STRAIGHT 4: 
ANALYSING THE IMPACT OF CHILDREN’S CENTRES ON OUTCOMES FOR CHILDREN, MOTHERS AND FAMILIES: APPROACH AND MAIN FINDINGS

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**AIMS OF STRAND 4 “IMPACT ANALYSES”**

- *Strand 4 aims to answer the question:*
  
  “How far does engagement with children’s centres promote better outcomes for families, parents, and children?”

- Impact is explored using multilevel statistical models that predict child, parent, and family outcomes when children were age 3 years plus, controlling for effects of other influences such as background characteristics.

- ‘Engagement’ with CCs is measured by families’ use of services over 3 time points, and via selected CC characteristics/processes.

- Where available, baseline measures taken at entry to the study (when child was age 9-18 months) were used to explore changes in outcomes across the evaluation period (wave 1 to wave 3 surveys).

- *The models test the overarching hypothesis that:*

  Greater engagement (families’ use of service) and some CC characteristics/processes may support better outcomes.
ANALYSIS STRATEGY FOR EXPLORING IMPACT

- The sample included 2,608 families who were registered with 117 named CCs
- These are the families that were followed up at both wave 2 and wave 3 of the Strand 2 surveys of users

Two phases to Strand 4:
1. Generate relevant measures of family engagement and centre characteristics
2. Establish estimates of effects on a range of outcomes
**WHAT MIGHT BE INFLUENCING OUTCOMES? USING AN ECOLOGICAL PERSPECTIVE, AFTER BRONFENBRENNER, 1979;1986**

*References both biological and non-biological (step, foster, adopted)- in each child’s household*
Contextualised models (CA) for child cognitive and behavioural outcomes where no baseline measure was available

Change models (CVA) for mother and family outcomes where baseline measures were available
INVESTIGATING IMPACT: BACKGROUND CONTROLS

**Control characteristics (collected at Wave 1) when child age 9-18 months**

**Child**: Gender, Age, Ethnicity, Home language, Health, development

**Mother**: Age, Ethnicity, Health, Mental health, Qualifications, Living arrangements

**Family**: Occupational SES, Income, Financial disadvantage, HES, Life events, Family size (No. of siblings)

**Family functioning/home environment**: CHAOS, Difficult Child, Parental Distress, Parent-Child dysfunctional interaction, Very early Home Learning Environment

**Neighbourhood**: Deprivation (IDACI), Urban/rural location

**Family and child outcomes when child age 3+ years**

- Child
- Mother
- Parenting/family
Investigating Impact: CC Predictors

Significant child, mother, family, and neighbourhood characteristics

Outcomes at child age 3+ years

Families’ use of children’s centres, centre services & childcare over time
- Use of children’s centres (registered/any)
- Duration of use of registered centre
- Use of services and types over time
- Use of outreach services over time
- Use of formal childcare over time

Centre characteristics & processes (registered only)
- Ofsted measure of effectiveness
- Centre characteristics over time
- Services provided by centre over time
- Nature of centre reach
- Use of formal childcare over time
- Emphasis on home-based services
- Emphasis on child and family health

Tested individually and in combination
- Child
- Mother
- Parenting/family
CREATION OF MEASURES & DATA REDUCTION

- **Creation of Measures**
  - Outcomes
  - Background Characteristics
  - Baseline Measures
  - Family Use of Centre: Services, Centre, and Childcare
  - Centre Characteristics, Provision of Services and Reach

- It was not feasible to test individually all of the measures from Strands 1-3 (over 10,000) measures so a commonly used statistical tool across all these areas has been:
  - *Cluster Analysis*
Cluster Analysis

*Cluster Analysis* provides a means of identifying such differences, and then capturing these within new measures

- It is an *exploratory* tool that aims to identify distinct *groups* of people based on a given set of measures, for example based on differences in their use of CC services
- *There are no objectively correct groups* – However the technique helps to identify underlying patterns, and researchers judge the extent to which the groups provide a useful tool for summarising the data
### Financial Disadvantage: An Example of Cluster Analysis

<table>
<thead>
<tr>
<th>3 Cluster Solution</th>
<th>High Financially dependent %</th>
<th>Average Financially supported %</th>
<th>Low Financially independent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child tax credit</td>
<td>89</td>
<td>79</td>
<td>0</td>
</tr>
<tr>
<td>Working tax credit</td>
<td>5</td>
<td>45</td>
<td>0</td>
</tr>
<tr>
<td>Jobseekers allowance</td>
<td>19</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Income support</td>
<td>61</td>
<td>&lt;1</td>
<td>0</td>
</tr>
<tr>
<td>Housing benefit</td>
<td>66</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Incapacity benefit/Employment &amp; support allowance</td>
<td>9</td>
<td>&lt;1</td>
<td>0</td>
</tr>
<tr>
<td>Disability living allowance</td>
<td>16</td>
<td>&lt;1</td>
<td>1</td>
</tr>
<tr>
<td>Tenure: own/buying</td>
<td>8</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>No person working</td>
<td>81</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>%/No. of families in impact sample</td>
<td>18% (n=472)</td>
<td>49% (n=1285)</td>
<td>33% (n=841)</td>
</tr>
<tr>
<td>%/No. of families in original sample</td>
<td>25% (n=1431)</td>
<td>48% (n=2737)</td>
<td>27% (n=1513)</td>
</tr>
</tbody>
</table>
LINKING CLUSTERS OF FAMILY FINANCIAL DISADVANTAGE TO NEIGHBOURHOOD DEPRIVATION

Family Financial Disadvantage Groups:

- **High**
  - Least: 2
  - Less: 8
  - Average: 10
  - Deprived: 25
  - Most deprived: 55

- **Average**
  - Least: 7
  - Less: 8
  - Average: 17
  - Deprived: 28
  - Most deprived: 40

- **Low**
  - Least: 16
  - Less: 19
  - Average: 23
  - Deprived: 24
  - Most deprived: 18

IDACI Neighbourhood Deprivation
ASIDE: THE 16 MEASURES CREATED THROUGH CLUSTER ANALYSIS

- Household background and demographics:
  - Financial disadvantage at Baseline
  - Use of formal childcare Overtime
  - Use of family services anywhere at Baseline
  - Use of family services anywhere Overtime

- Baseline measures for progress models:
  - Child physical health at Baseline
  - Mother’s physical health at Baseline

- Outcomes:
  - Child physical health at Wave 3
  - Mother physical health at Wave 3

- Centre; Centre Use; and Centre Service Use:
  - Use of registered centre Overtime
  - Use of services at registered centre Overtime
  - Partner agency resourcing at Baseline
  - Expansion and cuts of services Overtime
  - Leadership and management structure at Baseline
  - Centre emphasis on home-based services at Baseline
  - Centre organisational emphasis on health at Baseline
  - Centre service-provision emphasis on health at Baseline
INVESTIGATING IMPACT: SOME LIMITATIONS

- No simple single CC intervention can be studied due to the varied nature of CCs (services they offer & organisation) and also the very varied patterns of service use by families.

- Policy changes and budget cuts have led to the restructuring of many CCs centres during the evaluation period (2012-2013).

- A good set of background characteristics were obtained for statistical controls but it is always possible that some other unmeasured factors could have influenced the results.
INVESTIGATING IMPACT: SPECIFIC LIMITATIONS

- It was only possible to test the effects of the most commonly used services (stay and play, health visitor/midwife sessions, organised activities) due to low uptake of other individual named services.
- Service use can be needs driven. Families experiencing more stress/life events after baseline testing could show negative change in outcomes that may lead to them to accessing more services or extended support by health visitors or outreach staff.
- Children’s centres were directed to target vulnerable/high risk/’needy’ families as part of outreach.
- There is no specific indicator of ‘needy’ families but measures such as extended health visitor contact or extended outreach visits can be viewed as indirect indicators of higher needs.
**Drawing together the Impact Findings - Overview of Positive Impacts**

*Note: No significant positive effects identified for change in child health or Household Economic Status (workless household).**

**All significant effects were small to modest in size**
INVESTIGATING IMPACT: CHILD OUTCOMES AT AGE 3 PLUS

Significant background controls (highlights):

- Girls had better behavioural, cognitive and health outcomes than boys
- A more enriched very early HLE (collected at baseline when children were age 9-18 months, mean age 14 months) predicted better cognitive attainment and better pro-social skills later
- Early health and developmental problems at baseline predicted poorer outcomes
- Greater financial disadvantage and lower maternal education level predicted poorer behavioural and cognitive outcomes
- Higher difficult child and CHAOS scores at baseline predicted poorer behaviour
- Higher parent-child dysfunctional interaction scores at baseline predicted worse outcomes (internalising, pro-social behaviours and cognitive attainment)
INVESTIGATING IMPACT: CHILD OUTCOMES AND SERVICE USE

- Higher levels of childcare use predicted better child cognitive attainment, lower levels of internalising behaviours and greater pro-social skills

<table>
<thead>
<tr>
<th>Effect size</th>
<th>Externalising</th>
<th>Internalising</th>
<th>Prosocial</th>
<th>Vocabulary</th>
<th>Non-verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent</td>
<td>ns</td>
<td>-0.20**</td>
<td>0.15*</td>
<td>0.12#</td>
<td>0.10#</td>
</tr>
<tr>
<td>Long term</td>
<td>ns</td>
<td>-0.31***</td>
<td>0.14*</td>
<td>ns</td>
<td>0.10#</td>
</tr>
</tbody>
</table>

Comparison group: None

Significance values: #p<0.08  *p<0.05  **p<0.01  ***p<0.001

- Children whose families used services at baseline (compared to none) showed lower levels of later externalising behaviour at age 3 years plus (no pattern of use ES=-0.20#, limited to health mainly ES=-0.24*, heavy use ES=-0.24*)

- Little evidence measures of CC service use predicted variation in children’s cognitive attainments at age 3 years plus

- Extended outreach or health visitor contact predicted poorer child behaviour, suggesting that contact is being maintained with families experiencing more complex problems. In addition, long term use of children’s centres predicted poorer internalising behaviours. This again suggests the neediest families are maintaining contact with centres long term, and make more use of services
INVESTIGATING IMPACT: CHILD OUTCOMES AND CHILDREN’S CENTRE CHARACTERISTICS AND PROCESSES

Lower levels of *externalising* and higher levels of *prosocial* behaviours were identified for children registered at centres that had more named programmes at baseline and those that increased the number of named programmes for families.

<table>
<thead>
<tr>
<th>Effect size</th>
<th>Externalising</th>
<th>Internalising</th>
<th>Prosocial</th>
<th>Vocab.</th>
<th>Non-verb.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of named programmes</td>
<td>-0.10#</td>
<td></td>
<td>0.13*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in named programmes</td>
<td>-0.12*</td>
<td></td>
<td>0.27***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Partner Agency resourcing (vs none)</td>
<td></td>
<td></td>
<td>0.16*</td>
<td>0.14#</td>
<td></td>
</tr>
<tr>
<td>School led (vs LA)</td>
<td></td>
<td></td>
<td>0.13#</td>
<td>0.15#</td>
<td></td>
</tr>
<tr>
<td>One centre unit (vs others)</td>
<td>-0.11*</td>
<td></td>
<td>0.14 to 0.45</td>
<td>0.16*</td>
<td></td>
</tr>
<tr>
<td>NPQICL/NPQH qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance values: #p<0.08 *p<0.05 **p<0.01 ***p<0.001 Blank cell=Not significant

- Children registered at one centre units, school-led centres, and centres with higher levels of partner-agency resourcing showed better *prosocial* behaviour.
- Children registered at school-led centres had higher vocabulary scores and children registered to a centre where the leader had a NPQICL/NPQH qualification had higher non-verbal scores.
In Investigating impact: Mother outcomes

Significant background controls (highlights):

- Prior mental or physical health measures at baseline were the strongest predictors of later outcomes.
- Older mothers, those experiencing higher financial disadvantage, and those in poorer physical health showed relative declines in their mental health.
- Mothers reporting higher levels of parental distress at Wave 1 were also more likely to show poorer mental health outcomes.
- Mothers experiencing higher financial disadvantage, those in lower Socio-Economic Status (SES) groups, those holding lower educational qualifications, and those who were single/separated were more likely to show poorer subsequent physical health.
- Living in a more deprived neighbourhood also predicted poorer maternal health.
- Older mothers were less likely to be in poorer health, possibly reflecting the nature of the measure that captured lifestyle related health.
**Mother outcomes and Service use**

- Using children’s centre services in a more directed way at baseline (limited or heavily), rather than inconsistently, predicted improved mental health outcomes for mothers later on (Limited ES=-0.13*, Heavily ES=-0.10*)

- Taking children to organised activities (reg. CC or elsewhere) predicted improved mother physical health outcomes (OR=0.65*, Wave 2 OR=0.44*, Wave 3 OR=0.50*)

- High levels of childcare use (long-term) predicted poorer mental health outcomes for mothers (ES=0.15*)

- Mothers with poorer mental health had greater contact with health visitors. This suggests health visitors were identifying mothers with greater needs and fits with policy of targeting ‘needy’ families.
Mother outcomes and children’s centre characteristics and processes

- Mothers registered at CCs that were expanding services (in combination with no cuts to services) showed improved mental health compared to mothers registered at CCs that had experienced budget cuts/reducing services (ES=-0.10#)
- Being registered at a CC with a high health emphasis (reported by centre managers) predicted mothers moving out of poor health status (OR=0.72*)
INVESTIGATING IMPACT: FAMILY OUTCOMES

Significant background controls (highlights):

- The strongest predictors of family functioning outcomes (CHAOS, parental distress and parent-child dysfunctional interaction), Early HLE and HES, were the same measures at Wave 1
- Mothers in poorer physical health, families experiencing high levels of financial disadvantage, out of work households, larger families, and families where the mother had lower qualifications, showed poorer family functioning outcomes
- Families where the ECCE sample child was a girl showed higher Early HLE scores and lower levels of parent-child dysfunctional interaction
- Being an out-of-work household at Wave 3 (HES) was predicted by baseline measures of higher financial disadvantage, low income, low maternal qualifications and living in more income deprived neighbourhoods. Marital status (single/separated), poor maternal health and higher parental distress also predicted later HES status
**Investigating Impact: Family Outcomes and Service Use**

- **Service use** predicted most family outcomes in some way, but was strongest for reductions in *CHAOS* and improvements in the *Early HLE*.

<table>
<thead>
<tr>
<th>Effect size</th>
<th><em>CHAOS</em></th>
<th><em>Early HLE</em></th>
<th>Parental distress</th>
<th>Parent-Child dysfunct. Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any use (Reg CC)</td>
<td>-0.24**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any services (Reg CC)</td>
<td>-0.15*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long term use of Reg CC</td>
<td></td>
<td>0.19*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of other CC (vs inconsistent use)</td>
<td></td>
<td>0.11*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early focused of Reg CC</td>
<td>-0.17**</td>
<td>ns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broad use of Reg CC services vs none</td>
<td>-0.11*</td>
<td>0.19**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopping at wave 1</td>
<td>-0.24**</td>
<td>0.19**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopping at wave 2</td>
<td>-0.20*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use over time vs none</td>
<td>-0.15#</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significance values: #p<0.08 *p<0.05 **p<0.01 ***p<0.001  Blank cell=Not significant
INVESTIGATING IMPACT: FAMILY OUTCOMES AND SERVICE USE

<table>
<thead>
<tr>
<th>Effect size</th>
<th>CHAOS</th>
<th>Early HLE</th>
<th>Parental distress</th>
<th>Parent-Child dysfunct. Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy use at baseline (vs inconsistent)</td>
<td></td>
<td></td>
<td></td>
<td>-0.10*</td>
</tr>
<tr>
<td>More intensely</td>
<td></td>
<td></td>
<td></td>
<td>-0.08#</td>
</tr>
<tr>
<td>Family/parenting activities vs none</td>
<td>0.10#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organised activities at 1 wave</td>
<td>0.10*</td>
<td>0.18**</td>
<td>ns/</td>
<td></td>
</tr>
<tr>
<td>Organised activities at 2-3 waves vs none</td>
<td></td>
<td></td>
<td>-0.19#</td>
<td></td>
</tr>
</tbody>
</table>

Significance values: #p<0.08 *p<0.05 **p<0.01 ***p<0.001 Blank cell=Not significant

- Families with poorer family functioning experienced greater contact with health visitor or outreach workers.
- Use of childcare long term predicted lower scores for the early HLE (although it must be remembered that use of childcare had positive effects on child outcomes).
INVESTIGATING IMPACT: FAMILY OUTCOMES AND CHILDREN’S CENTRE CHARACTERISTICS AND PROCESSES

- Families registered at centres where the number of named programmes had increased, showed improvements in early HLE and reductions in parent-child dysfunctional interaction.
- Being registered at a children’s centre with higher staffing numbers and also degree-level qualified centre leaders predicted improvements in the early HLE.

<table>
<thead>
<tr>
<th>Effect size</th>
<th>CHAOS</th>
<th>Early HLE</th>
<th>Parental distress</th>
<th>Parent-Child Dysfunctional Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of named programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in named programmes</td>
<td></td>
<td>0.22**</td>
<td></td>
<td>-0.18**</td>
</tr>
<tr>
<td>Total staff</td>
<td></td>
<td>0.12*</td>
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<td></td>
</tr>
<tr>
<td>High leadership qualifications</td>
<td></td>
<td>0.17*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INVESTIGATING IMPACT: FAMILY OUTCOMES AND CHILDREN’S CENTRE CHARACTERISTICS AND PROCESSES

- Families registered at **one centre units** showed reductions in *parental distress*
- Centres with **mixed leadership** (e.g. LA & PVI) showed better outcomes for *parental distress* and *parent-child dysfunctional interaction*
- Families registered at CC with **moderate partner-agency resourcing** (compared with none) showed reductions in *parent-child dysfunctional interaction*
- Families registered at **centres not experiencing cuts** (the growth/stasis versus cuts group) showed consistently better outcomes

<table>
<thead>
<tr>
<th>Effect size</th>
<th>CHAOS</th>
<th>Early HLE</th>
<th>Parental distress</th>
<th>Parent-Child Dysfunction. Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Partner Agency resourcing (vs none)</td>
<td></td>
<td></td>
<td></td>
<td>-0.13*</td>
</tr>
<tr>
<td>Mixed lead organisation (vs LA)</td>
<td></td>
<td></td>
<td>-0.16*</td>
<td>-0.15*</td>
</tr>
<tr>
<td>Early hub &amp; spoke (vs one centre)</td>
<td>-0.31**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Later one centre unit (vs H&amp;S)</td>
<td></td>
<td></td>
<td></td>
<td>-0.34**</td>
</tr>
<tr>
<td>Growth/stasis</td>
<td>-0.19*</td>
<td>0.22*</td>
<td>-0.15*</td>
<td>-0.12*</td>
</tr>
</tbody>
</table>
‘**Impact as Reach**’

- The main impact analyses found some at first sight counter-intuitive negative associations:
  - These were related to use of specialist services:
    - Including: Outreach, midwives, health visitors
  - Their use was linked with poorer family functioning
- However, the most plausible interpretation of such effects is that they capture centre staff *reaching-out* to those families showing the greatest problems.
  - After all: Disadvantaged families (with poorer outcomes) *should be using* specialist services more intensely & were meant to be targeted.
- We termed this, “Impact as Reach”.
  - Impact that comes from the efforts of centres, services, and professionals to engage with certain families (those most vulnerable).
**NEGATIVE ASSOCIATIONS: NEED AND EXTENDED CONTACT**

Can the negative association between extended outreach or health visitor/midwife sessions be explained by additional family stressors?

<table>
<thead>
<tr>
<th>Stressors</th>
<th>CHAOS</th>
<th>Distress</th>
<th>PC-Dysfunction.I</th>
<th>GHQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 1</td>
<td>Model 2</td>
</tr>
<tr>
<td>Poor relationship</td>
<td>+**</td>
<td>+#</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td><strong>Since Wave 1...</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New baby</td>
<td>+++</td>
<td>+++</td>
<td>+*</td>
<td>ns</td>
</tr>
<tr>
<td>Separation/divorce</td>
<td>ns</td>
<td>ns</td>
<td>+**</td>
<td>+**</td>
</tr>
<tr>
<td>Someone close went to prison</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>+**</td>
</tr>
<tr>
<td>Someone in household lost job</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>+**</td>
</tr>
</tbody>
</table>

**Extended contact..**

<table>
<thead>
<tr>
<th>Outreach</th>
<th><strong>CHAOS</strong></th>
<th>Distress</th>
<th>PC-Dysfunction.I</th>
<th>GHQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+*</td>
<td>+#</td>
<td>+**</td>
<td>+#</td>
</tr>
<tr>
<td>Health v.</td>
<td>+**</td>
<td>ns</td>
<td>+*</td>
<td>ns</td>
</tr>
</tbody>
</table>

• The additional limited number of family stressors we have available go some way to explaining needs based service use
EXTENSION ANALYSES

1. Are children's centres able to address the needs of the most disadvantaged families?
   • This provides further evidence of impact for more vulnerable high need families and links with the concept of Impact as Reach

2. Changes in the resourcing and characteristics of children’s centres

3. How Children’s Centres impact child behaviour and cognition by changing Home Learning Environments (WiP)
1. Are children's centres able to address the needs of the most disadvantaged families?

- Examined the effects of engagement with children's centres on outcomes according to the level of a family's financial disadvantage (low, medium, or high):

<table>
<thead>
<tr>
<th>Financial disadvantage</th>
<th>Wave 1</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Low disadvantage</td>
<td>844</td>
<td>7.55</td>
</tr>
<tr>
<td>Medium</td>
<td>1238</td>
<td>8.13</td>
</tr>
<tr>
<td>High disadvantage</td>
<td>514</td>
<td>8.78</td>
</tr>
</tbody>
</table>

- Disadvantage and use (outreach visits) evidencing Impact as Reach:

- High disadvantaged families attending more stable centres (not experiencing cuts) and those that had increased the number of more specialised services (named programmes) showed improvements across a range of family functioning measures inc.:
  - Parenting-Stress; CHAOS; Home Learning Environment
2. Changes in the Resourcing and Characteristics of Children’s Centres

- Were certain centres more likely to have experienced change than others?
- What characteristics were shared by centres that were expanding rather than reducing services?
- Cluster Analysis in the main analyses revealed 4 types of centre-change between 2011 and 2013. Budget changes were recorded across financial years 2012-2013:

1. ‘Supported growth’ centres (34%)
   - had reported little or no cuts that affected staffing or services and were adding new services;
   - Served smaller, more disadvantaged reach areas
   - Their users were more likely to: live in highly disadvantaged neighbourhoods; be financially disadvantaged; have few qualifications; show poorer mental health.
   - More likely to attract high need families from within their reach areas, which may be a function of the smaller geographical size of their reach areas.

2. ‘Positive stasis’ centres (19%)
   - had reported little or no cuts that affected staffing or services but were not adding new services;

3. ‘Reducing’ centres (15%)
   - had reported cuts that affected staffing or services and were not adding any new services;

4. ‘Restructuring’ centres (32%)
   - had reported cuts that affected staffing/services but were also adding some new services.

Findings:
INVESTIGATING IMPACT: CONCLUSIONS (1)

- CCs have changed & evolved over the evaluation period
- The present focus of CC provision is on family and parenting services. The analyses show more evidence of impact on outcomes for families and mothers. Fewer effects were found for child outcomes (especially cognitive skills and child health) and Household Economic Status (HES)
- Few children attended childcare at their families' registered centre (8% at Wave 3) centres expected to signpost families to local PVI provision
- A number of measures of families’ service use and characteristics of CC predicted better outcomes. These effects were more numerous than expected by chance.
- Children’s centres seem to be targeting high need families for certain services (impact as reach), and are thus seem to be addressing a crucial feature of their core purpose
INVESTIGATING IMPACT: CONCLUSIONS (2)

- Nonetheless, the main drivers of child, mother & family outcomes are family background characteristics. The effects of the financial disadvantage measure, mother’s educational qualifications and the very early HLE are of particular importance. Children’s centre impacts help to ameliorate to eliminate the strong influence of disadvantage.

- Evidence that CC help to improve outcomes for all, especially important for the High financial disadvantage group.

- Challenges to the analysis included:
  - variations in the offer and families’ uptake of services,
  - policy/contextual changes,
  - and the short term nature of the analysis of change.

- CC are very varied & families’ use is varied, thus there is no single intervention that can be tested. It is important to recognise this ‘real life’ context.
THANK YOU

An overview of the project and its publications can be found at:

DfE

University of Oxford:
http://www.education.ox.ac.uk/research/fell/research/evaluation-of-children-centres-in-england-ecce/

Natcen:
http://www.natcen.ac.uk/our-research/research/evaluation-of-children%E2%80%99s-centres-in-england/
ECCE PUBLICATIONS (2012-2015)


