

Whatever happened to Sure Start?

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I graduated as a registered general nurse (RGN) in 1993 and went on to become a specialist community and public health nurse, and then a health visitor in 2001. In 2008 I completed my National Professional Qualification for Integrated Centre Leadership (NPQICL). I am passionate about addressing social disadvantage and actively seek to promote positive parent-child relationships in order to support both adult and child mental health as ways to break intergenerational cycles of poverty, deprivation and poor outcomes.

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I qualified as a teacher in 1990, gained my NPQICL in 2014 and graduated from Birmingham City University with an MA in Early Education in 2015. I have worked with children of all ages from 0 to 18, and adults in a variety of situations. I specialise in supporting the learning of children who find themselves facing significant challenge. Education is far more than the formalised teaching and learning found in the British school system, and I work hard to ensure that all children have access to rich learning opportunities at Bright Start and First Steps Children Centres.

Donna Gaywood

This article outlines the development of the Sure Start Local Programme within Bath and North East Somerset. The authors demonstrate how this service has developed since its conception and also describe the type of services which are currently on offer for very young children and their families. They also consider the positive impact of Children Centre services for individuals, their families, the local community and more widely for the ongoing health of society.

'The moral test of a government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life, the sick and the needy.

Hubert H Humphrey, 38th Vice President of the United States (1965–1969)

In 1990 the United Nations Convention on the Rights of the Child (www.unicef.org.uk/what-we-do/un-convention-child-rights) charged governments with the responsibility to support parents and carers by providing 'institutions, facilities and services for the care of children' (Article 18). The Convention also recognised the right of each child to 'engage in play and recreational activities appropriate to the age of the child' (Article 31).

In response to this, Tony Blair's New Labour government introduced the Sure Start Local Programmes in 1998, with the aim of providing local access for young children to health services, early education and family

support. Initially, central government funding established 250 such programmes in the most deprived areas across England and Wales. With the intention of creating a Sure Start Children's Centre in every community, this was increased to 3,500 by 2010.

2003 saw the publication of the Laming report following the death of Victoria Climbié which concluded that professionals needed to work more closely to prevent other deaths. Common outcomes for children were developed and the Every Child Matters Outcomes provided the cornerstone for the Sure Start programmes. It was also from 2003 that the Sure Start Children's Centres began to emerge in Bath and north east Somerset, where we now work.

By 2012, the core purposes of Children's Centres was to:

- improve the education outcomes for young children and their families (especially the most disadvantaged)
- to reduce inequalities

- provide high quality universal services to all families within the local area
- offer information and advice to support parents to make informed choices
- act as a hub for the local community, building social capital and cohesion
- provide integrated health and family support services to optimise life chances
- share expertise with other early years settings to improve quality and share with specialist services where there are more complex needs.

In 2014 the Office for Standards in Education (Ofsted) provided a framework for Sure Start Children's Centre inspection which identified the children and families that were considered most vulnerable and at risk of failing to meet their Every Child Matters Outcomes*. As a result, Children's Centre services have been asked to adopt a more 'targeted' approach, offering support primarily to those identified young children and families. This, of course, coincided with the government's austerity measures resulting in significant reductions in local authority funding. By late 2015 there was widespread concern about loss of children's services (Torjesen, 2016; Toynbee, 2016)

In spite of this change of focus, Children's Centres have continued to deliver health and early education opportunities along with support services for families with children 0 to 5 years, although Children's Centres within Bath and north east Somerset developed an after-school provision for children with social, emotional and behavioural needs, so were working with children 0 to 11 until recently. This is through a multi-agency team with professionals from a variety of backgrounds working together to improve the outcomes for these children

Working with others

The need to develop a cross-sector approach for children under five has been a long established and accepted norm (Laming, 2003) and continues to be so (HM Government, 2015). This remains a core purpose for Children's Centres ensuring effective local partnerships, particularly between social workers, health visitors, early years educators and children's centre outreach workers, so that vulnerable families are supported to access appropriate and evidence based services that best meet their needs.

With a view to reducing inequalities, child poverty and increasing social mobility, staff currently work with a range of other partners to help them deliver this core purpose, for example: other early (pre-school) education settings, employment support agencies, GP consortia, information and advice organisations, schools and voluntary and community sector organisations.

Bright Start Children's Centres (the name for the Children's Centres operating within Bath East, Keynsham and Chew Valley and the Somer Valley areas) have recently

begun working jointly with the local drugs and alcohol service – whereby parents gain their adult-focused support for an hour-and-a-half and then join their children for a further half-hour for targeted 'Sunshine Circles' built on the principles of Theraplay (see below). It could be argued that young people and adults turn to over-use of alcohol and drugs to escape and find love and contentment or address a self-loathing. We hope to be able to play our part in reaching the parent and child and breaking the inter-generational cycle in which these public health issues often exist.

At the time of going to print, we heard that Theraplay has recently been accepted by the US Substance Abuse and Mental Health Services Administration for inclusion on the National Registry for Evidence-based Programs and Practices. We are keen to contribute to this evidence base as well as the UK's Early Intervention Foundation (www.eif.org.uk/about-us).

Due to the nature of Children's Centres and their broad inter-disciplinary approach, over the course of 11 years staff have become highly skilled in providing much needed early help services.

Staff are adept at promoting voluntary engagement with families who are facing extreme challenges, for example children and families living with domestic abuse, managing the effects of poverty and/or physical ill health or disabilities, mental ill-health and those who abuse substances (alcohol or drugs). In addition, staff understand the effect of early childhood trauma on a young child's developing brain and are able to provide a positive learning environment both physically and emotionally, alongside cognitive enhancing activities which mitigate the effects of their environment.

The principle of attachment within Children's Centre services

Bright Start Children's Centre services have been developed through understanding the importance and protective nature of safe, stable, nurturing relationships and environments.

'Evidence is accumulating that human beings of all ages are happiest and able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise.'

(Bowlby, 1979:103)

The principle that 'parents are their child's first and most enduring educator' (DfE, 2014) is well established and the importance of the development of this early relationship, has shaped and underpins the work. Our overarching aim is to support: 'all children and young people to enjoy childhood and to be well prepared for adult life'.

Three ways to develop nurturing relationships

Parents are supported to develop warm, nurturing relationships with their children through the 'Bright Beginnings' baby massage programme. The Sign Rhyme Story Time groups enable parents to develop confidence to sing with their children and share books. Theraplay sessions support parents on a one-to-one basis to improve their attachment to their children. For children and families to learn in a wider social environment, there are play and explore groups.

Bright Beginnings

This was developed out of two independent models – baby massage and Peers Early Education Partnership (PEEP).

Baby massage is a longstanding parenting tradition in many cultures. It was introduced into western cultures in the last 30 years and has been gaining popularity since the late 1990s. It involves the parent or carer giving soothing holds and strokes on different parts of a baby's body following a sequence which has been developed over many years. Infant massage provides a wonderful experience and a special time to communicate both verbally and non-verbally with babies, so that they feel loved, valued and respected. The International Association of Infant Massage (IAIM) nurturing touch programme (www.iaim.org.uk/about-baby-massage.htm) draws from both the Indian and Swedish massage traditions as well as incorporating principles from yoga and reflexology.

PEEP (Peers Early Education Partnership) was set up in 1995. It is an early learning intervention which aims to contribute towards improving the life chances of children, particularly in disadvantaged areas. Its purpose is to raise educational attainment, especially in literacy. The PEEP programme focuses on how to make the most of the learning opportunities in everyday life at home – listening, talking, playing, singing and sharing books every day. PEEP values parents/carers knowledge and experience of their children and works with parents as equal partners, offering a non-judgemental approach towards families. The programme, welcomes people from all backgrounds and cultures and creates opportunities for parents to share experiences and ideas in a safe and supportive environment.

PEEP recognises that:

- parents/carers are a child's first and most important educators
- self-esteem is central for learning
- learning works best when the world is understood from the child's point of view
- children learn through play and interaction
- singing, stories and books are extremely important in the education of children,
- learning begins at birth

- relationships are at the heart of learning and encourages:
 - parents/carers to learn together with their children
 - high expectations of what children and adults can achieve together.

Through this eclectic Bright Beginnings model, Bright Start Children's Centres are able to support the early development of relationships within the family and has proven effective particularly in supporting families affected by postnatal depression, or having experienced difficult births or any other circumstance whereby the 'connection' between parent and child needs support to develop.

The PEEP principles now extend to all other areas of the service's work across all the Bright Start Children's Centres.

Sign Rhyme Story Time

The service-developed programme of Sign Rhyme and Story Time was originally marketed as HARRY – Helping Adult's Read with the Really Young.

A senior family support practitioner developed a six-week course which was designed for parents/carers to develop and increase engagement with reading and communicating with their children in order to promote communication and language skills from birth. Adults were supported to feel confident to share stories through books and creative storytelling, to use Makaton signing to help their children make connections, and encourage talk with their child. There was a craft activity which encouraged families to be creative and enhance language, increasing early literacy skills such as mark making. Each family created their own song box to use at home. HARRY was delivered with the support of the under-five children's librarians who explained the benefits of becoming a member of the library. The parents were invited to enrol their children as well as themselves with the library service.

Theraplay

Children's Centres work with a variety of families. As part of their 'universal' offer, health visitors within the team work with all families to enhance their understanding of, and confidence in 'being', a parent. Within their universal partnership approach, they also work with parents who may themselves have had their own childhood and/or mental health affected by adverse life experiences (parental separation, concerns related to their own mental health or that of their parents, poverty, substance misuse, fostering or adoption etc). It is at this point that they will refer them to the children's centre for more targeted support and where Theraplay is of particular benefit – to both parent and child alike.

Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child

relationships: structure, engagement, nurture, and challenge. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

In treatment, the Theraplay therapist guides the parent and child through playful, fun games, developmentally challenging activities, and tender, nurturing activities. The very act of engaging each other in this way helps the parent regulate the child's behaviour and communicate love, joy, and safety to the child. It helps the child feel secure, cared for, connected and worthy.

While it is offered in its 'pure' form to address the identified needs of the child and their relationship with their prime carer (ie, where child has been fostered or adopted), it is also beginning to be offered in our collaborative work with adult-focused services. This includes services focused on meeting the needs of the parent victim of domestic abuse and the family affected by parental substance misuse. The aim is to offer time and space to assertively place the child at the centre of the relationship, protect and enhance it, enhance the personal skills of both parties and the skills and confidence in parenting generally

The impact of Bright Start Children's Centre services

The work of Bright Start Children's Centres is vital for positive community development and ensuring our wider society is a more equitable and transformative for all children. Internally, we are able to provide evidence for the positive impact of Children's Centre services and how children and families lives can be changed as a result. The Children's Centre team is committed to a strong participatory ethos which enables parents and the children to reflect on their own learning and consider what gains have been made. The Family Outcome Star (www.crec.uk/ace.pdf) and the Accounting Early for Lifelong Learning Programme (Bertram *et al*, 2008) are used *with* parents to demonstrate improved outcomes. The 'child's voice' (Clark and Moss, 2011) is honoured and all children (from birth onwards) are considered as active participants in their own learning.

For the wider community we understand that safe, stable, nurturing relationships and environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential. We know that healthy relationships between parents and their children are important, but a recent special issue in the *Journal of Adolescent Health* has shed light on the importance of safe, stable, nurturing relationships between parents and other adults in preventing child maltreatment.

The role of safe, stable, nurturing relationships between adults might be especially beneficial for parents who experienced abuse during their own childhood years. Adverse childhood experiences (ACEs) or maltreatment in one generation is associated with adverse childhood

experience or maltreatment in the next. However, the cycle can be interrupted. It is important to know that past exposure to ACEs does not define a person. Services such as those offered within Children's Centres can help to break the cycle. Nurturing relationships can protect against factors that might increase the risk for perpetuating abuse (eg, stress) and they provide models for positive interactions and social support.

If you would like to know more about the services on offer or would like to refer a child and their family to Children Centre services, please follow the link on B&NES website www.bathnes.gov.uk/services/children-young-people-and-families/childrens-centres

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*** Ofsted vulnerable categories**

- Lone parents, teenage mothers and pregnant teenagers.
- Children from low income backgrounds.
- Children living with domestic abuse, adult mental health issues and substance abuse.
- Children 'in need' or with a child protection plan.
- Children of offenders and/ or those in custody.
- Fathers, particularly those with any other identified need, for example, teenage fathers and those in custody.
- Those with protected characteristics as defined by the equality act 2010**.
- Adopted children and adopter families.
- Children who are in the care of the local authority (looked after children).
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling.
- Families identified by the local authority as 'troubled families' who have children under five.
- Families who move into and out of the area relatively quickly (transient families), such as asylum seekers, armed forces personnel and those who move into the area seeking employment or taking up seasonal work.

** *Children and families with protected characteristics may include: those for whom English is an additional language; those from minority ethnic groups; those from Gypsy, Roma and Traveller families; those from lesbian, gay and transgender families.*