

# **Review of Sure Start in the Dover District**

**Report of the Scrutiny (Community and  
Regeneration) Committee**

**April 2007**

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## **Section One**

# **Foreword by the Chairman and Controlling Group Spokesperson**

***An introduction to the review on behalf of the Scrutiny  
(Community and Regeneration) Committee by the Chairman,  
Councillor G J (Jim) Hood and the Controlling Group  
Spokesperson, Councillor David R Lloyd-Jones.***



## Foreword



**Councillor Jim Hood**

Chairman of the Scrutiny (Community and Regeneration) Committee

*"This Committee first considered the work being undertaken by Sure Start Dover on 18 March 2003, when it received a presentation from the Sure Start Local Programme director. At the time, the Committee was advised that it was expected that the Sure Start local programme would run until 2006 and that during that time the potential benefits it offered would be spread into the wider district.*

*As of early 2007, when the current Committee undertook to review the current progress of Sure Start Dover, the expansion beyond the confines of Dover into the wider district had yet to happen (with the exception of Aylesham where the Children's Centre is based on the infrastructural legacy of the Single Regeneration Budget) and the earliest it is expected is 2008. The ongoing evolution of Sure Start Dover into district wide Children's Centres and the creation of Children's Trusts also raises questions about the future funding through the Local Area Agreement and the development and delivery of important programmes.*

*Sure Start represented an unprecedented investment in the future of the youngest members of our district, with over five million pounds in capital and revenue investment. In theory, this should have enabled the delivery of the vital early years services and make a significant improvement in the social, educational and economic attainment of some of our most disadvantaged children. It was therefore, with a heavy heart, that this Committee must report that while there have been successes, the overall sense that Members came away with was one of missed opportunities.*

*Given that this review raised as many questions as it answered, it is proposed that this document be seen, as the base document upon which more detailed future reviews will be built. Children's Centres programmes such as speech and language therapy provision, literacy and the book start programme, early years learning, and the assistance provided to young children with disabilities and other areas are topics the committee will considered for possible future review.*

*Finally, I would like to thank the Head of Housing and Community for her support and advice during the course of this Review. "*

A handwritten signature in black ink that reads "G J Hood". The signature is written in a cursive style and is positioned above a horizontal line.

**Councillor G J Hood**

Chairman of the Scrutiny (Community & Regeneration) Committee



Councillor David R Lloyd-Jones  
Controlling Group Spokesperson of the Scrutiny (Community and Regeneration) Committee

*"While Sure Start Dover at its inception was rightly focused on the area with the highest levels of deprivation in the district, it is disappointing that Sure Start has not rolled out its services into the wider district at this point and that it has no plans to provide Children's Centre services for the Sandwich and Eythorne and Shepherdsweil Wards in the future. Although Sandwich is a predominantly prosperous town there are localised pockets of deprivation within the ward that are deserving of the benefits that properly implemented early years services can provide for later life.*

*The longer-term objective of Sure Start in the district needs to be the provision of equality of access for all children to co-ordinated early years health and educational services, regardless of socio-economic background. The case study provided to the committee by the director of Sure Start underlined the significant enhancement to a young persons life that can be made through the early diagnosis of conditions such as dyspraxia and the provision of services such as speech and language therapy.*

*A good start in life for a child will reap dividends throughout their life and reduce the need for costly intervention later on to address issues of social isolation, poor educational attainment, poor health and reduced employment opportunities. If successfully delivered, pre-school learning offers our most vulnerable young people a chance to achieve greater life opportunities, hope and self-confidence and above all to break the individual cycles of disadvantage they are born into.*

*The expansion and development of Children's Centres across the district is one of the most significant potential benefits for our young people. Although Dover District Council will not be the responsible body during this crucial period it is important that Scrutiny, the Cabinet and individual Ward Members monitor the development of the Children's Centres to ensure that the districts children and their parents have access to the services they both need and deserve."*

A handwritten signature in black ink that reads "David R Lloyd-Jones". The signature is written in a cursive style and is positioned above a horizontal line.

**Councillor D R Lloyd-Jones**  
Controlling Group Spokesperson

# **Section Two**

## **Scope and Process Report**

***An overview of the terms of reference of the review and the process of enquiry used in preparing the report***



# Scope and Process Report

## Introduction

- 2.1 The Scrutiny (Community and Regeneration) Committee identified a range of community issues it wished to examine following of the new decision making framework in May 2006. The Review of Water Scarcity in Dover District was completed during Summer 2006. Sure Start had first been examined by scrutiny in 2002 and against the backdrop of strong national media coverage during 2006 with the imminent replacement of Sure Start by Children's Centres and Children's Trusts, the topic was selected for review.
- 2.2 The Scrutiny (Community and Regeneration) Committee's remit is directly linked to the Corporate Plan's commitment to 'Ensure Sustainable Communities'. The Corporate Plan aims to "ensure communities are vibrant and self-sufficient by focusing on housing, urban and community regeneration". The topic of Sure Start also links to the future aims for the district by promoting an "improved quality of life for all residents, with regards to the differing needs of our elderly and young populations, respecting our elders and encouraging and nurturing our young".
- 2.3 The Review of Training and Skills in the Dover District (February 2006) concluded that there was a need for "children ... to be involved at an early age in positive experiences in school" to raise aspirations. The review acknowledged "low aspirations were often a product of cycles of deprivation within families which were transferred to the children". A core objective of Sure Start is to improve the educational attainment of young children, which in the longer term it is hoped will develop a more productive and higher skilled workforce. Sure Start also seeks to help single parent families and non-working families into employment through the provision of childcare services.

### **Stage 1: Methodology**

- 2.3 A Project Brief for this review was developed by the Committee, which outlined the background to the review, the terms of reference, corporate impact, timescale and participants for the review. This is attached as Appendix A of the Review.
- 2.4 Due to the time in the life cycle of Sure Start when this review has been undertaken, it is recognised that there were few opportunities to change the services in place and inform future service development. Instead, it is intended that this review act to identify the overall progress made by Sure Start in the district to date.
- 2.5 The Scrutiny (Community and Regeneration) Committee may subsequently review the component parts of Sure Start Children's Centres at a later date when resources permit.

### **Stage 2: Research**

- 2.6 The research for this Review has involved studying both primary and secondary source material. The primary source material has been collated from interviewing the Director of Sure Start Dover, Mrs Jayne Tucker. The secondary source material

includes the National Evaluation of Sure Start, a local evaluation of Sure Start Dover and materials published by central government, other public bodies and lobbying groups.

### **Stage 3: Investigation**

- 2.8 The nature of the project brief combined with limited time and resources meant that there was little opportunity to interview Sure Start service users and partner agencies. It is however suggested that any future review of Children's Centres in the district include site visits to view facilities within the district and interviews with service users and providers.

### **Stage 4: Final Analysis**

- 2.9 The final report of the Review has been presented to the Scrutiny (Community and Regeneration) Committee at its meeting on Wednesday 28 March 2007. The Committee made a number of recommendations to the Council, which are set out at pages 65 to 69.

# **Section Three**

## **Research Report**

***Details of the issues examined by the  
Scrutiny (Community and Regeneration) Committee***



## Research Report

*"Child health is of the greatest importance for the future health of a nation, not only because today's children grow up to become the next generation of parents and workers, but also because recent research in child health shows that early life health is, for each child, the basis for health in adult life. Therefore investment in health in early life has beneficial effects, specifically on the future health of a nation as well as on the future functioning of its citizens"*

**- M Wadsworth, Early Life in the Social Determinants of Health**

### **The Origins of Sure Start**

- 3.1 In 1999 the Government made a pledge to eliminate child poverty by the year 2020, which was estimated as affecting one child in every three born in the United Kingdom. The cornerstone of the Governments plan to achieve its goal of eliminating child poverty in the United Kingdom by 2020 is the Sure Start programme.

### **Project Head Start**

- 3.2 The template for the Sure Start programme does not come from within the United Kingdom. Instead, it can be traced to the experiences gained through the United States Federal Governments 'Project Head Start' programme. This programme was launched in 1965 by President Johnson's administration and was intended to run as an eight-week summer programme under the aegis of the Office of Economic Opportunity, focusing on children under four years of age.
- 3.3 The objective of the programme was to "break the cycle of poverty by providing pre-school children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional and psychological needs".<sup>1</sup>
- 3.4 The success of the initial Head Start Project was such that it continues to the present day and has been expanded to serve children aged less than five years of age in all fifty states. By 2006, Head Start had enrolled over 23 million children into its programmes since 1965. In 1994, a new programme called 'Early Head Start' was established to specifically tackle the needs of low-income families with infants and toddlers.
- 3.5 The evidence gained from evaluating the performance of children from low-income families who had participated in the Head Start and/or Early Head Start programmes was that they achieved better levels of educational attainment and were less likely to have a criminal record than their peers who had not.
- 3.6 The premise of Head Start that early preventive work with children improves outcomes and life chances is supported by more recent studies. The link between

<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start

child poverty and the resulting social inequality and exclusion has been shown to directly affect children's health regardless of country examined.

### **'Meeting the Childcare Challenge' Green Paper**

- 3.7 In 1998 the Government published a Green Paper entitled 'Meeting the Childcare Challenge'<sup>2</sup> that set out the basis for the National Childcare Strategy. The objective of the strategy was to ensure that high quality affordable childcare provision was accessible to all families with children from birth to fourteen years old on either a formal or informal basis.
- 3.8 The definition of formal childcare provision is usually that provided by a third party outside the familial circle such as playgroups, out of school clubs (including pre and after school clubs and all day clubs during the school holidays) and childminders, while informal childcare provision is normally friends or relatives.
- 3.9 The studies that had been undertaken prior to 1998 indicated that a shortfall existed between the provision of accessible and affordable childcare, particularly in the pre-school years, and the number of places required. It was estimated that there were approximately 830,000 childcare places available for five million children (under school age) in the United Kingdom and a lack of trained childcare providers to increase that number sufficiently to meet demand.
- 3.10 In addition, the information concerning available places was in many cases poorly disseminated and where it was available, the cost was often too high for many families. It was estimated that in 1998, that the average weekly cost of childcare provision for a child under the age of five years old ranged from £50 to £180.
- 3.11 The overall objective of the National Childcare Strategy was to improve the future life choices for children through the social and educational benefits of pre-school childcare and enable parents who have historically been unable to enter the employment market due to unaffordable childcare costs the opportunity to do so.

### **'Every Child Matters' Green Paper**

- 3.12 The Government published a Green Paper entitled 'Every Child Matters' in 2003. This was published alongside the formal response to the report into the death of Victoria Climbié and was followed up by two further documents Every Child Matters: The Next Steps and Every Child Matters: Change for Children, both in 2004.
- 3.13 The Green Paper identified five outcomes, which were to be universal ambitions for all children aged up to nineteen years of age regardless of their background or circumstances. These were as follows:
- Be healthy
  - Stay safe
  - Enjoy and achieve
  - Make a positive contribution
    - Achieve economic well being

<sup>2</sup> Department for Education and Skills (DfES), 'Meeting the Childcare Challenge', May 1998, ISBN0101395922

- 3.14 The intention was that these five outcomes would lead to mutual reinforcement of each other. An example of this is that studies have demonstrated that children when healthy and safe ('be healthy' and 'stay safe') they achieve greater educational attainment ('enjoy and achieve'), which in turn is often the most sustainable route out of poverty ('achieve economic well being').
- 3.15 The 'Every Child Matters' Green Paper also feeds into the development of other strategies such as the Teenage Pregnancy Strategy (to halve the number of teenage pregnancies by 2010), Young People and Drugs or the Looked After Children Strategy (dealing with improving the life chances of children in local authority care).

### **Ten-Year Childcare Strategy**

- 3.16 The Ten-Year Childcare Strategy drafted in 2004 sets out a programme for developing a "sustainable framework for high quality integrated early years and childcare services for all children and families" which will form a "permanent, mainstream part of the welfare state".<sup>3</sup>
- 3.17 The intended outcome from the strategy is an increase in the productive capacity of the nation through tackling disadvantage and expanding the opportunities open to current and future generations. The strategy recognised that while there were long-term benefits to the exchequer and the wider economy in parents returning to work after the birth of a child, these were often unrealised due to the impact of childcare costs in the short-term deterring parents from doing so. It was therefore proposed that the government should intervene in the area of childcare provision, as happened in many other countries, due to the markets failure to adequately resolve this issue.
- 3.18 The vision of the Ten-Year Childcare Strategy can be summarised as follows:
- The importance of ensuring that every child has the best possible start in life;
  - The need to respond to changing patterns of employment and ensure that that parents, particularly mothers, can work and progress their careers;
  - The legitimate expectations of families that they should be in control of the choices they make in balancing work and family life;
  - That childcare services are among the best quality in the world; and
  - That all families are able to afford high quality childcare services that is appropriate for their needs.
- 3.19 The Strategy is intended to deliver its objectives through four key areas:

- **CHOICE** – The provision of greater freedom to parents in determining their work/life balance through improved maternity and paternity leave arrangements, working with employers to develop improved flexible working arrangements, and access to high quality, flexible and affordable childcare provision and support information.

<sup>3</sup> Ten Year Strategy for Childcare: Guidance for Local Authorities, March 2005, ISBN1-84478-455-X

- **AVAILABILITY** – The provision of locally accountable childcare services to everyone who needs it. The planning and delivery of these services while within a national framework will be shaped according to local needs.
- **QUALITY** – The development of a skilled, professional workforce of pre-school childcare providers with a status similar to that of teachers in schools in order to deliver the high quality childcare provision necessary to improve educational and social outcomes for pre-school children.
- **AFFORDABILITY** – That childcare be provided on the basis of 'progressive universalism' with a basic level of support available to all parents and children and most support given to those who's need is greatest.

3.20 The emphasis in delivering the strategy is on developing links between public and private sector to provide parents with a comprehensive picture of the choices available to them.

### **Children Act 2004**

3.21 The Children Act 2004 provides the legal underpinning for the Every Child Matters: Change for Children programme and created the concept of Children's Trusts. A pathfinder pilot ran from 2004 – 2006, the results of which are currently undergoing independently evaluated.

3.22 It is the intention that the Children's Trusts will bring together all the services for children and young people in a specific area (such as a County or London Borough for example) in fulfilment of the duties placed on public sector bodies and local authorities under Section 10 of the Act. The overall effect of the Children's Trust will be to delivery universally accessible integrated and responsive services to children and young people.

3.23 The Act and introduces two general duties upon English and Welsh local authorities in respect of the well being of children. These were to improve the well being of children and to reduce inequalities between young children in the authorities area.

3.24 The Act defined 'well-being' in relation to children as follow:

- Physical and mental health and emotional well-being
- Protection from harm and neglect
- Education, training and recreation
- The contribution made by them to society
- Social and economic well-being

### **Children's Trusts**

3.25 The Children Act 2004, which was a response to Lord Laming's report on the death of Victoria Climbié, set out the powers and duties necessary to facilitate the development of Children's Trusts. In order to ensure that the most effective local model of operation is used, the Act allows for flexibility in the establishment of trusts, which organisations belong to it, and the organisational structure. It requires local authorities to have in place arrangements that produce 'integrated working' at all

levels of children's service provision. The level of integration will vary between trusts in response to local conditions.

- 3.26 The Children Act 2004 also requires the development of a Children's and Young Peoples Plan to give strategic direction to children's services in the local area. The Act also places a duty to co-operate on other public bodies such as Primary Care Trusts. Although schools are not placed under a duty to co-operate, it is assumed that they will be involved through the local authority and extended schools will have a role to play in providing local services.
- 3.27 Children's Trusts will have the Children's Fund under its control, with funding ring fenced until 2008, to develop preventative measures to decrease the risk of children becoming socially excluded. The Trusts will also have a role to play as a commissioning agency for children's services and work with voluntary and community groups to effectively deliver services.

### **Childcare Act 2006**

- 3.28 The Childcare Act 2006 requires local authorities to adopt a more proactive approach to the promotion of childhood services to parents and prospective parents. It also requires authorities to identify parents or prospective parents who would be unlikely to take advantage of early childhood services and promote those services to them.
- 3.29 The Act, and Section 6 in particular, places a duty upon local authorities to play the lead strategic role in assessing the local childcare market in order to secure sufficient childcare for children aged between four and fourteen to enable parents to take up or remain in work. This also applies to any training, which could reasonably be expected to assist them in obtaining work.
- 3.30 While the Act states that local authorities must undertake the lead role in planning, supporting and commissioning sufficient childcare provision it does not expect them to provide the service directly unless:
- (a) There is no other person is willing to provide the childcare (whether in pursuance of arrangements made with the authority or otherwise), or
  - (b) If another person is willing to do so but that in the circumstances it is more appropriate for the local authority to provide the childcare instead
- 3.31 The Act defines 'sufficient' childcare provision as being able to meet the needs of the community in general and in particular for those families on local incomes or with disabled children.
- 3.32 The Childcare Act 2006 does require that local authorities work with voluntary sector, independent sector and commercial sector organisations in the planning and delivery of childcare for its community. This includes the 75,000 registered childminders in England and Wales who provide home based childcare.
- 3.33 In respect of children aged under the compulsory school age, a duty is placed on local authorities to secure the provision of early years childcare, of a prescribed description under the guidance, on a free of charge basis. This amends the Education Act 1996 (Section 451) to expand the circumstances where it is prohibited to charge for education.

- 3.34 The Act also introduced the 'Early Years Foundation Stage', which was intended to deliver a quality integrated framework incorporating the existing 'Birth to Three Matters', 'Foundation Stage' and national standards for day care and childminding. As part of this, all childcare providers caring for children up to the age are required to register on the Early Years register and deliver the Early Years Foundation Stage.

### **Early Years Foundation Stage**

- 3.35 The Early Years Foundation Stage (EYFS) was introduced by the Childcare Act 2006 and is intended to bring learning and care within a single coherent framework to support a child's development in both an age and stage appropriate manner from birth to five years of age. However, unlike conventional schooling this will not be based around testing but instead based on observational assessment and a child would be allowed to progress along their individually tailored development path in a way that meets their needs best.
- 3.36 The overall objective of the EYFS is to ensure that children are provided with the same opportunities and activities that a good parent would provide them as a matter of course and that through play-led activities an important contribution be made to the development of their literacy and numeracy skills. The Childcare Act identified September 2008 as the target date for the introduction of the EYFS and it will be a statutory requirement for all Ofsted registered early years providers, including maintained and non-maintained schools with a provision for children under the age of five years old, to implement it from that date.

### **Extended Schools**

- 3.37 The vision for 'Extended Schools' was launched in June 2005 in support of the 'Every Child Matters' objectives.<sup>4</sup> The vision built upon the experiences of schools already delivering extended services with the intention that all children would be able to access core extended services through schools by 2010.
- 3.38 These core services include the provision of childcare for primary school age children from 8.00 am to 6.00 pm on either an all year round basis or as required by the local community. There is no single blue print for an extended school, nor is there a centrally awarded 'extended school' status. Accordingly, the delivery of services will vary between schools and some services may be delivered in conjunction with partner agencies. In many cases extended schools will work closely with Children's Centres in the provision of services.

### **Changes in Household Composition (1971 – 2005)**

- 3.39 The Office for National Statistics (ONS) produces quarterly statistics monitoring demographic, social and economic trends in the United Kingdom. The population of the United Kingdom, excluding any impact resulting from short term migration, is predicted to continue growing until the early 2030's by which point, and despite stable birth rate predictions until 2041, the population will slowly decline as the total number of deaths exceed the total number of births.

<sup>4</sup> Extended Schools: Access to opportunities and services for all, a prospectus, June 2005, Department for Education and Skills

3.40 As of Spring 2005, there were 24.2 million households in the United Kingdom, representing a thirty percent increase against the 1971 figure.<sup>5</sup> However, while the average household size has only decreased slightly from 2.9 to 2.4 people during this period it masks significant changes in household composition that have taken place.

3.41 The most noticeable trend has been in the number of single person households, which account for over thirty percent of all households in 2005 and changes to the composition of the traditional family unit with a decrease in the size of the average family unit.

(a) Age of Mother at Birth

3.42 As of the last complete yearly statistics for England and Wales (2005), the average age of a mother at the time of the birth of her first child was 29.4 years of age, which was an increase from 26.2 years in 1971.<sup>6</sup> This change is reflected in the figures when the mothers age at the birth of her first child is broken down into bandings, with a sharp downwards trend in the number of mothers having their first child between the age of twenty to twenty-nine years of age, and an increase in the number of mothers giving birth to their first child between the ages of thirty and thirty-nine years of age.

3.43 The figures for women under the age of twenty at the time of the birth of the first child have remained relatively static since 1991, although the period 1971 – 1991 did see a small increase in the figures. However, while these figures remain a small percentage of the overall total it should be noted that the United Kingdom has the highest teenage pregnancy rate in the European Union.<sup>7</sup> Statistically, women in deprived areas or in vulnerable groups such as children in care were six times more likely to become teenage parents than those in the most affluent areas.

3.44 The significance of the age of mother at the birth of their first child is illustrated in a study undertaken by the Family Policy Studies Centre. The study found that teenage parents in comparison with women who had their first child in their twenties were four times more likely to be living in social housing, over eight times more likely to be a lone parent and nearly three times more likely to lack qualifications at the age of thirty-three years.<sup>8</sup> There was also evidence to suggest that a link existed between teenage mothers and an increased risk of poor health, economic and social outcomes for the child.

3.45 At the other end of the scale, there has been a small but consistent increase in the number of women who were aged over forty at the time of the birth of their first child.

3.46 While the overall trend is consistent between those births within marriage and outside marriage a small difference emerges over the age of mother at the age of birth of her first child and the pace at which the changes have occurred since 1971. The average age of a mother at the birth of her first child outside of marriage has increased from

<sup>6</sup> 'Social Trends 36', Office for National Statistics, February 2006, ISBN140399384

<sup>7</sup> Figures based on a twenty-five member state European Union prior to the 2007 expansion.

<sup>8</sup> The Guardian, 22 February 2001, quoted by the Literacy Trust

23.7 years in 1971 to 27.0 years in 2005. In comparison the average age of a mother for a birth within marriage rose from 26.4 years in 1971 to 31.4 years in 2005.

- 3.47 Finally, since 1980 the number of births outside marriage has increased from twelve percent to forty-two percent of all total births, although it should be recognised that one in four women went on to marry within eight years of the birth of a child. This compares with the European average of thirty three percent, although it should be noted that the figures for the United Kingdom are still below the Scandinavian average of forty-seven percent.<sup>9</sup>

(b) Dependent Children

- 3.48 The period 1971-2002 saw an eighteen percent decrease in the number of children under the age of sixteen in the population for the United Kingdom. This number is expected to decline further from 11.8 million in 2002 to 11.1 million in 2010 and then remain relatively static at that level until 2021.
- 3.49 As a percentage of the total population, the number of children under the age of sixteen is 18.2%, which is the tenth highest overall within the European Union and higher than the average across all 25 member states of 16.4%.
- 3.50 The number of lone parent (male) households with dependent children has remained unchanged since 1971 at one percent of total households, while the number of lone parent (female) households with dependent children has undergone significant growth. In addition, the majority of lone parent (male) households (64%) tend to have a single dependent child. The average age of dependent children in lone parent (male) households tends to be older than that of lone parent (female) households, at 11 years or older in nearly half of all cases.
- 3.51 The number of lone parent with dependent children households shows an upward trend and has increased from three percent in 1971 to seven percent of total households in 2004. This now exceeds the number of two parent households with three or more dependent children, which has declined from nine percent to four percent over the same period. Overall, the number of households consisting of lone parents with dependent children has increased from 1 in 14 of all households with dependent children in 1971 to nearly 1 in 4 households by 2004.
- 3.52 However, despite the rise in lone parent households, it should be noted that the majority of households with dependent children continue to consist of two parent families (77% of total households), although the balance between married and co-habiting couples has changed slightly over the last thirty years with more co-habiting couples.
- 3.53 In comparison with the rest of Kent, the districts of Dover and Thanet have the highest proportion of lone parent families with dependent children accounting for over 26% of total households in each district. The ratio of female single parent households to male single parent households in the district is 3:1.<sup>10</sup>

<sup>9</sup> 'Social Trends 36', Office for National Statistics, February 2006, ISBN140399384

<sup>10</sup> Gender Equality Scheme, Dover District Council, 2007

**Table 1: Dependent Children by Family Type in the UK <sup>11</sup>**

	1971	1981	1992	2001	2005	Change since 1971
<b>Couples with 1 Child</b>	16%	18%	17%	17%	18%	2% ↑
<b>Couples with 2 Children</b>	35%	41%	38%	37%	36%	1% ↑
<b>Couples with 3 or more Children</b>	41%	29%	28%	24%	23%	18% ↓
<b>Lone Parent with 1 Child <sup>12</sup></b>	2%	4%	6%	7%	8%	6% ↑
<b>Lone Parent with 2 Children <sup>13</sup></b>	3%	5%	7%	9%	9%	6% ↑
<b>Lone Parent with 3 or more Children</b>	3%	3%	5%	6%	6%	3% ↑

*The table excludes cases where the dependent child is outside of a family unit. The method used by the ONS for rounding the figures to whole numbers may create a variation of +/- 1% of 100%*

3.54 The 2001 Census results indicated that over 200,000 children under sixteen years old live outside of a parental family unit, which includes 139,000 children living with adults who were not their parents and 52,000 living in communal establishments such as children's homes.

(c) Ethnicity

3.55 While the figures quoted previously from the Office of National Statistics are representative of all ethnic groups in the United Kingdom; there is variation in the data when broken down by ethnicity. For the purposes of this report I have adopted the definitions of ethnicity used by the 2001 Census.

3.56 According to the 2001 Census results, the highest percentage of married or co-habiting couples with dependent children is among the Chinese and Asian ethnic groups at over eighty percent of households. In contrast, the lowest is among the Black or Mixed ethnic groups at less than sixty percent. The number of dependent children also varies by ethnicity; with Asian households averaging at three or more dependent children while White and Black households average at just over two dependent children per household.

3.57 The ethnic composition of communities has a direct effect therefore on the services that a Sure Start Local Programme needs to provide. A third of all Sure Start areas in England have an ethnic minority population of twenty percent or greater, with Asian households accounting for the majority ethnic group in twenty-two percent of areas and black households in fifteen percent.

<sup>11</sup> Social Trends 36', Office for National Statistics, February 2006, ISBN140399384

<sup>12</sup> This is a combined figure for both male and female lone parent households.

<sup>13</sup> The figures for a lone parent with two children or above are based upon female lone parent households

(d) Employment

- 3.58 Although Sure Start is focused primarily on the social, health and educational needs of children and families it also forms part of a wider effort to improve the United Kingdom's workforce and increase opportunities for economic mobility.
- 3.59 The Office for National Statistics' Labour Force Survey for Spring 2006 breaks down the employment levels for the different types of households with dependent children. The employment rate for married and co-habiting mothers was 71.4% (up 0.4% over the preceding five years, though down slightly from Spring 2005), while the figure for lone parents in employment was 56.5% (up 0.4% over the preceding five years).
- 3.60 While the figures for lone parents in employment have shown a small increase over the last decade, it still compares unfavourably with other developed nations such as France (82 percent) or the United States of America (60 percent) and at the last assessment was not on course to meet the Government's target of raising percentage of lone parents in employment to seventy percent by 2010.
- 3.61 The number of children in workless households stood at 1.74 million or 15.3% of all children in working age households (down 0.9% over the preceding five years). In terms of Sure Start Local Programme areas, the number of children living in workless households is approximately double the national average.

**Infant Mortality**

- 3.62 According to UNICEF figures for 2005<sup>14</sup> the infant mortality rate for under fives in the United Kingdom was 6 per 1,000 live births. This is based on the probability of dying between birth and exactly five years of age and equates to approximately 4,000 deaths annually.

**The Definition of Child Poverty**

- 3.63 As mentioned earlier, in 1999 the Government announced its intention to eliminate child poverty completely by 2020 with interim targets of reducing it by one quarter by 2004 and half by 2010. The first target of a reduction in child poverty by one quarter by 2004 was missed, although it should be noted that the actual result of seventeen percent equated to approximately 700,000 children.
- 3.64 In discussing what 'poverty' actually means, it should be recognised that there is no single official definition used by the UK Government or Non-Governmental Organisations. However, for the purposes of this report the definition most commonly used by the Government will be adopted.<sup>15</sup>
- 3.65 This definition comprises of three components:
- Low income measured in absolute terms

<sup>14</sup> The State of the World's Children 2005, UNICEF

<sup>15</sup> The United Kingdom Commitment: Ending Child Poverty by 2020, Elisa Minoff, Centre for Law and Policy Study, January 2006

- Low income measured relative to sixty percent of median income
- A combined measure of material deprivation and low income

3.66 According to this definition, poverty can only be considered to be reducing in the longer term when figures for all three components are moving in the right direction. The 2007 Government Spending Review is expected to contain a target of halving the number of children suffering from material deprivation and relative low income by 2011.

3.67 The relative poverty threshold for a two-parent, one-child family in the United Kingdom (after deducting housing costs) in 2004/05 was £9,464 per annum.

### **Childcare Provision Costs**

3.68 In 1998 at the time of the 'Meeting the Childcare Challenge' Green Paper, it was estimated by the government that childcare costs ranged from between £50 - £180. A national survey published by the Daycare Trust, a registered childcare charity, in 2006 indicated that the average full time childcare cost had increased steadily since 1998.

3.69 Since 2000, the average cost of a full time nursery place for a child under two years of age in England has increased by nearly twenty percent the rate of inflation to £144 per week in 2005 (over £7,400 per annum). The average cost of a full time childminder for a child under two years of age in England was slightly lower at £132 per week.

3.70 To place this in context, the Office of National Statistics estimates that the national average level of earnings is £431 per week. The median weekly full time average earnings for men in the Dover District is £532.10 and £407.40 for women.<sup>16</sup>

3.71 The definition of 'full time' used here is fifty hours per week for a nursery or childminder and fifteen hours per week for an out of school club.

**Table 2: Average Weekly Childcare Costs 2005**<sup>17</sup>

	Nursery (0 - 2 yrs)	Nursery (2 + yrs)	Childminder (0 - 2 yrs)	Childminder (2 + yrs)	Out of School Club
South East England	£165	£153	£165	£160	£41
England Average	£144	£142	£132	£129	£41

3.72 The survey indicated that problems with affordable childcare costs were particularly affecting low-income families and parent who wanted to leave full or part time employment to train or study.

3.73 As at the end of 2005, there were nearly 6,000 schools developing extended services such as Out of School clubs.<sup>18</sup>

<sup>16</sup> Gender Equality Policy, Dover District Council, 2007

<sup>17</sup> The survey results are based upon data obtained from 150 of the 200 Children's and Childcare Information Services in the United Kingdom.

- 3.74 In 2005 the government introduced assistance for childcare costs through the tax credit system, although the average award was £53.30 per week.<sup>19</sup> Despite the tax credit however, parents still pay for seventy-five percent of their childcare costs in most cases. This compares to the European average of thirty percent of childcare costs paid by parents.
- 3.75 When questioned, the majority of parents quote the cost of childcare provision as a key reason for not using it and only thirteen percent of all parents in 2003 used any formal childcare service full time.

### **Sure Start National Programme (England)**

#### **Background**

- 3.76 The first Sure Start local programmes were set up in 1999 as a result of the Comprehensive Spending Review and the 'Meeting the Childcare Challenge' Green Paper the previous year. It was intended that Sure Start would bring together early education, childcare, health and family support for young children (aged between conception and four years old) and their parents in the most deprived areas of England. There are separate arrangements in place for Wales, Scotland and Northern Ireland.
- 3.77 It was intended that by basing the Sure Start local programmes on specific geographical areas and making the services universally available to all children within that area that it would avoid stigmatising service users while still allowing the local programmes to target the key groups they were seeking to reach.
- 3.78 The 'trailblazer' round of Sure Start programmes in England (commonly referred to as Round One) consisted of fifty-nine programmes that were given approval for grants by June 2000. The areas selected for the 'trailblazer' round were areas that already had sufficient infrastructure in place to ensure that services could be delivered quickly.
- 3.79 In late 2000, a second round of sixty-nine programmes were awarded grant approval. The programmes selected for the first two rounds were in areas that were among the most deprived in England. These areas were typified by a combination of low income and high unemployment. Since 2000, there have been funds allocated to create new Sure Start local programmes in five additional rounds. On average, each Sure Start programme takes three years to become fully operational.
- 3.80 The development of Sure Start local programmes has not followed a specific pattern and a widely diverse range of programmes has evolved. The evolution of local programmes has been affected by the nature of the social-cultural-historical context of the area. This includes pre-existing services in place, the legacy of existing initiatives (such as health action zones, New Deal programmes and Connexions), the nature of any government policies implemented during its founding (such as modernising primary care, 'birth to three matters') and the lead agency for each the local programme.

<sup>18</sup> 'Departmental Report 2006', Department for Education and Skills, May 2006

<sup>19</sup> 'Survey of Childcare 2006', Daycare Trust

3.81 The lead agencies for Sure Start local programmes include organisations from the public sector (health, local authorities, social services) and the voluntary sector (NCH, Barnardo's and others). Each lead agency has different processes and ethos.

### Sure Start Objectives and Values

3.82 The aim of Sure Start is to promote the physical, intellectual and social development of children from conception through to four years of age to ensure that they can realise their potential in the home environment, at school and eventually in the workplace. It is intended that through increasing the supply of high quality early learning, the affordability of childcare, access to health and family support, the life opportunities of children from deprived areas or with special needs or disabilities can be improved.

3.83 It is intended to create a children's centre in every community to deliver these services, regardless of the level of deprivation by 2010, which equates to 3,500 centres. As of October 2006, there were 1,000 Sure Start children's centres in England with a potential catchment area of 800,000 pre-school children who could use the health or family support services on offer. However, in reality a lower number of children are actually using these services. The target for March 2008 is that all children under the age of five and their families in the most disadvantaged areas will have access to a Sure Start children's centre.

3.84 The Sure Start programmes form part of the effort to break what the Government calls 'the cycle of disadvantage' and are underpinned by four national objectives:

- **Objective One: Improving Social and Emotional Development**
  - Supporting early bonding between parents and children
  - Assisting families to function as a proper unit
  - Providing early identification and support for children with emotional or behavioural problems
- **Objective Two: Improving Health**
  - Supporting parents in caring for their children to promote healthy development before and after birth<sup>20</sup>
- **Objective Three: Improving Children's Ability to Learn**
  - Encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play and improve language skills
  - Ensure early identification and support of children with special needs

<sup>20</sup> In October 2006, the Minister for Children, Young People and Families, the Right Honourable Beverley Hughes MP, imposed additional responsibilities on the role of health visitors within Sure Start Children's Centres.

- **Objective Four: Strengthening Families and Communities**

- Create pathways out of poverty through involving families in building the communities capacity to sustain the Sure Start programme

3.85 The four objectives are translated into service delivery through a series of Public Service Agreements, which in turn inform the nationally set targets for local Service Delivery Agreements.

3.86 As part of the 'Sure Start Agenda', free part-time pre-school education has been made available to all three (since 1998) and four year olds (since 2004), although the exact nature of the provision varies. Maintained, independent and voluntary nursery providers who are regularly inspected by Ofsted to ensure compliance with the requirements of the Foundation Stage and Early Learning Goals provide these services.

#### Identification of Locations for Sure Start Programmes

3.87 The initial placement areas selected for Sure Start local programmes were determined according to the Index of Multiple Deprivation developed by the Office of the Deputy Prime Minister (ODPM) and focused on the twenty percent most deprived district council wards in England. However, local authorities were given the flexibility to develop Sure Start centres in other areas, which while not being among the twenty percent most deprived could be demonstrated to contain concentrated areas with a high level of need.

(a) Index of Multiple Deprivation (IMD)

3.88 The Index of Multiple Deprivation is based on the absence of resources that are needed for a basic standard of life. In total, there are thirty-six different indicators of deprivation. These include the absence of:

- A decent home
- A clean environment
- A good education
- Reliable employment
- A steady income
- Good health
- Decent social conditions

3.89 The Index has been further divided since 2004 with a sub-domain of Income Deprivation Affecting Children Index (IDACI). In most instances, though not all, the IDACI is highest in urban areas.

(b) Super Output Areas (SOA)

3.90 The period 2006-2008 marks a change of focus for Sure Start; with a switch from the twenty percent most deprived wards according to the Index of Multiple Deprivation to the thirty percent worst Super Output Areas. These are now used to form the basis of the revised Index of Multiple Deprivation. Where as previously the national Index of Multiple Deprivation was based on 8,414 district wards it is now based upon 32,482 Super Output Areas allowing for more precise targeting of deprivation.

3.91 The Super Output Area (SOA) is a geographical unit developed by the Office for National Statistics and consists of an aggregation of smaller Output Areas (OA's). Super Output Areas are further subdivided into Lower SOA's (the smallest SOA unit), Middle SOA's and Upper SOA's (the largest unit). Each Super Output Area within the three bands is broadly consistent in terms of population size and number of households. In Kent (excluding the Medway Unitary Authority) there are 883 Lower Super Output Areas.

Lower Super Output Area	Average Population 1,500 (minimum 1000)
Middle Super Output Area	Average Population 7,200 (minimum 5000)
Upper Super Output Area	Minimum Population 25,000

3.92 In the Dover District there are sixty-seven Lower Supper Output Areas. However, only one, St Radigunds, is within the top twenty most deprived in Kent, in eighteenth place.<sup>21</sup>

### Bookstart

3.93 In addition to new programmes created by Sure Start local programmes, Sure Start has taken over responsibility for some pre-existing early learning programmes, such as 'Bookstart'. In 2005, the Department for Education and Skills Sure Start unit agreed to fund the provision of nine million books over a three-year period.

3.94 The Bookstart scheme was created in 1992 and distributes a red nylon book bag containing two books (one board book and one paperback picture book) and drawing materials to eighteen-month year olds via health visitors and nursery nurses. A further two books are provided by the time the child reaches three years of age.

### Department for Education and Skills (DfES) Public Service Agreement Targets

3.95 The Department for Education and Skills sets several targets to measure the progress of Sure Start nationally in achieving its objectives.

**Table 3: Spending Review 2002-2004 Public Service Agreement Targets<sup>22</sup>**

PSA Target	Sub-Target	Progress
<b>Safeguard children and young people, improve their life outcomes and general well-being, and break cycles of deprivation</b>	① Improve children's communication, social and emotional development so that by 2008, 53% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children from 16% to 12% in the 20% most disadvantaged areas and the rest of England.	This is a joint Sure Start target with the Department for Work and Pensions.  The Foundation Stage Profile in 2005 established the existing baseline at 48%.

<sup>21</sup> 'Deprivation in Kent Report', Kent County Council, October 2006

<sup>22</sup> 'Departmental Report 2006', Department for Education and Skills, May 2006

PSA Target	Sub-Target	Progress
	<p>② As a contribution to reducing the proportion of children living in households where no one is working, by 2008:</p> <ul style="list-style-type: none"> <li>• Increase the stock of Ofsted-registered childcare by 10%</li> <li>• Increase the take-up of formal childcare by low income working families by 50%</li> <li>• Introduce by April 2005, a successful light touch childcare approval scheme</li> </ul>	<p>On course for achievement.</p> <p>Achieved ahead of schedule.</p> <p>Too early to make an assessment</p> <p>Joint target with the Department for Work and Pensions.</p>
	<p>③ A six-percentage point reduction in the proportion of mothers who smoke during pregnancy.</p>	<p>This was set as a target during the 2002 spending review. There is slippage in achieving this target.</p>
	<p>④ An increase in the proportion of young children with satisfactory speech and language development as age 2 years.</p>	<p>This was set as a target during the 2002 spending review. This target is on course to be achieved.</p>
	<p>⑤ A 12% reduction in the proportion of young people living in households where no one is working.</p>	<p>This was set as a target during the 2002 spending review. This target is on course to be achieved.</p>

### **National Evaluation of Sure Start (NESS)**

*"Sure Start varies so considerably from place to place, both through intention and to the happenstance of the quality of staff available when launching a new programme in a relatively untouched sector on a massive scale, that any evaluation needs to take as much account of differences as of similarities."*<sup>23</sup>

3.96 The National Evaluation of Sure Start study undertaken by Birbeck College (University of London) developed a series of findings on the performance of Sure Start programmes nationally across England. Although the Department for Education

<sup>23</sup> The Guardian, Mr Norman Glass, Chief Executive of the National Centre for Social Research, 24 May 2006

and Skills has questioned some aspects of the methodology used in conducting the study, it has accepted the overall conclusions set out in the evaluation.

- 3.97 In terms of satisfaction levels, the view of those who had used Sure Start services was overwhelmingly positive and that assessment identified that improvements had been achieved in respect of the relationships between mother and child (less shouting, less smacking and more organised home life) and improvements in the level of social competence between children and their peers, which manifested as less behavioural problems and greater self confidence.
- 3.98 However, in contrast to this the children of teenage mothers, lone parent and workless households who had been enrolled in a Sure Start programme were found to have actually performed worse than those in the non-Sure Start programme control group in regards to social competencies and verbal skills.<sup>24</sup>
- 3.99 There was also shown to be failings in reaching members of those groups considered to be most vulnerable (teenage parents, disabled children and ethnic minorities) due to a lack of information as to the location of members of these groups and difficulty in contacting them due to either their social or geographical isolation. The National Evaluation of Sure Start also identified concerns that the level of per capita expenditure on children tended to be lower in Sure Start local programmes that had a high level of ethnic minority families.
- 3.100 Although there have been mixed findings as to the impact of Sure Start Local Programmes, a 2004 report by the Department for Education and Skills concluded that children who had experienced some form of pre-school care outside of the home generally tended to be more socially and intellectually developed by the time they started primary school than those who had not. Furthermore, those who had experienced pre-school education at the age of two or three years of age demonstrated better literacy and numeracy skills on average at the end of Key Stage 1.<sup>25</sup>
- 3.101 The evaluation suggests that the possibility exists, particularly in the early stages, that Sure Start may be uncovering instances of unidentified needs and that this, if it is the case, is contributory factor in the poor performance against Sure Start targets. This information is however drawn from only two years worth of evaluation studies and as with many other areas of the evaluation, is difficult to extrapolate accurate long-term conclusions without further study.
- 3.102 The most persistent criticism raised of Sure Start has been in regards to engaging with the most marginalised families and other hard to reach groups. It should be noted however, that the initial stages of Project Head Start in the United States showed similar failings and this is partially attributable to parents from relatively less disadvantaged groups being easier to identify by service providers and more able to access the services on offer (i.e. they more commonly possess their own transport and are more comfortable engaging with service providers).
- 3.103 The evaluation does raise concerns however, that if more effort is not made to engage with those disadvantaged and vulnerable groups for whom Sure Start offers

<sup>24</sup> 'Partners' – The Sure Start Newsletter for Local Authorities, Issue 43, March/April 2006

<sup>25</sup> 'The Effective Provision of Pre-School Education (EPPE) Project: Final Report', Department for Education and Skills (DfES), 2004

the greatest potential benefit, they will feel excluded in the longer term and deterred from taking advantage of the services on offer.

### Funding of Sure Start Local Programmes

- 3.104 The funding for Sure Start Children's Centres is determined using a formula based on a per capita spending allocation for each child multiplied against the target number of children that each Children's Centre must reach by 2008. A higher per capita level is set for those children within the thirty percent most disadvantaged Super Output Areas. This funding is intended to provide for both existing Children's Centres and those planned for the future.
- 3.105 It is recognised however, that determining the actual number of eligible children within the area covered by a Sure Start local programme has presented difficulties. There are three methods for estimating child numbers in the target catchment area. It is up to the individual Sure Start programme to use the method that they believe is most accurate in determining the numbers of children under five within their areas.
- 3.106 The formula was originally based on data provided by the Department for Work and Pensions (DWP) for the number of children eligible for child benefit within the post code areas covered by each Sure start local programme. While this provides a reasonably accurate figure for static communities there has been a tendency by the DWP figures to underestimate the true figure by not recording those children who were unregistered or ineligible for child benefit, such as migrant and asylum seekers children.
- 3.107 A more reliable database has been the Child Health Registers maintained by the Primary Care Trusts (PCT), but despite guidance from the Secretary of State for Health issued in 2003 there are still PCT's that do not release this information to Sure Start local programmes.
- 3.108 The final method of determining the number of children under the age of five within the catchment area of a Sure Start local programme has been the 2001 census results. However, these details will become less accurate each year until the 2011 census.
- 3.109 The amount of funding spent per child (revenue and capital) over a three-year period varies between different Sure Start programmes. The National Evaluation of Sure Start identified the range spent per child over a three-year period as varying from £2,000 to £10,000 although in practice the average spent ranged from £1,500 to £2,500. However, it should be recognised that in the initial set-up period it is not uncommon for Sure Start local programmes to under spend on services. The level of funding allocated per child determines the range of services that a Sure Start local programme is able to offer.
- 3.110 The National Evaluation of Sure Start identified differing levels of expenditure per capita based upon the nature of the lead agency operating the local programme. The evaluation noted that programmes where a health agency was the lead body tended to set-up services quicker than local authority led programmes, although in the longer term (from the fourth year of operation onwards) local authority led programmes had comfortably overtaken health agency led programmes in the per capita level of expenditure.

**Table 4: Average Expenditure Per Child by Lead Agency (1999 – 2000 Prices)**

	Year 1	Year 2	Year 3	Year 4
<b>Local Authority (Education Services)</b>	£221	£650	£854	£862
<b>Local Authority (Social Services)</b>	£168	£663	£909	£978
<b>Local Authority (Other Services)</b>	£169	£609	£878	£997
<b>Local Authority (All) Average</b>	£186	£641	£880	£946
<b>Health</b>	£294	£700	£862	£837
<b>Voluntary/Community</b>	£234	£706	£908	£959
<b>Other Agencies</b>	£216	£604	£864	£821
<b>All Programmes Average</b>	£210	£658	£882	£926

3.111 Sure Start programmes are also encouraged to seek out capital grants from other bodies such as Lottery Funding, New Deal for Communities and the European Social Fund, although in practice less than fifty percent of Sure Start programmes have done so. Those local programmes in receipt of external funding received an average of £50,000 per annum. Where external funding is utilised by Sure Start it is usually in collaboration with another body that has overlapping objectives. In the case of European Union funding, only five percent of Sure Start programmes were in receipt of such funding.

3.112 While the majority of Sure Start local programmes are not in receipt of external funding, they do usually receive support in kind such as free (libraries and clinics for example) or reduced charge use of premises or staff. However, it is uncommon for a Sure Start local programme to receive any in kind assistance in regards to support services such finance and IT (only 3 in 10 receive free services) or personnel and payroll services (only 4 in 10 receive free services).

**Table 5: Variation in Total Expenditure by Sure Start Local Programmes by Operating Year**

	Lower Quartile Expenditure	Median Expenditure	Upper Quartile Expenditure	Minimum Expenditure	Maximum Expenditure
Year 1	£68,117	£120,310	£205,611	£0	£749,186
Year 2	£362,088	£477,730	£589,502	£47,121	£1,209,161
Year 3	£559,363	£629,255	£683,877	£238,949	£1,523,471
Year 4	£603,110	£603,110	£756,464	£295,955	£1,179,552

3.113 Sure Start programmes have a twenty percent overhead limit over the three-year funding period. However, as the majority of the overhead costs are incurred in the initial set-up period prior to service delivery commencing the amount expended on overheads often runs at over fifty percent in the first year before declining until the programme becomes fully operational. However, total non-service costs during the third and fourth year of operation on average still account for approximately one quarter of total expenditure.

### Capital Expenditure

3.114 In terms of capital expenditure, each Sure Start programme was awarded a minimum allocation of one million pounds, to use in the first three years of operation. However, in practice there is a notional quality to the capital allocation as it is dependent upon approval of detailed plans for each individual item of expenditure.

3.115 The National Evaluation of Sure Start (NESS) discovered that the majority of local programmes established in 1999 – 2000 had only spent 50 per cent of the capital allocation by March 2004 and none had spent the complete allocation. In addition, there was no evidence that subsequent programmes were spending the capital allocation any quicker, with 2000 – 2001 programmes only having spent on average 36 per cent of it by the end of their third operational year. As a result, in practice the requirement to spend the capital allocation within the first three years of operation has been lifted.

3.116 The evaluation noticed small differences in the rate of expenditure and the size of the programme, with small and medium programmes achieving higher expenditure rates than large programmes, although this could be partly accountable by larger programmes having more capital expenditure projects to undertake.

3.117 The main problem in directing capital expenditure related to systemic delays such as locating sites for buildings, obtaining planning permission, partnership working arrangements and commissioning construction. In programmes operating in areas with high property prices or a scarceness of available development land this has been even more difficult. In the case of partnership working arrangements the delays originated most commonly in completing multiple governance and finance procedures.

3.118 Those local programmes that did not direct their capital expenditure to the construction of new buildings opted instead to convert existing buildings. The National Evaluation of Sure Start found that those local programmes that converted existing buildings tended to have more properties than those who built new premises.

3.119 The lifetime of a capital asset is assumed to be twenty years, which on average works out as an expenditure of just over £83 per child per year (based upon 600 children within the programme area) over twenty years.

3.120 In total, the government has spent £30 billion on early years and childcare services since the 1998 'Every Child Matters' Green Paper, although this does include the provision of free education for 3 and 4 year olds. It is predicted that £1.8 billion will be spent on Sure Start programmes in 2007/08 bringing the total spent between 2006 – 08 on Sure Start programmes to £3 billion. However, underlying this are questions concerning the longer term funding of Sure Start programmes once local authorities are given the responsibility for them.

## Fathers and Male Carers Findings

- 3.121 The evaluation identified failings across Sure Start in engaging with fathers and male carers. This is despite the fact that overwhelmingly fathers cite being a father as the single most important thing to them. Where fathers were involved in Sure Start activities it tended to be centred on fun and activity events rather than discussion groups and events relating to the development of parenting skills.
- 3.122 The lack of male involvement with Sure Start local programmes is also reflected in the gender balance of Sure Start workers, which is predominantly female. It has been suggested that the employment of more male Sure Start workers in front line positions could be a way of persuading reluctant fathers and male carers that Sure Start was not "only for women and children".<sup>26</sup>
- 3.123 The main barriers to greater father and male carer involvement in Sure Start local programmes were identified by the evaluation as follows:
- Predominantly female environment
  - Sure Start opening hours being incompatible with fathers' hours of employment
  - Female-centric orientation of services
  - A lack of knowledge about Sure Start
  - Traditional female gate-keeping of childcare roles
- 3.124 Those Sure Start local programmes with higher levels of father and male carer participation had identified the importance of involving fathers early in programmes existence and developed a strategy for engaging with them. In many cases, programmes had been developed exclusively for fathers and male carers and their children in the hope that it would act as a 'stepping stone' for greater involvement across the wider spectrum of Sure Start services.
- 3.125 The findings of the NESS study concluded that while all Sure Start local programmes aspired to greater involvement of fathers and male carers within Sure Start, there was considerable confusion about how to achieve this aim. The study recommended the following approach to promoting greater male involvement in Sure Start local programmes:
- Increasing the visibility of male Sure Start workers and using a male and female group leaders to "model collaborative working between men and women".
  - Early programme focus on involving fathers where father involvement is deemed desirable and developing outreach strategies for engaging with fathers pre-natally and around childbirth.
  - Expanding the hours of operation of programmes to include weekends and evenings.

<sup>26</sup> 'Fathers in Sure Start', Institute for the Study of Children, Families and Social Issues, Birbeck College, University of London (National Evaluation of Sure Start)

- Developing "father focused" services built around their interests and encouraging mothers to act as facilitators for involving men within Sure Start activities.
- Monitoring the level of father and male carer involvement in Sure Start local programmes and the resulting impact on child, maternal and paternal well-being.

3.126 It should be noted that some aspects of these recommendations apply equally as well to attempting to engage with other traditionally hard to reach groups, such as expanded hours of operation for working lone parents and the use of Sure Start workers from ethnic minority groups to encourage greater involvement by ethnic minority parents.

### Cost Effectiveness and Expenditure in Sure Start Local Programmes

3.127 The National Evaluation of Sure Start assessed the cost effectiveness of Sure Start local programmes against the principal of the Three "E's".

**Efficiency:** The use of the minimum level of resources necessary to achieve the desired outcome.

**Effectiveness:** The achievement of the best possible outcome for a given level of resources

**Economy:** The use of as few resources as possible.

3.128 The end result should be good quality services that can deliver the required outcomes.

3.129 As each Sure Start local programme has a different infrastructural legacy, it affects the need to invest resources in developing the required framework for Sure Start. For example, an area that has a pre-existing modern purpose built nursery will be able to provide places at a cheaper rate in comparison with an area where a new nursery building needs to be constructed. The population density of an area will affect the cost of delivering services, particularly home visits, as will the location of a Sure Start centre within its target area. A centrally located centre with good public transport, road and pedestrian access will be easier for the majority of the community to access and should experience greater utilisation of services.

3.130 The size of the Sure Start local programme also affects the cost effectiveness of the services on offer. The smaller Sure Start local programmes tend to spend more per capita and more on each key programme. However, this is balanced by an increase in non-service costs due to more reliance on partnership working. In contrast medium and large size local programmes spend less on non-service costs due to economies of scale although a lower per capita expenditure level contrasts against those non-service advantages.

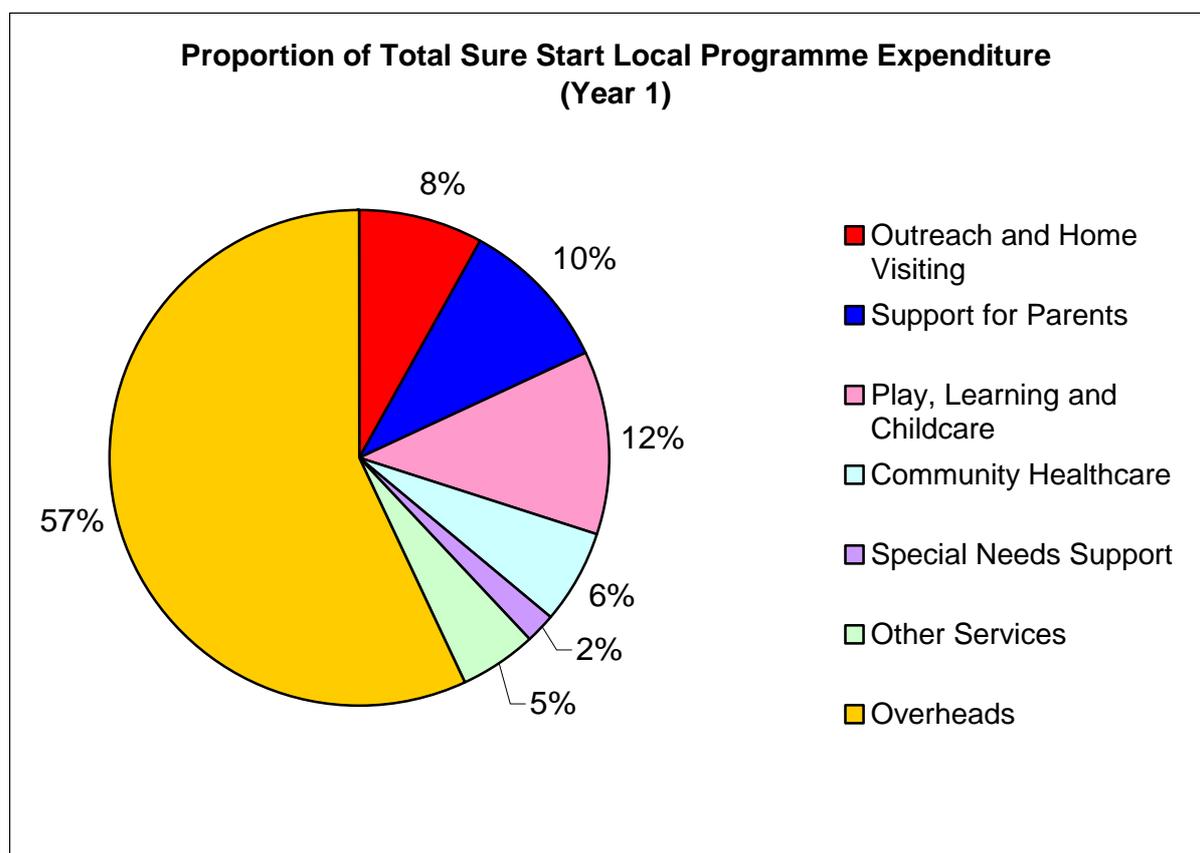
3.131 Another factor affecting the levels of per capita expenditure is the typology of the local programme in terms of social and economic indicators. Those Sure Start local programmes within economically 'typical' areas spend more per capita on children than programmes in the relatively most and least deprived areas during the first three years of operation due to lower overhead costs. The same is also true for local

programmes with high ethnic minority populations, where the need for additional overhead expenditure (such as interpreters, multi-language publications and employing staff with a relevant background) increases the per capita overhead costs for delivering the same level of service as an area without high ethnic minority populations.

### Core Service Expenditure

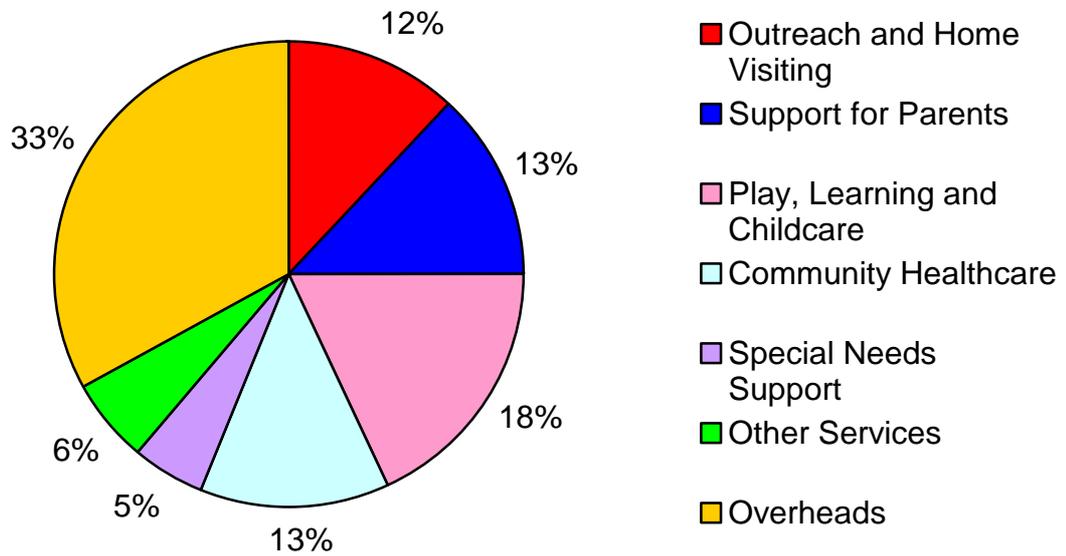
3.132 The National Evaluation of Sure Start divided the areas in which Sure Start local programmes spent resources into three main categories.<sup>27</sup> These were 'core services' (outreach and home visiting; parental support; play, learning and childcare; community healthcare and special needs support), 'additional services' (teenage pregnancy; crime prevention and parental employability) and 'non-service expenditure' (management costs; development and evaluation).

3.133 The evaluation discovered that Sure Start local programmes usually developed all aspects of service provision simultaneously rather than concentrating on implementing them an area at a time. However, the pace and which the services were developed varied.

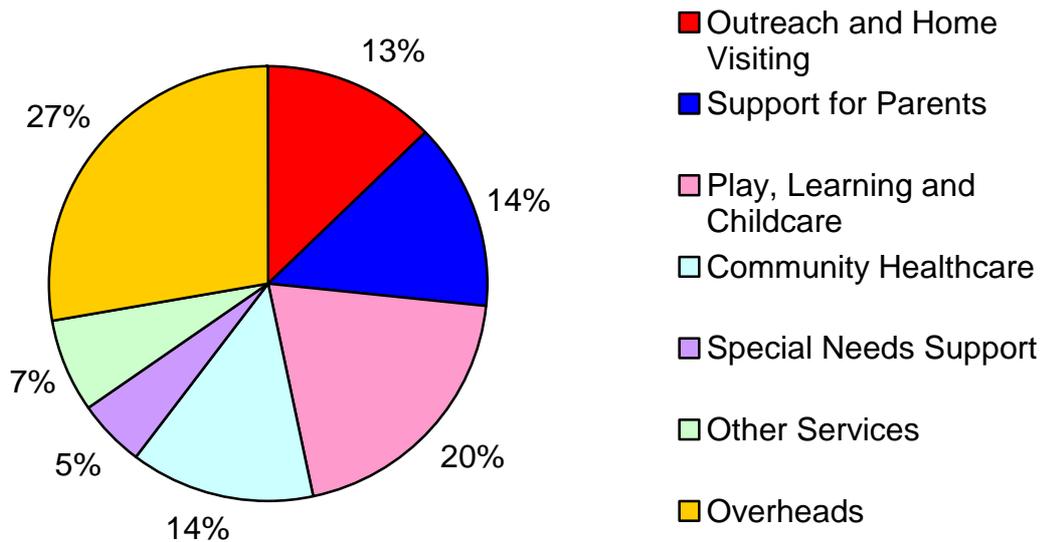


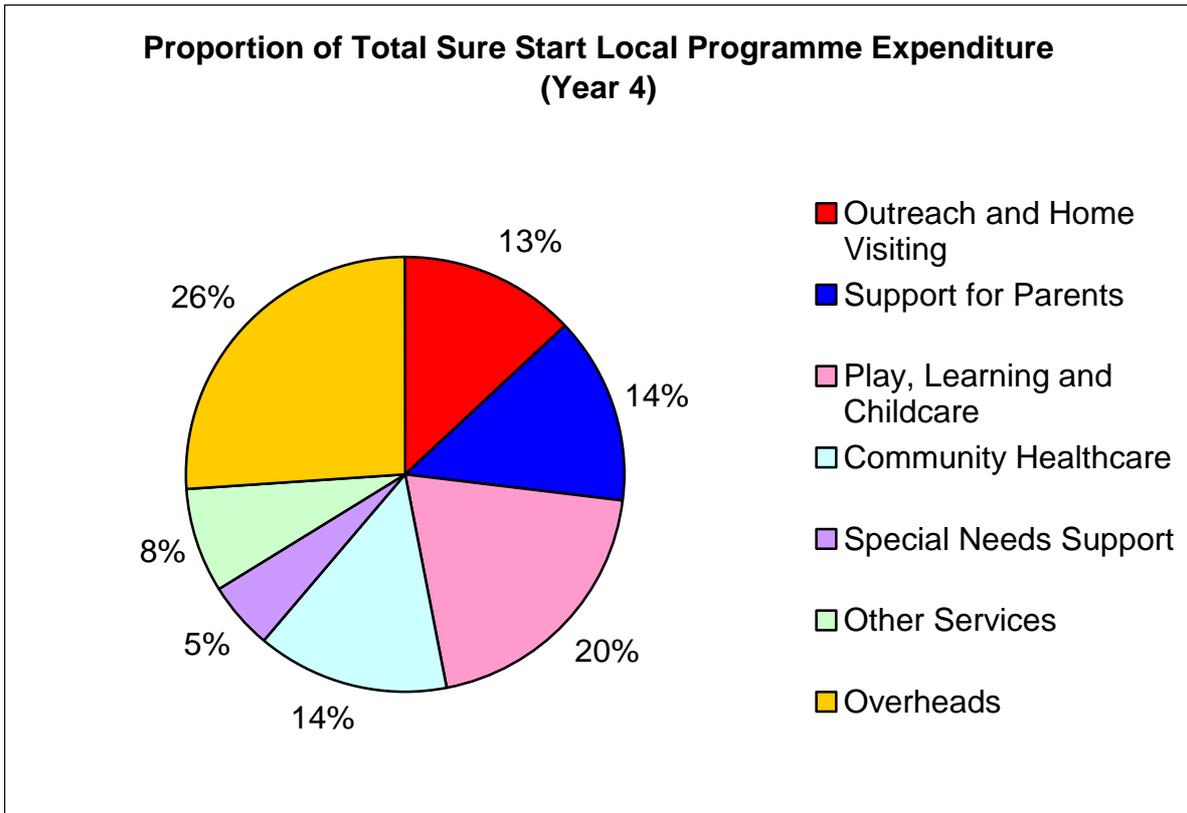
<sup>27</sup> 'Cost Effectiveness of Implementing Sure Start Local Programmes: An Interim Report', Birbeck College, University of London (National Evaluation of Sure Start), February 2006

**Proportion of Total Sure Start Local Programme Expenditure (Year 2)**



**Proportion of Total Sure Start Local Programme Expenditure (Year 3)**





3.134 In respect of play, learning and childcare provision, the evaluation found that this was the slowest service to be developed as the majority of local programmes required the construction of new buildings if they were to deliver childcare directly. Even the programmes that opted not to deliver childcare directly were found to experience delays in service development due to the time it took to build the appropriate private and voluntary sector capacity. Due to the high number of fixed costs involved in a local programme providing childcare directly, those programmes that did so tended to spend a larger proportion of its budget in this area than those who used external provision.

3.135 The provision of outreach and support for parent's services was found to grow with the local programmes as the built capacity and expertise.

**Buildings in Sure Start Local Programmes**

3.136 The National Evaluation of Sure Start found that the average local programme used nine buildings for its services. In respect of new buildings, 84% of Sure Start programmes had undertaken at least one major construction project and 64% had built both new premises and converted existing premises. In total, the first four rounds of Sure Start built 215 new buildings and converted 420 existing buildings.

3.137 The most common pattern is for one or two central buildings housing staff and delivering services with additional satellite sites closer to individual communities. This is known as a 'Hub and Satellite' model. Other models have arisen as a consequence of specific local conditions and no one model was found to be more effective than another.

### Multi-disciplinary Working

3.136 The other main area of criticism has been the issue of a multiplicity of different organisations operating separately under the Sure Start umbrella. This has resulted in some families having to deal with five or six separate and often uncoordinated bodies, rather than building a rapport with a single person or organisation. This criticism is significant as Sure Start's basic ethos was to be a multi-professional, multi-disciplinary initiative to break down some of the more "stagnant aspects of traditional, statutory organisation working practices".<sup>28</sup>

### Parent Involvement in Sure Start Local Programme Management

3.137 Although all Sure Start Local Programmes have to involve parents in their management and development of services, the evaluation found that the exact nature of the role and level of involvement of parents in operational matters varied widely between programmes. In many cases, there was also a degree of tension between the professional staff and parents as to the extent to which the latter should be involved. In a third of all Sure Start local programmes studied there was found to be ambivalence towards parent involvement and their role tended to be more consultative than decision-making.

3.138 Those parents who were actively involved with a Sure Start programmes management board tended to have been those who were active within the wider community in other roles.

### Conclusions

3.139 The evaluation discovered that the average Sure Start local programme takes three years to develop a full range of functioning services and often fails to achieve its allocated per capita spending levels as a consequence during those initial years. Accordingly, the evaluation found that it had difficulty in quantifying the success of local programmes as it lacked sufficient longitudinal data for children who had progressed from fully operational Sure Start programmes into compulsory education. As the majority of Round One local programmes have only started to reach their third or fourth year of full operation following the initial start up phase the evaluation found difficulties in quantifying whether the differing levels of per capita expenditure across programmes makes any difference to the aim of improving the life chances of children within the most disadvantaged areas.

3.140 There was little evidence found of what is known as the "theory of change"<sup>29</sup> which proposes that by enhancing services and changing the nature of the community it is possible to improve the functioning of children and families. However, where evidence of change was found it tended to be positive but on a modest scale.

3.141 There was however, sufficient consistency in a several areas to draw some provisional conclusions. The first positive outcome was that the relationship between (non-teenage) mothers and children had improved slightly with less negative parenting aspects evident. The second positive outcome was that children of (non-teenage) mothers exhibited fewer behavioural problems and increased social skills.

<sup>28</sup> 'Implementing Sure Start Local Programmes: An In-depth Study', Birbeck College, University of London (National Evaluation of Sure Start)

<sup>29</sup> 'Early Impacts of Sure Start Local Programmes on Children and Families', Birbeck College, University of London (National Evaluation of Sure Start), November 2005

This was however balanced by a decline in the behavioural and social skills of children of teenage mothers, lone parents and workless households.

- 3.142 This pattern of a beneficial effect for the relatively less disadvantaged households and adverse effect for those in relatively more disadvantaged households was evident in other areas of the evaluation, although the statistical base was insufficient to draw definitive conclusions.
- 3.143 The evaluation found evidence supporting the operation of economies of scale, with big programmes spending less per capita than small ones as the costs were spread across a larger range of children and services.
- 3.144 In terms of service delivery, while most Sure Start local programmes were delivering their full range of services in the third year of operation, one in ten programmes were not fully operational until their fourth year. The evaluation found no evidence of a lack of resources accounting for slower service delivery and the consensus among Sure Start local programme managers was that they were well resourced. Where problems did exist in adequately funding services this was due to poor planning leading to the local programme underestimating the number of children less than five years of age within its operational area.
- 3.145 The evaluation did find concerns expressed in its case studies that the use of resources could have been better targeted in some programmes and that as a result that was a degree of under utilisation of some facilities and over utilisation of others. There was also concerns expressed that Sure Start local programmes operating in areas overlapping non-Sure Start schemes were not properly co-ordinating and duplicating some service provision.
- 3.146 Sure Start adopted the conclusions that the evaluation was able to draw and issued new guidance in November 2005. The guidance, entitled Sure Start Children's Centres: Practice Guidance, set out the steps necessary to try and address the weaknesses identified by the evaluation. These steps can be broken down into five broad areas as follows:
- **Local Authorities**
    - That services should be more directly tailored to the needs and interests of families
  - **Outreach**
    - There should be greater emphasis placed on outreach and home visiting, particularly as a method of accessing groups such as men, teenage mothers, lone parents and ethnic minorities that would be unlikely to visit a Children's Centre otherwise.
  - **Children's Centres**
    - It was recognised that while Sure Start Children's Centres should offer services that are attractive to parents, the primary objective was to improve children's life chances. In particular, by reducing the gap in outcomes between children growing up in disadvantaged areas and the wider population.

- **Service Delivery**
  - Improved co-operation and information sharing between agencies so that service delivery can be better tailored to the needs of individual families and thereby encourage increased Sure Start service take up.
  - As part of the solution to the problem of information sharing between agencies, the government proposed the creation of an Information Sharing Index (ISI) containing basic information about all children. The pilot programme will be implemented in 2007 with implementation across England in 2008.
- **Best Practice**
  - Ensure that best practice is embedded in all Sure Start Children's Centres so that no parent or child misses out of the advantages that the centres can offer.

3.147 As part of publicising the services provided by Sure Start, the Children's Minister Beverley Hughes launched National Sure Start month in June 2006.

### **Sure Start Local Programmes – Dover**

3.148 Sure Start Dover was established as a 'Round Two' programme in September 2000 and it focused on a catchment area within the pre-2003 district council wards of St Radigunds, Buckland and Pineham (now part of the Whitfield Ward).

3.149 In addition to high levels of deprivation, the catchment area contained specific local needs that would have to be addressed in the delivery of the programme. These were identified in the delivery plan as follows:

- A small but increasing ethnic minority population
- A high proportion of lone parents
- High rates of unemployment and low incomes
- Health problems linked to health inequalities
- Significant speech and language problems at entry age to some schools
- Significant behavioural and learning difficulties at entry age to some schools
- Variable levels of educational attainment
- Intense social problems, including crime, domestic violence and substance abuse
- Environmental deficits such as a dearth of safe play and recreational areas

3.150 It should be noted that these local needs were identified in 2000, and since then there may have been changes in the local situation. A particular example would be the decline in the number of asylum seekers in Dover between 2000 and 2006.

3.151 The catchment area for the programme was estimated at 789 children between 0-4 years of age, although this figure in reality may be slightly higher.<sup>30</sup> This is slightly

<sup>30</sup> According to written answers for 08 March 2005 in Hansard from the Secretary of State for Education and Skills, Mrs Margaret Hodge, a figure of 817 children and families was mentioned.

higher than the average number of children in a Sure Start Round Two catchment area of 739.<sup>31</sup>

### **Objectives and Values**

3.152 All Sure Start local programmes have a vision statement set out in the delivery plan, which is as follows for Sure Start Dover:

"The Sure Start Dover Programme's vision is to strengthen the community, to improve the health, education and wellbeing of families and children before and after birth and up to age four by providing real and sustainable improvements which meet the needs and aspirations of parents and enable all children to thrive and achieve their full potential"<sup>32</sup>

3.153 The overall objective of the Sure Start Dover programme was to build trust and good communication between the local community and the agencies (voluntary, private and statutory) responsible for delivering local services and ensure that the impact of any Sure Start programmes continues to deliver positive and sustainable benefits in the longer term.

### **Sure Start Dover Funding**

3.154 Sure Start Dover was awarded revenue funding allocation of £4,353,948 for the period 2000-2006 and a capital grant of £1,288,517 of which £715,000 was expended on the St Radigunds Children's Centre. The programme is also developing children's centres at The Ark Centre, Tower Hamlets, Buckland and Sunshine Corner, Aylesham.

3.155 Based on the evidence received from Sure Start Dover, its expenditure per capita on children within its catchment area over a three-year period appears to be in the lower range of average expenditure.

### **Kent Public Service Agreement (PSA) Targets**

3.155 Kent County Council sets countywide Public Service Agreement targets in consultation with other public sector organisations as part of its overall Community Strategy. In relation to Sure Start, these include:

<b>Kent PSA Theme</b>	<b>Local Target</b>	<b>How to Achieve</b>
<b>Reduce dependency and increase fulfilment and employment</b>	① Contact to be made with every mother within eight weeks of birth to enable the right services to be accessed for early prevention.	Target to be measured through Sure Start Children's Centres

<sup>31</sup> 'Early Experiences of Implementing Sure Start', Birbeck College, University of London (National Evaluation of Sure Start), June 2002

<sup>32</sup> 'Sure Start Dover Delivery Plan' Version 5, September 2000

Kent PSA Theme	Local Target	How to Achieve
	<p>② Reduce by 12% the number of children (aged 0 – 5) who live in workless households.</p> <p>(This is a key indicator for poverty, social capital and strengthening families and communities)</p>	Target to be measured through Sure Start Children's Centres and Job Centre Plus.

Kent PSA Theme	Local Target	How to Achieve
<b>To promote the physical, emotional, social and intellectual development of young children so they flourish at home and at school.</b>	① To increase the take up of early years education by 3 year olds from 75% (2004) to 86% (2008).	Sure Start and Private Providers
	② Children's Centres to be designated and delivering full core offer services in up to twenty locations by March 2006. The nine Sure Start Local Programmes will be supported to migrate to children's centres by this date.	Sure Start and Children's Consortia
	③ 100% of families with new babies are visited in the first two months of their babies' life within the Sure Start Local Programme/Children's Centres, with particular emphasis on increasing the baseline in Millmead (Thanet) and Canterbury.	Sure Start and Children's Consortia
	④ An increase of 5% from baseline in the number of mothers breast-feeding at birth, six weeks and seventeen weeks.	Sure Start and Children's Consortia

### Service Delivery

3.156 The services and programmes provided by Sure Start Dover can be broken down into five categories:

- **Improving Social and Emotional Development**
  - Parenting Skills
  - Mental Health Services
  - Social Worker Services
  - Outreach Team Home Visiting Services
  - Drop-Ins
  - Community Transport

- Toy Library (St Radigunds, Buckland Community Centre and Dover Children's Library)
- **Improving Health**
  - Post-natal Depression Support Group
  - Breastfeeding Peer Support Group
  - Big Talkers
  - Little Listeners
  - Bumps 'n' Babies
  - Smoking Cessation
  - Play on Prescription
  - Baby Massage
  - Brushing for Life
  - Midwifery Services
  - Health Visitors Services
  - Health Promotion Services
  - Breakfast Clubs (involves the whole family with the aim of promoting healthy eating)
- **Improving Children's Ability to Learn**
  - Speech Therapy Services
  - Bookstart Services
  - Playlink Services
  - Portage
  - Pre-school Learning Alliance Services
  - Crèches
  - School Holiday Play Schemes
- **Strengthening Families and Communities**
  - Monthly Events
  - Newsletter
  - Parent and Community Involvement Group
  - Personal Performance Review for Community Members
  - Parent Representation on the Sure Start Dover Management Board
  - Establish links with Jobcentre Plus
- **Rolling Programme of Community Courses**
  - 'Paediatric First Aid'
  - 'Basic Food Hygiene'
  - 'Basic Skills'
  - 'Confidence Building'
  - 'Fun with Food'
  - 'Surviving Christmas'
  - 'Healthy Food on a Budget'

3.157 Apart from the healthcare and education aspects of Sure Start, a survey of service users indicated that the socialisation aspect for both parents and children was an important benefit of the services provided by Sure Start. The most commonly used Sure Start services were Parents and Toddlers 'Drop-In' sessions, midwifery

services, crèches, and paediatric first aid. These services were also included among those that users thought provided a good level of value for money.

### **Performance Evaluation of Sure Start Dover (2005)**

- 3.158 Stewart Kirk Social Research and Evaluation (SRE) undertook a review of Sure Start Dover in 2005. An earlier review had been undertaken by Canterbury Christchurch College in 2003, although this was never released publicly due to concerns over its accuracy and confidentiality.<sup>33</sup>
- 3.159 The Stewart Kirk SRE assessment focused on both internal corporate performance, such as cost-effectiveness and staff performance evaluation, and service delivery elements such the marketing of the programme, parent and toddler groups, the co-operation between Sure Start and health visitors and transfer of Sure Start to Children's Centres.
- 3.160 The evaluation gathered its evidence through interviews and surveys of both service users and service providers over a twelve-month period. However, it should be recognised that the low number of respondents to some of the survey questions (often less than ten people) increases the chance of the conclusions drawn from it being unrepresentative of the views and needs of the wider community.
- 3.161 A survey of the local community within the Sure Start Dover catchment area found that 72.3% of those surveyed were aware of Sure Start programmes and that this level of awareness was consistent across the three wards covered by the programme.<sup>34</sup>
- 3.162 The survey indicated that the awareness of Sure Start and its services was highest in the local community among those respondents not in employment (paid or unpaid) or with a disability. While the majority of the respondents were resident in Buckland, there was no significant geographical variation in the nature of the responses indicating that the reach of Sure Start Dover was broadly consistent.
- 3.163 It should be noted however, that despite the high level of awareness of Sure Start Dover within the local community there was a relatively low translation from awareness into service use. Those parents who did use Sure Start Dover services were however consistently satisfied with the services (this ranged between fifty and ninety-five percent) and rated Sure Start services as either 'good' or 'excellent'. The most common reason given by those who did not use the services was that the timing of activities was unsuitable.
- 3.164 The majority of respondents to the survey had become aware of Sure Start services through either word of mouth (29%) or through health services such as a midwife or health visitor (40%), rather than through direct contact with Sure Start. The close links between Sure Start and health visiting and midwifery services were vital to the success of Sure Start. The various health services have the earliest contact with families out of all the public sector organisations and were able to promote Sure Start services.

<sup>33</sup> 'Sure Start Dover Local Evaluation: Final Report', Stewart Kirk Social Research and Evaluation

<sup>34</sup> 'Sure Start Dover Local Evaluation: Final Report', Stewart Kirk Social Research and Evaluation

## Home Visits

- 3.165 The National Evaluation of Sure Start identified that nationally there had been failings in certain areas relating to outreach into the local community. It is therefore useful to highlight the findings of the evaluation undertaken by Stewart Kirk Social Research and Evaluation in respect of home visits taking place through Sure Start Dover.
- 3.166 The survey interviewed seven women who received regular visits from Sure Start Home Visitors. The Sure Start Home Visitor was usually contacted in the first instance through a referral from another health professional or agency (social services, speech and language worker, Home Start or a Health Visitor) on behalf of the respondent. The range of support provided by a Sure Start Home Visitor included debt advice, general practice advice and support, support around the house, provide information on local services and dealing with children's behavioural problems. All the respondents surveyed had undergone at least ten visits and felt they had developed a strong relationship with the assigned Sure Start Home Visitor.
- 3.167 The respondents stated that the impact of the Home Visitor support was in improving their quality of life, breaking a sense of isolation, improving their relationships with their children and/or partner, facilitating personal development and improving their child's health and happiness. The only negative area highlighted was the lack of involvement of men in Sure Start group activities and home visits, which reflects a wider failing within Sure Start Dover to engage with men.
- 3.168 Overall, Home Visits demonstrated a high value for money at a generic cost of eighteen pounds per visit. This compares well with the costs of other professional home visits and other Sure Start areas.

## Conclusion

- 3.169 The conclusion of the review was positive, although there were areas identified where Sure Start Dover could improve. The review observed that once initial confidence had been established in the services provided by Sure Start, nearly all service users were satisfied with the results.
- 3.170 The survey indicated a high satisfaction level towards Sure Start Dover staff members and a belief that a Sure Start worker would not let them down when they needed assistance.
- 3.171 The evaluation identified the following areas of success and areas of improvement:
- **Areas of Success**
    - Service delivery pattern (at time of evaluation)
    - Improvements to partnership working
    - Home visiting service
    - Groups
    - Adaptability to changing needs of the local community
    - Value for money
  - **Areas of Improvement**
    - Stakeholders not sufficiently aware of all aspects of the programme

- Improvements to the operation of the management board
- Difficulties in reaching members of historically hard to reach groups (men, ethnic minorities and working people)
- High awareness levels not translating to high usage levels in all areas
- A need for improved marketing procedures, particularly of individual programmes
- Retain single course facilitator where possible for duration of course

3.172 The concerns around the operation of the management board were centred on improved communication and consultation between the board and the local community.

3.173 In addition to the above, the survey indicated a substantial level of concern among parents that reductions in the hospital service provision at Buckland Hospital could have an adverse effect on the well-being of parents and children.

3.174 The evaluation concluded that Sure Start Dover had demonstrated the ability to respond to changing needs and delivered its services to a high standard. However, it was noted that a lack of appropriately skilled bilingual workers hampered reaching out to members of ethnic minority communities and in particular those from transient groups such as asylum seekers and migrant workers.

3.175 The creation of Sure Start Dover was also shown to have improved inter-agency co-operation, with two thirds of agencies surveyed indicating that they now worked 'closely' or 'very closely' with other agencies in comparison with less than half before Sure Start.

### The Future

3.176 From 2006 onwards Sure Start local programmes will be replaced by Children's Centres with existing local programmes being subsumed. The Children's Centres will deliver services to a wider geographical area than most local programmes and also deliver services to a wider age range of children. This presents both challenges and opportunities in achieving Sure Starts original objectives but if successful it will embed Sure Start services into mainstream service provision.

## Glossary of Terms

<b><u>Term</u></b>	<b><u>Definition</u></b>
<b><i>Child/Children</i></b>	The Office for National Statistics (ONS) defines a child as anyone under the age of sixteen years of age.
<b><i>Dependent Children</i></b>	A 'dependent child' is defined as being less than sixteen years of age or between the ages of sixteen and eighteen who are unmarried and in full time education.
<b><i>Daycare Trust</i></b>	<p>"The Daycare Trust is a national childcare charity, campaigning for quality, affordable childcare for all and raising the voices of children, parents and carers. [It advises] parents and carers, providers, employers, trade unions and policy makers on childcare issues." – Daycare Trust Mission Statement</p> <p>The charity was established in 1980 and is supported by the Association of London Government among other groups.</p>
<b><i>Early Childhood Services</i></b>	The Children's Act 2006 defines this early years provision, local authority services provided under Section 12 of the Act relating to parents or prospective parents and health and social service functions relating to young children, parents or prospective parents.
<b><i>Parent</i></b>	The Childcare Act 2006 defines a parent as the person with parental responsibility for a young child or has care of a young child.
<b><i>Prospective Parent</i></b>	The Childcare Act 2006 defines a 'prospective parent' as a pregnant woman or any other person who is likely to become, or planning to become, a parent.
<b><i>Workless Household</i></b>	A household where no one aged sixteen years or older is in employment.

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# Section Four

## Inquiry Reports

***Evidence gathered during the course of the review by the  
Scrutiny (Community and Regeneration) Committee***

		<u>Page Nos</u>
Inquiry Report 1	Mrs Jayne Tucker, Director Sure Start Dover	51



# Inquiry Report 1

## Sure Start Dover

- 4.1 Mrs Jayne Tucker, Director of Sure Start Dover, was welcomed to the meeting by the Chairman. Mrs J Tucker had been invited to respond to questions from the Committee in relation to its Review of Sure Start in Dover District. After the initial evidence had been gathered from Mrs J Tucker, a Ms Debee Beale, Acting Director Dover Children's Centres, provided further written evidence to answer the outstanding questions of the Committee.
- 4.2 The Committee was shown a short DVD entitled 'Sure Start Dover Once Upon A Time' which covered the development of the St Radigunds Children's Centre from 2001 to 2006. A copy of the DVD and accompanying literature was circulated. The Committee was advised that with the creation of Children's Centres Sure Start local programmes had ceased to exist.

### Section 1: Initial Set-Up of Sure Start Dover

- Q1. The Sure Start local programmes were endowed with generous capital and revenue grants at inception in comparison with many other schemes. In the case of Sure Start Dover this amounted to a capital grant of £1,288,517 and a revenue grant of £4,353,948 for the period 2000-2006. What measures has Sure Start Dover taken to ensure that those resources are effectively targeted to the groups that need it most and how has it sought to prevent administrative and operational wastage?

The Children's Centres in operation in the District wherever possible are dispersed among existing facilities. This was a conscious decision to ensure that costs were controlled and that the Children's Centres were sustainable in the longer term through their being embedded in mainstream services. It was expected that this approach would also be adopted in the Round 2 Centres planned for the District.

The exception to this approach was the Children's Centre at Aylesham, which was focused on a central facility developed through the Single Regeneration Budget rather than being dispersed.

Sure Start Dover had also worked to ensure effective communication existed internally, to prevent the development of organisational silos that would hamper the programme's evolution.

- Q2. Has Sure Start Dover actively sought out additional capital and revenue funding streams or assistance in kind from external sources and if so, from whom?

Although Sure Start Local Programmes received their funding directly from central government, the funding for Children's Centres is distributed through the Local Area Agreement. In practice, this meant that the funding passed through Kent County Council and Dover District Council prior to reaching the Children's Centre and although not specifically ring fenced, the provision of Children's Centres was a mandatory component of the Local Area Agreements.

In 2008 the Children's Trusts would take over responsibility for funding Children's Centres in their role as a commissioning body.

Sure Start also generated nominal sums from rental charges for groups that used Children's Centre facilities. For community groups that could not afford the rental fee, a budget had been created to pay the rental cost on their behalf.

## Section 2: Partnership Working

Q3. Multi-disciplinary and partnership working offers the potential for improved service delivery through the sharing of best practice, efficiency gains in the reduction of unnecessary duplication of services and building greater confidence in the local community through reducing the number of contact points. What has been the experience of Sure Start Dover in the area of partnership and multi-disciplinary working, particularly in relation to the Primary Care Trust and child protection agencies?

Although not widely known Sure Start was not just about Children's Centres but also extended schools. The development by Kent County Council of the 'cluster model' was intended to bring agencies together in a meaningful way so that they could tap into each other's skills and resources and share best practice. In addition, the "Every Child Matters" programme provided agencies with a shared language and framework within which to communicate.

The functioning of partnerships was dependent upon continuity and staff turnover among member agencies could have negative consequences. The danger of a failing partnership was that it would block all action. Another problem identified with partnerships was that in time-sensitive situations partnerships could struggle to reach to a collective decision quickly enough.

The Children's Centres in Dover each have their own working group that consist of the service providers and representatives of the communities. These working groups report to the Dover District Children Centre Sub-Group, which is accountable to the Dover District Children's Consortium. Accountability for the probity of funds will rest with the service providers.

Q4. Have service level agreements and other policies been developed to formalise the partnership working arrangements or is it on a more informal basis?

The Committee was advised that a study undertaken by Brian Webb had concluded that partnership working was sometimes less important than giving specific agencies responsibility for objectives within a backdrop of effective communication between agencies.

The current reporting structure in place for Dover District Children's Centres provided clear lines of accountability. The key to service delivery was the effective translation of aspirations into actions, and middle management layers within the structure had the greatest influence. The Local Area Agreement provided an effective voice to the local community in influencing decision-making.

The Local Area Agreement White Paper placed a 'duty to co-operate' upon Kent County Council and required that it be more locally driven. The challenge to Dover District was to embrace the opportunities presented to it by the White Paper.

- Q5. The future of Sure Start local programmes will be through the provision of Children's Centres. What do you see as the benefits of Children's Centres both organisationally and to the local community?

Children's Centres will cover the whole of the Dover District removing the postcode lottery of receiving Sure Start services. Everyone in the Dover District will have access to services although they will not be as concentrated as the Local Programme because of the reduced funding per centre. The advantage of the Dover District Model is a co-ordinated approach meaning less management costs and more flexible services from an integrated multi agency team with a wider range of skills.

### **Section 3: Stakeholder and Community Engagement**

- Q6. While Sure Start Dover should be congratulated on the broadly positive findings in the review undertaken by Stewart Kirk Social Research and Evaluation, there were weaknesses identified in the area of stakeholder engagement and the operation of the management board. What measures have Sure Start Dover taken to improve its engagement with stakeholders and involving parents in the operation of the management board and the planning of services?

The challenge for community engagement was to ensure that parents, while actively involved in service development, understood the limitations on what the Children's Centres could do.

The initial problems between Sure Start Dover and the local community were explained as being due to a mismatch between the local communities' aspirations and what Sure Start was able to deliver. While the local community wanted a multi-use community facility, Sure Start Dover was required to build a facility suitable for providing early years' services to children and parents.

In an attempt to go some way towards meeting the aspirations of the local community, the St Radigunds Children's Centre was built in such a manner that it could be used as a local community facility in addition to its primary purpose. It was felt that this approach had been successful and the limited vandalism that the Children's Centre had received as well as the level of community use was cited as evidence for this.

The Sure Start Management Board, while fulfilling a necessary role during the initial phase of the local programme, was due to be replaced in the future by the Dover District Children's Consortia. The Consortia had been formed in 2003, separately from Sure Start, to bring together the various bodies providing early years services for children.

- Q7. Another area of weakness identified by the Stewart Kirk Social Research and Evaluation review was the promotion and marketing of Sure Start Dover services. What steps have been taken to improve the promotion of services to the target audience and in particular in respect of the hardest to reach groups?

In terms of service delivery, the problem was not accessing the target audience but rather enabling the target audience to access the services by locating them in central areas that the local community can reach without difficulty. The promotion

of services to the local community was undertaken from a marketing approach for a new product launch. This was particularly important given the dispersed nature of services, as there was no central location.

In respect of the hardest to reach groups, it was recognised that this would be an ongoing issue as it was impossible to reach everyone. The health visitors were the first point of contact between the local community and Sure Start and the only method available to engage with hard to reach groups.

Q8. Has Sure Start sought to utilise the reservoir of knowledge and experience from pre-existing bodies (including elected Members and schools) that were active in the District prior to the creation of Sure Start Dover?

Sure Start Dover based its planning around local knowledge rather than relying on statistics. An example of this was the first meeting of the 'St Radigunds Together' group, which would bring together the local community and public services such as Sure Start Dover.

The four Children's Centres (with the exception of Aylesham for reasons outlined in the answer to Question One) were based around dispersed models, utilising existing facilities and services providers. This breaks down as follows:

(a) St Radigunds Children's Centre:

- Triangles Community Centre
- Sure Start Dover
- St Radigunds Community Company Limited
- St Radigunds Kid Ease Nursery
- St Radigunds Primary School
- Rainbow Pre-School

(b) Buckland Children's Centre:

- Old Park Community Centre
- Sure Start Dover
- Melbourne Primary School
- Buckland Community Centre
- Powell Primary School
- Umbrella Pre-School
- Buckland Kid Ease Nursery

(c) Tower Hamlets Children's Centre:

- Brambley Hedge
- Sure Start Dover
- Priors Fields Primary School
- Vale View Primary School
- The Ark Centre
- Poltons Family Centre

(d) Aylesham Children's Centre:

- Kaleidoscope Nursery
- Sure Start Dover
- Aylesham Health Centre
- Aylesham Neighbourhood Project
- Aylesham Primary School
- St Josephs Primary School
- Sunshine Corner (Neighbourhood Nurseries Initiative)

Q9. Sure Start Dover used to provide regular briefings to Councillors in its early stages. Why did these cease?

The decision was taken to refocus efforts on developing a more community driven programme in the initial phase rather than through elected Members.

#### **Section 4: Service Delivery**

Q10. Although Sure Start Dover was focused initially on the most deprived part of the District according to the Indices of Deprivation, there are many other parts of the District with smaller pockets of equivalent deprivation including within the town of Dover itself. Are residents from outside the catchment areas entitled to access Sure Start services and if not, are there plans for them to be able to do so in the future?

Although the initial Round 1 Children's Centres catchment area were based around the most deprived part of the District according to the indices of deprivation (St Radigunds, Buckland and Whitfield Wards), it was intended that the proposed Round 2 Children's Centres would be accessible to all and not just those people within their designated catchment area.

The proposed Round 2 Children's Centre catchment areas were:

- Aycliffe (covering Castle, Town and Pier, Maxton, Elms Vale and Priory, Capel-le-Ferne and River Wards).
- North Deal (St Margaret's-at-Cliffe, Ringwould, Walmer and North Deal Wards).
- Elvington (Eythorne and Shepherdswell and Eastry Wards).
- Middle Deal (Mill Hill and Middle Deal and Sholden Wards).

It was expected that the first of the Round 2 Children's Centres would be in Deal and be operational by 2008, although a final decision had yet to be made. The District Children's Centre Sub-Group would discuss the matter at its meeting on 22 February 2007. In keeping with the established development of Children's Centres in the District, it was intended that none of the Round 2 centres would be purpose built, stand-alone facilities. There were no proposals in Round 2 for Children's Centres in Sandwich or Lydden and Temple Ewell Wards due to insufficient levels of deprivation in those wards.

In response to concerns raised by Members that the Round 2 programmes would struggle to effectively reach pockets of deprivation in rural areas, it was acknowledged that this would be a challenge for the Children's Trust to tackle in the future and that it was vital to ensure that it adopted the correct approach.

- Q11. How successful has Sure Start Dover been in encouraging take up of its services by children and families within its catchment area and what have been the most successful programmes?

Sure Start Dover was unusual in that it provided a pre-school FLO, which was not an accepted role. However, it was felt that the pre-school FLO was excellent at preparing children for school and was a position that should be retained after Sure Start ceased because of the benefits it delivered. The pre-school provision in the Dover District was excellent even if the facilities were sometimes lacking. Childcare provision was only cost effective in the more affluent areas and, in areas of deprivation, needed a subsidy to survive.

- Q12. How has Sure Start Dover set about overcoming the barriers that exist in accessing those marginalised groups (such as lone parents, teenage mothers and workless households) who need its services the most?

The main breakthrough with harder to reach families has been the Outreach Team of Community Support Workers who take services in to the home for those who do not attend appointments with the core and statutory services. Those Community Members who are less confident are then able to build a rapport with one member of staff before building their confidence to attend groups and courses. This may be an element that is lost due to reduced funding and having to spread the same amount of staff across a wider area – e.g. covering 5259 0-5 yr olds instead of the current 1067.

- Q13. What is Sure Start Dover's average per capita expenditure on children aged less than five years of age within the Sure Start catchment area?

The per capita expenditure on children under the age of five years of age within the catchment area is as follows:

2006/07 - £791 per child per year

2007/08 - £595 per child per year (with tapered budget)

## **Section 5: Improving Social and Emotional Development**

- Q14. An important part of improving the functioning of families and relations between parents and children is through the development of effective parenting skills. What measures have Sure Start Dover taken to encourage the development of those skills?

Sure Start Dover programmes started at the antenatal stage with contact provided through the midwife and 'Young and Pregnant' (YAPs) and 'Bumps and Babies' courses. Contact was continued after that through Health Visitors and Sure Start operated courses involving contact between the parents and children such as baby massage, parent and toddler and breastfeeding groups up until the child reached one year of age.

Sure Start also provided courses on behaviour management, paediatric first aid, confidence building, basic skills, story telling, basic food hygiene and portage services.

## **Section 6: Improving Children's Ability to Learn**

- Q15. The Department for Education and Skills in its 2006 Departmental Report has a Public Service Agreement (PSA) target of 'an increase in the proportion of young children with satisfactory speech and language development as at age 2 years'. What progress has Sure Start Dover made in this area and does it have sufficient numbers of therapists to meet demand? If there is not sufficient provision to meet demand, is there a waiting list for children requiring speech and language therapy?

Initially, Sure Start Dover experienced problems with non-attendance at speech and language therapy sessions when they were based in the Dover Health Centre. The solution had been to integrate the services in a pre-school environment and access the children directly until they reach school age.

- Q16. Is parental illiteracy a problem?

For a child to achieve its potential, education had to be provided in both home and school environments. If parents were unable to provide this in the home it would affect the child's development. Sure Start Dover tackled this problem by placing an adult education worker with the speech and language therapists to identify those parents who might have problems with literacy. The help provided to adults was usually packaged as help for children to make it more acceptable.

- Q17. Do the Children's Centres work with the "Find a Voice" voluntary group?

The Committee was advised that the Children's Centres might be working with that group although it could not be confirmed and this would be referred back to the speech and language team to check.

- Q18. A key vulnerable group for Sure Start local programmes to access is children with disabilities. What provision has Sure Start Dover made for disabled children and their families, especially those with conditions such as autism and dyspraxia, and are sufficient professionally trained staff members available?

Currently the provision for these children is the Portage service and other key services such as Occupational Therapy and Speech & Language etc.

There are current plans to develop an Early Support service for the Dover District with assessments taking place in the St Radigunds Children's Centre but these plans are still in the early stages.

- Q19. What support exists for the parents of disabled children?

As for Question 18 and also an organisation called Partnership with Parents that support parents with children with additional needs.

## Section 7: Strengthening Families and Communities

- Q20. In Kent, the Districts of Dover and Thanet have the highest proportion of lone parents. What measures have Sure Start Dover taken to ensure that the provision of services for lone parents has been planned in a way that meets their needs and supports the Government's target of 70% of lone parents being in employment by 2010?

Sure Start provided day care services for working parents and the nursery places were open to all groups.

- Q21. Sure Start nationally and locally has been identified as having problems in engaging with fathers and male carers due to their perception that Sure Start services were "only for women and children". Does Sure Start Dover monitor the level of father and male carer involvement in its programmes and what steps have been taken to improve its engagement with this group?

The Stewart Kirk SRE evaluation found that Sure Start Dover lacked male staff members and had poor levels of father and male carer involvement in its services. Since then, Sure Start Dover operated a 'Daddy Cool' programme to involve fathers with their children.

## Section 8: Improving Health

- Q22. It is recognised in the National Evaluation of Sure Start that health outreach services, such as health visitors, offer an effective way to access parents and children within the target area of a local programme, particularly those hard to reach groups that would not voluntarily join Sure Start programmes otherwise. Is Sure Start Dover contacting every mother within eight weeks of birth to ensure access to the right services for the early prevention of problems?

The experience of midwives in the District had been that pregnant women want assistance from professionals and although 100% of pregnant women see a midwife in the District within the target period, the key issue was the quality of that interaction.

- Q23. How successful have health programmes run by Sure Start been?

In the initial phase Sure Start was unable to obtain the services of a dedicated health visitor.

Sure Start had sought to provide innovative health promotion services. There had been studies when demonstrated a link between poor educational attainment and the consumption of junk food and Sure Start Dover provided courses to assist parents in providing proper meals for their children. However, it was reported that there had been instances where children had been bullied at school for not having junk food in their lunches.

- Q24. Has the reduction of services offered at Buckland Hospital had any impact on the development of Sure Start Dover health related programmes?

Sure Start Dover had sent representatives to the 'Dover Project' consultation exercise undertaken by the Primary Care Trust. The key message taken from the

local community to the consultation was that Buckland Hospital was easy to access unlike any of the alternative options proposed. Accessible services were of even greater importance in areas of deprivation given the difficulty many members of the local community had in getting to facilities outside the District.

## **Section 9: Overall Performance of Sure Start Dover**

Q25. The Sure Start programme nationally was intended to tackle the 'cycle of disadvantage' through improving the social and emotional development, health and ability to learn of young children and strengthening families and local communities. What progress has Sure Start Dover made in achieving this aim?

The Stewart Kirk SRE evaluation demonstrated that Sure Start Dover was moving in the right direction and provided "needs led" services. The evaluation also recognised the quality of outreach services provided.

Q26. Given that the first wave of Sure Start children will have reached compulsory schooling age, is there any evidence to support that Sure Start children have benefited in comparison with non-Sure Start children?

Mrs J Tucker read out a case study to the Committee based on a letter she had received from a parent.

"I am a mother of three children, one girl aged eight and two boys aged seven and two. This presentation is all about the benefits of early intervention. As you know most experts believe that the earlier you spot a problem with a child be it speech, developmental or behaviour and deal with it the easier it will be for that child to integrate in to school and learn.

As I said I have two boys one who is currently receiving help from Portage and one who slipped through the net and did not. Let me tell you their stories.

Kyle: My eldest son was diagnosed as having speech/language and developmental delay at the age of just over two. A Health Visitor working for Sure Start did this and although I had noticed a problem before and asked my own Health Visitor I was fobbed off. He was always a clumsy child and was diagnosed as a baby having flexible muscles. Sure Start started giving him speech and language lessons. Kyle was always rushing about never focusing on one thing; he could not concentrate let alone listen to what I told him and concentrate. He was an incredibly messy eater and could not use a knife.

He started school at the age of four, one of the youngest in his class. He was assessed at the health centre for his speech and was released being age appropriate. He struggled in reception year and was placed on an Individual Education Plan or IEP. He found it extremely difficult to dress himself, doing up buttons on his shirt impossible. Eating was still a nightmare with him and he still could not use a knife. I asked the school nurse to look at him, which she did and he was referred to the school doctor. He could not sit still for his teacher, always fidgeting, easily distracted, could not listen and concentrate. He found it really hard to learn his sounds and first words so learning to read at this stage was not going to happen. He

could see his classmates learning to read and his self-esteem dropped.

Second year at school his teacher was the Senco of the school, which helped. He went to a special needs teacher twice a week to help him and his sounds, listening, concentration and writing. He also started occupational therapy once a week. Struggling with his schoolwork, listening and concentration still not happening, still bringing home sounds and words to learn. Kyle's self esteem [is] extremely low [and Kyle] says he is stupid. Half a year in he brings home his first book, finds it hard but we persevere. Kyle improves slowly in his reading but elsewhere is still way behind his classmates. School doctor sees him and ask for blood tests to be done, lots of tests and asked to come back in six months. Refers Kyle to the Occupational Therapy team at the health centre.

Third year at school, reading getting better all the time, concentration and listening still a big problem, he is now singing when he should be listening. His writing still a problem and he has now got an updated IEP, special needs teacher still seeing him twice a week and is still receiving Occupational Therapy once a week.

This year, school doctor has finally diagnosed him as having dysphasia, occupational therapy at the health centre has assessed him and confirms he needs treatment but will have to wait at least eight months. Informed the school and they have put things to help Kyle in place and he is now on a School Plus plan as well as his IEP.

Kyle needed early intervention with his listening and concentration, which he would have got if he had had portage.

Robin:

Robin was just over two years old when I asked Sure Start's speech therapy to assess him as he was not talking. They assessed him and started him on a program. At the same time he was referred to portage through my community support worker who had noticed that he was all over the place and not concentrating on anything (sounds familiar). The portage worker started to see Robin last September and she sees him for one hour every week, then she leaves an activity for me to do with Robin every day.

Portage is working on his listening and concentration, fine and gross motor skills, speech and language and behaviour.

With his help I have noticed an improvement already in his concentration and his speech. He will sit down if only for five minutes and listen to me reading him a story or do an activity with him, which previously you could not get him to do.

Robin was referred to the Speech Therapy team at the Health Centre and he was assessed just over a month ago with severe speech delay of one year and it was noted that Robin had difficulty in concentrating on any one thing at one time. I can only imagine what

they would have thought if they had seen him before his treatment had started.

He is still clumsy, he is a messy eater cannot use cutlery his preferred method is his hands. I dress him as he cannot dress himself and does not even attempt to.

He is so like Kyle it is frightening at times, as I know what Kyle has been through and the struggle I have had to get him some help.

Dyspraxia does run in the genes so it is likely that Robin has it as well, which makes it imperative that he keeps getting the help now and not have it withdrawn.

### Conclusions

Without Portage intervention Kyle has found it hard at school, self-esteem is at rock bottom. Which means he does not try as hard as he believes he will fail so what's the point.

With early intervention I believe Robin will slot nicely into school and will not need as much help. This will help his self-esteem and he will achieve more.

Statistics show that children with learning difficulties may grow up to be in trouble with the law, find it hard to get a job and then keep it. Under achieve which is not good for the economy or for the child."



# **Section Five**

## **Recommendations**

***Summary of the recommendations of the Scrutiny (Community and Regeneration) Committee to Cabinet and Council***



## Recommendations

- 5.1 In forming the recommendations it is the view of the Committee that Sure Start Dover while having achieved some degree of success has not realised its full potential given the resources at its disposal and has been slow to expand service provision to other areas of deprivation within the district.
- 5.2 The Committee recognises that the provision of early years services has a significant impact on the achievement of key elements of the Corporate Plan through increased educational attainment, improved life opportunities and in the longer term developing a skilled workforce base to attract inward investment. The provision of childcare also plays an important role in enabling parents to re-enter the workforce and help reduce the number of non-working families within the district.
- 5.3 Following the Review of Sure Start in the Dover District by the Scrutiny (Community and Regeneration) Committee, the recommendations that are made are as follows:

That the future work programme of the Scrutiny (Community and Regeneration) Committee be updated to include the following:

- (a) That a future review be undertaken following the establishment of the first Phase 2 Children's Centre to ensure that it makes the best use of resources, meets the needs of the local community and effectively provides access to vital early years programmes.
- (b) That the topics of literacy (adult and child including the book start programme), access to speech and language services for young children in the district and the provision of early learning and extended school services be included in the draft work programme of the Scrutiny (Community and Regeneration) Committee for consideration as potential areas for scrutiny.

That it be recommended to (the Cabinet) and Council:

- (a) That the Cabinet be urged to monitor the distribution of funding under the Local Area Agreement to Dover District Children's Consortia for Children's Centres and Early Years Services in the district to ensure no diminution of provision once Kent County Council have assumed responsible body status for Sure Start Dover.
- (b) That the responsible body for Children's Centres be urged to consider the expansion of centres across the district in conjunction with Dover District Council's regeneration plans in order to facilitate the social, health and educational regeneration of the local community in addition to the regeneration of the physical environment.
- (c) That the responsible body for Children's Centres be urged to locate the first Phase 2 Children's Centre for the district within

the town of Deal and preferably in North Deal to enhance the regeneration efforts in the area.

- (d) That Sure Start Dover be commended for its efforts in opening its facilities to wider community use and that it be encouraged to embed this principle in its plans for future Children's Centres.
- (e) That Kent County Council Portfolio Holder for Education and School Improvement be invited to attend a future scrutiny committee meeting to explain the how Children's Centres in the district will be developed post-Sure Start.
- (f) That the Dover Anti-Social Behaviour Unit be commended for the work undertaken in introducing parenting classes in the district (*for further details see the Review of Anti-Social Behaviour in Dover District*) and Sure Start and other public bodies be encouraged to build upon the work undertaken so far.
- (e) That the Dover District Council in co-operation with Sure Start Dover, be urged to use the 'Dover District Council @ Your Service' quarterly newsletter to publicise core early years services available in the district.
- (f) That Sure Start be encouraged to consider innovative measures to translate awareness of Children's Centres into increased use of its services by the local community and develop stronger linkages with key local stakeholder groups.
- (g) That Sure Start Dover be asked to investigate a way of providing regular communication with District Councillors as to the development of Children's Centres in the district.

# **Section Six**

## **Corporate Management Team Response**

***The response of the Corporate Management Team to the  
Review of Sure Start in Dover District***



## Response of Corporate Management Team

- 6.1 Corporate Management Team welcome the thorough review of Surestart Dover and the considerable amount of background research that has been undertaken into the national scheme.
- 6.2 Corporate Management Team note that many local families with young children have benefited greatly from the Surestart scheme but delivery has been confined to a limited number of Wards, albeit those with the highest levels of deprivation in the district.
- 6.3 Corporate Management Team's understanding is that two new Children's centres at Aycliffe and Elvington have been approved in Round 2 of bidding for Children's Centres and that a decision awaited on a third site at South Deal.
- 6.4 Rollout of services to the first two sites is to commence shortly. Once operational, these three new sites will cover all but four Wards of the district and it is planned that these will be served by a final centre at North Deal, probably in the proposed new Community Centre.
- 6.5 This slow progress is governed by the Government's timetable rather than Surestart Dover. Corporate Management Team would like to formally record their appreciation of the hard work and commitment of the Surestart team.
- 6.6 The Head of Housing and Community is fully engaged on behalf of the Council with the development of Children's Trusts and has been a member of the Executive Committee of the Dover Children's Consortia which is overseeing the transition of Trusts for some time.



# Section Seven

## Appendices

- Appendix A: Project Brief
- Appendix B: Kent Sure Start Local Programmes – A Guide for Partners
- Appendix C: Aylesham Children’s Centre Guide
- Appendix D: Buckland Children’s Centre Guide
- Appendix E: St Radigunds Children’s Centre Guide
- Appendix F: Tower Hamlets & Priory Children’s Centre Guide
- Appendix G: Power Point Presentation by Mrs Jayne Tucker to Scrutiny (Community & Regeneration) Committee



**DOVER DISTRICT COUNCIL**

**PROJECT BRIEF**

**FOR**

***Scrutiny Review on SureStart and Youth Anti-Social Behaviour***

<b>Version No.</b>	<b>Date</b>	<b>Purpose/Reasons for Re-issue</b>
<b>Version 1</b>	<b>02 NOV 2006</b>	

**Project Title:**

*Scrutiny Review on SureStart and Youth Anti-Social Behaviour.*

**Background:**

*The Scrutiny (Community & Regeneration) Committee at its meeting held on 25 October 2006 identified a community review on SureStart and Anti-Social Behaviour in the district as part of its work plan.*

**Project Definition:**

*The aim of the project is to promote awareness amongst elected members and the wider community as to the work undertaken by SureStart within the district and the broader issues of youth anti-social behaviour. For the purposes of the review, youth is defined as pre-school and school age. There will be no attempt to evaluate the issues of post-sixteen year old anti-social behaviour in this review.*

**Objectives**

- 1. To increase community awareness of the role played by SureStart in the district and evaluate the level of success it has achieved in meeting its objectives.*
- 2. To identify if there is a causality link between the environmental and familial conditions of a child's early years and later occurrences of youth anti-social behaviour.*
- 3. To promote awareness of the activities of the Council's Anti-Social Behaviour Unit and evaluate its impact in the district.*
- 4. To identify the differences between the community's perceptions of the level of youth anti-social behaviour in the district and the reality.*
- 5. To develop an understanding of the issues around youth anti-social behaviour in the district and evaluate the measures being undertaken by local organisations and voluntary groups in tackling it.*
- 6. To support the aims of the Council's Corporate Plan and Community Strategy.*

**Benefits:**

- 1. To publicise to the wider community the activities of SureStart.*
- 2. To promote greater awareness of the activities of the Council's Anti-Social Behaviour Unit and identify areas where the Council could make better use of its resources.*
- 3. To develop an understanding of young people's perceptions of Anti-Social Behaviour in the district and how this fits with perceptions of the wider community.*

4. *The Review compliments the aims of the Corporate Plan 2006 – 2012 in several areas:*
  - *'We will also re-focus our scrutiny role to challenge and support the delivery of other public service providers.'*
  - *'We will have improved quality of life for all residents, with regard to the differing needs...and encouraging and nurturing our young'*
  - **Ensure a Safer, Cleaner and Greener District** – *'Crime and environmental issues affect the quality of life for all those in the District. We will therefore be tough on anti-social behaviour (ASB) and environmental enforcement.'*
5. *The scrutiny of youth anti-social behaviour is complementary to the duties placed on the Council under Section 17 of the Crime and Disorder Act 1998, which require the Council to "to exercise its various functions with due regard to the likely effect of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area".*
6. *To raise awareness of how the jigsaw of multi-agency partnerships and co-operation fits together to effectively tackle the issue of youth anti-social behaviour.*

**Scope:**

*The primary focus of the project is on SureStart and evaluating the services it provides within the district. The secondary focus of the project is the more general issue of youth anti-social behaviour, its causes and ways of tackling it. It is intended that the Review focus specifically on the issues affecting the district to deliver achievable outcomes.*

**Interfaces:**

*External Organisations:*

*SureStart – Service Provider.*

*Kent Police – Service Provider*

*Voluntary & Community Groups – Service Provider*

*Crime and Disorder Reduction Partnership*

*Internal:*

*The Anti-Social Behaviour Unit*

*The Dover District Youth Forum*

*Portfolio Holder for Citizenship and Consumer Affairs*

**Business Risks of not doing the project:**

*The review complements the objectives of the Corporate Plan in several areas including the stated role of scrutiny in challenging and supporting the delivery of other public service providers and in ensuring a safer, cleaner and greener district. If the review were not undertaken it would miss an opportunity to promote these objectives through the scrutiny process.*

**Project Risks:**

*The main risk will be failure to engage SureStart and other service providers in a meaningful manner and not ensuring their presence at the appropriate target meetings.*

**Indicative Costs:**

*Officer time within existing budgets plus any in-house printing costs arising from the Review.*

*There is the possibility that a meeting may have to be held off-site as part of the evidence gathering process or due to unavailability of meeting rooms at Whitfield during the redevelopment of the reception area but any potential cost can be met from within the current scrutiny budget.*

**Timescales & Deliverables:**

*The Review will run from November 2006 through to March 2007, with dates to be identified for the Committee to interview the appropriate organisations and individuals.*

**Organisational Impact:**

*The Council will need to be able to demonstrate that the Anti-Social Behaviour Unit has satisfactory procedures and resources to deliver its objectives. In turn, the Scrutiny Committee must be seen to be 'even handed', offering not just criticism where criticism is due but also celebrating successes where they exist.*

**Contacts & Resources:***Internally*

*Information will be required from the Community Safety and Anti-Social Behaviour Manager and the Head of Housing and Community (or the appropriate officer(s) selected to act on her behalf) on the Council's activities in regards to youth anti-social behaviour issues and its future plans.*

*Externally*

*SureStart and other service delivery bodies such as the police, the Crime and Disorder Reduction Partnership and voluntary / community groups.*

**Circulation list and sequence:**

Head of Governance (in the absence of Democratic Services Manager)  
Agenda Officer (Chief Executive)  
Chairman of the Scrutiny (Community & Regeneration) Committee  
Spokesperson of the Scrutiny (Community & Regeneration) Committee

**Decision Path:** The decision path will be as follows:

Scrutiny (Community & Regeneration) Committee – Start November 2006  
Scrutiny (Community & Regeneration) Committee – End March 2007  
Corporate Management Team – 13 March 2007  
Cabinet – 02 April 2007  
Council – 04 April 2007

**Project Sponsor:**

*Councillor G J Hood – Chairman of the Scrutiny (Community & Regeneration) Committee*

**Project Manager:**

*Rebecca Brough – Democratic Support Officer*

**Project Board:**

*Not Required.*

**Project Team:**

*To be appointed by the Scrutiny (Community & Regeneration) Committee at its meeting to be held on 14 November 2006.*

**Project Client(s):**

*The project client is the Scrutiny (Community and Regeneration) Committee.*

Accepted by (Sponsor Name) Councillor G J Hood	Date
Accepted by ( Project Manager ) Rebecca Brough	Date
Accepted by (Project Office) N/A	Date

# **Kent Sure Start Local Programmes**

## **A Guide for Partners**

**December 2005**

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## 1. WHAT IS THE PURPOSE OF THIS REPORT?

Kent has long had a reputation as a county for innovation and quality and Kent County Council has established itself as a 'flagship' 3-star local authority. In 2004, it was agreed that Kent would pilot the new Local Area Agreement and establish a Public Service Board. In doing so, it demonstrated its wish to develop a new way of balancing national policy directives with local community needs through better cross-agency working, more effective channelling of public funds and negotiation of local flexibilities and freedoms.

The purpose of this Report is to help current and future partners involved in the development of Children's Services in Kent to understand:

- a) the background and current circumstances of the Sure Start Local Programmes (SSLPs) in the county;
- b) the key lessons we have learned i.e.
  - How to make Governance work?
  - How to balance national targets and local needs?
  - How to engage communities?
  - How to build effective multi-agency partnerships?
  - How to implement integrated team working?
  - How to implement sustainable capital programmes?
  - How to engage the voluntary sector? And;
- c) the role that SSLPs can play when the new governance arrangements come into effect in 2006.

The intention is to establish up to 104 Children Centres in Kent. We believe that the SSLPs in Kent provide the county with a special advantage. By building on and learning from our practical experience and high performance, we can help the County to stay ahead and be the pioneers for the future shape and systems for delivering 'joined-up' public services appropriate to the twenty-first century.

We look forward to working with you in partnership,

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## **2. WHAT ARE THE SURE START LOCAL PROGRAMMES IN KENT?**

### ***What is Sure Start?***

Sure Start is one of the most innovative and successful central government initiatives which has brought agencies together and focused them on a common goal – to give pre-school children, in the most deprived areas of the country, the best possible start in life. It has done this by providing a framework of targets, funding and clear aims to find out what is really needed, develop new and better ways of working in partnership to meet those needs and embed new and improved services in an integrated way within a system which people understand and which works.

### ***Where did Sure Start come from?***

In 2000, the Government established the Children and Young People's Unit (CYPU) in response to the Supporting Families report. The specific remit of the CYPU was to develop an overarching National Childcare Strategy (NCS) for all services for children and young people. Prior to this, there had been little central government involvement in childcare.

During this time, a "New Vision for Children's Services" was developed in partnership between the Local Government Association (LGA), the NHS Confederation (NHSC) and the Association of Directors of Social Services (ADSS). It recognised the key role of local government in providing democratic accountability and representation by all services working cohesively to put children first. It enabled services to respond to local needs and put children at the centre of cost effective service planning. The New Vision described how local authorities needed to co-ordinate and plan to meet the needs of children, and adopt a new approach to delivering services within a mixed economy of service provision.

SSLPs were developed to challenge the existing complex arrangements for children's services, identify and fill gaps in services to parents and parents-to-be and improve life chances for children under the age of four. There are now more than five hundred SSLPs in England.

The principle of Sure Start is based on research evidence that early intervention promotes social inclusion, realises economic and social cohesion and provides better outcomes for children and saves money. SSLPs are expected to deliver nationally prescribed Public Service Agreement (PSA) outcomes through locally developed user-led multi agency partnerships.

The official objectives were to:

- Co-ordinate, streamline and add value to existing services in the Sure Start area;
- Involve parents, grandparents and other carers;
- Avoid stigma by ensuring all local families are able to access Sure Start services;
- Ensure lasting support by linking Sure Start to services for older children;
- Be culturally appropriate and sensitive to particular needs;
- Promote the participation of all local families in the design and working of the programme.

During 2003, long-term commitment for 'Sure Start type' provision of children's services was encapsulated within the Green Paper 'Every Child Matters'. When the Children's Act became law in 2004, it incorporated the concept of a Children's Trust and charged local authorities with providing leadership and building capacity through sustainable partnerships across public, private, social enterprise and voluntary sectors. There are five key themes:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Achieve Economic Wellbeing
- Making a Positive Contribution

### ***What is the current situation?***

The plan now is for each SSLP to become a Children's Centre and develop their range of services to include direct nursery places and support for all pre-school children, not just up to their fourth birthdays. Funding for Children's Centres will be routed through the local authority.

There are nine SSLPs in Kent, based in Ashford, Canterbury, Dartford, Dover, Folkestone, Gravesham, Margate, Millmead and Sheerness. However, as well as starting at different times under different circumstances, there is an acceptance that the solutions for one area may not necessarily suit another. The programmes, by nature, are at different stages of development and have different priorities to reflect this.

With effect from 2006, the County Council, through the newly established Children, Families and Education Directorate, will have the lead responsibility for Children's Services across all agencies in Kent. The current proposal within the Kent Primary School Review is that Children's Centres will be linked to clusters for management purposes.

The SSLPs in Kent provide services, which are holistic, inclusive and local. They can be grouped under the following headings:

- Outreach and Home visiting
- Support for families and parents
- Support for good quality play, learning and childcare experiences for children
- Primary and community health care, including advice about family health and child health and development

### ***How are Sure Start Programmes monitored and evaluated?***

Activities are closely monitored and SSLPs work to very specific targets. These are congruent both with the objectives of the Kent PSA2 and the Local Preventative Strategy and are overseen by the Children Consortia Preventative Strategy Steering Group (CCPSSG).

As well as being involved in decision-making, parents are an integral part of the evaluation and monitoring of services. Many are trained and accredited in carrying out surveys and collecting data to check that targets are being met.

### **3. WHAT HAVE WE LEARNED?**

#### **3.1. HOW TO MAKE GOVERNANCE WORK?**

##### ***What have we done and what has worked well?***

Each SSLP is accountable to a Board comprising members of the local community including local parents and carers as well as representation from the key local statutory and voluntary agencies. Typically, it will include:

- Local Parents and Carers
- Officers from the local educational authority (KCC)
- Officers from Social Services (KCC)
- Representation from the local Primary Care Trust (NHS)
- Representation from the local Acute Trust (NHS)
- Representatives from Voluntary Agencies such as National Children's Home (NCH), Homestart, Groundwork, Family Welfare Association and local Councils of Voluntary Service.

The Board must ensure it acts in the best Interests of the public and is duly accountable for the services provided and the public funds it uses. The key functions are to:

- 1) Deliver its accountabilities to
  - a) Service Users and Community
  - b) Funders (Kent County Council through the Local Area Agreement), Auditors, Regulators and
  - c) Staff and Volunteers.
- 2) Set strategy for the organisation and its partnerships and the shape of services provided;
- 3) Ensure effective leadership and management of services to ensure the quality and range of services reflect the needs of the community and services

The original structure in SSLPs was based on the assumption that there would be an identified Accountable Body and the partnership would be an unincorporated entity with no legal identity.

In Kent, the Accountable Body varies between the District Council (Sheerness, Dover) and the County Council (Gravesham). Most Sure Start programmes in Kent had plans within their original Delivery Plans to incorporate into a legal entity. The Millmead Programme is now a Community Mutual with 100 parent members and may represent one of the models for the future for KCC's commissioning of Children's Services.

Dover is proposing to use the services of the voluntary sector as the accountable body (06/07) for an interim period. The Children Centres in Dover each have their own working group that consist of the service providers and representatives of the communities. These working groups report to the Dover District Children Centre Sub-Group, which is accountable to the Dover District Children's Consortium. Accountability for the probity of funds will rest with the service providers.

Sure Start Ashford has set up a local Not for Profit Company Limited by Guarantee to hold the land and building in trust for use as set out in the guidance for Sure Start and Children's Centres. This Company (Beaver Community Trust) has allocated responsibility and management over to the Children's Centre Management Board through a Custodian Lease Agreement (previously this was the Sure Start Ashford's Board). The Company itself directly manages the Nursery and Centre staff, i.e., Café and Reception.

### ***What key lessons have we learned?***

We have learned that the flexibility and freedom of the Sure Start Model has been a key factor in:

- enabling effective partnership working to develop and deliver capital projects and programmes which have been more reactive to local needs;
- encouraging partners to work in new and different ways;
- providing a common focus for delivery;
- enabling links to be made with Children's Consortium/Cluster Boards at District level.

However, the relative lack of clarity in relation to accountability, the non legal status of the Partnership Board and the very new ways of working have also posed challenges especially in relation to ownership of buildings, leasing arrangements, VAT, insurance cover, IT systems and others. These could be managed and progressed in a much more strategic and effective way. From practical experience, we have also learned the importance of ensuring clear agreement in writing before funds are issued.

### **3.2. HOW TO BALANCE NATIONAL TARGETS WITH LOCAL NEEDS?**

#### ***What have we done and what has worked well?***

Members of the Sure Start Boards consider the national targets in relation to the backcloth of identified local needs and collate this information within their Business Plans. These are reviewed regularly and used as a progress checklist and performance management tool.

In Dover, for example, the local targets are aligned with the key themes in Every Child Matters and form part of the outcomes matrix that is being agreed across multi-agency partnerships i.e. Sure Start Dover Management Board, Dover District Children's Consortium. At a local level, on both a monthly and quarterly basis, the targets are broken into 'bite size chunks' with clear levels of responsibility. This system works well and enables updates and adjustments to be made as necessary throughout the year. It also enables people working in the Sure Start Teams to understand their respective contribution and for their performance to be properly managed via personal action and development plans.

The Programmes which have been established for longer periods of time, such as Sure Start Ashford, are already able to demonstrate impact on national targets involving noticeable reductions in smoking during pregnancy and breastfeeding at birth and at 8 weeks.

Business planning processes are supported by clear communication strategies as well as staff review and appraisal processes.

The Dartford Programme regards its data collection system as a particular strength.

### **3.3. HOW TO ENGAGE COMMUNITIES?**

#### ***What have we done and what has worked well?***

SSLPs involve parents in all major decisions including:

- design of new buildings including the selection of architects, the design brief, plans for fitting out and naming of buildings
- selection of ALL staff. Parental involvement on selection boards is a *sine qua non*. On occasion parents have chaired boards
- election of parent representatives which make up one-third of each Sure Start's Board (e.g. 6 of 18 places)

- election of all other members of Board (statutory and voluntary members)
- running activities (following appropriate training and with appropriate support) e.g. aqua-tots (swimming sessions), Paradise Club (group for older mums).

They also seek to employ appropriately qualified parents wherever possible. In Sheerness, for example, the Volunteer Co-ordinator, HomeStart project worker, Events and Activities organiser, receptionist, several nursery nurses are all Sure Start mums.

Community groups are also set up with a specific focus in mind. Some excellent examples of this are the groups run by dads for dads such as 'Big Daddy' in Margate and 'Daddy Cool' in Dover and Sheerness.

There are also established networks of volunteers, such as the 'Friends of Sure Start' in Sheerness who distribute newsletters and other information, as well as acting as the 'eyes and ears' of the Programme.

In Sheerness, parents are also trained and accredited as community evaluators. They conduct surveys and provide all raw data for detailed, comprehensive evaluations (internal and external) of services.

In Gravesham, three parent focus groups nominate parents to the Executive Board. An inclusion group has also been developed after a large survey of Sure Start and non Sure Start black and ethnic minority families. Membership was agreed after families who took part in the survey attended a workshop presenting the findings. This group informs service delivery and practice and will now turn its attention to disability.

### ***What have we learned?***

We have learned a lot about the power of committed parents to act as ambassadors in attracting more people, especially "hard to reach" families. We have also learned a lot about what works and what does not when it comes to community involvement.

There is consensus that the most effective way of engaging the community is through face-to-face contact, which is done in a non-intrusive way. This is labour intensive but is vital in ensuring that parents/carers become involved and genuinely engaged in all we do, both in terms of accessing services and indeed shaping the development of local Programmes.

Success at a local level has been achieved through persistent efforts through community events, parent drop-ins, publicity and effective outreach activities. This has been greatly aided by all parties signposting and working as part of the integrated team. Engaging with communities can be costly and needs to be backed up by provision of crèche or other childcare provision, transport and refreshments.

Evaluation is currently in progress of those families who are registered, but do not access services and those who access infrequently to identify new methods of how to engage the "hard to reach".

The only way to engage communities is to include them in every way possible, regard them as partners and co-workers and, as importantly, be prepared to make changes and compromise where possible. The best way for the voice of the community to be heard is through a Parent Stakeholder group, preferably aligned to the framework for governance.

### **3.4. HOW TO BUILD EFFECTIVE PARTNERSHIPS?**

#### ***What have we done and what has worked?***

All plans including the SSLPs and the Kent Children Centre County Plan will be joined together under the umbrella of the Children's Trust arrangements and to achieve the targets in the Kent Agreement (Local Area Agreement outcomes), all the agencies must work together.

Partnership working is fundamental to the success of Sure Start and, from the beginning, the Programmes have respected and recognised each partner's respective strengths and experience.

Outcomes are achieved through multi-agency working 'on the ground' which is linked closely to decisions being made at a strategic partnership level.

#### ***What lessons have we learned?***

We have learned the importance of clear contractual relationships through Service Level Agreements.

We have understood the importance of aligning the targets of different organisations and of working in partnership to address the national themes within *Every Child Matters* and those within the Kent Agreement (LAA).

### **3.5. HOW TO IMPLEMENT INTEGRATED TEAM WORKING?**

#### ***What have we done and what has worked well?***

We have implemented genuinely integrated teams of practitioners from a full range of statutory, community & voluntary organisations (sometimes as many as 15) often working from more than one location in a single neighbourhood. As well as these, we take every opportunity to employ people from the local community within these teams and develop their skills and employability appropriately.

From our experience, the critical factors for successful integrated team working are:

- High quality Programme leadership;
- Establishing shared values and principles;
- Working towards a shared vision;
- Having clear accountabilities, backed up by clear Service Level Agreements with host employers;
- Using a shared model of working practice;
- Having shared protocols, especially for sharing information;
- Building understanding, respect for and trust in each others' experience, training and agency's ethos;
- Breaking down professional sensitivities and boundaries so that 'edges' are blurred but none of the specialist skills are lost;
- Good systems for communication to help ensure common understanding, clarity of contribution and high staff morale;
- Joint training to enable expertise and experience to be shared and built upon;
- Real investment in induction, work shadowing when new people join the team;
- Regular joint team development days to maintain and build the shared vision and being clear of the links between team plans.

Some of the main benefits of integrated team working are:

- Enhanced decision-making because information is shared;
- Reduction in duplication of effort;
- Savings in terms of time and money;
- Joint planning and reviews for families;
- Sharing expertise and good practice between organisations;

One example of this is where 16 Health Visitors, attached to GP surgeries, were visiting people in the same area. By linking them to the SSLP instead, it has been possible to rationalise the team to just 2 Health Visitors who have in-depth knowledge of the families and have been able to develop a clear public health approach to support families in a more effective way.

### ***What have we learned?***

The quality of leadership is especially important; over and above the day-to-day management of systems to ensure things get done. This can be especially challenging when the team are spread over a wide area and work out of a number of different locations.

Professionals working in Sure Start Teams are usually employed by other organisations and there is plenty of scope for confusion and chaos. This can be exacerbated if the host organisation does not see the SSLP contribution as a priority and fails to release the person as necessary or organise a replacement during sickness absence or leave. Individuals are members of two teams, in effect, and this can potentially cause considerable problems for them in reconciling loyalties and commitments. There has been much learning here for all partners.

Some Programmes have found integrating health staff more of a challenge whereas this has been particularly successful for other programmes. Usually this is due to the different cultures people are used to working in and the rules they are expecting to work to. When staff vacancies are identified in relation to national targets and local needs, it often results in the development of a new combined role, which is not organisation specific, or it requires the role to be carried out in a new way e.g. Sure Start Health Visitors or Community Midwives. Although this is necessary to provide better and more joined-up services, it can cause tensions within the individual's professional reference group and set them apart.

Integrated Children's Centre teams are starting to emerge now from SSLPs which have a Service Delivery Plan, devised by a multi-agency team working together with local parents to decide which services are needed. This process is being led by the SSLP Directors and is ready to be cascaded to future Children's Centres. Real ownership of the Plan by all the parties is fundamental to success.

It is essential to invest heavily in good communication, preferably using a variety of different methods. It is evident that particularly strong teams tend to develop where they are located in the same building probably because it is easier to communicate with one another and to train together. This is not always possible and often there are two or three separate centres in a neighbourhood and staff work out of one or all of them. More effort is required in these circumstances to ensure messages get through effectively.

Due to the complexity of many of the family issues SSLPs deal with, supervision is particularly important. There may be a variety of different types and styles of supervision to be agreed between partner agencies, including:

- Child protection supervision
- Peer supervision
- Group supervision
- Management supervision
- Individual reflective supervision.

It is essential that staff know that they are supported and that clear lines of accountability are drawn up for their day-to-day management, currently provided by the SSLP Director, and their professional supervision, employment terms and conditions, which remain the responsibility of the host employer. Annual appraisals are usually carried out jointly.

We have learned that staff induction programmes need to incorporate one-to-one time with each team member. Also, regular team development days are built into the work programme to ensure individual and teamwork plans are aligned to the shared vision. We find that by working on problems within a team, everyone benefits.

It has been very rewarding to see the development of people from the local community who might have initially been users of services, but then become volunteers or part-time members of the team.

### **3.6. HOW TO IMPLEMENT SUSTAINABLE CAPITAL PROGRAMMES?**

#### ***What have we done?***

All programmes have addressed this in a unique local way, enabling local requirements to be met as budgets became available. Some programmes have built a purpose-built centre which houses all services required to receive Children Centre status. Some have refurbished buildings and some have actually split their capital budget to support two or three projects. Regardless of the decision, all processes have met the identifying need in each locality.

Ashford has pooled its entire budget with NNI, NOF, Children's Centres, and Kent County Council to develop The Willow Centre.

Dover has supported the development of three separate capital projects ensuring all services are available to cover a diverse geographical area. All three have been purpose built with pooled funding including SRB, NNI, NOF and Children's Centre.

Gravesham similarly developed three projects including one new build – the Riverside Children's Centre which is currently under construction - and two refurbishments – a health clinic and a shop.

Sheerness has pooled budgets with local and regional partners to develop the Seashells Children's Centre. It allocated its entire budget with the exception of £100,000 which was used to develop a local play facility, i.e., a local paddling pool.

Folkestone has developed The Village Children's Centre.

#### ***What have we learned?***

Capital projects for all involved have been very difficult, although positive experiences with visual evidence of success in each locality. Many lessons were learnt upon the way with regards to project management and although these experiences were shared, many were replicated because of the very nature of building projects.

The real success for all buildings under capital schemes has clearly been the fact that the local communities own them. All Programmes undertook vast amounts of community consultation with all aspects of the community, which includes all partners working from within. This approach is fairly unique as we all sought to seek the views of everybody and took these on board when designing these buildings. This has clearly resulted in everybody having a genuine stake in the finished project.

To varying levels, all programmes have benefited from some additional guidance especially around VAT, and initial project concepts. SSLPs have now gained a wealth of experience in developing

capital projects in line with Children's Centre ethos which we are keen to share for future developments.

### **3. 7. HOW HAVE WE ENGAGED THE VOLUNTARY SECTOR?**

#### ***What have we done and what has worked well?***

SSLPs in Kent have developed creative and unique links with a wide spectrum of the voluntary sector in a number of aspects;

- As a host employer;
- As part of governance structure, on the Board and potentially as the Accountable Body';
- As a service provider;
- As a Landlord.

As host employers for outreach teams or play/children's workers, organisations like HomeStart, Family Welfare Association, Groundwork, NCH have added value in terms of their experience of our communities and in having delivered services in these areas in the past.

Most, if not all, SSLP Boards have wide representation of the voluntary sector such as YMCA, Parents Consortium and again their wide experience and wisdom has been advantageous in development of service delivery plans rooted in the local community. In Ashford, the Chair of the Board is from the Voluntary Sector. In Dover, they are planning an interim period where the local Voluntary Sector Organisation will be the Accountable Body.

Many Kent SSLPs have developed joint delivery of services with organisations like HomeStart. Others have been commissioned to deliver a service on their behalf. Folkestone Citizens Advice Bureau has developed a service in the children's centre, which offers advice and acts as a signpost to other Sure Start services. It is about to offer parents training on becoming advisors or in obtaining office skills and experience within the organisation itself.

Several SSLPs have worked collaboratively with HomeStart but have developed services in different ways. In Gravesham HomeStart host employ family support workers whose work supported by HomeStart volunteers and includes a Jump-Start scheme for intensive work to support families in crisis. Folkestone runs a similar scheme called Rapid Response but using HomeStart volunteers.

In Dartford, a community project acted as vehicle to fill the gap between the two SSLP areas which with the advent of children' centres can now be joined together. Again, in Dartford, a church has been used as the base for the Temple Hill children's centre.

The voluntary sector has often been more willing to work in a more informal way and in engaging with service users' involvement in planning and evaluative process. In Gravesham, Groundwork joined forces in community consultation regarding Riverside children's centre.

Many services are communicated through voluntary sector and high levels of Community Chest funding have been allocated

#### ***What have we learned?***

We have learned that it is important to consider funding issues and criteria particularly when smaller organisations are involved. Also, it is important not to "step on toes" and duplicate services. Most are reliant on local authority or charitable funding so sustainability can be an issue and it may be difficult to take a long-term view. Some funding streams mean that organisations can only work in certain areas which may restrict further development.

Although voluntary groups have been keen to work in partnership, on occasions they have been unaware or unwilling to accept their full responsibility in the partnership. Host employer responsibilities are sometimes difficult for very small organisations and Sure Start staff may not receive comparable employment benefits as those hosted by Kent County Council or the NHS. This may introduce inconsistent terms and conditions for Sure Start staff.

Ideally, more time could have been taken in developing these relationships with the voluntary sector at their pace but the fast implementation of the Sure Start services and concept has not always allowed this

The voluntary sector is certainly, in many cases, more fragile due to funding constraints and implementations, but is very well positioned to provide affordable and less bureaucratic solutions to local needs.

There is a need to beware of tokenism and to ensure that the representatives of the Voluntary Agencies are clear about their role, responsibilities and the support they can expect so they can play a full and equal part.

## **4. WHAT WOULD SURE START LOCAL PROGRAMMES LIKE TO CONTRIBUTE TO THE FUTURE OF CHILDREN'S SERVICES IN KENT?**

### ***4.1. Our Vision for Children's Services in Kent***

In three years' time, we want to see Children's Services in Kent:

- Commissioned on a need-led basis by local communities via district multi-agency groups;
- Provided via a network of 'one-stop shop' Children's Centres linked into Children's Consortia/Cluster Board where existing SSLPs represent 'centres of excellence';
- Which are family-centred, easily-accessible, innovative and integrated provided across age ranges and geographical boundaries;
- Where the full range of professional support workers work in integrated teams operating out of the Children's Centres in every community;
- Which have effective and reasonable arrangements for monitoring and evaluation to enable continuous improvement, urgent corrective action when required and, overall, better outcomes for children and families;
- Where district multi-agency groups provide forums for people and organisations to learn from experience, identify and manage risks and plan ahead together with local communities.

### ***4.2. Our Values***

- Real results for children
- Real engagement of local people
- Real Partnership and Integration - between Parents and Professionals and Agencies.

### ***4.3. Our Achievements***

In line with the objectives of Kent's LPSA2 and Kent's Local Preventative Strategy for Children, improvements brought about by the SSLPs in Kent include:

- 39% increase in the new mothers breastfeeding
- 74% reduction in admissions of under 4s to Accident and Emergency Departments
- 68% increase in library registrations by under 4s
- 9% reduction in smoking in pregnancy

#### **4.4. Our Strengths**

- Leadership skills and vision
- Effective performance management and monitoring systems
- Proven expertise and experience in multi-agency governance
- Models of real parental/community involvement
- Role models of locality commissioning
- Evidence-based, innovative practice
- Effective integrated working across health, education and social care
- 'Test beds' for piloting new ideas which link to Consortia/Cluster
- Effective systems for monitoring and evaluation
- Ability to achieve Local Area Agreement targets
- A 'can do' approach
- Understanding of what doesn't work to avoid unnecessarily wasting money, time and effort
- Sustainability
- Experience of taking risks
- A Balance between informality and formality
- Energy and Enthusiasm

#### **4.5. Our Ideas for the future**

##### **GOVERNANCE**

Programmes should continue to grow and develop their governance arrangements organically to fit the requirement and characteristics of the different communities they serve and to change as they change. They offer an ideal setting for developing innovative governance arrangements in consultation with Kent County Council.

It is difficult to identify the best governance model for Sure Start/Children's Centres. All Programmes have tackled this in their own local way and all are fit for purpose. The working group that KCC and SSLPs have formed will be able to review these in line with their new role under the Local Area Agreement.

##### **ENGAGING COMMUNITIES**

Parental involvement should be central to all plans for Children's Centres. We would certainly recommend focused community development work and increased Peer Support groups. This would enable parent/carer forums to ensure that parents, as with all partners, are given access to training/support and personal development.

##### **INTEGRATED TEAM WORKING**

It would help to have:

- A standard but flexible county-wide Service Level Agreement to use with host agencies;
- A county-wide protocol between the key agencies for sharing information and agreement about confidentiality;
- Honest and open discussion from the outset about the commitment required of the host organisation to the SSLP and whether they are prepared to give it;
- A system to support Public Liability Insurance for events where multi-agency staff take equal responsibility.

## **ENGAGING THE VOLUNTARY SECTOR**

The voluntary sector has much to offer in terms of a wealth of experience and an open, less bureaucratic approach, which fits the Sure Start ethos. It is often more open to seeking and acting on users' feedback and involvement in planning service delivery.

Kent County Council, as an accountable body for Sure Start Children's Centres may wish to support voluntary agencies acting as host employers in a different way to enable this function to continue.

We should encourage KCC to consider them full partners and not as a difficult to engage group. Kent Sure Start Children's Centres can assist with this process. The Change Up agenda may give an opportunity for this to happen.

## **FLAGSHIP MODELS FOR PARTNERSHIP WORKING**

The Sure Start ethos is about partnership. The nine SSLPs in Kent are nine very different partnerships all working to implement *Every Child Matters* in ways which make sense locally. We now seek to use that flavour of operation to ensure that all the partners who will work together in establishing the new Children's Centres across Kent are able to make best use of that experience.

The expertise of experienced Board members, management staff, parents, front line professionals, support staff and volunteers is a very important resource which is available to facilitate the process of designing and initiating new Children's Centres.

Our experience of multi-disciplinary partnership working and of ensuring local accountability through real participation in decision-making by parents and carers is a unique resource; we look forward to sharing that with new partners in order to ensure all Kent's children and their families are able to access the very best services.

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[admin@surestartmargate.plus.com](mailto:admin@surestartmargate.plus.com)

### MILLMEAD

Frances Rehal (Programme Director)  
Sure Start Millmead Early Years Centre  
Dane Valley Rd  
Margate  
Kent CT9 3RU  
01843 280555  
[surestart@millmead.freemove.co.uk](mailto:surestart@millmead.freemove.co.uk)

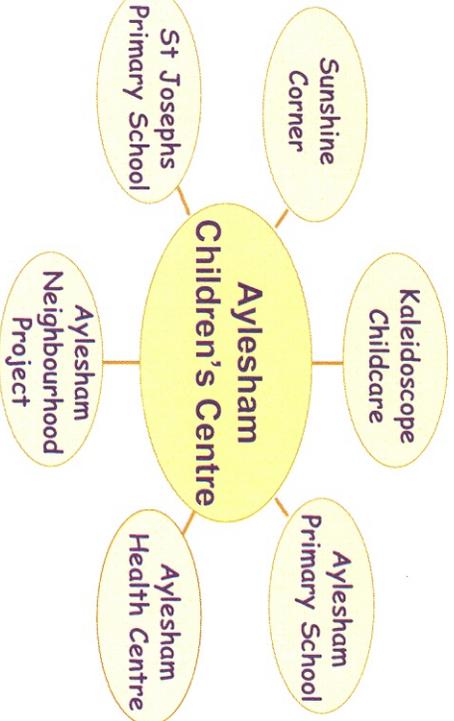
### SHEERNESS

John Fowler (Programme Director)  
Sure Start Sheerness  
The Swale Foyer  
Bridge Rd.,  
Sheerness  
Kent ME12 1RH  
01795 667070  
[surestart@sssheerness.demon.co.uk](mailto:surestart@sssheerness.demon.co.uk)



The aim of Children's Centres is to bring together a network of services for parents and children of all ages within local communities.

Aylesham Children's Centre works in partnership with a variety of agencies to deliver services for children age 0-5 years and their families



The following groups encourage interaction with other families and offer a friendly and supportive environment

For more information on any of the courses or groups call the Aylesham Neighbourhood Project:  
**01304 840134**

**Groups & Clubs 5 years + Contact:**

**Aylesham Primary School** on 01304 840392

**St Josephs Primary School** on 01304 840370

**Aylesham Youth Centre** on 01304 840309

**Aylesham Neighbourhood Project** on 01304 840134

**Parent & Toddler Groups:**

**Parent & Toddler Group:**  
Aylesham Neighbourhood Project:  
Wednesdays (term-time only)



**Time:**  
09:30—11:30

**First Steps Parent Group:**

Aylesham Neighbourhood Project:  
Mondays (term-time only)  
For parents with children 12 months to 3 yrs

09:30—11:30

**Health Visitor Clinic:**

Aylesham Neighbourhood Project:  
Thursdays

09:30—11:30

**PIPS+ (Parent Information, Play & Support):** Thursdays

Aylesham Neighbourhood Project:  
(For parents/carers of young disabled children)

12:30—2:30

**Freedom Project:**(Support for victims of domestic abuse)

Aylesham Neighbourhood Project  
Tuesdays

09:30—11:30

**Parent & Baby Groups 0-1 years:**



**Bumps & Beyond:**  
Aylesham Neighbourhood Project:  
Wednesdays  
For expectant and new parents

12:30-2:30

**Dover District Children's Centre Groups:**

**Breastfeeding Group:**

Wednesdays (Along from Pip's Chip Shop)  
Royal Victoria Place, Dover

10:00—12:00

**Splash Around:**

Mondays (Contact Eve/Vicky 01304 226919)  
Dover Leisure Centre

12.30 — 1300

**Teens with Tots (VAPS):**

Wednesdays  
Royal Victoria Place, Dover

12:30—2:30

Mondays

12:30-2:30

Aylesham Neighbourhood Project

**Courses & Groups:**

**Cookery Courses:** Contact Aylesham Neighbourhood Project

**Parenting Support Groups:**(provides support and advice to parents) Contact Aylesham Neighbourhood Project

**Baby Massage Group:**

Contact Aylesham Neighbourhood Project

**Crèches:** Contact Aylesham Neighbourhood Project

**Multi-Sensory Therapy:**

Contact Aylesham Neighbourhood Project

**Behaviour Management:** (various courses/groups & one-to-one help) Contact the Health Visitors on 01304 842345 or Geraldine on 01304 840134

**Speakasy:**

(Helps parents to talk to their children about relationships & sex) Contact Charlie 01304 840134

**Adult Education Courses:**

(Dates & times vary) Contact Aylesham Neighbourhood Project

**Keeping Up With The Children:**

(Literacy & Numeracy) Contact Aylesham Neighbourhood Project

**Early Start:** (Creative communication between Parents & Children) Contact Aylesham Neighbourhood Project

**Story Sacks:** (Make learning to read fun for children)  
Contact Aylesham Neighbourhood Project

**French for Beginners:**

Contact Aylesham Neighbourhood Project

**One-to-One Support:**

**Project Workers:** Provide confidential support and advice on a range of parenting issues  
Contact Geraldine or Charlie on 01304 840134

**Pre-School Family Liaison Officer:**

Any questions about children starting Primary School?  
Contact Sharon Bremner on 01304 226919

**Counselling Service:** Do you need to see a counsellor in complete confidence? Contact Geraldine on 01304 840134

## Childcare:

**Buckland Kid Ease Nursery:** is open all year round for children aged 3 months to 5 years. Fully inclusive fees provide:

- Extended opening hours
- A range of flexible sessions
- Up to 3 freshly prepared meals every day
- All nappies and toiletries
- Activities such as language, music & dance
- Grant funded places

For more information call: 01304 820948

**Umbrella Pre-School:** Fully inclusive charity run pre-school situated within the NEW St Nicholas

- Church development, offering:
- Flexible hours
  - Full or part-time care
  - Warm welcoming staff
  - Grant funded places

For more information call: 07811 196144

**Melbourne Nursery:** Fun, friendly and secure nursery providing a stimulating learning environment for children aged 3 to 5 years:

- Open Mon-Fri 9am-11:30am, 12:40pm-3:10pm
- Run by Qualified Teacher & Assistants
- Grant funded places available

For more information call: 01304 204282

**Smiles Pre-school:** High quality childcare for children aged 2 to 5 years, situated in Old Park Community Centre:

- Open Mon & Thurs 9:15am-3pm
- Tues, Weds, & Fri 9:15am-12pm
- Fully qualified staff
- Ofsted Inspected
- Grant funded places

For more information call: 01304 827432

**Childminding:** If you are interested in becoming

or using a Childminder please contact NCMA—  
Gwenderlyne Southall on 01303 264145

## Contact Numbers:

**Buckland Community Centre:** 01304 829139

**Old Park Community Centre:** 01304 822780

**Dover District Children's Centre Team:** 01304 226919

**Kid Ease Buckland:** 01304 820948

**Melbourne Primary School:** 01304 204282

**Powell Primary School:** 01304 822663

**Umbrella Pre-School:** 07811196144

**Social Services:** 01304 204915

**NCH Playlink:** 01304 242476

**Children's Information Services (CIS):** 08000 32 32 30

**Dover Health Centre:** 01304 865500

**Dover Birthing Centre:** 01304 222523

**NCMA:** 01303 264145

**Health Visiting Team:** 01304 865515

**Home Start Dover District:** 01304 242314

**Cross-Links:** 01304 827859



## BUCKLAND CHILDREN'S CENTRE

Dover District Children's Centre Team

Triangles Community Centre

Poulton Close, St Radigunds

Dover

CT17 0HL

Phone: 01304 226919

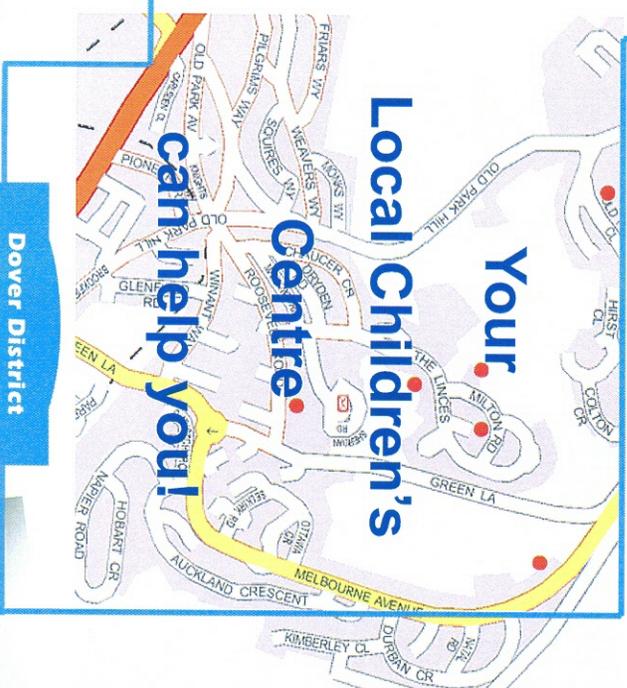
Fax: 01304 212460

Email: [surestart@surestartdover.org](mailto:surestart@surestartdover.org)

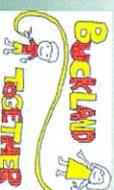
# Buckland

# Children's Centre

Do you have,  
or care for children  
up to the age of 5?



Dover District  
Children's Centres

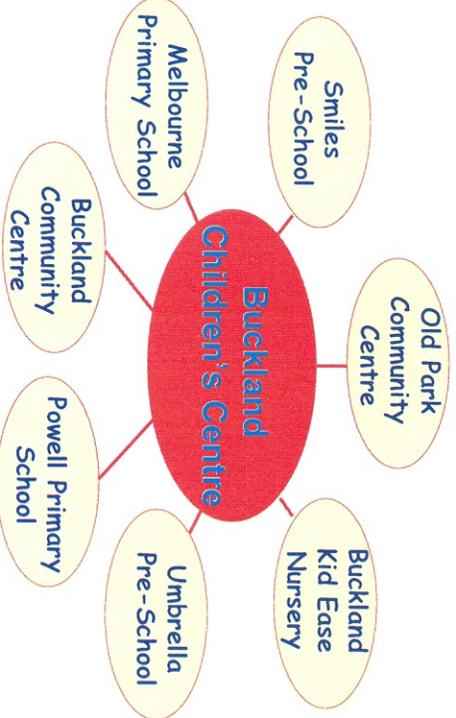


SureStart

Version 1: September 2006

The aim of Children's Centres is to bring together a network of services for parents and children of all ages within local communities.

Buckland Children's Centre works in partnership with a variety of agencies to deliver services for children age 0-5 years and their families



The following groups encourage interaction with other families and offer a friendly and supportive environment

For more information call the Dover District

Children's Centre Team:  
01304 226919

**Parent & Toddler Groups:**

**Parent & Toddler:**  
Buckland Community Centre:

Fridays

12:30—2:30



**Time:**

**Parent & Toddler:**

Old Park Community Centre  
Tuesdays

12:45—2:45

**Cross-Links Parent & Toddler:**

Buckland Community Centre

10:00—12:00

**Tumble Time:** (Large play equipment for toddlers & babies)

Buckland Community Centre

Thursdays

10:00—12:00

**Lunch Club:**

Buckland Community Centre

(1st Friday of the month)

12:30—2:00

Old Park Community Centre

(1st Monday of the month)

12:30—2:00

**Parent & Baby Groups 0-1**

**Play-A-Weigh:**

Old Park Community Centre

Thursdays (Starting 7/9/06)

Contact Christina Sandy 01304 865515



1:00- 3:00

**Courses:**

**Managing Toddlers Behaviour:**

Kid Ease Buckland

Tuesdays (Starting 3/10/06)

(Contact Sarah/Viv/Eve)

9:30—11:30

**Exercise:**

Buckland Community Centre

Wednesdays (Starting 13/9/06)



10:00—11:00

**Evolve:** (For anyone interested in getting into childcare)

Buckland Community Centre

Mondays (Starting 11/9/06)

Contact Georgina Brown 01843 256203

9:30—12:30

**Dover District Children's Centre Groups:**

**Splash Around:**

Mondays

Dover Leisure Centre: (with a Stop & Chat afterwards) Contact Eve/Vicky

12.30 — 1:00

**Breastfeeding Group:**

Wednesdays

Royal Victoria Place:

10:00—12:00

**Teens with Tots (VAPS):**

Wednesdays

Royal Victoria Place

12:30-2:30

**Courses: (rolling programme across Dover District Children's Centres)**

**Paediatric First Aid:** Contact Sharon Taylor/Mandy

**Basic Food Hygiene:** Contact Sharon Taylor/Mandy

**Basic Skills:** (Literacy & Numeracy): Contact Sharon Taylor/Mandy

**Confidence Building Skills:** Contact Mandy / Elaine

**Speakeasy:** Talking to children about sex: Contact Eve

**Cook and Eat/Healthy Eating:** Contact Sharon Taylor/Mandy

**Breastfeeding Peer Support Training:** Contact Eve/Claire

**Health Walks:** Contact Mandy

**Story Sacks:** Contact Sharon Taylor/Mandy



**One-to-One/Group Programmes:**

**Pre-School Family Liaison Officer:**

Any questions about children starting Primary School? Contact Sharon Brenner

**Baby Massage:** Contact Linda /Tina/Tane Burt

**Speech & Language Groups:** Contact Jenny/Anna

**1:1 Smoking Cessation:** Contact Viv/Linda/Elaine

**Big Smiles Dental Visits:** Contact Andrea

**Outreach Home Visiting Team:** Contact Mandy

**Antenatal Advice/Group:** Contact Claire/Linda

**Playlink Outreach & Playpack Service:** 'Playlink' provides support to children focusing on the adult /child play relationship, encouraging a positive approach to parenting. Contact Emma on 01304 242476

**Freedom Programme:** (Support for victims of domestic abuse) Contact Sue Webb at Social Services

**1:1 Smoking Cessation:** Contact Viv/Linda//Elaine

**Freedom Programme:** (Support for victims of domestic abuse) Contact Sue Webb at Social Services

**Outreach Home Visiting Team:** Contact Mandy

**Playlink Outreach & Backpack Service:**

Playlink provides support to children focusing on the adult/child play relationship, encouraging a positive approach to parenting. Contact Emma on 01304 242476

**Big Smiles Dental Visits:** Contact Andrea

**Antenatal Advice/Group:** Contact Claire/Linda

**Childcare:**

**St Radigunds Kid Ease Nursery:** is open all year round for children aged 3 months to 5 years. Fully inclusive fees provide a range of value added services including:

- Extended opening hours
- A range of flexible sessions
- Up to 3 freshly prepared meals every day
- All nappies and toiletries
- An out of school club for school-aged children
- Grant funded places

For more information call: 01304 204653

**Rainbow Pre-School:**

Fully inclusive charity run pre-school situated within St Radigunds School supplying good quality childcare to children aged 2½ to 5 years:

- Open Mon—Fri 9am-12pm (term time only)
- Lunch Club runs Mon, Wed, Fri 12-12:50pm
- Fully qualified staff
- Grant funded places available

For more information call: 01304 202260

**Childminding:** If you are interested in becoming or using a Childminder please contact NCMA—Gwenderlyne Southall on 01303 264145

**Contact Numbers:** 

**Triangles Community Centre:** 01304 219745

**Dover District Children's Centre Team:**  
01304 226919

**Kid Ease St Radigunds:** 01304 204653

**St Radigunds Primary School:** 01304 206174

**Rainbow Pre-school:** 01304 202260

**Social Services:** 01304 204915

**Playlink:** 01304 242476

**Children's Information Services (CIS):**  
08000 32 32 30

**Dover Health Centre:** 01304 865500

**Dover Birthing Centre:** 01304 222523

**NCMA:** 01303 264145

**Health Visiting Team:** 01304 865515

**Home Start Dover District:** 01304 242314



### ST RADIGUNDS CHILDREN'S CENTRE

Dover District Children's Centre Team  
Triangles Community Centre  
Poulton Close, St Radigunds  
Dover  
CT17 0HL

CT17 0HL

Phone: 01304 226919

Fax: 01304 212460

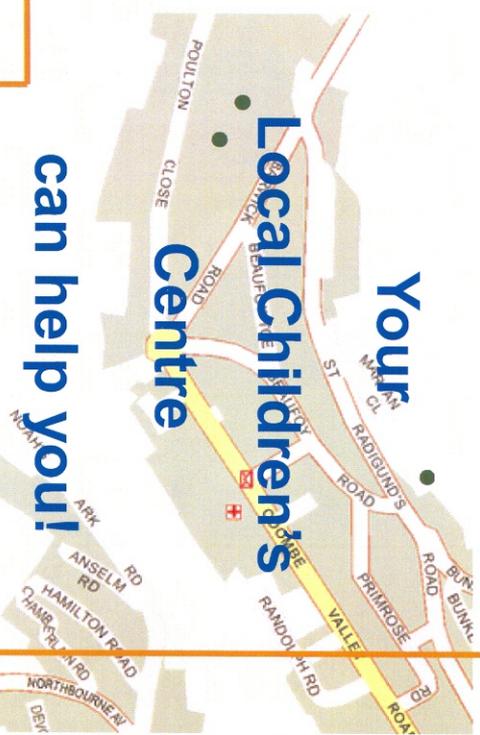
Email: [surestart@surestartdover.org](mailto:surestart@surestartdover.org)

# St Radigunds

## Children's Centre

Do you have,  
or care for children  
up to the age of 5?

can help you!



Dover District  
Children's Centres

**SureStart**

Version 1: September 2006

The aim of Children's Centres is to bring together a network of services for parents and children of all ages within local communities.

St Radigunds Children's Centre works in partnership with a variety of agencies to deliver services for children age 0-5 years and their families



The following groups encourage interaction with other families and offer a friendly and supportive environment

For more information call the Dover District

Children's Centre Team:

01304 226919

### Parent & Toddler Groups:

**Parent & Toddler:**  
Triangles Community Centre:  
Wednesdays  
**Time:**  
10:00—12:00



**Playlink Drop-ins:**  
Triangles Community Centre  
Tuesdays  
Fridays  
**Time:**  
12:30—2:30  
10:00—12:00

**Twins Group:**  
Triangles Community Centre  
1st & 3rd Monday in month  
**Time:**  
9:30—12:00

**Lunch Club:**  
Triangles Community Centre  
1st Wednesday of the month  
**Time:**  
12:00-2:00

**Daddy Cool:**  
(Breakfast Club for Male Parent/Carens)  
Triangles Community Centre  
Every other Saturday from 9/9/06  
**Time:**  
9:30—12:00

**Parent & Baby Groups 0-1 years:**  
**Early Days:**  
Triangles Community Centre:  
Wednesdays  
**Time:**  
1:00—2:30



**Groups & Clubs 5 years + Contact:**  
**St Radigunds School** on 01304 206174  
**Triangles Community Centre** on 01304 219745

### Dover District Children's Centre Groups:

**Breastfeeding Group:**  
Wednesdays  
10:00—12:00  
Royal Victoria Place: (Along from Pip's Chip Shop)

**Splash Around:**  
Mondays (term time only)  
12.30 — 1:00

Dover Leisure Centre: (with a Stop & Chat afterwards) Contact Eve/Vicky

### Exercise:

Triangles Community Centre  
Tuesdays (term time only)  
5:30-6:30  
**Teens with Tots (VAPS):**  
Wednesdays  
12:30-2:30  
Royal Victoria Place

### Courses: (rolling programme across Dover District Children's Centres)

**Paediatric First Aid:** Contact Sharon Taylor/Mandy  
**Basic Food Hygiene:** Contact Sharon Taylor/Mandy  
**Basic Skills:** (Literacy & Numeracy): Contact Sharon Taylor/Mandy

**Managing Toddlers Behaviour:** Contact Sarah/Viv/Eve

**Confidence Building Skills:** Contact Mandy / Elaine

**Speakeasy:** Talking to children about sex:  
Contact Eve

**Exercise Classes:** Contact Sharon Taylor/Mandy

**Cook and Eat/Healthy Eating:** Contact Sharon Taylor/Mandy



**Breastfeeding Peer Support Training:**  
Contact Eve/Claire

**Health Walks:** Contact Mandy

**Story Sacks:** Contact Sharon Taylor/Mandy



### One-to-One/Group Programmes:

**Pre-School Family Liaison Officer:**  
Any questions about children starting Primary School?  
Contact Sharon Bremner

**Baby Massage:** Contact Linda /Tina/Jane Burt

**Speech & Language Groups:** Contact Jenny/Anna

### Playlink Outreach & Playpack Service:

Playlink provides support to children focusing on the adult /child play relationship, encouraging a positive approach to parenting. Contact Emma on 01304 242476

### Big Smiles Dental Visits:

Contact Andrea

### Pre-School Family Liaison Officer:

Any questions about children starting Primary School?

Contact Sharon Brenner

### Antenatal Advice/Group

Contact Claire/Linda for details

### Childcare:

#### Happy Feet Pre-School:

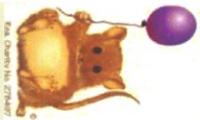
Popular, well resourced and friendly pre-school:



- Happy Feet is registered for 30 two to four year old children per session.
  - Open Mon and Fri from 8:45-12:00
  - Open Tues, Wed, Thur from 8:45-3:30
  - Successful Ofsted Inspection
  - Very well trained and dedicated staff team
- For more information call 01304 242720

#### Brambley Hedge Children's Centre:

- Over 26 years of childcare in the community:
  - Well established and popular nursery
  - After School Club and Playscheme in action
    - Excellent Ofsted Inspection
    - Government funded places available
    - Working towards Kent Kitemark Quality Assurance Scheme
- For more information or an appointment please call 01304 211811



For Children's Centres

### Childminding: If you are interested in becoming

or using a Childminder please contact NCMA—

Gwenderlyne Southall on 01303 264145

### Contact Numbers:

The Ark: 01304 225737

Dover District Children's Centre Team: 01304 226919

Brambley Hedge Children's Centre: 01304 211811

Happy Feet Pre-school: 01304 242720

Priority Fields Primary School: 01304 211543

Vale View Primary School: 01304 202821

Poltons Family Centre: 01304 211925

Social Services: 01304 204915

NGH Playlink: 01304 242476

Children's Information Services (CIS): 08000 32 32 30

Dover Health Centre: 01304 865500

Dover Birthing Centre: 01304 222523

NCMA: 01303 264145

Health Visiting Team: 01304 865515

Home Start Dover District: 01304 242314



### **TOWER HAMLETS CHILDREN'S CENTRE**

Dover District Children's Centre Team  
Triangles Community Centre  
Poulton Close, St Radigunds  
Dover  
CT17 0HL

Phone: 01304 226919

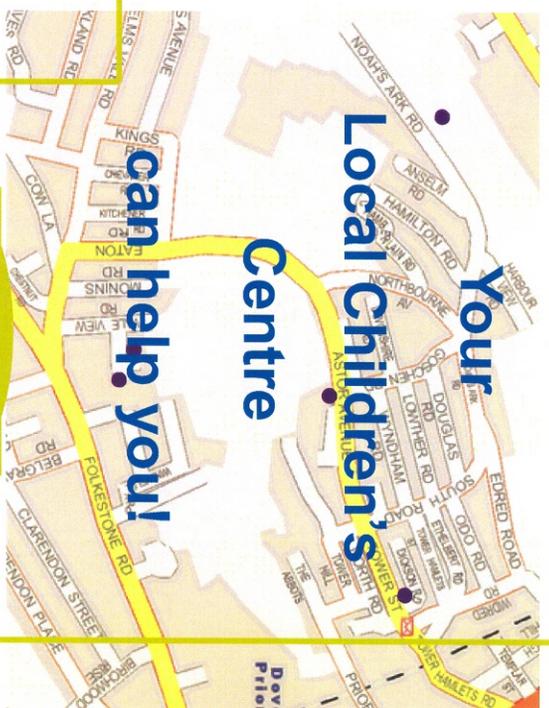
Fax: 01304 212460

Email: [surestart@surestartdover.org](mailto:surestart@surestartdover.org)

# Tower Hamlets & Priory

## Children's Centre

Do you have,  
or care for children  
up to the age of 5?



**Dover District Children's Centres**

**SureStart**

Version 2: September 2006

The aim of Children's Centres is to bring together a network of services for parents and children of all ages within local communities.

Tower Hamlets & Priory Children's Centre works in partnership with a variety of agencies to deliver services for children age 0-5 years and their families



The following groups encourage interaction with other families and offer a friendly and supportive environment

For more information on any of the courses or groups call the Dover District Children's Centre Team: 01304 226919

**Parent & Toddler Groups:**

**Fun2Play:**  
Poltons Family Centre:  
Tuesdays (Referral only, Contact Vicky)  
**Time:** 09:30-11:30



**Home Start Family Group:**  
The Ark:  
Fridays (for Home Start families)  
**Time:** 09:30 -11:30

**Happy Feet Toddler Group:**  
The Ark:  
Fridays (term time only)  
**Time:** 1:15-2:45

**Exercise:**  
The Ark  
Coming Soon! Contact Sharon Taylor

**Managing Children's Behaviour:**  
The Ark  
Coming Soon! Contact Viv/Sarah/Eve

**Parent & Baby Groups 0-1 years:**  
**Baby Massage:**  
The Ark  
Wednesdays  
(Starting September, Contact Linda)  
**Time:** 1:15-2:30



**Early Days:**  
The Ark  
Thursdays (Contact Eve)  
**Time:** 1:00- 2:30

**Dover District Children's Centre Groups:**

**Breastfeeding Group:**  
Wednesdays  
Royal Victoria Place: (Along from Pip's Chip Shop!)

**Splash Around:**  
Mondays  
Dover Leisure Centre: with a Stop & Chat afterwards (Contact Eve/Vicky)

**Teens with Tots (VAPS):**  
Wednesdays  
Royal Victoria Place  
**Time:** 12:30-2:30

**Courses: (rolling programme across Dover District Children's Centres)**

**Paediatric First Aid:** Contact Sharon Taylor/Mandy

**Basic Food Hygiene:** Contact Sharon Taylor/Mandy

**Basic Skills:** (Literacy & Numeracy): Contact Sharon Taylor/Mandy

**Managing Toddlers Behaviour:** Contact Sarah/Viv/Eve

**Confidence Building Skills:** Contact Elaine / Mandy

**Speakeasy:** Talking to children about sex:  
Contact Eve



**Exercise Classes:** Contact Sharon Taylor/Mandy

**Cook and Eat/Healthy Eating:** Contact Sharon Taylor/Mandy

**Breastfeeding Peer Support Training:** Contact Eve/Claire

**Storytelling:** Contact Jenny/Anna/Emma

**Health Walks:** Contact Mandy

**Story Sacks:** Contact Sharon Taylor/Mandy

**One-to-One/Group Programmes:**  
1:1 Smoking Cessation: Contact Viv/Linda/Elaine

**Baby Massage:** Contact Linda, Tina or Jane Burt

**Freedom Programme:** (Support for victims of domestic abuse) Contact Sue Webb at Social Services

**Outreach Home Visiting Team:** Contact Mandy



# **SureStart**

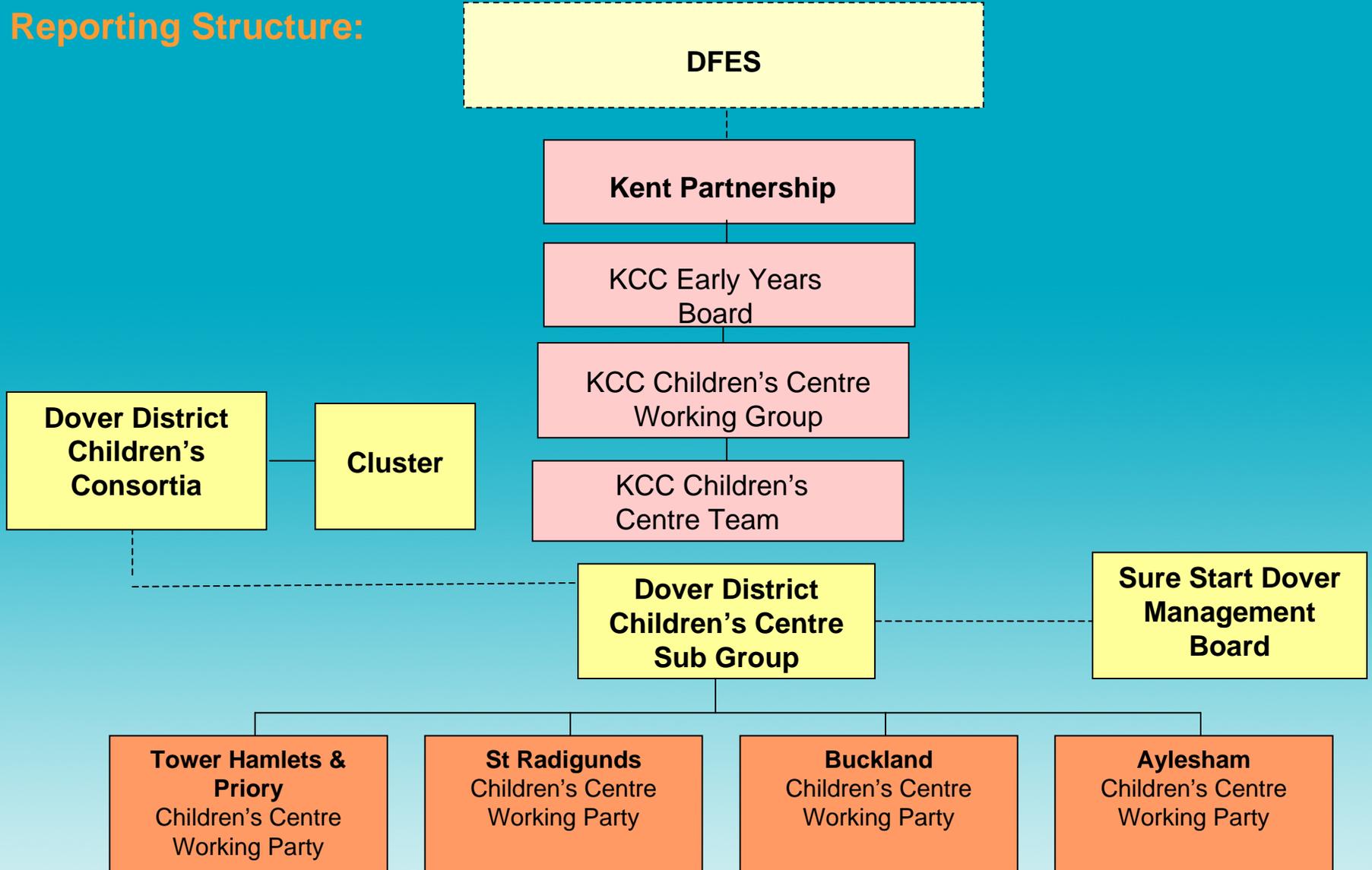
**Dover District  
Children's Centres**

**Sure Start Local Programme**

**Jayne Tucker**

# Partnership Working

## Dover District Children's Centres Reporting Structure:



# Stakeholder and Community Engagement

# Suresstart

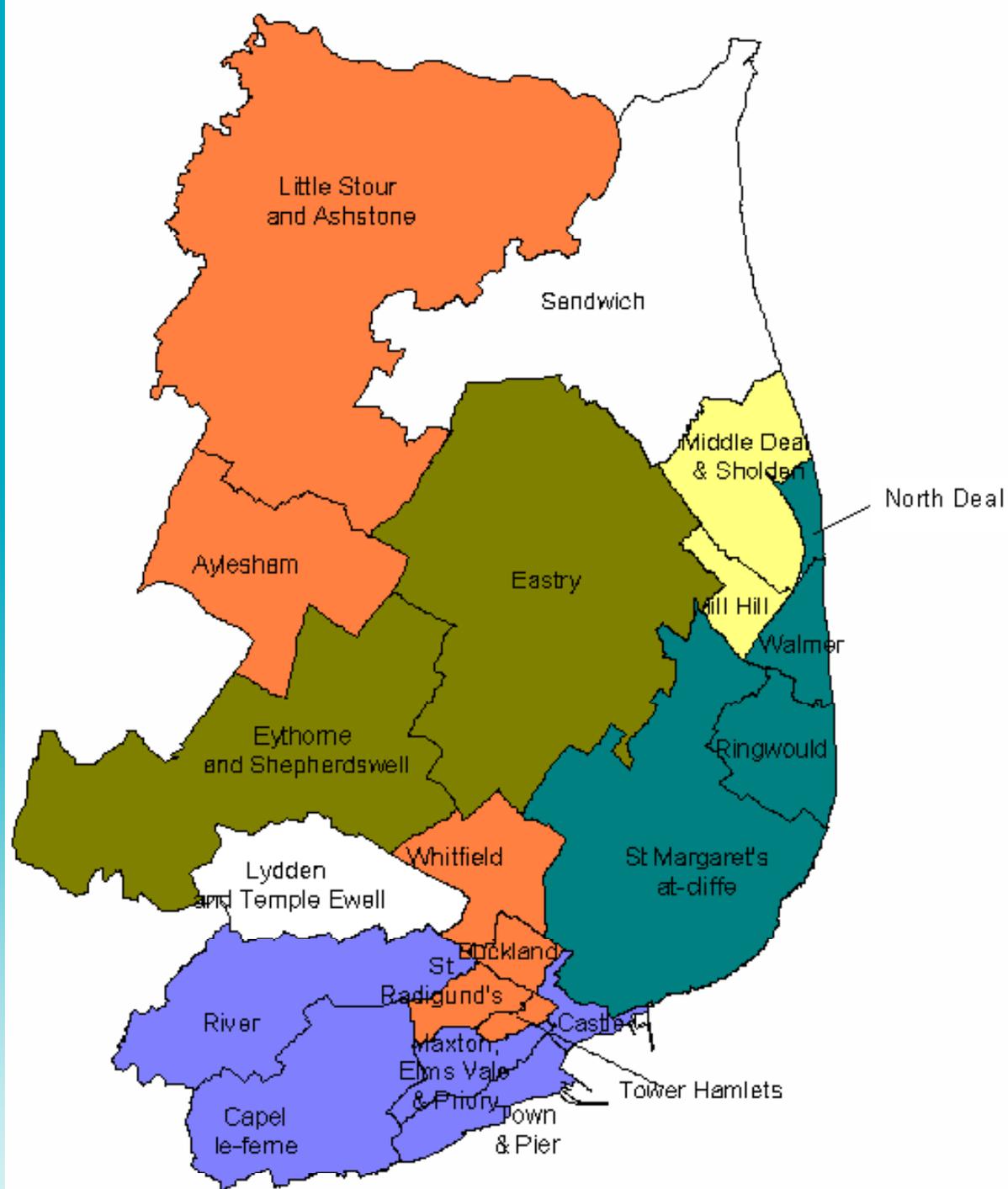


# Service Delivery

## Redefined Round 1 & Proposed Round 2 Dover District Children's Centre Catchment areas:

### Key:

-  = Redefined Round 1 Children's Centre catchment areas
-  = Proposed Round 2 Aycliffe Children's Centre catchment area
-  = Proposed Round 2 North Deal Children's Centre catchment area
-  = Proposed Round 2 Elvington Children's Centre catchment area
-  = Proposed Round 2 Middle Deal Children's Centre catchment area





## **Proposed Children's Centre Services:**

### **Early Education integrated with childcare:**

- ▶ Early education integrated with childcare for babies until they reach school age
- ▶ Day care suitable for working parents
- ▶ Nursery places open to all
- ▶ Childminding places
- ▶ A base for childminders
- ▶ Qualified teacher input
- ▶ Adult Education - links with providers

## **Proposed Children's Centre Services:**

### **Family Support & Outreach to Parents:**

- ▶ Home visiting services to identify vulnerable families & children
- ▶ Encourage community networks & peer support
- ▶ Agencies to work collaboratively to provide parenting programmes.
- ▶ Establish strong links with school F.L.O. and designated Teachers to promote inclusion & attendance of vulnerable children

## Proposed Children's Centre Services:

### Child and Family Health Services:

- ▶ Links with Health Visitors as part of the core multi-disciplinary team
- ▶ Innovative health promotion services
- ▶ Speech and language therapist participation, promoting language & communication skills development
- ▶ Designated speech & language worker in the nursery to provide staff training