Peace and quiet disadvantage:

insights from users and providers of children's centres in rural communities

Acknowledgements

Glossary

ASBO	Anti-social Behaviour Order
ATM	Automatic Teller Machine
BME	Black and Minority Ethnic
C4EO	Centre for Excellence and Outcomes
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CRB	Criminal Records Bureau
CRC	Commission for Rural Communities
DCSF	Department for Children, Schools and Families
DEFRA	Department for Environment, Food and Rural Affairs
DFES	Department for Education and Skills
ECM	Every Child Matters
GCSE	General Certificate of Secondary Education
NCH	NCH National Children Homes
NCMA	National Childminding Association
NCVO	National Council for Voluntary Organisations
NESS	National Evaluation of Sure Start
NFPI	National Family and Parenting Institute
NHS	National Health Services
NVQ	National Vocational Qualification
OCSI	Oxford Consultants for Social Inclusion
OECD	Organisation for Economic Co-operation and Development
ONS	Office of National Statistics
PCT	Primary Care Trust
STIs	Sexually Transmitted Infections
VCS	Voluntary and Community Sector

Facts about rural poverty

In 2008, 500,000[1] children in rural communities in England were living in poor households.

Rural poverty is rising, with the proportion of households living below the poverty line increasing from 16% to 19%, between 2004 and 2008.

36% of households with no car or van, who are more than a one hour journey from a hospital, are in rural areas.

The hospital is so far away, I worry about emergencies.

Those in the lowest income group in rural areas spend on basic necessities, on average, almost 50% more than those living in urban areas.

Weekly shopping is a nightmare; it's a £15 taxi ride back, I can't afford it, but it's such a struggle on the bus with two children, buggy and shopping.

18% of all people with a limiting long-term illness live in rural areas.

I had to travel weekly, two and a half hours each way for the hospital. I couldn't travel by car and there was no help with the cost of the train.

In areas with a high percentage of second homes, house prices may be twelve times more than the mean household income.

We rented privately before, rotten windows you could put hands through; and dodgy electricity, with damp, black walls. Then we managed to get a council house.

Rural employment is often low paid, seasonal, or part-time and a higher than average number of people are self-employed.

If I get a job, it's shift work, which after 11pm, costs £15 for a taxi home.

Lack of availability of childcare is a barrier to employment for some rural people, especially women on low incomes.

There's no childcare locally – you have to be able to drive and it's very expensive.

Serious mental health problems may go unrecognised or unreported.

Mums on their own, living in rural areas, should have funding for taxis. When you're on your own all day, that's when depression kicks in.

[1] Below 60% of median income, after housing costs

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EXECUTIVE SUMMARY

500,000[2] children in rural communities in England live in households affected by poverty[3]. Sure Start Children's Centres have a remit to address poverty and narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and those from more affluent backgrounds.

This summary provides an overview of the challenges and opportunities of delivering children's centre services in rural areas and the experiences and perspectives of parents of young children. The summary also sets out the key areas in which change is needed to improve support for families through rural children's centres.

Background to the report

The countryside is typically considered to provide a safe and healthy environment for children, but rural poverty is rising. Employment in rural areas is often part-time, seasonal and low-paid, while basic goods and services are more expensive. Affordable housing is often in short supply and poor transport can be a barrier to accessing services or finding and keeping employment.[4]

Rural poverty is often hidden and unacknowledged, because low population densities in rural areas mean that poorer and more affluent families live in the same area. The effects of rural poverty on family life may also be masked because families are reluctant to ask for help because of the fear of loss of privacy.[5]

Sure Start Children's Centres provide a one-stop-shop for families with children under the age of five. Centres serving the most deprived areas have access to family healthcare, advice and support for parents, outreach services, integrated early education and childcare and links through to training and employment. There are currently more than 3,000 centres in England. Of these, 624 are described as rural in local authority returns to *Together for Children,* the body tracking delivery on behalf of the Department for Children, Schools and Families (DCSF).

Priority groups for children's centres are identified in government guidance and include teenage parents, fathers, lone parents, families living with disability, black and minority ethnic families, prisoners' families, homeless families, victims of domestic violence and asylum seekers. Rural families are not named in guidance for children's centres, as a priority group.[6]

There was nothing here when I was young, only a youth club. My partner and me, we were thinking of moving but the children's centre keeps us here.

[1] Data supplied by CRC

[2] Below 60% of median income after housing costs

[3] CRC (2008) State of the countryside

[4] Countryside and Community Research Unit (2003) The demography of rural areas: a literature review – Report to DEFRA

[6] DCSF (2006) Children's Centres Practice Guidance

The study

The study, which took place in 2009, developed qualitative case studies of four rural children's centres. Two of the centres were in less sparsely populated areas; one was identified as urban, but serving a wider rural population and the remaining one was in a sparsely populated area.

The centres involved were:

My Start Children's Centre: Ilfracombe, Devon (Action for Children)
Millom Children's Centre: Cumbria (Action for Children)
Wiveliscombe Children's Centre: Somerset (The Children's Society)
Wainfleet Children's Centre: Lincolnshire (Local authority-managed)

The work of the selected children's centres was profiled and analysed against the local health, education, employment, transport and social conditions prevailing in their local areas. In addition, more than thirty children's centre staff, local authority officers and other service professionals, including specialist services, health visitors, playgroups, family support organisations and other agencies contributed to the report.

Parents also contributed their experiences and views. Those parents, 129 in total, represented a broad cross-section of income, employment, family size and structure. Most were users of children's centres but some were non-users.

Key Findings

The benefits of rural life – peace and quiet, good air quality and access to areas of natural beauty – were acknowledged and shared by almost all families. However, the distinctive disadvantages – the higher costs of accessing goods and services, poor public transport, the shortage of affordable housing and physical isolation – were experienced very differently, according to the circumstances of people's lives. Poverty - in particular worklessness - and lack of private transport, appeared to be the key variables.

For a majority of parents, the perceived disadvantages of rural communities are offset by owning or having access to a car or cars, a reasonable income and family and friends close at hand.

For a minority, however, the disadvantages are very significant, causing some of them to miss out on primary health care, continuing education, the opportunity to have social relationships, childcare and employment. For some of them, the realities of day-to-day living are extremely harsh and the impact of the current recession is to make life even harder.

Children's centres are committed to families and demonstrate a similarity of approach to the rural nature of their communities. The most common features of this approach are a flexible use of outreach, help for families with transport and the use of a wide range of satellite venues, mobile facilities and home visiting to bring services closer to remote areas.

A further feature is the capacity of the centres to engage and gain the trust of many of the families who find it hardest to access services, whether because of transport problems, or lack of information about the services on offer, or because they are reluctant to ask for help.

Children's centres

Children's centre staff understand and are well-informed about rural poverty and want to do more to support families. Access to education and training are seen as key to this, alongside help with parenting, childcare, transport, health education and advice and information.

Resources are thinly spread and costs are higher, because of the distances involved in reaching and supporting families in larger geographical areas and in the necessity of making use of satellite venues. With additional funding, staff believe that more families could be helped.

Children's centres are doing all that they can to ensure that they support those families most in need, but acknowledge that in a large sparsely populated area, they may literally not always know where those families are. Staff also believe that it may be harder, in communities where people know each other well, for families to ask for help, because of fear of loss of privacy.

Parents

Parent users of children's centres are clear that they have benefited from children's centres. The benefits most frequently identified were parenting skills, increased confidence and a reduction in isolation. Some parents believed that children's centres had helped them them to access training, leading to work, others that it had reduced mental health problems.

Although all parents were highly positive about the children's centres, for some, the benefits were described as relatively marginal. Those were most likely to be families who are on higher incomes, have good qualifications, have their families close at hand and are in housing which is suitable for their needs. For others, however, the benefits of involvement with children's centres were crucial to their well-being and their ability to cope with a range of challenging issues in their lives

For many parents, the main, or only, disadvantage is that children's centres are not open longer - in the evenings or weekends. With more flexible opening times, more working parents, including fathers, could also receive help. Families also want activities for their older children, for whom, in rural areas, there is currently a lack of services and activities, such as holiday schemes and clubs. More activities for disabled children are also needed.

Those leading and managing the work believe that the recession is having an impact, particularly on low-income families, who may be getting behind with nursery fees or unable to afford small extras like snacks for their children. Parents were more divided about this, but some were aware of businesses closing down or family or close friends losing their jobs.

Quiet disadvantage

The vast majority of parents, said that they felt that the countryside was a healthy place to live, and nearly two thirds said that health services were available at the times and places where they were needed.

The majority of parents in the study had their own transport and access to the internet as a further means of accessing information, goods or services. Among those without access to private transport, however, only a third said that they could easily and conveniently access health appointments.

For most families, finding affordable housing was a problem to some degree, but this was accentuated for those on low incomes. For many of this group, renting privately or obtaining a council house was the only feasible solution. Privately rented accommodation was frequently described in stark terms as unhealthy, inferior and completely unsuitable for children.

The service which most parents believed was in need of significant improvement was transport. More than two thirds of parents, including those who had cars, felt that both the service and the cost of transport needed to be addressed. Among those who lacked transport, three-quarters believed that improvements were necessary.

Parents repeatedly talked of the opportunity to meet other parents as a key benefit of children's centre involvement. A number had suffered from feelings of depression. Loneliness was frequently mentioned as a disadvantage of rural communities by those who had no family nearby. Participation in children's centres had helped many of those parents to make friends and to enjoy rewarding activities with other parents and children.

Positively, nearly three-quarters felt that the childcare available locally met the needs of their families, but proportionately fewer with children over five felt this was the case. Lack of after-school clubs and holiday care was frequently cited as a disadvantage of rural living. Childcare was described by some parents as either too costly, or not sufficiently matched to their working hours or other needs. A shortage of crèches and childminders was an issue in all of the areas in the study.

Families with a disabled child or children said that childcare provision was not always suitable for their children's needs.

Employment

Less than half of all parents were in paid employment and among those who did work, three-quarters were in part-time jobs. Among lone parents, only 36% were in employment.

After transport, tackling the lack of local employment was regarded by all parents as the next priority for improving rural communities. For those without transport, however, gaining the qualifications and training they need would not be possible without the help of the children's centres which are offering courses, working with Jobcentre Plus and organising volunteer transport.

ISSUES AND RECOMMENDATIONS

The findings illuminate some of the elements of family life which are distinctive for rural areas. This was a short qualitative study and the four case areas varied, economically, demographically and culturally, but there was, nevertheless, a marked consistency in the descriptions or rural life offered by parents and by professionals alike.

Poverty has also been shown, conclusively, to have the largest impact on outcomes in the early years.[7] In rural areas, poverty is perpetuated by the nature of local economies which are characterised by seasonal work, whether in agriculture or tourism; low pay; shift work, or self-employment. Rural poverty is also distinctive from its urban counterpart, where families have helping services close to where they live and where public transport is more readily at hand.

Children's centres play, unquestionably, a crucial role in promoting early childhood development and responding to deprivation. More widely, tackling child poverty will shortly be given fresh impetus by the enactment of the Child Poverty Bill. In this it is vital that the distinctive aspects of rural poverty are accorded high visibility and priority.

If rural family poverty is to be addressed effectively, the findings of this study suggest the need for change across a broad range of areas of policy and public service delivery. In this context, the Commission for Rural Communities, as the body tasked with advising government on rural matters and rural disadvantage, will want to consider further the following issues.

[7] C4EO (2009) Narrowing the gap in outcomes for young children through effective practices in the early years

CHILDREN'S CENTRES

The rural children's centres in the study are already tackling the issues which are associated with the causes and effects of family poverty, but could be more effective if enabled to be more flexible in their offer to families. This would include extending activities to include older children, other family members, and families affected by disability. Evening and weekend opening would also form part of a more flexible offer.

Enlarged in this way, rural children's centres could also play a larger role in assisting families with tax credits, benefit claims and other aspects of money management. In partnership with training providers, they could have an important role to play in helping out-of-work families to gain and sustain employment, including more support for parents in rural areas to gain Level 2 and Level 3 qualifications and to undertake vocational and other training. Some of this work is already in evidence in some centres. Accredited volunteering schemes and support for co-operatives, which provide work activities and build confidence, may also be relevant.

HEALTH

On the findings of the study, a combination of low-income and lack of transport causes some families to miss out on primary healthcare, including dentistry or access to parenting support. Rural children's centres are already developing a range of outreach techniques to bring families and services together and this good practice could be disseminated more widely. Multi-agency working, described as good by those participating in the study, could be enhanced through full data-sharing between health and other services, to ensure that isolated families with young children are identified early; if possible during pregnancy.

CHILDCARE

The nature of local economies requires a flexible childcare response. Children's centres are already aware of this but might wish to review with their contractors the flexibility of their provision, consistent with ensuring its financial sustainability. The need for evening or weekend care could be facilitated by an increase in the supply of appropriately registered childminders, attached to children's centres as part of a local childminding network. Within an extended, more flexible offer, there would also be scope to meet local needs for out-of-school and holiday care.

LOCAL AUTHORITIES

Barriers to training and employment and other public services, require an authority-wide commitment if they are to be tackled effectively. The child poverty legislation will create a new statutory responsibility to develop a needs assessment and strategy to reduce child poverty within local authority areas. In undertaking or commissioning needs assessments in rural areas, it will be important to ensure that:

- families lacking transport to access health and other services and families where no-one is working are accurately identified and consulted about help that they need;

- families living with disability together with other priority groups are recognised as integral to any effective needs analysis; and

- parents who lack vocational skills or qualifications can be identified and offered the help which they need.

TRANSPORT

Public transport is a fundamental service and - on the findings of the study - the service which is believed by the vast majority of families to be in need of improvement. The issues which have the most direct bearing on access to services and addressing rural child poverty are:

- transport which is accessible to families and suitable for prams and buggies, including families with disabled children;

- bus routes and timetables which allow those living in remote areas to travel to centres of employment, for the purpose of accessing healthcare, education and for training purposes; and

- subsidised or concessionary fares for families with children.

DEPARTMENT FOR CHILDREN SCHOOLS AND FAMILIES

Within DCSF practice guidance for children's centres, rural families do not constitute a priority group, nor is poverty itself addressed explicitly in guidance about priority families. The evidence of the study suggests that DCSF should consider making rural poverty a further priority category adding this to existing guidance for children's centres.

There is already a rural disadvantage weighting in the allocation of Sure Start Grant but it was not possible, within the scope of the study, to evidence whether the sufficiency of this should be reviewed by DCSF at this time. However, it may be that this should be undertaken at a reasonably early date. To facilitate this, children's centres should be supported by their local authorities to capture the additional costs of delivering services to rural communities, through outreach and other means.

2

Introduction

Sure Start Children's Centres form a key strand of the government's strategy to address child poverty and to narrow the gap in outcomes between children living in disadvantaged conditions and those from more affluent backgrounds. Centres have, in particular, a remit to develop outreach services to engage and support disadvantaged families. There are now more than 3,000 children's centres, offering services to 2.4 million children under 5 and their families and the Government is committed to delivering a children's centre for every community by 2010.[8]

Although relatively new, there is emerging evidence that children's centres can bring about benefits for children and families who are disadvantaged by income and other material conditions; but are such benefits distributed equally across different types of areas? Are there particular problems associated with delivering services in rural or sparsely populated areas, which do not arise in communities where families are living near to each other and to health, education and other services?

The opportunities and challenges of delivering children's centres in rural areas is the focus of this qualitative study. Providing a snapshot of four rural children's centres, their interactions with families and the views of those families, the aims of the study were to consider the particular forms of disadvantage experienced by families living in remote or sparsely populated communities and the feasibility of a specifically rural children's centre response.

Questions for the study were:

- What are the distinctive experiences of children and families living in rural areas and what are the main barriers to accessing services?

- What strategies are adopted by children's centres in response to the needs of families in rural areas, particularly those who are affected by social exclusion; how do agencies work together to meet those needs and what examples exist of best/innovative practice?

- What is the impact, if any, of the recession on families and on the delivery of services for children's centres in rural areas?

- What more could be done to support families through children's centres in these areas and how could exemplar approaches be replicated more widely, taking into account the strategic and resource implications for services?

[8] HM Treasury (2008) Ending Child Poverty: Everybody's Business

2.1 Structure of the Report

This was a qualitative "snap-shot" study and not undertaken as an evaluation of rural children's centres. It was, rather, exploratory in nature, focused on understanding how those working in rural children's centres configure their services to meet rural needs.

The report is structured as follows:

- Chapter 3 outlines the design and methodology of the study

- Chapter 4 brings together a brief synthesis of findings from policy documents, research reports and evaluations - relating to children and families in rural areas, the experience of rural deprivation and the implications for service delivery

- Chapter 5 examines, through qualitative case studies, the provision of children's centre services in four rural communities

- Chapter 6 considers the perspectives of a sample of 129 parent users and non-users

- Chapter 7 summarises and discusses the main findings of the study

Throughout the report, the term *parents* is used to include carers and step-parents, as well as biological parents. In addition, and except where indicated otherwise, the short description *rural* is used to denote sparsely and less sparsely populated areas and other rural classifications.

3

Methodology

The study was undertaken between January and July 2009. Given the nature of the research - as a snap-shot of rural children's centre delivery - it was decided to develop qualitative case studies of four Sure Start Children's Centres, consisting of face-to-face and telephone interviews with staff working in children's centres, local authorities, partner agencies and parents.

3.1 Phase 1

Phase 1 focused on the development of the case studies, interviews with children's centre staff and other service professionals and an analysis of the economic, social and demographic characteristics of the delivery areas.

A brief background literature review formed a further strand of this phase of the study.

3.1.1 Identification of Sure Start Children's Centres

The four Sure Start Children's Centres were identified through known contacts. This method was adopted as a means of ensuring that the case studies included examples of good practice, reflected different types of rural settlements and included at least two established centres as well more recent starts. Because of the relevance of voluntary sector providers to services for rural children and their families, it was agreed that three of the centres should be voluntary and community sector (VCS) managed, providing an additional focus for the study.

The government regions in which the centres were based were South-West (two centres); North West (one centre); and East Midlands (one centre).

Two of the centres were categorised as *Town* and *Fringe* and were in less sparsely populated areas; one was identified as *Urban*, but serving a wider rural population and the remaining one was categorised as *Village, Hamlet and Isolated Dwellings* in a sparsely populated area.[9]

The centres involved were:

My Start Children's Centre: Ilfracombe, Devon (Action for Children)
Millom Children's Centre: Cumbria (Action for Children)
Wiveliscombe Children's Centre: Somerset (The Children's Society)
Wainfleet Children's Centre: Lincolnshire (Local authority-managed)

[9] ONS (2004) Rural and Urban Area Classification

3.1.2 Development of case studies

Visits, over a two-three day period, were made to each centre. Each was preceded by a telephone call with the Centre Head and the completion, by the children's centre, of a short pre-visit questionnaire. This provided summary information about reach, a short description of the services offered, methods of engaging parents and key partner agencies. The pre-visit questionnaire is attached as Appendix 1.

Topic guides were developed for all of the interviews, with topics relating to the perceived benefits and challenges faced by families living in the areas; the ways in which needs were incorporated into children's centre delivery; strategies to engage families who were considered "hard-to-reach" and best practice. Among the specific questions were:

- What do service providers consider to be the particular problems experienced by children and families living in sparsely populated areas and what are the main barriers to accessing services?

- What strategies are adopted by children's centres in response to the needs of families in sparsely populated areas, particularly those who are affected by social exclusion and how are agencies working together to meet the needs of families?

- What examples exist of best/innovative practice and what are the strategic and resource implications?

- What more could be done to support families through children's centres in these areas and how could exemplar approaches be replicated more widely?

- What is the impact, if any, of the recession on the delivery of services for children's centres in rural areas?

- What strengths can the voluntary sector/local authority bring to the management and delivery of children's centre delivery?

Semi-structured interview formats were developed for children's centre heads, outreach co-coordinators and – where available – a further outreach worker. The topic guides are contained in Appendix 2 and 3. A total of 13 staff interviews took place, typically taking one hour.

A similar interview format was developed for local authority officers in each of the case study areas. The local authority officers interviewed were, in each case, the person responsible for the strategic management of children's centres. For each visit, the Children and Young People's Plan, Local Area Agreement and other relevant policy documents/needs assessments were downloaded and reviewed prior to the visits. The interviews took approximately one hour. The topic guide is contained in Appendix 4.

A further interview format was developed for other services and stakeholder organisations, representing Health, Extended Services or specialist services where these were available for interview. A total of 14 interviews took place. The interview topic guide is contained in Appendix 5.

3.1.3 Literature review

The background literature review included relevant UK research and policy documents relating to rural communities; Sure Start and Sure Start Children's Centres; poverty; parenting; and outreach studies. Databases searched included Campbell Collaboration, British Library, Blackwell Synergy, Department for Children, Schools and Families, Department of Work and Pensions, The Joseph Rowntree Foundation, Commission for Rural Communities, NCVCO, VCS Engage and Together for Children.

A broad number of search terms were used, including hard-to-reach, outreach, children's centres, parenting, rural deprivation, extended schools, child poverty and rural proofing.

3.2 Phase 2

The children's centre heads were asked to help identify parent users who would be willing to be interviewed and who were broadly representative of their users as a whole and to help to identify non-users. Specialist services, health visitors, playgroups and family support organisations and other agencies were also approached to help to identify non-users.

3.2.1 Parent Interviews

A separate semi-structured interview format was developed for parents designated either as users or non-users. Parents were considered to be users if they were, at the time of the interview, making use of any of the services provided by children's centres and/or other services co-located within the centres or offered on a drop-in basis.

The topic guide for the interviews is contained in Appendix 6. In addition, a short questionnaire relating to health, qualifications, income, ethnicity and other demographic variables, was incorporated within the interview format.

Key questions for this phase were:

- What are the experiences of families with young children living in rural areas, what are the problems and what, if any, are the main barriers to accessing services?

- What, if any, are the differential experiences of those parents who have always lived rurally, compared with those who have moved from an urban environment and how, if at all, does this factor influence expectations of and take-up of services?

- What are the perceived benefits resulting from participation in children's centre services and what, if any, are the barriers to accessing these benefits?

A total of 129 interviews with parents were conducted. It is not established how fully representative the interviewees were of other parents with children of the same ages, living within the case study areas. The children's centre heads believed that they were reasonably representative and taking into account the nature of the study, as a snapshot, the parents interviewed represented a broad mix of factors relating to income, family size and structure and employment.

The parent interviews typically took 20-30 minutes. Some were interviewed in their homes, others at children's centres or satellite venues. Others were conducted as telephone interviews, where this was the most convenient method for the interviewee.

4

Background to the study

The term *rural* can be defined in different ways. One of the definitions adopted by the Commission for Rural Communities (CRC) is the Office of National Statistics (ONS) definition which distinguishes settlements of more than 10,000 people as *urban* and defines smaller rural areas into *town* and *fringe*, *villages* or *hamlets and isolated dwellings*. Areas are also defined as being *sparse* or *less sparse*.[10]

Slightly fewer than 10 million people live in rural England, representing 19.3% of the population, with more than half living in small towns. The population of rural areas is increasing at a faster rate than for the country as a whole. This is due, mainly, to people moving to rural areas from cities and large towns. Most of those moving are families with young children or people between the ages of 44 to 54. There is rising immigration too, from outside of the UK, mainly from the former Eastern European countries which joined the European Union in 2004 and 2007. At the same time, young people aged between 20 and 35 are leaving rural areas to move to towns and cities, resulting in an older age profile for the remaining population.[11]

4.1 Rural: Good for Children?

The rising trend of families making their homes in rural areas might suggest the search for a better environment in which to raise their children. On average, people in rural areas tend to live longer and to be healthier for their age. Rates of smoking are lower and healthy eating habits more prevalent. Again, on average, children in rural areas tend to perform better at school, with more gaining good GCSE passes. Rates of absence from school are lower than for urban areas.

Crime levels are lower in most rural areas than in most urban areas, with most types of crime in decline. There are proportionately fewer teenage pregnancies and families headed by a lone parent. Overall, unemployment is lower than in urban areas and rural areas appear to offer stronger communities, with more people becoming involved in local political action and in volunteering.[12]

However, this positive picture conceals the extent of deprivation and the inequalities which exist within rural communities. A study for CRC, based on an analysis of deprivation data, found that:[13]

- 18% of all people with a limiting long term illness, live in rural areas
- 17% of households living in poverty were in rural areas
- 15% of all adults who have no qualifications live in rural areas
- 13% claim benefits
- 14% of houses with no central heating are in rural areas
- 36% of households with no car or van, who are more than an hour travel time from a hospital are found in rural areas

[10] ONS (2004) Ibid
[11] CRC (2008) State of the countryside
[12] CRC (2008) Ibid
[13] CRC (2008) Ibid

Particular features of rural deprivation include shortages of affordable housing, poor public transport and lack of access to services. Some service providers in rural areas are struggling to remain viable and – among other services – post office, job centres, small schools and libraries are increasingly under threat. Internet access is growing, but the concept of a *digital divide* has emerged with younger and wealthier people having more access. Broadband at sufficient speed is an issue for rural households and businesses.[14]

4.2 Rural Poverty

Sparsely populated areas have higher levels of deprivation than less sparsely populated areas and there is some evidence that, as a result of targeted regeneration initiatives, areas in the south of the country have deteriorated while areas in the north have improved.[15] Overall, rural poverty is rising, with the proportion of households living below the poverty line increasing from 16% to 19%, between 2004 and 2007.[16]

In 2008, 500,000 children in rural communities in England were living in poor households.[17]

Rural child poverty is not a uniquely UK phenomenon. Across most countries of the European Union, child poverty is a major challenge for national states. In 2005, 19% of children under the age of 16 in the EU 27 were living in low income households, equivalent to 19 million in total. Rural poverty represents an important feature of European poverty, considering rural areas account for a large part of European territory and population, enlarged further with the accessions of Eastern European states in 2004 and 2007.

Yet, across Europe and in the UK, rural poverty is often hidden and under-acknowledged.[18] In urban areas poverty is visible, concentrated within particular areas, while low population densities in rural areas mean that poverty is geographically dispersed, with poor and affluent families living in the same area.

It has also been suggested that the true extent of rural poverty is masked by population flows and selective migration flows, with older and more affluent people buying property in rural areas, while poorer, young, people move out. Without these population flows, poverty in rural areas would be higher still.[19]

Children are poor because their parents are poor. Although employment levels are relatively high, rural employment is often low paid, seasonal, or part-time, and a higher than average number of people are self-employed. With the decline in rural agriculture, much employment is in the service sector and the rural job economy is characterised by small rather than large employers.

[14] CRC (2008) Ibid

[15] OCSI JH Research (2008) Deprivation in rural areas: quantitative analysis and socio-economic classification

[16] CRC (2008) Tackling Rural Disadvantage Through How Public Services are Reformed

[17] Below 60% of median income after housing cost

[18] European Commission (2008) Poverty and Social Exclusion in Rural Areas

[19] Countryside and Community Research Unit (2003) The demography of rural areas : a literature review – Report to DEFRA

Poor families spend proportionately more of their incomes on food, housing and other basic necessities; in rural areas poor families may be further disadvantaged by the cost of basic goods and services. Those in the lowest income group in rural areas spend, on average, almost 50 per cent more than those living in urban areas.[20] CRC is currently working with the Centre for Research and Social Policy at the University of Loughborough to identify how the costs of goods and services required by rural households might differ from those of urban households.[21]

4.3 The Experience of Poverty in Rural Communities

The effects of poverty have been extensively documented.[22] Poverty increases the probability that children will be subject to poorer health, higher rates of infant mortality, accidental injury, lower educational achievement and increased risk of mental disorders.[23] [24]

Is poverty experienced in a distinct and different way in rural communities? Families affected by poverty may be geographically dispersed, living nearer to those whose incomes are much higher and who enjoy a more affluent lifestyle.

A study for the Scottish Executive, of the experience of poverty in rural Scotland, found that access was a cross-cutting issue and a significant aspect of living in poverty at all stages of the lifestyle. Families living in poverty in rural areas experienced lack of access to services; education, training and employment opportunities; and affordable transport and housing.[25]

The affordability of housing in rural areas and the supply of affordable housing is a particular issue for rural families and housing has become less affordable to those on middle incomes. In the three years between 2002/3 to 2005/6, house-building grew at a slower rate than in the late 1990's.[26] A report for The Joseph Rowntree Foundation concluded that those living in rural areas face a unique combination of housing pressures – from those acquiring second homes, retiring from high-priced urban areas, or commuting to well-paid jobs in neighbouring areas.[27] In areas with a high percentage of second homes, house prices may be 12 times more than the mean household income.[28]

A report in 2000, for The Joseph Rowntree Foundation, *Exclusive Countryside: Social Inclusion and Regeneration in Rural Areas* identified transport - together with low pay, low skills and lack of access to childcare - as a major barrier to social inclusion. People without access to cars find it harder to gain or sustain employment. The report recommended a policy of subsidised car purchase for poorer families in rural areas.[29]

[20] The Joseph Rowntree Foundation (2003) Rural Child Poverty Briefing Paper, End Child Poverty, NCH and Forum for Rural Children and Young People

[21] CRC (2009) Response to Ending Child Poverty: Making it Happen.

[22] Griggs, J. & Walker, R, (2008) The costs of child poverty for individuals and society: The Joseph Rowntree Foundation

[23] Bradshaw, B (2002) Poverty and child outcomes Children & Society Volume 16 pp. 131–140

[24] ONS (2005) Mental health of children and young people in Great Britain; http/www.statistics.gov.uk/downloads/theme_health/GB2004.pdf

[25] McSorley, L.(2007) Living in poverty in rural areas: report to the Scottish Government Rural and Analysis Research and Analysis Directorate

[26] CRC (2008) Ibid

[27] Shucksmith, M.(2006) Homes for Rural Communities, The Joseph Rowntree Foundation

[28] Buonfino, A. (2007) Mapping Rural Needs in Britain and Ireland, The Young Foundation

4.4 Parenting in Rural Communities

In a very large body of research, policy and writing about parenting, very little reference is made to the distinctive aspects of parenting in rural communities.

Every Parent Matters, change for children and families, the government's policy statement on the family refers to changing patterns in employment and in family and social structures as a source of additional pressures on family life and parenting, requiring support from outside the family. No specific reference is made to the particular economic, demographic and social patterns of rural communities.[30]

Parenting can be challenging in any community, but may be harder in rural communities, where helping services may be spread more thinly and/or involve longer distances to travel to those services. Poverty - established as a key stressor for parenting in all parts of the country - may be felt more acutely in rural communities, because of difficulties in accessing support services and because of the higher costs of food and other goods.

Being poor is by no means synonymous with inadequate parenting, but may diminish the capacity for supportive parenting, where stress or depression caused by financial and other types of adversity decreases parents' coping abilities. Protective factors are thought to include the availability of supportive family or social networks. However, in sparsely populated areas, parents, particularly mothers, may not have access to those kinds of networks, particularly if they lack private transport and therefore may be at greater risk of depression.

The incidence of mental health problems is thought to be lower in rural areas but it has been suggested serious mental health problems may go unrecognised or unreported – leading to a *culture of silence* around mental illness. It has also been suggested that rural inequity in access to healthcare provision and other services particularly affects mothers with young children, together with older people, adolescents, disabled groups, those at home with no car and the very poor. [31]

4.5 Hard-to-reach or lack of services?

In 2001, the National Family and Parenting Institute (NFPI) conducted a national mapping of family services in England and Wales and the specific groups of families less likely to access services included rural families. Other groups of families identified included fathers, families living with disability, Black and Minority Ethnic families, asylum-seeking families and teenage parents.[32]

[29] Shucksmith, M, (2000) Exclusive Countryside?: Social Inclusion and Regeneration in Rural Areas, The Joseph Rowntree Foundation

[30] DFES (2006) Every Parent Matters

[31] Buonfino, A. (2007) Ibid

[32] Henricson, C., Katz, I., Mesie, J., Sandison, M. & Tunstill, J. (2001) National Mapping of Services in England and Wales: A Consultation Document. London: NFPI

The term *hard-to-reach* has been coined in explanation of the low take-up of services by particular groups of families. Common reasons adduced include lack of knowledge of services; unsuitable or inconvenient locations; transport difficulties; language and cultural barriers; poor basic skills; depression and feelings of helplessness; costs; distrust of services, suspicion and stigma; and fears over loss of privacy and confidentiality.[33]

Some of these factors relate to attitudes and behaviours and others to the accessibility of services. Overall, the complexity of factors involved means that it is far from clear whether and to what extent, the low participation of certain families, in education, health and other services can be considered to be voluntary or involuntary.[34]

In rural communities, factors like fear of stigma or loss of privacy may be more compelling, because of higher visibility, but non-use of health and other services, may alternatively be related to transport difficulties or the unsuitable location of services.

A study of the implementation of the Common Assessment Framework - part of *Change for Children* - found advantages associated with its use in a rural area, relating to the fact that families were more easily accessible and those families in difficulty were already known to universal services such as schools. Disadvantages centred on resource issues, skills and confidence and distrust, among families, of other agencies.[35]

A study, by the Countryside Agency, of the early lessons of Sure Start, found that lower levels of resources, trained staff and suitable premises resulted in failure to take-up services. Overcoming the obstacles presented by distance was an essential requirement of effective engagement of families, together with recognition of the social diversity of rural communities, and investment in community infrastructure.[36]

4.6 Childcare

Affordable, high quality early education and childcare are widely agreed to be an indispensable support for parenting, not simply to enable parents to work, but as a protective factor for children at risk of under-achievement. In isolated or sparsely populated areas, childcare may also be necessary if young children are to have the opportunity to play and socialise with other children.

Lack of availability of childcare has been found to be a barrier to employment for some rural people, especially women on low incomes. Even where childcare is available, it may be impossible for those without a car to combine taking a child to day care and getting to work on time, because of the limited nature of public transport.[37] Where employment is seasonal and/or tied to shift work, it may be difficult to arrange childcare which is sufficiently flexible to allow for changing employment patterns.

[33] Katz, I. & Pinkerton, J. (2003) Evaluating Family Support: Thinking Internationally, Thinking Critically. Chichester: Wiley & Sons

[34] Capacity (2009) Outreach to Children and Families: A Scoping Study, DCSF Research Report DCSF-RR116

[35] Adamson, S. & Deverill,C. (2009) Implementing the CAF, Child and Family Social Work

[36] The Countryside Agency (2003) Delivering Services to children and families in rural areas: The early lessons from Sure Start

[37] CRC (2006) Rural disadvantage: Reviewing the Evidence

There is some evidence of more limited take-up of childcare in rural communities. This may relate to transport difficulties, the costs of childcare and the difficulties of organising childcare in scattered communities or of finding and recruiting staff. It may also relate to particular attitudes towards childcare among rural families. A study for The Joseph Rowntree Foundation found that parents placed a high value on parenthood and many adapted their working lives to adapt to the imperatives of looking after their children. Many parents felt it was important to look after their children themselves, particularly through the pre-school years.[38]

The Childcare Act (2006) placed a statutory duty on local authorities to improve outcomes for and reduce inequalities among young children; provide sufficient childcare to meet the needs of working parents; and improve information for parents. Local authorities are required to conduct childcare sufficiency assessments, consulting with families within their areas.

4.7 Schools and Community

Access to the extended services provided by schools is also a relevant support for parenting. In reviewing evidence on extended schools, CRC concluded that opportunities to access extended school services are much more limited in rural than in urban areas, with schools offering provision on fewer days each week or at more limited times.[39]

It has been suggested that rural poverty and social exclusion are not simply about the supply and distribution of resources, but also *relational,* in the sense of detachment from employment, social isolation and low participation in community networks.

Although rural communities have been found to have relatively higher levels of community involvement and volunteering, this may conceal inequalities within communities. As noted above, those who experience transport difficulties, or who have limited friendship or family networks, may experience isolation and distance from community involvement.

In addition, a number of local studies have found that particular groups of families, particularly those from Black Minority Ethnic Communities, may not find rural communities supportive. A number of local studies have reported high levels of racial harassment in rural areas.[40]

4.8 Social Capital

Social capital refers to the social networks and shared understanding that facilitate co-operation between people. Definitions of social capital include:

'networks together with shared norms, values and understandings that facilitate co-operation within or among groups'. (OECD 2001)[41]

[38] Mauthner N, Mckee, L, & Strell, L (2003) Work and family life in rural communities The Joseph Rowntree Foundation
[39] CRC (2006) Ibid
[40] Garland,J & Chakraborti, N. (2004) Willan Publishing
[41] OECD (2001) The Well-being of Nations: The Role of Human and Social Capital

'features of social life, such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit'. (Putnam 2003)[42]

As noted, rural communities are associated with higher levels of social capital, but research by the National Council for Voluntary Organisations (NCVO) found that the closure of community facilities, decline in religious affiliation, physical isolation, loss of local services, and an unbalanced age and social background could lead to a loss of community spirit and an increase in isolation for those affected.[43]

The voluntary sector is particularly important to the provision of services in rural areas. A study for DCSF, of the role of the voluntary and community sector in supporting parents, found that the proportion of services provided by the voluntary sector ranged from less than a third in some areas to nearly two-thirds in others, and did not typically bear a close relationship to population size. Rural authorities tended to have a majority of small services. They were also more likely to have services staffed entirely by volunteers.

In addition, services in rural areas were least likely to engage in networking or undertake partnership working. The evidence suggested that services in rural areas might be facing a degree of isolation in their work, possibly as the result of the resource implications of the large distances involved. The majority of voluntary sector providers struggled to maintain services on current levels of funding.[44]

4.9 Sure Start Children's Centres

Sure Start Children's Centres are integrated service hubs for children under the age of five and their families. Centres serving the most deprived areas have access to family healthcare, advice and support for parents including drop-in sessions, outreach services, integrated early education and childcare, and links through to training and employment.

As noted, there are currently more than 3,000 centres in England, 624[45] of which are based in rural areas. Children's centres are required to develop outreach services to engage and support disadvantaged families. The Children Plan (2007) underlines this commitment:

Effective home visiting outreach and other outreach services can make a real difference to families who cannot or choose not to access services, providing important information and access to services such as childcare and family support.[46]

Priority groups of disadvantaged families are described in some detail in practice guidance for children's centres. The types of families identified include teenage parents, lone parents, families living with disability, Black and Minority Ethnic (BME) families, prisoners' families, homeless families, victims of domestic violence and asylum seekers. Fathers also form a priority category.[38] Rural families are not included within the priority categories, despite

[42] Putnam, R.D. (2003) Better Together: Restoring the American Community, Simon & Schuster, New York

[43] NCV0 (2003) The role of the voluntary sector in the development of social capital in rural areas

[44] Corlyon, J. & Clay, D. (2008) Voluntary and Community Sector Services - Their Role in Supporting Parents and Families, DCSF Research report. DCSF RR045

[45] From data descriptions of rural children's centres provided by local authorities to Together for Children

[46] DCSF (2007) The Children Plan

[47] DCSF (2006) Children's Centres Practice Guidance

being, as noted above, among the types of families less likely to make use of services. The Children Plan also makes no reference to rural families.

However, DCSF has recognised the different and distinctive context which rural areas provide for children's centre development.

Children's centres operating in rural areas are likely to need greater flexibility than those that operate in urban areas. Given the nature of rural areas - dispersed communities often with small numbers of children under five years old - the same services may need to be replicated for small groups of families in convenient local venues. Full use should be made of community facilities such as school premises, parish churches and community centres. [48]

Children's centre development has taken place in three phases. Planning and Delivery Guidance for Phase 3 also provides for more flexibility in how children's centres may be delivered in rural areas, for example through cluster arrangements where a number of centres work together to provide access to the full core services. *Together for Children,* which has been commissioned to support the delivery of children's centres on behalf of DCSF, has developed resources to help local authorities deliver children's centres in rural areas. [49]

The national evaluation of the "Mini Sure Start" programme, which consisted of 43 local programmes designed for small communities in scattered rural areas and pockets of deprivation in urban and rural areas, found that the larger the area to be covered in order to reach scattered communities, the greater the time and cost of travel, for families, programme staff and managers. It found that the neediest families in rural areas may also be harder to find and engage with services than those in urban areas. It also recommended the need for flexibility over age boundaries because of the lack of provision for older children. [50]

The review, noted above, by the Countryside Agency of early lessons from Sure Start, concluded that programmers were already showing success in gaining the trust of families they were designed to help, but to be "rural proofed", needed to address more fully the challenge of families without transport, low expectations from public services, the need for outreach to scattered communities and to be prepared for a slow curve of development and change. [51]

[48] DFES (2005). A Sure Start Children's Centre for Every Community Phase 2 - Planning Guidance 2006-08

[49] Together for Children (2007) Supporting the successful delivery of rural children's centres http://www.childrenscentres.org/Topics/Rural SupportProducts.aspx

[50] NESS (2005) Mini-Sure Start Local Programmes: An overview of their early implementation SSU/2005/FR/009

[51] The Countryside Agency (2003) Ibid

4.10 Conclusion

A wide body of evidence exists in relation to the opportunities and challenges of rural life. Among the latter, poverty is a key factor, often not recognised as a rural problem, because of scattered populations. However poverty is increasing in rural communities.

Gaps in evidence relate to:

- the distinctive contribution of *rurality* to the experiences of children and parents and how this interacts with poverty and social exclusion;

- whether conditions are improving or deteriorating for children and families in those areas;

- whether the early lessons from Sure Start and recommendations from previous studies have been incorporated into children's centre delivery; and

- whether the children's centre model is suitable for and sufficiently sensitive to the needs of rural communities.

5

Case Studies

5.1 Cross-cutting themes

Three of the centres were well established and one had more recently opened, but all shared a flexible and creative approach to outreach, which was a hallmark of their response to the needs of families in their areas.

Staff are well aware of rural poverty and share an interest in doing more to support families in need to achieve economic well-being. Access to education and training are seen as key to this.

Centres are reaching and engaging disadvantaged families, but do not have fully developed data systems to evidence this or to capture outcomes, for parents, of participation in children's centre services. The main reliance is on the evaluation of activities and case studies.

In each case study, multi-agency working was described as good, *very good* or *brilliant* and in at least two cases the children's centres appeared to have provided the leadership for partnership working. In each case, too, the initiatives at centre level fitted well with the wider direction of travel of the local authorities and their priorities for children, young people and families.

Resources are thinly spread and costs are higher because of the distance involved in reaching and supporting families and in the necessity of making use of satellite venues. Staff are clear that with additional funding, more families could be helped.

5.2 My Start Children's Centre

My Start Children's Centre in Devon, though situated just off Ilfracombe High Street, covers approximately 180 square miles of sparsely populated countryside, characterised by small villages and farming communities, isolated hamlets and Victorian seaside resorts.

Ilfracombe West, one of five wards making up this market town has a population of 1,600 people and is classified as a 40% most deprived ward. Unemployment levels in Ilfracombe are over twice those in the surrounding area and above the district, county and national averages. Almost 50% of households in Ilfracombe have an income of less than £20,000; and the largest source of employment is in the hotel and catering industry.

Rates of claims for Incapacity Benefit and Disability Living Allowance are higher than the national and county average and 25% of households have no access to a car. GCSE results are poorer than the national average and the *My Start* reach area has one of the lowest Foundation Stage Profile results in Devon. The adjacent Phase 2 area in Braunton has the highest in Devon, with 56% of children achieving at least 78 points across the Foundation Stage profile.

My Start is run by Action for Children (formerly NCH) and in 2001 was the first Sure Start Local Programme in Devon. The Head of Centre, Diane Pedley, has been with the programme from the beginning, consulting with local parents about the development of the centre; negotiating the extension of its service offer through the development of a satellite centre at Combe Martin – which is also a ward with high levels of deprivation - and outreach services to Lynton; as well as overseeing a new Phase 2 children's centre development covering the adjoining Braunton district.

Close co-operation between children's centre managers in North Devon means that emerging knowledge and practice is shared with Phase 2 centres. South Molton Children's Centre, for example, is one of two new Phase 2 centres addressing issues for families which are the same or similar to those affecting families in Ilfracombe.

My Start has 24 staff, with 5 staff who work part of their time in Braunton. *My Start* is in a 30% deprived ward and therefore is required to provide childcare as part of its core offer. This is delivered by the Pre-School Learning Alliance through the Neighbourhood Nursery, *Oak Tree,* which is co-located on the My Start Ilfracombe centre site. Braunton is in a 70% deprived ward and does not therefore need daycare as part of the core offer. However crèche services are delivered through the nursery and parent and toddler groups on the Royal Marine Base at Chivenor. The number of children registered with the My Start centre is 858 or 82% of their target "reach".

Devon will have achieved delivery of all of its children's centres by April 2009. Each children's centre is supplied with its own local profile and strategic, county-wide priorities. These are *Looked after Children* who are aged under five, and children with disabilities and/or life threatening illnesses. Each centre determines its local priorities, based on local needs analysis. Multi-agency links are well-established and annual reviews involve all partner agencies, including Social Care.

Most partners agreed with Diane's view that

The main issue is the impact of isolation on families and the ways in which this can affect the well-being of children and infant mental health.

Other issues included access to regular checks and immunisations and centre and outreach staff referred to drug and alcohol misuse.

Poor housing and overcrowding was identified as a particular problem in Ilfracombe. The town is bounded by steep hills, which make the development of new housing difficult and the prevalence of large Victorian properties in multi-occupation creates poor housing conditions for many families.

There is a chronic shortage of affordable housing — with lots of houses in multiple occupation, turned into poor quality flats — these impact in terms of children's safety and accidents. Renovation and social landlords are needed.

Transport was widely identified as a serious barrier for families in the outlying areas accessing services, and families are considered 'hard-to-reach' because in terms of distance, they are physically inaccessible and literally hard to reach.

Childcare was seen as a problem for many families because wages are so low, but local authority officers were confident that childcare sufficiency data showed that there was adequate provision.

In neighbouring South Molton, some schools were believed to complain that children don't access pre-school. It was reported that the school transport service will not collect young children and deliver them to a pre-school, with or without a parent accompanying them. This, in turn, has a bearing on the capacity of rural children's centres ability to support parental involvement in their children's early learning.

Other identified barriers to families accessing services included suspicion of authority, lack of knowledge of services, the changing cultural landscape which had resulted in inward migration from Eastern European families and the slow development curve of gaining the trust of local people. Isolation was identified as a particular problem for families living on the nearby military base and the high cost of living was a factor for all.

If you are on the minimum wage, with only seasonal work...it's not family friendly. It's expensive to live...90p an hour for parking; £1.50 or £2 for an ice cream. It means people can't participate.

Thinking strategically

My Start has chosen to address isolation in a number of ways. Outreach is not only about taking services and opportunities to satellite settings; providing home visiting and one to one support, but is also explicitly connected to community development and building on services which are already there. This is interpreted as building the capacity of people in the local community and supporting community providers to develop and enhance their services.

Because of established links between isolation and infant mental health, both centres (*My Start* and South Molton) have developed strong working relationships with the Child and Adolescent Mental Health Service (CAMHS) and in South Molton, an Infant Mental Health worker was funded for a day a week, but this post has since been lost.

Close collaboration between centre managers across the north of Devon is regarded as a positive strength and multi-agency working has, as a core aim, the generation of community ownership.

My Start has also developed a *'Tiny Travellers'* transport scheme – using volunteer drivers who are trained and CRB checked – for which there is a high level of demand. The scheme was developed between North Devon Volunteering Development Agency; Devon County Council and Action for Children.

The Café at *My Start* was asked for by parents. It adds value to and extends the reach of the centre, providing a focus for courses and training in food hygiene and healthy eating, as well as an informal meeting place for families using the centre. Monitoring data show that nearly 20% of the centre's reach is achieved through attendance at cafes and healthy eating courses at *My Start* and satellite sites.

Outreach services include the use of a mobile unit which takes a staffed Early Years Foundation Stage resource library out to Early Years settings, including reception classes. However, innovative practice can also be 'venue free'. The Lead for Braunton recounted how, when children's centre services were being developed in the area, there was pressure for the developing service to be 'physically there' and she was given the use of a cottage in the school grounds.

No-one came and staff now visit parent and toddler groups several times a week to meet parents – taking out registration forms; promoting other services; sign posting and bringing in expertise to groups when they ask for it.

Parent Participation Workers are described as a vital component of service delivery.

Communities are different – even if they are just up the road. They need different things and they need to be consulted as if they were different communities.

Addressing Poverty

My Start has very good relationships with Jobcentre Plus staff, who are regularly on site, and with Devon College with whom they are running courses including NVQ Level 2 childcare and assessor training. Family learning is also part of the offer. A key resource is a very experienced adult tutor, who introduces women back into training through food, health and hygiene courses and provides distance learning opportunities – visiting learners in their homes to encourage them to complete assignments and other course work.

Diane believes training and employment to be one of the ways in which children's centres can help alleviate child and family poverty and described their work as a bridge.

For lots of reasons, they are not ready for accredited training in formal settings…There is some tension about mothers working, but the bottom line is that employment is a route out of poverty.

Where are the gaps?

Resources are inevitably an issue.

We need more resources – if we were not so stretched…preventative services should be universal. Would like to do more ante-natal care – cut-backs are affecting the service.

Numbers are an issue too. In South Molton, Jobcentre Plus will only visit the centre when a large enough group of parents has been brought together to see them.

Working together

The County Council's emphasis on building on services has led to a structural change in the way in which children's centres' boundaries are drawn. Devon has now aligned each children's centre reach area to its 'learning communities' i.e. school clusters. Health and Social Care will shortly align themselves to these clusters.

In addition, the Council has developed a funding formula which includes a rural weighting, linked to the average distance to travel to the furthest children. Devon has also funded the purchase of a people carrier/mobile resource in one area where there is no public transport and leased it back to the children's centre.

All children's centres in Devon are commissioned services. The local authority believes this is a main way of securing best value.

Best value through commissioning all services. This has opened up the market to Action for Children, Barnardos, The Children's Society, two local providers, and two children's centres run through school governing bodies.

5.3 Wainfleet Children's Centre

The small town of Wainfleet lies five miles inland from the busy seaside town of Skegness and was once an ancient port and market town. The town is famous for the Batemans Brewery and the Magdalen College School founded in 1484. Situated on the River Steeping, Wainfleet consists of two parishes – All Saints and St. Mary. Wainfleet is on a train and bus route from Nottingham to Skegness.

Wainfleet Children's Centre opened in 2006 and is directly managed by the local authority. Coralie Armstrong has been the Children's Centre Practitioner for three years, managing *Wainfleet* and two other centres which are in Skegness and Spilsby.

The town is within the East Lindsey District and is also part of the Lincolnshire Coastal Action Zone. East Lindsey contains some of the most rural and sparsely populated wards in England and has a population density which is one fifth of the national average.

Twenty three of its wards are in the worst 25% for deprivation and three are in the worst 5%. Half of the population has no qualifications and educational attainment is well below the national average, particularly among girls. Within the coastal area, the age profile is older with, on average, three people aged over 60 moving in, for every two people aged 18 to 24 who move out. Employment is seasonal and agricultural employment has fallen by 20% over 10 years. The level of service on bus routes is generally poor, with few routes outside of the main towns having services more frequent than every 2 hours on weekdays.

Wainfleet shares these problems and has, in addition, the Queens Estate, which is an estate of 100 houses. Issues include neighbourhood disputes, higher levels of drug and substance abuse, crime and child safeguarding issues. The estate has almost no services. In the past, children from the estate would turn up at school without any pre-school experience, unknown to any supporting services.

Wainfleet Children's Centre is situated on a primary school site in the centre of the town and has a reach area of more than 25 square miles of sparsely populated countryside. The number of children aged from birth to 5 years registered with the centre is 84.

Wainfleet offers early education and full daycare to children aged from 6 weeks to 5 years through a community-managed, 45 place nursery. It also offers family support and outreach; links with Jobcentre Plus and Home Start; support for children with special needs; child and family health services; access to specialist services; adult education, training and family learning; and volunteering opportunities. An after-school club is on site, managed by the school and there is a dad's group. There is also a youth club managed by the youth service. Family support, early years activities and adult education are provided on an outreach basis. Help with transport to access services is provided on occasions, but is restricted by the funding available.

Children's centre staff and partner agencies are in agreement about the challenges facing local families:

A lot of families have lived here a long time. Others move in after going to Skegness to do seasonal work and ending up homeless. They often get housed on Queen's Estate.

Some people come to Skegness after a holiday here, have a baby, can't find work or suitable housing, partner leaves and mother and child are left behind.

Transient populations, they may come for the markets, live in caravans for the season... Skegness is the last stop on the (train) line, they come without transport, they may already be known to social services; they may come with child protection plans. Others live in caravans in people's gardens. The population increases five times between March and October.

Issues include domestic violence to children and adults, debt, drugs and smoking. Children in the town have very poor dental health, but have to travel some distance for treatment.

Today a child arrived at school at midday; she lost half a day travelling to Skegness for the dentist.

Isolation is a problem as families may come into the area on a house exchange from Nottingham or other urban areas. Some of these parents are unaware of free nursery education, don't see Health Visitors and may never have been seen since their babies were born.

Young mums on the Marsh here and near the coast, are really isolated, on the cusp of needing intervention, not able to read and so not able to help their children.

Yes, isolation is a problem, a number of mums suffer with post-natal depression, or have mental health issues as a result of family break up, issues from their childhood, debt, or living on the poverty line. We offer outreach support, Home Start, coffee and chat and opportunities for mutual support. We also work with specialist counsellors and buy in some support.

A lot of families we support can't drive and can't access services in Skegness or Boston. Many are isolated, mums can be totally isolated; especially a problem where dad is perpetrator of domestic violence. He'll suggest they come here, idyllic, quiet, and peaceful. Many are in houses we can't find, like a caravan in a field on a farm. There are lots living in caravans. The population increases five times between mid-March and the last weekend in October

Poverty is agreed to be a key issue

There's not a lot of work in Wainfleet, this is mostly a farming area. People have to travel to Skegness for seasonal holiday work or the Boston vegetable packing factory. Some factories are closing down; not here yet, but it's likely to be an issue in the future.

There's not many jobs around here. There's no longer work on the land, farms are closing down, lads can't get work on the farms, as it's going to foreign workers. You can get the bus to Skegness, but there have been two bad seasons and so they're not taking on as many people as they have done in the past.

We see it – the lack of food in lunch boxes, hungry children, they can't afford to feed their kids. We do; we have breakfast for the full daycare children; but we provide extra and give it to those other children we know are hungry.

Those teenagers who gain skills and qualifications usually leave the area. So we are left with those the system has failed.

Housing is agreed to be a problem, much of it is privately rented and of poor quality. There are lots of families without access to outdoor play except through the children's centre.

Poor housing, living in buildings that have been condemned.

Lists for social housing are long and it's not guaranteed that they'd be housed in this area if a vacancy arises, there's a lot of private housing, no heating, no double glazing.

Transport is a very significant problem.

Boston is an hour on the bus or train. We try to take services out to families.

Transport a big issue. Just three miles away are children who desperately need to use the centre, but don't until they get the free entitlement and only use this for two and a half days to keep the costs of taxis down.

We have nursery staff, who come from Old Leake, I have to arrange a rota around the bus timetable, otherwise she can't make it in time for her shift – she doesn't drive. We have bank staff, who could help out at other centres, except they don't drive.

Even if a lone parent can find a job say in Skegness, if they live in Friskney the transport links are not there.

Thinking strategically

Lincolnshire has a funding formula which includes a rural weighting. The authority plans to use the existing mobile services provided by Libraries and the Youth Service to extend outreach to children and families.

Wainfleet has what it describes as a stretch and reach strategy, using village and community halls; a community house on the Queen's Estate, libraries, health clinics, leisure centres and Old Age Pensioner halls. Approximately 30% of activities are estimated to take place at outreach venues. The centre also tries to address transport as ingeniously as it can, making use of community cars, funded from the children's centre budget; some families give lifts to others and sometimes staff will drive families to appointments.

Events are timed carefully to suit families, public transport and school dropping off and picking up times. There is no funding to teach people to drive, although parents with a disability can get help from the Family Fund.

Multi-agency work is described as working *brilliantly*. A Health Visitor drop-in is popular with parents and access to social services has improved, with families now willing to come in and discuss issues. The centre also works with the drug service, *Addaction*.

Other partners include Social Care, Health, Education, Connexions, the Child and Adolescent Mental Health Service (CAMHS), Jigsaw Counselling and St Matthew's Housing Association.

Three years ago when we had a meeting and invited all parents, all agencies – no one knew each other. At a recent meeting, everyone knew each other.

The children's centre outreach worker works with families in home to develop parenting skills, health awareness and boundaries for children. The centre also offers training and educational opportunities for parents, childcare to enable them to return or seek employment and help with managing money.

Gaps:

Staff and partners feel the children's centre has filled most of the gaps in the area, although some families remain harder to reach.

Families from Queen's estate are now part of our parent group committee. It meets six-weekly and has fifteen members. Some have moved on to college or employment. They attend events to recruit more parents. Parents also attend the partnership board to shape services. They also receive information about children's centre activities and write bids for their own funding.

We offer families the option to have child protection meetings at the children's centre, or their homes, wherever they feel comfy. Eventually they come to the centre, but we've been known to all descend upon the family at home.

Yes, we're especially good at supporting families in the community. We capture benefits through running records, plans and work with targets which are reviewed. Families contribute, we do them together, activities are evaluated and we take families' opinions on board.

Staffing is an issue. Parents become volunteers and are CRB checked. But we need staff as well, especially for Early Years activities. If we had more funding, we have plans to provide more parenting workshops and courses. We also want to use the Foundation Stage Profile better in terms of entry to reception.

We need more opportunities for exercise; more transport for families and more services in the evenings and at weekends for families who work. Our staff have Health and Safety training on Saturdays. We could include parents in some of this.

Addressing Poverty

Links with Jobcentre Plus are good and there is support for those parents who need training. Seasonal work is an issue, but parents are offered a rapid return to benefits if they take on seasonal jobs, when jobs come to an end. Many agricultural jobs have been lost or are now being filled by migrant workers.

Many lone parents were reported to be interested in working as carers, but childcare is an issue, especially if working in adult care, as they need to be able to work shifts, including nights.

The Local Authority Officer observed:

There's no big business in the area, so we need to enable them to create their own self-employment locally. We have a volunteering strategy which helps parents to grow in confidence, hopefully enough to set up their own business.

The recession is judged to be affecting families who access childcare. There have recently been more referrals for families in debt or with housing arrears.

Childcare

The Lincolnshire childcare sufficiency assessment found that three-quarters of parents within the county accessed childcare to enable them to work or train. However, the use of formal childcare across the county was relatively low in comparison with the proportion of working parents, with many parents using other sources of care. The research revealed a high level of satisfaction with the childcare provision used by parents and carers. Gaps related to the availability of breakfast and after-school clubs in rural areas. Cost was a main reason given by all income groups for non-use of childcare.

The Jobcentre Plus Lone Parent Advisor advised that parents cited childcare as a barrier to employment; many are concerned about the safety and quality of care, their views heavily influenced by the occasional incidents involving a childminder or group care, which have received mass media coverage.

Working Together

The involvement of health professionals is pivotal, not just to the identification of families in need, but in responding to mental health issues, including post-natal depression, eating disorders and other problems. Home Start is a key partner and there are strong working relationships with other voluntary and community groups. The relationship with Social Care is also very productive.

The children's centre does a fantastic job. They take services out to communities. The main issue would be transport. Families have accessed services, but they won't speak to someone they don't know – so building trust is important. I would consider the families using the centre hard to reach, but are reached via a lot of arm-bending! But I'm sure there are still some families out there we don't know, but who would benefit from services.

The Local Authority Officer advised that budget had been transferred from acute services to preventative work.

We're working with acute services to identify vulnerable families, identifying areas of needs and putting packages in place. East Lindsey is piloting the lead professional budget holder, with parents deciding how the money is spent.

CAF has made a huge difference. Before we'd close cases and the families would come back to social care. Now once intervention has finished, we have an action plan and once families are passed to CAF, they don't come back to social care.

Voluntary sector

Wainfleet Children Centre has as its main voluntary partners, Voluntary Action East Lindsey, GFS Platform (who work with teenage mums), Home Start, NCMA, Citizens Advice Bureau and St Matthew's Housing Support, Jigsaw counselling, Busy Bees Day Nursery and debt support agencies. The contribution of the voluntary sector was highly praised.

Debt support agencies - have the biggest impact for adults. The Playgroup that became Busy Bees, is community-managed, has the biggest impact on children, they are known, receive early intervention and then home visits.

The voluntary sector offers community-led provision, access to funds and grants, empowerment for parents, to go on committees. It's the ethos of this centre.

5.4   Millom Children's Centre

Millom is a small coastal town of slightly more than 7,000 residents, situated on the fringe of the Lake District National Park in the southerly part of Copeland District. Millom was, originally, a small fishing village but grew into a town as a result of the steel industry and the iron ore mining at nearby Hodbarrow, now a nature reserve. The area also covers some surrounding, very isolated, rural wards.

Millom Children's Centre is situated on an infant school site in the centre of the town and has a reach area of more than 200 square miles of both sparse and less sparsely populated areas. It was originally a Family Network Centre run by Action for Children which now runs the children's centre. Anna Batty is the locality manager and was the centre head for four years. *Millom Children's Centre* has 8 full and part-time staff. The youth work team is co-located with the children's centre, widening the age range of the centre to 0 to 19.

The number of children registered with the centre is 867. During the last 3-month period, 269 parents used the centre and its services, including 6 lone parents, 18 workless parents, 5 Black Minority Ethnic families, 3 families living with disability, the family of a prisoner and 3 teenage parents.

Millom is based in one of the deprived areas of Cumbria and Education and Skills deprivation is particularly high. More than 40% of the population have no qualifications and GCSE results are significantly below the national average, particularly among girls. Rates of binge drinking are high. Teenage pregnancy rates in the district are above the county average but lower than the national average.

The main employment, apart from agriculture is at the nearby Haverigg Prison or at the Sellafield nuclear processing plant.

Millom Children's Centre offers early education and care through a maintained nursery and a voluntary pre-school with a baby and toddler room. It also provides family support and outreach, links with Jobcentre Plus, links with the Police Community Support Officer and Home Start. It has good links with schools, offers support for children with special needs, access to child and family health and specialist services, adult education, training and family learning, volunteering opportunities and youth provision. There is also baby massage, a mum's drop-in, Portage,[52] a dad's group and the *Big Mouth Group* for parent representatives.

Unsurprisingly, isolation is seen as a major challenge for parents living in the area. The nearest branch of Tesco is 45 miles away and - at the tip of a peninsular area - Millom is not geographically well situated for residents to access services. There is no NHS dentist and a recent attempt to recruit a local dentist was unsuccessful. Young people who wish to go to university have to move away from home, which for some families is experienced as a form of rejection.

[52] A home-visiting educational service for pre-school children with additional support needs and their families

Millom is a service desert for children, young people and families.

Millom parents are often forgotten, isolated. Generally Millom didn't get anything, it's always been a battle to get funding like for children with special needs.

The linked transport issues are no less challenging, making it hard for parents to keep health or other appointments and on occasion, to be seen, erroneously, as letting their children down.

Even if you have a car, it can take two hours to get to Carlisle. For a family without a car it is a particular challenge; it may be a ten mile car journey to the bus stop or train station. There are many families who have never crossed Duddon Bridge.

One school was concerned about a mum who didn't attend appointments – but it turned out that she had to spend a whole day travelling – if the school had considered the train times or had gone out to visit the mum at home – she was more than willing to co-operate.

Staff view the local housing arrangements as quite complex. There is a mixture of privately rented accommodation, owner occupied houses and social housing. If someone registers as homeless, they are re-housed as far away as Whitehaven, remote from their family and friends and social support networks. Housing was described as a particular issue for victims of domestic violence as they are accommodated away from schools and family support networks.

Shift work was described as the main employment option for many people which makes finding suitable childcare more challenging, particularly for lone parents.

A lone parent, her child was being cared for by family members, without a significant pattern and the child would go for two to three days without seeing mum. There was no continuity, quality or consistency; but the mum was doing her best to provide for her family.

More than one respondent stressed the impact of isolation on emotional well-being and the sense that local people had given up expecting their needs to be taken seriously by decision-makers. Mental ill-health was seen to be a consequence for some adults and children. Eating disorders among young girls are also prevalent.

The community is a mixture of those "born and bred" and "off comers". The community is in some ways insular and inward looking, resulting in low aspirations, hopes and dreams for children, young people and families.

Some may not want extra help, may have had other services interrupt their lives before, may not want a service from someone they don't know – if they knew the person they might give it a go, others just don't want it, need it, or just want to be left alone.

Thinking Strategically

Like other rural children's centres, Millom's approach is to take the services to where people are; making use of any community venue which may be available. In some areas, there is no village hall, no communal space and the only option is to deliver the service in the home. Home visits are also made to families who have particular difficulties, or the Family Support Worker will bring the parent to the centre if she/he doesn't want to be visited at home. As much as 60% of activities are provided through outreach to venues or individuals in their homes.

We will go and deliver in their living room if it will help break down the barriers and support a family to engage with services in the building.

With courses, they may drop out, because they may not like it, or sometimes they're not ready for group work or the topic. We go and find out what's going on in their lives and perhaps offer a different service. We adapt, we don't expect them to.

Help with transport is also provided; staff might pick up parents in their own cars, or taxis are used, particularly for youth services.

Children's centre staff have championed local families by "fighting" for services to come to the Millom area. Anna in particular, has pushed for services which families are entitled to, to be provided in Millom, and this has resulted in better coverage from midwives and from CAMHS. Some hospital staff from Whitehaven come out to the centre.

The co-location of youth services and the widening of the age range have made the centre more accessible, it now being seen locally as for all the family. Sports, art and dance activities have successfully engaged young people.

We are going out onto the streets in Bootle and Haverigg to meet, talk and listen to young people and find out what they'd like to do. We don't talk at them. We take rounders bats, information on STIs and condoms with us. Whatever young people say they want, we have resources to try to provide it.

Now that the centre is for young people as well as under fives, it's much more acceptable for families to walk in to the centre. Any issue, any age, will come through the door. Grandparents are also coming in. The youth service has broadened what we do and people's perceptions.

A five-a-side tournament between the youth club and the police has resulted in more positive relations between the police and young people and resulted in a 20% reduction in anti-social behaviour over 12 months. Young people who would previously not make eye contact with the community police, will now acknowledge them in the streets.

Addressing Poverty

The centre is acutely aware of the impact of low-incomes and would like to do more.

We see eventual employment as a change we hope for, but I think we could do more to help families progress, to create links to employment, but we'd need to know a bit more about the adult education processes, what's available and how to access it.

There's a lot of cash-in-hand work, informal work, working for relatives in the family business. Sellafield and the prison are the two main employers; thankfully Millom is on the train route to Sellafield. We take account of their shifts. Apprenticeships are offered at Sellafield, but we realised it's only those in the know who are aware of this. Less affluent families don't get to see these opportunities. We are going to find ways to address this.

We support families living in poverty, by connecting with them, engaging them in basic skills training, developing their confidence... parenting courses often develop confidence, they will often say, "I'm not as bad as I thought". We try to develop their aspirations for themselves and their children. We're super sign-posters, we'll find the number, a worker will sit alongside or accompany them if needed.

Working Together

Multi-agency working is seen to be very good and a practical necessity in a community where services are so thinly spread.

The children's centre plays a massive part in coordinating and linking everyone together. If you want to know something you go to the children's centre.

Everyone knows the centre is there, highly visible, we know that agencies go in and out. The centre has helped to bring more agencies into the area, made service more prominently available, more awareness of what's offered, promoted and it's developing all the time.

We had a family which the Family Support Worker helped; she went round at 7.30am every morning to make sure the young person was up and went to school. We can't offer that service, not from Whitehaven. We can't attend meetings at the school for moral support to parents, but the children's centre team can and do.

Childcare

Take-up of the free early education entitlement in Copeland District is second highest in the county but the district has a high proportion of parents saying they have difficulty in finding information about childcare. Cumbria's childcare sufficiency assessment revealed high levels of satisfaction with available childcare, with just over half of respondents travelling one mile or less to access childcare. Inconsistencies in the level of supply exist between urban and more rural areas.

Gaps

With more resources, services could be spread less thinly.

There is only one secondary school in the area but the school is in special measures. Transition is a worrying time, we know the children so well, we can identify the children who are having social and emotional difficulties. We're seeking funding for a post, a teaching assistant post, to work with these children in primary and then to accompany them into the secondary school.

It would be good to have more mental health support. Connexions in Egremont provide counselling, but the worker in Millom, is not confident or trained to do this.

I also think we could do a lot more preventative work and there are missed opportunities to work with families with under-twos.

The recession is widely believed to be affecting the local economy.

When I talk to people, the shops are quiet, shopping costs a lot more, worst time was when the fuel prices rose, no one was seen out in the evenings.

A little bit, one or two parents getting behind with dinner money.

Yes, we're seeing an impact. Parents are not able to have the photos, can't afford a 50p snack.

Voluntary Sector

Millom is a voluntary sector managed children's centre and this is seen as a strength by many of the agencies who work with the centre.

The voluntary sector brings a degree of impartiality. They have links to other services that schools don't have. At times the children's centre is between children's services and schools.

Yes, we need all the help we can get. A lot of our most productive work comes from the voluntary sector. Funding is an issue, but they are good at identifying local needs.

The voluntary sector is wonderful and valuable to the community, experienced and knowledgeable, have a range of people.

Although, as Anna pointed out being a voluntary sector provider has its challenges.

Homestart's funding comes to an end and the service will finish in April 09, due to lack of core funding.

We had to make a case for Millom not to be part of a cluster; otherwise it will always be the poor relation. It's the only area not clustered with a more affluent area.

A challenge is the need to provide information in a format that suits the local authority to meet the government-driven monitoring requirements.

5.5 Wiveliscombe Children's Centre

Wiveliscombe is a small market town of less than 3,000 people, ten miles west of Taunton, on the edge of Exmoor and the Brendan Hills. It's a commercial and administrative centre for the surrounding area, part of the Taunton Deane District of Somerset.

Wiveliscombe, or *Wivy* as it is called by locals, has a number of services including a health clinic, primary and secondary schools, a community centre and a swimming pool. There is an attractive shopping centre and the local industries include brewing, agriculture and a pig processing plant. Unemployment is below average, both nationally and for the county, but Somerset's Community Profile identifies Wiveliscombe as one of a number of market towns vulnerable to economic decline.

Wiveliscombe Children's Centre has one of the largest geographical reach areas in Somerset. The reach area is spreads over a wide area including an area known as the Ten Parishes. This includes the parishes of Ashbrittle, Bathealton, Brompton Ralph, Chipstable, Clatworthy, Fitzhead, Huish Champflower, Milverton, Stawley and Wiveliscombe itself.

Despite the size of the reach area there are only a relatively small number of children – about 350 – which poses a number of challenges in the delivery of services.

Wiveliscombe Children's Centre is commissioned from The Children's Society and opened in May 2008. Richard Nobes is the Programme Manager and manages two other children's centres in East Devon. Steph Curry is the local manager, responsible for the core offer and she took up post in December 2008. The centre has two part-time family support workers, some sessional family support, an Administration Manager and Administrative Assistant / Receptionist. The Children's Centre includes The Paddocks Nursery, also managed by The Children's Society. This is staffed by a Childcare Manager, Early Years Supervisors and Practitioners and a Children's Centre Teacher who is employed by the local authority and shared with another children's centre.

Opportunities and challenges

Richard and Stephanie were in broad agreement about the opportunities and challenges for families living within the area. Being relatively close to good rail links to London and other centres, there are increasing levels of migration and second-homes. The overall level of income is quite high, but with pockets of poverty and deprivation.

There is a strong sense of community here but it's the kind of place that lots of people have moved to, perhaps people who have made a lot of money and want a better quality of life.

Transport was identified as a problem for families without cars or which have only one car, but which is not available to one partner during the day.

Being able to access health services is an issue for some people, because of the distances. There is some public transport but it is not frequent There is community transport that we can book for people.

A recent survey had shown that finding affordable housing was an issue, particularly for young people, and food was more expensive.

People buying houses as holiday homes is an issue, for this is a very beautiful area, but with relatively good links to other parts of the country.

The original needs analysis for the centre had identified an unmet need for childcare and this provided the rationale for the children's centre nursery, but, currently, sustainability is a constant challenge.

Isolation was a factor for some families, for example among farming families, for whom it might not be not be economically feasible to take time away from the farm to attend children's centre or other activities.

People don't talk freely about what they need – you have to build up a relationship – you have to work much more gradually and build their trust in you. People can be very judgemental – things have happened in that family, mistakes made and it's clear that this is forever associated with that person, you can't get rid of it.

Isolation is the problem. If you've got a child with special needs – they might be twenty miles away. Cost of living is a problem.

Where are the gaps?

The children's centre is still relatively new and focusing on learning more about what families want and need. Staff are aware that in the more remote parts of the reach area, there are families not accessing children centre activities. However, they are also studying population flows, aware that for some of their families, the way that the reach area has been drawn may not match the movements of local people, for whom a children's centre in an adjoining reach area may offer a more natural link.

There is a consensus that depression is an issue for some parents, particularly younger parents and considerable effort has been made, in a few months, to develop an outreach programme, using satellite centres. The travel times are daunting and some of the venues don't have any storage space. Equipment has to be taken, unpacked and repacked for a relatively short session.

The venues which lack storage – what should take two hours takes four hours and could use some extra staff.

We are looking at the possibility of having some form of transport, mobile unit, attached to the centre.

However, there is a clear understanding that not everyone wants to have a service delivered near to their home, because of the lack of anonymity and that in some cases it would be better for the parent to go somewhere else.

In a rural community you are more noticeable – more people know about you and what's going on and that can be very difficult. I have a teenage mum I am supporting, I did some cooking with her, initially in the home, she was afraid to go out and I am now taking her into the children's centre in Wellington, because that's where she can meet other mums of her age.

The children's centre has family events at the weekends as this has been found to be the only time that some families can attend. As a result of this, father involvement is reported to be good.

Responding to the concerns of families about the cost of living, the centre has developed a food-buying scheme.

One of the things we've been trying to develop here is a food co-op. Originally the idea came from Wellington Children's Centre and we've adopted it – basically there's a local food grower who sells vegetables, we're now starting to get eggs through – and meat at some point – the boxes are delivered here, so it's also a way of getting people through the door.

Working Together

Multi-agency working is described as good, but in its early days. Some partnerships remain to be developed and it is also planned to develop parents as volunteers through a new funded project. Links with health visiting are regarded as pivotal and after an uncertain period, due to turnover of health visitors, the relationship is becoming stronger.

We've got part-time workers and how do you differentiate the jobs? What we need to be doing is to develop the relationships with partners. We've had some children with additional needs – but we are not yet clear about the best referral routes and we need to develop some of the work led by parents.

A protocol regarding data-sharing has been agreed between the local authority and the PCT but has not yet been fully implemented.

The fact that the centre is managed by The Children's Society enables staff to draw on best practice from elsewhere within the Society and to have the benefit of good management structures. The Children's Society has an explicit policy committing itself to a level of working in rural communities and can enrich its children centre programme with insights and experience from other projects with vulnerable young people.

It is a view which the local authority endorses. Somerset has a devolved locality structure, but across children's services as a whole, is keen to work with the voluntary sector and to support it.

There is no such thing as hard-to-reach families; it's the services which are unreachable.

The voluntary sector has that creative genius – they are better able to engage families and to empower them.

6. Parents' Perspectives

Whereas Phase 1 of the study was predominantly concerned with the views and experiences of children's centre staff and those of other helping agencies, Phase 2 focused on the perspectives of parents with young children living within the children's centre catchment areas.

Interviews took place with 129 parents, predominantly in June and July 2009, although a small number of parent interviews were conducted as part of Phase 1. The parents who were users of children's centres were selected by children's centre staff as being reasonably representative of their users. Non-users were identified by children's centre staff and with the help of other agencies.

6.1 About the parents

The overwhelming majority of the interviewees, users and non-users, were mothers, and only 10 % of the whole sample was male. Lone parents constituted 25% of the sample and, included three lone fathers. Three parents belonged to Black Minority Ethnic Groups and two were Polish. Nearly half, 47%, were aged more than 35 years, the next largest group, 40%, being aged between 25 and 35. Seventeen, 13%, were aged between 16 and 24.

In terms of the type of area of residence the sample was made up as follows:

Fig 1: Rural category - 119 responses

Rural category	User	Non User
Village, Hamlet & Isolated Dwellings - Sparse	19%	4%
Village, Hamlet & Isolated Dwellings - Less Sparse	9%	4%
Urban > 10k - Sparse	9%	3%
Urban > 10k - Less Sparse	18%	6%
Town and Fringe - Sparse	1%	0%
Town and Fringe - Less Sparse	22%	3%
Total	**79%**	**21%**

Nearly half of those interviewed, 44%, had always lived in the area in which they now lived or had lived there for more than ten years. The same percentage had always lived in a rural area. Among those who had moved to these communities more recently, a majority, two thirds, had at some point lived in large cities like London, Manchester, Nottingham or Birmingham. Their reasons for moving varied, but husband or partner's job was a common reason, as was the wish to have a better lifestyle. Some had moved to the area as teenagers with their parents, others had partners in the armed forces and had moved as a result of new postings.

6.1.1 Health

Within the sample as a whole, the majority of parents described themselves as being in good health, with 18% reporting long-term health problems or disabilities. However, among low income families, chronic health conditions were more common and among workless families, 47% of parents reported ongoing health problems.

Among those who reported long-term health problems, common conditions included depression and asthma.

Some parents were living with partners with chronic health problems, including one parent whose husband was terminally ill.

6.1.2 Children

In total, those interviewed had 293 children, but the majority, 37%, had only one child. The next most common family size was two children, 31%, but the size of family unit varied from one child to eight children. The age of children varied from under one year old to over 19 years. A significant proportion, 29%, had older children as well as children under five years old.

Among lone parents, 43% had three children or more. Among those living with partners a similar but slightly lower percentage, 28%, had families of this size.

A large proportion of parents, 40%, reported chronic health problems or disabilities affecting their children. These included speech and language problems, Down's Syndrome, Global Delay, congenital heart problem, hearing and sight impairments; the most common, however, were conditions such as asthma, or epilepsy. Among workless families, this proportion rose to 57%.

6.1.3 Employment and income

Less than half, 45%, were in paid employment and among those who did work, 75% worked in part-time jobs. More than three quarters, 87%, worked all the year round. Among lone parents, only 36% were in employment, which is significantly below the government's target of 75% lone parent employment. Only three lone parents were in full-time work.

Among those who lived with a partner, 80%, said that their partners were in employment, the majority, 90%, in full-time employment, the vast majority working all year round. Within the sample as a whole, more than a quarter were living in workless households.

Annual family income ranged from less than £15,000 to more than £60,000, but 42% of families reported that their annual income was less than £15,000. Twenty two percent of families received income support and 16% were on disability benefit, with 37% receiving housing benefit and council tax benefit. More than half, 80%, received Working Families Childcare Tax credit.

6.1.4 Car ownership and digital inclusion

Among all parents, 73% owned or had access to a car, but among lone parents this percentage dropped to 36%. Among workless families, the corresponding percentage was also 26% and among those on incomes of £15,000 or less, 56% had access to a car or other vehicle.

The majority, 89%, had access to a computer, with slightly less, 81%, having a broadband connection. Among lone parents, 68% had access to a computer. The same percentage, of workless families had access to a computer. Many parents with digital access described the ineffectiveness of the speed of rural broadband connections.

6.1.5 Qualifications

Half of the parents interviewed were qualified to Level 3 or above, but 25% had no qualifications or were at Level 1 or below. Among those on incomes of £15,000 or less, 38% had no qualifications or were at Level 1 or below and 62% were at Level 2 or below. Among workless families, 91% of the parents interviewed were at Level 2 or below.

6.1.6 Users and non-users

The majority, 80%, of parents were users of children's centres. Among users 48% were members of groups of families defined as "priority" in DCSF Children's centre guidance. Many of these fell into more than one category, as the following table shows.

Fig 2: DCSF Priority categories – users

DCSF priority categories	Users
Young parents	27%
Families living with disability	37%
Travellers	2%
Lone parents	47%
BME	6%
Fathers	16%

In addition, a further 9% of user families were on incomes of £15,000 or less and were therefore affected by poverty.

Among non-users, 54% would be classified as priority in Children's Centre Practice Guidance and a further 19% were on incomes of £15,000 or less.

Fig 3: DCSF Priority categories – non-users

DCSF priority categories	Non-users
Young parents	29%
Families living with disability	36%
Lone parents	36%
Fathers	36%

In other respects – income, employment, marital status, car ownership and access to a computer, the profile of non-users was broadly similar to that of users.

6.2 Parents' perspectives on rural areas

The benefits which parents associated with rural living were very consistent across the four areas and among different types of families. Those benefits centred on a healthier living environment, a reduction in pollution, safety and peace and quiet.

People leave children in their prams outside shops. It's 20 years behind, in a nice way.

So many benefits - lots to do - beach, countryside, fresh air, and it's safer.

It's a better quality of life with more freedom for children growing up.

It's a better upbringing for children, safer, healthier, they have a garden and fresh air.

Fresh air, quality of life, open classroom, agriculture, so many jobs varied and interesting, big connection with food and nature.

Children grow up learning about nature, seeing animals has helped his language, also there's a lack of noise and pollution.

Only six parents felt there were no benefits

None, only walks and wildlife.

None – we want to move, but can't until we re-decorate the house ....we only have a 3 bed place with 8 children - we sleep on the floor in the lounge.

None – the neighbours are difficult.

Many parents mentioned the benefits of a small friendly community, but opinion was divided. Some parents spoke of the difficulties of being accepted as incomers.

People are very friendly. I am a very sociable person.

My mum's nearby, but I miss Lincolnshire.

If you make the effort with people, you can have a great social life.

There's an "in crowd, born and bred here!"

There is a great community spirit – everyone knows each other – it's safe for children, the schools are great and you can walk to them, everything is here.

We're still off-comers - how long before stop being off-comer, we don't know. Mostly we are accepted in the community. It's a strong community.

I asked to join a local mum's group, which meets in their houses – the person I asked said no, they all knew each other very well and didn't want anyone else. I haven't got any friends in the village.

People are friendly, but being an outsider, if I hadn't got the children's centre I wouldn't have made friends. Lots of people know each other, have been to school together and settled in Millom.

6.2.1 Health Services

The vast majority of families, 94%, felt that the country was a healthy place to live, but only 62% believed that health services were available at the times and places where they were needed. Among those without access to private transport, less than a third felt that they could easily and conveniently access health appointments; among workless families, only 41% of families believed this to be true. Dental services were identified by many as difficult to access.

Yes, although it took a year to get a dentist. It's great to be able to let children play in the sunshine on the beach. The support for our autistic child is good, they get more attention here, more personalised.

Health is not a problem - there's a GP in the village and I had no problems seeing my Health Visitor and Midwife.

The Health Visitor and Midwife service here is not very good – I only saw my Health Visitor once although my baby was poorly – they are just stretched too thinly, the areas they have to cover are too big.

The GP is miles away – it's a half hour walk.

The doctor is local but we have to travel to find a dentist.

The kids have not been to dentist for a while as it costs £20 return to take them to Skegness.

6.2.2 Housing

The majority, two thirds, believed that finding affordable housing was a problem, and this was accentuated among those on low incomes. Among those living in workless households, 76% out of felt that the cost and condition of housing was a disadvantage of rural living and for many of them, renting privately or obtaining a council was the only feasible solution. Privately rented accommodation was frequently described in stark terms as unhealthy, inferior and completely unsuitable for children.

We rent privately. We have been on Council list for years, but we are not allowed a council house because of our son's ASBO.

We rented privately before, rotten windows, you could put hands through and dodgy electricity, with damp, black walls. Then we managed to get a council house.

The children need space - it's difficult in a one bedroom flat.

We were in a horrid 1 bedroom flat, it was in bad condition. Now we have a nice two bedroom house, we've been together 5 years and it took a long time to get a house.

Rising housing prices, very little council accommodation. The houses are being taken up by old, single people.

Those on higher incomes also felt that housing was a problem, because it was expensive to buy. Not all, however, welcomed the idea of new houses being built, in case it changed the nature of the community.

Some property is unaffordable, but that's always been the case in this area.

Definitely a problem – a two bedroom cottage is £200,000.

It is a problem but we don't want the village to become too large.

6.2.3 Transport

Slightly more than a third said that transport was a problem for them and public transport was seen by those living in smaller villages as expensive and hopelessly inadequate. Bus drivers were singled out by many as unhelpful or aggressive towards parents with small children and the design of the buses unsuitable for access for prams and pushchairs.

The last bus back from Barrow is at 3.35pm.

No trains on Sundays, the bus is extraordinarily prohibitive. It costs £15 single for 3 adults and three children. But we walk 20-25 miles a day. But there's no transport to get back!

The trains aren't brilliant, my partner used to live in London so it drives him round the bend. We don't use buses but we believe they've just started going to town.

We've two cars but I can see it's a problem for others.

I don't drive although my husband does - I have a bus pass and like to be independent so I use it to take the children to Taunton; its quite a good service - 30minutes- although some other routes go to every little hamlet, like the bus to Wellington takes two and a half hours, Some of the bus drivers are not very friendly to people with big pushchairs and children getting on and off the bus - but on the other hand if there are other people at the bus stop, they will often give you a hand.

Weekly shopping is a nightmare; I have to go to Skegness. It's a £15 taxi ride back, I can't afford it, but it's such a struggle on the bus with 2 children, buggy and shopping. Then when I get back to Wainfleet it's a one1mile walk to get home.

It would be impossible to use public transport. There are only two buses per week from our village. He is taken to and from school by the school bus, but it is an hour drive to Taunton, so he spends two hours travelling each day - far from ideal.

Public transport is rubbish...buses go past you when you have a double buggy.

6.2.4 Isolation

Many of the parents had family living nearby and felt supported by them but slightly more than 40% of parents said that isolation was a problem for them. Among lone parents, nearly 60% said isolation was a problem and among those without private transport, 66% regarded this as a both a problem and disadvantage of rural living.

Not many other children my kids' ages. Nothing for me to do.

It's very lonely; we play on the sand all day.

I've no family nearby, so can't call my mum if the kids are ill. I have friends but only call in real emergency.

There is a lack of friends who understand what it's like living as my son's carer 24/7. They say they understand but there's no chance of meeting with parents with children who have same conditions.

6.2.5 Childcare

A majority, 71%, felt that the childcare available met the needs of their families and in this respect, there were no marked differences between working and non-working parents or other types of families. However, less than half of parents with children over five felt that the childcare available met their needs. Among those whose children were aged between 3 and 5, 81% were making use of their free entitlement. Many of those with younger children use childcare once or twice a week to give their children opportunities for stimulation and socialisation.

Among those who felt that the childcare available did not meet their needs, reasons related to inflexible hours, lack of provision for older children, inaccessibility and a shortage of childminders.

I have to use two nurseries and it doesn't meet my needs.

Childcare is difficult here. There is the Nursery at the Children's centre, but it is not flexible. I work 6 hours a week but the Nursery offers only half day or full day care and I would have to pay for the time my son would not be attending the nursery. I use a private childminder, which works out cheaper.

There's nurseries, but my daughter finds it difficult to settle. No childminders in Ilfracombe.

The village nursery shuts at 6pm which was too early for me when I was working.

Childminders are few and far between. That would be my preference for childcare if I were to return to work.

I gave up work as a nurse; I was doing 12 hour shifts, but no flexible childcare… I ended up paying to go to work.

There is very little for older children.

There's nothing available for shift working at factories or seasonal work.

There is a shortage of childminders - only four here and - only three who take under eights, Ofsted has put people off. When the boys were little, pre-schools was all there was - they are, however, more flexible than the children centre nursery. There was an after-school club but has now shut down. Lack of childcare means I cannot work full-time at what I am qualified to do - interior design. As it is, I have two jobs, one is the pre-school and one is the cafe, I do work through the school holidays - I have to - but I have to juggle ten hours because of lack of childcare.

6.2.6 Other disadvantages

Other disadvantages identified by parents centred on diminished choice in terms of goods and services and lack of activities and services for older children, e.g. lack of holiday schemes and out of school clubs, difficulties for teenage children in meeting their friends who lived in other towns and villages and lack of a sufficient youth work service. These responses were consistent across those who had always lived in the area as well as those who had moved to the areas. Services for disabled children were an issue for those parents with children with special needs.

We could do with a decent swimming pool; ours doesn't have a toilet and awful changing facilities.

Lack of shops and choice. I can't take kids to McDonalds, the nearest is Barrow. Transport is a problem. Kids see stuff on TV but we can't get it locally. There's a lack of social clubs - not that I get out. The children's centre do stuff for teenagers which is good.

The supermarket is an hour's drive away. It's really hard to get food for my son's special diet – I have to get it over the internet.

Women are stuck up, not friendly to incomers.

Nothing for older children - over 12 - so they just hang around the seafront or the High Street.

There's less choice, say with schools or playgroups, but we're lucky that the schools are good.

When my child gets older, there may be problems for her socialising, living in such a remote area.

It's expensive to travel. The local Co-op is expensive for basics. Can use internet shopping but you have to pay for delivery.

Everyone at the opportunity playgroup drives, you couldn't get there otherwise, if you live outside Taunton.

6.2.7 Impact of recession

Parents were divided about whether the recession was affecting their families or life in their communities. Among those who felt that it was having an impact, it was because of job losses in the family, or people they knew, or shops and other businesses closing down. Among workless families, however, 82% believed it was having an impact.

Shops are closing; it's got harder to get jobs.

Yes - empty shops and unemployment.

Some redundancies - worrying for some, but husband's business is thriving - coach business.

Yes - can see the slow down, people losing jobs and not able to get a new job. Less people here on holiday.

I don't really notice. I have my benefit and that's it.

Not personally – my husband works from home as a writer. But a dairy farm nearby has been affected.

6.2.8 Length of residence in the area

As noted, less than half of the parents interviewed had always lived in the area or lived there more than ten years, whereas 42% had lived there for less than five years.

In terms of circumstance, experiences and attitudes, there was little to differentiate those who were long-term residents of the area from more recent incomers. However, those who had lived there longest were less likely to agree that rural life was healthy, while those who were recent incomers were more likely to say that transport was a problem for them.

6.3 Use of Children's Centres

Parents used a range of children's centres services. The main use was of Stay and Play sessions, followed by volunteering and or health appointments. Only 10% used children's centres to access specialist appointments and only 2 parents reported that they had used the centres for help in getting back to work. Although the last figure is very small, many of those participating in training courses and workshops saw this as having future or potential relevance to gaining employment.

Some of those using the children's centres also made use of the nurseries, which in all cases, were contracted out to childcare providers.

Fig 4: Use of children's centres

Stay and play	Workshops/ training courses	Volunteering	Breastfeeding groups	Smoking cessation groups	Health appointments for you or children	Specialist appointments	Steps towards getting back to work
80%	59%	16%	15%	3%	48%	11%	2%

In families where no-one was working more parents made use of some children's centre services, particularly workshops and training courses and health appointments.

Fig 5: Use of children's centres: Workless families

Stay and play	Workshops/ training courses	Volunteering	Breastfeeding groups	Smoking cessation groups	Health appointments for you or children	Specialist appointments	Steps towards getting back to work
69%	77%	23%	0%	4%	54%	19%	4%

6.3.1 Home visits

Among users, 38% had been visited at home as part of children's centre services by, in order of frequency, a Family Support Worker, Health worker, Specialist worker e.g. Portage, play worker or volunteer. Half had been visited for short periods, involving one or two visits, some had been supported in the home for much longer periods, the longest being 2 years.

The selection for home support related to individual needs. Among those who had been visited at home, 61% were drivers and physically in a position to access centre-based activities.

For all families who had received support in their homes, the support was often broad-based, connected to a range of issues or problems but, most commonly, related to parenting.

Fig 6: Purpose of home visits: Users

Listening & support	Help in the home	Information giving	Advice regarding parenting	Advice about health	Advice about training and work opportunities	Confidence building
26%	3%	39%	45%	23%	3%	10%

Nearly all parents felt they had benefited from this type of outreach support. They regarded the main benefits as being for their children. For themselves, the benefit most frequently described was a reduction in isolation.

Fig7: Benefits of home visits: Users

Gained parenting skills	Health skills	Become abstinent	Reduced mental health problems	Gains in self-confidence	Reduced isolation	Better able to deal with problems	Put in touch with helping agencies	Benefit to child
32%	0%	0%	6%	26%	56%	15%	18%	85%

Portage gives my son a breather from school. It's family orientated, so we talk over other things as well.

I had a bad time, C- section; it's helped me to bond with children.

My lifeline, I was 41 when she was born only been married for a year.

Other parents, amazed how I cope, but he's also just a child like any other. Sometimes I just sit and cry, will tomorrow be his last day?

6.3.2 Outcomes of children's centre involvement

All parent users, irrespective of whether they had been visited at home, were asked if their involvement with the children's centre had made any difference to their lives or those of their families. All of them felt that it had, in particular with parenting and increased confidence.

A minority, 20%, felt that it had helped them with access to training and/or work. Only one person, without access to a car, believed the children's centre had helped with transport.

Social skills for children, social life for me - outside the children, time away from child.

The Incredible Years parenting course - I really benefited from it. It was a bit like a counselling session. You realise you are not on your own.

I can take all 3 children to one session.

I see improvement in families from children's centre and nursery and feel proud to be part of something that makes a difference.

Among workless families, more than a third believed children centre involvement had helped them to access training and work, which is of significance given the low qualifications of this group of families.

Doing the course - Maths was the first exam I've done in years.

Courses always good - done literacy, maths etc.

I wouldn't even have thought of doing courses. Get you out and about. Meet others reduces isolation.

Parents were asked what if any difference it would make to their lives if the children's centre wasn't there. Although all parents were highly positive about the children's centres, for some, the benefits were relatively marginal. Those were most likely to be families who were on higher incomes, had good qualifications, had their families close at hand and were in housing which suitable for their needs.

Not a huge impact, but it's useful it's there.

If the centre wasn't here, I'd have to set up a mums coffee morning, which is what we did - but it's much easier when someone else is organising it - you can just go and enjoy it.

I'm fine I have friends with children of similar ages.

It would be a shame if the children's centre wasn't there - I would be unable to make new friends.

For others, however, the benefits of involvement with children's centres were crucial to their well-being and their ability to cope with a range of challenging issues in their lives.

Without the children's centre, I would probably be tearing my hair out. Everything would go downhill, my confidence would be zilch.

I would miss it very much. The children would miss out on all the activities. I would miss socialising with other mums... and the advice. It would be hard to meet people.

I wouldn't know what to do with myself, I'd be isolated, not get out, R - wouldn't do as many things. I'd be stuck in the house all alone.

I wouldn't have so many qualifications.

Big impact, there's be nothing to do, breaks the tension of being at home alone

I'd be very lonely.

I'd still be sitting at home, being miserable; I think I'd have got Post-Natal Depression.

6.3.3 Need for other services

Parents were asked if there were other services, not currently available from children's centres, which would be helpful for them or their families. Responses clustered around the need for activities for older children, outings and events for the whole family, activities scheduled at times suitable for working parents, dental check ups, more flexible childcare and, among parents with children with special needs or disabilities, opportunities to meet with other parents and play and other activities which met their children's needs.

More for children with disabilities, more groups, at the moment the closest is a 40 minute drive.

We need more facilities for older children.

A youth club and more trips for the whole family.

More for disability, the centre head is up for it, but it's not in her remit.

Basic skills training for adults.

More for dads and more weekend activities.

Childcare, more free crèches to support people wanting to return to work.

Dental check- ups would be good.

Something at weekends, full-time work, means there's nothing we can access.

6.4 Children's centres: Non-users

All but two of the non-users had heard of children's centres and more than three quarters said they would be interested in finding out more.

I know some, but not all of what they offer.

I receive the Sure Start introduction pack.

Not a lot, I know they're doing a manicure course.

I receive the newsletter.

Asked to indicate which services they would be most interested in, the most frequent preferences were for Stay and Play activities, health appointments and workshops or training courses.

Fig 8: Non-users preferences for children's centre activities

Stay and play	Workshops/ training courses	Volunteering	Breastfeeding groups	Smoking cessation groups	Health appointments for you or children	Specialist appointments	Steps towards getting back to work
52%	48%	20%	4%	8%	52%	32%	24%

Among those non-users living in workless households, all were interested in workshops and training courses and three quarters were interested in help towards getting back to work.

Non-users were asked about any reasons they might have for not using their local children's centres. Among the reasons given were being too busy, or already having support from a different source.

Other reasons included some prior negative experience of a children's centre, being in a full-time job, or looking for activities which would include older children.

I work part-time and it's the other side of town.

I would like to get involved if given the chance, but there needs to be something for fathers.

Cliquey, they're not my group of friends at the centre, but I know it's there if I need it. I work full-time.

I need something for the whole family, including my older children.

I smoke, but I don't want to give up.

6.5 All parents: the support they need

All parents, users and non-users were asked to describe, more generally, the kinds of support they might need and the type of person that they would most like to be supported by, if they had problems at home.

Asked to describe who would be their first choice for support, the majority, 54%, said this would be a member of their own family. A smaller proportion, 18%, nominated the children's centre as a first choice for support and only 11% said it would be a health visitor. These preferences were reasonably consistent across different groups of families.

Describing their ideal support person, many parents emphasised the need for someone who was a good listener, easy to talk to and non-judgemental and who had experience of issues or problems in their own lives.

Doesn't treat me like a kid.

A good listener, makes suggestions rather than tell you what to do.

Has kids, listens and offers advice, my generation.

Some parents felt that health visitors would not be a first choice because either they would be judgemental or had no personal experience of the problems families face.

Not patronising, like the health visitor.

Not the health visitor, we contacted her after diagnosis and heard nothing, then she called coming round in 10 minutes, wanted me to complete a form, I said no, but she insisted as she was going on leave. Eventually I did it, but my son was so distressed, I cried for 2 hours afterwards.

However other parents had very positive experience of health visitors.

C – she made sense, straight answers, she did what it said on the pack.

Children's centre staff were more consistently seen as non-judgemental and understanding.

Straight with you, not touchy feely, does what they say they'll do.

Listens and takes on board what you say. Suggests things, doesn't tell you what to do.

6.5.1 All parents: the type of support needed

Asked about the types of support that might be needed, the most frequently cited was someone to talk to, 62%, followed by advice and information, 46%, someone with specialised knowledge, 37% and practical help in the home, 34%.

Asked about the areas of family life that parents would most like help with, the most frequent responses related to children's behaviour or learning.

Fig 9: All parents: Support needed

Health	Managing children's behaviour	Relation-ships	Managing money	Tax Credits and / or benefit claims	Helping children with their learning	Understand school better	Overcome transport problems	Childcare	Getting back to work
33%	51%	15%	15%	27%	43%	40%	18%	32%	29%

While only slightly more than a quarter of parents indicated that they would like help with tax credits or benefits, this rose to a third among low-income parents.

Unsurprisingly, a higher proportion, 50%, of parents living in workless households wanted help with getting back to work and more than half, 57%, of those without access to transport, wanted help with overcoming transport problems.

6.6 All parents: rural proofing

All parents interviewed were asked to suggest how public services in rural areas could best be improved for families with young children and which, if any, of those services should have the highest priority.

The service which most parents believed was in need of significant improvement was transport. More than two thirds of parents, including those who had cars, felt that both the service and the cost of transport needed to be addressed. Among those who lacked transport, 74% believed that improvements were necessary.

If I get a job, it's shift work, which after 11pm, costs £15 for a taxi home.

A regular bus service, with concessions for families.

A ring and ride service for young families.

Mums on their own, living in rural areas, should have funding for taxis. When you're on your own all day, that's when depression kicks in.

More mini-buses, a parent sharing scheme – where people give lifts to each other.

The next priority for improvement was increasing the supply of jobs. Among all parents, 58% thought there needed to be more jobs and this rose to 74% among parents living in workless households.

Help for mothers returning to work, adapting their current skills, rather than re-training.

Millom used to be a good factory town, but it's all gone now, it went in the 1980's. Jobs are needed, but not sure they can deliver.

More than half believed that more housing was needed and that housing needed to be more affordable and a similar proportion thought there should be more mobile services. Other improvements related again to provision for older children.

More services visiting the area, within the local community, rather than have to travel out of the area.

More shops, for example, Co-op only stocks nappies up to a certain age.

Bank only opens 3 morning a week, there is no ATM, so getting cash is a problem.

Nowhere for kids to go for training opportunities in Millom.

More for teenagers, more youth activities.

Support to develop my own business.

7

Main findings and discussion

This study provides a snapshot of children's centre delivery in rural England, together with the perspectives of parents, both users and non-users of children's centre services.

It was not intended as an evaluation of the centres visited, for that would have required a much more detailed review and examination of process, outcomes and value for money as well as a means of disaggregating the differential impacts of different service components.

The case studies were selected as examples of good practice. They may or may not reflect the standard of children's centre delivery in other rural communities, but the consistency of approaches taken, among the case study centres, suggests that they may well be typical of an emerging "rural" children's centre model.

As noted, the parents interviewed were selected as being reasonably representative of other families within the selected areas. The numbers of fathers were quite small, however, and there were few interviewees from black minority ethic groups.

However, to the extent that those interviewed reflected different types of family structure; those who were in work and those were jobless; those living in more and less sparse areas; and those lacking access to private transport as well as those with cars, the sample has provided a broad snapshot of life as it is experienced by parents in those areas.

7.1 Families in rural communities

The findings illuminate very clearly some of the elements of family life which are distinctive for rural areas. The four case study areas varied, economically, demographically and culturally and in terms of their transport links, but there was, nevertheless, a high degree of consistency in the descriptions or rural life, offered by parents and by professionals, across the whole sample.

In this context, the length of time spent living in a rural area did not emerge as a significant variable and the responses of parents who had always lived in those areas were broadly similar to those who had arrived more recently.

The benefits of rural life – peace and quiet, good air quality and access to areas of natural beauty – were acknowledged and shared by nearly all families, but the distinctive disadvantages – the relatively higher costs of accessing good and services, poor public transport, the shortage of affordable housing and physical isolation – were experienced very differently, according to the circumstances of people's lives. In this respect, poverty, in particular, worklessness and lack of private transport appeared to be the key variables.

For the majority of parents interviewed, the disadvantages of rural communities are offset, to an extent, by having a car, or more than one car, having access to the internet and by having support systems of family members or friends.

For a large minority, lacking those assets, however, the disadvantages are very significant, causing some of them to miss out on primary health care, continuing education, the opportunity to have social relationships, childcare and the right to productive employment. For some of them, the realities of day-to-day living are extremely harsh.

While most families believed that rural living offered health benefits for children, the reality, for a significant minority, is that they endure chronic and long-term health problems. Among workless families, nearly half reported ongoing conditions, including depressive illness. Nearly 60% of this group of parents had children who also suffered from chronic health complaints or disabilities. These are the same families who, as a group, lack transport and have the greatest difficulty in travelling to specialist appointments or for primary health care, particularly dental treatments.

The children's centre teams understand very well the harsh conditions of some of the families in their care and also believe that the current recession is making its effects felt, from being unable to afford a child's lunchbox, becoming unemployed, to increasing the likelihood of parents getting into arrears with childcare and other payments.

Overall, parents were more divided about this, but many of them, too, were aware of job losses and of shops and other businesses closing down and among parents living in workless families the overwhelming consensus was that life is getting harder.

7.2 Rural Poverty

Poverty has also been shown, conclusively, to have the largest impact on outcomes in the early years.[53] Poverty is not simply about lack of money but also increases the risk of stressors like debt, ill-health, poor housing and educational outcomes.

In the communities which were the focus of this study, a large proportion of families reported being on very low incomes and in this context, poverty is perpetuated by the nature of the local economies which are characterised by seasonal work, whether in agriculture or tourism; low pay; shift work, or self-employment.

Within this low-income group, however, workless families are the most acutely disadvantaged. Low skills, lack of private transport and poor health are significant barriers to finding or sustaining employment and poor public transport is a significant barrier to accessing help. In this context, rural poverty is distinctive from its urban counterpart, where families, at least, have services close at hand.

[53] C4EO (2009) Narrowing the gap in outcomes for young children through effective practices in the early years

7.3 Children's centres

Enhanced public services, targeted on those most disadvantaged, are conceived as the best means of reducing the impact of poverty on children's experiences and life chances and breaking cycles of deprivation. Children's centres have a responsibility to support all families but, in particular, to engage those families where children's development is at risk of being compromised by poverty and poor environments.

The centres in the study are already tackling the issues which are associated with the causes and effects of poverty. This is the significance of the success of the *My Start* cafe as an outreach mechanism, the support for self-employment which is the hallmark of the *Wainfleet* approach, or the fresh food co-op offered by *Wiveliscombe Children's Centre*. Education and debt management and help with benefits, housing and childcare issues are further aspects of this.

However, there is more which could be done. With further resources, there is, clearly, scope to develop further local rural children's centre action planning to address child poverty. Within this context, a first priority must be to ensure that those families who are cut off from services can be identified and helped to overcome transport and other barriers. The children's centres in the study are endeavouring to do this but, as the *Wiveliscombe* managers observed, there may be families living in the more remote parts of the reach areas not accessing children centre activities or other services, or families who, for a variety of reasons, are reluctant to ask for help.

If they are to achieve their objectives, centres also need to capture detailed information about their users, both at the point of first contact and at subsequent intervals. Only by this can they demonstrate both that they are engaging families from across their communities, and offering services of value. Without baseline data and an outcome measurement framework, centres are similarly unable to effectively track progression for users.

A second requirement would be to focus more systematically on supporting parents in relation to economic well-being. In the immediate term, this might include a more comprehensive approach to supporting families to claim all the in-work and out-of-work benefits available to them and to assist with any problems arising from debt. The interviews with parents suggest that a significant proportion - up to a third of those on the lowest incomes - would welcome this.

More fundamentally, addressing child poverty would mean giving a higher priority to helping out-of-work families to gain and sustain employment, integrating support for employment with the core children's centre offer and ensuring that those leading and delivering the offer are committed to this aim. This would require, among other factors, strengthened partnerships with Jobcentre Plus and with adult training providers.

It might usefully also include further support for self-employment or employment co-operatives. Projects like the *My Start* café or the *Wiveliscombe food co-op*, may, in this context, have the potential to develop as intermediate employment projects. It is not inconceivable, that in rural areas, children's centres could offer a hub for supporting those with pre-existing skills – driving, hairdressing, DIY – to obtain economic value.

While a clear focus should be kept on families lacking anyone in work, the low pay which characterises rural job economies suggests that the aim of achieving economic well-being is as relevant for families who are in work, but on very low incomes. The very high proportion of parents in the study who lacked a Level 2 qualification suggests an urgent need to focus on raising skills. Children's centres cannot do this by themselves but are well-placed to engage, support and mentor parents on Skills for Life, vocational and other training. Accredited volunteering schemes, perhaps providing routes to Level 2 and level 3 qualifications as well as work experience, are also relevant.

7.3.1 Adapting children's centres for rural communities

The children's centres in the study, while responding to the distinct local conditions and need of their communities, nevertheless demonstrated a similarity of approach to the generic features of rural communities. The approach taken also suggests that the some of the early lessons of Sure Start, noted above, have been incorporated in current practice.

Among these cross-cutting features is a creative approach to outreach. An aspect of this was the widespread use of village and community halls, playgroups, parent and toddlers, libraries and leisure centres, fire stations and churches. However, no one mechanism is in single use; it is rather the flexibility and willingness to build access around the needs of different individuals and communities which is the hallmark of the approach.

Another key feature is the evident capacity of the centres to successfully engage and gain the trust of families whose attitudes towards health and education services is coloured by reticence, fear of stigma or loss of privacy. This is one of the reasons why outreach strategies are highly differentiated; understanding that for example, mobile units are not the answer in communities where there is high visibility for parents making use of them.

Although multi-agency working was described as good, it was slightly disappointing therefore, that although protocols existed, in different stages of development, no full data-sharing took place in any of the case study areas. The information held by Health is likely to be of particular importance in very sparsely populated areas, where children's centres may not know, literally, where families are.

Local authorities are increasingly moving towards locality areas, aligning health, children's centres, extended and preventative services and this was the case in the areas visited. This provides the potential for a greatly enhanced local intelligence capacity. The centres in the study were provided with demographic and other cluster information, but it was not clear how much use was made of this.

Among parents, it was clear that some, particularly fathers and those in full-time work, felt the restricted opening hours represented a barrier to participation. In order to ensure that they can reach all sections of the community, children's centres might wish to accelerate plans to extend to evening and weekend opening.

There was also a consensus among staff about the desirability of extending the age range of centres – while retaining a focus on younger children. Where this has been tried it seems to have increased the participation of families.

By bringing youth services, support for training and employment and broader adult learning within an extended offer, children's centres may have a better chance of engaging those who are currently non-users.

This was echoed by the parent interviewees. Together with transport, housing and the nature of the job market, the lack of opportunities for young people was a definite and recurring theme. The view, too, among many, was that the ring-fencing of centres for under-fives was an artificial distinction, not attuned to the realities of family life or the practical difficulties of having to transport children of different ages to separate locations. It represented also, for some, an under-use of a valuable new resource for their communities.

7.4 Local authorities

The Child Poverty Bill, when enacted, will place a duty on local authorities, with their partners, to develop a needs assessment and strategy to reduce child poverty within their areas.

In this, they may be helped by the range of child poverty pilots, announced in the 2008 Budget. These will explore new ways to co-ordinate local efforts to reach families at risk of poverty and deliver the services they need. DCSF has also commissioned the Centre for Excellence and Outcomes (C4EO) to help local authorities develop and put into place whole-area child poverty strategies. This will include production of a knowledge review and evidence about what works; recruitment, including twelve sector specialists who will work with local authorities to build capacity and improve services on child poverty.

However, as local authorities begin to prepare for their new responsibility, it is important that the distinctive aspects of rural poverty are accorded a high visibility and priority. As a first step, some of the approaches demonstrated by the centres in the study merit dissemination as exemplars of good practice.

If the aims of the Child Poverty Bill are to be achieved, it should also be a particular priority in rural areas to identify those families who are lacking transport, at risk of exclusion from primary health care and in other ways prevented from accessing services.

On the findings of the study, the time and effort invested in local consultations and needs analyses varies from children's centre to children's centre, particularly in relation to priority or non-user groups. Such exercises, on a centre by centre basis are expensive. Local authorities should instead undertake or commission such needs analyses as part of their strategic role.

While families lacking transport are among those most likely to miss out on services, those with children with disabilities are also likely to experience poverty and among parents, provision which is sufficiently inclusive is felt to be in short supply. The needs of families living with disability, together with other priority groups, should also be recognised as integral to any effective needs analysis.

Similarly, the low skills base in rural communities suggests the need for a strong strategic lead from local authorities. Across all parts of the UK, the continuing low engagement of low-income groups in post-compulsory education helps to perpetuate inequalities in health and well-being, aspiration and self-esteem. In rural communities, this is exacerbated by distance and transport difficulties. Families where parents lack vocational skills or qualifications should also be identified as part of local authority needs analyses.

Education and training for parents should be established within the mainstream work of children's centres, recognising that there can be no lasting solution until definitive progress is made towards increasing the skills and employability of those parents who are most economically marginalised. Other barriers to employment, such as the availability of childcare, poor health or disability, require a strategic and authority-wide commitment if they are to be tackled effectively.

7.5 Transport

Poor public transport means that opportunities which would be taken for granted in urban areas such as visiting the dentist or attending appointments with schools and specialist clinics, often require time and arduous effort and - in some cases - are effectively denied to families in need. In this context, poor public transport may be a contributory factor in children not achieving normal developmental outcomes.

As suggested above, the significance of this suggests the need for early identification of families lacking private transport, particularly in the most sparsely populated hamlets and communities. This identification could be made by health visitors on new birth visits or by community midwives, or by children's centre staff.

Transport already features strongly in rural strategies. Government funding for local Rural Transport Partnerships has helped develop private and public sector schemes linked to community-led activity. Rural Community Councils across the country either host the work of Rural Transport Partnerships or contribute to them. Such community transport schemes include car clubs, Dial–a–Ride, minibus services and buses which provide trailers for bikes.[54]

However, it was clear from the parents interviewed that many, perhaps most, felt that improved public transport should be at the heart of making the country a better place to live, even among those with their own cars.

Public transport is a fundamental service. The issues which have the most direct bearing on access to health and other services and addressing rural poverty are:

- transport which is accessible to families and suitable for prams and buggies, including families with disabled children;

- bus routes and timetables which allow those living in remote areas to travel to centres of employment, for the purpose of accessing healthcare, education and for training purposes; and

- subsidised or concessionary fares for families with children.

The children's centres in the study are aware of the problems of parents without access to transport and the willingness of staff to use their own cars to transport parents illustrates the lengths staff are prepared to go to overcome barriers of distance.

However, transport did not emerge as a strong theme in the accounts by parents of the help they had received from children's centre services and this is perhaps something which should be reviewed, as it may be that parents are not fully aware of this kind of help. Children's centres might also wish to approach local transport planning authorities and partnerships for help and support to identify and pilot innovative transport strategies to support the participation of families who are physically isolated.

[54] www.acre.org.uk/DOCUMENTS/ruralevidencepapers/transport_rep.pdf

7.6 Health

As noted, although there was a widely shared view that the country was a healthy place to live, among low income families, health problems were much in evidence. Since those were the families also most likely to lack transport the efforts made by children's centres to overcome barriers to healthcare are positive and significant.

Mental health problems, where they exist, are likely to be exacerbated by isolation. Many parents described feelings of intense loneliness prior to receiving help from the children's centres. Family support workers clearly have a pivotal role and the *My Start* model, involving links to the Child and Adolescent Mental Health Service and to Home Start offer a particular exemplar.

Rural children's centres are developing a range of outreach techniques to bring families and services together and this good practice could be disseminated more widely. Multi-agency working, described as good by those participating in the study, could be enhanced through full data-sharing between health and other services, to ensure that isolated families with young children are identified early; if possible during pregnancy.

7.7 Childcare

The study shows that the take-up of the free Early Years entitlement is near universal in the areas studied. Evidence was lacking on the extent to which this is having an impact on children's achievement and this is possibly something which could form part of children's centre monitoring in rural areas for the future.

But childcare was frequently described by parents as either too costly, or not sufficiently matched to their working hours or other needs. Group-based childcare is rarely available for shift workers and the seasonal nature of employment requires weekend or evening care, short or longer term. Lack of provision for school age children was also an issue, as was a shortage of crèches and childminders in all of the areas in the study.

Some of this is confirmed by the childcare sufficiency assessments published by the relevant local authorities, which pinpoint gaps relating to after-school and breakfast care and the supply of childminders.

Children's centres should review with their contractors the flexibility of their provision, consistent with ensuring its financial sustainability. An increase in part-time, flexible places might have the effect of increasing occupancy. The provision of breakfast, after-school and holiday care similarly could increase occupancy at the times of the day when there is least demand for places for younger children.

Evening or weekend care could be facilitated by strategies to increase the supply of appropriately registered childminders, who could also fulfil the role of bank staff for the nurseries, covering sickness, absence or vacancies. Childminders could also assist with the delivery of crèches. At the margin, these strategies could increase, in small numbers, the supply of local jobs.

7.8 Building Social Capital

Staff were asked for their views on best practice in relation to rural children's centre delivery and their responses reflected the work of their own centres and a willingness to listen to communities.

Being adaptable, willing to do differently what was planned, but still get message across, work out a different way of doing things.

Only way to do it is through integrated working – delivering services through outreach. It takes longer – and you have to allow time for that to happen. If you want to meet the needs of rural communities, you have to have time to get to know them and to be flexible.

It's about the fundamentals...listening and accepting where people are.

Three of the centres were voluntary sector managed but, in all four, voluntary/statutory relationships were well-established. There was some evidence of smaller voluntary groups in funding difficulties, but it was not possible, within the scope of the study, to follow this up.

In relation to the VCS centres, it was clear that partner services and their local authorities were aware of the value added by commissioning in this way. A common view was that voluntary organisations may have wider affinity networks or be better placed than local authority agencies to establish relationships with a wide range of agencies.

A further value was expressed in the central resources held by the particular national charities whose centres formed part of the focus of the study. Those resources were seen as including HR, staff development, financial monitoring and the opportunity to import good practice from other local projects.

There were, however, no significant differences in approach between the VCS centres and the local authority children's centre which was, in any case, a former Sure Start Local Programme and many of which worked closely with the voluntary sector or recruited voluntary sector staff.

The ownership and management of centres may be less relevant than the style of operation. Volunteering, where it includes training and progression for participants, may provide or lead to paid employment, but is also a form of social capital building which may be particularly well-suited to rural communities.

7.9 Making rural poverty a priority

Within DCSF practice guidance for children's centres, rural families do not constitute a priority group, nor is poverty itself addressed explicitly in guidance about priority families. The evidence of the study suggests that DCSF should consider making rural poverty a further priority category adding this to existing guidance for children's centres.

There is already a rural disadvantage weighting in the allocation of Sure Start Grant but it was not possible, within the scope of the study, to evidence whether the sufficiency of this should be reviewed by DCSF at this time. However, it may be that this should be undertaken at a reasonably early date. To facilitate this, children's centres should be supported by their local authorities to capture the additional costs of delivering services to rural communities, through outreach and other means.

7.10 Conclusion

This short study has highlighted some of the challenges and opportunities experienced by families in rural areas and the responses of a small number of children's centres. It has shown that rural children's centres are reaching many of the families within their communities who are most in need and supporting them to overcome barriers to other health, education and welfare services. However, this work is resource intensive and there is a danger that, if resources are spread too thinly, those most in need may miss out.

The study has also highlighted some good practice models associated with rural outreach. In so doing it has illuminated a deep strand of solidarity between children's centres, their partners and parents, to improve the quality of life for children in some of the most sparsely populated communities.

However, it has also identified some of the intransigent difficulties which rural living presents for families with young children, in particular those subject to poverty and worklessness. In this rural context, factors like transport or access to skills training have a greater impact than they would in a large town or city, but are not reflected in children's centre practice guidance. Opportunities for older children, similarly, are a pressing priority in remote areas where children are unable, literally, to spend time with their friends. On the evidence of the study, the children's centre model is a welcome development for rural families but to be fully effective it must be enabled to respond freely to the distinctive and different conditions of rural life.

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Study of Children's centres in sparsely populated areas – Pre-visit questionnaire

Name of Centre:

....

Address:

....

Postcode: .... Tel No: ....

Name of Head of Centre ....

Are you Local authority managed ☐
Part of a larger charity or organisation ☐
An independent body ☐

Catchment
What is the name of the geographical area you cover?

In terms of size, which category describes your catchment?

Less than 10 square miles ☐
10 – 25 square miles ☐
25- 50 square miles ☐
50 – 100 square miles ☐
100- 200 square miles ☐
More than 200 square miles ☐

How many families with at least one child under five live in your catchment area (if known)? ☐ ☐ ☐ ☐

What is your reach target? ☐ ☐ ☐

Users
How many families used your services in the most recent month for which you have figures?

If known, how many are?

Lone parents ☐
Workless families ☐
BME families ☐
Families living with a child/adult disability ☐
Travellers' families ☐
Prisoners Families ☐
Teenage Parents ☐

How many families are referred by health visitors/social services/other? ☐ ☐
(Please enter numbers)

Appendix 1 cont.

How do families find out about you?

By word of mouth ☐   Leaflets and posters ☐   Health services ☐
Outreach services ☐   Community associations ☐   Social networks ☐
Street markets ☐   Local radio/newspapers ☐   Tick all which apply

Core offer and additional activities
Which of the following are you able to offer?   Tick all which apply

Early education and childcare ☐
Family support and outreach ☐
Links with Jobcentre Plus ☐
Support for children with special needs ☐
Child and family health services ☐
Access to specialist services ☐
Adult education and training ☐
Toy lending ☐
Volunteering opportunities ☐
Other please specify ☐

Which of these services are provided on an outreach basis?

Do you provide help with transport to enable families to travel from their homes to access services?   Yes ☐   No ☐

Hard to Reach
Can you provide evidence of engaging with families considered to be "hard to reach"?
If so, please tell us briefly how you assess and measure this?

What are the main problems/issues facing families in your area?

What might prevent families from using your centre?
How do you address this?

Multi-agency working

Do you work with partner agencies?
If so, do you work with any of the following?   Tick all which apply

Health visitors ☐
Voluntary and Community Groups ☐
Drug and Alcohol Teams ☐
CAMHS ☐
Midwifery Services ☐
Social Services ☐
Disability Teams ☐
Family learning ☐
Other, please state ☐

Who are your main voluntary sector partners?

Thank you – please return by e-mail to:

…………………………………………………………………………..…………………………………………………………………………….

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Appendix 2

Interview Children's Centre Head

1. Preamble

Thank you very much for agreeing to talk with me and to help us with this study.

As you know, we have been commissioned by CRC and the Rural Coalition for Children and Young People to undertake a short "snapshot" study of children's centres for sparsely populated areas, with the aims of capturing the particular problems and barriers to access to children's centre services experienced by children and families living in areas such as this, particularly those families affected by social exclusion; and the strategies adopted by children's centres and their partners to meet the needs of families. Yours is one of four centres we are studying in some depth and was selected as a possible exemplar.

We are particularly interested in identifying best practice and how exemplar approaches could be replicated more widely. We are also trying to find out what are the strategic and resource implications of providing children's centres in sparsely populated areas and understanding what impact, if any, the downturn in the economy might be having on the delivery of services.

You will see that the questions are focussed on these topics.

2. Conduct of the interview

2.1 Explain that, with the consent of each participant, the interview will be recorded.
2.2 Reassure regarding confidentiality and explain any verbatim comments will only be used, for illustrative purposes and not attributed.
2.3 Confirm the length of the interview – 1.5 hours.
2.4 Check to see if there are any questions or concerns.

3. Background of respondents

Could you please:
3.1 Briefly describe your role in relation to the programme of work undertaken by your staff (and volunteers)?
3.2 Confirm the size (numbers) of your overall staff team? If you have voluntary workers, how many are there?
3.3 Tell me how long you have been in your current role?

4. The needs of families

4.1 You have already given us, in the pre-visit questionnaire, valuable information about the needs of families in this area but, to gain a better understanding, we would like to talk to you about these needs, now, in some depth. Firstly, can you tell me which groups of families are the priority/targets for your strategy and delivery programme and how were these decided?

Appendix 2 cont.

Prompt: decided locally/part of local authority strategy/both

4.2 What needs assessment took place, prior to the programme/strategy being developed – what did this involve? Has the needs assessment been updated from time to time? Were families involved in shaping the strategy? How flexible is the service in terms of responding to the needs that parents identify for themselves and their children?

4.3 Can we talk now about the problems families living in this area face in accessing services and being at risk of social exclusion? Firstly health – many people think that a rural area is a healthy place for children, but are there particular health problems, specific to an area like this?

Prompt: elicit any health problems per se, as well as problems arising from not being able to access e.g. primary care and specialist appointments

4.4 Finding affordable and suitable housing is a problem in many rural areas- would you say this was the case in your area and if so, how does this impinge on child and family health and well-being?

4.5 Childcare – how difficult or otherwise is it for families living here to access quality affordable childcare and what is the main type of childcare needed?

Prompt: sessional/ full daycare/crèche provision

4.6 Unemployment is a problem everywhere – are there additional problems arising from being out of work in a rural area and what are these? Where do families go to get help with job-seeking and/or raising their skill levels?

4.7 Isolation can have a negative impact on well-being, even mental health; would you say this was a significant problem in this area?

4.8 Transport is a key issue and barrier to accessing services in remote areas. Could you tell me a bit about the extent of this as a barrier in this area? What if any other barriers are there?

4.9 Is the economic recession having an effect on families, or your capacity to meet their needs?

5. Service design and delivery

5.1 You have already given me information about your core and extended delivery programme. Are there any areas of the core offer that are not fully developed or you would like to be able to develop further. Are there resource implications and if so, what are these?

5.2 Are there activities within what is called "additional activities" that you are not able to deliver or not able to deliver as fully as is needed and if so, what are the resources you need?

5.3 Who are your main delivery partners and what is it you are trying to do together?

5.4 What if any use do you make of:
Mobile units   Satellite venues

5.5 What services do you deliver on an outreach basis? Does this include home visiting? What is the nature and purpose of home visits? How many families are visited at home or somewhere near their homes?

Appendix 2 cont.

5.6 Can you tell me about any specific projects/approaches to service delivery which you have delivered in direct response to the needs of families in a sparsely populated area? Which if any, are designed to address housing problems, rural poverty and transport issues?

6. Hard-to-reach

6.1 What can you tell me about the families you are targeting? Why do they need support? Would you consider them to be hard-to-reach and if so why?

6.2 From your experience of working here, do you think families understand what children's centres are trying to do? What kinds of perceptions might they have of the children's centre and its activities, aims and objectives? Are these perceptions consistent, or do particular groups of families have different perceptions?

6.3 What, if any, are the main ways in which your work can alleviate or reduce child and family poverty? Would you expect eventual entry into training and employment to be among the changes you hope for?

Prompt – how do these relate to the ECM objectives

7. Measuring Benefits and Success

7.1 How well is your strategy working – what has worked well and what has worked less well? What approaches have been most /least successful in engaging hard-to-reach families? What are the main reasons why parents might drop out of a service? How do you find out what the reasons are?

7.2 We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. How, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process?

7.3 What strengths, in your experience, can the voluntary sector bring to the management and delivery of children's centre delivery? How, if at all, do you evidence these? Are there any disadvantages in being a voluntary sector provider?

NB – this question only for voluntary sector providers, could be reversed for the local authority managed centre, i.e. what advantages as a maintained provider?

7.4 What are the main ways, if at all, in your view that the children centre model could be adapted or 'rural-proofed' for sparsely populated areas, in terms of the age range of children, the core offer or additional services, or in terms of resources?

7.5 How would you sum up "best practice" in terms of delivering children's centres in sparely populated areas?

8. Staffing and Resourcing

8.1 What are the main skills and qualities you want from your outreach staff? What if any prior qualifications are relevant? What prior experience would you look for when appointing staff?

Appendix 2 cont.

8.2   What forms of training and support have you found to be useful, in terms of personal and professional development for your staff – and for volunteers? Have you developed these yourself or have you found any external training programmes to be particularly helpful?

8.3   Do you think that there is a need for a training programme to raise awareness of the particular issues which affect living and working in sparse rural areas raises and provide evidenced practice models for those working with families?

Prompt – are issues relating to 'hard to reach' groups in rural areas sufficiently specific and separate to warrant specific training?

8.4   Can parents make good outreach or centre-based workers, either as volunteers or as staff? What are the benefits of using parents? Are there any disadvantages in using parents and if so, how can you overcome these?

8.5   How, if at all, is the success of your strategy influenced by the level of funding available? What more could you do/achieve if you had more resources? What impact, if any, has the economic downturn had on families and communities and on your work?

Thank you

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Appendix 3

Interview Outreach Worker

1. Preamble

Thank you very much for agreeing to talk with me and to help us with this study.

As you know, we have been commissioned by CRC and the Rural Coalition for Children and Young People to undertake a short "snapshot" study of children's centres for sparsely populated areas, with the aims of capturing the particular problems and barriers to accessing children's centre services experienced by children and families living in areas such as this, particularly those families affected by social exclusion; and the strategies adopted by children's centres and their partners to meet the needs of families. Yours is one of four centres we are studying in some depth and was selected as a possible exemplar.

We are particularly interested in identifying best practice and how exemplar approaches could be replicated more widely. We are also trying to find out what are the strategic and resource implications of providing children's centres in sparsely populated areas and understanding what impact, if any, the downturn in the economy might be having on the delivery of services.

You will see that the questions are focussed on these topics.

2. Conduct of the interview

2.1 Explain that, with the consent of each participant, the interview will be recorded.
2.2 Reassure regarding confidentiality and explain any verbatim comments will only be used, for illustrative purposes and not attributed.
2.3 Confirm the length of the interview – 1.5 hours.
2.4 Check to see if there are any questions or concerns.

3. Background of respondents

Your centre has already provided us with a great deal of useful information about your outreach programme and we are not going to go over this again, but could you

3.1 Briefly describe your role in relation to the outreach programme
3.2 Confirm the numbers of outreach staff you manage?
3.3 Tell me how long you have been in your current role?
3.4 Briefly outline your experience and qualifications

4. The outreach service

4.1 What are the aims of your outreach service?
 • What are you trying to do?
 • Who is the service for?
 • Who decides which service and which families?
 • How many families are you supporting through outreach?
 • Is it delivered in partnership with other agencies e.g. health, if so how?
 • In what ways does outreach from the children's centre build on/complement other outreach activities delivered through the local authority/voluntary organisations?

Appendix 3 cont.

4.2 Are you providing services in buildings or mobile units provided in partnership with e.g. health, schools, library services, leisure, fire services, community buildings, churches, faith groups, or homeless hostels How many of these do you use? Approximately what percentage of users attends activities at an outreach or mobile venue?

4.3 Can you reach all families in your target area? Are there any outlying communities in your catchment area that you are not yet able to provide services to? If not, what are the barriers?

4.4 What help is available locally to overcome transport issues? Is the timing of public transport taken into consideration when planning service delivery Are there are subsidised training programmes to help people learn to drive?

4.5 If so, what are the barriers?

5. Hard-to-reach

5.1 What can you tell me about the families you are targeting?
- How are they engaged?
- Are their needs assessed on an individual basis?
- Why do they need support?
- Would you consider them to be hard-to-reach and if so why?

5.3 From your experience of working here, do you think families understand what children's centres are trying to do? What kinds of perceptions might they have of the children's centre and its activities, aims and objectives? Are these perceptions consistent, or do particular groups of families have different perceptions?

5.4 In what ways does outreach support those families who are experiencing adversity and/or are most at risk of social exclusion?
- Can you describe them?
- What changes are you hoping to see as a result of your outreach programme?
- How will these make a difference to their lives and help to create better outcomes for children?

Prompt – how do these relate to the ECM aims and outcomes?

5.5 In your view, what are the practical and other barriers that might prevent families from making use of services? What, in your view, are the specific problems which arise in sparsely populated area?

5.6 Is the economic recession having an effect on families, or your capacity to meet their needs?

6. Measuring Benefits and Success

6.1 How well is the centre's outreach strategy working?
- What has worked well and what has worked less well?
- What approaches have been most /least successful in engaging hard-to-reach families?
- What proportion of parents drop out of outreach
- What are the main reasons why parents might drop out of an outreach service?
- How do you find out what the reasons are?

6.2 We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. In your view:
- How can these changes best be captured and benefits assessed?
- Are there opportunities for the families themselves to contribute to this process?

6.3 How would you sum up "best practice" in outreach?

7. Supporting Effective Outreach

7.1 What are the main skills and qualities needed by outreach workers in a sparsely populated area?
- What if any existing qualifications are relevant?
- What do think is essential in terms of prior experience?
- What qualifications and experience do you have for your role?

7.2 What forms of training have you found to be useful, in terms of personal and professional development for yourself (and your team)?
- Has this been developed in-house (by whom?)
- Have you found any external training programmes to be particularly helpful?

7.3 Do you think that there is a need for a training programme to raise awareness of the particular issues which affect living and working in sparse rural areas raises and provide evidenced practice models for those working with families?

8. Measuring Benefits and Success

8.1 How well is your strategy working – what has worked well and what has worked less well? What approaches have been most/least successful in engaging hard-to-reach families? What are the main reasons why parents might drop out of a service? How do you find out what the reasons are?

8.2 We are talking about supporting positive change in people's lives. Some of these may be evident in their behaviour, others relate to feelings. How, in your view can these changes best be captured and benefits assessed? Are there opportunities for the families themselves to contribute to this process?

8.3 What are the main ways, if at all, in your view that the children centre model could be adapted or 'rural-proofed' for sparsely populated areas, in terms of the age range of children, the core offer or additional services, or in terms of resources?

8.4 How would you sum up "best practice" in terms of delivering children's centres in sparsely populated areas?

Thank you

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Appendix 4

Interview schedule for Local Authority Officers

1. Preamble

Thank you very much for agreeing to talk with me and to help us with this study.

As you know, we have been commissioned by CRC and the Rural Coalition for children and Young People to undertake a short "snapshot" study of children's centres in sparsely populated areas, with the aims of capturing the particular problems and barriers to accessing children's centre services experienced by children and families living in areas such as this, particularly those families affected by social exclusion; and the strategies adopted by children's centres and their partners to meet the needs of families.

As part of this, we are looking at how other services work with each other and with children's centres and their views of what families most pressing needs are.

You will see that the questions are focussed on these topics.

2. Conduct of the interview

2.1   Explain that, with the consent of each participant, the interview will be recorded.
2.2   Reassure regarding confidentiality and explain any verbatim comments will only be used, for illustrative purposes, in the published report with the prior consent of the person concerned.
2.3   Confirm the length of the interview – 40 minutes.
2.4   Check to see if there are any questions or concerns.

3. Background of respondents

3.1   What is your role within children's centre delivery?
3.2   What does this entail?

4. The needs of families

4.1   Firstly, can you tell me which groups of families are the priority/targets for your strategy and delivery programme and how were these decided?
4.2   What is the nature of the service you provide and how are families or parents or children identified?
4.3   How is your service affected by the rural nature of the community you serve?
4.4   Can we talk now about the problems families living in this area face in accessing services?
For example, health – many people think that a rural area is a healthy place for children, but are there particular health problems, specific to an area like this?
4.5   What other problems might families face in an area like this, particularly those most at risk of social exclusion?
4.6   Where are the main gaps in service provision for those families?
4.7   In what ways can children's centres best help?
4.8   Is there an overall strategy within the local authority for children's centres?

If yes – how was this formulated and what is its purpose and objectives?
What target numbers are involved across all centres?
- How do the numbers distribute across target groups
- How were target groups decided?
- How were needs identified?

If no - are delivery and outreach strategies delegated to individual centres to decide?
- Are they permitted/expected to decide target groups and numbers?
- Conduct own needs analysis

4.9 Do you think the voluntary sector has particular strengths to offer in the delivery of children's centres for a rural community?
How, if at all, does the voluntary sector add value to your work?
Which voluntary organisations have you found to be most relevant to children's centre service delivery?

4.10 What, if any, are the additional cost factors in delivering children's centres in sparsely populated areas?
Are these sufficiently weighted in funding allocations?
What further resources are required to ensure that all families can access the services they and their children need?

5. Hard-to-reach

5.1 What can you tell me about the families are targeting?
Why do they need support?
Would you consider them to be hard-to-reach and if so why?
In your view, what are the main reasons why families might not engage with or use health and other services?

5.2 What part, if any, does poverty play in the problems faced by the families you work with?
What if any impact is the recession having on families in this area?
Does your service play any role, in your view, in helping to tackle poverty and social exclusion?

6. Measuring Benefits and Success

6.1 How well has a multi-agency approach worked?
What has worked well and what has worked less well?
What approaches have been most /least successful in engaging hard-to-reach families?

6.2 From your experience, what lessons can be learned from a sparsely populated area like this, which could usefully inform the children's centre delivery model?

Thank you

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Appendix 5

Interview schedule for other services

1. Preamble

Thank you very much for agreeing to talk with me and to help us with this study.

As you know, we have been commissioned by CRC and the Rural Coalition for Children and Young People to undertake a short "snapshot" study of children's centres in sparsely populated areas, with the aims of capturing the particular problems and barriers to accessing children's centre services experienced by children and families living in areas such as this, particularly those families affected by social exclusion; and the strategies adopted by children's centres and their partners to meet the needs of families

As part of this, we are looking at how other services work with each other and with children's centres and their views of what families most pressing needs are.

You will see that the questions are focussed on these topics.

2. Conduct of the interview

2.1   Explain that, with the consent of each participant, the interview will be recorded.
2.2   Reassure regarding confidentiality and explain any verbatim comments will only be used, for illustrative purposes, in the published report with the prior consent of the person concerned.
2.3   Confirm the length of the interview – 40 minutes.
2.4   check to see if there are any questions or concerns.

3. Background of respondents

3.1   What is your role within your service?
3.2   What does this entail?

4. The needs of families

4.1   Firstly, can you tell me which groups of families are the priority/targets for your strategy and delivery programme and how were these decided?
4.2   What is the nature of the service you provide and how are families or parents or children identified?
4.3   How is your service affected by the rural nature of the community you serve?
4.4   Can we talk now about the problems families living in this area face in accessing services? Firstly health – many people think that a rural area is a healthy place for children, but are there particular health problems, specific to an area like this?
4.5   What other problems might families face in an area like this, particularly those most at risk of social exclusion?
4.6   Where are the main gaps in service provision for those families?
4.7   In what ways can children's centres best help?
4.8   How do you work with children's centres at the moment? How would you like this to develop in the future?

Appendix 5 cont.

4.9   Do you think the voluntary sector has particular strengths to offer in the delivery of children's centres for a rural community? How, if at all, does the voluntary sector add value to your work? Which voluntary organisations have you found to be most relevant to your area of service delivery?

4.10   What further resources are required to ensure that all families can access the services they and their children need?

5. Hard-to-reach

5.1   What can you tell me about the families are targeting? Why do they need support? Would you consider them to be hard-to-reach and if so why? In your view, what are the main reasons why families might not engage with or use health and other services?

5.2   What part, if any, does poverty play in the problems faced by the families you work with? What if any impact is the recession having on families in this area? Does your service play any role, in your view, in helping to tackle poverty and social exclusion?

6. Measuring Benefits and Success

6.1   How well has a multi-agency approach worked? What has worked well and what has worked less well? What approaches have been most/least successful in engaging hard-to-reach families?

6.2   From your experience, what lessons can be learned from a sparsely populated area like this, which could usefully inform the children's centre delivery model?

Thank you

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Appendix 6

Interview Schedule for Parents

1. Preamble

Thank you very much for agreeing to talk with me and to help us with this study.

As you may have been told, I am a researcher and my organisation, Capacity, is undertaking a study, for the Commission for Rural Communities and the Rural Coalition for Children and Young People to look at, firstly, the particular problems families may have in very sparsely populated areas in accessing health, childcare and other service and secondly, the ways in which children's centres help and support parents through their various activities and through outreach and home visiting services.

Children's centres exist to provide childcare and other services for families with young children. By 2010, there will be a children centre for every community, offering play and learning for children, health services and information, advice and support for parents.

We are talking to parents here and in three other children's centres in other parts of the country, trying to build up a picture of the kinds of help and support which parents find most useful and where, if at all, there are any gaps. We are keen to talk to users and non-users of children's centres.

Everything you tell us will be completely confidential and you will not be identified by name within our report. It might be that, while we are speaking, something you say will be so helpful that we might want use it as a quote, but we will first check that you are happy for us to do so, either during the interview or afterwards and we will not use your name. If anything in our discussion makes you feel uncomfortable, I want you to tell me and we can stop or move on to another question.

2. Conduct of the interview

2.1 Explain that, with the consent of each participant, the interview will be recorded but that these recordings will not be shared with anyone outside our research team and will be wiped clean at the end of the study. Check whether this is ok.

2.3 Confirm the length of the interview – 40 minutes.

2.2 Reassure again re: confidentiality.

2.4 Check to see if there are any questions or concerns, but make it clear that questions or concerns can be raised at any time during the interview. Confirm that 'you do not have to answer a question if you do not want to'. Ask if the interviewee is comfortable to begin.

3. About the interviewee

Firstly, tell me about yourself – this information is to give us an overall picture of the families we have spoken to at the end of our research.

3.1 Can you tell me your name?

3.2 Do you live with a partner or husband?

3.3 How many children do you have?
Under 1 year ....   1- 2 years ....   3-5 years ....
6-8 years ....   9-11 years ....   12-14 years ....   15-19 years ....

Appendix 6 cont.

3.4 Does your child/any of your children have any ongoing health problems or any special needs?
If so, can you tell me a little bit about this?

3.5 Do you have any disability or long-term health problem?
If yes, can you tell me a little bit about this?

4. About living in a rural area

4.1   Firstly, can you tell me how long you have lived in this village/town/area?
Always .....   More than 10 years .....   More than 5 years.....
5 years or less.....   One year or less.....

4.2 Have you always lived in a rural area?

4.3 If not, where did you live before?

4.4 Why did you decide to move to this area?

4.5 What are the benefits of living here, as you see them?

4.6 Are there particular disadvantages or problems living in a rural area? For example, health, many people think the country is a healthy place to live and bring up children, do you agree. Are the health services you need available at places and times which are convenient for you and your family?

Prompt: elicit any health problems per se, as well as problems arising from not being able to access e.g. primary care and specialist appointments

4.7 Finding affordable and suitable housing is a problem in some rural areas, would you say this was the case in this area?

4.8 Is isolation a problem for you?

4.9 What types of childcare are available and do they meet the needs of your family?

4.10 Is transport a problem for you?

4.11 Where do families go to get help with skills training or job-seeking?

4.12 Are there other issues or problems we should be aware of, about living in a rural area? Is the recession having any noticeable effect on life in this community?

5. About the children's centre – Users

Are you or have you been involved in any children's centre activities?
If yes, does/did this include any of the following?
Stay and play
Workshops and training courses
Volunteering
Breastfeeding groups
Smoking cessation groups
Health appointments for you or your children
Specialist appointments for you or your children
Steps towards getting back to work
Other

5.2 Are you or have you been visited at home or nearby by a member of the children's centre team?
If yes, who is/was it who visited you? E.g. play worker, health professional, specialist worker, family support worker, volunteer?

5.3 How often are/were you visited?
Once a week
Fortnightly
Monthly
Other

5.4 How long (weeks or months) are/were you visited for?

5.5 How did it come about?
• referral by health visitor
• or other agency
• Asked for help

5.6 What kinds of activities does/did the outreach/home visitor do with and for you?

5.7 Did you feel that you or your children have benefited from the visits?
If so, what are or were the benefits?

5.8 Has involvement with the children's centre generally made any difference to you and or your children? If yes, can you tell me about this?
Prompt – confidence, help with parenting, transport/access to training/work?

5.9 Which aspect of the children's centre has been of most use to you?

5.10 If the children's centre did not exist, what difference would that make to you/your family?

5.11 Are there any services not currently available which, if offered by the children's centre, would be helpful to you /your family?

6. About the children's centre – Non-users

6.1 Have you heard of or come across children's centres in your local area?
If yes – can you tell me what you know of them?

6.2 From the short description I gave you of children's centres, do you think you would be interested in finding out more about what they might have to offer you and your family?

6.3 Would you be interested in any of the following?
Stay and play sessions
Workshops and training courses e.g. healthy eating or English or Maths
Volunteering
Breastfeeding groups
Smoking cessation groups
Health appointments for you or your children
Specialist appointments for you or your children
Steps towards getting back to work
Other

6.4 If not interested – is that because:
You have the support and information you need as a parent of young children
You are too busy
Transport is a problem in getting to the children's centre
Other reason?

6.5 Do you make use of your GP and other health clinics?
If no – is there any particular reason for this?

6.6   Are you visited in your home, near your home by any health or children's services worker not from the children's centre?

6.7   If you had a problem at home, would it be helpful to have someone to visit who could help?
If yes, what kind of help would you like?
If no, are there any reasons, you can tell me about, why you would not want this?

7. Help with parenting – All parents

7.1   Being a parent can be challenging at times – under any circumstances. I'm now going to ask you some general questions about where you find support and the types of help which might be most useful.

7.2   Who would be your first choice to get support in relation to parenting or family matters?

Family member	Children's centre
Friend	Health Visitor
GP	Other

7.3   At the times you need help, which of these might you need?
- Practical help e.g. with housework or transport or respite care where a family member is disabled
- Advice and information e.g. benefits or tribunals, or about health or schooling
- Someone to talk to
- Someone with specialised knowledge

7.4   Which, if any, are the areas of family life that you would like help with?
Health
Managing children's behaviour
Relationships
Managing money
Tax credits and/or benefit claims
Helping children with their learning
Understanding what goes on at school better
Overcoming transport problems
Childcare
Getting back to work
Other

7.5   How, in your view can better support be offered to families living in rural areas?
Better public transport/subsidised transport
More housing/more affordable housing
More mobile services like libraries or mobile children's centres
More jobs
Other

7.6   Can you describe your ideal support person?

7.7   How would you feel if this was a parent from the local community who had been trained to support other parents?

8. Demographics

Before we finish, I am going to ask you a few more questions about yourself and your family. Remember you do not have to answer a question if you do not want to.

8.1   What is your postcode?
        Are you willing to give me your telephone number? I will only use it if I want to quote directly from what you told me in the report – your name will not be identified.

8.2   What age are you?
        Age: 16 – 24 ....   25 – 35 ....   35 and over ....

8.3   Which ethnic group do you consider that you belong to? Show card

Asian		Mixed Dual Heritage	
Bangladeshi		White and Asian	
Chinese		White and Black African	
Indian		White and Black Caribbean	
Pakistani		Other mixed background	
Vietnamese		Please specify	
Other Asian background			
Please specify			
Black		White	
Caribbean		UK	
African		Other	
Somali		Please specify	
Other African			

8.4   Are you a member of a traveller's community?

8.5   What is your family's annual income? Read options
        0 - £15,000 ....   £15,000 - £30,000 ....   £30,000 - £45,000 ....
        £45,000 - £60,000 ....   More than £60,000 ....

8.6   Do you receive any of the following benefits? Show card

Benefit	
Child benefit	
Child support	
Working tax credit	
Childcare tax credit	
Job Seekers allowance	
Income support	
Housing benefit	
Council tax benefit	
Disability allowance	
Other	

8.7   Do you own or have access to a car?

8.8   Do you own or have access to a computer? Do you have Broadband?

8.8   Are you in paid work?
        If yes, how many hours each week do you work? Read options
        0 – 10 hours .... 11 – 15 hours .... 16 – 35 hours .... 35 hours and over ....
        School term times only ....   All year round ....

Appendix 6 cont.

8.9   If you live with a partner, is he/she in employed work? Read options
        If yes, how many hours a week?
        0 – 10 hours ....   11 – 15 hours ....   16 – 35 hours ....   35 hours and over ....
        School term times only ....   All year round ....

8.10   Have you any formal qualifications?
        If yes, what is your highest qualification? – Show card

Qualifications	
No qualifications	
Entry Level – literacy & numeracy	
Level 1 (GCSE grades D and below)	
Level 2 (GCSE grades A-C)	
Level 3 (A-levels)	
Level 4 and above (Certificate etc)	

Thank you