

MEANINGS, LINKAGES AND ENACTMENT: A LOCAL STUDY OF POLICY
IN THE CONTEXT OF A SURE START CHILDREN'S CENTRE

by

REBECCA ABERTON

A thesis submitted to the University of Birmingham for the degree of DOCTOR OF
PHILOSOPHY

Department of Education and Social Justice

School of Education

University of Birmingham

April 2018

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

Meanings, linkages and enactment: a local study of policy in the context of a Sure Start Children's Centre

Rebecca Aberton

Abstract

Early years' services in England have seen twenty years of unprecedented and rapid policy change. From a virtually policy free zone prior to 1997 they are now taken-for-granted as a policy solution to address inequalities in educational, health and social outcomes. The aim of this study was to understand the nature and reasons for policy changes; to explore ambiguities and contradictions in policy rationales; and to consider how these were navigated in practice.

Conceptualising policy as complex, multi-layered and non-linear led me to investigate policy prescriptions for Children's Centres, the discourses used to support them and how these were interpreted and enacted within a particular Children's Centre context. My analysis highlighted how meanings, values, assumptions and contradictions contained in a policy discourse of 'early intervention' were translated between a series of inter-linked policy documents. In the process of translation, contradictions were reconciled to determine a coherent course of action. Some meanings, values and assumptions were foregrounded while others shifted or disappeared. Staff and parents' perceptions of the purpose of Children's Centres were not aligned with policy intentions or with previous ways of prioritising resources and meeting needs. This raises questions about the unintended consequences of policy.

CONTENTS

Chapter one	1
-------------	---

Introduction

- Beginnings: my experience of being a policy subject
- Twenty years of change in early childhood services in England
- 'Stonelands' Children's Centre: a personal connection
- An emergent and local study of policy enactment in a children's centre
- An outline of the thesis

Chapter two	12
-------------	----

The case for a local study of Sure Start policy: process, context and lessons from practice

- Conceptualising the policy process
- A stages framework: utility and limitations of a linear model
- A socially mediated view of policy: a complex process embedded in practice
- Viewing policy from different vantage points
- Conceptualising agency: material possibilities and structural constraints
- Studying policy as a complex and multidimensional process
- Delineating the policy context post-1997: a discourse of social exclusion
- Reconciling tensions: 'investing' to reduce public spending
- Sure Start Local Programmes: the epitome of 'joined-up' policy making
- 'Evidence-based' policy: working in partnership with the voluntary sector
- From SSLPs to children's centres: changing the parameters of the problem
- The Every Child Matters agenda (ECM): meanings and implications in practice
- 'Parenting': presumptions of a 'right' approach
- Early education and childcare: increasing standardisation
- Narrowing the parameters after 2006: 'chronic' exclusion

- Continuity and change after 2010
- Implementing the Troubled Families programme
- Austerity and decentralisation: implications for children's centres
- Conclusion: the case for a locally situated study of Sure Start policy

Chapter three

60

An interpretive and locally situated study: approach and methods

- The setting as a starting point
- Justifying an interpretive/constructivist approach
- Interpreting meaning
- Objectivity, values and quality in interpretive research
- Was my approach scientific?
- Refining the focus of the research
- Narrowing the focus of the study
- Gaining access
- Documentary evidence: policy data and translations
- Observing practice: reconnaissance in the field
- Interviews: exploring different perspectives
- Exiting the field
- Analysis: an overview of a qualitative approach
- Getting started: making the data manageable
- Becoming familiar with the data
- Refining the focus: moving towards interpretation
- Presenting a multi-level study of policy implementation
- Using multiple research methods

Chapter four

106

Local policy implementation: establishing a phase two children's centre

- The local context: an affluent town of 'advantaged' families
- Integrating services: minimising disruption to existing services
- Challenges of establishing a 'phase two' children's centre:
Stonelands 2008-2010

- Operational challenges: barriers to 'integrating' services at Stonelands
- Translating outcomes and indicators into services: an on-going challenge
- From 'outstanding' to 'requires improvement': Stonelands 2011-2013
- Conclusion

Chapter five

131

Translations in a policy chain: from central government to local management

- National policy documents: universal and targeted services in children's centres
- Decentralising power: from specifying services to outcomes
- Identifying 'targets': the language of need in national policy documents
- Local management translation: balancing universal and targeted services
- Translating national policies at a local level: 'targeting' and 'commissioning'
- Using data to categorise families: challenges in practice
- Identifying priorities: a performance of compliance
- Consequences of a performance of compliance
- Conclusion

Chapter six

170

Policy 'on the ground': staff and parent perspectives

- 'Supporting families': flexible interpretations of 'early intervention'
- *Support without judgement: parent perspectives on family support*
- Standardising early education and care: ambivalent policy passengers
- Benefiting children and themselves: parents' views on early education and care
- Providing 'parenting courses': creative interpreters
- *'Everyone should do it': a mother's experience of 'The Parenting Puzzle'*
- Targeting 'troubled' families: remapping conceptions of practice
- *Cuts to universal public services: parents' views on the 'targeting' agenda*

Understanding the interface between policy and practice: a discussion of the findings

- Increased accountability: reducing the space for staff discretion
- Commissioning children's centres: a mechanism to implement cuts
- Targeting services: a flawed approach
- Policy mechanisms: unsettling staff and parents' views of services
- Implications of this study
- Dismantling services: the demise of children's centres
- Conclusion

Appendices

a) Biographical details of participants	251
b) List and description of local and centre documents	254
c) Populated observation schedule	259
d) Cross cutting themes for analysis	271
e) Interview schedules	273
f) Summary of interview themes and illustrative extracts	278

References	296
-------------------	------------

CHAPTER ONE

INTRODUCTION

Early childhood services in England have seen twenty years of rapid and unprecedented policy change. From a virtually policy free zone prior to 1997 they became a taken-for-granted policy solution to address inequalities in educational, health and social outcomes. The starting point for this study was to understand how these policy changes were rationalised; to explore ambiguities and contradictions in policy rationalisations for expanding early childhood services; and to investigate how sometimes contended early childhood policy requirements were navigated in practice.

The study emerged from a combination of my professional experience of such navigating and my personal involvement with 'Stonelands Children's Centre' as a parent and governor. My study came at a critical moment, since changes on the ground were to shape its focus to include an exploration of the way policy mechanisms were operating in changing the ability of staff to exercise practical agency.

Beginnings: my experience of being a policy subject

My interest in how policy influences practice began while teaching in primary schools in Australia and England in the early years of the 21st century. Incorporating policies into practice was something I perceived as a taken-for-granted part of my work. I was enthusiastic about those which echoed my beliefs about teaching and learning,

and those which were practically useful. I was less enthusiastic about those which were not, but compliant nonetheless. At that time I didn't problematize the rationale behind these initiatives, seeing them as imperatives imposed on schools by the state government (Australia) or central government (England) in their quest to improve standards. I viewed my role as being to translate policies into practice in ways that would improve teaching and learning for my students. In other words I was a 'self-governing' subject of policy (Rose, 1999).

I began to question the thinking behind policies when I observed or participated in the kind of 'gaming' (Harris 2014) and 'fabrications' (Ball et al 2012) of performance noted as a consequence of the marketisation (Mautner 2010) of schools. I viewed these strategies to be an unhelpful diversion from finding more effective ways of improving teaching, such as working in collaboration with others to share experiences and ideas (Fullan 1991). I became interested in how policy influences practice, especially when there is a misalignment between policy requirements and teachers' perceptions of the priorities appropriate to their circumstances.

The literature that has criticised education policy as a mechanism for gaining competitive advantage in a globalised economy also influenced my growing critical perspective on the rationales for education policies (Apple 2001; Luke, Luke and Graham 2007). The structural economic changes that globalisation has brought about, such as a decline in primary and manufacturing industry, a growth in the information technology and services sectors, the spread of global popular culture and rising consumerism have been widely attributed as resulting in a rise in the wealth of 'elites', and the growth of an 'underclass' left behind (Luke, 1995).

Education policy has been portrayed, both by successive governments in the UK, and across western democratic nations generally, as a mechanism for developing the knowledgeable workforce deemed necessary to compete in a global market. However, in England, the gap between the attainment of children from poorer families and their more affluent peers had already been acknowledged as being a persistent concern by policy makers at the end of the 20th century. It was the pursuit of a solution to this 'attainment gap' which led policy makers to focus their attention on early childhood.

Twenty years of change in early childhood services in England

The election of a Labour government in England in 1997 heralded the start of considerable changes in early childhood services. These changes were discursively linked with two explicit policy aims: the reduction of inequality and 'social exclusion'; and the development of a knowledgeable skilled workforce. It seemed to me that policies which were intended on the one hand to advance the nation's standing in the global competition for resources, and on the other to mitigate the growing inequalities attributed to globalisation were likely to be contradictory. My professional experiences of how policies shape practice in ways which can lead to undesirable consequences led me to wonder how the potentially contradictory aims of an intense policy focus on very young children and their families might be reconciled in practice. This influenced my research purpose: to understand how early childhood services staff understood policy, and consequently how they navigated policy imperatives in practice, especially when there were tensions between the policy perspective and their own.

‘Stonelands’ Children’s Centre: a personal connection

Stonelands Children’s Centre and Nursery School (pseudonym), was located in my home town in the West Midlands. My first encounter was in 2008 when I accessed services there with my children. I took them to universal ‘stay-and-play’ groups, where the children could play in a well-resourced space and I could talk to other parents. My children also attended the centre to receive their government funded entitlement to early years’ education.

In 2010 I became the vice-chair of the centre’s governing body, made up of staff, parents and members of the community. This was a voluntary role that involved meeting two or three times a term to act as a ‘critical friend’ to the senior leadership team (SLT). Its remit included reviewing and approving the budget, appointing the SLT, agreeing performance targets and monitoring progress. These experiences gave me two different perspectives on Stonelands: first, as a place which provided early childhood services for all local families; and second, as one where changing policy requirements were shaping the Local Authority’s expectations of the ‘outcomes’ of their work in ways that staff were finding challenging to cope with.

These organisations were central to the Labour government’s (1997-2010) ‘integrated’ approach to the provision of services for children and families. But they appeared to have been influenced by shifting, ambiguous and potentially contradictory policy aims. Through my involvement, first as a parent and later as a governor I began to consider the potential influence of these aims on practice, and whether staff could exercise discretion to shape their work according to their own interpretations of its purpose.

An emergent and local study of policy enactment in a children's centre

When this study began in 2012, there were roughly 3,500 children's centres in England providing advice and support for parents, child care and early education, play sessions (attended by children and parents) and children's health services. This mixture of education, health and social services, termed 'integrated' provision had been established and expanded as part of the Labour government's strategy for reducing 'social exclusion'. The political rhetoric at the time portrayed the centres as based on the evidence of 'what works' to improve the outcomes for children in 'disadvantaged' families. However a large-scale evaluation commissioned by Labour (NESS, 2005; 2008; 2012) had failed to demonstrate their hoped-for impact on inequalities in health and educational outcomes.

At the outset my interest was in understanding how these organisations had become seen as a policy solution to social exclusion. I had observed that staff's idea of the purpose of their role differed from the policy rhetoric. I wanted to explore how their perspectives had arisen, how they navigated policy in day-to-day work, and how far they were able to act with agency.

During the course of the study, changes unanticipated by staff or local families took place. In 2014 the County suffered a drastic cut in its budget, and commissioned a third sector provider to run the network of centres on this basis. Understanding how national policy had led to this particular local interpretation became my research focus. Ambiguities in national policy documents provided the chance for this local interpretation, which enabled services to be dismantled in a way which deflected blame from both central and local government.

An outline of the thesis

Chapter two makes the case for a locally situated study of policy. A broad conceptualisation of policy as a complex and multi-layered process incorporated two oppositional types apparent in the literature: one a top-down and linear ‘stages’ framework (Howlett et al 2009); the other a view of policy as complex and socially mediated (Yanow 2000; Clarke 2012). This wide view of the policy process comprehended both central decisions and the translations of those decisions during their progress along a ‘policy chain’ which ended in daily practice (Taylor 2004), and also the material, interpretive and discursive factors which influenced the ‘enactment’ of policy ‘on the ground’ (Ball et al 2012).

The policy context surrounding the establishment, expansion and decline of children’s centres located these organisations within wider agendas. What was apparent was that they in particular, and early childhood services in general became a policy solution for addressing inequality between children’s health and educational outcomes and reducing levels of childhood poverty. Between 1997 and 2017 changes in the notion of ‘social exclusion’ influenced policy modifications. What was not clear was how these shifts in policy might have been understood by the staff providing the actual service.

The policy decisions made by central government over children’s centres sprang from assumptions within discourses of ‘social exclusion’ as a policy ‘problem’, and of ‘social investment’, ‘joined up government’ and ‘early intervention’ as policy solutions. In chapter two I have reviewed the academic literature regarding ‘social

exclusion' and the policy solution for this problem, and considered different perspectives on the meaning of both. The literature suggests these policy discourses are not value-neutral, and that they have potentially negative consequences for practice. For instance, it appears at least possible that the promotion of 'early intervention' services as a solution to social exclusion might have been based on a misinterpretation both of the nature of the problem, and of the research evidence which located the solution in improving early childhood experiences. The benefits of good quality early childhood services are clear; but to expect children's centres to demonstrate with evidence that their services had reduced inequalities in children's outcomes over the short to medium term remains questionable. The literature points to widely different potential perspectives concerning both the purpose of early childhood services, and who they should be for.

Sources also pointed to the need for further research on how policies for addressing social exclusion were understood and enacted in differing local circumstances (Morris and Featherstone 2010). Studies have revealed that staff found it difficult to reconcile their own notions of 'good' practice with those embedded within performance targets (Cottle 2011), suggesting these targets may not properly reflect the kinds of services provided in children's centres (Churchill and Clarke 2009). Staff interviewed frequently reported that building good relationships with families was an important factor in understanding how best to support them (Cottle 2011). However the increased bureaucracy involved in meeting performance requirements appears to have eroded the time staff can spend with families (Morris and Featherstone 2010). Practice models have been noted whose notions of 'need' and 'support' differ from those suggested in policy discourses (Churchill and Clarke 2009; Daly 2015).

However, the factors which either enable or constrain staff when they respond to policy demands have not been well understood. This study has aimed to remedy that lack.

The research questions prompted both by the policy context and the review of the academic literature on early childhood policy and practice emerged as:

1. How was policy relating to children's centres changing in 2013/14?
2. How were these policy changes translated into practice?
3. How were policy changes perceived by staff and parents on the 'frontline'?
4. What can a locally situated study of policy reveal about the interface between policy and practice?

In chapter three I explain why an interpretive approach was appropriate for addressing the research questions listed above. My research interest had developed out of my own involvement with Stonelands' Children's Centre, so I was not taking a detached 'objective' stance. I was interested in how and why policy was changing, how it was translated into practice and how it was perceived from multiple perspectives. These questions could only be explored through a locally situated study. I was not attempting to produce generalisable knowledge, but to reach a deeper understanding of the interface between policy and practice.

The research design, and the methods used for collecting and analysing the data derived from an interpretive methodology. Semi-structured interviews were conducted with staff and parents, and a range of documents issued at different levels of the policy process were collected. There were therefore three distinct sets of data:

staff interview transcripts; parent interview transcripts; and documents. Themes were identified both within and between the different sets of data. By writing and rewriting around these themes I came to understand how the data might shed light on the research questions.

The locality of Stonelands Children's Centre is described in chapter four, which traces its development from its establishment in 2008 to 2012/13 when my data was collected. As the study progressed, it became apparent that policy agendas had shifted over time. Performance management documents showed that in 2012 Stonelands was criticised by the Local Authority for failing to provide sufficient 'evidence' of their 'impact'. It appeared that policy requirements were changing, but Stonelands staff did not seem to be responding positively to these changes. From the outset, I sought to understand how and why policy had changed, and how staff and families perceived the changes, which, as I discovered, were to have significant implications in practice. Chapters five and six present the findings of the study from different vantage points. Chapter five draws on policy documents to show how policy imperatives were translated along the 'policy chain' which began at central government level with the policy guidance issued (DfE 2013). In that document, the expected 'outcomes' of services were specified, but with little direction regarding how they were to be achieved. National performance measures (Ofsted 2014) interpreted how 'success' was to be demonstrated, which added complexity to the notion of the chain, shaping how policy guidance was translated at the local management level.

In this case the local management translation of central policy guidance (DfE 2013) was documented in a service specification issued to providers to clarify expectations

and requirements; and, also in the enactment of the 'commissioning' (DfE 2013) of the county's network of children's centres in 2014/15. The expectations were that the third sector provider commissioned should use data to 'target' services at 'priority target groups', directing services towards those 'in greatest need' (DfE 2013: 7), in the presence of a significant budget reduction. Documents issued at Centre management level created an impression of compliance with the 'targeting' agenda, and heralded a significant change to previous ways of identifying 'need'.

Chapter six takes a different view of the policy process, as one situated in practice and socially mediated. Staff and parent interviews are drawn on to explore how policy was perceived in reality at Stonelands. Their accounts show that prior to the policy changes in 2014/15 both groups saw the centre as a 'universal' community service, where all families were welcome. Additional support was 'tailored' to the 'needs' of families on a case-by-case basis. Changes brought about as a result of the local management translation of the policy's meaning led to a reduction and relocation of staff and services. Previously integrated services were reconfigured, leading to the loss of established working partnerships. There were fears that changes would lead to families' 'needs' not being met in the future.

The contribution this study has made to knowledge is discussed in chapter seven. Viewing policy as a 'chain' demonstrates how meanings shifted due to the intervening factors which had to be mediated in policy translations (for example, performance measures and the availability of resources). When viewing policy in practice 'on the ground', the distance between policy notions and parents' experiences and expectations became apparent. Prior to the changes in 2014/15,

staff seemed able to enact policy in ways which bridged this distance. However policy changes led to a reduction in the agency of staff, suggesting services in future might be less tailored to the 'needs' of local parents.

This study has drawn attention to the need to understand policy from multiple perspectives in order to understand the consequences and implications for practice. My research goes some way towards meeting the need for qualitative studies of policy grounded in practice, in order to develop a deeper understanding of the interface between the two fields. Staff working in public services influenced by policy imperatives need to better understand the assumptions which underlie them. They must also be able to articulate a clear rationale for the purpose of their work, and for how they define success, in order to rigorously contest policies which may have unanticipated and undesirable consequences in the practical sphere.

CHAPTER TWO

THE CASE FOR A LOCAL STUDY OF SURE START POLICY: PROCESS, CONTEXT AND LESSONS FROM PRACTICE

Policy has been variously conceptualised as a sequence of discrete linear stages (Spicker 2006); as an organisational practice, embedded in organisational life (Jenkins 2007); and as a complex and multidimensional process which is on-going and open-ended (Colebatch 2010). This chapter begins by considering different conceptualisations of policy and makes the case for the need for locally situated studies (Jenkins 2007; Morris and Featherstone 2010) which consider the meaning(s) and implications of policies from multiple vantage points (Colebatch 2010). These are comprised of policy makers within central government, those interpreting policies at a local management level, those translating them into practices within organisations (Ball et al 2012) and the recipients of policies (Duncan and Edwards 1999). This approach focuses attention on the meanings of policy discourses and the possibilities and constraints which structural and material factors create for those doing policy work (Yanow 2000).

Policy explicitly and implicitly categorises people and constructs their needs in ways which are never neutral (Stone 2002). For instance, the Sure Start policy has constructed families and proposed solutions to meeting their 'needs' in ways which have mirrored wider the political agendas of successive governments in England. From 1997 the invocation of 'social exclusion' as a problem in need of a 'joined-up'

policy solution led to a new kind of loosely defined programme for children and families in deprived neighbourhoods – Sure Start Local Programmes (SSLPs) (HM Treasury 1998). From 2004 there was a policy shift under the *Every Child Matters* (ECM) agenda (DfES 2004), which led to the ‘mainstreaming’ of ‘early intervention’ (ibid) services through the creation of a national network of (Sure Start) children’s centres. The ECM agenda reconfigured services for families into an ‘integrated’ and ‘multi-agency’ approach. Third, and more recently, there has been an increasing shift towards a narrower definition of social exclusion, referring primarily to those families and children considered to have multiple disadvantages (Cameron 2011). Since 2011, and now in the context of ‘austerity’ (HM Government 2011), the network of children’s centres appears to be in decline (Torgeson 2016) despite continued rhetorical support (DfE/DH 2011; DfE 2013). To understand how this shifting policy context might be understood and enacted by staff working in children’s centres requires consideration of the fundamental intentions of the policy and the mechanisms used to ensure compliance ‘on the ground’.

Sure Start policy discourses of ‘social exclusion’, ‘social investment’, ‘joined up government’ and ‘early intervention’ have constructed the problems which children’s centres were to address and the overarching governance strategy which was being used to formulate policies. These discourses have been described as normatively and substantively problematic. Policy academics have interpreted their meanings and have called into question whose interests they serve (Levitas 2005; Bowring 2000; Beresford 2005; Grimshaw and Rubery 2012; Clarke 2007; Churchill and Clarke 2009; Lewis 2011); and policy studies have highlighted the implications which might arise when policies underpinned by these discourses are enacted in practice

(Duncan 2007; Parton 2006; Brooker 2010; Cottle et al 2011; Featherstone et al 2012; Coe et al 2007). A 'social investment' discourse has legitimated the introduction of performance measures to demonstrate the effectiveness of 'early intervention' services which are provided to families in order to improve their children's outcomes and reduce future welfare costs (Driver and Martell 2000). It has been argued that this has increased the stigmatisation, monitoring and surveillance of families with children who are deemed to be 'at risk' of becoming 'socially excluded' adults (Levitas 2005; Parton 2006; Churchill and Clarke 2009). Some have suggested that government monitoring of, and intervention in family life is normatively inappropriate (Ramaekers and Suissa 2011) and there are concerns that a 'moral underclass' (Levitas 2005) discourse, which blames parents for their children's poor outcomes, might damage the trust relations between professionals and families (Featherstone et al 2011; Brooker 2010). Lessons from the literature point to the potential for different interpretations of what families might need from services. The extent to which staff are able to act with agency in the context of Sure Start policy can only be understood by conducting a locally situated study.

Conceptualising the policy process

Different models and theories of the policy process have been proposed and debated in the literature. These can be broadly categorised into three types. The first two are apparently oppositional: the first simplifies the process by identifying a series of discrete and linear stages (Spicker 2006; John 2012; Howlett et al 2009) and the second views the process as inherently complex and embedded in organisational practices (Yanow 2000; Clarke 2012). A third *multidimensional* framework (Colebatch 2010; Ball et al 2012) appears to represent an attempt to reconcile the

first and second types by recognising the utility of both. From this perspective, policy is acknowledged to be a complex and contested process which is best understood by considering different points of view.

A stages framework: utility and limitations of a linear model

One way of conceptualising policy is as a 'top-down', linear process which can be simplified into three 'stages'. The process begins with the formulation of policies, followed by their implementation and evaluation (Howlett et al 2009). From this view, social problems are identified and a range of policy solutions are considered by decision-makers within central government. Policy decisions are communicated in policy directives to national and local agencies which issue more detailed guidelines for practice. Service providers who manage services 'on the ground' (ibid) implement policies by introducing practices which comply with these policy guidelines. Policies are evaluated against indicators and targets which are established in order to measure the extent to which intended outcomes have been achieved.

A 'stages' framework has underpinned research studies which focus on a particular part of the process leading, to a deeper understanding of the factors involved. Studies of policy formulation that explore the meanings and expressed intentions of policies issued by central governments can highlight ambiguities and contradictions which might lead to different interpretations by those implementing policies 'on the ground'. For instance Lewis' (2011) study of the policy 'shift' from Sure Start Local Programmes (SSLPs) to children's centres considered the extent to which children's centres were fundamentally different to SSLPs, and explored policy makers' reasons for reformulating the policy. The policy shift appeared to signal the end of

the community development ethos which had underpinned SSLPs, placing a greater emphasis on their role as providers of early education and childcare (ibid). Interviews with key policy makers involved at the time highlighted the complexity of factors which influenced the shift in policy, including perceptions of programme failure and the need to incorporate a different policy aim – to increase childcare capacity to enable parents to participate in employment (ibid). Studies which have focused on policy formulation have highlighted that the intentions of a policy might not be based on a rational evaluation of the policy problem or on an unbiased review of the evidence for particular policy solutions (Sabatier and Jenkins-Smith 1993).

Studies which focus on the implementation stage can highlight the implications and challenges experienced by those interpreting and translating policies into services and practices at a local management (Carter 2012) or organisational level (Bagley 2011). In an ethnographic study of the implementation of the policy shift from SSLPs to children's centres, Carter (2012) noted that at a local management level implementers had to make sense of a number of 'awkwardly aligned' policies relating to children and families at that time. Despite performance targets and indicators being deployed to steer the implementation process, Carter (2012) found that there were gaps created by ambiguities which enabled local interpretations:

Implementers' interpretations of 'new' policy, combined with their existing ritualised practices and creative use of an elastic-policy-project, weave imaginative visions of the future and sedimented historical beliefs into a unique local policy settlement.

(Carter 2012: 439)

Bagley's (2011) ethnographic study of the policy shift from SSLP to children's centre highlighted that in one particular place the policy shift led to social capital being dismantled in less time than it had taken to build, due to parent and staff perceptions about what the changes meant to them. Parents perceived the changes to mean their voice was no longer heard when shaping services, and staff were demoralised by the lack of certainty over future funding.

The utility of a stages framework lies in enabling studies to be undertaken which focus in depth on one stage of the process. That leads to a rich understanding of the meanings and intentions of policy formulations, and how they are interpreted at different stages. These can be synthesized to provide a rich and deep understanding of policies and their practical implications in particular circumstances.

Studies which focus on policy implementation or evaluation and explore the extent to which practices deviate from nationally issued policy directives and guidelines have identified what have been termed implementation 'gaps' (Palumbo and Calista 1990; Cairney 2012). Similar studies which judge practices and outcomes against policy intentions have been criticised for reifying central government policy (Sabatier and Jenkins-Smith 1993) leading to some practices being viewed as non-compliance. For instance in Axford et al's (2012) case study of the implementation of an 'evidence-based' parenting programme in children's centres, the conclusion was reached that implementation challenges were due in part to a lack of staff support for the programme:

[I]t is likely that many children and families in the UK who could benefit from evidence-based parenting programmes do not get them,

and they won't unless the people responsible for commissioning and providing such services act to make them more accessible

(Axford et al 2012: 2069)

The reasons why staff might not have supported parents to access the programme were not considered relevant, as the study was premised on the assumption that the programme was 'known' to benefit families. Implementation studies or evaluations of policy which consider the extent to which policies have achieved their intentions are not a suitable approach for studies such as this one which aimed instead to explore staff and families' perspectives of policy changes.

A socially mediated view of policy: a complex process embedded in practice

A socially mediated view of policy is underpinned by interpretive philosophies (Clarke et al 2015; Jenkins 2007; see also chapter three for a discussion of interpretive methodology). From this perspective, policies do not have a fixed or singular meaning. Meanings are negotiated and constructed within organisational settings and therefore reflect the beliefs, values and feelings of communities, which are situated in space and time (Clarke et al 2015; Jenkins 2007). The focus of policy studies from this perspective is on understanding how people make sense of policies in their day-to-day work within specific circumstances (Yanow 2000).

Viewing policy as a complex process embedded in organisational practices has implications for how it might be studied. If to make universal generalisations is perceived as an obsolete method, policy studies must investigate the meanings of policies from the perspective of those interpreting them and experiencing them within specific contexts (Jenkins 2007). Jenkins (2007: 21) has suggested taking an

‘anthropological approach’ by constructing ethnographic accounts of policy which are based on observations of practice in situ.

Many proponents of a socially mediated view of policy have rejected the notion that the process can usefully be conceptualised as occurring in discrete stages (Jenkins 2007; Yanow 2000). Instead it is thought of as complex and continuous, with no clear division between policy formulation, implementation and evaluation. They also reject the idea of the process being a linear one, with power distributed downwards from the ‘top’ (Yanow 2000). A criticism of that approach has been that researchers and their participants view events from their own standpoint, which risks leading to biased accounts (Spicker 2006). Furthermore, structural constraints which limit the possibilities for thoughts or actions may be hard to discern due to being taken-for-granted and embedded in organisational practices (Ball et al 2012; Duncan and Edwards 1999; Colebatch 2010). The criticism of bias frequently levelled at interpretive researchers has been widely rejected by those who believe the idea of a neutral standpoint to be an illusion (see chapter three). There does appear to be some value, however, in considering how structural constraints might impact the agency of those doing ‘policy work’ in ways which turn them into the unaware ‘subjects’ of policy (Ball et al 2012).

Viewing policy from different vantage points

Since the end of the 20th century there has been a shift in the way policy has been considered both as a practice, and as a field of knowledge (Colebatch et al 2010; Hodgson and Irving (eds) 2007). This has come about both as a result of debates, as discussed above, between academics with different perspectives about the meaning,

process and practice of policy; and between academics and practitioners (Hodgson and Irving (eds) 2007). There appears to be an increasing consensus that decision-making is not located at central government level but diffused throughout the policy process (ibid; Colebatch 2010).

Lynn et al's (2000) conceptualisation of policy identifies three overlapping levels where decision-making takes place: the institutional, managerial and operational levels. The 'institutional level' refers to government institutions where policy directives and guidelines are issued; the 'managerial' to local agencies where policy texts are translated into service planning; and the 'operational' to the interface between policy and practice, where services are provided and received. Power is conceptualised as being diffused throughout these levels and is apparent in key relationships between those involved. Colebatch (2010) has suggested that policy studies should therefore include accounts written from different vantage points in order to reach a deeper understanding of the meanings and implications of policies. First an 'authoritative' account (ibid: 29) is given of the development of policy programmes at central government level, and second a study is made of the 'structured interaction' (ibid) which takes place as policies are made sense of and mediated by groups with different agendas 'on the ground'. To reconcile these vantage points, Colebatch (2010) has argued that a third overarching 'social construction' account of policy is necessary to draw attention to the ways social problems are defined, whose interests they claim to represent, and the practices presumed appropriate. 'In this perspective, policy is less about making a decision than about discourse' (Colebatch 2010; 32).

Crucial to a 'social constructivist' view of the policy process is an acknowledgment of the centrality of language in social practice and social change (Colebatch 2010; Mautner 2010; Pinker 2007). As meanings and identities are constructed by language and shared within and between communities they lead to taken-for-granted ways of talking and thinking about the social world (Pinker 2007). What this approach offers is a way of exploring assumptions and ways of understanding social problems which may limit possibilities for action and render us the unwilling or unknowing subjects of policy.

Discourses can be understood as sets of rules which become embedded in practices over time, but which are hard to discern at the level of practice (Ball et al 2012). In a study of policy enactment in secondary schools in England, Ball et al (2012: 145) have concluded that two 'master' policy discourses, 'standards' and 'behaviour', were embedded in ways of working underpinned by the taken-for-granted assumption that the purpose of education was to develop a knowledgeable, skilled and compliant workforce (ibid). Ball et al (2012) have identified 'master' discourses by analysing policy documents in relation to their historical, political, social and cultural context. Taylor (2004) has suggested that, in addition to a macro-social analysis of policy documents, attention should be paid to the linguistic features of policy texts, for instance the use of rhetorical devices such as metaphors or tropes, which are frequently deployed when conveying meanings based on taken-for-granted assumptions about social problems and solutions. Identifying taken-for-granted assumptions in policy texts appears necessary in order to recognise when individuals are acting with agency, and when, in contrast, they may be the

unknowing subjects of policies, with their actions influenced by taken-for-granted and enduring structures (Ball et al 2012).

Studies of policy which have analysed discourses in policy documents have shown them to contain multiple and competing discourses (Taylor 2004; Van Gestel and Nyberg 2009). They have also explored the discursive 'shifts' which take place as policy 'moves' towards practice (ibid). Taylor (2004) has demonstrated that some policy discourses were foregrounded, and others were marginalised as policy documents were translated in a 'policy chain' from vague directives to more detailed guidelines in the context of education reform in Queensland. This study demonstrated how language works in policy texts to convey meaning, creating opportunities for implementers to act with agency, in order to shift discourses in subtle ways. This suggests that policy documents from different levels in the process should be analysed in order to understand where and how the shifts in meaning are introduced.

Conceptualising agency: material possibilities and structural constraints

The tension between structure and agency has been a long-running debate in policy studies (Ball et al 2012: 49; Duncan and Edwards 1999; Greener 2002; Hoggett 2001; Colebatch 2010). The unresolved questions are: in what ways are those ultimately enacting policies able to do so with agency; and how do structural constraints limit their agency? It is necessary to take account of the context in which action takes place in order to understand the material factors which might enable those carrying out a policy to shape its meaning in ways which make sense to them,

and how structural constraints limit the possibilities for thinking and acting in ways which individuals have little power to change. (Greener 2002).

Hoggett's (2001) model of agency identifies four broad subject positions which could be taken in response to policy, in relation to two dimensions. The first dimension positions actors' behaviour on a scale in relation to their reflexivity. This ranges from non-reflexive, instinctive behaviour to highly reflexive, self-aware activity. A second dimension places actors on a scale ranging from 'self as object' to 'self as subject'. This relates to the extent to which actors are able to exercise agency: 'self as object' concerns individuals unable to impose their will on their surroundings, whereas 'self as subject' describes those who can 'interact with their environment ... in ways that shape it through their behaviour' (Greener 2002: 689). There are thus multiple different positions within four broad possibilities for individual agency: non-reflexive subject; reflexive subject; non-reflexive object; and reflexive object (Hoggett 2001). One aim for policy studies should be to understand the mechanisms and factors which can 'move' policy enactors from one subject position to another.

Staff in secondary schools have been observed behaving in both reflexive and non-reflexive ways; and both as policy 'actors' (self as subject) and 'subjects' of policy (self as object) (Ball et al 2012: 115-118). Features within the 'material domain' are proposed to be influential in shaping possibilities for individual agency. These features comprise the locale; both the history and intake of a school; the professional staff culture; the budget, the buildings and infrastructure; and the quality and nature of external support and pressure (ibid: 21). How these features influence agency was outside the scope of Ball et al's study.

In that research, policy discourses of 'learning, curriculum and behaviour' were suggested as underpinning the ways teachers talked about their work (ibid: 140). These dominant discourses, constructing notions of the 'good' student, teacher or school, were embedded within 'technologies of performance', consisting of league tables, national averages, indicators of progress and Ofsted inspections (Ball et al 2012: 75). According to the study (2012: 72-97) these technologies put top-down pressures on teachers, rendering them either willing or unwilling policy subjects. Teachers and other school staff were observed to be constrained by performance requirements, and were unable to act in ways that went against the dominant discourses of schooling.

Whilst that study's findings were that policy discourses limited the possibilities for alternative constructions of the 'good' teacher, this was not the case in Duncan and Edwards' (1999) study of how policy shapes lone parents' notions of the 'good' parent. In a study of policies which aimed to encourage lone mothers to take up paid work, these researchers sought to understand how mothers made sense of their lives and constructed their identities within the context of the dominant social structures patriarchy and capitalism, which they argue underpinned such policies (ibid: 108). They concluded that most analyses of lone mothers have presumed their decisions about whether to work were based on economic rationality. This has led to policies which reduce the cost of child care and alter benefit levels in order to make work financially viable (ibid: 117). Duncan and Edwards' argue that such policies are based on a mistaken view of mothers' understandings of their own identities as parents with responsibilities for their children. They describe these understandings as 'gendered moral rationalities' (ibid: 119):

These rationalities... are individually held but negotiated within social contexts... Fundamental are lone mothers' social and cultural understandings, and rationalisings, about what is best and morally right for themselves as mothers in relation to the uptake of paid work.

(Duncan and Edwards 1999: 119)

If mothers' self-identities and sense of responsibility for their children are shaped by cultural and social factors situated within families and local communities, this suggests that dominant discourses in family policy might not necessarily constrain individual agency. In turn, this might be due to the scope for widely different perspectives about what constitutes a 'good' family life (Ramaekers and Suissa 2011) or a 'vulnerable' child (Moss and Petrie 2002). However, this study took place at the beginning of an intensive policy focus on 'parenting' (Levitas 2005; Parton 2006; Churchill and Clarke 2009; Edwards et al 2016). The space for individual agency in relation to interpreting family policy might well have become eroded since then.

Studying policy as a complex and multidimensional process

The policy process, which is complex and broad in scope, takes place within the context of social structures which might influence it, but do not necessarily constrain agency (Howlett et al 2009; Colebatch 2010; Duncan and Edwards 1999). Policy discourses are vehicles for dominant social structures which influence the way social problems are framed and come to be viewed instead as 'policy' problems (ibid), but do not necessarily shape the views of all those working to enact policies or those

receiving services. Policy studies should therefore locate the dominant policy discourses contained in policy documents and investigate how these are interpreted and translated as policies 'move' towards practice (Taylor 2004). They should also identify other marginalised discourses which frame problems and construct identities in different ways, which might then suggest alternative policy solutions (ibid). The wider policy context and the literature analysing the meanings and implications of policies each provide a way to identify both the dominant and marginalised discourses which might appear in policy documents.

At a managerial and operational level, decision-making takes place by those who interpret policies and translate them into services and practices, within the context of particular sets of material circumstances (Ball et al 2012). Those circumstances might either facilitate or constrain courses of action or ways of thinking. Policy studies should therefore consider the perceptions and experiences of those providing and receiving services within a set of particular local circumstances. This will enable at the same time a better understanding of how staff and families construct their identities and understand their lives, the extent to which they act with agency when doing so, and the structural and material factors which provide either possibilities for moving between subject positions, or constraints on that (Hoggett 2001).

Delineating the policy context post-1997: a discourse of social exclusion

The term *social exclusion* was widely adopted into the political and popular lexicon in England after the election of a Labour government in 1997 under the leadership of Tony Blair. One of the earliest actions taken by the new government was the

establishment of a Social Exclusion Unit (SEU), with the remit of 'co-ordinating our assault on poverty and social exclusion' (Blair 1997). Announcing the launch of the Unit, Blair explained his perspective on the parameters of the problem:

Social Exclusion is about more than just financial deprivation. It is about the damage done by poor housing, ill-health, poor education, lack of decent transport, but above all the lack of work.

(ibid)

He also drew attention to the seemingly circular nature of the links between these factors:

Poor education means a poor job. A poor job often leads to poor housing. Poor housing and poor jobs make it harder to bring up a family.

(ibid)

He suggested that what was needed was greater investment in the development of a range of public services to prevent social exclusion rather than increasing welfare benefits to individuals.

The notion of 'investing' in education and families in order to 'prevent' social exclusion was to shape much of the policy making throughout Labour's term in office from 1997 to 2010 (ODPM 2004a; Cabinet Office SETF 2007). Increased spending on education and a pledge to reduce unemployment were key Labour manifesto commitments in 1997; however so was the promise to stay within existing spending limits for two years and not raise income taxes for five years (British Labour Party 1996). These were clearly tensions that would be challenging to reconcile in practice.

Reconciling tensions: ‘investing’ to reduce public spending

A major feature of social policy since the 1980s has been a shift away from seeing the state as the provider of public services to the market (Taylor-Gooby 2000; Beresford 2005; Grimshaw and Rubery 2012). This approach to economic and social policy presumes that a deregulated market will be the most efficient way to meet individuals’ needs for goods and services, including health, education and social services. In line with this ‘neoliberal’ approach (ibid) the 1997 Labour government introduced policy initiatives promoting greater freedom for the market, increased the privatisation of welfare and incentivised groups such as lone parents to participate in employment (Taylor-Gooby 2000; Beresford 2005). However, there were contradictions between increasing their investment in public services and their commitment to a low tax economy (Grimshaw and Rubery 2012) which had to be reconciled.

New types of social policies were introduced across EU member states in the late 1990s, including the UK, which ‘targeted’ resources towards particular groups to incentivise their participation in the workforce and to overcome obstacles to employment (Bonoli 2005). This approach presumed that the ‘social integration’ (Levitas 2005) of citizens would lead to increased tax revenues, reduce the cost of welfare and provide benefits to the market. But promoting economic participation as a requirement for the socially integrated citizen does not value unpaid care work. This leads to the increased commodification of care for both the old and the young, which opens opportunities for the private sector but also erodes social networks (Levitas 2005; Lister 1998; Bowring 2000). Neither does this approach address inequalities in the levels of workers’ income. With women more likely to be in low-

paid jobs, gender as well as class inequalities in the labour market are therefore obscured (Levitas 2005).

Alongside increasing their investment in services to increase the size of the workforce, state spending on programmes and policies for children under five years was nearly doubled in the UK between 1997 and 2010 (Lupton et al 2013, cited by Daly et al 2015). These programmes, including Sure Start Local Programmes (SSLPs) were presented as ‘investments’ to improve children’s education, welfare and health, and develop parents’ child-rearing competencies (Churchill and Sen 2016). This was a proposal to prevent children becoming socially excluded adults, and therefore reduce the burden on the taxpayer in the long term. By justifying increased spending as an ‘investment’ which could reduce future levels of social exclusion, its causes were located in individuals’ poor choices, lack of effort or deviant moral character (Levitas 2005; Gillies 2005). This approach has been described as based on a ‘moral underclass discourse’ (Levitas 2005) linked both to the ideology of the neo-conservative ‘New Right’ which emerged in the UK in the 1980s (Gillies 2005), and to earlier Victorian notions of the ‘undeserving poor’ (Welshman 2010). Critics have argued that it is a highly gendered discourse. Typically, socially excluded fathers are characterised by this thinking as idle and frequently criminal, while mothers are characterised as sexually irresponsible, and inadequate parents (ibid).

The notion of investment was utilized by the Labour government in order to justify increasing public spending on services, which, it was argued, would bring future returns to the exchequer (Blair 1997). However, this located the causes of poverty or

‘social exclusion’ at an individual level, with the ‘socially excluded’ either perceived as those who needed support to become ‘socially integrated’ as workers, or as a ‘moral underclass’ who were themselves to blame for their lack of effort (Levitas 2005). Structural causes such as inequalities in levels of pay, or the lack of suitable jobs in some areas, particularly for those needing to balance work with caring obligations, were ignored, and therefore not perceived as policy problems. This approach also created the need to quantify the impact of policies in order to demonstrate their cost-effectiveness, which (as discussed later in the chapter) was to prove highly problematic in practice.

At the outset, the aim of focusing on and combatting social exclusion was presented as a relatively straightforward one (Blair 1997). However it proved difficult to translate the breadth of the ambition into a detailed and unambiguous policy implementation plan (Pantazis et al 2006). A ‘joined-up’ approach was proposed as a strategy which would lead to innovative and cost-cutting policy solutions to address complex problems.

Sure Start Local Programmes: the epitome of ‘joined-up’ policy making

Sure Start was presented as a ‘flagship’ policy representing an early piece of ‘joined-up’ policy making (HM Treasury 1998). Norman Glass, who was the senior Treasury official involved in the development of Sure Start, described them as being not only significant in substance, but also because of the way the policy was developed, calling it ‘a prime example of “joined-up government”’ (Glass 1999: 257). The idea of ‘joined-up’ government (JuG) was promoted by Tony Blair and the Labour administration as part of their modernizing government agenda (HM Government

1999), to emphasise the perceived need for greater co-operation and co-ordination between government departments such as Health and Education. JuG was presented as a more efficient approach to service provision that cut out duplication of effort and, it was hoped, would lead to more innovative and holistic approaches to tackling social problems. The notion of JuG was also used to refer to the development of closer partnerships between government and the voluntary and business sectors (ibid).

The way in which JuG was a new approach has been widely linked with a shift from governing to 'governance' characterised by:

- *new types of public-private partnerships;*
- *'flatter' relationships between organisations;*
- *a blurring of boundaries between previously distinct functions; and*
- *new ways of managing the consequential relationships.*

(Ling 2002: 624)

A governance approach presumes that power does not emanate from the top but is diffused throughout the policy process (ibid). The outcomes of policies are thus perceived to arise from many separate decisions, rather than as a direct consequence of the strategic decision-making of central government (Kooiman and Van Vliet 1993, cited by Ling 2002: 624). This approach allows the responsibility for the success of policy programmes to be shifted away from central or local government to private or voluntary sector 'partners'.

Sure Start Local Programmes (SSLPs), established between 1999 and 2004 to prevent the 'risks' of social exclusion by providing 'early intervention' services, were

the frontrunners in the plan to enact JuG. They were to 'break the intergenerational transmission of poverty, school failure and social exclusion' (Belsky, Barnes and Melhuish 2007: 133) by providing 'multi-agency' (Anning et al 2006) services for children under five years and their families. SSLPs were developed in response to the recommendations of a cross-departmental review of services for young children and families (HM Treasury 1998; Eisenstadt 2011) which sought input from eleven different government departments. It was officially led by Norman Glass, a Treasury official, but chaired by Tessa Jowell, the Minister for Public Health (Glass 1999). Its terms of reference were: to look at policies and resources devoted to children; to consider whether the 'multiple causes' of social exclusion affecting young children could be more effectively tackled at the family and community level using an 'integrated approach' to service provision; and to take account of other policy developments and initiatives being developed (Glass 1999: 260).

The cross-departmental review (HM Treasury 1998) reported that services for young children and families were 'patchy', and varied widely between different local authorities (Glass 1999: 260). It recommended 'a comprehensive community based programme of 'early intervention' and family support which built on existing services' (ibid), suggesting that this 'could have positive and persistent effects, not only on child and family development, but also help break the cycle of social exclusion and lead to significant long term gain to the Exchequer' (Glass 1999: 261). Services for young children and families were presented by those responsible for carrying out the review as 'failing those in greatest need' (ibid: 259). In particular, children growing up in 'socially excluded households' (ibid) were considered as having been failed due to the lack of services in place to support them. From the outset the programme thus

reflected central government's broader agendas of JuG and preventing exclusion, by addressing 'risk' factors to 'social integration'. The claim that the programme would lead to a long term gain for the Exchequer also reflected Labour's 'social investment' approach. In reflecting these wider policy agendas, Sure Start was the epitome of modern policy-making in England at the beginning of the 21st century, making it a rich subject for a study of policy in contemporary times.

'Evidence-based' policy: working in partnership with the voluntary sector

The development of the Sure Start programme exemplified Labour's desire to develop closer partnerships between government ministers and the voluntary sector. It was also an early example of policy making which was claimed to be based on the 'evidence' of 'what works' (Blair 1998; Glass 1999). The steering group for the cross departmental review into services for young children and families consulted with 'stakeholders' (HM Treasury 1998) who were considered to be 'experts' from outside central government. They included academics, representatives from local authorities, the National Children's Bureau and the Joseph Rowntree Foundation (Johnson 2011). Delegates were invited by Norman Glass to attend a series of seminars to review and discuss the 'evidence' concerning the effectiveness of early intervention strategies for preventing future social exclusion. Glass described this partnership approach as a 'striking feature' in the development of Sure Start, which went 'far beyond the normal process of... consultation' (Glass 1999: 263). However the notion that Sure Start was 'evidence-based' has been contested (Eisenstadt 2011; Edwards et al 2016; Clarke 2007).

Evidence from large-scale longitudinal studies including the 1970 British Cohort Study and the National Child Development Study (1958) were presented during the seminars to identify the complex factors which were perceived to contribute to social exclusion. These studies had collected data about both individual and family characteristics associated with poor future outcomes for children, and thus the variables which became the focus for intervention were linked to family relationships, parenting style and maternal health (Clarke 2007; Feinstein and Sabates 2006). During the seminars, the consequences of social exclusion, poor educational attainment, unemployment, teenage pregnancy, criminal and anti-social behaviour, substance abuse, poor physical and mental health and lack of engagement in civic life (Bynner 1998, cited by Clarke 2007) came to be viewed as the causes legitimising the need for interventions to change parents' behaviours (Clarke 2007). Structural and social factors which could lead to poverty or 'social exclusion' were ignored (Clarke 2007).

Evidence from the field of neuroscience was presented at the seminars to support the assertion that early childhood was a window of opportunity during which brain development could be shaped (Van der Kolk et al 1994). The claim that early childhood is a crucial opportunity to 'intervene' has frequently referred to the 'evidence' from neuroscientific research (Edwards et al 2016; Allen 2011; Field 2010). However this research has only reported measurable effects on brain development in situations where children have experienced sustained neglect or severe abuse (Wilson 2002). Bruer (1999) has pointed out that the research has not established whether brain development might be positively influenced, nor the kind of parenting style which would be optimal. The research also did not support the

claim that the early years were the *only* opportunity to influence children's brain development:

We have no idea of the critical periods for development of social and emotional skills or even if they exist. Because critical periods are complex, using what we know for guiding therapy let alone parenting is a complex task.

(Bruer 1999: 126)

Whilst many welcomed the increased investment in early childhood (Pugh and Duffy 2010) there is a danger in emphasising early childhood as the sole opportunity, as this could be used to reduce support for families with older children who could benefit from receiving support. If, as it seems possible, there has been an over-deterministic interpretation of the neuroscientific evidence (Bruer 1999; Edwards 2016) then assertions of the potential damage which could be done to children who received the 'wrong' kind of parenting are problematic. Placing all the responsibility for children's outcomes on parents and how they bring up their children might have damaging consequences both for parent-child relationships and for parents' relationships with professionals.

Whilst the evidence from longitudinal studies had established a link between poverty in childhood and lower future outcomes for children, there was little evidence concerning the kind of services or programmes which might improve children's physical and emotional development (Eisenstadt 2011). Naomi Eisenstadt was working for a voluntary sector community development organisation when she was invited to attend the CSR seminars. She later went on to lead the Sure Start programme from 1999 to 2006. Her view was that the beliefs of a range of policy

actors from both within and outside central government were crucial in shaping the kind of evidence which was considered, how much weight was given to different evidence and how the evidence was translated into the design of SSLPs. Evidence was presented at the seminars from studies of early intervention programmes in the US which had demonstrated long-term improvements in secondary retention rates, lower teenage pregnancy rates and less youth crime (Schweinhart and Weikart 1993). However there were significant differences between the design of SSLPs and US programmes, which were government led, highly targeted on very poor children and focused on early education (Eisenstadt 2011). In contrast Sure Start was to be a community-led, non-stigmatising and multi-faceted programme (ibid). In Eisenstadt's (2011) view both the Treasury and other government officials involved in the development of the Sure Start programme placed a great deal of weight on the views of voluntary sector 'experts' with seemingly little or no awareness that there were significant vested interests involved.

From SSLPs to children's centres: changing the parameters of the problem

From 1999 to 2001, £450 million were allocated for establishing 250 SSLPs in the 20% most deprived communities in England, using poverty indicators relating to income and employment (Bate & Foster 2017). From 2000 expenditure was doubled to £900 million to fund 530 SSLPs by the end of 2003 (Lewis 2011). This was a relatively small investment in comparison to the increased spending on universal early years' education and other welfare benefits for families at the time (ibid), but for historically poorly funded community development services this represented an enormous investment (Eisenstadt 2011). Building social capital was the central aim of SSLPs, in order to regenerate disadvantaged neighbourhoods (Mooney and Fyfe

2006, cited by Bagley 2011). Social capital in the form of resources such as trust, norms and reciprocity was perceived as being something which individuals, families and communities could be encouraged to develop individually and collectively through engagement in civic networks (Coleman 1988 and Putnam 1995; 2000: cited by Bagley 2011).

There were however significant challenges on the ground for those establishing SSLPs. The commitment to the programme's involvement of parents caused difficulties in practice due to the time it took to build relationships and galvanise support, and there was a lack of expertise within communities to run the programmes (Bagley 2011; Eisenstadt 2011). There were frequent changes to the performance measures which were to be used to demonstrate the success of the programmes, and these were not well aligned with the non-stigmatising and community-based ethos or the kind of services SSLPs typically provided (Eisenstadt 2011; Lewis 2011; Clarke 2007). Many SSLPs were focused on improving parents' self-esteem, which was not reflected in performance targets, and in any case would have been hard to measure (Lewis 2011). Instead performance measures were related to changing the behaviours of mothers, for example reducing smoking and increasing breastfeeding, which reflected a 'moral underclass discourse' (Clarke 2007).

In 2004, before SSLPs had become fully established or their impact evaluated (NESS 2005; 2008; 2010), there was a change in policy, with SSLPs becoming incorporated into a national network of children's centres. Over 3,000 Sure Start 'children's centres' were established in England between 2004 and 2010 to provide

‘integrated’ early childhood services to all families, with one located in every neighbourhood. Existing SSLPs were rebranded as children’s centres and absorbed into the network (Lewis 2011; Eisenstadt 2011).

The shift in policy from SSLPs to children’s centres was not welcomed by those who had supported the community development approach which had underpinned these organisations (Eisenstadt 2011; Bagley 2011). This suggests that some policy changes which are proposed to improve services and benefit families might not be experienced as improvements ‘on the ground’. Policy changes may lead to the dismantling of previously existing services which were already working, from the perspectives of staff and families, and lead to unintended negative consequences.

Children’s centres were established in three phases between 2004 and 2008: phase one children’s centres were the original SSLPs located in the poorest 20 per cent of neighbourhoods; phase two were newly established centres located in the poorest 30 per cent of areas; and phase three ensured there was national coverage with a children’s centre located in every neighbourhood in England (Eisenstadt 2011; DCSF et al 2002). Services were to increase employment opportunities for parents; to focus on services that supported children and families, particularly children ‘at risk’; and to expand access to early years’ education (ODPM 2004a). A number of national policy priorities were thus incorporated within the newly established children’s centres: the expansion of free early years’ education; increasing the availability of affordable childcare; and an increased role for local authorities in facilitating partnership working and integrated services (Lewis 2011; Eisenstadt 2011).

The Every Child Matters Agenda (ECM): meanings and implications in practice

The policy change from SSLPs to children's centres took place in the context of the competing policy priorities which were encapsulated within the Every Child Matters (ECM) agenda (HM Treasury 2003). This facilitated a significant reform of all public services for children and families. ECM appeared to be the amalgamation of three policy agendas: the extension of the notion of 'joined-up' government to the level of practice through the integration of children's services; the expansion of 'universal' early childhood services in order to improve children's outcomes and enable parents to return to work; and the achievement of national coverage of 'targeted early intervention' services to families whose children were deemed to be 'at risk' (HM Treasury 2003). 'Integrating' services led to challenges in practice (Anning et al 2006), and there has been much debate surrounding the notion of 'early intervention' and the dangers of identifying children 'at risk' using indicators related to poverty (Parton 2006; Murray and Barnes 2010; Morris and Featherstone 2010)

The reorganisation of services for children and families which was proposed by ECM reflected the government's 'joined-up' approach, with the 'integration' of health, education and social services. Professional and organisational divisions were viewed as a hindrance to meeting children's needs, and what was proposed was:

*Integrating professionals through multi-disciplinary teams
responsible for identifying children at risk, and working with the child
and family to ensure services are tailored to their needs.*

(HM Treasury 2003: 51).

The need for agencies and organisations to work in 'multi-disciplinary' partnerships was heavily emphasised in the ECM framework, and was later made a statutory

requirement (Children's Act 2006). However multi-agency work was to prove challenging to implement in practice (HCEC 2013; Lord et al 2011; Goff et al 2013). There was a lack of common understanding about what was meant by the phrase itself, and it proved difficult to reconcile the beliefs and practices of professionals working to achieve different outcomes (Anning et al 2006; Hemingway and Cowdell 2009; Barlow and Coe 2011).

Because what was meant by multi-agency partnerships was not explicit in central government policy, different approaches developed 'on the ground' (Malin and Morrow 2007). These have been categorised into three types: multidisciplinary, interdisciplinary and transdisciplinary (ibid). Multidisciplinary teams involve two or more professionals from different disciplines working alongside but separately to each other. Interdisciplinary teams are a closer collaboration with professionals still working within their disciplinary boundaries, but information is shared between professionals and shared goals are developed to underpin the design of services. The closest types of multiagency work are when transdisciplinary teams of professionals work together and their practices transcend disciplinary boundaries. There is a lack of evidence regarding both how multiagency work is perceived by professionals, and about which model results in the best outcomes for families (Anning et al 2006). The importance of effective supervision has been shown to result in better relationships developing between professionals, whilst differing beliefs about what constitutes good practice have led to the hampering of 'effective' multiagency work (Anning et al 2006). To overcome this handicap, it has been suggested that professionals need time to meet in order to develop a shared focus, and a firm belief that working together is essential for improving outcomes (ibid).

However there have been significant on-going challenges to implementing 'effective' multi-agency work (Lord et al 2011). Organisational divisions remaining in place at a local management level have meant agencies have different funding streams, performance targets and IT systems, all of which have hindered close collaboration and hampered the sharing of information (Hemingway and Cowdell 2009).

Overcoming obstructions to multi-agency work clearly required there to be a significant investment of time and resources at both a management and a practice level. With no evidence to suggest that multi-agency teams are more effective than traditional systems of referring clients between agencies on a case-by-case basis (Malin and Morrow 2007), local authorities and professionals might well be reluctant to invest in that approach.

The ECM agenda created a distinction between 'universal', 'targeted' and 'specialist' services, which denoted the kinds of families who were eligible to receive support (HM Treasury 2003). This portfolio of services was premised on a view of social exclusion as a broad and multidimensional problem affecting large numbers of children and their families. Services were conceptualised by policy makers as a pyramid, with 'universal' services at the base and increasingly 'targeted' and 'specialist' services being provided for fewer and fewer children as needs became more acute (HM Treasury 2003: 21). 'Universal' children's services included health services provided by GPs, midwives and health visitors, education provided in schools and by early years' providers and the careers service 'Connexions'. 'Targeted' services were those provided to 'disadvantaged' families who were considered to need 'early intervention' programmes to ensure their children did not become socially excluded adults. 'Specialist' services were for children with identified

needs including SEN, physical disabilities or speech and language difficulties. Child Protection remained a highly specialist service provided by children's social services for the most 'disadvantaged' children (ibid).

The ECM agenda appeared to construct parents in two different ways. Those deemed to be 'responsible' parents provided their children with the optimal environment in which to bring up 'happy, capable and resilient children', by taking advantage of the range of universal health, education and family support services on offer (DCSF 2007). It was perceived that these services would provide them with information and guidance about the 'right' way to care for their child, and enable them to balance their work and child care responsibilities (Murray and Barnes 2010). On the other hand, some parents were cast as posing a 'risk' to their children in a 'deficit model' of parenting (Featherstone et al 2012). These parents were believed to need intensive support to change their parenting practices and behaviours, to prevent their children from growing up to become 'socially excluded' adults (Murray and Barnes 2010).

Parton's (2010: 51) analysis of policy guidance documents relating to 'early intervention' services has pointed to a significant shift from 'dangerousness to risk' in the first decade of the 21st century. He draws particular attention to the issues inherent in identifying 'risk':

Who decides what the nature and priority of the risk is and what services are most appropriate, is very important. Such complexity is in great danger of being lost under the generic notions of risk and early intervention and thereby leaves it to the managers and front-

line practitioners to try and address the issues on a day by day and case by case basis.

(ibid 2010: 60)

Early intervention was proposed as a way of addressing a wide variety of quite different social problems, including educational underachievement, poor physical or mental health, social exclusion, crime, obesity, drug and alcohol abuse and teenage pregnancy. The notion that the 'right' kind of upbringing could prevent these problems from occurring seems quite far-fetched, and yet this has been a persistent belief underpinning social policy in recent years (Daly 2015).

'Parenting': presumptions of a 'right' approach

Since the beginning of the 21st century there has been an increased international emphasis on social policies that have focused attention on how parents bring up their children (Daly 2015), which has been referred to as a 'turn to parenting' (Hopman & Knijn 2015). 'Parenting' has been defined as the 'doing of parenthood', incorporating the tasks and relationships involved in bringing up children to adulthood (Daly 2015: 598). 'Parenting support' in the ECM agenda referred to services which aimed to improve the way parents carried out their role in ways which would promote their children's educational and health outcomes. This conceptualisation of parenting support was underpinned by beliefs and professional knowledge about child development and how parents could best support this, which reflects both the 'social investment' and 'social integration' discourses.

Daly and Bray (2015) have identified two alternative conceptualisations of parenting support. The first views support in therapeutic terms, focusing attention on promoting

parents' well-being and enabling them to build satisfying and empathic relationships with their children. Underpinning this conceptualisation is an ethic of care (Noddings 1984; 2012), where the goal is to understand and support families in their own terms rather than to achieve a normative ideal. The second views family life as being embedded in social networks which offer practical and emotional support. From this perspective, the role of support services should be to bring parents together so they can connect, support and learn from each other in ways which encourage mutuality, respect and reciprocity. This is underpinned by the belief that strong relationships and supportive networks both improve parents' mental health and also their knowledge about formal and informal sources of support. With limited evidence about diverse family practices in the real world and about the kind of support families want or need, there is clearly the potential for a wide variety of views to exist in practice (Featherstone et al 2012).

'Evidence-based parenting programmes' have become an increasingly entrenched feature of the support provided for families (Churchill and Clarke 2009: 39). These programmes, such as 'Webster-Stratton' and 'Triple P' are highly prescriptive, standardised courses which have had their efficacy tested in randomised controlled trials. Such programmes are premised on the view that 'parenting' consists of a set of techniques which can be taught using a cognitive behavioural approach (Featherstone et al 2012). An 'authoritative' style of parenting is advocated, characterised by warm, responsive and age-appropriate control (Churchill and Clarke 2009). However theorisations of optimal parenting styles do not take into account other influences on family relationships, such as the temperament of the

child and the parents' past life experiences; or of different beliefs and values about 'parenting' shaped in relation to social class, culture or neighbourhood (ibid).

Being a parent has become linked with what has been described as the 'rampant performativity' which characterises health, education and social services in contemporary times (Smith 2010: 357). However, in the light of the diversity of family lives, the presumption that there is a 'right' way to be a parent seems overly simplistic.

There has been a lack of recognition by policy makers of research into the detrimental effects of 'overly intrusive' parenting styles, which have been linked to lower levels of self-motivation in children (Waylen and Stewart-Brown 2008, cited by Churchill and Clarke 2009). With the emphasis placed on the role of parents in advancing or damaging their children's outcomes, an unintended potential consequence of the intense policy focus on 'parenting' might be to encourage more intrusive parenting (ibid). The professionalization of 'parenting' may also undermine parents' confidence in using their intuition when relating to their children, and reduce the enjoyment of being a parent (Raemaekers and Suissa 2011).

It matters a lot whether we choose to describe babies, and corresponding parenting practices, in terms of the workings of neurons or in terms of dealing with an individual person. It matters a lot because it makes us see particular things and disregard others, and, accordingly, it makes us want to do particular things and not

other things, and makes us feel that those are the only sensible things to do, unless one wants to be depicted as a bad parent.

(Raemaekers and Suissa 2011: 22)

The increased policy commitment to the use of evidence-based parenting programmes may have limited the possibilities for supporting families in alternative ways. A study by Penn and Gough (2002, cited by Featherstone et al 2012) into the kinds of support valued by families has highlighted their need for assistance with practical concerns such as the price of a loaf of bread or being given a lift to the hospital to visit a sick child. By advocating the use of evidence-based parenting programmes with 'disadvantaged' parents, policy makers have conflated inadequate parenting skills with vulnerable social networks and limited access to resources. This has diverted attention away from structural constraints and income inequalities as factors which could also contribute to the persistent gap in children's outcomes (Willan 2007).

Early education and childcare: increasing standardisation

Prior to the start of Labour's 1997-2010 term, there had been a clear distinction between early education, which was provided for the benefit of young children, and childcare, which was to enable parents to work (Pugh and Duffy 2010). Early education was provided by the local authority or the voluntary sector in nursery classes, nursery schools and community centres, but the quality and availability was varied (HM Treasury 1998). Full day care for children of working parents was provided for the most part by the private sector (Pugh and Duffy 2010). In 1998, shortly after Labour was returned to power, the parents of four year olds were given

an entitlement to free early education for their children for 12.5 hours per week; this provision was extended to three year olds in 2004. The entitlement could be used in any private, voluntary or local authority setting offering early education, and working parents could use the entitlement to offset the cost of full day care. In 2006 the free entitlement was extended to 15 hours and in 2015 extended to the poorest 40% of two year olds. At the time of writing there were plans to extend the entitlement still further, from 2018 to 30 hours for two year olds when both parents work for a minimum of 16 hours per week.

It was proposed that this increased public investment in early years' education would lead to raised standards in schools, narrow the gap between 'disadvantaged' children and their peers (Sylva et al 2004) and encourage parents to participate in employment by reducing the cost of childcare (DCSF et al 2002). In 2004 phase one children's centres located in the 20% most deprived areas were required to provide full day care. In other areas they could choose whether or not to provide full day care, depending on their assessment of the level of local unmet demand. All were to provide activities on site which gave children opportunities to play and learn.

As providers of early years' education and care, children's centres were expected to adhere to new standards which had been introduced in an effort to raise the quality of provision. In 2003 the DfES published a set of standards for day care settings and childminders in order to establish a baseline of quality, concerning the qualifications of staff, quality of premises and equipment, and the safety of children (National Standards 2003). In 2008 the Early Years Foundation Stage Framework (EYFS) was introduced to set learning, development and care standards that applied to any kind

of provider of early education and childcare outside the home, and in the same year the Office for Standards in Education (Ofsted) began inspections of all settings. Over the past twenty years there have been consistent moves towards increasing both the standardisation of early years' education and care and the number of children provided for.

This increase in the quantity of education and care between birth and five years arose from the view that more and earlier education would benefit children and reduce their 'risk' of future social exclusion (Sylva et al 2004). The increasing standardisation was intended to raise the quality of provision, but the move has incurred much criticism (Open Eye Campaign 2007). In an open letter published in the Times Educational Supplement in 2007 over sixty educators and health professionals launched a campaign which was to urge the government to reconsider the formal learning which at the time was being advanced:

Young children learn most naturally and effectively through a subtle balance of free play, movement, rhythm, repetition and imitation. An overly formal, academic and/or cognitively biased 'curriculum', however carefully camouflaged, distorts this learning experience...Caring for babies and toddlers is profoundly personal, involving immeasurable qualities like attunement and responsiveness. A 'one-size-fits-all' framework necessitating copious record-keeping risks substituting bureaucracy for care'

(TES 30/11/2007)

This and the previous section have highlighted the increasing standardisation of the services which are provided in children's centres. There is clearly the potential for

widely different perspectives on what makes a 'good' practitioner. Cottle's (2011) study into practitioners' perspectives on quality in Sure Start children's centres found that their views were shaped by contextual elements, including the organisational climate, the wider political agenda and their own individual histories (see also Davenport 2012). Their beliefs and values were influenced by their experiences in working with families, their own childhoods and from being parents themselves. Practitioners faced challenges dealing with the emotional complexity of their role and in achieving role clarity.

On the one hand, 'joined-up' working policies require flexibility and contextualised responses to community needs whilst other policies advocate a single standards-based position on 'quality' whereby settings are governed through a system of centralised targets.

(Cottle 2011: 261)

Standardised concepts of professionalism and notions of 'good' practice have been shown to lead to difficulty in building good relationships with parents. Brooker's (2010) study of relationships between parents and staff in a child care setting found that distrust was created by practices which failed to take account of parents' views. In particular, cultural misunderstandings were evident in the differing perspectives held by parents and staff on what constituted 'good' practices. In the context of social work, the intensification of performance requirements has been shown to lead to a reduction in the time available for providing face-to-face support to families and for building relationships of trust (Featherstone et al 2012).

Narrowing the parameters after 2006: 'chronic' exclusion

During the period between 2004 and 2010, whilst a national network of children's centres was being established, the nature of the policy debate on social exclusion began to change. This was to lead to further policy changes at central government level. The parameters of the category containing those held to be 'at risk' became narrowed, which reduced the numbers considered to be socially excluded or 'at risk' of becoming so.

The rationale given for narrowing the parameters to focus on 'chronic' exclusion (Cattell et al 2009) was that the policies put in place since 1997 had led to increased prosperity, and had reduced poverty except for a very small minority of the population. Those at the bottom 5% income level had seen their incomes rise by just 1% annually, as opposed to an average of 2-3% for the general population; and employment rates for those with no qualifications and those with mental illnesses had decreased (Cabinet Office SETF 2006). The challenge became to clarify who exactly made up this minority, and to develop ways to identify them in order to 'target' services more precisely.

Initially the 'chronically' disadvantaged were described in vague terms, as those 'groups and individuals with the most complex and challenging problems' (Cabinet Office SETF 2006: 17). The kinds of problems suggested were alcohol and drug misuse, educational failure, criminal activity, early sexual activity and/or mental health problems, and 'worklessness' (Cabinet Office SETF 2006: 39). However an evaluation entitled

Acute Chronic Exclusion (Cattell et al 2009) reported that 5% of those on a pilot programme targeting the 'chronically excluded' (ibid) were in fact employed. It seemed there were challenges in pinning down the precise characteristics of this minority of the population said to be the most in 'need' of services. In 2007 a 'Families at Risk' review (Cabinet Office SETF 2007) reported that around 140,000 out of the 13.8 million families in England were considered the most socially excluded, due to experiencing 'entrenched problems of the type which are often passed from generation to generation' (ibid: 2).

In deciding on policy programmes there remained an emphasis on the prevention and support provided by children's centres (Cabinet Office SETF 2006). However a competing agenda was being advanced, which took a different perspective on those who were most excluded from society. In the Foreword to the *Respect Action Plan* (Home Office 2006: 1) Tony Blair described 'chronically excluded' individuals and families as those who were exhibiting behaviours that made 'life a misery for others, particularly in the most disadvantaged communities.' The authoritarian tone of the *Respect Action Plan* was in contrast to an approach based on support and prevention:

We will legislate to tackle poor behaviour ... poor parenting increases the risks of anti-social behaviour... We will take a new approach to tackle the behaviour of 'problem families' by challenging them to accept support to change their behaviour, backed up by enforcement measures.

(Home Office 2006: 3)

In the final years of Labour's term in office (2006-2010) two strategies existed for combatting social exclusion: enforcing behaviour changes in a precisely defined group of 'problem' families, side-by-side with continued support for universally accessible 'integrated' early childhood services to prevent problems occurring or escalating in the future.

Continuity and change after 2010

The narrower definition of the socially excluded as those who were experiencing multiple disadvantages was further advanced under the Cameron-led Conservative/Liberal Democrat Coalition Government (2010-2015). This more precisely 'targeted' approach was most evident in the *Troubled Families Agenda* (Cameron, 2011). Announcing the programme in 2011, Cameron defined a 'troubled family' thus:

Let me be clear what I mean by this phrase. Officialdom might call them 'families with multiple disadvantages'. Some in the press might call them 'neighbours from hell'. Whatever you call them, we've known for years that a relatively small number of families are the source of a large proportion of the problems in society. Drug addiction. Alcohol abuse. Crime. A culture of disruption and irresponsibility that cascades through generations.

(Cameron 2011)

The TF policy was closely aligned with the *Respect Agenda* (Home Office 2006). There were also parallels with Labour's preventative and social investment approach evident in their vision for policy concerning children and families:

Early intervention, social investment, payment by results, multi-agency delivery – these should be the watchwords for every government department, local authority and private or voluntary sector provider in the coming years.

(HM Government 2012: 1)

The continuity between the Labour and Coalition governments' policies comprised an emphasis on prevention as well as coercion, 'early intervention', 'social investment' and 'multi-agency' approaches. The cross-departmental approach to policy making at government level also continued, along with the desire to forge closer partnerships with the private and voluntary sectors. Although there has been rhetorical support for 'integrated' early intervention services for children and families (DfE and DH 2011), the removal of ring fences on funding and overall reductions in local government grants have clearly impacted services such as children's centres. Many have been merged into group structures, or have reduced the range of services provided (APPG 2015).

What did appear to be a change in policy was the focus on 'payment by results', which introduced a mechanism whereby local authorities could 'commission' services to achieve 'outcomes', presented as a way to reduce the amount of bureaucracy placed on service providers (HM Government 2011). There has consequently been a move away from centrally mandating the precise services which local authorities must provide (ibid). This suggests that local interpretations of policy are likely to differ increasingly widely between localities. Local authorities might choose to make sense of what is required of them by new initiatives, such as the Troubled Families agenda, and implement them in ways that take account of

their existing service arrangements, including their children's centres. Alternatively they might incentivise providers to achieve the desired outcomes, and pass on the responsibility for determining the services which would achieve them to private or voluntary sector partners.

When Theresa May became prime minister in 2016, she described an approach that seemed to signal a shift back to a broader definition of those 'for whom life is a struggle' (May 2016).

We must make life easier for the majority of people in this country who just about manage... You might have a job but you don't always have job security. You may have your own home, but you worry about paying a mortgage.

(ibid)

It is not yet clear what significance, if any, this change might have for future policy decisions or for the fate of children's centres. Possibly it is merely a change in rhetoric.

The question is how might this constantly shifting policy discourse over social exclusion be interpreted, and then translated into services and practices in particular local circumstances. Raffe and Spours (2007) have explored the range of reactions to 'endless' policy change in the post-16 education sector. They reported the 'wearing' and 'distorting' effects on staff of policy inundation (ibid: 548). These effects are likely to be experienced by those interpreting Sure Start policy at the levels of both local and centre management.

Implementing the Troubled Families programme

Since 2010, few new initiatives relating to children and families have been introduced, so the *Troubled Families* programme was a significant exception. It was launched in 2011 to ‘turn around the lives of 120,000 troubled families in England by 2015’ (HM Government 2012). The criteria for a ‘troubled family’ were initially three out of four of the following: on the part of the child – involvement in youth crime, anti-social behaviour, or regular absence from school; on the part of the parent – unemployment or, more generally, being a family incurring high costs to the taxpayer in benefits or other interventions (ibid). The Troubled Families programme was expanded in 2015 to include 400,000 more families. The intended targets were children under five whose families were in debt or experiencing drug and alcohol addiction, domestic violence or mental and physical health problems. This expansion was reported to be due to the failure of the initially established criteria to reflect ‘the true complexity of families’ lives’ (DCLG 2017: 13).

The range of problems identified by the *Troubled Families* programme was determined by a narrower set of indicators of social exclusion than those developed under Labour. This may have been due to the difficulties of finding appropriate ‘outcomes’ which could be measured. At the time of writing the current Conservative-led government claims the programme to be a success:

[The Troubled Families initiative has] provided a much needed focus on real, tangible changes and outcomes being made in families rather than an offer of help and sympathy with little long lasting

impact. However, we need to be certain that it will provide the sharp focus we need on parental worklessness.

(DCLG 2017: 23)

The evaluation of the first stage of the TF programme reported that families had on average nine serious problems before joining the programme, which were likely to be related to 'employment, education, crime, domestic abuse, housing, child protection, poor parenting, addiction or health' (DCLG 2017: 13). The lessons of the past indicated that these were not likely to be easy problems to resolve in practice, raising questions about the potential consequences for providers if they were unable to demonstrate success.

Austerity and decentralisation: implications for children's centres

In 2011 the Coalition Government (2010-2015) expressed a commitment to maintaining the network of children's centres, claiming there was enough money in the newly combined Early Intervention Grant (EIG) to fund them (DfE/DH 2011). However, in line with its commitment to reducing centralised control over public services (HM Government 2011), ring-fences that had protected funding for particular services were removed. This has reduced the transparency concerning the precise levels of funding available for particular services and has introduced scope for local variations.

In response to a question raised in Parliament relating to children's centre funding, and despite their earlier rhetorical support, the government confirmed that the level of funding for children's centres within the EIG was to be reduced by 35% (APPG

2015). The EIG was abolished in April 2013 and replaced by a General Fund for all public services (ibid). The implications, first of a reduction in the levels of funding, and secondly a removal of conditions placed on how funding should be allocated, are likely to create variations in the configuration of services between local authorities. This suggests a need for research into how different authorities have responded within specific local conditions.

Conclusion: the case for a locally situated study of Sure Start policy

The shifting ambiguities of the discourse surrounding the social exclusion 'problem' are reflected both in the literature analysing government policy, and in the issued documents themselves. There has been a shift from an understanding of social exclusion that encompasses a range of needs, to a more narrowly defined view which focuses exclusively on those with complex and challenging behaviours. This discourse is not a neutral one. It has constructed families and their 'problems' in ways which ignore the structural barriers to inclusion, and places the blame and responsibility for children's outcomes solely on their parents.

Over the past twenty years there has been consistent political support for the need for early intervention services to support socially excluded families in order to prevent their children from becoming socially excluded adults. This led to the establishment of Sure Start Local Programmes and their expansion into a national network of children's centres. However, the evidence which has been claimed as informing Sure Start policy has been contested. Whilst there is a statistical correlation between growing up in poverty and children's future outcomes, the evidence that the early years provide a unique opportunity to 'intervene' may have

been overstated. In addition, the evidence regarding the kind of services which can improve family functioning does not clearly point to one 'right' way to bring up children. Characterising 'early intervention' services as a 'social investment' has led to increased standardisation, and the introduction of performance measures to determine success. However, these performance criteria may not closely relate to the kinds of support which practitioners actually provide to families, or to their own notions of quality.

When this research began, the future for children's centres seemed uncertain, in the context of reduced budgets and the requirement to 'target' services towards the most 'troubled families'. With the devolution of responsibility for planning services to a local management level, there appeared to be the possibility of a return to the 'patchy' provision for children and families of twenty years ago (HM Treasury 1998). This study was proposed in order to investigate the implications of government policy decisions relating to children's centres at the levels where policy decisions must be interpreted by local management, and then translated into practice by centre staff. Its intention was to explore how those working in children's centres might perceive their role in relation to shifting notions of social exclusion, how they might make sense of and navigate the changes to policy, and what they might perceive children and families to 'need' from their services.

Policies issued by central government are not straightforwardly 'implemented' in practice, but are modified at all levels in the process (Cairney 2012). Those 'enacting' policies (Ball et al 2012) might not interpret them in the way that central government intended, nor privilege policy over other factors when making decisions

regarding practice (Colebatch 2010). This local study of Sure Start has aimed to investigate how a shifting, contested and ambiguous national policy has been interpreted, and then translated into services and practices within a particular set of local circumstances; to explore the material and structural constraints on those enacting policy; and highlight the ensuing implications for both staff and families.

CHAPTER THREE

AN INTERPRETIVE AND LOCALLY SITUATED STUDY: APPROACH AND METHODS

The policy context of children's centres and the academic literature concerning family policy (chapter two) highlight three points which were relevant to the approach taken for this study. First is the complexity of the policy story (Stone 1997) of children's centres, from their early beginnings as Sure Start local programmes from 1999, their expansion into a national network from 2004, and their gradual decline after 2010, all of which was underpinned by some of the wider policy agendas of central governments nationally and internationally. Second is the ambiguity of the term 'social exclusion' which was used to describe a problem deemed to need a policy solution. Its definition and the methods of its deployment as a policy issue have been debated in the literature, revealing different perspectives on its meaning, causes and solutions. Third is the lack of research into how policy programmes introduced to address ambiguous policy issues are translated into practice and how those 'on the ground' perceive and experience such policies.

The research questions which emerged from an exploration of the policy context, a review of the literature and my initial reconnaissance 'in the field' at Stonelands Children's Centre were:

1. How was policy relating to children's centres changing in 2013/14?
2. How were these policy changes translated into practice?
3. How were policy changes perceived by staff and parents on the 'frontline'?

4. What can a locally situated study of policy reveal about the interface between policy and practice?

This chapter explains how these questions arose and why using an interpretive locally situated study was an appropriate approach for addressing them.

The setting as a starting point

My first encounter with Stonelands Children's Centre and Nursery School (SCCNS) (pseudonym) was in 2008 when I attended services there with my young children. We went to 'stay-and-play' groups where I could talk to other parents and staff while the children played; I sought and received advice about speech and language development; and the children accessed their government-funded entitlement to early years' education. In 2010 I became the vice-chair (VC) of the governing body which was made up of staff, parents and members of the community. This was a voluntary role that involved meeting two or three times a term to act as a 'critical friend' to the senior leadership team (SLT). Its remit included reviewing and approving the budget, appointing the SLT, agreeing performance targets and monitoring progress.

In 2013, in the context of a budget reduction, the Local Authority began a consultation into proposed changes to the County's network of children's centres. The initial aim of this research was to understand how and why these changes were being proposed by exploring their implications from different perspectives.

Justifying an interpretive/constructivist approach

An interpretive/constructivist approach is appropriate when the research purpose is to describe, understand and interpret phenomena from different perspectives in a real-life context (Merriam and Tisdell 2016). An interpretivist perspective places an emphasis on meaning, whilst constructivism locates the origin of that meaning within the human mind rather than objectively 'out there' (Gergen and Gergen in Outhwaite and Turner (eds); 2007; Denzin and Lincoln 2011). I wanted to know what the changes meant to decision makers and to staff and families at SCCNS, and by taking an interpretive/constructivist approach this would involve accessing, interpreting and representing these different perspectives.

Denzin and Lincoln (2011: 116) have explained that meaning should be the focus in social research because it leads to certain courses of action being taken:

The meaning-making activities themselves are of central interest to social constructionists and constructivists simply because it is the meaning-making, sense-making, attributional activities that shape action (or inaction).

Meaning is socially constructed as a result of individuals' subjective interpretations of their own experiences which are shaped by their interactions with others and viewed through the lens of the historical or cultural norms that surround their lives (Creswell and Miller 2000). Therefore there will always be multiple possible interpretations of any single event rather than one observable reality (Merriam and Tisdell 2016). The complexity of interacting factors in the social world makes it impossible to achieve a fixed and universally true knowledge of it. However, exploring multiple perspectives

can lead to some insight into the factors which are relevant and how they might be interacting.

Interpreting meaning

An interpretive perspective implies a hermeneutical/dialogical methodological approach (Denzin and Lincoln 2011; Hesse-Biber and Leavy 2004; May 2001). The expression 'hermeneutics' is used here to refer to the notion that all phenomena are understood within the minds of human individuals who are embedded within a network of significant relations and contexts. If social meaning is created through interactions, then in order to understand particular interactions it is necessary to understand how the individuals involved interpret their world. Individuals' prior understandings shape their processes of interpretation (Denzin and Lincoln 2011). Therefore this suggests that when interpreting texts such as interview transcripts and policy documents, there is a need to consider the author's expressed meaning and to make sense of this in the historical and cultural context (Merriam and Tisdell 2016). Taking a hermeneutic approach requires not merely describing (inter)actions, but seeking to understand how and why individuals interpret their world in the way that they do, and how these interpretations lead to their ways of interacting with others (May 2001). For instance, in order to understand the implications that policy changes have in practice, it is necessary to explore individuals' perceptions about their practices and the experiences which have shaped how they make sense of their role. The sense-making stories that people tell when they talk about their practices are a potentially rich source for understanding their perspectives within the context of their individual experiences. A hermeneutic/dialogical approach stresses the centrality of language to how we make and create meaning inter-subjectively.

Therefore focusing on what people say about their work or lives and how they describe what they do should provide an insight into their worldview and a way of interpreting their perspective.

The 'linguistic turn' in debates about social research methodology has brought about a focus on language use as the most crucial site for interpreting meaning (Kogler 2007 in Outhwaite and Turner (eds)).

Social constructionism ... assumes that language is never a neutral, transparent means of communication. Put simply, our understanding of things, concepts or ideas that we might take for granted, like 'childhood', 'evidence' or 'motive', is not somehow natural or pre-given but rather a product of human actions and interactions, history, society and culture.

(Rapley 2007: 133).

The interest in language for social researchers who engage in its analysis lies in how it is used to construct worldviews, meanings or identities (Rapley 2007). Language is viewed as integral to the way social life is constructed. For instance it is not 'neutral' (ibid) to describe people as 'socially excluded', nor is this a term people generally use about themselves. Interpreting language requires questioning what is left out as well as what is said, in order to understand what is meant. In relation to the term 'social exclusion', the questions raised are: who are those being excluded, from what and by whom?

Objectivity, values and quality in interpretive research

From an interpretive perspective, the way that we know things, how we know them and our relationship with others around us are interconnected (Merriam and Tisdell 2016). What I (think) I know is the result of my communicative interactions, both written and spoken, by means of which I have made interpretations within my own cultural and situational contexts. What I (thought I) knew about Stonelands prior to carrying out this research was based on my experiences of the setting and from talking to others who were involved there, so it had been inter-subjectively constructed from day-to-day experiences and conversations. When carrying out research into subjects where you have a close involvement, it is not realistic to (claim to) be disconnected when in fact you are undeniably committed and engaged (May 2001). An interpretive-constructivist approach views this engagement as a benefit, rather than perceiving it to be problematic due to its lack of 'objectivity'. I saw my experiences at Stonelands as facilitative of the relationships I built with some of the research participants, and in turn, my relationships with those key informants helped me to gain access to other participants and documentary data.

A criticism that has been made of the interpretivist approach is that the researcher's subjectivity leads to bias. A positivist perspective suggests that 'rigorous research' requires that researchers should maintain distance from their research 'subjects' (or participants) in order to separate 'reason' from 'emotion' (May 2001: 21). This approach was not appropriate for the present study, as I needed to be close to the participants in order to understand their perspectives. Instead of distancing themselves from participants in order to achieve objectivity, the interpretivist social researcher identifies the problem within the situation they are observing and

questions why things are the way they are (Merriam and Tisdell 2016). This is underpinned by an *antifoundational* world view:

Antifoundational is the term used to denote a refusal to adopt any permanent, unvarying (or “foundational”) standards by which truth can be universally known... any agreement regarding what is valid knowledge arises from the relationship between members of some stake-holding community.

(Denzin and Lincoln 2011: 119/20)

As my research interest arose from my involvement with Stonelands, I was clearly not taking a detached stance. I wanted to be in close contact with my research participants, so that I could ask probing questions and observe actions in a naturalistic setting. I believed this approach was well-suited for exploring the values underpinning different perspectives about the policy changes at the centre. My aim was to understand how families and their ‘needs’ were understood, what different experiences these understandings were based on and how they affected the judgements staff and parents made about practices taking place there.

In recognition of the charge of ‘bias’ I acknowledged the importance of being aware of my taken-for-granted assumptions and of understanding how these might be influencing my interpretations when viewing the meanings of others through my own lens. I believe that this reflexivity is one of the strengths of interpretive research, allowing research to be authentic and grounded in the complexity of the social world. I view the lack of acknowledgement of researcher subjectivity as a limitation of positivist approaches which presume that there is a privileged position from which to view the ‘real world’ objectively.

An acknowledgement of the subjectivity of the researcher leads to a further criticism levelled at interpretive research that it lacks *validity and reliability*. These terms are contested by qualitative researchers:

All research is concerned with producing valid and reliable knowledge in an ethical manner... Because qualitative research is based on assumptions about reality different from those of quantitative research, the standards for rigor in qualitative research necessarily differ from those of quantitative research. However... both the criteria and terminology for discussing and assessing rigor in qualitative research are in flux.

(Merriam and Tisdell 2016: 237)

A positivist approach to validity relates to the *methods* of research and the extent to which procedures have been rigorously followed. However, in acknowledging that subjectivity cannot be eliminated from the interpretive process when using naturalistic methods, interpretive researchers need to consider a methodological approach to validity. Denzin and Lincoln (2011: 121-2) proposed three criteria that could be applied to the outcomes of interpretive/constructivist/naturalistic inquiries in order to judge whether they were ‘authentic, trustworthy, rigorous, or “valid”’. The first relates to ‘fairness’ and whether research studies included a balance of stakeholder views, perspectives, values, claims, concerns and voices. The second refers to ‘ontological and educative authenticity’, implying that social inquiry ought to aim to raise the level of awareness of research participants and those they come into contact with. The third criterion, ‘catalytic and tactical authenticity’, suggests that

inquiries should prompt or facilitate research participants to take social or political action (Denzin and Lincoln 2011: 122).

In relation to Denzin and Lincoln's criteria I sought to include a balance of views by reading a broad range of literature underpinned by different perspectives on the issues relevant to my study. My staff participants, who were all connected to Stonelands in some way, came from different professional backgrounds (health, education and social work). Staff who were not from a professional background all had childcare qualifications, but had different previous employment, cultural and life experiences. Parents interviewed were all white British women but with different socio-economic circumstances and life experiences. However, I did not assume that inviting participants to talk to me about their perspectives would necessarily lead to them reflecting on their beliefs and actions or raise their level of self-awareness. My aim was not to educate or empower research participants to take action, and I did not view my role as being to influence their beliefs or actions. Denzin and Lincoln's second and third criteria therefore did not align either with my views about my role as a researcher or with the aims of my research.

An alternative interpretive perspective for addressing validity has suggested that carrying out authentic and credible research should involve bringing together ethics and epistemology (Lather 1992; Noddings 2012). This view, which emphasises the notions of *reflexivity*, *polyvocality* and *reciprocity*, has underpinned my approach. Being self-reflexive has entailed subjecting what I (think I) know to critical scrutiny and deconstructing its foundations (Scott and Usher 1999). This is of course easier said than done, but in striving to be more aware of my subjective views and how

these have been shaped by my historical and cultural context, I have tried to recognise and challenge at least some of my taken-for-granted beliefs and opinions:

Reflexivity demands steady, uncomfortable assessment about the inter-personal and interstitial knowledge-producing dynamics of qualitative research, in particular, acute awareness as to what unrecognized elements in the researchers' background contribute.

(Oleson 2011: 135).

There were two strategies that I used to increase the reflexivity embedded in my approach that went beyond merely describing how I carried out my research. First, by writing a reflective field diary and analytic memos (Ely et al 1997) in the early stages of data analysis, I highlighted my initial interpretations. I scrutinised these notes looking consciously for the subjective assumptions and value judgements I had made in relation to the data, which enabled me to challenge their foundation. Second, by discussing the issues and themes emerging from my analysis both with research participants, my supervisor, and peers located outside the research setting, I was able to gain insights into the issues, and into my perceptions of them and to reflect on my position as the 'researcher'. Reflexivity is a goal to continuously strive towards rather than a state of being. It requires constant attention to be paid to how we perceive and represent others.

The concept of *polyvocality* provides a way of responding to the problem of representation in qualitative research (Lather 2006) which arises from the act of interpreting and writing about the perceptions of others. The issue is how and whether researchers can legitimately speak for 'others' (Denzin and Lincoln 2011:

681). There is a danger in univocal accounts that in the attempt to draw tidy and unequivocal conclusions some marginal views may be erased. The aim therefore should not be to produce an account that erases differences in the pursuit of one 'true' version but instead one which welcomes and includes contradictions between different perspectives. Addressing this issue requires the research account to include the actual voices of research participants so they provide different ways of seeing events and give an opportunity for readers to make their own interpretations. I have included the voices of my research participants alongside my interpretation of their meaning in order to produce a polyvocal account of views about Stonelands and the changes taking place there.

Reciprocity as a research aim should be 'relational' rather than 'contractual' (Noddings 2012: 530). It is not a relationship that is based on the exchange of favours but on being attentive, caring and responsive. Reciprocity can be achieved when participants in the research relationship feel heard and respected and have had their views valued. The relationships I built with my research participants were based on my belief that when relationships are founded on an ethic of care (ibid) then both parties benefit from the encounter(s). My fieldwork involved many informal conversations with participants as well as semi-structured, recorded interviews. My plan was that by sharing small details of our lives and listening to the challenges and concerns we each were facing, we would develop caring and reciprocal relationships, and to the best of my knowledge, this was successful.

Was my approach scientific?

One criticism of the interpretive/constructivist perspective has come from those who view the purpose of research as being to establish *generalizable* knowledge which can be applied to other situations. Generalizability is however a problematic concept from a perspective which regards the social world as complex, situational and not reducible to variables that can be *tested*.

The question of generalizability has plagued qualitative researchers for some time. Part of the difficulty lies in thinking of generalizability in the same way as do investigators using experimental or correlational designs. In these situations, the ability to generalize to other settings or people is ensured through a priori conditions such as assumptions of equivalency between the sample and population from which it was drawn, control of sample size, random sampling, and so on.

(Merriam and Tisdell 2016: 253)

Generalizability is an aim in research studies which are geared towards prediction, testing hypotheses and establishing causation (Denzin and Lincoln 2011). In the context of qualitative studies this is sometimes translated to mean research which aims to develop, test or refine theories:

Indeed 'theory' has become synonymic with 'generalization' in much social scientific discourse

(Thomas and Myers 2015: 36).

Social theories attempt to make law-like generalisations about social life. However, the risk is that the richness of lived experiences can be reduced to a mundane set of limited factors which can be capable of providing the basis for making predictions.

When beginning this research I didn't start out with a particular theory to test because I wanted to view what was happening at Stonelands holistically. I wanted to avoid narrowing down my field of view to specific policy changes or to looking for particular explanations of their impact. Instead I used theories as heuristic devices, or tools to think with, rather than aiming to test, prove or disprove them. For instance, theories of the policy process provided me with a map of the kind of factors to explore and collect data about, ones which might be influencing interpretations and actions. They also provided me with different ways of organising the data to try and make some sense of it. The theories which I found most useful in this respect were not those which provided a set list of hypotheses but those with more tentative conceptual frameworks.

From an interpretive perspective, research findings may be *transferable* (Denzin and Lincoln 2011) to other situations depending on how well the reader can relate to the circumstances recounted in the research account. In my view, knowledge is founded on our experiences in practice, including learning from others whose experiences we can in some way relate to. Richly detailed stories about practice may resonate with those reading or hearing about them, who may find them relevant to their reflections about their own practice. From this perspective research findings are therefore not so much 'reported' but 'created' in an intersubjective way between the writer and the reader (Ely et al 1997).

Refining the focus of the research

During the course of this study my research focus became refined as I began to view the issues through a more academic lens. Through reading policy documents and

academic literature I began to understand that the policy changes taking place at Stonelands should be viewed in the context of historical and on-going changes in the wider field of family policy which began with the election of the Blair Labour government in 1997. It became clear to me that in order to understand how and why changes were taking place, and to provide a context for what was being said by staff about their work I needed to identify the policy problem (social exclusion) and the solution (early intervention), and the assumptions made about families in policy and practice.

My informal conversations with the senior leadership team at Stonelands began to reveal tensions between their perspectives about family support services and the accountability requirements being placed on them by the local authority. I became interested both in the (competing) values and assumptions which underpinned the policy influencing children's centres, and how the accountability requirements were navigated in practice. These interests led me to investigate how policy documents issued by central government were being interpreted and then translated into actions at a local management and Centre level. This meant my approach was based on a view of reality as being socially constructed, but I also wanted to consider how structural constraints shaped meanings and actions in practice in ways that might or might not have been explicitly apparent to research participants. I was therefore moving away from basing my findings solely on staff and parent perspectives. The focus of my research was also changing from the specific changes taking place at Stonelands to how policy was operating to shape practice.

As my research developed, I became interested in the interface between policy and practice more generally. Thus, what may have started out as a study concerning different perceptions of the changes at a particular centre became a study of policy implementation or 'enactment' (Ball et al 2012) in a local context. I wanted to understand what was happening at Stonelands in the wider context of local and national policy changes which appeared to be imposed on staff from 'above'. To illustrate the complexity involved, my research focused on 'a wide sweep of contexts: temporal and spatial, historical, political, economic, cultural, social and personal' (Stake 1995: 43). For instance, I analysed the policy that led to children's centres becoming established (historical) in the context of an apparent shift towards early intervention programmes in family policy (political). Both the policy and the literature highlighted that there were competing cultural, social and personal views on 'the family' and what constituted a 'good' family life. The political/economic and historical context also appeared to have significant influence on the governance changes that were being introduced, particularly 'austerity' as a contemporary feature of the immediate political context, and neoliberal welfare reforms over a longer period. This complex 'sweep of contexts' only incorporated one level of the 'ecological system' (Thomas and Myers 2015: 26) potentially influencing practice at Stonelands. The regional, local and personal (or macro-, meso- and micro-) 'sweep of contexts' were also part of the system. At a county level a combination of budget cuts and commissioning were affecting children's centres in terms of their location, services and management structures in ways which were experienced by individual centres such as Stonelands in the context of their own historical and cultural circumstances.

By adopting an emergent approach I could investigate the complex interaction of factors at different levels of the policy process, as well as from different perspectives. My approach was underpinned by the belief that a holistic rather than reductionist view should be the preferred aim for social research. In this case it was impossible to identify in advance the factors underpinning changes in children's centre policy or the factors involved in shaping how these changes were interpreted and translated into practice. Thus an emergent approach was necessary in order not to limit the kind of factors I considered. If these had been pre-determined prior to the study they could only have been based on my own preconceptions of what I might find, due to the limited literature on the local consequences of contemporary changes to children's centre policy.

This study evolved as it progressed because my analysis and reflection were themselves on-going. As new insights emerged they shaped the future direction of the study. I believe this was one of the factors that added to the *reflexivity* (Lather, 1992; Noddings, 2012) of this research. However there were limitations to using an emergent design:

New puzzles are produced more frequently than solutions to old ones. Its contributions to disciplined science are slow and tendentious. The results pay off little in the advancement of social practice. The ethical risks are substantial. And the cost in time and money is high, very high.

(Stake 1995: 45)

The ethical risks that arise when researchers and participants are in close contact must be addressed, it is true, but these are not unique to holistic or emergent

studies. The risks of a reductionist approach are that the solutions produced are based on mistaken assumptions about key variables which may lead to the introduction of social practices that are a backwards step. A holistic approach, on the other hand, can lead to small and incremental steps being taken towards developing valuable experiential learning. Taking a holistic approach also does not preclude narrowing the focus as the study progresses in response to the *new puzzles* (ibid) which are exposed.

Narrowing the focus of the study

The focus of this study emerged during the course of my research, when my analysis of the data in relation to the literature led to a developing interpretation of what my study was about. After viewing my data in relation to theories about the policy process, I began to realise that Stonelands was an interesting example of how policies themselves operated on the agency of those implementing them within the context of a particular set of circumstances. What began as an 'intrinsic' local study of policy from the perspective of practice at Stonelands therefore became an 'instrumental' study (Stake 1995: 3) of how policy operates to influence practice, and the factors and mechanisms involved.

In the early stages of my research, before I had more closely identified the focus of my study, my writing about the data was more descriptive than interpretive. However this was a necessary part of the process of narrowing down the focus. Exploring complexity and taking an emergent approach require initially taking a broad approach, which means that the focus will not be immediately clear. Thomas and Myers (2015: 49) have supported the importance of being open to the unexpected

when conducting social research, and suggest that research should be conducted in a 'spirit of inquisitiveness':

Questioning is the starting point; serendipity, noticing and insight provide an elevation; and interpretation based on phronesis is the key.

(Thomas and Myers 2015: 50)

This suggests the researcher should focus on developing the quality of their insights in relation to the unique and particular, rather than seeking to develop generalizable theories. The concept of *phronesis* refers to practical ways of knowing based on the application of ideas and evidence in concrete circumstances (Thomas and Myers 2015).

I studied the data repeatedly to make sense of it, looked for themes and contradictions, wrote about these, and reflected on what the data was (and wasn't) revealing. Gaining an insight into the data involved being immersed in the data, followed by periods of stepping away from it and reading the literature in order to review the data once more in the light of different theoretical perspectives. I refined my research questions several times as I reflected on the themes and ambiguities in my data. Taking this open and 'inquisitive' approach meant I focused on the factors that seemed to be most relevant in light of my early analysis of participants' perspectives and my interpretation of what was happening in the wider context.

The aim of the study was to understand the interface between policy and practice in the context of a particular set of local circumstances at Stonelands. This required understanding the factors influencing the work of staff in order to investigate how the

policy changes that were taking place nationally and locally were perceived and translated in practice. It also involved understanding how staff and parents perceived Stonelands, in order to explore how policy was and was not influencing practice. My research design therefore needed to incorporate data collected from multiple perspectives and from different vantage points including both national, regional and local levels.

Gaining access

Gaining access to sources in order to carry out research requires having the support of senior management (Bryman 2016). It was crucial to gain the support of Stonelands' manager, Alison, in order to give me access to centre documents and research participants. Participating in the research was going to entail a significant time commitment on the part of the staff at the centre, so it was important to be clear both about what access I wanted, and what Alison was prepared to agree to. We talked about the purpose of my research in a number of informal conversations, and this shaped the research questions and design.

Alison was concerned about the policy changes that were taking place at Stonelands and how they would impact staff and families using services. She was consequently supportive of my research study, and agreed to act as a 'gatekeeper' (Bryman 2016: 428). She was willing to allow me access to talk to staff and observe team meetings, and to provide me with documentary evidence. She also facilitated my access to parents by inviting their participation and providing me with contact details of those who were willing to participate. We agreed that due to the young age of the children, they would not be directly participating in the research.

Alison became a 'key informant' (ibid: 432) during the course of the study. She proactively sent me documents that she considered would be of relevance and alerted me to policy changes at Stonelands when they took place. The role she played as gatekeeper and key informant was crucial to facilitating this research. I was aware that she was in a position to influence the access I had, and that she had strong views about the changes taking place. I reflected that it was important to seek out and stay open to alternative views.

It was important to me that all the staff at Stonelands agreed to participate in the research both so that I could access multiple views, and to enable me to observe team meetings when all staff were present. There were two key ethical issues that I needed to address when considering the issue of informed consent: first, whether my role as governor might make staff feel compelled to participate; and second, the extent to which anonymity could be assured. Due to my pre-existing involvement as a parent and governor at Stonelands I was known by staff, but I could not be certain of how they viewed me. I had to consider that it was possible that they saw me as being closely connected to the senior leadership team, and would therefore have felt obliged to participate in the research (Pole and Lampard 2002). I also knew that despite using pseudonyms and omitting details about the location, anyone closely involved would be able to identify many of the staff from details in the thesis so there was a limit to the level of anonymity for those who knew the setting well. All the practitioners therefore needed to know my research purpose, trust the information they gave me would be treated as confidential, believe that there would be no negative repercussions if they chose not to participate and be fully aware of what participation would entail (Hesse-Biber and Leavy 2004).

I was able to gain access to the whole staff team during one of their training days in order to explain the purpose of my research, the methods I was planning to use to collect data and how I was planning to use it, and to invite and respond to any questions. I gave staff a general outline of my research purpose as being to investigate how they viewed policy, how it influenced their work and whether (and in what ways) they thought it had a positive or negative impact on families. I did not define what I meant by policy (as I wanted to explore what the term meant to them), and since they did not question this it clearly had some meaning already. I wanted to strike a balance between giving enough information to allow practitioners to make an informed decision about participating, but to avoid pre-defining the kind of information they would consider relevant to me (Hesse-Biber and Leavy 2004). I was however careful to make it clear that I wanted to understand their perspectives on their practice and stressed that I did not have a 'right' answer against which their responses would be judged. It was important to me that they were not concerned about being 'judged', and I therefore stressed that I viewed them as the experts on their own practice (Fontana and Frey 1998). I gave a brief outline of the research methods I was planning to use, which comprised observations, interviews and collecting documents. I explained that I would be observing their meetings but not their practice, both because my purpose was to understand their work from their point of view, not from an 'objective' stance, and because I was aware of the importance of the relationship of confidentiality they had with parents. I explained that my research was for a PhD study and was not related to my role as governor, and I committed to not including data which I had obtained for governance purposes.

At the end of the information session, I gave each member of staff an information sheet summarising the research purpose and methods, and a consent form which I asked them to take away to complete if they wished to participate. I also invited them to contact me individually if they had any issues they wanted to clarify. All the staff at Stonelands agreed to participate in the research and returned the forms without asking for further clarification. In the interviews and informal conversations the staff were surprisingly candid, often giving me information that put them at risk of being criticised for practices which did not align with policy mandates.

Documentary evidence: policy data and translations

The holistic style of my research meant I was interested in how policy, which I defined broadly, influenced practice at Stonelands. I was interested in how macro-level policies produced by central government were interpreted by staff and translated into other documents and practices, and the ways that contextual factors influenced this process at both national, regional, local and individual levels. The challenge was to decide which of the multitude of documents issued should be included in my research. I was aware that I had to be selective and also reflexive about how I determined what was relevant (Pole and Lampard 2002).

The national policy documents relevant to the historical context were those through which I could trace the trajectory of children's centres from their early beginnings as Sure Start local programmes to the present. These documents showed how children's centres were brought into existence as a policy solution to the 'problem' of 'social exclusion'. They also highlighted what kind of services central government expected children's centres to provide, what they viewed their overarching purpose

to be and how they would be held to account. The documents were all publicly available on the government website. I searched for them using the following key words: Sure Start, children's centres, family, parents and children. I cross-checked the documents I had identified as relevant with those identified in the academic literature concerning children's centres specifically, and family policy more generally (Pole and Lampard 2002). When such documents referenced other policies I duly accessed those to consider their relevance. I also took a 'bottom-up' approach, and included the national policy documents that staff mentioned in relation to their work both informally and during their interviews.

At the local management level, in 2013 I searched for publicly available documents relating to the County Council's current consultation regarding children's centres. The debate over the proposed restructure of the children's centres between the Local Government 'Scrutiny Committee' and officers working for the Local Authority was recorded in minutes available on the County Council's website. I also included a number of 'unarchived' (Pole and Lampard 2002: 152) texts issued by the Local Authority with children's centres as their intended audience. Between May 2014 and May 2015 Alison gave me unarchived documents related to Stoneland's management and accountability requirements. These included reports of inspection visits, service agreements and performance management proformas. (Appendix b lists and describes local and centre management level documents used in the study. National policy documents have been referenced throughout the thesis).

Collecting documents issued over a period of time was important, allowing me to identify how and why policy was changing at central government level. Obtaining

documents from both national, local, and centre management levels enabled me to investigate how national policies were reinterpreted in other policy as they ‘moved’ through the levels downwards towards front-line practice. As a sole method the documentary evidence would be insufficient for answering my research question of how policy was influencing practice. It could however highlight those ambiguities in policy texts which related to the purpose of children’s centres and the balance of services which they were to provide, but needed to be resolved in practice.

Observing practice: reconnaissance in the field

I had been observing practice at Stonelands for several years prior to this research during monitoring visits and in governors’ meetings. In a sense these observations could be viewed as a reconnaissance phase for this study. I was essentially in a ‘peripheral membership’ role, close enough to establish an ‘insider identity’ with the SLT, but not a core member of the staff group (Adler and Adler 1987: 85). In governors’ meetings in particular the tensions between policy and the realities of practice were highly visible, and frequently openly discussed. For instance the Centre Development Plan requiring ‘improvement targets’ to be identified involved both pragmatically ‘playing the game’ (Ball 2000) and a genuine desire to play it in a way that most benefited the families using Stonelands. For example, an improvement target related to promoting ‘active learning’ was selected in order to take advantage of a capital grant being offered by the Local Authority to develop outdoor learning spaces. These kinds of observations of management practice had led me to become interested in how policy changes in 2013/14 would be navigated at the centre.

By carrying out monitoring visits at Stonelands I had also ascertained that observing practice directly would not provide much insight into how practitioners perceived or navigated policy unless a considerable amount of time was spent as a participant observer. 'Stay and play' groups, for example, involve much routine activity – singing songs, changing nappies, having 'snack time' and exploratory play. I knew it would not be comfortable being a non-participant observer in sessions attended by children and parents. With no way of being inconspicuous in an open-plan setting it would not have felt natural to watch without participating, and yet whilst actively participating the ability to observe events would be limited to a narrow view. In short, I was not concerned that I did not have access to observe practice, as I was not taking an ethnographic approach. Having attended services as a parent and having monitored them as a governor I had an appreciation of the kind of activities that took place, and this informed my interpretation of the data.

In order to gain an insight into the issues policy changes were raising for staff I observed six staff meetings between May and August in 2014. The newly commissioned third sector provider was to take over that September, so changes were imminent. Team meetings were sometimes attended by the whole staff team, but others were attended by a smaller sub-group, for example the family support workers or the nurture nursery workers. Other external partners sometimes attended, for example a health visitor or the adjacent nursery school's head teacher. Meetings were formally organised and an agenda circulated. They were chaired by Alison, Stonelands' manager, and minutes were taken.

I did not participate in the meetings but took notes throughout which I wrote up immediately after each. I used a template recording the time, topic and speakers, questions and queries raised, and my reflections (see appendix c for an example of a populated observation schedule). The following table is an extract from my notes.

Time	What is being discussed? By whom?	Questions / Queries	Reflections
12:09	<p>Alison suggests the meeting begins although notes that Susie has not arrived yet. Alison asks if Emma is going to take minutes. No one knows so Alison goes to find her. They return together.</p> <p>Alison reports to the team that the outcome of the tender process to run the Children's Centre will be known by half term.</p> <p>There is a discussion about when and what to tell parents about the reduction of 'stay and plays'.</p>	<p>How much autonomy do the family support workers have to decide their own priorities?</p> <p>What are the implications for the Children's Centre of the tendering process?</p> <p>What do staff believe are the</p>	<p>It seems taken for granted that Susie must have a good reason for not being at the meeting on time. It is unquestioned and seems ordinary.</p> <p>There is not much reaction to this news. I wonder what they are expecting the outcome to be.</p> <p>The reduction in 'stay and plays' is part of a</p>

	<p>Alison is asking the team whether this news should be given before the outcome of the tender process is known. Sunita says 'they're sussing it anyway' and reports that in sessions, parents are talking about what other parent/toddler playgroups are run in the area. A church 'stay and play' group is mentioned.</p> <p>Rachel agrees with Sunita that being 'straight up' with parents is the best approach to take.</p> <p>Patricia agrees – 'the sooner the better, we can't lead parents on'.</p> <p>Sunita has overheard parents comparing their 'stay and plays' with the church one. They have said the church one is not as good because of the lack of outdoor space and resources</p>	<p>implications for the Children's Centre or for the families of reducing the number of 'stay and play' sessions?</p> <p>What do the staff believe the impact of their 'stay and play' to be?</p> <p>What do they see as the purpose of them? How do they define a 'good' 'stay and play'?</p>	<p>rationalisation of the timetable which seems to have taken place as a result of impending budget reductions.</p> <p>There seems to be a consensus that some (but not all) parents will access alternative voluntary run 'stay and play'. What do they think the implications of this will be?</p>
--	---	--	--

The extract above illustrates how questions arose which could be explored at interview. For instance, it was clear that staff were aware of the imminent management changes, but their lack of comment raised questions about how significant they perceived them to be. The one concern raised was how parents might respond to a cut in 'stay and play' groups, but it was not clear what they considered the implications of this to be. The extract also illustrates how my prior involvement with and knowledge about Stonelands informed my interpretation of what was happening in the meeting. This meeting was the first formal data collection visit I conducted. If I had not known who Susie was the question raised might have been who she was and what her role involved. However as I already knew she was a family support worker, I was able to reflect on what her unanticipated absence meant and raise the question of how much autonomy those workers had to determine their own priorities.

One noted limitation of observations is that they only provide the researcher's subjective interpretations of what is taking place with no way of checking the meanings of the events for those being observed (Adler and Adler 1987: 87). But this is more of a concern when observation is used as a sole method, with no opportunity to follow up questions raised. However I found observing team meetings a useful way of highlighting issues to explore further in my interviews. After observing six, I had identified many questions for interviews, and had a sense of the issues for staff during this time of change.

Observing the interaction during meetings gave me an insight into the relationships between Stonelands' staff and the health visiting team, and the ways they shared

information about families. They discussed the challenges they perceived families to be facing, their knowledge of the support networks available within them, the kind of support required and who would provide it. When staff spoke in interviews about their work with their multi-agency partners and how they perceived families' needs, the observation data provided a way of triangulating what they said they did with what I had seen take place.

It was clear however that my presence had an impact on what the practitioners revealed, as is evident in the following note:

Sunita re-enters the room. She goes to say something then looks at me and stops. She turns to the other staff and asks if the meeting has finished. They tell her it has, and the staff leave the room together.

All naturalistic research is compromised to an extent by the presence of a researcher. I do not know what Sunita did not want to discuss in front of me nor whether the meetings were different because I was there observing them. I noticed that there were no dissenting views apparent between practitioners, and some staff contributed less to the discussions than others. It seemed likely, either due to the team's hierarchical nature or my presence, that not all viewpoints were being expressed. The importance of using different methods, obtaining multiple perspectives and triangulating the data was therefore very apparent to me (Denzin and Lincoln 1998).

Interviews: exploring different perspectives

The interviews were carried out between October 2014 and May 2015 which made it possible to explore how the changes were influencing practices during a time when services were being reduced and restructured. In order to gather a range of perspectives the participants included were Alison, the manager, all eight family support and early years' staff, Sue, one of the partner health visitors, and six parents who had used services at Stonelands (see appendix a for biographical details of participants). At the end of the study's interview phase, Bronwyn, the area manager for twenty-nine of the county's children's centres from September 2014, also agreed to be interviewed and gave me permission to attend a team meeting of six county children's centre managers in order to discuss my research and obtain feedback on my initial findings.

My aim in conducting interviews was to explore different perspectives about Stonelands and the day-to-day practices of supporting families which took place there. My approach was to conduct purposeful conversations (Merriam and Tisdell 2016) which would provide an opportunity for participants to talk about what Stonelands meant to them and how they perceived the changes that were taking place 'on the ground'. At the time of the interviews I had not yet refined the focus of my research and was committed to taking a holistic view. I wanted to ensure that my preconceptions about policy and the changes taking place did not limit or shape what participants spoke about as meaningful to them. I was aiming for a purposeful conversation (ibid) to give me an insight into how participants viewed policy and whether they spoke about it directly, indirectly or not at all. I also wanted to explore their beliefs about families, how these had developed and the kind of services they

believed should be provided at the centre. I was interested in any alignments or contradictions between policy imperatives and participants' beliefs about practice. Most interviews took place at Stonelands, apart from two conducted in parents' homes at their request. They were 'semi-structured' in style (Merriam and Tisdell 2016: 110) so I had a list of open-ended questions that encouraged detailed responses from participants (see appendix e: interview schedules). My opening questions invited participants to talk about their lives and what had led to them working at Stonelands (staff) or using their services (parents). This provided an insight into the experiences which had shaped their perspectives and also served to put participants at ease. It was important for me to explore how participants were experiencing changes at the centre and the sense they were making of these. As they became more relaxed during the course of the interview I was able to ask about their perceptions of what was happening in a way that felt closer to a natural conversation than reading from a list of formal interview questions. By paying close attention to what was being said, I was able to ask further questions to check my understanding of what was meant. I showed my 'human side' during the interviews (Fontana and Frey 1998: 65). I answered questions they asked me, and occasionally talked about relevant aspects of my own life. This felt appropriate because I had known most of the practitioners for several years, and although I had not met the parents we shared common ground, being parents living in the same community. For instance two parents mentioned their intention of enrolling their children in the school my children attended, and it felt natural to discuss the school's reputation and my children's experiences there. In the main however I was focused on listening to and understanding participants' responses and felt that my approach allowed us to establish a rapport (Oakley 1990). This confirmed my view that reciprocity is a

necessary feature of naturalistic research (Lather 2006). Being evasive or not engaging in the conversation would not have felt appropriate when I was asking people to reveal their views or details about their work or their lives. I was surprised and humbled by how willing participants seemed to be; some reflected that they had enjoyed having an opportunity to talk and reflect.

Matilda (parent): *It's been nice to get it all out again [...] to someone who doesn't know the situation as well and doesn't know who I'm talking about.*

Susie (family support worker): *It was a bit like supervision.*

Rebecca: Sorry about that!

Susie: *No, it was good!*

Tracey (parent): *Everybody used to talk to me [in the school playground] and ask how my pregnancy was and after [he'd] been born, 'How's [the baby]'. As soon as they found out he'd died they kind of just backed away.*

In the extracts above, Matilda was referring to the issues which had led to social services becoming involved in her life. She felt able to share details about her life which she might not have done had she viewed me as part of 'the establishment' (Jones 2014). In her interview Susie talked about the difficulties she had in mediating between families she supported and other agencies involved in their lives. All staff had regular supervision with Alison, the manager, discussing families they were

supporting and the emotional and practical challenges they raised. The interview was 'like supervision' because she could talk freely about her beliefs, her role and her frustrations when multi-agency work was adversarial. Tracey, who was recently bereaved and grieving had found the experience isolating. Here was an opportunity to talk about her loss and its impact on her and her family.

Each interview lasted just over an hour. I taped and transcribed them, writing reflective notes after each. I returned the transcripts to the participants for them to verify their content, confirm they were happy for me to use the information, and in some cases ask for clarification on various issues. In my reflections I wrote down my feelings and insights about the conduct and content of the interviews, as well as subjective impressions. I found some of the content quite upsetting, so writing about them provided me with a way to debrief. For example:

[Matilda] lives in a flat on a housing estate by the canal. The building has two levels with a concrete hallway and staircase. You go in through quite a dark corridor and her flat is on the second floor. There were toys neatly stacked against the walls in the lounge... Matilda is very, very thin, almost frail and has slight dark shadows under her eyes. She was wearing a bit of makeup but was still in her pyjamas and the curtains were shut... She was close to tears a few times talking about [her circumstances]. It is hard to imagine how she can move forwards at this point... I feel really sad for her.

Writing reflectively about the field work allowed me to see that it was not possible for me to view other people's lives from a dispassionate stance. I believed that Matilda's priority was her child's well-being, but felt concerned that her relationship difficulties

made it hard to focus her attention on her child's needs. It was important to reflect on and challenge what this revealed about the subjective influence of my own parenting experiences.

In May 2015, having completed the individual interviews, I held a focus group with six children's centre managers and the area manager for the county. This number was a little smaller than is considered ideal for studying group interaction (May 2001) however I had no control over the numbers attending. The primary reason for the group meeting was related to their work, not my research, so I was not in a position to influence the circumstances. My aim was to generate a group discussion with some questions arising from my early interpretation of the interview data. This could therefore be viewed as an 'inclusive' focus group, which has been described as an organised group interview where specific questions for discussion are raised by the researcher and interaction between the participants is encouraged (Morgan 1997: 264). I wanted to understand how the centre managers perceived the accountability requirements placed on them by the Local Authority, and how much agency they believed themselves to have when making decisions about what services to provide. I also wanted to understand their perceptions of the implications of policy changes for their centres. The focus group discussion allowed me to confirm my understanding from the interview data that accountability requirements were creating confusion for staff about what was required of children's centres, especially in light of the budget reduction. The consensus was that it was becoming more difficult to act with autonomy, and some expressed fears about the future financial sustainability of their centres.

There were some limitations associated with the focus group discussion. First, the participants were quite reserved, which may have been due to the small numbers attending or due to the presence of Bronwyn, the area manager. As I had experienced at staff meetings, a hierarchical management structure limited the willingness of participants to offer views which differed from the consensus. Second, I had no permission to record the session, so I took rough notes at the time and wrote these up immediately afterwards. This meant that my data was limited to the details I could recall of the discussion. This was sufficient for my purpose of verifying some of my early data interpretations with a broad group of staff from other centres. Morgan (1997) has noted that individual interviews tend to elicit more in-depth data, while focus group interviews achieve greater breadth. For that reason the methods are often used together, but usually the other way round, so that broad themes raised collectively can be later explored in greater depth individually. My observations of team meetings were helpful for eliciting broad themes before the individual interviews. Conducting the focus group at the end of the data collection and after some initial analysis was also a useful method for verifying my interpretations.

The focus group was the last data collection event in the fieldwork for this study. It took place on the day before the general election of a majority Conservative government (2015-2017). The children's centre managers discussed whether the result would bring an end to austerity. There was a shared anxiety that children's centres would not be sustainable should there be further budget cuts. Whilst the focus group was the end of my formal data collection, I was aware that the changes facing children's centres were on-going.

There were inevitably other perspectives I could have sought, including from social workers, speech therapists, teachers and community workers who regularly shared information with staff at Stonelands. I also did not interview the Local Authority officers responsible for commissioning and monitoring the work of children's centres. As with all research, this study was limited by time and available resources. I had to balance my wish to explore multiple perspectives with leaving sufficient time to complete the research within the constraints I was facing.

Exiting the field

By May 2015 I had amassed a large amount of data, consisting of national, regional and local documents, observation notes, reflections on encounters in the setting, interview transcripts and notes from the focus group discussion. The changes concerning local children's centres were on-going, and the decision to stop collecting data was a difficult one. However, I felt I needed to distance myself from Stonelands and begin a more intensive analysis phase (Merriam and Tisdell 2016).

There is almost always another person who could be interviewed, another observation that could be conducted, another document to be reviewed. When should you stop this phase of the investigation and begin intensive data analysis? How do you know when you have collected enough data? The answer depends on some very practical as well as theoretical concerns. Practically, you may have depleted the time and money allocated to the project or run out of mental and physical energy. Ideally the decision will be based more on the notion of saturation.

(Merriam and Tisdell 2016: 199)

With the on-going changes and a multitude of other perspectives which could have been sought, I don't believe reaching a 'saturation' point (ibid) was a realistic prospect here. It was quite simply a necessity that I switched my attention wholly onto the data.

Analysis: an overview of a qualitative approach

In qualitative studies data analysis does not begin after the data has been collected (Bryman and Burgess 1994). Analysis was not only a discrete phase in this study but an on-going process (Miles and Huberman 1994). I did not start out with a clearly defined focus and my research questions were revised as my understanding of the policy changes at the centre developed. I attempted to make sense of the data as I collected it, throughout the fieldwork phase. My reflective field journal, my observations and my preliminary impressions of what was happening at Stonelands helped me to clarify the study's focus and guided my subsequent choice of documents and interview questions.

In May 2015, despite the on-going changes, I started to make sense of the different kinds of data I had collected. The formal analysis phase of this study comprised four stages. First, I organised data to make it more easily accessible and manageable. Second, I immersed myself in reading and getting to know it. I identified broad themes and wrote around these themes in an attempt to refine my understanding (see appendix d: cross-cutting themes for analysis). Third, as I reached a clearer insight into what the data was revealing I refined the focus of the study. Fourth, I explored ways of presenting a multi-levelled, complex study of policy. This required making decisions about which data to present, how to present it and how to structure

the findings chapters. That in turn led to a recognition that I needed to review the literature on the policy process in order to articulate my conceptualisation of the interface between policy and practice.

I had not begun with a clear set of research questions since my purpose was not to test theoretical propositions. However I found theoretical constructs of the policy process a useful tool (Ball et al 2012; Colebatch 2010; Taylor 2004). Through exploring the literature about the policy process I became attuned to potential themes which might be relevant to explore. For instance, like Ball et al (2012) I looked at how staff talked about policy and the different roles they adopted in response to it. I paid attention to the significance of material factors such as the buildings, the available budget and the nature of the locality. I focused on the taken-for-granted discourses within policy documents and how these were translated through the levels as policy moved from central government to centre management (Taylor 2004) and I compared and contrasted the language of policy with the language used by staff and parents (Ball et al 2012). I also traced themes in the data from different vantage points, looking both from the 'top-down' and the 'bottom-up' (Colebatch 2010). I was not 'testing' these frameworks to prove or disprove their propositions; instead, I used them to develop an understanding (Ely et al 1997) based on a broad conceptualisation of the policy process.

Qualitative researchers who have written about approaches to analysing data (Wolcott 1994, Ely et al 1997) have proposed looking for patterns and building explanations as useful techniques in the search for meaning. These techniques do

not provide a step-by-step recipe, as qualitative analysis is more of an 'art' (Stake 1995: 72) than a set of procedures. They involve what Stake refers to as 'intuitive processing' (ibid), where the researcher does not merely count instances, but looks for ones that are puzzling. My aim was to develop a 'phronetic' insight based on a reflective, careful and balanced consideration of the evidence (Schram et al 2013). During the formal analysis phase of this study I explored items in the data which seemed puzzling or interesting. By looking for patterns I began to notice, for instance, that both staff and parents frequently talked about the importance of mothers' emotional well-being, and the factors which supported or damaged this. I realised this was in contrast to the performance management emphasis on simply promoting and measuring the physical and cognitive development of children.

'Explanation building' is not considered to be a matter of measuring causal links in a precise way, but of tracing processes taking place and reflecting on the factors which might be influencing these. From the interview data and my observation of meetings it was clear that services were undergoing a process of change. I traced the process and manifestations of the changes in order to understand what was happening and why. I explored the process at different levels and from different perspectives to build an explanation of how policy imperatives changed between central government policy documents and actual practice, and to understand the mechanisms at work.

Using these analytic techniques, (looking for patterns and inconsistencies and building explanations) I wrote about the data in different ways and compared different perspectives. Over time, this sorting and condensing meant that I identified

the most interesting and relevant themes, bearing in mind my research questions.

Yin (2014) has cautioned that the danger here can be a drift away from the original focus, and that an unselective bias can creep in, where the researcher looks for data that supports their preconceived ideas. I did at times feel as if I had lost my way and was no longer clear about my purpose. I found that stepping away, going back to the literature and reflecting on or revising my research questions helped me to refocus during these times.

Getting started: making the data manageable

By the end of the field work I had amassed central government policy documents on children's centres in particular, and public services for families in general which covered the period 1997 to 2015. I also had County Council and Local Authority documents for 2013 to 2015 concerning the local management of their children's centres; and documents produced by Stonelands' management to meet performance management requirements from 2011 to 2015 (see appendix b). In addition, I had transcripts of interviews with ten staff and six parents; notes taken during my formal observations of team meetings; and field notes which contained my reflections about my experiences at the centre. As Wolcott (1994) has observed, new researchers do not generally experience problems getting data but with figuring out what to do with it. Yin (2014: 133) has also observed that colleagues ignore their data for 'month after month' because they simply do not want to confront it. The quantity of data did initially induce a feeling of paralysis, so I considered ways to make the different kinds seem less daunting and inaccessible.

Some of the data was digitally stored in named folders sorted by type, comprising the interviews, the observations, the field notes and some of the documents, so I considered using Nvivo to organise it. I decided against this for two key reasons. First, a number of the policy documents were hard copies, and even if I could have obtained digital copies I did not consider Nvivo an effective way of managing very different kinds of data. Second, more crucially, at the start of the formal analysis I was still refining my research questions. I wanted to remain open to the focus developing as my analysis progressed. I therefore needed to organise the data in a way which allowed me to explore it holistically and in relation to contextual factors (Denzin and Lincoln 1998).

Organising my digital data in folders according to type meant I could easily locate and retrieve differing sets. Until I began immersing myself in the detail, there was little choice but to organise it in this way. But what I found most useful for getting to know the data was printing out hard copies. This helped me to search for patterns and themes across sets as well as within them.

Becoming familiar with the data

I had conducted the interviews and transcribed them myself, so I was already a little familiar with the interview data as well as my own field and observation notes. This was not the case with the documents. I began by reading government policy documents and highlighting what seemed relevant to how and why children's centres were changing. This led to me developing a deeper understanding of the changing policy context at a national level, and I began to see inconsistencies between the

official policy rationale for the changes and my experience of the local management translation of them, which impacted on services at Stonelands. I began to focus on key terms used in these government documents and to explore how they appeared through the different kinds of data (Bryman and Burgess 1994): for instance the terms 'commissioning', 'need' (for services), and 'parenting' (skills) (DfE 2013). These terms puzzled me, but they were presented repeatedly in the documents as though their meaning should be taken for granted. I became interested in how the language of policy was interpreted as it was translated through the levels as policy progressed towards practice.

While reading the work of researchers studying policy from a critical theoretical perspective (Taylor 2004; Mautner 2010), I re-read my central government policy documents searching for the policy discourses of marketisation, managerialism and early intervention discussed in the literature. I was interested in how these discourses were manifested in the policies relating to children's centres. For instance the emphasis on 'commissioning' children's centres was described in terms of marketisation, as a way of applying the mechanisms of competition and choice between a 'range of providers' in order to improve their 'efficiency', 'effectiveness' and 'innovation'. When attempting to locate these discourses in local government and Centre management documents and interview transcripts it became clear to me that policy discourses were changed when policy was translated through the more complex arenas of local management decision-making and front-line practice. I noticed the inconsistencies between the language used by policy makers and the language used by staff and parents, and I began to consider what I (and they) understood 'policy' to be.

My early writing about the themes I was exploring certainly described what was happening, but I was finding that the data did not 'speak for themselves' (Wolcott 1994: 10). I was also finding that the interview data could not be made sense of from a view of policy which began with central government documents. Too many of the rich details of staff's and parents' experiences of children's centres fell outside the themes I was exploring.

Refining the focus: moving towards interpretation

I decided to analyse both staff and parent data as separate discrete sets as well as continuing with my approach of tracing the progress of policy discourses through the various levels. This meant looking for patterns and puzzling instances within both data sets which were not based on the language or themes of policy documents. Recurrent themes in the staff data included the experiences which had led them to work at Stonelands, their perspectives on parents' needs and how they determined success. In the parent data, the themes related to their challenges, their support networks and their motivations for accessing services (see appendix f: summary of interview themes and extracts).

As I wrote and rewrote drafts that seemed to get me no closer to a more nuanced interpretation of my data, the literature was telling me to 'trust the process of discovery' (Ely et al 1997: 8). The advice was to use writing to reflect, to shape my confused raw impressions, to move beyond description and to find meaning beyond the literal (Ely et al 1997: 25). Something meaningful felt elusive and continually just out of my grasp. With hindsight, gradually the process of writing and re-writing

eventually helped me to structure my thinking and narrow down my focus but the frustration of this phase of the study, the endless not quite getting it right, tearing it up and starting again was excruciating. But each time I did so I was inching my way closer to something that felt like clarity.

Presenting a multi-level study of policy implementation

Having determined that the focus of my study was a broadly conceived notion of policy implementation in the context of the particular local circumstances at a particular centre, and local management interpretations of children's centre policy in England (1997-2017) the next step was how to present the study. The questions I had to address were first, how to decide on the 'right' balance between the different aspects of the study, to ensure an in-depth analysis of different levels and perspectives; and second, how to present my findings in a way that was convincing without including excessively long, over-detailed data extracts, usually too situationally specific to be of interest to most readers. I had explored different perspectives and vantage points (which resonated with the 'crystal' metaphor Ely et al (1997) use to describe the process of examining complex phenomena), but in order to incorporate these sometimes disparate parts into a coherent whole I needed a structured approach.

In telling the story of the changes at Stonelands I wanted to illuminate the factors and mechanisms which appeared to be influential at the interface between policy and practice. I wanted to demonstrate that in order to understand policy neither a top-down nor bottom-up account alone was adequate for capturing the complexity. I

wanted to show how policy discourses, policy compliance mechanisms, staff and parent beliefs and experiences and the material context were all interwoven in a complicated interface. The question was which data to include in order to show how I came to my insights about what was happening at Stonelands and why, while retaining my focus on the higher academic purpose of my study. The challenge was to illustrate the complexity without getting bogged down too much in the situational details of the setting itself. As Ely et al (1997: 38) put it, what was required was to 'distill the heart of the matter, knowing all the while that creating exact copies of what we have studied is not only impossible but undesirable'.

Deciding on a structure was an important step in finding a way to present my data. Chapter four explains the local circumstances which surrounded the establishment and development of Stonelands prior to the implementation of the 2013 policy changes which were to become the focus of this study. Chapter five focuses on central government policy imperatives, and traces how policy was translated as it moved downwards towards practice. The ways in which particular aspects were transformed and the factors which distorted or influenced this are highlighted. My aim was to explain how certain policy mechanisms combined with particular contextual factors seemed to shape and influence what was (and was not) translated. Chapter six focuses on staff and parents' perspectives on Stonelands and the changes taking place there. This view of policy 'on the ground' demonstrates the complexity of processes in the real world and highlights how policy can lead to practices which may not have been the intention of its makers.

Using multiple research methods

I found that the different research methods I used in this study complemented each other. My observations and analysis of the documentary data led me to identify key issues which I could explore in greater depth and from multiple perspectives through the interviews. Using different methods at different points in the research also allowed me to build up a broad and deep understanding of the changes taking place over time at Stonelands. All methods have their limitations, but a combined method approach countered some of these. It provided a way of increasing the 'validity' of my research as I was able to 'triangulate' the data from different sources (Denzin and Lincoln 2011). This kind of research is very time-consuming, however. It is also practically and emotionally intense for both the researcher and the participants. Using multiple methods to collect data resulted in me amassing a large amount of rich data. This proved an effective way of coming to terms both with the complexity involved in developing a deep understanding of the effect of policy changes in practice, and equally in investigating how this policy was navigated.

CHAPTER FOUR

LOCAL POLICY IMPLEMENTATION: ESTABLISHING A PHASE TWO CHILDRENS CENTRE

Children's centres were established in every neighbourhood in England from 2004 to 2010 as part of the 'Every Child Matters' (ECM) policy agenda to 'integrate' education, health and social services for families (HM Government 2004). This chapter draws on local documents (see appendix b) to outline the context surrounding the establishment of Stonelands, a 'phase two' children's centre located in an affluent town in the West Midlands. Documents issued by the Local Authority and Stonelands reveal how the imperative to develop a national network of children's centres was interpreted and implemented in the context of a particular set of local circumstances. Local data suggested that the majority of local families were considered to be 'advantaged' and there were pre-existing services which were already well-established. The Local Authority were statutorily required to establish children's centres, but they did not appear to be a central part of their strategy to implement the ECM agenda.

Stonelands children's centre was established in 2008 but was not fully operational until 2010. Implementation challenges were related to a lack of staff capacity and material obstacles to 'integrating' services in practice. From 2010 Stonelands was deemed to be providing the 'full core offer' of services which were required of a 'phase two' children's centre (Sure Start 2005) and was well-attended by local

families. However making sense of national and local performance management outcomes and measures was clearly an on-going challenge. Ambiguous national outcomes were interpreted into local performance indicators which were not closely matched to the kinds of services provided at Stonelands.

In 2011 Stonelands was judged to be providing 'outstanding' provision for local families by both Ofsted and the Local Authority. However, policy changes at a national level implemented by the Coalition Government (2010-2015) appeared to be changing the parameters of effective practice. At the start of this study in 2013 the SLT at Stonelands were coming under increasing pressure to provide statistical data of the 'impact' of their services on the lives of local families and to use data to 'target' services towards their most 'disadvantaged' families. Centre documents suggest that changes to their practice were not made in response to the external pressure. The reasons for this are not clear from the documentary evidence, highlighting the importance of conducting interviews with staff and families in order to understand their perception of services and the changes that were taking place.

The local context: an affluent town of 'advantaged' families

Stonelands was located in an affluent county town in the West Midlands of England. The town has a wide mix of employers from the automotive, engineering, manufacturing, logistics, construction, technology and professional services sectors. Local data has shown the proportion of professionals living in the town educated to degree/level four to be greater than the national average (Quality of Life index 2014/15) and unemployment rates are generally low. Although unemployment rose

sharply in 2009 during the global economic recession it returned to pre-recession levels in 2014 (4,522 in 2004; 11,906 in 2009; 4,783 in 2014 – county observatory data). The numbers of those out of work for over 12 months continued to rise steadily from 2004 however, in contrast to the general trend (755 in 2004; 815 in 2009; 1,320 in 2014). This suggests that not all individuals have been able to take advantage of the employment opportunities available. The barriers to accessing employment for the long-term unemployed were not apparent from local needs analyses.

The population of the town has risen marginally faster than the national average in recent years from 26,030 in 2001 to an estimated 32,718 in 2017 (census and council observatory data) predominantly due to national and international migration. The town has become more diverse as a consequence of this migration. In 2011 'White British' were the largest ethnic group (83.4%) followed by 'Indian' (4.9%) and 'Other White' (4.2%) categories (observatory data 2011). Between 2001 and 2011 the proportion of 'White British' fell marginally and 'Indian' and 'Other White' groups grew by 30 per cent and 40 per cent respectively (ibid). Local authority analyses of census data do not point to significant socio-economic differences between these groups and there is no evidence to suggest that the increased diversity has posed a threat to social cohesion.

There are a larger proportion of families with children than the national average living in the town and their educational outcomes are considered to be good. Children outperform their regional and national counterparts at key stages two and four.

However a report into the quality of life in the County (2014/15) has noted a persistent gap in attainment which suggests that data may 'mask the lower attainment of disadvantaged pupils'. The numbers of children living in poverty in the town have been reported as lower than national averages but the rate remained static at 13.5 percent during the years when figures were reported (2006 - 2011).

It is clear that the majority of families living in the town were deemed to be 'advantaged' in relation to their socio-economic and educational outcomes in 2004. However static child poverty rates, a persistent educational attainment gap and an increase in numbers of long-term unemployed suggest that not all families were thriving. Establishing a national network of children's centres in England between 2004 and 2010 was in recognition that not all poor families lived in poor neighbourhoods (HM Treasury 2004). Local authority data suggests that this was the case in the town where Stonelands was located. The questions this raised were how might the policy to establish children's centres have been interpreted and implemented by the Local Authority; and how might staff at Stonelands have perceived the needs of local families and the purpose of their services?

Integrating services: minimising disruption to existing services

The national policy imperative to establish a children's centre in every neighbourhood (HM Treasury 2003) took time to be realised in practice in this local context, as has been noted in other localities (Eisenstadt 2011). There is evidence to suggest that there may not have been a clear idea of the purpose children's centres should fulfil within the Local Authority. In 2004 there were already well-established

early education, health and social services provided for families living in the town. The policy imperative to 'integrate' these services to comply with the 'Every Child Matters' agenda (HM Treasury 2003) led to a reorganisation of the management of services within the Local Authority in 2004 in order to meet performance management requirements but there was little integration in practice 'on the ground'. There may have been a reluctance to implement changes to services which were perceived to be meeting local needs.

The Local Authority was noted by Ofsted in 1999 to have had a longstanding commitment to early years' education and historically spending had consistently been above national government's guidelines. In 1997 when the Blair Labour government took office 66.5 per cent of three and four year olds were receiving early education in the County compared with 56 per cent nationally. There was also a commitment to the public provision of early education with six local authority maintained nursery schools operating and the majority of local primary schools had nursery classes. Children only attended local authority maintained provision part-time and during school term time however. This suggests that the purpose of providing early years' education was perceived to be to meet children's learning and development needs rather than their parents' needs for full day care places to enable them to participate in employment (DCSF et al 2002).

By 2003, in line with the national policy agenda to increase the availability of 'integrated' early years' care and education (ibid) the strategic aim of the Local Authority was to increase the 'range and quality' of early years' provision (Early

Years and Childcare Development Plan 2003). There did not appear to be a lack of early education places with 90 per cent of the County's three and four year olds reported to be receiving early education, but there was a need for more places which provided full day care for working parents. Providing full day care was only a statutory requirement for 'phase one' children's centres, located in the poorest 20 per cent of areas although it could be provided if there was deemed to be a local need for affordable places. The planned increase in places in this Local Authority was however to be achieved by working in 'partnership' with the voluntary and private sectors (Early Years and Childcare Development Plan 2003) and the children's centres established in the County were not required to provide full day care. This meant they could be incorporated into existing primary or nursery school provision with a focus on providing early education for children rather than full day care for parents.

Prior to 2004 there was no reference in local documents to 'integrated' services for children and families highlighting the scale of the changes which had to be implemented in order to comply with the ECM agenda (HM Treasury 2003).

Education, health and social services were managed, located and provided separately. Education and health were universal services provided to all children whilst social services focused on children needing protection and those exhibiting challenging behaviour. Whilst these services were not 'integrated' there were working partnerships established between social services, the police and the education directorate to monitor the attainment and school attendance of 'looked after' children and children who were under threat of being excluded from school (Early Years and Childcare Development Plan 2003). Thus for children and families

experiencing difficulties local services were already co-ordinating their support. Early intervention services to work with families 'at risk' of poor outcomes were not established.

In order to comply with the ECM policy agenda the Local Authority had to 'integrate' their education, health and social services and establish 'early intervention' services. Within the Local Authority a team was established to coordinate the management of existing services under each of the five ECM outcomes (being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being). However it did not prove to be an approach which was easily translated into the integration of services at the level of practice. From 2005 to 2010 all local services provided for families were inspected annually by Ofsted and judged against the ECM outcomes. In 2005 Ofsted noted that 'planning for integrated services is well advanced and now needs to be put into place on the ground' (Ofsted 2005). Children's centres could have been utilised as a way of integrating services in practice but establishing these organisations did not appear to be a priority in the locality. The role of children's centres was described as being part of a 'multi-agency' approach to providing health services for all children and families; and early intervention and support services for children deemed to be 'at risk' of abuse or harm. They were not referred to in relation to providing early education and care; employment and training; or parenting support and advice. The limited reference to children's centres in Local Authority performance management documents suggests there may not have been a strong commitment to these organisations and there were no apparent plans to embed them into local services by using them as 'hubs' through which 'integrated' services could be provided or accessed.

Nationally children's centres were to be rolled out in three phases. Between 2004 and 2006 'phase one' centres were to be located in the most deprived areas and were to incorporate the original Sure Start Local Programmes (SSLPs). 'Phase two' centres were to be set up between 2006 and 2008 in areas where there were 'pockets' of deprivation. Between 2008 and 2010 'phase three' centres were to be established in all other neighbourhoods to ensure national coverage (HM Treasury 2003). The roll out of children's centres in Stonelands' Local Authority lagged behind these national timescales, further highlighting an apparent lack of enthusiasm for establishing them in this locality.

Challenges of establishing a 'phase 2' children's centre: Stonelands 2008-2010

In 2008 the Local Authority entered into a contract with Stonelands Nursery School to manage a 'phase two' children's centre on their behalf. This represented a significant change and expansion to the existing services which were provided at the school leading to challenges relating to staff capacity to implement the changes. In practice it took two years for Stonelands children's centre and nursery school (SCCNS) to develop the full range of services which a phase two centre had to provide. It proved difficult to establish a management and staff team with the necessary skills and training to provide 'integrated' family services.

In 2008 Stonelands was a local authority maintained nursery school, located close to the centre of the town, which had been providing early education for over fifty years. Eighty places were provided for three and four year old children who attended either a morning or afternoon session during term time only. They were described as being

from a mixture of social backgrounds (Ofsted 2006). Children's level of development on entry to the school tended to be slightly below the standard expected and there were generally a higher than average number of children with special educational needs (Ofsted 2001; 2006). Stonelands was situated within walking distance of two areas designated in 2004 as 'super output areas' (SOAs). Residents living in these areas were deemed to be disadvantaged due to being the lowest ten per cent nationally in education, skills and training; and the quality of housing and services. The establishment of a children's centre at Stonelands was therefore aligned with the expectation that phase two centres were to provide services to children and families living in areas with 'pockets of deprivation' (HM Treasury 2003). Stonelands Nursery School was already providing early education therefore locating health and family services on the site appeared to be a relatively straight forward way to 'integrate' services 'on the ground'. In practice it was to prove challenging. This was initially due to a lack of staff capacity but there were on-going material barriers to the genuine integration of the Children's Centre and Nursery School.

The Children's Centre was established at Stonelands during a period when the existing management had been criticised by both Ofsted (2006) and the Local Authority (2008). The head teacher taught full-time and led a team which comprised of an early years' teacher and four education support staff. Her role as a full time teacher was reported to be limiting her capacity for monitoring and evaluating the school's performance (Ofsted 2006). However establishing a children's centre at Stonelands required a significant increase in management and staff capacity and, crucially investment. The school's budget was doubled from approximately £250,000

to £500,000 per year. Managing a change of this scale required skills and expertise which the head teacher in post in 2008 did not appear to have.

Despite the lack of management capacity at Stonelands Nursery School the Local Authority established a children's centre on the site in 2008 which was to be managed and run by the Nursery School staff. They put in place a 'support and monitoring plan' (2008) which specified certain improvements including establishing a new senior leadership team (SLT). They were to appoint a new (non-teaching) head teacher to provide strategic leadership; a Business Manager to be responsible for managing the budget and administration; and a Children's Centre manager for the day-to-day running of the children's centre services. The establishment of the children's centre at Stonelands was a significant public investment which brought about fundamental changes 'on the ground' at the Nursery School. There was clearly a great deal of pressure on the new SLT to demonstrate the investment was worthwhile.

By July 2009 the Local Authority acknowledged that considerable progress had been made by the SLT in establishing 'integrated' services at SCCNS. Improvements were noted to have been made to the physical environment, the quality of resources and, through investing in training and recruitment, to staff capacity. Family support services and partnerships with other agencies were described in Centre documents as 'in the process' of being established (SEF 2010). However there were on-going operational challenges which created barriers to integrating services in practice.

Operational challenges: barriers to ‘integrating’ services at Stonelands

In 2010, SCCNS were deemed by the Local Authority to be providing the ‘full core offer’ of early years’ services which were statutorily required of children’s centres (Sure Start 2005). This meant they were providing ‘integrated’ early learning activities, family health services, family support and outreach services and they had established links with Jobcentre Plus and local childminders. However there were on-going operational challenges. The Children’s Centre and Nursery School had separate budgets, staff, physical spaces and performance management requirements which created barriers to ‘integrating’ services in practice. While some administrative duties, spaces and costs were shared, there appeared to be a significant separation between the two organisations.

The physical space allocated to provide the Children’s Centre services did not appear to fit their purpose as effectively as was the case for the Nursery School. The Nursery School occupied the main building on the site. A shared reception area at the entrance led into a large open plan classroom and an attractive garden which included a wild ‘forest’ area. In contrast the Children’s Centre was situated in a portakabin in a small, barren and fenced off corner of the site. The portakabin contained two playrooms and had kitchen and toilet facilities but space was limited. Services held there included ‘stay-and-play’ groups attended by parents and children; and a playgroup which provided sixteen part-time early learning places for two-year olds. There was insufficient space to have both these services running simultaneously. The Children’s Centre was allocated some space within the Nursery School building including two small consulting rooms where health visitors and midwives provided family health services; and the Children’s Centre manager’s

office. A weekly 'stay and play' group run by Children's Centre staff was located offsite at a local community centre. This was to encourage families living in that area to attend services but was also due to the lack of available space on site.

The Nursery School and Children's Centre had separate staff teams. Whilst all the staff were employed by the Local Authority their posts were either funded by the Nursery School or Children's Centre's budget and therefore staff were either designated as Nursery or Children's Centre staff. However the SLT and administration staff salaries were split between the two budgets illustrating that separate budgets did not necessarily have to create a barrier to an integrated staff team who could work across the setting. Operational costs were also shared such as caretaking and cleaning, building maintenance, health and safety, water and sewerage, energy costs, business rates and local authority support services. There were clearly cost benefits which arose from the 'integration' of the Children's Centre and Nursery School. The rationale and implications of maintaining a separation between the staff teams was not clear from Centre documentation. It was also unclear how the co-location of the two organisations was beneficial for families.

The performance management requirements and inspection frameworks for the Nursery School and Children's Centre had different emphases. The Nursery School were required to evaluate their performance according to the requirements of the Early Years Foundation Stage Curriculum (EYFS). The focus of their evaluation was on the progress and attainment of the children against the EYFS areas of learning: communication, literacy and language; personal, social and emotional development;

and physical development. The Children's Centre's performance was to be evaluated in relation to the ECM outcomes (HM Treasury 2003). They were expected to report how well they were supporting families living in the area to achieve the outcomes with a particular focus on encouraging 'the most excluded groups' to access services (SEF 2010). The Children's Centre therefore had a much broader remit than the Nursery School, in terms of who they were expected to work with, and the range of services they were expected to provide.

The Nursery School remained distinct from the Children's Centre due to having separate physical spaces, budgets, staff teams and performance management requirements. Integration appeared limited to management and administration with a shared SLT, administration staff and operating costs. It was not clear from Centre documents how staff navigated these differences in practice or the implications of the on-going barriers to integrating the two organisations. These were questions which would be explored during interviews with staff at SCCNS.

Translating outcomes and indicators into services: an on-going challenge

An on-going challenge for the SLT at SCCNS was translating the ambiguous ECM outcomes into services which met national and local performance indicators of success. There was not a close match between services provided, outcomes and indicators in Centre performance management documents. This raised questions which were to be explored during interviews with staff at SCCNS. First, what were the rationales underpinning the range of services provided? Second, how did staff perceive the needs of local families? And third, how did these perceptions arise?

The SLT were required to submit an annual self-evaluation report (SEF) to the Local Authority which detailed how they were addressing each of the five ECM outcomes: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. The following table illustrates how services at SCCNS were matched to the outcomes in 2010. The range of services which are listed as relevant to each outcome illustrates the ambiguity of the outcomes and the potential this gave for different local interpretations of the kinds of services which were deemed to be necessary.

ECM outcome	SCCNS activities
Be healthy	<p>Information is collected about child health on entry from service users and professional agencies. This has resulted in early intervention to support individual or group needs.</p> <p>Cookery classes are providing an opportunity to support targeted families with preparing quality healthy meals on a sustainable budget.</p> <p>As a result of undertaking training in the delivery of baby massage this centre provides additional support to the PCT in running classes for parents and carers.</p>
Stay safe	<p>We liaise with various agencies to ensure that health and child protection information is current and is shared at the appropriate level with staff.</p> <p>Staff receive appropriate training in child protection and safeguarding. Several staff are trained in the use of the Common Assessment Framework (CAF). Staff are trained appropriately in First Aid.</p> <p>We are targeting parents who are experiencing challenge or difficulties with children's behaviour through delivery of the Triple P programmes.</p> <p>Outreach work has now been established as a regular part of our provision.</p>

Enjoy and achieve	<p>Positive improvements to all areas of learning and development are evidenced by our Nurture Playgroup tracking system.</p> <p>We work with social services and health visitors to encourage attendance at sessions for families who would otherwise not access services.</p>
Make a positive contribution	<p>Service users form part of the governing body of SCCNS and are therefore given a vehicle for expressing views.</p> <p>Our Saturday morning Dad's Club consistently attracts a good number of male carers from a variety of social and economic groups. The evaluation of sessions shows that we are having a positive impact on the confidence of male carers.</p> <p>Strong working relationships have been forged with the local community centre to promote community cohesion through offering joint services and signposting.</p>
Achieve economic well-being	<p>The centres users are from a variety of economic groups.</p> <p>The admissions criteria for Nurture Playgroup is written in order that the most vulnerable children can access it for no payment or a reduced payment.</p> <p>As a result of training by our Jobcentre Plus advisor, staff have been able to help, support and signpost when appropriate.</p> <p>The impact of our well-resourced toy library is that service users can access high quality resources at almost no cost.</p>

It appears that a 'best fit' approach may have been taken when grouping the services provided at SCCNS against the ECM matters outcomes in performance documents. The links between the outcome and the services listed were frequently implied rather than clearly stated. For instance providing 'outreach family support' was to support families to achieve the outcomes of 'being healthy' and 'staying safe'.

However, the kind of support provided was not detailed and the criteria used to determine who needed support was not specified. It was also unclear how the Dad's club encouraged fathers to 'make a positive contribution' to their community. Whilst the document states that fathers from different socio-economic backgrounds attended there was no direct link made between this universal approach and the outcome.

The ambiguity of the outcomes and the lack of clarity about how services link to the outcomes in performance management documents were in contrast to the Local Authority's performance indicators. These were narrow in focus and apparently quantifiable as illustrated below.

ECM outcome	Local performance indicator
Be healthy	<ul style="list-style-type: none"> • Reduce % of children who are obese in their reception year • Increase % of infants being breastfed at 6-8 weeks from birth
Enjoy and Achieve	<ul style="list-style-type: none"> • Increase % of children who achieve a total of at least 78 points across the Early Years Foundation Stage (EYFS) • Reduce % gap between the lowest achieving 20% in the EYFS and the rest
Achieve economic well-being	<ul style="list-style-type: none"> • Reduce % of children aged 0-4 living in workless households • Increase % of families receiving childcare element of 'Working Tax Credits'
Stay safe	<ul style="list-style-type: none"> • Reduce rate of hospital admissions caused by unintentional and deliberate injuries to children and young people

The indicators were not explicitly linked to the description of services provided at SCCNS. For instance although 'cookery courses' were provided it was not clear from Centre documentation whether these were 'targeted' to parents of children who were

overweight or 'at risk' of becoming obese, or that reducing child obesity was their overarching rationale. There also did not appear to be a particular focus on promoting breast-feeding at SCCNS. Centre documentation stated that staff supported parents' 'right to decide' how to feed their babies (SEF 2010) indicating there may have been some opposition to the official view. Likewise, references in Centre documentation to supporting parents to participate in employment included the phrase 'where appropriate' suggesting that indicators relating to 'achieving economic well-being' may not have been a key focus for staff.

Performance indicators may not have been well matched to the services provided at SCCNS because they were not developed specifically to measure the outcomes of the work of children's centres but all the services provided in the locality for children and families. They were derived from national indicators used to hold the Local Authority to account for improving the outcomes of children and families. Their use as indicators of children's centre performance suggests that the Local Authority were looking to pass on the responsibility for meeting their performance indicators of success. The mismatch between services at SCCNS and performance indicators of success did not appear to have been significant to perceptions of their effectiveness in 2011. In 2013 however, this was to change. Understanding the reasons for the change in perception of SCCNS from an 'outstanding' Centre in 2011 to one which 'required improvement' in 2013 became a key focus for this study.

From ‘outstanding’ to ‘requires improvement’: Stonelands 2011-2013

In 2011 SCCNS were awarded an ‘outstanding’ judgement by Ofsted and the Local Authority for their work. However, by 2013 the Centre was criticised by those who held them to account within the Local Authority for failing to provide sufficient ‘hard evidence’ of the ‘impact’ of their work on the lives of the ‘most vulnerable’ families. The change in the perception of the effectiveness of SCCNS did not appear to be linked to internal changes but to external national policy changes taking place in 2012/13 and the interpretation of these changes by the Local Authority (see chapter five).

The staff team which were established in 2010 remained stable during the period 2010-2013 with no significant changes in personnel. The team comprised of the manager, who was a qualified early years’ teacher with experience teaching in primary schools and children’s centres; seven early years’ workers, who were qualified or working towards NVQ Level 2/3 in childcare; and three administrative staff (shared with the Nursery School). The staff provided a wide range of services which also did not change significantly in this period. They planned and provided early education for two year olds attending the playgroup; set up and facilitated “stay and play” groups, including the ‘Dad’s Club’ on Saturdays. They ran a number of different ‘parenting’ courses including the ‘evidence-based’ programme, ‘Triple P’, baby massage and food and nutrition courses. Most of the early years’ workers also had a family support case load, providing outreach support for families who were identified to be experiencing challenges by SCCNS staff, health professionals or social services. This aspect of their role involved attending ‘child in need’ meetings and liaising with other agencies to share information about families (SEF 2010, 2011,

2012). In addition to the SCCNS staff, services were provided on site by health visitors, midwives and speech and language therapists who ran clinics and met regularly with SCCNS staff to share information and coordinate support. Staff were qualified to provide early education but Centre documents indicate there was an ongoing investment in continuous professional development throughout this period. This suggests that the quality of their work was likely to be increasing over time.

The 2011 Ofsted report noted that SCCNS were providing services which were accessed by increasing numbers of families, particularly by those living in the more deprived parts of the town. Provision was judged to be outstanding against all the ECM outcomes with the exception of supporting families to 'achieve economic wellbeing'. In the following extract from the report references to the ECM outcomes have been highlighted to draw attention to the way these were embedded within the judgements made about effective practice.

[Stonelands] Children's Centre meets the needs of the users in its reach area exceptionally well. The success of the centre's work lies in its success in rapidly increasing the numbers attending the centre each month since the centre manager and headteacher joined. There is now a **high level of engagement of its community** members, particularly from the areas experiencing the highest levels of deprivation...

Outcomes are excellent. The centre has been very effective in **improving the health** of the community. Through its work, child obesity levels have been reduced ... The centre is particularly successful in supporting families experiencing mental health issues, one of its identified target groups.

The centre ensures that children in its reach area are **kept exceptionally safe** and the staff, especially the family support workers, show great expertise in this area of their work.

Adults and children alike **enjoy attending** the centre. There are excellent opportunities for children to **learn and develop** a wide range of skills from the Early Years Foundation Stage provision. Progress is particularly good in their physical and social

development.

Adults **gain important life-skills** which have a positive impact on their family lives. The parenting programme is particularly effective...

However, the **support for helping adults return to work is not developed** well enough. The professional partnership with Jobcentre Plus does not provide enough support to help adults develop the skills to successfully gain employment after a break from work.

There appeared to have been some flexibility in the Ofsted inspection framework to endorse practices which were tailored to local circumstances. For instance, the report makes reference to the family support being provided to those with mental health issues, one of the Centre's 'identified target groups'. This 'target group' was not aligned with categorisations used in national policy documents, such as those on low incomes, lone parents or 'workless households' (DfES 2006). This suggests it was deemed acceptable for 'target groups' to be identified by staff according to their knowledge of the needs of local families. Also, whilst SCCNS was criticised for not providing enough support to parents to participate in employment this did not prevent the Centre from being judged 'outstanding'.

Documentation relating to the annual performance management of SCCNS shows that the Centre was also perceived to be effective in 2011/12 by the Local Authority with 'some outstanding elements of provision' (Annual conversation, 2011). In particular SCCNS was praised for the partnership work between the Children's Centre staff, the Nursery School staff and health professionals which provided opportunities to share information about children and families. However there was some minor criticism of the lack of use of statistical data to 'track the longer term

impact' of services on children's outcomes'. The Local Authority gave SCCNS the following main priority for development in 2012: 'to collect and use data to provide further evidence of the impact of provision'. This hinted at changes taking place in the national policy context which were to lead to mounting pressure on the SLT at SCCNS.

Correspondence from the Local Authority's Head of Early Intervention to children's centre managers in October 2012 acknowledged there were mounting fears for the future of the County's children's centres and sought to allay concerns by giving the following assurance:

First and foremost no decisions have been taken for the future... We are creating a business plan that looks to future proof our children centres provision so that it is sustainable.

A number of issues were listed as being taken into account by the Local Authority which related to the national policy context. First, the future affordability of services due to cuts in local government funding in the context of 'austerity'. Second, the impact of two policy initiatives which were to be implemented: providing additional education places for 'disadvantaged' two year olds and the 'troubled families' programme. Third, a revised Ofsted framework and statutory guidance for children's centres were to be released in April 2013. Fourth the County Council were shifting away from directly providing services to becoming 'a Commissioning Authority' (HM Government 2011). The Local Authority was apparently working to incorporate these different policy agendas into a coherent plan with the expressed intention of ensuring the future sustainability of their children's centres. At this time there was rhetorical

support by the Local Authority for children's centres. However, the nature of the changes in the revised Ofsted framework for children's centres led to an apparent shift in perception of SCCNS as an 'outstanding' service to one which 'required improvement'.

Children's centre managers were expected to use the revised Ofsted framework when completing their annual self-evaluation of performance in 2013. Guidance provided by the Local Authority's Children's Centre team to children's centre managers outlined their interpretation of the revised framework. There was an emphasis placed on using statistical data to identify 'priority target groups', encouraging families to take up the offer of early education places for two year olds, and on supporting parents to find work. It appeared that the Local Authority were seeking ways to align different new policy agendas: 'Troubled Families' and the extension of free early education and childcare to two year olds.

There is an expectation that CC Managers will have specific data and stats relating to the priority target groups CC have identified ... including baseline data detailing numbers within reach area, the percentage registered within the CC, numbers engaging and levels of sustained engagement... It is expected that the rationale for priority target groups will be driven by data in addition to knowledge of the area. It will be CC's responsibility to evaluate the data relating to these groups and to be able to justify these priorities. You also need to bear in mind that baseline data may not be available from LA for your specific priorities, in which case, it would be CC's responsibility to source baseline data.

There is also an increasing focus on school readiness particularly around early education places for two year olds, regardless of whether or not those two year olds access provision directly within the CC...

The other key area seems to be about adults returning to work ... If it is not clear to the inspectors how a particular course will help secure employment, expect to be challenged on the relevance of offering it.

SCCNS's 'annual conversation' with the Local Authority in November 2013 regarding their performance was challenging. They were deemed not to have met their targets for three reasons. First, they were not using statistical data to demonstrate that they were focusing services on the most disadvantaged families. Second, whilst they directly provided early education places for two year olds and could demonstrate that these children made good progress they were not 'tracking and monitoring' the progress of all two year olds living in the area who were attending provision in other early years' settings or supporting those who were not attending provision to access a place. Third, the parenting courses which they provided were focused on developing positive family relationships rather than parents' employability. A mismatch between the Local Authority's expectations of children's centres and the services which were provided appeared to have developed as a consequence of the Local Authority's interpretation of the new Ofsted framework (2014) which was to be implemented in the context of competing policy priorities and reduced resources.

Conclusion

Stonelands children's centre was established in a poor neighbourhood in an affluent town. This was aligned with national policy intentions for these organisations which were to provide early learning opportunities, health care and advice to all families whilst 'targeting' more intensive support to those who were 'disadvantaged' (DfES 2006). The Children's Centre was managed on behalf of the Local Authority by a Nursery School which provided the universal entitlement to early education for three and four year olds. There were differences between the rationales underpinning the provision in the Children's Centre and Nursery School from the outset creating challenges to the genuine integration of the two organisations.

Taking over the management of the children's centre resulted in a significant investment in management and staff capacity as well as material resources at the Nursery School. Despite taking two years to implement the changes at SCCNS it appeared that children's centre services, once established, were well-attended by local families and in 2011 SCCNS was judged to be 'outstanding' by Ofsted. There appeared to be ongoing challenges in practice however to fully 'integrating' the Children's Centre and Nursery School which had separate budgets and were judged against different accountability frameworks. The documentary evidence suggests they were two different organisations which ran alongside each other despite being led by a joint SLT. The extent to which services were perceived as 'integrated' by staff and families and the implications of this would need to be further explored through interviews with staff and families.

When this study began in 2013 the future of SCCNS was precarious. There appeared to be a mismatch between staff and Local Authority expectations regarding the 'outcomes' which families might achieve as a consequence of attending services at SCCNS. From 2011 they had been put under increasing pressure to provide statistical evidence of their 'impact' on performance indicators which were not clearly linked to the kinds of services which they provided. SCCNS did not appear to be responding to these pressures however and by 2013 were deemed to 'require improvement' by the Local Authority. The Local Authority were also apparently under pressure due to changes in the national policy context. Having reorganised local services for families and children to comply with the ECM agenda between 2004 and 2010 they were required to implement two other policy initiatives after 2011: providing early education places for 'vulnerable' two year olds (DCSF 2009) and the 'Troubled Families' programme (DCLG 2012). Both of these had a narrower definition of those in need of support than the ECM agenda. The following chapter demonstrates how these national policies were implemented at Stonelands.

CHAPTER FIVE

TRANSLATIONS IN A POLICY CHAIN: FROM CENTRAL GOVERNMENT TO LOCAL MANAGEMENT

In 2013 the senior leadership team at SCCNS were coming under increasing pressure from the Local Authority to use statistical data to identify families in greatest need of services and to demonstrate the ‘impact’ of their work on ‘outcomes’. This coincided with the ‘commissioning’ (HM Government 2011) of a third sector provider to take over the management of the majority of the County’s children’s centres in the context of a drastic budget reduction. This chapter draws on national, local and centre level documents to show how policy was interpreted in this particular set of local circumstances.

The translation of the policy of ‘targeting’ and ‘commissioning’ children’s centre services can be traced through a ‘policy chain’ (Taylor 2004), which highlights that although measures of success continued to be determined at a national level (Ofsted 2014), the responsibility for determining the services which would achieve the required ‘outcomes’ was passed downwards. The ‘policy chain’ (ibid) began in 2013/4 when revised guidelines and success criteria for children’s centres were issued by government (DfE 2013; Ofsted 2014). At a local management level, these were then translated into prescriptions for front-line practice. Despite the government recommendation that children’s centres were to provide ‘inclusive universal services’ to all families with children under five (DfE 2013: 13), in practice staff at Stonelands children’s centre (SCC) were expected to increasingly ‘target’ services towards a relatively small number of families in ‘priority target groups’, to be identified using

local data on families' circumstances. Implementing national policy in these local circumstances led to a consequent shift away from an 'integrated', 'universal' and 'early intervention' service to become a highly 'targeted' one for families experiencing acute challenges. There is evidence to suggest the new approach was hampered in practice, both by a lack of available data and by the limitation presented by defining 'needs' in terms of what could be quantified (Centre documentation 2014).

The imperative to 'target' services using statistical data gave the Local Authority a way, in light of the reduction to local government funding, to ensure that families in most need would be prioritised. 'Commissioning' was promoted as a way to achieve savings without closing any children's centres. However, an (unintended?) consequence of complying with national policy was that the Local Authority were able to pass on the responsibility for identifying and meeting needs on a reduced budget, and also in ways which fulfilled both nationally and locally prescribed success criteria.

National policy: 'universal' and 'targeted' services in children's centres

The term 'early childhood services' refers to health services, education and childcare provision, social services, training and employment services, and information and advice services for young children from pre-natal to five years and/or their parents (Childcare Act 2006). This mix of 'universal', 'targeted' and 'specialist' services was to be provided in an 'integrated' way (HM Treasury 2003). Yet while 'universal' services were for all, 'targeted' and 'specialist' services were restricted to families described as in need of additional support.

Though integration was emphasised (ibid), how it should be done was not specified. The Childcare Act 2006 placed a duty on local authorities to ensure ‘integrated’ early childhood services, but only to ‘*consider* whether they should be provided through children’s centres’ (DfE 2013: 5). Policy guidance for local authorities stated that services could be provided either *by* children’s centres or *through* children’s centres (ibid). Providing services *through* children’s centres would involve staff ‘signposting’ parents towards other local organisations and agencies. Thus, as a minimum requirement, children’s centres needed to act only as information hubs for co-ordinating a multi-agency approach. The services to be provided *by* children’s centres were not specified centrally after 2013, and so the decision regarding their role was passed along the policy chain to local management.

The following extracts from central guidance illustrate the lack of specificity regarding ‘universal’ or ‘targeted’ provision:

A ‘targeted’ approach	A ‘universal’ approach
<i>Local authorities should target children’s centre services at young children and families in the area who are at risk of poor outcomes.</i>	<i>Local authorities should ensure that a network of children’s centres is accessible to all families with young children.</i>
<i>A children’s centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents and prospective parents in accessing services provided elsewhere.</i> (DfE 2013: 6/9)	

These guidelines (DfE 2013) could be interpreted in two possible ways. Either centres should only provide ‘universal’ and ‘targeted’ early years’ services to those ‘at risk of poor outcomes’, and direct more advantaged families to other providers. Or else, aligned with previous guidance (Sure Start 2005), they should provide ‘differentiated support’ to all families in the locality (DfE 2013: 13). ‘Differentiated’ support was now described as providing ‘universal’ early years’ services to all families; ‘targeted’ early intervention services to those ‘at risk of poor outcomes’; and ‘specialist’ services for ‘troubled families’ (DfE 2013: 13). This was sufficiently ambiguous for local authorities to interpret the guidelines in either of the two ways.

<p>Sure Start children’s centres statutory guidance</p>
--

<p><i>Children’s centres use universal activities to bring in many of the families in need of extra support. As families build up confidence and relationships with staff and other service users they often become more receptive to appropriate targeted activities.</i></p>
--

<p>(DfE 2013: 14)</p>

The rationale for providing ‘universal’ services in children’s centres was also ambiguous. It could be translated to mean that only families ‘unwilling or unable to access childhood services elsewhere’ (DfE 2013: 9) should receive ‘universal’ services in children’s centres, in order for staff to encourage them to access additional ‘targeted’ and ‘specialist’ services. It is important to note that this approach presumes that families in need of ‘targeted’ services could be identified prior to accessing children’s centres, which could increase the stigma of using children’s centre services. Alternatively, it could be taken to mean that ‘universal’ services should be provided for all families in children’s centres, so that staff could get to

know local families and identify those in need of additional support. The first rationale presumes need would be identified through the analysis of data, whereas the second allows for needs assessment to be made on an individual basis.

Ofsted, a non-ministerial department, inspects and regulates early years' services and reports directly to central government on their 'quality and standards'. In response to the new statutory guidance (DfE 2013), Ofsted issued a revised framework for inspection (Ofsted 2014) which translated central policy guidance (DfE 2013) into the national performance measures which children's centres were to be judged against. In order to achieve an Ofsted judgement of 'good' (as opposed to 'outstanding', 'requiring improvement' or 'inadequate') children's centres were required to provide an 'appropriate balance' of 'universal' and 'targeted' services (Ofsted 2014: 27).

Children's centre inspection handbook
<p><i>Inspectors must judge if a centre has an appropriate balance of services including those offered to all families, known as universal services, and targeted provision.</i></p> <p><i>Targeted provision refers to a range of specialist services that are aimed at young children and families living in the area who have been identified as being in most need of help and support (target groups).</i></p> <p>(Ofsted 2014: 27)</p>

Success measures for children's centres reflected the ambiguities in the statutory guidance (DfE 2013) regarding the services to be provided and to whom. What was

meant by an ‘appropriate balance’ (ibid) of services was not clarified in the inspection framework, nor was it clear who should determine this.

Central government policy guidance (DfE 2013) required local authorities to ensure there were ‘sufficient’ children’s centres in their locality to meet the ‘needs’ of local families. However the guidance did not clarify what constituted ‘sufficiency’ or who would determine local ‘needs’ (DfE 2013; 9). Children’s centres were embodied in law (Children’s Act 2006), and so, unless the legislation was amended, it would remain a binding obligation on local authorities to maintain the existing national network of centres. However, after 2013, ambiguities within national policy documents regarding children’s centres (DfE 2013; Ofsted 2014) provided space for a wide variety of local interpretations of the scale and scope of that network. This was in line with the policy agenda of ‘decentralisation’ (HM Government 2011) advanced by the Coalition government.

Decentralising power: from specifying services to ‘outcomes’

‘Decentralising power’ (HM Government 2011: 8) was a national government policy which aimed to give decision-making control to ‘the lowest appropriate level’ (ibid: 9), which in the case of children’s centres was considered to be local authorities. Whilst previous national policy guidance (Sure Start 2005) had listed the precise services centres were to provide, the new policy guidance (DfE 2013) only specified the outcomes they were to achieve. Responsibility for the decision about which services would be required to achieve these outcomes was transferred to local authorities.

Sure Start planning guidance (2006-08)

Although local authorities will have flexibility in which services they need to provide to meet local need, all centres will have to provide a minimum range of services including:

- *the offer of appropriate support and outreach services to parents/carers and children who have been identified as in need of them*
- *information and advice to parents/carers on a range of subjects including: local childcare, looking after babies and young children and local early years provision (childcare and early learning), education services for three- and four-year olds*
- *support to childminders...*
- *drop-in sessions and other activities for children and parent/carers at the centre, including: parent groups, play groups, adult education*
- *links to Jobcentre Plus services...*

(Sure Start 2005: 14)

Prior to 2013, children's centres were to provide 'universal early childhood services and support for parents and families from all backgrounds, income levels and ethnic groups' with an emphasis on 'community cohesion' (Sure Start 2005: 5). The term 'targeting' was not used, but there was an expectation that services would be 'tailored' to the 'needs' of local families (Sure Start 2005). The ambiguity both over who determined 'needs', and what these 'needs' might be were consistent features in both documents, however (Sure Start 2005; DfE 2013).

In 2013, a new 'core purpose' (DfE 2013: 7) for children's centres was outlined. This set out the 'outcomes' for children and their parents which children's centres were expected to influence.

Sure Start children's centres statutory guidance

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- *child development and school readiness;*
- *parenting aspirations and parenting skills; and*
- *child and family health and life chances*

(DfE 2013: 7)

The emphasis on improving outcomes and reducing inequalities reflected the original aims of Sure Start Local Programmes (SSLPs). SSLPs had been set up in deprived neighbourhoods from 1999 to 2004, intended to reduce social exclusion and child poverty (CSR 1998). However, it had proved challenging in practice to demonstrate their 'effectiveness' in achieving their goals (NESS 2005; 2008; 2010). Children's centres initially had a broader remit than SSLPs. They were to ensure that all families had access to 'integrated' early years' services (Children's Act 2006). The change from the 'core offer' (Sure Start 2005) to the 'core purpose' (DfE 2013) was apparently a return to the narrower aims of SSLPs, but the lessons of the past

suggested they were likely to face similar challenges in linking the ‘impact’ of services to ambiguous ‘outcomes’ related to inequality.

Identifying ‘targets’: the language of ‘need’ in national policy

It has been noted that the notion of ‘need’ was ambiguous in central government policy guidance (DfE 2013). A variety of terms were used to refer to families ‘in need’ of services, some more stigmatising than others. Terms used referred to a mixture of current challenges (present-oriented), and those which implied a ‘risk’ of challenges in the future (future-oriented). Despite the inclusion of future-oriented terms to define ‘need’, the concurrent increased emphasis on the use of data to identify ‘target groups’ led in practice to a shift away from a focus on ‘early intervention’ services (HM Treasury 2003; Allen 2011) to the needs of those facing current challenges. ‘Early intervention’ was intended to prevent more acute future challenges arising, in order to reduce the chance of more costly welfare interventions. But in practice, reducing early intervention services potentially implied both a future increase in the number of families experiencing acute challenges and an increased stigma associated with receiving family support.

The following table categorises the different terms used in the guidance to describe those in ‘need’ of children’s centre services, highlighting the range of possible interpretations.

Categories of those 'in need'	Descriptions of 'need' in policy guidance (DfE 2013)
Non-stigmatising	<ul style="list-style-type: none"> • <i>families in greatest need of support</i> • <i>families that might benefit most</i> • <i>families who need integrated support</i> • <i>families in need of extra support</i>
Stigmatised	<ul style="list-style-type: none"> • <i>the most disadvantaged children</i> • <i>disadvantaged families</i> • <i>troubled families</i> • <i>parents... unlikely to take advantage of early childhood services</i> • <i>hard to reach families</i> • <i>vulnerable groups</i>
Future-oriented	<ul style="list-style-type: none"> • <i>young children and families at risk of poor outcomes</i> • <i>families at greatest risk of falling furthest behind</i>
Present-oriented	<ul style="list-style-type: none"> • <i>children whose development is delayed</i> • <i>disabled children</i> • <i>children with major health difficulties</i> • <i>'Children in Need'</i>

The most precisely defined category of 'needs' was present-oriented. This included children assessed by health professionals as having developmental delays or disabilities or those reported by social workers to be experiencing neglect or abuse. In contrast, the future-oriented category covered families considered 'at risk' of

experiencing challenges, but who might not have identifiable needs in the present. Which groups were deemed to be 'at risk' was not clarified in the policy guidance (DfE 2013).

Its non-stigmatising terms were less shaming, in contrast to the use of 'disadvantaged', 'troubled' and 'vulnerable', which imply a negative judgement. Yet non-stigmatising terms were ambiguous over what was meant by 'need', who might need support or the kind of issues they might face. The use of non-stigmatising and ambiguous terms implied that decisions about what constituted 'need' could be made further along the policy chain.

The responsibility for deciding what was meant by the stigmatising term a 'troubled family' was retained at central government level. Criteria to identify 'troubled families' were presented in guidance issued by the Department for Communities and Local Government (2012):

Working with Troubled Families: A guide to the evidence and good practice
<i>For the purposes of qualifying to be part of the Troubled Families Programme, they are those who meet 3 of the 4 following criteria:</i> <ul style="list-style-type: none">• <i>Are involved in youth crime or anti-social behaviour</i>• <i>Have children regularly truanting or not in school</i>• <i>Have an adult on out of work benefits</i>• <i>Are a high cost to the taxpayer.</i> (DCLG 2012: 9)

‘Troubled families’ (ibid) was a policy programme introduced by the Coalition, which coincided with the development of the revised policy guidance for children’s centres (DfE 2013). The criteria relating to ‘troubled families’ were ‘present-oriented’, as they were concerned with families’ actual characteristics. Crucially, they could be easily identified using data available to local authorities.

The Ofsted inspection handbook for children’s centres reflected the ambiguity in the statutory framework (DfE 2013) regarding who should determine ‘need’. Asserting that ‘the centre’ should identify those ‘most in need of intervention and support’ and prioritise them ‘appropriately’ (Ofsted 2014: 27) suggested that the responsibility for determining it lay at the level of front-line practice. However there was a list of possible ‘target groups’ provided in an annex to the inspection handbook (Ofsted 2014: 42) which included a mixture of both present and future-oriented needs:

Children’s centre inspection handbook

Target groups: *refer to the groups and families the centre identifies as having needs or circumstances that require particularly perceptive intervention and/or additional support. The following list is not exhaustive and does not imply that young children or families in any of these categories require additional support. The target groups will vary according to the centre’s identification of its community and their needs but in any particular centre may include:*

- *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*
- *any other vulnerable groups or individual families including those young children and families identified as at risk of harm by other services – such as adult social care, schools, police and health services.*

(Ofsted 2014: 42)

Some 'target groups' (ibid) reflected family circumstances often suggested as predisposing a child to 'poor outcomes' in the future, such lone parenting or a low-income household (Feinstein and Sabates 2006). Whilst national aggregate data point to a correlation between growing up on a low income and poor outcomes in

adulthood (ibid), this may not necessarily reflect 'need' at a local level. Not all children in families with low incomes will experience multiple deprivation in adulthood; those from more affluent families may equally do so. Positive family relationships and stable home environments, widely considered more important protective factors than income, can only be discerned qualitatively on a case-by-case basis (see chapter two). The emphasis on using data to identify 'target groups' (DfE 2013: 10) was therefore a more suitable approach for identifying groups with present rather than future needs.

The list of 'target groups' was preceded with the caveats that neither all families within the groups would need support, nor that all in need of support would be included in these groups. They were presented as suggestions rather than a checklist of those eligible for 'targeted' children's centre services. It was also not clarified how centres might categorise families into discrete groups. However, families' circumstances are complex, and unlikely to be neatly categorical. Despite the clear difficulty of using data to identify those most in 'need', the Ofsted framework stated clearly that children's centres would be judged on how effectively they identified 'target groups' in their community, and how well they encouraged them to access services (Ofsted 2014: 26). This required families to be categorised into groups according to characteristics presumed to be known to children's centre staff, and for those in 'target groups' to have their attendance monitored.

There was also a lack of clarity in the 2014 Ofsted framework over how, in the context of limited resources, centre managers might prioritise different 'target

groups'. The extract below shows the criteria used to judge a children's centre as 'good' in relation to how they 'targeted' their services:

Children's centre inspection handbook

Access to services by young children and their families

- *Information and data are shared effectively between partners and demonstrate that most families with young children in the reach area are known, and that target groups are identified.*
- *A large majority of families from target groups within the area the centre serves are registered with the centre and have access to information, advice and guidance about early childhood services through the centre, its partners or its outreach work.*
- *Consultation, referrals, outreach work, universal services, observations, assessments and discussions are used effectively to identify needs and match families to the services they need, including specialist services.*
- *There are effective systems for monitoring access to services, attendance and participation. These systems identify any targeted families that fail to participate regularly.*
- *Strategies to promote early childhood services and engage families, especially those who would otherwise be unlikely to participate, result in the large majority of target groups accessing the centre and engaging with relevant services.*
- *Outreach work is effective in supporting families in target groups and helping them to access and sustain their involvement with services so that the large*

majority of families in those groups continue to remain engaged until their needs are met effectively.

(Ofsted 2014: 28)

For 'target groups' to be identified, the starting point was that all families would be 'known' (ibid) to children's centre staff and/or partner agencies. What was meant by 'knowing' families was having information about their economic or social circumstances which could be used to classify them as targetable (ibid). The needs of 'target groups' were to be assessed in a range of ways, including by means of observation of families attending 'universal' services, and from referrals from other agencies (ibid). It was expected that the level of participation would be monitored, in order to identify non-participants and encourage them to access services. This pointed to a significant new role for children's centres: the categorisation, monitoring and tracking of 'targeted' families.

There still, theoretically at least, remained scope within policy guidelines and frameworks (DfE 2013; Ofsted 2014) for a broad and non-stigmatising definition of 'need', backed up by an 'early intervention' approach. However, with the emphasis on using data to categorise families for targeting there was an implicit steer towards supporting families with challenges in the present. In practice this signified a policy shift from an inclusive and non-stigmatising early intervention approach to one narrowly focused on identifiably 'troubled' families. But this shift was not clearly stated in national policy documents, and the responsibility for translating the changes into more precise guidelines was passed along the policy chain. Implementing the shift in practice was to prove challenging 'on the ground' at Stonelands.

Local management translation: balancing universal and targeted services

In 2014 Stonelands' Local Authority issued a service specification which was a local translation of the revised central government guidance (DfE 2013) and Ofsted inspection framework (Ofsted 2014). This mirrored the lack of clarity from government on how children's centres should balance 'universal' and 'targeted' services. It merely emphasised the requirement to meet the 'needs' of 'disadvantaged' families, but at the same time requiring centres also to be accessible to all as a 'community resource'.

Service Specification for the Purchase of a Children's Centre Service

The children's centre group or collaboration will deliver a community resource for prospective parents, children from pre-birth to 5 years and their families with a focus on the specific vulnerable/disadvantaged families in the area to provide:

- universal services, in the form of high quality, accessible information, advice, guidance and signposting to other services,*
- delivery of evidence-based, effective, targeted services which are tailored to the specific needs of individual children and families*

There were two significant differences between the local management translation and government policy guidance (DfE 2013, Ofsted 2014). First, rather than suggesting services should be directed towards 'target groups', services were to be 'tailored' to the needs of individual families. Second, the reference to children's centres as a 'community resource' suggested an inclusive universal ethos. These differences reflected the approach historically taken by staff at Stonelands (see

chapters four and six), and concurred with earlier central government guidance (Sure Start 2005).

In general, the local service specification did not delineate the precise services which should be provided by the County's children's centres, thus passing this decision along the policy chain to Centre management level. One exception was that some were required to offer a specified number of places to 'disadvantaged' two year olds for fifteen hours per week of government-funded early education and childcare. This was only to be provided where there was a shortage of places in the locality, suggesting a pragmatic approach towards statutory obligations, and an apparent lack of commitment at local authority level to the 'integration' of early education services in children's centres. Stonelands, which had provided early education for two year olds in their 'nurture' playgroup ever since their establishment in 2008 (see chapter four) was not one of the Centres required to provide places. The playgroup continued to operate on the site, but came under the management of the nursery school rather than being 'commissioned' as part of the children's centre provision. This was to have unforeseen consequences in practice at Stonelands (as highlighted in chapter six).

Translating national policies at a local level: 'targeting' and 'commissioning'

In accordance with the guidance (DfE 2013), the local service specification suggested children's centres should provide both 'universal' and 'targeted' services. As with other central government guidelines and frameworks (DfE 2013; Ofsted 2014), children's centres were expected to provide services to all families, but there was a clear steer towards directing them to those deemed 'targets'. This was evident

from the Local Authority's performance measures, which required children's centres to encourage 'target groups' to access services and to measure the 'impact' of their services on these groups. There were no performance measures relating to universal services for those not in 'target groups'. These measures provided a means for steering children's centres towards becoming a 'targeted' rather than a universal 'community resource'. A drastic budget reduction and the commissioning process reinforced this shift.

In August 2013 the Local Authority held a public consultation on their proposed restructure of their thirty-nine children's centres. The Children and Young People Select Committee, a cross-party group of County councillors, met to consider the plan, which was presented as necessary due to budget reductions. The following extract shows the three options proposed and how the Local Authority combined 'targeting' and 'commissioning' policy agendas to provide an apparent solution to budget cuts:

Minutes of the meeting of the Children and Young People Select Committee August 2013

<i>The Chair reminded the Committee that the decision to attain savings of £2.3 million (within a £7.5 million budget) had already been made... The review had considered the most effective way to deliver a targeted service within a significantly reduced budget...</i>

The tender exercise would seek providers who could demonstrate how local data and intelligence would be used to understand and define vulnerable families within the local area, in order to prioritise and target services appropriately using the principles of early intervention.

The County Council consulted on the three options for future service delivery:

Option 1: 'group and collaboration' model - the 39 Centres would be grouped into 12 localities; each of which would operate under a single leadership and management structure;

Option 2: close six Centres, with the remainder to operate in the 'group and collaboration' model; or

Option 3: all 39 Centres would remain with a significant reduction in budget for each Centre... not sustainable for Centres as a long-term option.

As can be seen, both options one and two involved restructuring the thirty-nine centres into groups. Each group of three or four would have a shared staff and management team. Option one would keep all centres open, whilst option two required the closure of six. Option three was to continue to run thirty-nine separate units. Option three was stated as unsustainable in the long term due to the reduced budget, and therefore clearly an unviable choice. With central government guidance advising local authorities to avoid closing centres (DfE 2013) and public opinion firmly against closures, option one was the Local Authority's preference. It was debatable in that case, if the proposals could be viewed as three proper choices at all.

The decision to reduce children's centre funding was not up for consultation. This had already been taken without public involvement. The Local Authority faced the task of making substantial budget reductions across the board in the light of cuts to the local government grant. Central government had cleared the way for this to be achieved by cutting children's centre budgets by removing the ring fence which had previously protected them (HM Government 2011; APPG 2013). This was not presented as a way to reduce the national network of centres, but as linked to a policy of decentralisation (HM Government 2011), designed for greater 'choice', and greater 'control' over public services by the local decision-makers said to be better placed to understand the needs of their community (ibid).

'Commissioning' services was proposed for improving the quality and efficiency of public services through 'choice' between 'a range of providers' who would compete for contracts to run them (ibid). Presenting the cuts as unavoidable and 'targeted' services as a fair way of protecting the most 'vulnerable' families provided a rationale which linked 'targeting' with a 'commissioning' policy agenda.

At the meeting between County councillors and local authority officers, concerns were raised about the impact of cuts on families who depended on children's centres for support. 'Targeting' services was envisaged as an acceptable solution:

Minutes of the meeting of the Children and Young People Select Committee
August 2013
<i>It will be necessary for children's centres to provide differentiated support to children</i>

and families according to their needs. The focus will be upon targeted support for those young children and their families who experience factors which place them at risk of poor outcomes

The meeting's minutes reflected the language of the 'targeting' agenda in central government policy, for example: 'differentiated support'; 'targeted support'; and 'risk of poor outcomes' (DfE 2013: 13). The CYP Select Committee accepted the assertion that 'targeting' services would ensure support for those in 'greatest need' (DfE 2013). The majority of councillors voted to support option one and providers were invited to bid for each 'group'.

The Local Authority invited bids from providers, who were required to propose how they would analyse local data in order to implement the 'targeting' agenda. Whilst the tender document did not specify the kind of providers eligible, large third sector or private bodies better placed to invest in back office support were clearly advantaged over the public sector. Stonelands' governors submitted a bid to continue running the centre as a local authority maintained 'integrated' service, with the proviso that the council could provide back office support for the data analysis. The local authority seemed to have neither the capacity nor the will to provide this. Despite arguing that the children's centre provision was 'integrated' with the nursery school and should not be separated, the governors' bid was unsuccessful.

A large provider with centres across the country was awarded the contract to run eight of the ten groups, including Stonelands. Stonelands' group included two centres on primary school sites on the other side of town. A group staff and

management team would operate services from all three sites. Thus the responsibility for implementing the targeting agenda and continuing to provide services on a lower budget was passed along the policy chain to the new provider. Stonelands nursery school was still to share a site with the children's centre, but were no longer responsible for its management. So significant changes unmentioned in the public consultation were to take place.

Using data to categorise families: challenges in practice

Centre managers were required to submit quarterly data to the Local Authority, both on the total number of families accessing services, the number of 'target' families' attending, and the impact of services on those targeted. This was an enormous data management task. In order to 'target' services effectively, the Centre was expected to have 'registered' the majority of local families with under-fives. Collecting data about families was an expectation placed on the County's children's centres which would prove challenging to fulfil.

The explicit reason for registration was so that Centre managers could 'plan services around the needs of families.' The form included questions about all family members, for example were they in employment, education or training; were they receiving benefits, or with 'protected characteristics' under the Equality Act 2010? Centre managers were expected to use the information to classify them into the 'target groups' specified in locally issued performance documents:

- Current families with under 5's
- Lone parents of under 5's **
- Teen mothers **
- Pregnant Teens **
- Under 5's living in Decile 1-4
- Under 5's living in workless households
- Under 5's living in households receiving work-related benefits
- Fathers of under 5's **
- Teen Fathers **
- Under 5's with a first language other than English
- BME under 5's *
- Under 5's from Traveller families *
- Under 5's from lesbian, gay and transgender families *
- Disabled under 5's *
- Under 5's with disabled parents *

NB: Groups which reflect those in the Ofsted Inspection Framework (2014):

*Protected characteristics under the Equality Act 2010

**Lone parents, teenage parents, pregnant teenagers and fathers

Some groups listed reflected the ‘target’ groups specified in the Ofsted framework (Ofsted 2014: 42); however, not all Ofsted groups were included and there were some notable differences. ‘Families with protected characteristics listed under the Equality Act’ (Ofsted 2014: 42) were listed separately in the local interpretation. Also, a significant number of groups listed by Ofsted were not listed in local management documents. Those omitted were: children from low income backgrounds; children living in households with domestic abuse, mental health issues or substance abuse; children ‘in need’ or with a Child Protection plan; children of offenders and/or those in custody; adopted children and adopter families; ‘looked after children’, children being cared for by members of their extended family; ‘troubled families’; transient families; young children and families identified as being at risk of harm. This suggests that the difficulty of classifying families into these groups was to some extent acknowledged in the local management version.

The local data proformas included categories which were less ambiguous than the Ofsted framework (2014: 42), such as families living in the poorest housing in the locality (deciles 1-4); workless households; and households receiving work-related benefits. The local translation did not include categories which families would be unlikely to use to describe themselves, for instance ‘children experiencing domestic abuse, mental health issues, substance abuse, neglect or child abuse’. Thus the local list of ‘target’ groups was significantly narrower than the nationally issued one (ibid), but potentially less challenging to use in practice. As centres were required to report the percentage of target group families registered and attending, this implied that a baseline number of these groups could be established. Clearly, that was unlikely to be the case for all the groups listed as targets by Ofsted (2014:42).

In addition to reporting the percentage of families from all ‘target groups’ listed, and monitoring their attendance, the performance management proformas required three ‘priority target groups’ (PTGs) to be identified. The number of families in PTG’s registered and the number attending were also to be reported. Centre managers were required to explain on the proformas how they had determined these groups were a ‘priority’. The scale of the data collection and analysis challenge was obvious, despite the local authority’s attempts to reduce the number and ambiguity of the categories.

In November 2014, two months after the third sector provider had taken over, the Local Authority annual ‘monitoring review’ took place. The extract below illustrates the scale of the challenge facing staff, and the extent to which existing practices were required to change:

Stonelands Monitoring Review

November 2014

Access to services

Officer’s summary of Annual Conversation

Target groups are identified by consideration of Family Support Worker referrals. These may be from families known to the centre or nursery, from health, social care. The centre does not rely on data but gets to know families first. The centre does not have any target groups identified so this needs addressing ready for any future Ofsted inspection.

Officer's comments

The overall registrations are well below the 65% for a children's centre to be GOOD and the centre should also demonstrate evidence of "sustained contact" with families. The range from 44% to 65% needs to be increased to show the capacity of the children's centre to register children within its reach area. A greater engagement with health visitors is required in order to support the children's centre with this data.

The children's centre needs to be able to identify clearly its Priority Target groups (PTGs) and the Local Authority has recommended a maximum of 3 key target groups to ensure the provision of detailed tracking and impact measurement. It is not evident from the SEF or Annual Conversation report which target groups are tracked within the children's centre reach area.

The above extract shows that Stonelands' existing ways of identifying need, which depended on knowing local families through their participation in universal services and through working in partnership with health and social services was judged to be inadequate. The Local Authority suggested staff worked with health visitors to encourage more families to register, to provide data for identifying families to target. This signalled a change was expected in existing ways of partnership working. The performance management documents provided no means for the negative consequences of this to be acknowledged (see chapter six).

The references to the required percentages of registered families in the above extract related to those specified in the Ofsted inspection framework (2014).

However, the requirement for Stonelands to identify three 'priority target groups' was a local management interpretation of the 'targeting' agenda, apparently intended to render its enactment more feasible in the context of reduced resources. In local management documents, implementing a 'targeting' agenda was presented as a straightforward approach to identifying those in 'need' of services and a rational way of prioritising those 'in greatest need' (DfE 2013: 7). However, this was not the view of the Centre manager or her staff as the interviews revealed.

Identifying priorities: a performance of compliance

Performance management documents submitted by Alison, Stonelands' manager, at the end of the first quarter of 2015 demonstrated the attempts by staff to implement the targeting agenda. Interviews with staff showed however that the selection of 'priority target groups' was limited by the availability of baseline data about local families, and by which characteristics and behaviours it was possible to measure. There was also evidence of 'gaming' in order to produce a 'quick win' (Harris 2014), with one priority target identified which was already being met. The way the targeting agenda was translated into practice at Stonelands highlighted that it was neither a straightforward nor rational way of identifying those in 'greatest need' of services (DfE 2013: 7).

Three priority target groups were identified in Stonelands' 2015 performance review:

County Council: Children's Centres Performance and Quality Review 2015/16 Stonelands Children's Centre Group

Priority target groups:

- 1. Vulnerable two-year olds eligible for '2-Help' funding;*
- 2. Under five-year olds experiencing speech and language delay; and*
- 3. Under five-year olds living in the lowest deciles 0-4*

The choice of these as PTGs illustrates the differing perceptions of what constituted 'need', and the conflicting views about the role of children's centres. This created confusion about the kind of services which should be provided.

The first PTG referred to those with government-funded fifteen hours per week of early education and childcare which SCC was no longer directly providing. The poorest 40% of families were eligible for '2-Help' funding, but only those who had been identified by the Local Authority as 'Troubled Families' (DCLG 2012) were included in this PTG. Here the role of the children's centre appeared to be to encourage families with children 'at risk of poor outcomes' to take up an early education place, and improve their 'school readiness' (DfE 2013: 7). The second PTG was not related to parents' circumstances, but constituted children with a developmental delay, in need of 'specialist' speech and language services.

Stonelands' staff had no direct input to this PTG. Those services were provided on-site by professional therapists, after referrals from health visitors or other agencies.

The third PTG comprised children living in the poorest housing (deciles 0-4). As with the first PTG, these children were thought ‘at risk’ of poor future outcomes. This suggests the Centre’s role was to encourage parents to improve their economic status. The idea of PTGs implied differing perspectives about what led to a ‘need’ for services: parents’ behaviour (PTG1), children’s development (PTG2) and growing up in poverty (PTG3). This reflected the confusion in centrally issued policy (DfE 2013; Ofsted 2014) over the notion of ‘need’, which I have already noted.

Both performance management documents and staff accounts of why particular PTGs were selected at Stonelands illustrated that their selection, far from being a rational, data-led process, was influenced by pragmatic factors. The following extract highlights how their selection was presented for the purpose of performance management:

Stonelands’ performance and quality review 2015/16
<p><i>PTG1:</i></p> <p><i>This is a Government priority.</i></p> <p><i>PTG2:</i></p> <p><i>There are currently systems in place to track children who are particularly at risk of speech and language delay and support interventions are well established. This integrated approach with Health will ensure those most at risk receive support enabling them to access a full curriculum in school and they are therefore ‘school ready’. Across the county 48% of children are at risk of delay which confirms the need for this priority</i></p>

PTG 3:

Families within the lowest decile 0-4 are the poorest and most vulnerable families in the area.

The first PTG category was dictated by the Local Authority, and related to the expansion of funding of early education and childcare for ‘disadvantaged’ two year olds, and also the ‘Troubled Families’ initiative (DCLG 2012). The second and third were selected by Alison, in collaboration with Bronwyn, the third sector area manager. The explanations in the performance management document do not clarify the reason for choosing these groups as ‘priorities’, however.

Alison’s explanations mirrored the language in government policy documents, by referring to ‘risk’, ‘school readiness’, an ‘integrated approach’ and ‘vulnerable families’ (DfE 2013: 7; Ofsted 2014). But her use of the term ‘risk’ in relation to children with speech and language delay suggested a different interpretation from documents further up the policy chain. A policy notion of the term ‘risk’ would consider children receiving speech therapy not to be ‘at risk of delay’, but ‘at risk of poor outcomes’. The use of policy language (albeit sometimes with a different meaning) to justify the selection of PTGs enabled Alison to give an impression of compliance, rather than a convincing rational explanation for her choice.

Alison was aware she was involved in a ‘game’ of compliance. The following extracts from interviews with Bronwyn and Alison demonstrate how the process of selecting priority target groups was characterised:

- By Bronwyn as a rational process based on collecting data for categorising families into ‘target groups’ and to find which ‘groups’ were largest; and
- By Alison as a ‘game’ of compliance, where the object was to select targets which were easy or even simply possible to measure, and would present the least disruption to existing working practices.

Bronwyn, area manager	Alison, Stonelands’ manager
<p><i>Managers had a lot of choice over their priority target groups. I told them, ‘Think about what your needs are locally, bearing in mind your demographics... is poverty an issue in your area? Is unemployment an issue in your area? Is disability big in your area or minority ethnic groups a priority?’ Each group of Children’s Centres has chosen different priority target groups based on their need. Ofsted look at those priority target groups and it is expected that a lot of your provision is aimed at your priority target groups.</i></p>	<p><i>They’re calling them target groups and you can choose them yourself, but this is a dilemma. You might have a group like [families experiencing] domestic violence, because that for us is increasing, but there’s no data for that. If you can’t get the data then it’s not good as a target because you can’t prove it. So you end up finding targets where you can easily collect data, if you want the good from Ofsted. The two-year-olds, speech and language and workless households – data for those is easy for a base-line, and it’s easy to show that you’ve made a difference.</i></p>

The process of choosing what constituted a PTG at Stonelands appeared in practice to be a flawed approach, clearly not based on a straightforward analysis of local

data. Due to the limitations of what was possible to measure, there was no available data for the kind of ‘needs’ staff themselves perceived as most acute, such as domestic violence. PTGs were not chosen because they were perceived to be ‘priorities’ but first, because they were imposed by the local authority; second, because the Centre was already providing services to meet the ‘needs’ of the group; and third, were easily measurable, with a clear baseline of the number of families within the group. Performance management requirements were that services were ‘targeted’ to these PTGs, which suggests that in practice the ‘targeting’ agenda may not have ensured that other families who were in need of services would receive them.

Consequences of a performance of compliance

Stonelands’ performance management data highlighted that registration of and contact with families in PTG1 and PTG3 were below the expected measures. The centre was said to ‘require improvement’ by the Local Authority in 2015. The practical implication of this was significant pressure on staff to focus more resources on improving measures relating to PTGs, despite the flawed approach used to select them.

Bronwyn	Alison
<i>Some of our managers are struggling and I’m saying, ‘Look, to manage you’ve got to look strategically, and enable your staff to do this. You’ve got to look at what budget you’ve got, where your priority needs are, how you target your services</i>	<i>The only way you can get ‘good’ or ‘outstanding’ from Ofsted is to prove that 65 per cent of registered people in your three priority target groups come to the Children’s Centre, [and] remain in contact with us, and you’ve got to prove it</i>

<i>at priority needs, and you've got to know that data in order to do it.</i>	<i>through the data collection.</i>
<i>Ofsted's expectations of Children's Centres are huge and I think it's not a realistic framework. This is my personal opinion.</i>	<i>Bronwyn said to me that with limited resources [and] these three targets to work on, that's actually an advantage because what they're not saying now is 'You've got to make a difference with all of this. All you've got to do is focus it on these three.' And yes, I can see that argument, but what are you then missing out?</i>

Bronwyn the area manager was clearly aware that directing resources to PTGs, allegedly identified by data, was necessary for meeting performance targets. She did not believe the Ofsted framework was realistically achievable, but was prepared to accept 'targeting' as a necessary requirement in the face of limited resources. Alison also clearly understood Ofsted's performance requirements on the attendance of 'target groups'. But she was opposed to 'targeting' and did not believe it to be a valid way of identifying 'need'. In her view, compliance with Ofsted should not determine practice. Yet she was uncomfortable with having her own and her team's work judged negatively.

The improvement measures suggested by Alison in performance management documents reflect a lack of clarity about the purpose of the Centre, and a passive resistance to the 'targeting' agenda:

County Council: Children's Centres Performance and Quality Review 2015/16

Latest 0-5 population estimate	2021	
Measure	Target	Actual
The percentage of under-5's currently registered	80%	68.5%
The percentage of under-5's who have had sustained contact	65%	30.2%
These statistics are gradually increasing as staff are recording more of the work they are undertaking.		

Priority Target Group 1	Target	Actual	
		%	Number
The percentage of PTG individuals currently registered	80%	71.4%	25
The percentage of PTG individuals who have had sustained contact	65%	37.1%	13
Whilst registrations and contact are under target these children are accessing early years' provision at other settings. As we continue to build relationships with these settings and share data we will ensure children reach their potential and identify and work with families who may not be engaged.			

Priority Target Group 2	Target	Actual	
		%	Number
The percentage of PTG individuals currently registered	80%	100%	27
The percentage of PTG individuals who have had sustained contact	65%	96.3%	26
Children experiencing speech and language delay are supported by the centre through the use of a screening tool and depending on the outcome may be referred to a speech and language therapist or receive support through a language enrichment group.			

Priority Target Group 3	Target	Actual	
		%	Number
The percentage of PTG individuals currently registered	80%	57.3%	75
The percentage of PTG individuals who have had sustained contact	65%	32.1%	42
These percentages are steadily increasing as our links develop with local early years' settings. We are now attending the Child Well Being clinics which is enabling us to identify families not yet registered. We recently attended the community centre Family Fun Day where we engaged with some families who were new to the area.			

In total there were 2,021 under-fives in the catchment area. It was expected that 80 per cent of these families would be registered, and 65 per cent of them would be accessing services on a regular basis. Stonelands was not meeting these targets, with just 68.5 per cent registered and 30.2 per cent having 'sustained contact'. The reason given for this was that staff were not recording all of their work. The response reflects Alison's reluctant compliance with the 'targeting' agenda: in her view staff resources were better directed towards working with families than on entering attendance data.

The three PTGs totalled 175 children whose families were supposed to be the focus for services. This message was reinforced in both centrally and locally issued performance measures. Children's centres were judged on the 'impact' on families from 'targeted' groups, not on the quality of their universal services. However the PTGs' criteria were based on differing views of the 'problem', as previously noted, and this was reflected in the lack of clarity over the kind of practices which would lead to improvements in these measures.

The targets were unmet for both the registration and 'sustained contact' of families in the first PTG: 'vulnerable' two-year olds eligible to receive free early education and childcare. With 71.4 per cent registered and only 37.1 per cent with 'sustained contact', many families were not using Stonelands because their children were already taking up their entitlement to early education in other settings. However, staff were expected to encourage these families to also access services at Stonelands – but what kind they might need was unclear. The 'outcome' measure used to determine the 'impact' of services in this PTG was the level of development achieved by the time children started school. Potentially, services which might improve these children's development could be: supporting staff working at other early education and care settings to improve the quality of their provision; working with families to improve the quality of their 'home learning environment'; or working with families to encourage them to increase their 'employability skills' to reduce family poverty (Ofsted 2014).

The second PTG contained children experiencing speech and language delay, with 100 per cent registered and 96.3 per cent having 'sustained contact'. An established working partnership between Stonelands' staff and speech and language therapists had enabled them to refer children who had attended nurture playgroup or universal stay-and-plays. The partnership with the health visiting team assessing the development of two-year olds could also provide the numbers of children experiencing such delays. This target too was related to services provided *through* rather than *by* Stonelands staff.

PTG3 comprised families living in the poorest housing in the locality. They had not necessarily been assessed as in 'need' of services, but were, in policy language, 'at risk of poor outcomes', being presumed to be on a low income (DfE 2013: 9). Their registration rates were below target, at 57.3 per cent, with 32.1 per cent having 'sustained contact'. Staff were working to improve the numbers registered and attending the Centre by reportedly attending services which were provided elsewhere, in order to get to know families and promote the services they offered. This approach might lead to resources being 'targeted' on this PTG, but with significantly less staff time for running historically well-attended services (see chapter four). If some families were not accessing these services, this raises the question whether they needed or wanted Stonelands' support. It does not seem likely they would feel more encouraged to access services if they had been 'targeted' due to their 'parenting skills or aspirations' (DfE 2013: 7) being deemed inadequate.

Conclusion

This chapter has pointed out how policy agendas were presented and interpreted as they moved along a policy chain. There was a clear steer towards using a systematic data-led approach to identifying priorities. Ambiguities were evident regarding the kinds of services children's centres should offer. As policy was translated at local management level, other agendas of 'decentralisation' and 'austerity' (HM Government 2011) were apparent.

In this case, children's centres were commissioned from a third sector provider, and the responsibility for implementing a budget reduction was passed along the chain. Ambiguities over the kind of services centres should offer remained, thus passing

that decision along as well. In the local policy interpretation the 'targeting' agenda was foregrounded. The performance management requirements placed on children's centres represented an extensive effort to categorise and monitor families judged to be in 'priority target groups', which represented a change from previous ways of working.

At Centre management level the selection of 'priority target groups' was not a data-led rational process, but efforts were made to comply with required performance measures. With Stonelands falling short of performance targets there was pressure for more resources to be directed towards meeting them. The implications of these matters for both front-line staff and families were invisible in a policy chain account which drew on the translation of top down policy agendas.

The following chapter concerns both interviews with staff and parents and observations of practice at Stonelands, collected between October 2014 and May 2015, during this period of change. What became apparent was that there were differing perspectives both on 'need' and on the purpose of children's centres. How policy was interpreted and experienced on the ground was mediated through the values of the staff, and their beliefs about their role and their existing ways of working.

CHAPTER SIX

POLICY 'ON THE GROUND': STAFF AND PARENT PERSPECTIVES

This chapter examines how staff navigated policy 'on the ground', and how mothers attending services viewed Stonelands. Perceptions of policy and practice are presented which relate to five policy themes. In relation to the first of these, 'supporting families in greatest need' (DfE 2013: 13) the staff conception of both 'need' and 'support' was at odds with policy notions. They interpreted policy flexibly in accordance with their personal and professional experiences of families. Mothers talked about the ways services had met their 'needs' which mirrored staff views, suggesting that staff navigated policy in ways which mediated the distance between policy requirements and parents' expectations of services.

The second theme, the requirement to work with 'relevant partners' to 'deliver integrated' services (DfE 2013: 11) was viewed by staff as being the 'right vision' (Alison, manager). However, staff accounts of partnership working revealed substantial gaps between the vision and the reality. Mothers were indifferent about professionals sharing information about their family lives, but when 'support' was poorly co-ordinated this caused some distress.

Third, staff were ambivalent about their role of 'providing early learning for two-year-olds' (DfE 2013: 12). Despite some expressing doubts about the benefits for children

of the increasing standardisation of early education, they felt compelled to comply with the requirements of policy concerning this aspect of their role. Mothers spoke of the benefits of early education for themselves and their children, but not in ways which mirrored the policy language of formal learning. However there was no evidence to suggest that they doubted the 'need' for children to attend provision perceived to promote their development.

Fourth, staff ignored the policy requirement to provide 'parenting' courses which were 'evidence-based' (DfE 2013: 14), choosing instead a course they saw as less formal and more appropriate to the 'needs' of families. One mother's account of attending this course supported staff views that for some parents, building their confidence was more important than providing them with strategies. The benefits were perceived to extend beyond the parameters of the course, with mothers developing social networks among other attendees.

At the time the interviews took place, the County's Children's Centres had recently been 'commissioned' (DfE 2013: 10) and a third sector provider had taken over the management of Stonelands. In the context of budget cuts, the new provider was expected to 'target' services to 'troubled families' (DfE 2013: 13). The fifth theme is concerned with how staff understood this aspect of policy and navigated it as events unfolded. As they adjusted to changes in their job roles and in the location of services, staff struggled to make sense of the changes or to foresee their implications. Despite the mismatch between the 'targeting' agenda and the staff ethos, it appeared that they were likely to have little power to resist its

implementation. This seemed to be due to a number of factors: their lack of clarity over the nature of the changes being introduced; the willingness of their new management to comply with the agenda; and a reduction in staff capacity.

‘Supporting families’: flexible interpretations of ‘early intervention’

Staff interpretations of the notions of ‘need’ and ‘support’ were influenced by professional and personal experiences, leading to flexible interpretations of ‘early intervention’ (HM Treasury 2003; Allen 2011). Their experiences rather than policy imperatives shaped how they perceived their role, how they identified ‘needs’, the kinds of circumstances they felt led to families needing ‘support’, and their understanding about what constituted good practice. A shared ethos was evident which was at odds with a policy discourse which posited that intervening in family life would reduce child poverty through encouraging participation in paid work. Staff viewed their role as being to provide ‘support’ to families who ‘needed’ it with a strong focus on the emotional health and well-being of mothers. ‘Need’ was considered to arise from unique family circumstances rather than due to parents fitting policy categories, such as those who were on a low income or lone parents.

Staff had come to work at Stonelands by different routes and with a variety of prior relevant experience (see appendix a). Some knew the setting from attending with their children (Susie, Amanda and Sunita), and most were parents themselves (except Alison and Emma). The majority were from the local area, and all had worked at Stonelands since its designation as a fully operational children’s centre in 2010. Their previous work experiences were varied, and included working in retail

(Patricia), as an administrator (Emma), mortgage broker (Sunita), cleaner (Amanda), teaching assistant (Rachel) and nanny (Susie). Many had qualifications and work experience in childcare (Jane, Susie, Rachel, Patricia) and early years' education (Alison) before coming to work at Stonelands and the rest achieved qualifications in childcare whilst working at the Centre. Apart from Alison, the manager, who had worked in other children's centres, none had prior experience in providing family support. When services were being established at Stonelands (see chapter four) they were shaped by staff competencies, and then evolved over time in light of their on-going experiences of working with families.

Staff competencies were utilised to establish children's centre services at Stonelands. For instance, Emma, the receptionist, was a qualified nutritional therapist, although she was without work experience in this field. As information and advice about nutrition was part of the 'core offer' (Sure Start 2005) which was to be provided in children's centres, Emma's qualification was viewed as fortunate, and her role was expanded to include running courses in food and nutrition for parents. Over time however, Emma came to the view that the 'needs' of parents attending her courses were less about improving their knowledge of nutrition and more about receiving practical and emotional support.

At the very beginning, I'd talk about nutrition as we were cooking healthy food. What I realized pretty quickly was the nutrition was irrelevant to them. They had no idea how to cut vegetables; they had no idea how to break into garlic, so the course became cooking. The parents got away from the children and had a couple of hours to offload and be themselves. They had something to do, so it was

almost like a slight counselling session. And I think that helped them... That was why I asked to go on the counselling course in the end because there was a lot of offloading and I wanted to make sure that I was dealing with it.

(Emma, staff)

In her interview she reflected that her views about families and their need for support had become more compassionate over time. She admitted that before working at Stonelands she had thought 'disadvantage' to be a consequence of the behaviours of parents, and that they should 'sort themselves out'. The extent and complexity of the challenges she observed families experiencing changed her ideas.

While the majority of staff were qualified to provide early learning experiences for children, they did not have qualifications or experience in providing family support. Their notions of 'support' and 'need' evolved over time, shaped by their own family life, working with families, and through observing and reflecting on the their manager's expectations and practices. Having worked in children's centres since 2005 Alison was skilled in developing and providing family support services. Having been a teacher in a 'phase one' Centre in 2005, she believed that family support services had to evolve so they could be tailored to the 'needs' of local families:

It was a role that kind of evolved as things went on ... we did some things that you could say were very educational and teacher-ish and we did some things that weren't, because we met the needs of the place and the people that were in it.

(Alison, manager)

There is strong evidence that she allowed her staff to act with autonomy as they developed their roles to include family support:

I kind of hit the ground running because I hadn't really done any of this before! I didn't really know what I was doing, so I just worked on gut instinct if I'm honest.

(Susie, staff)

The words 'instinct' and 'intuition' were used by many of the staff in relation to their understanding of needs and their role of support. This was not perceived to be problematic, but as an important factor guiding their judgements and priorities, and which was based on their understanding of what constituted a 'good' family life.

Staff spoke of key events which had influenced their views on 'good' and 'bad' practice for working with families. Some had worked in child care and education settings, where they had observed practices they did not endorse.

When I [worked] in school I was quite horrified at the whole staffing mentality really - quite critical and judgemental of families.

(Rachel, staff)

When they observed practices which reflected their values they drew on these to shape their own professional identity.

I remember that there was one family who lived on the boundary of the school ... this Dad obviously had mental health problems and he used to bring his daughter into school late every day. She was really shy, she used to open the assembly door and everything would go

quiet ... eventually he stopped bringing her. The head teacher got really hands-on with this man and supported him in some way. It was really lovely to see. This little girl, you could see the difference in her... it changed that little girl's complete persona. I just thought, well instead of just judging him... cos he was easily judgeable, you know? He looked greasy and 'drop-outy'.

(Rachel, staff)

As a single parent, Rachel was aware how it felt to be judged as a 'bad' parent, so witnessing staff being judgemental may have felt personal. When she observed that a more compassionate approach led to a better 'outcome' for the child, this legitimised her view that giving support rather than judgement was good practice. Sunita also talked about developing a professional identity reflecting personal values. To have compassion and empathy was a core principle for her.

I picked up very good things from some people.... recognised negative things from some people, thinking 'This is not who I want to be....' You also put yourself in their position, that if I was this mother... [I would want staff] being genuine. The worst thing is somebody coming into your house and [when] you've just poured your heart out [they] go away and giggle. I don't think I've learnt a hell of a lot through training, but just by watching other people and thinking 'That's the person I want to be.'

(Sunita, staff)

There was a shared understanding that where Stonelands differed from other settings which provided early education, was that staff knew the whole family and

therefore had a holistic understanding of their needs. This was perceived as good practice because it led to children being treated as individuals, and to a better understanding of their capabilities and needs.

I came from private day nurseries where the child is a number, not an actual child. In Children's Centres you were working with the families - the child wasn't a number, they were them.

(Jane, staff)

None of the staff at Stonelands echoed the policy view that a need for support was greater in particular groups. There was a shared view that labelling families using policy categories was a flawed approach, and out of line with their ethos of support without judgement. There was clear evidence that staff collectively felt that, for a wide range of reasons families from all walks of life might find themselves in need of support when they had very young children, and that all families should be entitled to their services. This view was most strongly expressed by Alison who was critical of the labelling of families and the conflation of poverty with poor parenting, both dominant features of policy (see chapter two).

I believe we're here for everybody. We're not just here for a particular 'group' of society. We should be here for everyone who 'needs' us... That's a personally held view, it's a professionally held view, and it's a core value. It's not something I'd compromise on.

(Alison, manager)

'Vulnerable' is everybody really. It depends on what you need. Some families need more support in behaviour, other families need more support in money or housing or... You can't say just a couple of groups is the most vulnerable.

(Jane, staff)

I'm led to believe that 'disadvantage' and those who need support is more the lower wage bracket, people who are on benefits, but I don't think that way... Some of the families that are on benefits... people that are bringing up their children on their own, they give their children the world, you know? Some of those children really flourish ... I think it's a case of you get out what you put in ... and it doesn't matter what sort of background they've come from.

(Amanda, staff)

Factors which influenced the staff view that all families should be eligible were related to personal experience and circumstances rather than a political stance.

As you go through life you have your knocks, and there are times where you do need that little hand to get you back up.... Even speaking for myself, I would have never have thought I could have come this far ... My self-esteem was so low when I first came here.

(Amanda, staff)

I had a lot of support, financially we were stable, but [having young children] was still tough – no-one tells you! There isn't anybody that can say that every day is beautiful cos it's not, and it's important that people know it's OK to say that – like the whole mental health thing.

(Susie, staff)

I brought my children up in a very lonely way, didn't have any social interaction, didn't have a lot of friends, didn't fit in culturally anywhere. I wouldn't say I was disadvantaged, but I've missed out, and my children have missed out a hell of a lot as well.

(Sunita, staff)

Staff perceived themselves as being well-placed to identify families' needs. A combination of factors was considered crucial. These were: 1) knowing many of the local families, since Stonelands was popular and well-attended; 2) building relationships with families over time, as parents attended for several years with their subsequent children; and 3) meeting regularly with health visitors whose role was to monitor the physical and cognitive development of all local children (from birth to five years). Staff talked of knowing parents so well that they were able to see when families were struggling even if the parent did not directly ask them for support:

For me personally, if somebody comes in and they look (pause) different, that would ring alarm bells for us and we would wonder why, and we would keep an eye on that person. If we know that

they've just given birth or (pause), Dad's away from the home, or for whatever reason they might be under pressure.

(Patricia, staff)

It's almost like a mother's instinct... if you've got that connection with a family and you really know them and understand them you get that instinct... I can walk away and be thinking 'No, this is not right' or 'Yes, they're OK today.'

(Sunita, staff)

Local families were discussed at fortnightly 'Family Matters' meetings, usually attended by the majority of staff, the adjacent Nursery School's head teacher and one Health Visitor. These lasted two to three hours and were an opportunity to discuss families staff had 'concerns' about. Staff shared details about families which might lead to them requiring additional support (see appendix c). Observation of these meetings showed that not only the challenges a family faced, but the extent and location of their support network, were taken into consideration before deciding the level of support to offer.

The staff spoke of the nature and purpose of their work in non-specific ways, as in their experience the 'support' needed in every case was different.

*You go in and do that home visit, and actually the reason you're going in is like the smallest part of what's **actually** going on there. And then once you've got in and you've got to know the family, all this other stuff comes out as well.*

(Susie, staff)

In Susie's experience referrals from health visitors or social workers were often on child development concerns, but she frequently found that a range of problems were affecting a family's capacity to focus on their child's needs, such as caring for other children with special needs or disabilities, or an abusive relationship. Her view was that in order to positively influence children's family lives it was necessary to address the 'other stuff' (Susie, staff) at the root of the problem. The view that there was no single 'right' way to support families was shared by other staff.

It's a little bit of human compassion in this job, I think, human nature.

You go in to a family and you listen to them and then you go from there. You're not going to step in with a theory – right, this is what I'm going to do and this is what we need to do – it's not black and white, you know. And I've learnt that.

(Sunita, staff)

I think it's respecting difference. What you think might be a good way to bring up your child, someone else won't think is, and someone else will do it completely differently.

(Rachel, staff)

The activities staff considered part of their role varied widely. These included advising on benefit entitlement; advising about child health and development; building parents' confidence in their child-rearing capabilities; promoting healthy parent-child attachments; developing inclusive social networks; supporting parents to

liaise with health and social services; and supporting them to address their relationship challenges. The wide range of issues described as within their remit was frequently referred to as 'helping families with anything'.

You know there are just things, aren't there, about benefits, about your child, about their health, about everything? (Rachel)

Being there for the families and actually helping them... having somewhere to go and someone to talk to (Sunita)

The general ways in which staff viewed families' 'needs' for 'support' were also apparent when they determined the 'success' of their work.

We work with them to a point where they can cope with life. We can see those children will blossom, will succeed, and the parents will as well. They can manage a family life where they're all benefiting from it in some way ... We've got some level of happiness, some level of people getting on with each other, some quality of life. People are able to go to things that make them feel good, do things that make them feel good. They're able to have a good relationship with their children - they have a good bond, whatever that looks like, it may be different in different situations, but we can see in them that it's good for them. We can see they're progressing, they've got good relationships. We can see interactions that are positive interactions.

(Alison, manager)

Being able to facilitate and recognise 'positive interactions' was seen by Alison to involve working with families over time and gaining a holistic understanding of their

family life, in order to recognise subtle improvements in intra-family interactions. Staff interviews exemplified this approach.

That [parent-child] relationship is key to everything, funnelling down to that child. We've got a really lovely little family at the moment – 100,000 things have gone wrong in their lives, and they've just had their second baby. It's really exciting cos it's all kind of going well... and you can see it building into something quite positive. I've noticed that Dad is really responding to the little boy... he's noticing his facial expressions suddenly, and asking if he's ok and that kind of thing ... He was oblivious before.

(Rachel, staff)

However, there was some evidence that staff found it challenging to maintain a professional boundary when working closely. Their desire to 'help' parents made it difficult for them to see the boundary of their role.

You have to be in that culture to know... I know what this means for this woman, and I know because of the cultural background and because of the mentality of the community ... She felt completely alone... In the end I had to take her to my own home... there was nowhere else to take her. I said [to the police attending the incident] 'This woman has just been beaten up by her husband and now you're telling her to go home and wait until Monday?'

The kind of job we're in, it's just quite close to home, you know? Just dealing with families and issues ... I find that hard.... it's really hard

to step away from some families that you've worked with. Day and night you're thinking about them.

(Sunita, staff)

Although Sunita understood she had overstepped her professional boundary here, her actions were in keeping with the shared staff ethos that their role was to 'help' families with 'anything'.

Three reasons were evident in the staff data behind the shared belief that all families should be eligible for services. First, universal services gave them opportunities to see and get to know local families. Through having good relationships with them, they were then well-placed to provide support in a crisis. Second, the circumstances which led to the need for support could affect families from all walks of life. Third, that a universal approach resulted in the development of socially inclusive networks of support which benefited the whole community.

We seemed to get all kinds of families that seemed to blend together really well. I mean there's some people that you would never believe would be friends, and they've come and they've made real friends with people that they'd never have come across before, and it's been beneficial to all of them, I think.

(Rachel, staff)

We had lots and lots of mums who would come looking beautiful to groups and that kind of thing, and then you'd find out that they were in bits on the floor behind their façade. But I think it was the groups and that social thing, and doing the right thing for your child that

would get them over the doorstep and then give them access to those other support services

(Rachel, staff)

From a policy perspective, promoting 'social integration' meant encouraging parents into employment (see chapter two). But Stonelands staff understood it to mean reducing social divisions. None of the staff mentioned supporting parents to find work, or appeared to view promoting work to be part of their role. Some expressed the view that full day care did not provide the best environment for very young children. It was clear that they did not endorse a policy view that what families 'needed' was their support in achieving a higher income, but help to become a 'good' parent to their children.

Family support workers [should be] for those families that we feel are in greatest need. And that might not be financial need. It might be that they're socially isolated. It's those in greatest need in order to parent their children so that their children can achieve their potential.

(Sue, Health visitor)

I don't think you can judge people and say, because you're 'here' you need this help to get out of 'here'... That's what they're basically saying, we think it's bad that you're in this situation and you need help to get out of it. It doesn't fit at all with what I see in reality.

(Alison)

The staff at Stonelands believed that the families they supported 'needed' their services. They were confident that they knew the majority of local families. This meant that those experiencing challenges were already known to them, or were

brought to their attention by other professionals who also worked with families. There was a shared ethos that a non-judgemental and inclusive attitude led to good staff/parent relationships.

Support without judgement: parent perspectives on family support

All the mothers interviewed spoke of the challenges they had faced since becoming parents. These included feeling socially isolated (Catherine, Tracey, Matilda, Linda); struggling to cope with the logistical difficulties of managing children at different stages of development alongside part-time work (Angela, Tamsyn); dealing with their children's challenging behaviours (Catherine, Angela); managing anxiety or depression (Matilda, Tracey, Catherine, Linda); addressing their abusive relationship with a partner (Matilda, Linda); grieving the death of a child (Linda, Tracey); and coping with pregnancy and premature birth complications alongside caring for older children (Tamsyn, Tracey) (see appendix a).

Notwithstanding the different kinds of these challenges, and their differing severity, they had all valued receiving support from centre staff, who they trusted and felt to be approachable. They appreciated not feeling judged as 'bad' parents when they were not coping well and had sought help. These mothers all saw themselves as doing the best they could to care for their children and bring them up. They considered the practical and emotional support and advice they received from staff and other parents at Stonelands as crucial for improving their families' well-being. None of them spoke of themselves as in need of 'interventions' to improve their

'parenting', or needing 'encouragement' to change their lifestyle choices. They viewed themselves to have agency in relation to decisions about their family lives.

Mothers interviewed did not view their attendance as a requirement or obligation. They attended because services benefited them and their children.

I started going to the baby group when Jacob was about 6 weeks old, and just kept going, and to more things, and invited other mums because I found it so useful and helpful, because I didn't know about the world of playgroups out there... [The groups were] friendly, inviting, stimulating for the children, definitely. There was always different activities, different things for them to do. [They were] really lovely, really welcoming and kind of encouraging you to interact with the children, do different things with them that you might not have done before... Just any little worry, I've felt that I can just ask it without any (pause) – what's the word? – um, without any judgement, or you know they're just so happy to answer or go away and think about it and help you come out with a plan of action or... you know whether it's sleeping, or feeding, behaviour, toilet training, just anything. They're just (pause) so on-hand.

(Angela, mother)

I trusted Sunita, totally un-judgmental ... When you start you're a bit guarded ... And then you realise that everyone is in the same boat, we're all trying our best... What [Stonelands] does here, it allows you

to make friends. For me that was the most important thing, coming here and just talking to the mums.

(Catherine, mother)

Having opportunities to make friends with other mothers was an important benefit of attending services at Stonelands for the majority of the mothers interviewed. Linda was an exception. She initially came to be known by staff when she was referred for family support by her health visitor. Her account of how she came to Stonelands illustrates that 'targeting' families to encourage their attendance at groups which they do not believe they need or want risked alienating them.

*The health visitor put me in touch with Susie [staff] because of my anxiety ... But I didn't really see her after that cos she was trying to get me to go to baby groups and I'm **NOT** one for baby groups! I did start going to them in the end cos my friend was going... and to get Tom out and to get him interacting. Cos it wasn't fair, [keeping him in the house] just because of my anxieties and my hang ups.*

(Linda, mother)

Linda's initial reluctance to attend groups at Stonelands appeared to be due to her lack of confidence and her fear that she would be negatively judged by other parents. Through Linda's attendance at stay-and-play sessions, Susie was given a second opportunity to build a relationship with her and her son Tom. At the time of her interview, Tom had just turned two, and Linda had a new-born son, Jacob. She had been in regular contact with Susie for a year and had clearly come to value the family support, which she believed had increased her confidence to access services which benefited both herself and Tom.

She's listened mostly, because it's been going on a while and she's told me things that I didn't really know, cos he's really horrible to me and calls me names, but he doesn't hit me. So she's obviously trying to explain there are all different types of abuse, not just physical and what he's doing is a form of abuse. It's given me confidence... I would have just took it, now I am telling him he has got to leave me alone. I don't deserve to be treated like that and Susie telling me that like, I thought it was just normal, but it's not normal... She's gonna refer me to some domestic violence groups.

I was just talking to Susie randomly one day when Tom was just gonna turn two about how I thought [attending early education] would be beneficial to him because [pause] he was really shy and clingy [pause]. I said to her, 'I really need to get him out and to change the way I'm making him grow up'. And it has really, really helped. He's like a different child. He loves nursery. It's a good routine for us to be getting up, getting ready... People say that routine's not good, but it is, it's key, like it's our life now.

(Linda, mother)

The flexible nature of the support for parents at Stonelands was apparent from the wide range of practical and sometimes mundane help described by the mothers. Also clear was that staff made a compassionate attempt to provide support beyond the parameters of their professional role during particularly acute crises.

When I was 19 weeks [pregnant] my waters went and [the staff] were helping me get to and from the hospital. They wouldn't leave me alone there cos of the doctors saying I might lose him. When I was stuck in the hospital they'd come when they'd finish work and see me... My partner was looking after the other two [children] but [staff] were helping to take them to nursery and school. Cos my partner starts work at 7 o'clock they brought them here [to Stonelands] to have breakfast and then put Ellie in Nursery and took Zach up [the road] to school.

(Tracey, mother)

I used to speak to Susie every day, just because I had so many problems. She can read me like a book. If I text her she'll read between the lines and she's like, 'What's the matter?', but in the text message I'll be like, 'I'm fine'... But it's also silly things, like I didn't know if you had to cook the tuna in the little tins, so I'd ring her and ask... If I really need to go shopping then she'll take me if she's got a chance. I've got a bad back and trying to get a push chair with loads of bags of shopping all upstairs with Adam trying to get down the stairs, I just find it so hard. That's the sort of things where I can't cope.

(Matilda, mother)

There was a time when I was trying to get to a group and the wheel fell off my pushchair. It sounds so mundane. I had one of those three-wheeled things and the wheel fell off as I was on my way down. I phoned Sunita and she sent a car for me! She sent one of the staff to come out and get me!

(Catherine, mother)

The mothers' accounts of the support they needed and received from Stonelands endorsed how staff understood their role in relation to local families. Staff interpretation of policy mediated the distance between official notions of 'need' and the realities and complexities of lived family experience. What mattered most to the mothers was receiving timely support with the practical challenges of being a parent from staff who knew them and their children well.

Working in 'partnership': gaps between vision and reality

From a policy perspective, children's centres were supposed to coordinate a multi-agency approach by working in partnership with health, education, social services and Jobcentre Plus. There was a strong endorsement for this approach both philosophically and pragmatically expressed by staff at Stonelands.

It is the right vision, I believe in that vision very much

(Alison, manager)

We can't do this without health, working with health visiting colleagues, our midwifery colleagues, but other partners as well. It's impossible without. (Bronwyn, Area manager)

Working in partnership was perceived as potentially beneficial to both families and staff. As staff at Stonelands were working with families from birth to five years, they were amongst the first professionals whom new parents encountered. If families found them helpful, this was perceived by staff to make it more likely that parents would continue to engage with professionals throughout their children's upbringing. There was also a view expressed that monitoring children's development gave opportunities to identify additional 'needs' for specialist services, such as speech and language support, and led to the early identification of children with special educational needs. In that case, support could be put in place at the earliest opportunity. This mirrors the policy view concerning early intervention, that monitoring and tracking children's development leads to better outcomes for children, due to the early diagnosis of special needs.

The benefits staff identified as arising from working in partnership with other agencies were that their workload was shared and they felt better supported emotionally.

Partnership working, when it's good, it's fantastic, tremendously beneficial. Has good outcomes for the professionals, has good outcomes for the family, has good outcomes for the children, has good outcomes for 'stats' for want of a better word. Has life-long benefits because the chances are those people will stay engaged with professionals, will not have an issue with discussing things, will go into schools, which is usually the port of call after us. Sometimes it's GP's, hospitals. Chances are they'll have better relationships with those people. (Alison)

Staff identified several factors which facilitated good working relationships with partner agencies. Having regular face-to-face contact was seen as crucial. This was achieved through formal meetings such as the 'Family Matters' meetings; and through the co-location of services, which led to staff getting to know each other, creating informal opportunities to share information about families. At Stonelands, the partnership with the health visiting team, and to a lesser extent with children's social workers, were seen as being mutually beneficial. Staff asserted that the health visitors did not have sufficient capacity to give practical or emotional support to families. However, through their regular home visits health visitors had opportunities to identify families who appeared to be struggling, and who might benefit from family support. Social workers were perceived by staff to benefit from their deeper knowledge about families. There was some evidence that Stonelands staff facilitated better communication between social workers and families, too.

*There's a mutual understanding of the importance of the work that's done ... [because of] the detail we go into in those Family Matters meetings. Health visitors can see the depth of the work that we do. They see the **value** of it because they see those families again, and they talk about staff and what they've been doing... [Also] the health visiting team are overworked, they can't do everything they need to do.*

(Alison, manager)

*It was the most complicated case I've **ever** worked... We had to draw family trees and it was really, really complex. [The social worker]*

said to me at the end, 'That would have taken me about three months to get all that information out, without overloading mum'. And I was like, 'Well, I've been working with the family for three years, that's how long it's taken me to get those dribs and drabs of information.'

(Susie, staff)

*Unless I know exactly what the social workers are saying, the families quite often hear different things to what they're actually saying. So we need somebody like me that can say 'That's not **quite** what they said'... So it's really, really important that we liaise effectively.*

(Susie, staff)

Staff developed close partnerships with individual professionals, who they believed valued and appreciated the work they did. These symbiotic relationships grew from pre-existing networks and were developed over time. Service level agreements put in place at a management level were not perceived to necessarily lead to close partnership work on the ground in the absence of factors which facilitated relationships at an individual level.

There was evidence for a number of challenges to developing close relationships with other agencies. These were: professional and philosophical differences; having mismatched priorities; and practical obstacles.

Sometimes we find ourselves coming up against it, often in schools, definitely with the Local Authority, sometimes with Children's Services, because we would do something in a different way that the school may not agree with and find difficult to grasp. Usually it's because we're looking at something from a very holistic viewpoint and they're trying to narrow it down all the time and trying to pass blame as opposed to saying, 'Ok this is the situation - how can we support the family? What do we need to do?'

(Alison, staff)

Despite being co-located with a Nursery School, staff at Stonelands perceived a philosophical divide between the Children's Centre staff team and the Nursery School staff. Thus, co-location did not appear sufficient to overcome philosophical hindrances to close working partnerships.

That little fence, that little wooden fence, may as well be the Berlin wall really. It's only a three foot fence but I think it's still quite a big divide. I spend a few days in Nursery School, which actually I love doing [because] I like the response from the children because they're older ... But I can see [from] having one foot in each camp there is still that huge divide. I don't think they quite understand how we work and I think we sometimes struggle to understand how they work.

(Patricia, staff)

Perceptions of the relationships between children's social workers and Stonelands staff were varied. Whilst some social workers were considered to have views which

were philosophically aligned with those of staff, others were seen as over-protective of their professional status, and as having different priorities.

*At the moment I'm in a situation where I'm trying to liaise with a social worker about why a decision was made (pause) and it's very difficult because sometimes people feel like it's a personal attack on **them** and it's not. But I need to understand where their thinking comes from. What we tend to find is that sometimes we know the families better than children's services might, so they'll make a decision and we'll think, hang on.*

(Alison, staff)

There was some evidence that having different priorities, philosophies or professional approaches led to rivalries between staff and those they might benefit from working in closer partnerships with. The following incident recounted by Susie illustrates how a lack of respect for other professionals could arise.

The [community nurse] was worried that the little girl wasn't toilet-trained before she went to school. She's got a severely disabled 18 year old brother who still has pads, so he still gets changed every morning. I had no concerns that she wasn't toilet trained. She'll get there. Not the end of the world. The community nurse said, (angrily) 'Why didn't you tell me that she wasn't toilet trained?' I said, 'Because they've never discussed that as being an issue with me. Mum's just been diagnosed with bipolar and she was having lots of changes of her medication so we've been talking about keeping things calm.'

*I've got a very good relationship with [this family] and they tell me to go in the side gate and just knock on the door... I saw the community nurse [was there] so I just walked in cos I know there's nothing they would be saying that they wouldn't be saying in front of me, so I just plopped myself down. I'd got a bag of crisps (laughs) as well, which didn't help. She'd got an A4 file on her lap you know, and it was a **very** tick sheet, she was physically ticking boxes (laughs) as she went. I didn't say a word. I just sat there very, very quietly until she'd gone. Then interestingly dad stood up and said, 'Right shall I make a coffee?' He hadn't made her one.*

I got a phone call that evening from the nursery nurse, asking me if I was there personally or professionally (with humour), 'because you just sort of walked in and plopped yourself down.' I said, 'Yeah, that's me working!' (laughs). She said 'Well, I had no idea you were working with that family' and I said, 'Oh, we do discuss them on Family Matters, but to be fair, I had no idea you were going to visit either!' (Susie)

The above incident was one of several similar examples which staff described in partnership working. Rivalries seemed to arise when they observed other professionals were not taking a holistic view of families' circumstances. They also felt disrespected when they were not invited to attend multiagency team meetings with health professionals or social workers, as they believed themselves to have a valuable insight into the challenges facing the families they worked with.

Working towards different performance targets was seen as resulting in professionals having different priorities. This, together with practical barriers, such as a lack of resources and the use of incompatible IT systems for recording family information, led to a break-down of pre-existing partnerships.

If you're trying to work to different [targets] then that comes in the way of the partnership working. As their workloads increased we saw less of the Social Worker at our Family Matters meetings for example, where that person's really useful. We're not at the point with that team ... where they liaise enough with us ... it's a service that's still operating at a bit of a distance... They're protective over their work and why they do as they do, but we could do a lot more together I think.

(Alison, manager)

Alison's view was that partnership work should have been better facilitated at a regional or central government level through the development of a model or framework to guide practice. Despite generally being opposed to the imposition of policy frameworks, Alison's perception was that in this case, without one, the hindrances to effective joint work at ground level were often insurmountable. Though she acknowledged that attempts to put agreements in place at a local management level through 'service level agreements' had been made, this method had been ineffective.

Because you've got professions coming together who've never worked this closely together before... if you just had some kind of..., just a model to work with, I think for partnership working it just would

have really helped. People have floundered about. They've got service level agreements and all this kind of thing but for us we've found that it still comes down to the individual and how they interpret that.

(Alison, manager)

Indifferent recipients: parent perspectives on 'integrated' services

All the mothers interviewed appeared to retain a view of professionals' roles in line with the traditional disciplinary boundaries of health, education and social services. Even when services were co-located, they spoke of attending appointments with professionals from different agencies as if they were not in the same building.

So I had midwife appointments, that's the first thing I did here.

(Tamsyn, mother)

I've rang the health visitor and asked for advice

(Matilda, mother)

Mothers generally viewed an involvement with midwives and health visitors as necessary for their children's health and development. Most of them did not appear to be aware that information about their families was shared between agencies for identifying those in need of additional support.

Mothers who had been referred for additional support (Linda) or had a child deemed 'at risk' by social services (Matilda) had been the recipients of a 'multi-agency' approach, although they did not perceive their support to be 'joined-up'. Both Linda

and Matilda had met professionals from different agencies who appeared unaware of their history or of the complexities of their family circumstances. This caused them distress. As with other mothers interviewed, both used traditional disciplinary labels to distinguish between different agencies and saw their roles as distinct.

*I missed some appointments with the health visitors, just one or two, and the health visitors reported me to social services in March, bearing in mind I had the miscarriage in February, a really bad miscarriage, I was 12 weeks. I got rushed into hospital and I had to have an emergency operation because I was bleeding so badly I couldn't even sit down... Social services then turned up at my house randomly, and I don't like people in my house at the best of times, so I didn't let them in. They said, 'We need to come in now. We need to see you **now**. You missed appointments.' I said, 'I haven't missed any appointments, I don't know what you're talking about. My son is fine, we're about to go to nursery'. [They said] 'Oh, he goes to nursery?' I said, 'Yeah, you don't even know that my son goes to nursery. Ring them! There is no problems with my son. Ring them! They will tell you that they haven't got an issue.'*

(Linda, mother)

Linda explained that she had a deep mistrust of social workers from experiences in her own childhood. Having refused to allow them access, she rang Susie who arrived at her house within twenty minutes and liaised with the social work team to de-fuse the situation.

Susie was straight there and she knew all the right things. But it was more about the confidence for me... With me I'd have put my barriers up. The wall would have gone up, I'd have built it and it would have been cemented within seconds, whereas Susie comes in and then she's like, 'No, don't put that wall up, you do this and this.'

[Laughs]

(Linda, mother)

This encounter supports the staff perspective that they played an important role in facilitating relationships between families and other agencies due to the trust they had built up with families over time. It also suggests that the gap between the vision and reality of partnership working which staff at Stonelands identified had arisen out of exactly this kind of experience.

Standardising early education and care: ambivalent policy passengers

The meaning of 'policy' for staff at Stonelands entailed the obligation to use curriculum and assessment frameworks: the Early Years Foundation Stage (EYFS 2008, 2012) and the Common Assessment Framework (CAF 2005). Those who had been working in early education and child care prior to the introduction of these frameworks were able to reflect on the implications in practice. Whilst there was some acceptance of the 'need' for frameworks staff were, for the most part, ambivalent policy passengers. There was a general consensus that policy frameworks were not always useful or appropriate but had to be complied with nonetheless.

Staff felt that assessment frameworks were necessary for monitoring children's progress, in order to plan appropriate activities to further their development. They also were used to identify children whose development was delayed in comparison to their peers or to pre-established 'norms', to set targets and to co-ordinate a multi-agency response. This gave some staff a sense of a professional understanding of a child's developmental stages.

We do use them. It does help us to understand where the child is at.

We can discuss that with the parents when we see them.

(Jane, staff)

*I **know** we need to know certain stages and we need to know they've passed certain stages or are working towards certain stages.*

(Susie, staff)

Where the creative was just very messy play that changed, and you was sort of introducing more the EYFS into things, and you were looking more at that learning side of things rather than just having a go... and then there was a lot more put into the music as well... It changed the dynamics of the sessions and the groups but I think it was for the better. As a practitioner giving the sessions you felt you were giving that bit more, and that they were learning more, but it was just more – um (pause) – it was more structured.

(Amanda, staff)

Amanda's view was that the introduction of the EYFS had led to a 'structured' approach which was more focused on 'learning' rather than 'just' playing. Other staff

also felt it was important to understand where children were 'at', to set developmental targets and plan activities appropriate to their level. But some felt the increased standardisation of early years' education was not helpful either for children or parents, and that the emphasis frameworks placed on formal learning rather than playing was detrimental to young children.

I love the characteristics of effective learning... it's all about their enthusiasm to find out, and their curiosity... We have the development matters statements that we use to sort of assess ... [but] they're just stupid statements (laughs). I'm sure they have some great meaning behind them but so many of them are just so random and you think 'Oh that's not what [matters] you know'... Parents do need to know where we feel their children are functioning, and where there might be issues and things, but personally I'd rather just talk to parents about their child as a person, as a human being, as an individual that they are.

(Rachel, staff)

Whilst the EYFS emphasises the importance of learning through play, the 'development matters' statements are to be used to assess whether a child is developing at, above, or below the level expected for their age. According to Alison there has been an increasing shift towards formal learning in the EYFS which she feels inappropriate.

You're judging children against a curriculum that isn't good for them in my opinion, which being an early years' teacher for nearly 20 years now is quite, quite informed... The EYFS has now become

more focused on literacy and maths. Even though they've got these three prime areas, [personal, social and emotional development; communication and language; and physical development], the social skills are being brushed aside to focus on writing and maths. Now while the EYFS does talk about play and social interaction the emphasis and what children are measured by has changed [so now children] have to get a level 6 in writing and a level 6 in maths.

(Alison, manager)

Some staff said that the increasing requirement to quantify children's development unnecessarily raised parents' anxiety. They believed it was unhelpful to share with parents the checklists used to track children's progress.

We don't show many parents, only if they want to see them. We do scan over them but we'd rather be a bit more friendly about the children (laughs) They'll do it in their own good time. I know with my son, he was always late doing everything. So you want to lower that anxiety and say, 'It's fine, don't worry.'

(Jane, staff)

The EYFS was also perceived to have led to an increase in staff workload and inappropriately promoted a view of children as being 'numbers' rather than individuals.

*Our children **don't** always fit into those little boxes, you know?*

(Patricia, staff)

Before [the EYFS] it was, [all about] giving lovely experiences. And it's still [about] giving lovely experiences, but just all the quantifying and qualifying and all the paperwork that was involved... it's just sad...they're little numbers.

(Susie, staff)

I sit at the laptop for a good two or three hours just thinking before I'm actually planning, and I'll tie the song in and think, 'No that's not right, delete all that, go back to the drawing board.'

(Amanda, staff)

All staff believed that complying with the requirements of the EYFS was necessary to avoid criticism of their practice by Ofsted. However, several were critical of what they saw as the increasing requirements being placed on them to 'track' and 'monitor' children.

We've had some documents through as to what we ought to measure ... it's much more rigid... wanting scores for children who [have] started reception in more detail, and holding the children's centres accountable for the school readiness stuff... That then dictates some of your service delivery... which may not be what you want to do, or what you deem to meet need, but because you're going to be measured against it you've got to do something about it otherwise you'll be condemned (wryly).

(Alison, manager)

Although staff were generally critical of the EYFS, when other frameworks were in agreement with their ideas of good practice, they found them useful as tools and endorsed their use.

*I love the CAF because it's much more parent-inclusive. It's not telling anyone what they have to do. It's not telling you what's **expected** of you. It's saying, with the parent, 'Right where are we? Where do we want to be? How do we get there? And what can all of us do to facilitate that?' I do know they get worked differently, but the way **I** work CAFs is, the parent tells me and I write it in. If the parent hasn't said it, it doesn't get written in, because they don't have to have a CAF, it's for **their** benefit (pause) and that's the **only** reason we're doing it.*

(Susie, staff)

The language pyramid is a brilliant reflection of the work that we do because it starts with the social interaction, and if you can't get that in place, nothing else is going to happen, and that's very much the basis we work from. But we don't work from that basis because of the language pyramid, we work from that basis because I know and the staff who work closely with me know that that's what makes a difference.

(Alison, manager)

*I **love** the speech and language pyramid stuff, I have to say. Just to have the depth of knowledge that we've been given about speech and language has been really useful... because it's such a source of*

frustration for the children, and having good solid information and solid advice and solid practical things we can do.

(Rachel, staff)

Staff attitudes to policy frameworks varied, and there were contradictions evident. Most expressed the view that they were necessary and some perceived them to be useful when they could be used in ways which coincided with their own ideas of good practice. However, also evident were significant concerns about the potentially detrimental impact of the requirements being placed on them to 'quantify' children, and of the increasing formalisation of early years' education.

Benefiting children and themselves: parents' views on early education and care

All the mothers interviewed had accessed early education provision for their children either at Stonelands (Tracey, Linda, Catherine), or in private provision which offered full day care (Tamsyn, Angela), with the exception of Matilda, whose son was not yet eligible for a funded place. The mothers did not refer to their children's progress in the policy language contained in the 'development matters' statements, but they appeared to view children's participation as a benefit to both their children and themselves.

Both Angela and Tamsyn chose to enrol their children in private provision which provided full day care, as they worked part-time. Prior to having children they had worked full time in professional roles, and both felt they had been discriminated against by their employers due to becoming mothers. They appeared to see this as

inevitable, and ultimately their priority was to have time with their children rather than advance their careers. Their view of the purpose of enrolling their children in full day care appeared to be predominantly to enable them to work, rather than as a direct benefit to their children.

Joseph goes to [a private nursery] and my husband does the drop-off for that because he starts at 8am. I just have to pick him up once a week and the nursery is close to where I work, so it works in our favour, with the kind of direction of travel and things. It's all a bit of a juggling act!

(Angela, mother)

Some of the mothers who had more than one child (Tamsyn, Angela, Linda) acknowledged that having their children attending early education provision gave them valuable time in which they could do other tasks which they found challenging when caring for their children's different needs.

Being able to get that three hours where I can bond with [baby Jacob] and I can sort stuff out at home and tidy up – just that in itself is amazing.

(Linda, mother)

The benefits mothers identified for their children from participation in early education provision were not in general related to their formal learning or as preparation for school (with the exception of Catherine, a teacher prior to being a parent). All clearly emphasised the importance of their children having opportunities to develop their social skills and enjoy themselves.

They loved it. They used to come home with dozens and dozens of pictures that they'd made. They loved the staff, so it was just nice that they had that kind of bond with the staff and that.

(Tracey, mother)

[The stay-and-plays were] so well-organised. I mean after every event there was a sit down and sing-a-long and then there was a snack for them. She adored that, she absolutely loved that, sitting down. And it's all about building the patterns of... well it's preparing her for nursery and then preparing her for school

(Catherine, mother)

There was evidence to suggest that mothers were highly cognisant of their children's development and observed them closely. Some compared it with other children's of the same age, or to their own children's starting points but none referred to their children's development in relation to in the EYFS norms (2006, 2012).

Adam is quite behind on his walking, cos all my friends' kids that I had around the same age, they're all walking, so it sort of makes me a bit upset that he's not walking because they're all walking. So we go to the park, and they're all running off, and there's Adam trying to catch up whilst crawling.

(Matilda, mother)

His speech has completely flown through the roof... on weekends he asks for nursery – it's great cos we're just starting to learn about the days of the week now.

(Linda, mother)

Providing 'parenting' courses: creative interpreters

Children's centres are expected to provide 'parenting' courses, with guidance proposing these should be 'evidence-based' (DfE 2013; Allen 2011). Stonelands' staff complied with this policy requirement, but chose to provide a non-accredited course, 'The Parenting Puzzle' (Family Links 2003). This course, developed by a national charity, was intended to give adults the understanding and skills 'to lead emotionally healthy lives, build resilience, empathy, self-esteem and support positive relationships' (ibid).

Some of the staff had previous experience of running 'Triple P', an 'evidence-based' course, which advocates building 'skills and strategies' to 'handle any parenting situation' through the application of a cognitive behavioural approach (Sanders et al 2001; 2012). According to Alison, Susie, Sunita and Rachel 'The Parenting Puzzle' was better suited to the needs of local families, and its approach was more close to their own views on what worked. Their perception was that to improve parents' child-rearing capabilities, the best approach was through encouraging them to reflect on their own upbringing and share their experiences with each other, rather than by advocating particular 'strategies'.

*I think one of the benefits [of 'Parenting Puzzle'] was bringing parents together. They all came knowing that they all had a bit of an issue, so whoever they were... [it was a] leveller. We did the Triple P, which was very formal and very (pause) just uninspiring, I think is what I would say. When we did the 'Parenting Puzzle', that was **brilliant...** [The course] was for 10 weeks and it was very much about themselves, the impact of their own experiences on themselves and on their children.*

It went on over a long period of time, so people made really close relationships. I remember seeing one girl who thought she was the only person there whose child had been in care. So when this other girl said, 'I'm just going to tell you all before we start, my child's in care,' I saw her go [wide-eyed]... By the end of the ten weeks, she was going and standing outside talking with these ladies. She didn't say very much, but she just wanted to be in that group of mums. She'd stand there for hours! I'd say to Susie, 'They're still out there talking!'

I saw them change as people, and the positivity in their relationships with their children definitely lifted, which can only have a good impact, can't it? And confidence, I think it built a lot of confidence in them, knowing how different everybody is, but nobody's necessarily wrong.

(Rachel, staff)

Building networks of support between parents was considered by staff to be beneficial in ways which went well beyond the parameters of the course. They observed that parents' self-esteem increased as they became aware that others were experiencing similar challenges, and they developed empathic relationships with each other. As staff perceived the 'need' for parenting support as not being limited to those from particular 'groups' in society, the courses at Stonelands seemed to support and advance an inclusive community ethos.

'Everyone should do it': a mother's experience of 'The Parenting Puzzle'

Catherine was the only mother interviewed who had been on a parenting course at Stonelands. She had recently moved to the area with her husband and their newly adopted daughter, Lucy (aged three years). There were three challenges which Catherine spoke about in her interview: going through the adoption process, adjusting to becoming a full-time mother, and relocating to a new area where she had no family or friends.

You lose your identity... because you have to go to social workers, and you're assessed so massively. You're having to put this front on ... present yourself as the perfect... and then by the end of it, you can't maintain that... because it's for a year of being interviewed.

(Catherine, mother)

Catherine spoke at length about her experience of 'The Parenting Puzzle', and the benefits she observed it had on her family relationships, her self-esteem and her sense of belonging in the community.

I found the Parenting Puzzle amazing... I found it enlightening... It was an empathy-based approach, and it was superb! The best thing I've done... It made a huge difference to the way I parented. [It's] not looking just at that moment when your child's upset, but going back to look at what has happened in the day, so that was so useful. I'm a teacher, so I understand empathy I think, but until you've sat down with other parents and spoken to them about things and listened to their experience and understood it from the child's point of view you're just not there. It's just things like praise, you forget all about praise. You forget how many times you say, 'Don't'... It was little things like that that stuck.

Through her participation on the course, Catherine was able to reflect on the kind of parent she wanted to be, and influence how her husband viewed his role. He did not attend the course, but it seemed he had been struggling to cope with Lucy's behaviour.

I didn't clash with her a huge amount, but Dad was. My husband thought that she'd become very naughty and bold. He was against it initially. He thought all this praise can't be [good for her], but then completely changed when he saw the response. I'd speak to him after the sessions and say, 'Look, give her time to do it, don't rush her... It's all new to her – getting on a bus is a huge thing to her.' My husband said, 'It can't be right to keep saying how good she is at

this, and how well she's done with that'... but it works, it completely works.

Through hearing other parents share their experiences of the day-to-day challenges of bringing up children, Catherine's confidence that she was a 'good' mother increased. Her feelings of social isolation lessened as she met and made friends with mothers who lived close by.

I think twice, Lucy had a tantrum in the supermarket and I'd be consumed with embarrassment. I'd want to roll up in a ball... I felt crippled. The feeling of being observed, being watched and being judged... After the course when those little incidents happened it didn't worry me who was around because of sitting with the other mums and hearing them say, 'Oh my god this happened!'

I got to meet other parents who I'm still friends with. One woman who lives round the corner now comes to the house, and her children play with Lucy. Making a network was what was important for me, with just having moved up here. You're very isolated when you first move up.

Targeting 'troubled' families: remapping conceptions of practice

Local management interpretations of national policy in 2013/14 (see chapter five) led to significant changes on the ground at Stonelands, both to staff roles and to the range and location of services. Previous approaches to identifying 'need' based on knowing local families and working in partnership became less viable as universal

services were cut and staff capacity reduced. However, this was not initially apparent to staff as they came to terms with the personal implications of the changes. The full extent of what had been lost only became clear as they observed events unfolding on the ground. The combination of a reduction in staff capacity as a result of the budget reduction, the dismantling of previous ways of identifying 'need', and the willingness of the new third sector provider to comply with a 'targeting' agenda all reduced the freedom of staff to interpret policy in flexible ways based on their notions of 'need' and 'support'. Staff predicted that the changes would lead to an increase in the number of families with unmet 'needs' in the local community. They were unconvinced that a data-led, 'targeted' approach was a reasonable way to mitigate the negative impact of the budget reduction.

For most of the staff (Patricia, Jane, Rachel and Amanda) there was a change both in their job role and their line manager. Their employment contracts were transferred to the co-located Nursery School, and their role was to continue to provide early years' education for two-year-olds under the leadership of the Nursery School head teacher. As they were no longer children's centre employees, they were not required to continue with their family support case-loads or to run stay-and-play groups. Some viewed this as a positive change for themselves personally.

It's nice just to have the children... when we were a Children's Centre you were doing this, that and the other and you were pulling your hair out going, 'Where do I go next? What do I have to do?'
(laughs) But now we've only got one focus. It's easier.

(Jane, staff)

*I find now that I can go home and I can switch off. This is my **biggest** thing, I can go home and switch off and not think about it... If there was something that was worrying you about a family, you'd go home and it would always be playing in the back of your head. I found that very scary, very worrying. Have I given the right information? Could I have done more? And if I could have done more, what could I have done? Or I'm on the internet just looking at something relevant to the situation.*

(Amanda, staff)

The staff experienced the change in their line management as a change in the ethos of the 'nurture' playgroup. Despite her ambivalence towards the EYFS (2008, 2012), and her views that formal education was not appropriate for two-year-olds, Rachel noted that she felt an increased pressure to be compliant with Ofsted's requirements for early education providers.

Planning-wise Alison was quite relaxed about all of that, it wasn't her priority. It used to worry me to death that people would come and say, 'Show us your planning folder', but by the same token we were supporting all these families... But now it is all about paperwork and box-ticking.

(Rachel, staff)

Alison's, Susie's and Sunita's employment contracts were transferred to the third sector when Stonelands was merged into a 'group' with two other local Children's Centres (see chapter five). Despite the public consultation the Local Authority had carried out prior to commissioning, the implications of the changes in practice only became evident to staff as events unfolded.

[When the management change was announced] some of the staff at the time still weren't taking on board what it actually meant in practice for another organisation to come in... nobody was asking 'What does this mean for my job?'... Now there are people concerned about their jobs... because of [the provider] delivering their structure, and what it would look like on paper in black and white. People have looked at it and thought 'This means job loss... and it will impact on children and families.'

(Alison, staff)

Susie's strategies for coping with the initial period of uncertainty after the take-over were to retain her sense of humour, continue to work with families, and attempt to ignore changes she considered beyond her power to influence.

If you want me to be honest, I'm pretending none of this is happening. To me it's not different because I've always done all family support work. The only thing that I've got different is, I don't do play group on a Friday morning. I just lost those hours. So actually, nothing's changed for me.

Part of the health and safety [on-line training required by the new provider] included a 20 minute section on stress (laughs) and how

*stress can affect people (laughing) and I literally laughed the whole way through it (laughs), thinking 'How can you do this? You keep telling us you'll find out if you've got a job by such and such' – we still don't know, the deadlines keep getting moved – and you're making us do training on how to deal with stress in the workplace! (Laughs) I wanted to email someone and say, 'Has the irony been lost on **all** of you?'*

(Susie, staff)

Staff were hampered in their efforts to carry on with their day-to-day work during the management transition. They had to learn the provider's systems and procedures whilst coping with the stress of job insecurity. This had an impact on those they had worked in partnership with.

All the Children's Centre staff, you could feel their stress and anxiety. It was hard to make referrals, because they just didn't know if they were going to have a job, so they didn't want to take on new work because they were frightened of not being able to continue it.

(Sue, Health Visitor)

There was clear evidence to suggest that during the initial transition period, staff were preoccupied with coping with the personal impact of the changes on their jobs. However, as events unfolded the full implications were to become apparent.

The merging of three Children's Centres into a 'group' led to the hollowing out of services at Stonelands which became a 'virtual centre' (Bronwyn, Area manager). The 'Sure Start' sign remained at the entrance, and health visitors still held clinics

there, but all other children's centre services and staff moved to the most centrally located of the group. There were pragmatic reasons for this, but there was also an unexpected break-down in the working relationship between the Children's Centre and Nursery School staff at Stonelands.

The decision to relocate was partly due to the loss of the portakabin which had been the base for children's centre services on the site. This space was transferred to the Nursery School, along with the early education provision for two-year-olds. However there were other spaces within the Nursery School building which were transferred to the third sector provider, and an official agreement was drawn up concerning the costs of sharing the building. Despite this Alison, Susie and Sunita no longer felt welcome at Stonelands.

There's an atmosphere between the Nursery staff and the Children's Centre staff. A kind of, 'Why are you on our territory?'

(Sue, Health Visitor)

It feels like it's really divisive... People's reactions have surprised me because we're still the same people here and these families are still the same, that hasn't changed; it's just that we're now being managed by somebody else, that's all... People are trying to protect their own things, and seem to be drawing in instead of (pause) giving out.

(Alison, manager)

It's been very nasty to be honest with you, the whole building thing. I had to go and get milk from the staff room the other day, and my pigeon tray had been taken out because I'm no longer part of that building. Last week I came in and we'd been asked to move everything out of the cupboard, cos it was their cupboard and there wasn't room for us.

(Susie, staff)

It's all brought it to the surface ... that kind of thinking was already there, I think... We were one [organisation] and now it has separated ... But I always knew that it was separate.

(Sunita, staff)

The staff who continued working in the 'nurture' playgroup at Stonelands observed the impact of the loss of staff and services from the site. They perceived this as detrimental for local families, and as a threat to the future sustainability of the Nursery School.

It's gone from that hustle and bustle and there were always gates going and you could hear chatter and people coming and going –that seems to have stopped. A kind of quietness has descended over the place.

(Patricia, staff)

I'm really, really sad that Alison is moving to [the central location]. I can't believe that link has gone, because it's so valuable to the parents here. So many parents at Nursery have come through via the Children's Centre and via the groups. Nearly all of them have had some contact, but that will go. I think the spotlight will move in a way that hasn't been anticipated... It's quieter here already. It's not the same buzzing place that it was.

(Rachel, staff)

In the days of the children's centre, the early years' provision for two-year-olds had been viewed as one part of a range of services which in complement led to staff getting to know local families and working with them holistically. Staff were concerned that the changes meant they had fewer opportunities to get to know families and to work in partnership with other professionals. There was a presumption this would lead to families having unidentified and unmet 'needs.'

I don't think you'll notice as much if you're not doing those groups and you can't say, 'Would you like me to nip round and have a cup of tea with you and we'll have a chat?' The personal touches and things, you won't have that, and I think a lot of people will miss that.

(Amanda, staff)

*When we were a Children's Centre it worked better, because we **saw** the health visitors. We went to Child Protection meetings. Speech and language, we did see them on and off. But now we don't*

see the health visitors. We can just about get to a Child Protection meeting, but only one of us – usually the senior one, not the key worker.

(Jane, staff)

I just find it really sad and worrying that people are out there somewhere with the circumstances that we've come across on never-ending occasions – always feeling as well that there was so much more that we could do and so many more families that needed support. Everything's kind of shrunk down, so even the ones that we were getting to won't be getting the same support or even found I suppose.

(Rachel, staff)

It was clear to those who remained on the Stonelands site that the loss of children's centre services as a direct result of the changes would be detrimental to families, and they did not consider that families' 'needs' might continue to be met but at the new location. There was an understanding that the reduction in the number of centre staff, the increase in the geographical area there were to cover and the new location not being within an easy walking distance for many families would lead to fewer being supported. They did not feel that using data to identify 'targets' would lead to those most in 'need' of support continuing to receive it, or that this support was being advanced by the Local Authority and facilitated in practice by the provider.

Alison became under increasing pressure to comply with the 'targeting' agenda after the new provider took over the management in 2014. She perceived this pressure as emanating from central government, and in her view the Local Authority and the new provider were either the willing or the resigned subjects of a top-down policy.

It's less about [the provider] and more about the Government saying 'This is now what you'll work to.' It's become less and less about the individuals; the people on the ground. The Local Authority are being driven by the Government instead of challenging [the agenda] which in my opinion is where that [challenge] needs to be.

(Alison, manager)

[The third sector organisation are] trying to work on this registration thing. They're seeing people in individual roles like me who they believe, I think, are good Centre managers but who struggle with the data. So they want to put things in place to help that process ... Now you could say they're falling into the trap of doing what the Government wants them to do, but if you don't do that now then you risk centres being closed, which would be even worse. So they're playing a game to keep centres looking successful in order to keep the funding coming... It's the 'playing the game' mentality and that's perhaps what won them the bid.

(Alison, manager)

Bronwyn was the Area Manager for all ten groups in the County. She made it clear in her interview that her role was to ensure that centres complied with policy

requirements. Her interpretation of policy expectations was that she believed in the collation of family data to identify three 'priority groups' and the need to record services accessed by families within these groups.

All children's centres, this isn't just [in this County], need people to become data experts. This is nationally. Ofsted's framework on children's centres has [led to] inadequate [judgements] ... [when managers] don't understand the data... Those target priority groups, they need to be the driver for your timetable and everything, if we are to achieve an Ofsted 'good.'

(Bronwyn, Area manager)

We've got better at looking at our statistics, how we're managing reach, and some of it looks like it's increasing, interesting enough, based on the 40% cuts. That's just about being better at using our data, being more focused at looking at what our priority groups are.

(Bronwyn, Area manager)

Bronwyn seemed to take a pragmatic view on policy compliance. Policy discourses were evident in the language she used about her work, and she saw cuts in funding as an inevitable consequence of the failure of children's centres to demonstrate their 'impact'. In her eyes, since the continued funding of children's centres was uncertain, it was necessary to demonstrate effectiveness in ways which were measurable. Universal stay-and-play services made little measurable 'impact' on 'vulnerable' families, according to her, and therefore in the context of limited resources should be cut.

I really like the universal element because I think it's that non-stigmatizing thing and that means that people can approach and feel welcome in any children's centre and that it's not just for the most vulnerable, so other families can access it and it isn't just a place you go if you've got children on the Child Protection Register. But if we have less and less resources, we have to justify how we're spending that money. [Centres had] universal provision that wasn't around priority target groups, and in actual fact, probably wasn't making that much difference to children and families. A lot of better-off families were attending, having a nice time, but is that something that children's centres need to provide in these times of cuts? ... I'm not saying it's not a valid service, because I think everybody needs to get their peer network when they've got new children, but is it something that children's centres should be running – and I just put a question mark over that.

(Bronwyn, Area manager)

Bronwyn's expressed views on what constituted 'good' practice were philosophically at odds with Stonelands staff. However Alison did not share her views. She knew she was under increasing pressure to comply with a policy which did not match her notion of 'good' practice, yet she did not have a clear idea of why this was the case.

The health visitors are very keen for us to have a baby group again ... but it's becoming harder and harder to do [universal groups] because of evidencing this. And it's a risk, it's a risk to take now, whereas before there had been risks, but they haven't been as hard as they are now.

(Alison, manager)

Awareness of the pressure to be compliant with policy was also becoming apparent to Susie but at the time of the interviews she had not yet had to make significant changes to her practice.

If you try hard enough you can make them fit in a box, but the bottom line is, I'll support anyone I think needs support and then try and squeeze them in a box... I do think it's changed, and it worries me that it's going to continue to change until we're only offering support to 'low-income families' or 'families with special needs'. The 'mental health' box doesn't really exist anymore.

(Susie, staff)

However, the increased workload had reduced the capacity of staff to determine their own priorities. They also had less time and fewer opportunities to get to know families and to work in partnership with other agencies. Their previous ways of working were being eroded, and this felt outside their control.

The family support work we've carried on ... as much as we can. Some things have to be prioritised, like the conferences, the Child Protection, the child-in-need, the CAF meetings over things like the Family Matters meetings, [or] having two members of staff in a stay-and-play ... which is sometimes ok, but because we've lost some of the other stay-and-plays those are now much busier.

(Alison, manager)

The 'Family Matters' meetings which had historically acted as information sharing forums were apparently becoming less well attended, and therefore less useful to those who did so.

They used to be quite big meetings, the Family Matters meetings and [they'd] go on for a long time. Now I go and tell them all the things I need them to know but very often I don't get much feedback so the links don't get made in the same way. When you're there for the whole meeting you hear about their families and it was those networks that made things tick a bit. The realisation that you were all involved with the same person or you all knew something about that person... So although I feed information in and get a bit of information about our families out, it's not the same.

(Rachel, staff)

Perceptions of the long-term implications of the loss of services for local families were aligned with a policy view of early intervention to avoid the escalation of problems (see chapter two). It remains to be seen whether staff predictions will be realised in the future.

They won't receive the help they need, or they'll go on a waiting list by which time things will escalate and they'll end up with Children's Services or the police or those kind of front-line services. Or they'll just slip away, not be seen, hit school and then things will happen with those children educationally.

(Alison, manager)

You've got parents struggling. It might be that their children aren't sleeping, so the parents are getting more and more tired and are more likely to get ill. The children are more likely to get ill, or to have accidents and end up in A & E. Children are more likely to have issues bonding with their parents, so they will then have difficulties perhaps forming friendships at school, and in later life forming relationships that last. Stress between parents increases the risk of domestic violence, and more and more research shows the phenomenal impact of domestic violence on young children, even if they're not in the room, from the atmosphere created in the house. So the long term implications, that are difficult to measure, are awful.

(Sue, Health Visitor)

The way policy was interpreted and enacted in this local context reduced staff agency and rendered them passengers of policy changes which did not agree with their perceptions of 'good' practice. While they were sometimes able to understand the nature and implications of changes in advance, that was frequently not the case. This limited their capacity to challenge or influence policy changes they saw as imposed on them from above.

Cuts to universal public services: parents' views on the 'targeting' agenda

At the time of the interviews, children's centre services had very recently moved from the Stonelands site to the central location. Only two parents, Angela and Tamsyn, were aware of the changes, as they had been attending services which were affected. Matilda and Linda were still receiving family support and Linda's son Tom

was attending 'nurture' playgroup. They had not yet noticed the reduction in stay-and-plays, as they were not regular attendees, and the staff working in the 'nurture' playgroup had not changed, so from their perspective services were continuing as normal. Catherine and Tracey were no longer attending Stonelands since their children had transitioned to Nursery and Primary School respectively.

Both Angela and Tamsyn saw the changes as cuts to the universal services which they and their children had benefited from. To their minds, Stonelands prior to the changes had differed from other children's centres by welcoming parents from all social backgrounds. They regretted the loss of that socially inclusive aspect.

It's nice to meet a mix of people ... I know that lots of children's centres target low income families or young parents, and it's nice to feel that actually, as just a mum, you can go to things. Because although we don't fall into the other categories, parents still need somewhere, mums still need somewhere to go to with their children and not to actually feel well no, you don't fit into this under 20 mum box or low income box.

(Angela, mother)

*You're **creating** segregation, and that's not what you want, you want them all to be mixed. Everyone who comes in as a mum, at whatever stage they are, from whatever background they're from... and there's never been any snootiness with parents that are... you know [laughs] I don't want to... you know what I mean, but from different*

backgrounds. You sit and you talk and you have coffee, your children sit round a snack table and everybody just [pause] gets on.

(Tamsyn, mother)

Stonelands had run a stay-and-play on Saturdays for fathers to attend with their children. This was cut when the new provider took over, but after protests by regular attenders it was relocated and up and running again.

The Dads' club, I thought was going to end. The dads have been very vocal, they've spoken to the Local Authority, they spoke with Bronwyn, they found a couple of venues elsewhere for a couple of weeks and now they're at [the central location]

(Alison, staff)

Angela's husband had been involved in the re-establishment of the group, which involved drawing up a rota of volunteers to help run the sessions so they could continue with a reduced staff input.

When the Dads' club looked like it was going to close, the children were so upset. They just didn't understand why. My husband has been one of the people who helps now with the Dads' club and has got it going. I think he realised how much he would miss out on time with the children ...He's gone off this morning with all three of them.

(Angela, mother)

Both staff and families viewed the universal stay-and-play groups as a benefit to the community, and as a service they wanted to preserve. What was not apparent from the parent data was the potential impact of 'targeting' on those deemed as 'targets'.

None of the parents described themselves in this way, and it seems unlikely that any of them would have attended services at Stonelands had they perceived them to be only for particular 'groups' in society. Staff believed the agenda would result in the stigmatisation of attendance at the Children's Centre. In all likelihood, that would reduce its value to local families, and make it less worth fighting for.

This chapter has demonstrated how gaps emerged between policy expectations of children's centres and their practice as staff developed services in the light of their personal and professional experiences. Prior to the 2013/14 policy changes, staff could interpret policy flexibly, in line with their shared ethos. Some of their practice aligned with policy expectations whilst other parts did not. Mothers' accounts suggest that they chose to access services at Stonelands because it was socially inclusive, and beneficial for themselves and their children. The take-over of the management of Stonelands by the third sector provider reduced staff agency and facilitated the introduction of 'targeting', despite its disharmony with staff perceptions of 'good' practice. It seemed to staff that the changes posed not only a threat to the future sustainability of the centre, but to the well-being of local families.

CHAPTER SEVEN

UNDERSTANDING THE INTERFACE BETWEEN POLICY AND PRACTICE:

A DISCUSSION OF THE FINDINGS

The questions which this study was intended to shed light on were: how was policy relating to children's centres changing in 2013/14; and how was policy perceived and then translated into practice by staff and parents? The aim was to reach an understanding of the interface between policy and practice by taking a multidimensional view of policy. This involved conceptualising it as not merely a linear process, but as one factor amongst many which influenced practices. The study revealed a considerable distance between the expressed aims of the policy, the understanding which staff had about the worth of their work, and parents' expectations of services. This suggests that policy is not straightforwardly 'implemented' but negotiated at every level of the process by those involved.

Policy relating to children's centres was a particularly rich subject for a study of the policy/practice interface, for two reasons. The first is derived from the intense focus by policy makers from 1997 onwards on the early years of children's lives, which has been accompanied by frequent shifts in policy notions concerning those in 'need' of 'early intervention'. The second springs from the critical views in the academic literature of these changes and the ways in which they affect staff and families. This study has explored different interpretations of families' 'needs' and how these might (or might not) be met by services provided in children's centres.

Government policy documents on 'early intervention' services offered an insight into policy makers' expectations of children's centres. Local management documents which translated policies into services and practices illustrated how and to what extent local interpretations concurred with centrally issued policies. An interpretive approach afforded a way of understanding how policy was perceived in daily life at Stonelands, the Sure Start Centre which was the focus of this study. Interviews with staff and parents and observations of team meetings revealed how 'policy' was understood at the centre, and enabled the identification of factors which both influenced this understanding, and set the conditions for work practices.

Four findings arose from this study: 1) Increased accountability requirements placed on staff at Stonelands reduced their capacity to interpret policy flexibly; 2) Commissioning was used as a device for passing on the responsibility for implementing budget reductions to a third sector provider; 3) 'Targeting' services did not, in practice, prove an effective way of allocating resources to those 'in greatest need'; and 4) Taken together, these three devices for implementing policy – accountability, commissioning and targeting – - unsettled staff and parents' understandings of the purposes of the Centre, ultimately preventing them from effectively defending its work. These findings are explained and discussed below in relation both to the evidence from this study and from the literature.

The second part of the chapter details the implications for research and practice. The findings have implications both for academic studies of policy, and also for the relationship between academics and those responsible for the local management of services. First, studies of policy implementation need to be firmly grounded in

practice in order to better explain the interface between policy intentions and practitioners' beliefs about the purpose and value of their work. Second, research collaborations between academics and practitioners could benefit both parties: researchers would gain the opportunity to conduct locally situated studies, while practitioners might become better able to articulate a theoretical basis for their practice, in order to defend their approach to the work.

Increased accountability: reducing the space for staff discretion

Policy changes in 2013/14 increased the accountability requirements placed on children's centres (DfE 2013; Ofsted 2014). There was a shift in emphasis from providing a 'core offer' of specified services (Sure Start 2005) towards achieving measurable 'outcomes'. Meeting accountability requirements required Stonelands' management to implement changes which were not in keeping with what either the staff or the parents understood to be the purpose of the Centre. Prior to the policy changes, staff at Stonelands could exercise discretion when carrying out their work. Three factors determined this: ambiguous policy expectations, a shared professional ethos, and the alignment of staff perspectives with parents' expectations of services.

Ambiguities concerning the nature of the 'support' which should be provided to families and how 'need' might be identified (Sure Start 2005) initially enabled staff to exercise discretion as they worked to establish services.. Staff related how services to support parents were originally based on their own interpretations of the policy requirements for children's centres (Sure Start 2005). Several spoke of using 'instinct' when first setting services up. Staff either held, or were working towards,

qualifications in early childhood education and care, but the majority had no experience of providing the additional services required of a children's centre (ibid). They drew on their personal experience of family life and, over time, their observations of the challenges families might face.

Early notions of 'parenting support' (DfES 2004) which underlay the establishment of children's centres emphasised the need to provide 'integrated' services, to help parents promote their children's positive educational and health outcomes at the same time as holding down a job. Those considered in 'need' of support were described in non-specific terms, such as 'those with children at risk of poor outcomes', or 'disadvantaged' families. Services for parents at Stonelands did not specifically aim to promote parents' participation in employment, but, with this exception, they lay within the 'core offer' of health, early education and family support which was presumed to meet families' needs (Sure Start 2005). The 'stay-and-play' groups for parents and children, parenting courses and child health services brought many local families onto the site, giving staff the opportunity to get to know them. Staff also developed close working relationships with the health visitors who ran clinics at the centre. This combination of relationships with families and other professionals meant they could identify parents who might benefit from additional one-to-one support. They also found that families were more receptive to accepting this from people they already knew.

There was evidence in the interview data of a shared ethos amongst staff and health visitors regarding the notion of 'support'. They referred to it predominantly in

‘therapeutic’ terms (Daly and Bray 2015), emphasising the importance of improving family relationships through building parents’ self-esteem and confidence. They also felt it enhanced families’ lives to be connected with local social networks providing practical and emotional support. Providing an inclusive and welcoming space where parents could talk to each other while their children played would facilitate networking, which might then reduce the need for more intensive professional support later. It was clear from staff interviews that they did not see it as their role to encourage parents to participate in employment. For some, this was because they did not believe that a job was a priority for parents caring for young children. For others, it was simply considered to be outside their remit and their area of expertise.

It was striking how both staff and parents described Stonelands as a welcoming and inclusive community resource. Staff believed they provided services which were valued by local families, and this was endorsed by the mothers interviewed for this study. Mothers saw it as a place where they received advice and support regarding their children’s social, emotional and physical development; where they themselves had opportunities for developing social networks; or just simply as a space where their children could play. Staff were viewed as knowledgeable in child development matters, and as providing emotional and practical support without judgement.

The evidence from this study suggests that prior to 2013 staff at Stonelands were able to interpret policy flexibly. They established services which were mostly, but not always, compliant with policy expectations. In doing so they mediated between these and parents’ own expectations of services. However, a difficulty which has plagued

children's centres from the outset has been the need to demonstrate the value of their work (Eisenstadt 2011). That has left them vulnerable to criticism. Policy changes in 2013/14 (DfE 2013; Ofsted 2014) emphasised the need for more 'robust' use of quantitative data to prove 'impact'. This approach was to replace the use of 'case studies' which centres had routinely relied on to demonstrate how their services had benefited individual families (Ofsted 2014: 19). To fulfil the new requirements, centres were expected to collect and analyse data about the socio-economic circumstances of all local families, in order to categorise them into 'target' groups (Ofsted 2014: 49). This, it was presumed, would allow centre managers to identify those most 'in need' so that they could be encouraged to attend services and have their 'progress' monitored. 'Progress' measures were related to children's development, but also included the number of parents assisted by staff to access training or employment.

These revised accountability requirements (Ofsted 2014) reduced the capacity of staff to exercise discretion, since they changed the emphasis of their work in two ways. First, the requirement to collect and process data reduced the time for face-to-face contact with families. In other words, there was less time to support them in ways they perceived to be valuable, but which were not quantifiable. Second, the requirements increased the responsibility of children's centres for improving the 'outcomes' of 'target' children, regardless of whether the family accessed their (non-mandatory) services. This meant a shift in the emphasis of the work. Instead of supporting families who had approached the Centre of their own accord, staff were now expected to initiate the process, by identifying 'target' families whom they were to encourage to attend.

Reduced time for face-to-face contact with families has also been noted as a consequence of increased accountability requirements in the context of social work (Featherstone et al 2012). Social work practice has undergone what has been described as a shift from an ethic of care towards a punitive approach (Morris and Featherstone 2010) which has damaged relationships of trust between professionals and families (Featherstone et al 2012). This study describes how increasing the accountability requirements in a children's centre led to a change in focus from an inclusive approach to one 'targeted' on 'groups' by using indicators of poverty. Staff at Stonelands reported that having less time to spend with families meant having to focus their attention solely on ensuring that those with Child Protection plans were meeting the requirements these specified. This implies that one consequence of the changes to accountability requirements might be that in future families at the centre will experience services as a punitive monitoring of their lives, rather than the non-judgemental support which arises from an ethic of care.

Commissioning children's centres: a mechanism for implementing cuts

Commissioning was used by the Local Authority as a means for implementing a budget reduction whilst avoiding public scrutiny, and the blame for reducing the network of children's centres. Three factors enabled it to be used in this way. First, by awarding the contract to a large national third sector organisation, the Local Authority was able to dismantle the back office support they themselves had historically provided. Second, the third sector organisation was contractually bound to be compliant with both statutory (DfE 2013) and accountability (Ofsted 2014) requirements. Third, there was a lack of transparency in the consultation process carried out prior to commissioning the children's centres.

Local management documents relating to the commissioning of the children's centres provided evidence of how the process was presented and rationalised. Centre documents and interview data revealed how it was implemented in practice. The rationale given by the Local Authority for outsourcing was that it would allow them to reduce the budget for family support services from £7.5 million to £5.2 million. They invited prospective providers to propose how they would implement savings whilst fulfilling statutory and accountability requirements. While bids were invited from a range of providers, dismantling the Local Authority management team was made possible by awarding the contract to a large national organisation, which already managed children's centres across England, and had its own administrative and data management systems. This meant that senior management and administrative functions could also be shed. Stonelands' management viewed this as a loss of expertise at the Local Authority, and a change in its role from providing support to ensuring contract compliance. They were also concerned that this role was to be carried out by people with no knowledge or understanding of the work of children's centres.

As mentioned above, the new provider was therefore contractually obliged to comply with both statutory guidance and the performance framework, but on a reduced budget. The specifications contained a mixture of service requirements, 'outcomes' and targets to be met, which in practice limited the chance of making 'innovative' changes to the 'delivery' of services (HM Government 2011). They were required both to merge centres into 'groups', in order to make cuts to services and staff, and also to implement a 'targeted' approach to identifying need (DfE 2013). In interviews, Stonelands' managers described the scope of their contractual obligations in relation

to the allocated budget as 'unrealistic'. It seemed to them that they were destined to fail.

The Local Authority met its statutory duty to hold a consultation prior to making changes to their children's centre provision (DfE 2013). However, there was evidence that staff and parents at Stonelands found 'commissioning' an opaque process. The extent of the cuts in services was not fully realised by either staff or parents until the changes implemented were experienced by them. It was not clear to interviewees whether this lack of transparency was intentional on the part of the Local Authority, but the consequences had not been made explicit in the consultation documentation.

The decision to reduce the budget was made without public consultation, and was asserted to be 'unavoidable'. The only options consulted on were simply whether to merge the centres into 'groups' or to continue to run them as individual centres. The consultation documents indicated clearly that the status quo was financially unsustainable and would result in closures in the future. Restructuring children's centres into 'groups' was suggested as the only viable option for preserving the network. 'Targeting' services (DfE 2013) was said by the Local Authority to be a way of ensuring families who needed services most would still receive them despite the budget reduction. That this was not to be the case in practice will be discussed in the following section.

Commissioning is not new. However, studies have indicated that since 2011 a wider range of services has been commissioned by local authorities, and new types of contract which specify the outcomes to be achieved rather than the services to be provided have been introduced (Blatchford and Gash 2012). Commissioning processes have also been shown to vary widely between localities, with tensions arising between the policy rhetoric that claims commissioning is a way of promoting 'innovation' (HM Government 2011), and 'an emerging reality of resource-constrained' outsourcing (Rees 2014:45).

To summarise, this study has suggested that commissioning was used as a means to implement a budget cut to both front-line services and Local Authority management support. The third sector provider was contractually required to meet statutory and accountability requirements, but this proved challenging in practice. By the time that was becoming apparent to staff in their daily work, the Local Authority no longer had management responsibility. They had effectively avoided the risk of being blamed if services were to fail.

Targeting services: a flawed approach

Central government policy on children's centres (DfE 2013; Ofsted 2014) was translated through a 'policy chain' (Taylor 2004) into more detailed specifications for practice. The notion of 'targeting' families 'most in need' of services (DfE 2013; Ofsted 2014) was translated at the local management level into quantifiable performance requirements. Managers were to identify three 'priority target groups', report the percentage of families from those groups who were attending services,

and monitor the 'impact' of services on parents' behaviour and children's outcomes. Tracing the translation of 'targeting' through a chain of documents showed how ambiguous requirements in government documents meant that the process did not reveal the flaws in the approach. These were, however, apparent when viewing policy from the ground.

Implementing a 'targeted' approach to identifying 'need' was based on two inaccurate assumptions. The first was that it was possible to categorise families into clearly defined groups on the basis of shared characteristics. Second, it was assumed that managers would be able to determine from the data which groups were most in 'need' of support in their area. However, since managers were hampered by a lack of available data about families' circumstances, this limited their ability to categorise families into groups. That meant that in practice that the 'priority target' groups (PTGs) selected as recipients of services at Stonelands did not include either all, or only, those whom the staff deemed to 'need' support.

Stonelands' performance management reports revealed that three PTGs were selected, two of which were based on indicators relating to poverty, and the third to children's speech and language development. The manager responsible there for identifying the PTGs did not believe these groups accurately reflected those in 'greatest need' of services, and that their selection was a 'fabrication' of performance (Ball 2000). Lack of data about families' circumstances led to three PTGs being selected simply because there was data available. These were 'vulnerable two-year-olds', as identified by the Local Authority as part of the 'Troubled Families'

programme (HM Government 2011), families who lived in an area designated as 'disadvantaged', and children with a developmental delay identified by health visitors.

'Targeting' services made little sense to centre staff as an effective way of identifying those in 'greatest need of support' (DfE 2013). They opposed it on the grounds that it would lead to some families in 'need' not being identified, and to those designated as 'targets' being reluctant to attend stigmatised services. None of the staff interviewed considered that poverty itself predisposed families to 'need' support. Instead, they singled out the mental or physical ill-health of parents or children, or difficult or abusive family relationships. But since there were no data available against which to measure these factors, it was not possible to refer to those experiencing them as a PTG, and therefore impossible to target them for services.

The use of poverty indicators to 'target' services in children's centres seems to have been based on a misunderstanding of the evidence linking growing up in poverty to adult disadvantage (Feinstein and Sabates 2006). Statistical correlations in large data sets should not be ignored, but neither do they make sense as a way of determining 'need' at an individual level. Not all poor children grow up to be poor adults (ibid). Nor are children from economically advantaged backgrounds immune to circumstances which negatively affect their health and development, such as having a parent with mental ill health, or experiencing domestic violence.

The literature has pointed to the danger of using poverty indicators to identify children who are 'at risk' of poor outcomes (Parton 2006; Murray and Barnes 2010; Morris and Featherstone 2010). My study has shown that this has not prevented

their use in practice as proxy indicators of need. Policies which have constructed poor parents as a 'moral underclass', who are to blame for their children's poor outcomes, have also been criticised for stigmatising parents and for deflecting attention away from structural obstacles to equality (Levitas 2005; Gillies 2005). The pressure on parents to bring up their children in ways which have been claimed will give them a competitive advantage (Allen 2011) has also been found to be detrimental to family relationships and the emotional well-being of family members (Ramaekers and Suissa 2012). Staff at Stonelands were aware that stigmatising families would be counter-productive to their encouragement of parents' attendance. However this study has shown that policy changes have actually advanced a stigmatising, 'moral underclass' view of parents who use children's centre services.

Mechanisms for policy implementation: unsettling the views of Stonelands' purpose held by staff and parents

Increased accountability, commissioning and targeting were mechanisms for policy implementation which together operated both to reduce the scale and scope of services, and the discretion of staff when carrying out their work. Services were cut or relocated as a consequence of commissioning, disrupting previous ways of identifying need. A reduction in capacity and an increase in accountability measures together increased the pressure on staff to implement a 'targeted' approach to allocating resources. Ultimately these devices undermined both staff's and parents' understandings of the purpose of Stonelands, and left them in a weak position to protect the work of the Centre.

A reduction in the scale and scope of services meant there were fewer opportunities for staff to get to know local families and identify those experiencing challenges. Less staff time prevented the building of close relationships with those receiving family support. As a result, staff said they lacked the degree of understanding of families' difficulties necessary to decide how best to support them. The reduction in staff numbers and their relocation also eroded working partnerships between health visitors, early years' practitioners and family support workers, as there were fewer opportunities to meet, both formally and informally. Working in partnership had always provided a channel for identifying those in 'need' of support. As a consequence of using commissioning as a means of implementing a budget reduction, previous ways of identifying 'need' were dispensed with.

Staff were convinced that using numerical data to identify 'priority target groups' was a flawed approach. Nonetheless managers complied with the requirement for two reasons. First, the commissioning of services had increased the pressure to be compliant with the policy explicitly included in the service specification issued by the Local Authority to the new provider. Second, whereas previously they had been able to navigate policy in ways which made sense to them, they initially believed they could continue to do so. It became apparent as the changes unfolded that their capacity for discretion in their work had been eroded. Since previous ways of identifying need were no longer feasible and staff capacity reduced there was no flexibility left to navigate around policy. The changes in accountability requirements meant that centres were required to demonstrate 'impact' only on 'targeted' families. Supporting those who were not 'targets' was therefore no longer officially considered part of their remit. Under these circumstances, managers felt they had no choice but

to comply with the 'targeted' approach as they believed that not doing so risked the closure of the centre altogether.

Prior to policy changes in 2013/14 Stonelands was thought of as an inclusive community resource for families who valued its services. The restructure which accompanied the commissioning of services meant that some services were cut altogether and others relocated. For example, the 'stay-and-play' sessions, which had previously brought many families onto the site were discontinued. The cuts were viewed by both staff and parents as the loss of services which had developed inclusive social networks and friendships between local families. Designating families as 'targets' was also described as being at odds with Stonelands' ethos of providing support without judgement.

The effect that accountability, commissioning and targeting, the means by which policy had been realised, had on staff and parents was to overturn their understanding of the purpose of Stonelands. However this would not have been visible by viewing the situation from the top down, since at the local management level, the interpretation and implementation, it could be argued, were compliant with policy requirements. Yet from the perspective of those providing and receiving services, the picture was different

Research into local management policy implementation has revealed that policy changes are usually woven into pre-existing practices, and interpretations are shaped by existing beliefs at every stage (Carter 2011). The scope for wide local variations in the way policy is implemented by local authorities has also been noted

in the literature (Rees 2014). This study has shown how during its progress down the policy chain, policy can be viewed from different vantage points to successfully incorporate the messy reality at the interface between policy and practice. For these reasons, policy studies should focus on how local circumstances shape policy implementation.

Implications of this study

This study has provided support for the view that there needs to be a better understanding of the interface between policy and practice (Hodgson and Irving 2007). That has implications for researchers in the field of social policy. Studies of policy frequently focus on the meanings of policies which are issued by central government, and what these reveal about governments' intentions and values. There are fewer studies of policy grounded in practice, and this has limited our understanding of how contextual factors shape policy meanings.

A multidimensional approach to investigating the interface between policy and practice in the context of a children's centre has thrown some light on the different vantage points involved, and has hopefully led to a deeper understanding of the implications and consequences of policy changes. The same approach could be applied to studies of other organisational and local contexts, and it is intended that the findings should be disseminated to policy academics working across disciplinary boundaries. In light of the 'decentralising' agenda currently promoted by central government (HM Government 2011), future research might usefully investigate how

local authority staff perceive and implement 'commissioning' (ibid) in differing contexts.

This study has implications for social policy researchers and their relationship to those responsible for the local management of services. It was at a local management level that the ambiguous imperative to 'target' services to those 'in greatest need' (DfE 2013; Ofsted 2014) was translated in ways which changed accountability measures, and led to a reduction in the scale and scope of services. The way in which local managers translate policies has consequences in practice which might not be foreseen when viewing policy changes in isolation, without taking account of pre-existing organisational structures and staff understanding of their role. In view of this, it would be helpful if policy academics were to build relationships with local managers, and seek ways to disseminate the findings from studies which are grounded in practice.

Research collaborations between academics and public sector staff are likely to have reciprocal benefits. Those working 'on the ground' may not be able to clearly articulate a rationale for their practice, and this can leave them vulnerable if they are called on to defend the worth of their work. Through working in collaboration with academics staff can develop the tools to become researchers of their own practice. Developing an understanding of the nature of policy changes and their potential consequences, prior to their implementation, might give workers in settings such as Sure Start some opportunity to influence how they are interpreted at local management level.

Lack of access to organisational settings creates an obstacle for researchers who are looking to ground their studies in practice. A situated study of policy requires that staff are willing to be observed, and there is a considerable time commitment involved. Staff need to view the collaboration as reciprocal in order to justify taking this time to participate in research activities. In addition, when researchers are seeking access to conduct studies of policy in practice, they might consider how public sector staff might benefit from their findings.

Dismantling services: the demise of children's centres

The policy changes of 2013/14 which were the focus of this study were only the first phase in the demise of Sure Start children's centres. In June 2017 the County Council announced a further reduction in funding for family support services from £5.2 million to £3.7 million. This was again said to be unavoidable, and the Local Authority launched a second public consultation. The decision was taken to reduce the number of children's centres in the county from thirty-nine to fourteen. Twenty-five centres were closed, including Stonelands. The consultation documentation stressed that many of the centres had relocated their services after the restructure in 2013/14, and therefore money was being wasted maintaining those now providing limited services.

Fourteen 'family hubs' were to provide support services to families with children from 0-19 years, and were therefore no longer designated as children's centres. Outreach family support services were to be prioritised, according to the consultation documentation. However, the expansion in the age range of children to be supported

by the 'family hubs' points to a shift in the policy focus from providing 'early intervention' services to families with children from birth to five years, particularly in relation to pre-2013 levels.

Conclusion

The purpose of this study was to understand policy changes concerning Sure Start children's centres in the context of an intense policy focus on the early years of children's lives between 1997 and 2010. The original focus of the study moved towards investigating the interface between policy and practice, due to the complexity involved in attempting to understand the practical consequences of policy change.

Policy viewed as a linear process presumes that the power to implement decisions emanates from 'the top' (i.e. at Government level), and is diffused downwards. However a multidimensional view of policy reveals that decision-making power can be located at a number of levels, and can shift as a consequence of policy changes. This study has showed how accountability, commissioning and targeting were deployed at the local management level in ways which eventually led to services being systematically dismantled. Prior to 2013, staff found themselves able to interpret policy flexibly in response to their perceptions of local need. Policy changes reduced the degree to which this discretion could be exercised, imposed ways of working which did not make sense to those actually providing the service, and ultimately set children's centres up to fail.

Appendix a: Biographical details of participants

Name	Role at Stonelands	Biographical detail
Alison	Stonelands manager from 2010	<ul style="list-style-type: none"> • Bachelor degree education • Qualified Teacher • Previous work experience: Primary school teacher Children's centre teacher
Susie	Family support worker from 2008	<ul style="list-style-type: none"> • NVQ childcare level 3 • Previous work experience: private nanny
Sunita	Family support worker from 2010	<ul style="list-style-type: none"> • NVQ childcare level 2 • Previous work experience: Mortgage advisor
Rachel	Early years' worker from 2008	<ul style="list-style-type: none"> • NVQ childcare level 3 • Previous work experience: Teaching assistant
Amanda	Early years' worker from 2009	<ul style="list-style-type: none"> • NVQ childcare level 2 • Previous work experience: Cleaner
Jane	Early years' worker from 2009	<ul style="list-style-type: none"> • NVQ childcare level 2 • Previous work experience: Nursery nurse (private nursery)
Patricia	Early years' worker from 2008	<ul style="list-style-type: none"> • NVQ childcare level 3 • Previous work experience: Retail worker, school caretaker, after school club worker
Emma	Receptionist and family support worker from 2008	<ul style="list-style-type: none"> • Bachelor degree nutrition • Previous work experience: Receptionist (car industry)
Bronwyn	Area manager (third sector provider) from 2014	<ul style="list-style-type: none"> • Bachelor degree social work • Previous work experience: Social worker; community development worker
Sue	Health visitor from 2010	<ul style="list-style-type: none"> • Bachelor degree • Previous work experience: Health visitor; teaching (health visitors)

Parent	Angela	Catherine	Tamsyn	Linda	Matilda	Tracey
Children	Joshua – 4 years Joseph – 2 years Nicholas – 3 months	Lucy – 3 years	Ellie – 5 years Julia – 3 years Jack – 8 months	Brooke deceased at 10 weeks in 2009 Tom – 2 years Jacob – 7 weeks	Adam – 16 months	Zach – 6 years Ellie - 5 years William – deceased at 6 months in 2013
Self-identified challenges	Juggling three children - school run, nursery and breast-feeding Relationship with her employer who wants her to work full-time	Social isolation Anxiety	Jack born prematurely and being in neonatal care for 2 months Made redundant from previous job (employer not family-friendly)	Relationship with partner due to emotional abuse Anxiety	Relationship with partner: non-contact order in place due to physical domestic violence Social services involvement - Child Protection Anxiety and depression	Bereavement Social isolation
Employment status	Part-time admin work Currently on maternity leave	Not looking for work	Part time admin work Currently on maternity leave	Not looking for work	Not looking for work	Not looking for work
Services attended at Stonelands	Stay-and-plays Family health services	Stay-and-plays Parenting course Family support Nurture nursery	Stay-and-plays Family health services	Stay-and-plays Family support Nurture nursery	Family support	Stay-and-plays Family support Nurture nursery
Support from children's father	Financial support Co-habiting	Financial support Co-habiting	Financial support Co-habiting	No financial support Co-habiting	No financial support Living separately	Financial support Co-habiting

Appendix b: List and description of Local and Centre documents

Code	Date	Title	Description
LA1	March/April 2014	Significant Target Groups	Local Authority data for engagement with priority target groups: Under 5s from Workless Households and low income families; Lone Parents of Under 5s; Vulnerable 2 year olds eligible for 2 Help across the reach area
LA2	5 August 2015	Email from LA Lead for Children's Centres: Variation to service specification	Proposing further changes to the service specification. Reducing the number of commissioned childcare places in the North of the County (from 12 to 8) and changing the wording for outcome 1c to: The percentage of children attending commissioned/identified childcare places who have made measurable progress within the quarter
LA3	April 2015	Performance and Quality Review – Guidance Notes for Completion	Gives detailed guidance on how to comply with the performance and quality review process. It makes clear the LA responsibility to provide data for baselines and details what data and evidence of impact the Children's Centres need to provide to the LA.
CC1	May 2014	SEF Appendix i	Data on each of the target groups from 'Softsmart' showing numbers registered, attending, sustained engagement.
CC2	May 2014	CC SEF	Self evaluation form. Document is generated by Ofsted. Completion is non-compulsory but is used as the basis for inspection and is intended to help settings evaluate themselves.
LA4	April-December 2014	Okenham Children's Centre Monitoring Review	Local Authority monitoring schedule for the Children's Centre. The monitoring occurs each quarter and includes comments on targets, SEF feedback, a summary of the annual conversation and progress on targets
LA5	October 2014	Okenham Group reach area priority targets	Softsmart data relating to registrations at the Children's Centre. Broken down into priority groups
TSP1	April 2015	Annual Service User Count	Email correspondence about a data requirement by the Third Sector Provider's 'Management Information Officer' which requires Children's Centres to enter their users on two different systems, the third sector provider and the local authority)
LA6	2014/2015	County Council – Strategic commissioning group.	This is a template which the Third Sector Provider needs to use to fulfil the contract specifications. It will be used to record

		Children's Centres Performance and Quality Review for 2014/15 (Contract Year 1)	<p>outcomes for:</p> <p>Children are ready for school at age 5</p> <p>Parents and carers of under-5s are equipped to give their children the best start in life</p> <p>Children under 5 and their families experience good health and well-being</p> <p>Parents and carers of under-5s achieve economic well-being</p> <p>Children under 5 and their families achieve good outcomes regardless of their circumstances or location</p>
CC3	November 2014	Email correspondence regarding the annual conversation	Email from Alison to Manager Third Sector Provider apologising for the annual conversation. Email from Alison to me with reflections on the meeting
LA7	July 2015	County Council – Strategic commissioning Children's Centres Performance and Quality Review 2015/16	Shows first quarter performance. A big change from the November 2014 annual conversation. The Children's Centre has identified PTGs and has provided the LA with the information they want in the way they want it.
LA8	July 2015	SEF Feedback	County council officer's feedback on children's centre SEF. Praises and encourages the increased use of data. Tracking is another area where improvement is required. Consultation with families and their involvement in shaping services.
County Council 1	14 th August 2013	Minutes of the meeting of the Children and Young People Select Committee	County council select committee meeting to 'achieve clarity' around the proposals in the Children's Centre consultation document.
County Council 2	23 rd August 2013	Minutes of the meeting of the Children and Young People Select Committee	Meeting to consider a response to the Early Years Children's Centres consultation and submit recommendations to Cabinet for meeting on 12 th September.
County Council 3	25 th June 2013	Children and Young People Overview and	Document summarising the consultation process and outlining the Committee's objectives. [Appendix A of their Report –

		Scrutiny Committee: Scoping Document for Select Committee on Children's Centres	County Council 4]
County Council 4	August/September 2013	Report of the Children and Young People Overview and Scrutiny Committee	This report details what the committee did in terms of process in order to put themselves in a position to make recommendations to Cabinet. The document also details the recommendations and the Local Authority response to them.
County Council 5	2 nd September 2014	Children and Young People Overview and Scrutiny Committee: Introducing Our Children's Centre Service Providers	The committee are to meet and welcome the new providers and be updated on the progress of the changes to the children's centre service delivery model throughout the county now the tendering process is complete and contracts have been awarded. This report outlines the purpose of the committee at this stage. Their purpose is to 'support and challenge officers and providers' (p. 1) and review the Scrutiny Action Plan to see if any recommendations have been completed.
County Council 6	2 nd September 2014	Scrutiny Action Plan Children's Centres	Appendix to County Council 5. Details the actions the local authority have taken with regard to the committee's recommendations which were all approved by Cabinet.
County Council 7	4 th September 2014	Scrutiny Action Plan Children's Centres	Plan updated with information from the meeting on 2 nd September. Redundancy has had an impact on service delivery, particularly reduction in number of FSWs. Birth registrations: 'The comments we have made previously are still valid – the Registration Service closed its outreach offices a few years ago as the demand was low and running these offices was not financially viable. Currently we do not have funding to deliver the Birth Registration Service from Children's Centres'. Also update that early discussions are taking place to consider joint commissioning with health. A data sharing agreement with health being negotiated and service level agreement in place with Adult Community Learning.
TSP 2		Measuring what matters	The third sector provider's own table for Children's Centres to monitor their performance. They run approximately 130 centres nationally.

LA 9	6 th November 2014	Email communication	Email with Centre to outline what the annual conversation will review: last year's targets; analysis of SEF data; identifying PTG's
LA10	January 2014	Service specification for the purchase of a Children's Centre Service	The service spec that was developed for the providers to bid for. This is then amended in July 2015 as shown in the email correspondence.
CC4	April 2012	<p> county council contract for services for Children's Centre and Nursery School </p>	<p>This is mostly a generic contract that would have been used with all children's centre providers in the county, so it's suitable whatever the governance structure.</p> <p>One year contract only – expiring March 2013</p>

Appendix c: populated observation schedule

Observation Schedule

Date: 1.5.2014

Time: 12:00 – 1:20

In attendance: Alison, Sunita, Jane, Amanda, Patricia, Rachel, Susie, Emma

Time	What is being discussed? By who?	Questions / Queries	Reflections
12:05	<p>Pre-meeting chat. The gardener they are all agreed is doing a great job as the flowers all look very nice. Somebody reports that he's won another contract elsewhere and everyone is pleased for him.</p> <p>The meeting is taking place in the seminar room. It is a large light room with windows on two sides. It has a smart board on one wall. It looks out onto the walkway leading to the front gate and to the CC portakabin. It is possible to see parents and children coming and going.</p>	<p>What else is this room used for?</p>	<p>Quite subdued. Everyone has acknowledged me and said hello, but I am not part of the discussion. I am sorting my notes ready for the meeting.</p> <p>Voices are quiet and I feel a bit of tension which could be awkwardness to do with my presence. I have come in with Alison having just had an hour's discussion in her office (see field note 1.5.14a). Is the tension to do with her entering the room, or me, or the two of us together?</p> <p>It is a large space in the context of the Children's Centre. Its purpose does not seem to relate to children and families</p>
12:09	<p>Alison suggests the meeting begins although notes that Susie has not arrived yet. Alison asks if Emma is going to take minutes. No one knows so Alison goes to find her. They return together.</p>	<p>Where is Susie? (No one is surprised that she hasn't arrived yet although she is clearly expected) How much autonomy do the family practitioners have to</p>	<p>It seems taken for granted that Susie must have a good reason for not being at the meeting on time. It is unquestioned and seems ordinary.</p>

	<p>Alison reports to the team that the outcome of the tender process to run the Children's Centre will be known by half term.</p> <p>There is a discussion about when and what to tell parents about the reduction of stay and plays. Alison is asking the team whether this news should be given before the outcome of the tender process is known. Sunita says 'they're sussing it anyway' and reports that in sessions, parents are talking about what other parent/toddler playgroups are run in the area. Saltisford is mentioned – a church group.</p> <p>Rachel agrees with Sunita that being 'straight up' with parents is the best approach to take. Patricia agrees – 'the sooner the better' and says that we can't lead parents on. Rachel says there will be varied feelings about the reduction of Children's Centre stay and plays. Sunita has overheard parents comparing the Children's Centre stay and plays with Saltisford. She said the church group offers biscuits as a snack for the children and heard a parent say 'my child never ate biscuits till they went there'. Patricia says there is a £1.50 entrance fee and fruit, biscuits and cheese are given as snacks. She said 'it's done in quite a nice way' e.g. children are encouraged to sit at the table for snack time. She said parents had said the lack of outside area was a negative.</p>	<p>decide their own priorities?</p> <p>What are the implications for the Children's Centre of the tendering process?</p> <p>What do the staff believe are the implications for the Children's Centre or for the families of reducing the number of stay and play sessions?</p> <p>What do the staff believe the impact of their stay and plays to be? What do they see as the purpose of them? How do they define a 'good' stay and play?</p>	<p>There is not much reaction to this news.</p> <p>The reduction in stay and plays is part of a restructuring of the timetable which has taken place as an indirect result of the tender process.</p> <p>There seems to be agreement that parents will find alternative stay and plays but that these will not be as good as the Children's Centre ones.</p>
12:14	<p>Susie comes in. Tells team she was using paint at the group and is laughing to indicate it was messy. She alludes to the fact that they have just had the paintwork redone at the venue for the group so needed to be careful.</p>	<p>What are the reasons for holding stay and plays at off-site locations?</p>	<p>She has a bubbly personality that is immediately obvious when she comes into the room. Energetic and self-confident.</p> <p>Messy play – an indicator for good practice?</p>

	Rachel, ignoring Susie's interruption says to Alison 'So that's a yes then' – referring to the original question of whether to tell parents sooner rather than later about the reduced stay and plays.	How has the tendering of the Children's Centre contract impacted on the day-to-day work of practitioners?	There is a sense of uncertainty about the future and it seems to be making decisions difficult (e.g. 'if there's definitely no stay and plays we can say...'; 'if there's a new provider...')
12:16	Agenda item - Child Protection: Two children are mentioned by name. 'Shall we talk about them later?'	How does policy relating to child protection influence the work of practitioners?	The agenda is a standard one always used and not tailored to this meeting. Maybe why the meeting doesn't seem to flow well.
12:17	Agenda item - training: 2 year check from the Health Visitor	How does policy relating to child health influence the work of practitioners?	It is not clear whether this has already happened? Who went on it? Was it useful or relevant? Why was it needed? Who instigated it?
12:18	Agenda item – Health and Safety Alison reports that the Health and Safety check was cancelled due to the inspector being sick. It would be rescheduled but no date as yet. Alison asks if there is anything from anyone regarding health and safety. Liz talks about 'the fish thing' being something they don't have to worry about now. Rachel and Jane all start chipping in to a shared story. A fish display broke. At least not on top of one of the children someone comments. Alison suggests perhaps we need a more robust one. Rachel says that a more robust one would 'cost hundreds of pounds'. Rachel then says that the Children's Centre is 'looking good at the moment' and Susie says 'we need to keep it going a bit longer now'	How does policy relating to Health and Safety influence the work of practitioners?	It seems as though the planned Health and Safety inspection resulted in extra attention being paid to it in the Children's Centre. The incident with the fish display gets the team talking more naturally and they talk with wry shared humour about it.
12:20	Agenda item – Health and Safety Alison reported that the Children's Centre had been	How many 'micro' policies impact the day to day work	There is no comment from staff on this.

	downgraded on the last Health and Safety inspection due to a food hygiene folder not being signed by all staff. She tells the staff that they are required to do this because tea, coffee and toast is provided, and asks the staff to read the policy and sign the form enclosed in the folder to indicate they have done this.	of practitioners in the children's centre? What areas of their work do they cover? Are they followed? How are they perceived?	
12:21	Agenda item – Training Alison asks if anyone's done any. There's no response Alison asks Rachel if she's made a call about the 2 help funding training. Rachel said she had but needed to call back.	What training is received by staff? How often? How is it perceived?	Staff seem a bit guarded – do they think they should have done more training?
12:22	Agenda item – Child Protection Alison asks for any diary dates from staff for any child protection or child in need meetings scheduled. Rachel says there is a child in need review next week which hadn't been put in the diary. Rachel said she's only taken the parent to 'Parent Puzzle' so asked Alison if there was any problem with her not attending the meeting. She said that housing were involved and lots of people were involved. Alison said if she didn't think it was necessary to go then she didn't need to and Rachel confirmed that she didn't think she needed to go	How do Children's Centre staff perceive the relationship they have with other agencies involved with supporting families? How is their input valued by other agencies in Child in Need/Child Protection meetings?	There was not much discussion about the pros and cons of going to this meeting. Alison accepted without question Rachel's decision not to attend the meeting in light of other agencies being involved
12:24	Agenda item – Child Protection Jane reports that she has a child protection meeting next week which she will attend. Alison asks how the child is getting on. Jane says he hasn't been for a couple of weeks but she doesn't know why. Rachel said the child was upset when 'mum' picked up instead of 'nanny'. Jane says 'She loves nanny'. There is a discussion about the picking up sheet needing to be up-to-date. Emma chips in a little defensively that she always has these sheets up-to-date.	What happens when a child is absent from the Children's Centre? How are concerns about children and families identified? How are they acted on? How are decisions made about how and when to intervene?	There could be some defensiveness due to my presence when something highlights that policies are not being adhered to.

	There is some discussion about the child and the relationship with 'nanny'. A lot of the staff are chipping in comments supporting the view that the child is very attached to 'nanny'. Jane seems to realise during the discussion that this is rather unusual and comments that she will delve into why the relationship with nanny is like it is. There is some discussion about whether Jane could get access to the house as this might help with seeing what is going on.		This discussion is animated and most staff are contributing their experiences and observations regarding the child and the child's relationship with nanny and mum.
12:27	Agenda item – Messages to/from the caretaker Rubbish is being thrown around rather than in the bin. All are laughing about this as the caretaker 'said it nicely'		Shared experience – they are making in-jokes about aiming well.
12:28	Agenda item – NS update Emma feeds back that there will be a display up about pirates for a special event. There will be a dressing up day. Staff are asked to refer to the newsletter for more information	To what extent is the Children's Centre and Nursery school provision integrated? What do the staff believe to be the benefits and challenges of sharing a site with a Nursery School?	No-one suggests that the Children's Centre take part in the pirate day. No-one seems very interested.
12:29	Agenda item – AOB No-one answers		
12:30	Alison and Susie leave the room as the meeting is now relating to nurture nursery Rachel now leads the discussion. She hands out a sheet with a pyramid framework (see CC fieldwork folder) and tells the staff that they need to decided where each child is on the pyramid.	What rationale underpins the provision of the nurture nursery as part of the Children's Centre services? Who attends? Why is it not being tendered as part of the Children's Centre contract? What is the nature of the relationship between speech and language practitioners	The nurture nursery provision is currently run by the Children's Centre, but will transfer to the Nursery School in September as it is exempt from being tendered. The need to comply with speech and language advice is unquestioned even though it is clear that there are some

	<p>Jane groans. Rachel explains that in response to advice from speech and language they should introduce short group time with all the children.</p> <p>The staff look at the sheet and discuss particular children in relation to their attention and listening skills. Some of the issues with implementing this are discussed such as the number of groups to hold in each session. Jane starts talking about the need to come up with activities. Rachel says that first they need to decide how to organise it. Jane suggests they group children according to 'different types' (she is looking at the categories on the sheet).</p> <p>There is a discussion about how to group children according to the categories on the pyramid. The barrier to this is that different children attend on different days. There is agreement that the varied timetable and attendance patterns make group time difficult to plan, but that some children need more focused time.</p> <p>Amanda suggests the children are grouped according to their age rather than where they are on the pyramid. Sunita goes to interrupt her but Amanda continues talking about having open-ended activities that caters for a mixed ability.</p>	<p>and Children's Centre practitioners?</p> <p>What do the staff think about the purpose and benefits of running structured group time with 2 year old children?</p> <p>How are professional differences of opinion relating to practice resolved?</p>	<p>practical barriers to implementing it.</p> <p>There is some underlying tensions between various staff members around the different approaches suggested (e.g. between Amanda and Sunita and between Jane and Rachel)</p> <p>Amanda talks confidently, giving a concrete example of an activity that could be an open-ended group time focus.</p> <p>The focus is all on the logistical difficulties. The purpose of doing it is not the focus.</p>
12:40			
12:42			

12:43	<p>Sunita suggests a way to organise the children. Rachel says it doesn't make sense. They all discuss again how to organise it so that all the children are in a group at some point in the week.</p> <p>Rachel says that some of the children aren't ready for formal 'sitting on their bottoms' but 'it's coming from speech and language</p> <p>Rachel says something about screening children if they aren't sure where they fit on the pyramid and returns to her point about the logistical difficulties of running a group time in their context. Rachel asks that the staff plot all their children onto the pyramid.</p> <p>Somebody comments 'look at the rain' and everyone looks out of the window at very heavy rain.</p> <p>Amanda (I think) suggests the groups could be fluid and that a register could be kept and ticked off when children have been to a group time that week.</p>	<p>Why are speech and language referrals given such a high priority?</p> <p>What are the challenges of running nurture nursery?</p> <p>How are decisions made? Is there consensus or are some practitioners silenced?</p>	
12:47	<p>The next task for discussion is allocating new children to key workers. Amanda says she doesn't mind having more. Jane mumbles that she has too many already and Rachel agrees with this. Rachel is holding plastic pockets with paperwork in and is going through each one asking if anyone knows the children, and looking to see what days they are going to be attending. 3 or 4 children are named, no one knows them, so staff offer to take them according to whether they work the sessions that the children will be attending.</p>	<p>Why are children allocated to key workers in this way? How may these children already be known to the staff?</p>	<p>Some staff seem more willing to take children than others.</p>

12:50	Another child is named that a couple of staff know about. The child is a speech and language referral. The mother attended 'Chatter matters'. Speech and language therapist advised the mother to take nurture place as the child needed more social support.	What is the relationship with Speech and Language therapists? What benefits and challenges arise?	
12:51	Eventually the children are shared out on the basis of who is working the days the children are coming for their introductory session. Jane doesn't offer to take any. Patricia has training scheduled at the time the child is coming in as a reason not to take one. Rachel said the introduction appointment could be done by someone else, but Patricia could still be the key worker.	Why do they have key workers for each child? How important is this role considered to be? What are the benefits and issues of having key workers allocated to children?	The process seems negotiated and staff have control over which children they become key worker to
12:53	Rachel sifts through the folders and lists who has taken which child. Jane says again she's glad she's not got any. Two children have still not been allocated. No-one seems to be able to take them due to not working at the time the child will be attending. Patricia offers to take one more. Jane says 'If you want me to I'll take one more'. Rachel says, 'No, you've got too many already'. Jane offers to take him but said she wouldn't be there for the first session. All agreed that not ideal to not be there for the first session, but it couldn't be helped.		
12:55	Rachel says there are two children they need to talk about. Jane is key worker for one. She asks Rachel, 'When am I going to see him?' Rachel responds, 'Go and see him at the school. Find out if he's done the poo thing in school or just at home'	What relationship do Children's Centre staff have with local schools? How is this facilitated? What are the challenges and benefits?	They seem to be talking about a child who attends a local infant school. I then realize they are talking about the child they had been discussing earlier in the meeting.
	Someone says 'She's not actually nanny' but insists on being called nanny. Jane says 'I need to talk to her'. Rachel says, 'Be	Does the Children's Centre cease involvement once the	They seem to all be feeling intuitively that something isn't quite right. They don't make

	careful’.	<p>registered child transitions to school? How is this transition managed?</p> <p>How do practitioners decide when to increase their level of support for children and families? What factors are taken into consideration?</p>	this explicitly clear to each other, there is just a shared unease.
12:58	<p>Rachel tells the staff that a parent had asked that staff remind their child A to go to the toilet because he holds it otherwise. Rachel talks about child B and says if they do a poo, change immediately or they have a severe reaction. The parent has provided some cream to use.</p> <p>Rachel reports that another parent had said their child C had gone home pooey. She is not telling staff when she’s done a poo. She might be nervous doing a poo alone, not wee.</p> <p>Child D is pulling hair. There was a nasty incident reported by a parent whose child told her that child E pulled her hair and really hurt her.</p> <p>Child F has had sickness and diarrhoea having just got over chicken pox. Rachel said Mum has asked if we can keep it cleaner here, so we need to reassure her that it’s to do with being around other children, not to do with the Children’s Centre being unhygienic. Jane said ‘I’ll make sure she washes her hands a lot’. Rachel repeats, ‘No, just reassure mum that it’s to do with being around other children’.</p> <p>Amanda reports that Child G keeps banging their head when sleeping. They have had a referral to check for epilepsy as their sibling has severe epilepsy and a muscle weakening disease. Amanda cautions staff to call ambulance if the child seems</p>	<p>What factors trigger practitioners becoming concerned about a child or family?</p> <p>What role, training and expertise do practitioners have in supporting children with SEN and their families?</p>	<p>There seems to be quite a focus on parent complaints and concerns about toileting.</p> <p>Concerns regarding medical conditions and special needs.</p>

1:02	<p>unwell. Rachel asks what kind of epilepsy the sibling has 'Is it the nasty kind, I can't remember the correct word'. Child H has started now at Ridgeway – mum has had a 'wobble' but now is persuaded it's a good place for their child. He's transitioned well. The staff comment 'Bless him' etc.</p> <p>Amanda reports that Child I pushed Child J the other day. The staff laugh. Jane says 'Child J gets in people's faces sometimes'.</p>		
	<p>Sunita said Child K's dad wants to bring in a cake for his birthday. All the staff laugh. She said she had told him to bring it, they would sing happy birthday and cut the cake to send home with parents</p>	<p>Who attends the Children's Centre? To what extent is the provision universal? What are the benefits and challenges of universal provision versus targeted provision?</p> <p>How do practitioners define 'good' parenting? How do they define not good enough parenting?</p>	<p>I thought the staff were laughing over shared understanding about children's behaviour, but Sunita made a comment that suggested Child J is Jane's child.</p> <p>Shared understanding about parents' fussing or shared understanding about the norms regarding food?</p>
1:06	<p>Child L – Patricia is concerned about his behaviour as he is throwing things. Rachel says if you get confrontational with him he goes off the scale. She suggests things to put in place for him inside and outside – foam balls. Amanda joins in with suggestions. Sunita comments that he played with playdoh this morning. Rachel says that he appears to not respond well to positive praise – 'he doesn't know what to do with it'. Sunita stands up to recount Child L's response to another child who was upset. 'He's one messed up child, he was scared, fearful, confused'.</p>	<p>How do practitioners define acceptable and unacceptable behaviour in children? Is their consensus in their understanding? Is there consensus in how to address unacceptable behaviour?</p>	<p>I sense that Patricia is cross and exasperated – I'm not clear if this is with the child or with Rachel's measured suggestions.</p> <p>The staff all seem to have observed things about this child's behaviour and together are trying to make sense of it.</p>
1:07	<p>Sunita leaves abruptly with no explanation, but no one seems surprised.</p>	<p>What value do practitioners put on involving parents? Is there consensus?</p>	<p>I think she has spotted a parent she wants to talk to and possible all the staff understand this hence the lack of reaction to her exiting</p>

1:11	<p>Someone mentions that Child L's mum is 'on her own' and 'desperate to get back to work'. Talk continues of possible strategies such as ignoring the behaviour as much as possible. Patricia says 'Noone wants a child injured do they?' Rachel continues to talk about strategies. Patricia is visibly irritated and says 'Mm hm, yup'. Rachel says, 'Shall we call it a day?' Patricia gets up and leaves without a word.</p> <p>Amanda and Rachel are the only ones left in the room. They whisper to each other. 'Hard, isn't it?' They begin to talk again about the pyramid. They express some uncertainty about its usefulness. 'If we're down here what we should be doing is building nice relationships'.</p> <p>They continue talking about a way to use it. Amanda says 'It's not an easy thing'. Rachel responds 'We don't want to do a group for children who can't even sit on their bottom'. Amanda – 'That's why I suggested age group</p> <p>Sunita reenters the room. She goes to say something then looks at me and stops. She asks if the meeting has finished and they say goodbye to me and all leave together</p>	<p>What do practitioners believe about working parents and lone parents and the impact on their children? Is there consensus?</p> <p>To what extent do leaders feel obliged to support new initiatives that are imposed externally? What are their views about having to do this?</p> <p>How are notions of good practice shared among the whole staff? How are conflicts in professional opinion resolved?</p>	<p>the room.</p> <p>Patricia seems to have a completely different view on what to do about this child. Her view seems to be that his behaviour is unacceptable. The rest of the staff appear to disagree with her viewpoint but don't say so explicitly. There is a power play going on and her views are marginalized by the rest who all appear to have a similar way of talking about the issue.</p> <p>Amanda and Rachel are more sceptical about the pyramid to each other than they have expressed in the group. They seem to have a good relationship based on mutual respect.</p> <p>They chat in a more natural way to each other than in front of the whole team. They seem to have an implicit shared philosophy.</p> <p>I wonder what Sunita would have said had I not been there!</p>
------	---	---	--

Appendix d: cross cutting themes for analysis

Accountability	Identifying need	Supporting families	Promoting children's development	Organisation and management
<ul style="list-style-type: none"> • Determining 'success' • Measuring 'impact' • Notions of 'success' which are not measurable • Use of Frameworks <ul style="list-style-type: none"> - EYFS - CAF • Use of Performance measures <ul style="list-style-type: none"> - National - Local management - Centre 	<ul style="list-style-type: none"> • Determining who 'needs' services • Ways of prioritising resources • Universal, targeted and specialist services • Identifying 'target' families' • Partnership work 	<ul style="list-style-type: none"> • Meeting families 'needs' • Children's needs (social, emotional, developmental) • Parents' needs (social, emotional, educational) • Family relationships • Challenges affecting families' lives • Participating in employment • Promoting family health • Opportunities for playing and learning • Partnership work 	<ul style="list-style-type: none"> • Standardisation of early education and care • Formal assessments <ul style="list-style-type: none"> - two year check - foundation stage profile • Early identification of SEND • Learning and playing <ul style="list-style-type: none"> - children's centre provision - early education provision - home learning environment • Promoting health <ul style="list-style-type: none"> - speech and language - food and nutrition - staying safe • Partnership work 	<ul style="list-style-type: none"> • Commissioning • Local authority management of services • Centre management and staffing structure • Location of services • Collection and use of data about families

Appendix e: Interview schedules

October 2014

Interview with Alison, manager

Semi-structured interview (but closer to unstructured conversation) because the purpose is to find out how the management change from LA to 3rd sector provider has influenced practice and services.

1. Establish a timeline of key events in the handover from LA control to the 3rd sector provider

Talk me through how the handover has been conducted.

- What was the first point of contact you had with XXX?
- What happened next?
- Which events would you have expected and which surprised you?

2. What has changed or is in the process of changing?

- Practice
- Leadership
- Services
- Staff structure
- Relationships with other professionals

What was it that happened that brought about the change? When did you realise it had changed?

3. What are the implications (positive/negative/neutral) of the changes?

- on parents
- on children
- on practitioners
- on leadership
- on multi-agency partners

4. What hasn't changed?

- Why not?
- Positive/negative?

5. What do you predict for the future for the Children's Centre?

- Positives/negatives/neutral

- on practice
- on leadership
- on services
- on staff structure
- on relationships with other professionals
- on parents
- on children
- on practitioners

Practitioner interview

The purpose of the interview is to explore how practitioners view their work and its worth and to understand how they carry out their work within the structures and organisation which they operate within.

1. Can you describe how you came to be working here? What decisions have you made in your career which have led to you being in this role now? Qualifications/experience
2. What do you feel to be the purpose of Children's Centre's as institutions? What are their positives? What are their problems? How have they changed over time? In response to what events/circumstances? How have those changes impacted? How have your feelings about them changed over time?
3. Who do you think Children's Centres are for? How do you define 'disadvantage'. How does the notion of 'target groups' fit in with what you do? How do you determine priorities in the face of limited time/resources?
4. To what extent is your understanding of what a Children's Centre is and who they are for shared or disputed?
5. What frameworks or theories do you utilise in your work? Why do you use them? How do you use them? What are their strengths/limitations? Have they changed over time? What are their impact in terms of effectiveness, equity, outcomes?
6. How does 'partnership' working operate in reality? When does it work well and why? What are the benefits? When does it not work and why not? What are the implications?
7. What has changed as a result of the recent change in management? How do you feel about those changes? What are the implications of those changes in your opinion?
8. What are your fears/hopes for the future of Children's Centres?

May 2015

Interview Questions: Parents

Purpose of the interview: To find out parents' perspectives of services: how and why parents use the Children's Centre, the challenges they have faced and how they want to be supported.

Questions	Prompts
What first brought you to the Children's Centre?	How long ago? Which service? For what reasons? With what expected/unexpected outcomes?
Can you describe how you have used the Children's Centre since your first visit?	Which services? How often? For what reasons? With what expected/unexpected outcomes?
Can you tell me about yourself, your work and your family?	Age Qualifications Family structure Work history
What do you understand to be the core purpose of the Children's Centre?	How did you arrive at this understanding? What aims and values? Which services and for whom? To what extent is your understanding shared/disputed?
Has the Children's Centre changed during the time you have been connected with it?	How? With what effect?

Appendix f: Summary of interview themes and illustrative extracts

Interview themes

Staff

1. Route into CC work
2. Ethos
3. Parents' needs
4. Children's needs
5. Encouraging access
6. Partnership work
7. Commissioning and service changes
8. Accountability

Parents

1. Family life
2. Work
3. Challenges
4. Needs
5. Accessing children's centre services
6. Relationships with staff
7. Community

Alison, Stonelands manager

And why is it important to you to support all families rather than targeted families?

I think all families should be [able to access support] [S2] because I don't think you can judge people by these things and say, because you're here, you need this help to get out of here. Because that's what you're doing as soon as you say that, you put a judgement on those people and if you look at a room of families, you can't judge any of that based on what you see and yet that's what I think is happening. I don't think we should put judgements on people, people go through all sorts of different things and need all sorts of different things at different times. You don't know what that might be, you don't know what's going to happen in the next five minutes! So how can you then say, because we think you're this, we think that's a bad thing, cos that's what they're basically saying, we think it's bad that you're in this situation, you need get out of it, the only way you can get out of it is to have help to get out of it, therefore you're in that category [S3]. Whereas if you're looked at and you're deemed to be, I don't know in a family, 2.5 children, everything's hunky dory, then of course you don't need help from anybody else because that's how life is and that's what we should all be aspiring to. But it's not the case, and I don't think we should put those judgements on people.

The focusing on particular groups - how is that problematic, or how does that fit with what you see in reality?

It doesn't fit at all with what I see in reality and what they do is they take the foundation stage scores, so you're already judging children against a curriculum that isn't good for them [S4], in my opinion, which being an early years' teacher for nearly 20 years now is quite, quite informed. So you're already judging children against that and if they're not getting that then they're looking back at what's been provided or hasn't been provided and quote where the gaps are hence school readiness is part of the Children's Centre agenda too now [S4] and I don't like that phrase either (laughs).

So for you there's too much judgement?

Yes

... is that the difficulty for you?

Yes. Yes. And I think its people who don't see families on a regular basis and are very out of touch with how families operate now, but they have this (pause) idealistic view of how life (pause) should be because of their opinions, because of what they think, and I kind of think well why should it be? Because it's not, it's different for everyone. And just because you think that and just because you think these two-year-olds who were getting this funding might need x, y or z, they might not! [S4]

Uh-huh

So yeah, it's really odd and it's really more at odds now than it ever has been. It's almost like it was getting to in schools. I feel like they've done to the Children's Centre agenda what they've done to the schools agenda and I think it's very damaging. [S8] It didn't used to be like that and that was one of the reasons why I loved working in..., I still like the Children's Centre work, but I used to really love it because it wasn't measured by those things.

Bronwyn, Area manager

What prompted [the third sector provider] to bid for the contract?

We've already got a portfolio of Children's Centres, so we can learn from that experience, we've got a national lead on Children's Centres who'd had that experience, we'd had experience of TUPE in other services, we've experience in taking Children's Centres through a process of change, so we felt that we had something to offer and I still, despite managing all that, I think there is something in that in that we are now going through a process of harmonization, if you like, of twenty-nine different Children's Centres that all had a different model of family support, a different way of running two help provision, a different way, so for the centres that [Name county] has tendered to [Name third sector provider], they are getting gradually over time, a more consistent service. Does that make sense? [S7]

It does. Your approach now is to standardize in some way?

Yeah, and I think... that's really interesting, isn't it, because I think it's the balance in terms of what can be delivered locally, like say even now in our model, we've put three volunteer coordinators throughout the county, so our idea through our volunteer coordinators is to encourage local parents to become actively involved in their Children's Centre. So whilst I'm talking about harmonization, that might be procedures, each Centre still has a different timetable, the manager still has a role in that, um so local parents would still have a say over that. We have got a service specification that is very clear in terms of what we need to deliver on so whilst that's very clear, and very tight performance management [S8] that I don't think people have had historically to that level, so we've got to work to that. So [Name county] in a lot of senses set a lot of the agenda for what we're delivering in [Name county] on their tender

In terms of outcomes or services?

Both, outcomes and services. In terms of... I haven't got the service spec on me, I could look it up on the computer, but it's very, very clear. It is, I think, public information in that they were very clear in terms of how the groups would be delivered, so who would be in what group, which centres in which group. So that was already set, that wasn't for us to do a consultation about. [S7] They'd already done a consultation in terms of... with the public and decided to keep every Children's Centre open so it wasn't us looking at phase 1's, phase 2's, phase 3's. We had to keep every one open for a minimum of 15 hours and some more, depending on what you were doing. There was already a service specification about us delivering the two help provision [S4] in a number of Centres and what we had to do in terms of numbers, so that's outputs if you like, still isn't it? [Laughs, wryly] There's a clear commitment from [Name county] in terms of the model of parenting programme that they prefer, the Triple P parenting programme. Um, now we can use other accredited ones, but that's their clear preference. [S3] So there's a mixture of outcomes and services put on the service specification, really. And more so in the course of your performance management. Yes, they're looking at outcomes, but there is clear specification

Susie, Family support worker

So what kind of things would they tell you about when you had more time?

Oh, everything. Big things and little things. You know, the girl who needs to go to the police for harassment, [S3]that was a..., we were just sat there chatting and er..., we were talking about respect and I can't remember even what brought the conversation up

Mm

Um, and she suddenly started telling me about all these text messages, and how many text messages he's been sending her every day, and the content, and the text messages he's been sending other people of photos of her in, er, various states of undress. And I was like, 'He can't, he can't do that'.

Mm

[She said] 'Well, I don't know what to do about it'.

Mm (pause). So these things aren't things that come up when you go in with your child protection plan?

No (vehemently), no. Because (pause), especially when you go in initially, they just think that's all I'm there to deal with. I'm there to deal with your child and your child's development [S4] and you know, what we need to meet on this plan. Whether it's making phone calls to the domestic violence team, whether it's making phone calls to doctors, you know to get appointments [S3] and things. That's what they think I'm there for, so that's what they tell me.

Yeah

And unless I can build up a relationship of (pause) 'I can help you with anything, and if I can't I can find someone who can'. [S2]

To what extent do other professionals share your views?

Mm (pause). I'd like to think that a lot of the social workers that I work with now understand it better cos I've been doing it for six years and (laughs wearily) I've worked really hard at educating them on what we do and how we do it. Um (pause), I mean it's a very personal job isn't it? It's..., we all do it very differently. Not everyone's always gonna agree with the way you do things. Um (pause) I think the social workers feel threatened by me, cos quite often the families will tell me stuff and not them because I'm not quite as high up the food chain as the social workers and then I'm the one that has to go to the social worker with the information [S6], always telling the parent I'm doing that.

Sunita, Family support worker

What has changed since services were cut?

I think at the moment um like with nurture nursery, I think at the moment they will do ok because the children that are in nurture nursery at this moment are parents that we worked with

Yeah

... through Tiny Treasures, through [Community Centre stay and play location] [S5]

Yes

It's the **next** batch that will come, if there will be any, because these ones are the children that we've actually worked with mothers from birth

Yeah

... through to this, through to the [Community Centre stay and play location] and now they've got a place at nurture nursery and that was hard work. [S5] We actually supporting families and getting them... so...

Yeah, so that holistic approach has gone

Yeah, and it... that will affect... you know? But nobody is going to turn up just for the sake of it

Yes

Um and say oh we've come... You've got to deliver, they've got to have a need that actually we need to go here. These parents that are coming, it's because of our hard work

Yeah

... through stay-and-plays and family support work that they've trusted us and left their children here. We've had that kind of relationship [S5] from very early on

Yeah

So that's what nurture nursery... you know? And some of them are referrals as well, but I think it will go downhill very, very quickly... now how it is, it's just like a nursery school, you drop off children and you come and pick them up [S7] and it's like no... whereas before we were family support workers, we were family support workers **in** the nurture nursery

Rachel, Early years' worker

We had lots and lots of mums who would come looking beautiful to groups and that kind of thing and then you'd find out that they were in bits on the floor behind their façade [s3]. But I think it was the groups and that social thing and doing the right thing for your child that would get them over the doorstep and then give them access to those other support services [s5] and things. But there were other people who, the family support workers going out to their homes and convincing them to just come and stay for 10 minutes and you know, have a look, or come when there's nobody here [s5] and see what we've got and you know...

What was the reluctance, those families?

Being judged I think and being made to feel silly [s5] and not understanding perhaps what goes on behind those gates and, and other people, other parents, I suppose. But I think parenting is quite a leveller, isn't it!

Yes for some people it just comes easier doesn't it?

Yes and I think it's respecting difference [s2]. I think that's one of the most important things as well is that what you think might be a good way to bring up your child, someone else won't think is and someone else will do it completely differently [s2] and, you know, um, some people accept that level of parenting, or that level of care for a child as being fine um, and others will want it up there somewhere and, you know

So what do you do when you think actually you could be doing more of this but you're not. What do you do then? You know, like you could be washing their hair a bit more often or whatever.

You know, there are just ways that you can look for an opportunity, like I would never say, 'Look, his hair's filthy, you need to get that sorted [s2]', that kind of thing. But I do think, I don't know, there are ways and means ... we might be able to take someone to the shops and chuck a bottle of shampoo in the trolley, 'Ooh, look, this is on offer,' you know just something... The family support work thing can be quite subtle yet get the job done. It's those things that you have to do to get the ball rolling, don't you? To keep it nudging... nudge, I think nudge is a good word. [s3 s4] That's what I say, a bit of that [nudging elbow] and a bit of that [nudging other elbow]. Does that..., do you know what I'm getting at?

I do, exactly, yeah

So, you're not being direct but you're just like nudging them in there and nudging them in there and hoping that that um... However, you have to keep that relationship on track and tread carefully [s2].

Amanda, Early years' worker

Will these things not get picked up so much now that it's just nurture nursery and there isn't that close link with families?

I don't think it would as much because um, at the moment yes it still does because we still know a lot of the families and a lot of the children and we get to know them, but we don't get to know them as well as what we would have done. [S7]

Do you refer children to family support? Is that link still there?

It is um but I think they're very stretched of how much they can do [S7] Um, because I know I have referred quite recently, well September, I asked if they could keep a case open for me because of um, Dad going into prison, and er, mum having a new baby and I've asked mum and mum said they haven't been in touch yet [S3 S7], so I've got to chase that back up

Do you still chat with the Health Visitors as much?

Not as much, um, we..., [Practitioner] does represent us in the family matters meeting [S6] which is good that we can get through there, but I don't think we have got the closeness that we had with the health visitors, [S6] um, I think they're under a lot of strain as well because I don't think they can refer in to..., there's not as many family support workers that they can refer to, [S7] to help them support the families that needed the support as well, so it's a case of prioritising

Yeah, it's quite a big change

Oh, definitely, yeah, yeah, cos you know most probably cos this mum has lots of support from family, close family [S3] um perhaps that's the reason they haven't been involved, been out to see her yet. Um, but, I don't know

Mm and was your involvement with that family because of the situation or because of the child and her having difficulties with the child because of the situation, which way round does that happen?

I was asked to go in and do some triple P work with her because mum was having problems with the child's behaviour [S3]

So the flag was the child's behaviour, not the family circumstances?

Yeah, but then when I went in I found that mum and dad were both at different ends of the spectrum of how they'd want to deal with things, and it was trying to give them..., bring them together, which is really difficult [S3]. You know, you can only do so much and show them..., you show them how it's best if they work together, especially putting boundaries in and even if it's just writing the boundaries down on a piece of paper and sticking it on the fridge

Patricia, Early years' worker

So how do you understand the need for Children's Centres?

Um (pause) well I think it's down to some people's lack of maybe (pause) not lack of knowledge, but some people don't always feel they want to go to say a GP with their..., with any problems. I mean you know because we have such a varied array of problems I guess that come through, you know, through the children and through their..., through the parenting [S3 S4] and whatever, um not everyone wants to share that with GP's or..., so if they can sort of strike up a nice relationship with a key worker here, er then I think over time that gives them the opportunity and the confidence to maybe say things that they wouldn't necessarily do if they've got to go to a clinical environment [S3] and make an appointment to see someone who they perhaps only see every now and again.

Ok

So I think um, it's that building up a really good bond, a good relationship with us which I think we do well. I think we do that extremely well here [S2]. Um, so yes I think that's...

That's a nice way of putting it

Well, I think we do

Do you talk in terms of 'target' groups in your daily work?

You're probably getting into the area that I don't really understand much of now

No, but that in itself is really important to me

Yeah

So, the government policy talks about 'target' groups. Does that have any meaning in the way that you do your job? Your day-to-day work with families?

Well, I hope not personally, because I think, when it comes down to it, they're human beings and they want to be treated like human beings. They don't want to be treated like a 'target' or a number or something that's got to be 'met'. For me personally, if somebody comes in and they look (pause) different, you know if they look happy one week and then sad the next week, that would ring alarm bells for us and we would want to..., you know, we would wonder why and we would keep an eye on that person, whether it's the child, whether it's the parent, who else. If we know that they've you know maybe just given birth, so they might be under pressure or (pause), Dad's away from the home for whatever reason. Any of those things, that would ring alarm bells for us and we would monitor that situation [S2 S3]. So I don't know about 'targets'. I don't know if you're meant to tick a certain amount of boxes each week or whatever, but we just use our own instinct and our own um, (pause) you know how we feel as human beings really.

Jane, Early years' worker

Have you seen a big change since you first qualified?

I think it has totally changed from when I first started because it is more geared on the EYFS and before, when I started, it was just colouring little squares in, or bubbles or something or other. It's more writing or ... It is more focused more on education [S4]

No, was it then more about children?

And having a bit of fun and playing, yeah, not sitting down and doing paperwork, cos now we do more paperwork and I'm thinking shouldn't we have more experiences [S4] and photos and things like that?

So what drives having to do that?

I don't know, I have no idea! Well, it's because of Government wants us to do it!

Do you feel like it's more of a profession now?

I think we're still on the back burner really. I'm sure every other parent here who doesn't do anything with childcare think we only play with children, in a nice way (laughs)

Yeah, I think that is a perception.

I think there is something... we're only looking after the children. We're just a low type of thing in the world really and we look after their precious little children!

It's pretty under-valued isn't it?

Yeah, it is really. I think we should be the most well-paid job in the world (laughs)

Is it something that you always wanted to do? Why did you want to go into it?

I've always liked little children, just to have a play or to look after. I've always been the caring one (laughs) [S1]

And how do you feel about working with the families?

I think it's because since I've had my little boy, that has put a different side, like I know what you're going through now! It used to be I couldn't sympathise or empathise and all that [S1]. I couldn't say... yeah, I don't know what you're going through, I have no idea, up until I had my child and I'm like – I know what you're going through now!

Emma, Receptionist and family support worker

I started to do cooking courses and we had to target the parents that... the needy parents [S3]um so basically at that time we actually had quite a lot of parents that would be classed as sort of like needy parents, a lot of them from that priority post code area [S3] which is [Name] Road and [Name] Road.

And were people invited to go to it? You invited people to come specifically?

Yeah but this is what was hard... it was down to me to try and get the parents because everyone else is so, so busy. I was still doing admin and I was still having to grab parents to say, 'Do you want to come on these cooking courses?' [S5] But for quite a few years actually it was quite easy, being at reception, I got to know the parents very, very well so I would then know as a referral from Rachel that a parent needed some food support, nutrition support [S3], so I would like say to them, 'Ooh, I'm doing this course.' So I had them... because I got to know them, they felt happy with me, familiar with me and that's how it was

You'd built a relationship actually already?

Yeah, and over the five years that I was doing it, without fail, if they didn't know me they did not turn up. Um, if they were referred by health visitors, ok so referrals by health visitors without knowing me, they did not show up [S5]. The parents I'd built a relationship with, only just based on saying good morning and things like that, they would come.

What kind of reasons were they referred for?

I think, knowing the ones who were referred to me over the years, when I used to speak to either Susie or [Name], it became really obvious why these people weren't coming to me – because there were massive, massive issues going on and why the hell would they be coming to cooking for two hours [S3] there's absolutely no way. And I think in the end that was why I didn't get them, because there was so many other issues going on that it just wasn't a priority.

So they didn't tend to refer children who were coming up heavy on the weight scales and things?

No, I never had anything like that. Never [S3 S4]

How interesting!

Sue, Health visitor

What are the main challenges you face in your work now?

Government targets. (Pause) and yes, for the tape there was a big sigh there... The targets are unrealistic, unachievable and so stressful and they don't match the needs of the population [S8]. For example, Child Protection has to be at the base of all health visiting work. We need to keep our children alive and if there's any child that dies, they investigate social workers and health visitors, if it's a pre-school child. There are no targets in relation to child protection. It is not something that is measured, therefore it doesn't count and yet we know it is the most important thing [S8]. If we have a case conference to attend, child protection work, we cancel everything else. But for management and government - have you done all your antenatal visits? And to me, someone who's still pregnant, they are under the care of a midwife, yes it's very nice if we can visit them ... but they're being seen, so to me that's not as important as seeing... child protection

Then do you feel that you can't use your professional judgement?

I do, but it's a stress. And at meetings, management will say, 'But you're only paid... the service is paid for antenatal care'. Yeah, money! Money never used to be mentioned, when I was health visiting in the past. Not us, it was management higher up. Now it's always money is mentioned. And the targets, we have to get onto the computer, our contacts – so everyone we've spoken to on the phone or seen in clinic, child and parent, quite a lot of detail, we have to get those contacts on within three days of seeing somebody [S8]. If you're part-time, that means your last day before your days off, you have got to stay as long as it takes to put the contacts on. And if you've had a busy clinic, and we've just had a new system put in, a new computer system, it may take you three hours, it may take you longer to input the contacts on the computer than it did to do the clinic. So that's a mixture of the targets and IT constraints. And this new computer system, there is nothing that's useful to us at all

So it's a tool for management is it?

Yeah. The previous system you could get hold of certain bits of information that could be useful but at the moment we haven't found anything.

We've also got a lovely new challenge at the moment because of [Stonelands] being taken over by [Name third sector organisation] and there's been a split and lots of changes.... We were frightened of losing the manager here who is **fantastic** and I must say I'm personally delighted that she got the overall position. She supported me personally when I started here. Her ability to assess her staff's emotional health is phenomenal and that filters through all her staff, the care for **people** [S2]. So it's much more settled now that we know she's our boss, but a lot of staff have lost their jobs cos there were big cuts so that's harder for us. That's one of the challenges for us, we are aware that they are lacking the staff they had before [S7].

Ok, so does that mean you're making fewer referrals?

Fewer referrals, yeah, so there's more unmet need out there [S7].

Angela, parent

I had 9 months off [work] when I had Joshua and went back part time. When I had Joseph I had 9 months off and went back part time and I'm now obviously I'm a few months into 9 months off again.

And so will you go back or are you not sure?

Yes, I will. My job isn't... my boss hasn't been the most helpful of bosses

Ok

But yes, the intention is to go back... going back part-time wasn't easy from her point of view [P2].

She wanted you full-time still?

Yes, yeah, but I didn't with children, that's not what I wanted [P1] So, she's accommodated me, but I haven't..., it hasn't been the warmest of relationships since going on maternity leave

Ok, that's really difficult

It has been difficult ...

Have you had any advice from the children's centre staff?

Well I feel like the staff are always there for any kind of small worry, concern, advice [P4]. Just any little worry I've felt that I can just ask it without any (pause), what's the word? Um, without any judgement [P6], or you know they're just so happy to answer or go away and think about it and help you come out with a plan of action or... you know whether it's sleeping, or feeding, behaviour, toilet training [P4], just anything. They're just (pause) so on-hand...

The staff there at the Children's Centres, as they get to know you, you know they might just ask a really simple question of 'How are you?' or 'How's so-and-so this week?' or... they can just sense I think as they get to know you kind of what to ask [P6] or pick up on just a small (pause) you know something that you might just... a small reaction to something that happens or (pause) they just know, do you know what I mean? I've been having some problems with Joseph at the moment, he'll all of a sudden just go up and push somebody [P4], for no particular reason... I can't stop him from doing it! But Susie's been watching and seeing it happen and offering advice as to how to tackle it and... I know that she's always in the background watching and helping with the fact that I've got two children, so if I need to go and do something with one of them then there's somebody to hold a baby, or if I'm sat feeding a baby and Joseph needs the toilet then someone will help [P4].

Catherine, parent

Did you know when you were using the stay-and-play and going to the parenting course that she would come here for nursery?

I'd hoped because I saw that there was a nurture playgroup and I thought oh that would be fantastic, that sounds exactly what I would like for her. Because she's come from adoption, she's had a change, she was moved at 13 months [P1 P4].

She came to you at 13 months?

She came to us at 13 months and she was brilliant. It was a brilliant transition, she moved wonderfully. We stayed a year in London and then moved up because we wanted to keep it a bit consistent for her but we needed a house so... you can't... everything's so expensive there that you just can't... So then I tried to get her into the nurture playgroup but they were full, which was a shame

Mm, ok

Yeah and um, if I'd known at the time... I didn't realise that she could have had priority

Mm, I was thinking that

Yeah, if I'd known, so that was unfortunate that I didn't realise but I then got very chatty with the woman on reception ...

Emma?

Yes, Emma said to me, 'She's adopted, she'll get priority, let me have a look' and she went away and so she started in the June. She found a place for her to start in preschool even though she wasn't really meant to and they were fantastic, they were unbelievable. So because she's on her own, she's an only child, she's had moves, I wanted her to start to make a network of friends [P4] and that's where that came from, that um, just all... because I'm an older mum, all of my cousins' children are all in secondary school, so she hasn't even got cousins that are her own age, so it's all about making friends, so these places are critical...

So you don't have family members around here?

No.... There was a time when I was trying to get to a group here and the wheel fell off my pushchair. It sounds so mundane, I had one of those three-wheeled things and the wheel fell off as I was on my way down and I phoned Sunita and said, [laughs] 'The wheels...' She sent a car for me! [P4 P5 P6]. She sent one of the staff to come out and get me! It was just so amazing that it was there for me.

Yeah, that's very supportive

Completely, you know?

Tamsyn, parent

Did you know at that 30 week point that there was a problem?

Yeah. He'd stopped growing at 26 weeks, but we picked it up at 28 weeks, but see I wasn't really worried because my two girls, I'd always measured small, so I'd been for growth scans with both of them. Went for a growth scan, didn't even take my husband with me cos I was just really blasé about it

Ok, and how did that feel?

Oh, it was awful, it was awful [P3]... When all of this happened with Jack the [stay-and-play group] was my kind of outlet with Julia to keep her normality going, do you know what I mean? [P5] Because she knows she goes to the [stay and play group] every week and she knows Susie and Sunita [P6] and she knows, you know, the other mums as well [P7].

So it's part of her routine?

It's part of her routine. I tried to keep it normal for the girls in the period between kind of finding out things were going wrong and him actually being born and er, yeah, so I spoke to Susie and she helped me with um, finding some websites and pla... resources to help explain it to the girls, [P4] which was really helpful

Mm, what made you ring Susie? Just thought she'd be a good person to ask?

Well probably because... the main reason is because I've been going to the [stay-and-play group] for [pause], oh what will it have been by that point? Two and a half, three years and on a consistent basis [P5], and, you know, I kind of look on them as friends [P6], not just [pause], do you know?

Yes, I do

So, you know, if I'd had any problems before that, you know, I was having a problem with one of them sleeping or having a problem, we'd always kind of like, talk it through, with the other mums, but with Susie and Sunita as well [P4 P6 P7] and so um I just automatically thought, do you know I'll ask Susie because they must have resources at the Children's Centre for explaining things like this. Things like this must happen more frequently than you think

Yes

Susie actually had known [pause] other families through her work, I don't know how but you know, she actually knew the... So it was quite nice to be able to talk to somebody who'd also been in the facilities, because when I was talking to my friends [pause], nobody actually knew what a neonatal, intensive care room looks like [P4].

Linda, parent

How are you finding life with a new born?

Um, when I had him, for the first six weeks, oh god! I've only just started to um, manage, cos I had a C section as well, so it's... it was awful. I was trying to breast feed [P3], um, managed four weeks and he was 10 ½ lb!

Right [laughs]

Yeah! But for Tom's sake really I've had to cut it out, cos I can't have him attached to me all the time like he was, I was getting no cleaning done. The house was just looking like a bomb had hit it. Tom wasn't getting enough attention from me. And I was getting no sleep [P3]. You can't function with no sleep, so it was better all round

Absolutely. Why did you feel that you needed to keep going with it?

It's easy. With Tom I breast fed him for eleven months and once you get past a certain stage it was easy, like past the first six weeks it was easy. But with Jacob he just wouldn't get off me. Then his dad turned round to me and said I wasn't allowed to feed him in Costa cos people were eating and it's not very nice for them. And I was like, well if you think like that then there's loads of morons like you...

At the moment I'm not with him, but I can't get him out of my house [P3]. He moans about having to take [the children] anywhere. To be honest I get up every morning while he sleeps in my bed. I have to sleep on the sofa. And then I have to get up, get both kids up, change their nappies. If I ask for any help I get... It's not even worth asking for help. I have to just get the kids to nursery. Then when I get back I have to tidy up and do all that. He doesn't help, he doesn't do anything... I even said to him, 'I don't even know how I fell in love with you, you just bring misery. You just take, take, take all the time.' [P1 P3]. Like he takes my money, he'd leave us happily with no money, nothing.

Is he working?

Yeah, but he doesn't pay nothing. He doesn't give nothing. He doesn't do anything other than... [pause] moan and be horrible and... He says he pays the car insurance

Right

But I don't use the car. We don't go in the car

Can you drive?

No. I can't drive...

Susie has given me the confidence, like before I would have just took it, now I am telling him he has got to go [P6]. Obviously he can see the kids, that's not an issue, but he needs to get out of my house and stop treating me like [pause] rubbish. I don't deserve to be treated like that and Susie telling me that like, I thought it was just normal, but it's not normal.

Matilda, parent

Um, it's hard cos obviously I'm a single mum [P1]

Yeah

Um, but it's rewarding, as everyone says

Yep, yep

Um, and with social involved as well because of his dad it makes it harder [P3] cos I feel like they're looking at me to... Cos they often do checks on the house and make sure he's eaten properly and it's just like... although they tell me I'm a good mum, it's still [pause] a bit [pause] not nice

It's been difficult with his dad, has it?

We're not allowed to have contact [P1] as one of the rules from social, but we have our own problems

Yeah. What does it feel like having people telling you who you can and can't see?

It's infuriating! It's made me **so** angry, but I know they've done it for a reason, because I've opened my eyes as to how he was speaking to me and how I was speaking to him and our arguments were over the phone, but around Adam. We've not a great relationship but he came out of prison, he went away when I was seven weeks pregnant so he never seen any of my pregnancy. He was never there at the labour, he was never there for the first couple of months. He came out when Adam was nine months old [P1].

How has your life changed since having Adam?

To be honest, it's got better. I was a bit of a hermit and I wasn't confident to go out anywhere. I'd never go into town with my friends, clubbing, or anything like that. Um [pause] I'd never be seen on my own even if it was just to walk to the shop. I would have to get my mum or someone to go with me and I would never have been able to live by myself. I find it easier to meet people now, well definitely the ones with kids because we've got a common interest [P7]. I know my neighbour and her two kids... and then I have a friend in [Nearby Town] who I met through Susie [P5 P6] and she's got a little boy that's just a couple of months older than Adam, but it's getting to [Nearby Town] and seeing her, which is difficult

Yeah, can you get on the bus?

I can, but it's just the money situation, cos I am trying to learn to drive at the moment so I can get to my mum when I need her. So all my spare money I'm trying to do as many driving lessons as I can so I can get that freedom for me and Adam

And have you been able to do any work?

I want to work, but I'm struggling with it at the moment [P2] because with social playing such a big part, it's like, I've got meetings every month and then I've got to sort this contact thing out and if I tried to get a job, it would have to be very flexible

Tracey, parent

I think Zach was about four months old when I found out where the children's centre was

Ok, how did you find out?

I found out off a friend and that, and she said, there's a children's centre and I come down [P5]. I was quiet at first, I didn't really talk to anybody but then I got to know the staff and know a lot of people round here [P6 P7].

Did you know people then?

No cos we moved from [City suburb] over to here so I had to change all my friends. It was hard because I didn't have the confidence to meet new uns. But then when I had the kids I could meet new friends which was nice [P4]. The children's centre helped me make friends cos they used to join me up with groups and that. [P5 P7]. So I met friends through them, which was nice...

Then when I had William the Doctors kept saying, 'He's not going to live' [P3].

They told you that right from the start did they?

Yeah. They said if he did come then he wouldn't survive, but he survived for six months...

Alison helped me. When I bathed him, she'd hold his um, oxygen tube up and she used to make his bed [P4 P6] cos he always had to have clean sheets, every day after his bath. And I used to bring my own sheets in for the mattress. He just always had to have his own stuff and that. The nurses just used to look at me amazed. He had his own baby swing, baby bouncer, play mat and his own sensory lights. He had like the full solar system on the wall so he could look at the lights

That was all your idea?

Yeah, I just wanted him to have the best... It was on a Friday he stopped breathing and they said he wouldn't have long to live but I told them to revive him anyway and they just said, 'You need to stay with him now cos we don't know how many days he'll live.' So Alison come up with me that night. [P6]

I didn't really want him to go on Mother's Day, but he died just after he gave me his present and card. [P3] Cos he gave me a Mother's Day cup with a teddy in which I've never unwrapped, it's still in the wrapper. I can't use it just in case the kids break it and then I've got nothing

No, that would be too hard

I class [Stonelands' staff] as family now [P6], cos they helped me out and I even says to um them that you're William's auntie cos you helped me look after him. They are just lovely people. I don't think I could meet anybody who's as nice as what they are.

They've been really kind to you haven't they?

Yeah, they've just helped me out with so much and I'm just grateful for it.

References

- Adler, P.A. and Adler, P. (1987) *Membership Roles in Field Research*, Newbury Park, CA: Sage.
- Allen, G. (2011) *Early Intervention: The Next Steps*. London: The Cabinet Office.
- All Party Parliamentary Sure Start Group (APPG) (2015) *Best Practice for Sure Start: The Way Forward for Children's Centres*. Online. Available at: www.basw.co.uk/resource/?id=2259 (accessed 20th January 2018).
- Anning, A., Cottrell, D., Frost, N., Green, J. and Robinson, M. (2006) *Developing Multiprofessional Teamwork for Integrated Children's Services* Berkshire: Open University Press.
- Apple, M. (2001) Comparing Neo-liberal Projects and Inequality in Education, *Comparative Education*, 37:4, 409-423.
- Axford, N., Lehtonen, M., Kaoukji, D., Tobin, K. and Berry, V. (2012) Engaging Parents in Parenting Programmes: Lessons from research and practice, *Children and Youth Services Review*, 34, 2061-2071.
- Bagley, C. (2011) From Sure Start to Children's Centres: capturing the erosion of social capital *Journal of Education Policy*, 26, 1: 95-113
- Ball, S. (2000) Performativities and Fabrications in the Education Economy: Towards the Performative Society? *Australian Educational Researcher*, 27:2, 1-23.
- Ball, S., Maguire, M. and Braun, A. (2012) *How Schools Do Policy*, Oxon: Routledge.
- Barlow, J. and Coe, C. (2011) Integrating partner professionals. The Early Explorers project: Peers Early Education Partnership and the health visiting service, *Child: care, health and development*, 39:1, 36-43.
- Bate, A. & Foster, D. (2017) Sure Start England, *Briefing Paper Number 7257*. Online. Available at: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7257> (accessed 25th July 2017).
- Belsky, J., Barnes, J. and Melhuish, M. (2007) *The National Evaluation of Sure Start*, Bristol: Policy Press.
- Beresford, P. (2005) Redistributing profit and loss: the new economics of the market and social welfare, *Critical Social Policy*, 25: 464
- Blair, T. (1997) *Why we must help those excluded from society*, The Independent Newspaper. Online. Available at: www.independent.co.uk/news/blair-why-we-must-help-those-excluded-from-society-1287576.html (accessed 23rd October 2014).
- Blair, T. (1998) *The third way: New politics for the new century*, London: Fabian Society.
- Bonoli, G. The politics of the new social policies: providing coverage against new social risks in mature welfare states, *Policy and Politics*, 33, 3: 431-49

Bowring, I. (2000) Social exclusion: limitations of the debate *Critical Social Policy* 20, 307-330.

British Conservative Party (2010) *Invitation to Join the Government of Britain*. Online. Available at: <https://www.conservatives.com/~media/Files/Manifesto2010> (accessed 10th May 2014).

British Labour Party (1996) *New Labour, New Life for Britain*. Online. Available at: <http://www.politicsresources.net/area/uk/man/lab97.htm> (accessed 25th June 2014).

Brooker, L. (2010) Constructing the Triangle of Care: Power and Professionalism in Practitioner/Parent Relationships, *British Journal of Educational Studies*, 58:2, 181-196.

Bruer, J.T. (1999). *The Myth of the First Three Years: A new understanding of early brain development and lifelong learning*. Free Press. New York.

Bryman, A. (2016) *Social Research Methods*, (5th edition) Oxford: Oxford University Press.

Bryman, A. and Burgess, R. (eds) (1994) *Analyzing Qualitative Data*, London, New York: Routledge.

Cabinet Office Social Exclusion Task Force (SETF) (2006) *Reaching out: An action plan on social exclusion*. London: Social Exclusion Task Force.

Cabinet Office Social Exclusion Task Force (SETF) (2007) *Families At Risk: Background on families with multiple disadvantages*. Online. Available at: www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/families_at_risk/risk_data.pdf (accessed 3rd February 2014).

Cairney, P. (2012) *Understanding Public Policy: Theories and Issues*. New York: Palgrave Macmillan.

Cameron, D. (2011) *Troubled families speech*. Online. Available at: www.gov.uk/government/speeches/troubled-families-speech (accessed 25th March 2014).

Carter, P. (2012) Policy as Palimpsest, *Policy and Politics*, 40 (3) 423-43.

Cattell, J., Hitchins, T. and Mackie, A. (2009) *ACE Evaluation Interim Report*, London: Matrix & Care Services Improvement Partnership.

Churchill, H. and Clarke, K. (2009) Investing in Parenting Education: A Critical Review of Policy and Provision in England, *Social Policy & Society*, 9:1, 39-53.

Churchill, H. and Sen, R. (2016) Intensive Family Support Services: Politics, Policy and Practice Across Contexts, *Social Policy & Society*, 15:2, 251-261.

Clarke, J. (2012), 'The work of governing' in Kendra Coulter and William R. Schumann (eds) *Governing Cultures: Anthropological Perspectives on Political Labor, Power, and Government*, New York: Palgrave Macmillan.

Clarke, J., Bainton, D., Lendvai, N. and Stubbs, P. (2015) *Making Policy Move: Towards a politics of translation and assemblage*, Bristol: The Policy Press.

Clarke, K. (2007) From 'cycles of disadvantage' to Sure Start: discourses of early intervention in families, *Critical Policy Studies*, 1, 2: 154-169

- Coe, C., Gibson, A., Spencer, N. and Stuttford, M. (2007) Sure Start: voices of the 'hard to reach', *Child: care, health and development*, 34:4, 447-453.
- Colebatch, H. (2010) Giving Accounts of Policy Work. In H. Colebatch, R. Hoppe, and M. Noordegraaf (eds) **Working for Policy**, Amsterdam: Amsterdam University Press, 31-45.
- Cottle, M. (2011) Understanding and achieving quality in Sure Start children's centres: practitioners' perspectives *International Journal of Early Years Education*, 19, 3-4: 249-265
- Creswell, J. and Miller, D. (2000) Determining Validity in Qualitative Inquiry, *Theory into Practice*, 39:3, 124-130.
- Daly, M. (2015) Parenting Support as Policy Field: An Analytic Framework, *Social Policy & Society*, 14:4, 597-608.
- Daly, M. and Bray, R. (2015) Parenting Support in England: The Bedding Down of a New Policy, *Social Policy & Society*, 14:4, 633-644.
- Daly, M., Bray, R., Bruckauf, Z., Byrne, J., Margaria, A., Pecnik, N., Samms-Vaughan, M. (2015) *Family and Parenting Support: Policy and provision in a Global Context*, Florence: Unicef.
- Davenport, H. (2012) Clipboards and cups of tea: two women's narrative constructions of professional identity in Sure Start outreach work, *Early Years International Research Journal*, 32, 3: 277-287
- Denzin N.K. & Lincoln, Y.S. (Eds) (1998) *Collecting and Interpreting Qualitative Materials*, Thousand Oaks, CA: Sage.
- Denzin, N.K. & Lincoln, Y.S. (Eds) (2011) *The Sage Handbook of Qualitative Research* (4th Ed) California: Sage.
- Department for Children, Schools and Families (DCSF), Department for Work and Pensions, HM Treasury, Women & Equality Unit (2002) *Interdepartmental childcare review*. Online. Available at: <http://dera.ioe.ac.uk/8814/2/su%20children.pdf> (accessed May 20th 2013).
- Department for Children, Schools and Families (DCSF) (2007) *The Children's Plan*, Norwich, The Stationery Office.
- Department for Children, Schools and Families (DCSF) (2007a) *Every Parent Matters*, Norwich, The Stationery Office.
- Department for Communities and Local Government (DCLG) (2012) *Social Justice: Transforming Lives*, Norwich: The Stationery Office.
- Department for Communities and Local Government (DCLG) (2017) *Supporting disadvantaged families, Troubled families programme 2015-2020: progress so far*. Online. Available at: www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020 (accessed 29th January 2018)
- Department for Education and Department of Health (2011) *Supporting Families in the Foundation Years*. Online. Available at www.education.gov.uk/publications (accessed 29th June 2015).
- Department for Education (DfE) (2013) *Sure Start children's centres statutory guidance*. Online. Available at: www.gov.uk/government/publications/sure-start-childrens-centres (accessed 20 May 2015).

- Department for Education and Skills (DfES) (2004) *Every child matters: next steps*, Nottingham: DfES Publications.
- Department for Education and Skills (DfES) (2006) *Parenting Support Guidance for Local Authorities in England*, DfES.
- Department of Social Security (DSS) (1999) *Opportunity for All: Tackling poverty and social exclusion*, London: The Stationery Office.
- Driver, S. and Martell, L. (2000) Left, right and the third way, *Policy and Politics*, 28, 2: 147-161
- Duncan, S. (2007) What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27, 307-334.
- Duncan, S. and Edwards, R. (1999) *Lone Mothers, Paid Work and Gendered Moral Rationalities* Basingstoke: Palgrave Macmillan
- Edwards, R., Gillies, V. and Horsley, N. (2016) Early Intervention and Evidence-Based Policy and Practice: Framing and Taming, *Social Policy & Society*, 15:1, 1-10.
- Eisenstadt, N. (2011) *Providing a Sure Start: How government discovered early childhood*, Bristol: Policy Press.
- Ely, M., Vinz, R., Downing, M. and Anzul, M. (1997) *On Writing Qualitative Research* London: Falmer Press.
- Featherstone, B., Broadhurst, K. and Holt, K. (2012) Thinking Systemically-Thinking Politically: Building Strong Partnerships with Children and Families in the Context of Rising Inequality, *British Journal of Social Work*, 42, 618-633.
- Feinstein, L. and Sabates, R. (2006) Predicting adult life outcomes from earlier signals: identifying those at risk, *Report for the Prime Minister's Strategy Unit*, Institute of Education, University of London.
- Fontana, A. and Frey, J.H. (1998) Interviewing: The Art of Science. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Collecting and Interpreting Qualitative Materials* (pp. 47-78). Thousand Oaks, CA: Sage.
- Fullan, M. (1991) *The New Meaning of Educational Change* (2nd Edition) New York: Teachers College Press.
- Gillies, V. (2005) Meeting parents needs? Discourses of 'support' and 'inclusion' in family policy, *Critical Social Policy*, 25, 70-90.
- Glass, N. (1999) Sure Start: The Development of an Early Intervention Programme for Young Children in the United Kingdom, *Children and Society*, 13, 257-264.
- Goff, J., Hall, J., Sylva, K., Smith, T., Smith, G., Eisenstadt, N., Sammons, P., Evangelou, M., Smees, R. and Chu, K. (2013) *The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families* Evaluation of Children's Centres in England (ECCE Strand 4). Online. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224096/DFE-RR297.pdf (accessed 23rd July 2015).
- Greener, I. (2002) Agency, social theory and social policy, *Critical Social Policy*, 22: 688

- Grimshaw, D. and Rubery, J. (2011) The end of the UK's liberal collectivist social model? The implications of the coalition government's policy during the austerity crisis, *Cambridge Journal of Economics*, 36: 105-126
- Harris, J. (2014) (Against) Neoliberal social work, *Critical and Radical Social Work*, 2:1, 7-22.
- Hemingway, A. and Cowdell, F. (2009) Using practice development methodology to develop children's centre teams: Ideas for the future, *Perspectives in Public Health*, 129:5, 234-238
- Hesse-Biber, S. and Leavy, P. (2004) *Approaches to Qualitative Research*, Oxford: Oxford University Press.
- HM Government (1999) *Modernising Government White Paper*, London: The Stationery Office.
- HM Government (2011) *Open public services white paper*, Norwich: The Stationery Office.
- HM Treasury (2003) *Every Child Matters Green Paper*, London: The Stationery Office.
- HM Treasury (1998) *Modern Public Services for Britain: Investing in Reform. Comprehensive Spending Review: New Public Spending Plans 1999-2002*, London: The Stationery Office.
- Hodgson, S.M. and Irving, Z. (Eds) (2007) *Policy Reconsidered: Meanings, Politics and Practices*, University of Bristol: Policy Press
- Hoggett, P. (2001) Agency, Rationality and Social Policy, *Journal of Social Policy*, 30, 1: 37-56
- Hopman, M. & Knijn, G. (2015) The 'Turn to Parenting': Paradigm shift or work in progress? *International Journal for Child Care and Education Policy*, 9:1.
- House of Commons (2013) Education Committee: Foundation Years Sure Start Children's Centres. Online. Available at: <https://publications.parliament.uk/pa/cm201314/cmselect/cmeduc/1141/1141.pdf> (accessed 20th July 2016).
- Home Office (2006) *Respect Action Plan*, London: Respect Task Force.
- Howlett, M., Ramesh, M., Perl, A. (2009) *Studying public policy: policy cycles and policy subsystems*, Oxford: Oxford University Press.
- Jenkins, R. (2007) The Meaning of Policy/Policy as Meaning. In Hodgson, S.M. and Irving, Z. (Eds) *Policy Reconsidered: Meanings, Politics and Practices* University of Bristol: Policy Press.
- John, P. (2012) *Analyzing Public Policy* (2nd Edition) Oxon: Routledge.
- Jones, O. (2014) *The Establishment and How They Get Away With It*, London: Penguin.
- Lather, P. (1992) Critical Frames in Educational Research: Feminist and Post-structural Perspectives, *Theory into Practice*, 31:2, 87-99.
- Levitas, R. (2005) *The inclusive society and New Labour* (2nd edn), Basingstoke: Palgrave Macmillan.
- Lewis, J. (2011) From Sure Start to Children's Centres: An Analysis of Policy Change in English Early Years Programmes, *Journal of Social Policy*, 40:1, 71-88.

- Ling, T. (2002) Delivering joined-up government in the UK: Dimensions, issues and problems, *Public Administration*, 80:4, 615-642.
- Lord, P., Southcott, C. and Sharp, C. (2011) *Targeting children's centre services on the most needy families* (LGA Research Report). Slough: NFER.
- Luke, A. (1995) Text and discourse in education: an introduction to critical discourse analysis, *Review of Research in Education*, 21:1, 3-48.
- Luke, A., Luke, C. and Graham, P. (2007) Globalization, Corporatism, and Critical Language Education, *International Multilingual Research Journal*, 1:1, 1-13.
- Lynn, L., Heinrich, C. and Hill, C. (2000) Studying governance and public management: challenges and prospects, *Journal of Public Administration Research and Theory*, 10:2, 233-261.
- Malin, N. and Morrow, G. (2007) Models of interprofessional working within a Sure Start "Trailblazer" Programme, *Journal of Interprofessional Care*, 21:4, 445 – 457.
- Mautner, G. (2010) *Language and the Market Society*, Oxon: Routledge.
- May, T. (2001) *Social Research: Issues, methods and process*, Berkshire: Open University Press.
- May, T. (2016) *Theresa May's First Speech to the Nation as Prime Minister*. Online. Available at: www.independent.co.uk/news/uk/politics/theresa-mays-first-speech-to-the-nation-as-prime-minister-in-full-a7135301.html (accessed 14th July 2016).
- Merriam, S. and Tisdell, E. (2016) *Qualitative Research: A Guide to Design and Implementation* (4th Edition) New Jersey: Jossey-Bass
- Miles, M. and Huberman, M. (eds) (1994) *Qualitative Data Analysis: An expanded sourcebook*, Thousand Oaks, CA: Sage.
- Morgan, D. (1997) *Focus Groups as Qualitative Research*, Thousand Oaks, CA: Sage.
- Morris, K. and Featherstone, B. (2010) Investing in children, regulating parents, thinking family: a decade of tensions and contradictions, *Social Policy & Society*, 9:4, 557-566.
- Moss, P. and Petrie, P. (2002) *From Children's Services to Children's Spaces* London and New York: Routledge Falmer
- Murray, L. and Barnes, M. (2010) Have Families Been Rethought? Ethic of Care, Family and 'Whole Family' Approaches, *Social Policy & Society*, 9:4, 533-544.
- National Standards (2003) *The Day Care and Child Minding (National Standards) (England) Regulations*. Online. Available at: http://www.legislation.gov.uk/ukxi/2003/1996/pdfs/ukxi_20031996_en.pdf (accessed April 20th 2014).
- NESS (2005) *Early Impacts of Sure Start Local Programmes on Children and Families*, Nottingham: DfES Publications.
- NESS (2008) *The Impact of Sure Start Local Programmes on Three Year Olds and Their Families*, Nottingham, DfES Publications.

NESS (2010) *The Impact of Sure Start Local Programmes on Five Year Olds and Their Families*. Online. Available at: <http://www.ness.bbk.ac.uk/impact/documents/RR067.pdf> (accessed 18th February 2013).

Noddings, N. (1984) *Caring: A Feminine Approach to Ethics and Moral Education*, Berkeley: University of California Press.

Noddings, N. (2012) The Language of Care Ethics, *Knowledge Quest*, 40:4, 52-56.

Office of the Deputy Prime Minister (ODPM) (2004) *The Social Exclusion Unit*, London: ODPM.

Office of the Deputy Prime Minister (ODPM) (2004a) *Breaking the cycle: Taking stock of progress and priorities for the future. A report by the Social Exclusion Unit*, London: ODPM.

Ofsted (2014) *The framework for children's centre inspection from April 2013*. Online. Available at: www.gov.uk/government/publications/the-framework-for-childrens-centre-inspection-from-april-2013, (accessed 22nd April 2015).

Oleson, V. (2011) Feminist Qualitative Research in the Millennium's First Decade: Developments, Challenges, Prospects, Chapter 7 in Denzin, N.K. & Lincoln, Y.S. (Eds) (2011) *The Sage Handbook of Qualitative Research* (4th Ed) California: Sage, pp 129-147.

Outhwaite, W. and Turner, S. (eds) (2007) *The SAGE handbook of social science methodology*, London: Sage

Palumbo, D.J. and Calista, D. J. (eds)(1990) *Implementation and the Policy Process: opening up the black box*, New York, London: Greenwood.

Pantazis, C., Gordon, D. and Levitas, R. (eds) (2006) *Poverty and social exclusion in Britain: The Millennium Survey*, Bristol: The Policy Press.

Parton, N. (2006) *Safeguarding childhood: early intervention and surveillance in a late modern society*, Basingstoke, New York: Palgrave Macmillan.

Pinker, S. (2007) *The Stuff of Thought: Language as a Window into Human Nature*, London, New York: Penguin

Pole, C. and Lampard, R. (2002) *Practical Social Investigation: Qualitative and Quantitative Methods in Social Research*, Harlow, Essex: Pearson.

Pugh, G. and Duffy, B. (2010) *Contemporary Issues in the Early Years*, California: Sage

Ramaekers and Suissa (2011) *The Claims of Parenting: Reasons, Responsibility and Society*, London, New York: Springer

Rapley, T. (2007) *Doing Conversation Discourse and Document Analysis*, London: Sage.

Rees, J. (2014) Public sector commissioning and the third sector: old wine in new bottles? *Public Policy and Administration*, 29, 1: 45-63

Rose, N. (1999) *Governing the Soul*, London: Free Association Books.

Sabatier, P.A., and Jenkins-Smith, H.C. (Eds.) (1993) *Policy Change and Learning: An Advocacy Coalition Approach*, San Francisco, Oxford: Westview Press.

- Sammons, P., Hall, J., Smees, R. and Goff, J. (2015) *The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families* Evaluation of Children's Centres in England (ECCE Strand 4). Online.
- Sanders, M. R., Markie-Dadds, Turner, K. M. T. (2001; 2012) *Practitioner Manual for Standard Triple P* Brisbane, Australia: Triple P International
- Schram, S.F., Flyvbjerg, F. and Landman, T. (2013) Political Science: A Phronetic Approach, *New Political Science*, 35:3, 359-372.
- Schweinhart, L., Barnes, H. and Weikart, D. (1993) *Significant benefits: the High/Scope Perry Preschool Study through Age 27*, Ypsilanti: High Scope Press
- Scott, D. and Usher, R. (1999) *Researching education: data, methods and theory in educational enquiry*, London: Cassells.
- Smith, R. (2010) Total Parenting, *Educational Theory*, 60, 3: 357-369
- Spicker, P. (2006) *Policy Analysis for Practice*, University of Bristol: The Policy Press
- Stake, R.E. (1995) *The Art of Case Study Research*, Thousand Oaks: Sage.
- Stone, D. (2002) *Policy Paradox: The Art of Political Decision Making* (3rd edition), New York: W.W. Norton & Company.
- Sure Start (2005) A Sure Start Children's Centre for every community: Phase 2 planning guidance (2006-08)
- Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Findings from Pre-school to end of Key Stage One*, Nottingham: DfES Publications.
- Taylor, S. (2004) Researching educational policy and change in 'new times': using critical discourse analysis, *Journal of Education Policy*, 19:4, 433-451.
- Taylor-Gooby, P. (2000) Blair's Scars, *Critical Social Policy*, 20: 331
- Thomas, G. and Myers, K. (2015) *The Anatomy of the Case Study*, London: Sage.
- Torgeson, I. (2016) *Austerity cuts are eroding benefits of Sure Start children's centres*, British Medical Journal, 352
- Welshman, J. (2010) From Head Start to Sure Start: Reflections on Policy Transfer, *Children & Society*, 24, 89-99.
- Willan, J. (2007) Delivering Sure Start in rural communities, *Early Years International Research Journal*, 27, 1: 19-31
- Wilson, H. (2002) Brain Science, Early Intervention and 'At Risk' Families: Implications for Parents, Professionals and Social Policy, *Social Policy & Society*, 1:3, 191-202.
- Wolcott, H. (1994) *Transforming Qualitative Data*, Thousand Oaks: Sage.
- Yanow, D. (2000) *Conducting Interpretive Policy Analysis*, Thousand Oaks, CA: Sage.
- Yin, R. K. (2014) *Case Study Research* (5th edition), Thousand Oaks, CA: Sage.