Conclusion

This dissertation was completed with the aim to find reasons for why families with children aged 0-1 years of age do not access Children Centre service. The researcher feels that following consultations, interviews and information gathered in the literature review, conclusions to the question can be drawn.

Consultations with parents were not as successful as one would have hoped for, with the aim to gain thirty completed questionnaires, however only twelve of these were returned. The researcher feels this was a substantial number of participants to provide significant data to analyse, yet queries if the questions asked were the most appropriate, to gain a full picture as to why families were not accessing Children Centre services. Some of the questions were extremely broad, where by the participant may have not known how to answer, leading to no answer being provided

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for some questions or a range of responses that were difficult to analyse and draw conclusions from for others.

The interview process provided qualitative data, and supported a greater understanding of the research question (Robert-Holmes, 2005). Interviews with a range of professionals were both interesting and thought provoking, providing a valuable insight into practitioner's views from differing job roles and perspectives. The interview with the focus group, were planned to involve ten practitioners, however due to time constraints and work load issues, this was unachievable, therefore the researcher settled with a focus group of three participants. The researcher felt this was a more manageable number and alleviated previous concerns that some practitioners may not voice their opinions, due to the large number of participants, and also that participants may be swayed by each other's opinions, with the small focus group, this did not appear to be the case

The literature review provided the researcher with extensive knowledge into the history of Children's Centres, the importance of very early attachments on positive outcomes for children as well as providing a range of strategies and interventions to engage and support families to access services. The literature was both interesting and informative and one found there to be extensive research available. The key literature which has supported and underpinned this research project are:- Sure Start Children's Centres Statutory Guidance (DfE, 2013), emphasising the aim of Children Centres, to improve outcomes for children and families, to ensure all children can achieve and are ready for school; The early Intervention report (Allen, 2011) highlighting the importance of secure attachments, for healthy brain development and positive outcomes for children; The Foundation Years (Field, 2010) focusing on working with parents to give support, information and guidance on how to improve parenting and give their child the best start in life and finally Building Great Britons (APPG, 2015) stresses how vital it is to intervene at the earliest opportunity to support families and foster positive outcomes for children.

When the researcher set out to complete this research project she had no firm beliefs as to why families with children aged 0-1 years were not accessing Children's Centre services, however by carrying out the research and reviewing the

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surrounding literature on this topic area, she now believes there are a variety of reasons for this. Conclusions to this research project are that during pregnancy, parents are not given enough information about services the Children's Centre provides and how accessing the services can benefit their child, provide positive experiences, foster secure attachments and give their child the best start in life (Field, 2010; Allen, 2011; APPG, 2015). Midwives do not have a good understanding of the core purpose of Children Centres and are not promoting services to families accessing antenatal care. Although promotion material is given to parents, there is no differentiation between individual parent's needs as all families receive the same information in the same format. There is no link for families from accessing the Children's centre to see the midwife, to when they have given birth to their baby.

### 3:1 Recommendations

- An antenatal offer is produced for families, with a range of services available to offer advice, guidance and support throughout their pregnancy and for the preparation for the birth of their baby (APPG, 2015).
  - To raise midwives knowledge of Children Centres core purpose, regular meetings must take place, to improve partnership working and to discuss aims and outcomes, whilst identifying how midwives can support to meet these.
  - To promote inclusion and respect diversity, promotional material must be varied to meet the needs of all individuals and provide maximum impact.
  - The link between families accessing the Children Centre to see the midwife and giving birth to their baby must be strengthened, by Children Centre staff completing home visits once the baby is born to introduce themselves, build a relationship with the family and provide information on the Children Centre services (Ward, 2009).
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