

Research Report DCSF-RR021

Pilot Scheme for Two Year Old Children

Evaluation of Outreach Approaches

Anne Kazimirski, Sarah Dickens and Clarissa White
National Centre for Social Research

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SUMMARY

This report presents findings from a qualitative study of outreach strategies being employed by local authorities (LAs) involved in the Two Year Old pilot. The aims of the research were to investigate how outreach approaches had been designed, managed and delivered, as well as to assess their relative effectiveness in encouraging disadvantaged families to take up a place in the pilot. This was part of a programme of work to evaluate the Two Year Old pilot, carried out by the National Centre for Social Research (NatCen) and the University of Oxford for the Department for Children, Schools and Families (DCSF).

Qualitative case studies were carried out in six of the LAs taking part in the pilot, each involving the key individuals responsible for the design and delivery of outreach (e.g. LA staff, referral partners and setting staff).

The summary covers **key findings** describing how the pilot was implemented, and **conclusions and recommendations** on the critical factors for achieving successful outreach.

KEY FINDINGS

Target groups and outreach approaches

Targeting groups

- **LAs typically targeted the pilot at specific groups** of families. There was, however, variation in terms of the number and type of groups chosen.
- The main **factors affecting targeting strategies** were whether communication, literacy and language outcomes at the end of the Foundation Stage¹, or take-up of three to four year old early years provision was known to be low for particular groups; whether pre-existing infrastructures and expertise existed for working with particular groups; and the LA's interpretation of the meaning of 'disadvantage'.
- The **target numbers** set by the LAs were affected by the accuracy and availability of information about the specific target groups, and the number of places known to be available in childcare settings; where limited data was available about target groups, LAs said that the likely target numbers had been based on imprecise estimates.
- The **number of settings** involved in the pilot varied according to the number of pilot places available within LA areas, the targeting strategy employed, and the extent to which LAs were able to get settings on board in the time available.

The specific groups targeted by the six LAs included in this research were of three broad types:

- **Disadvantage relating to broad family group or circumstances:** Black and Minority Ethnic (BME) families, families with English as an additional language (EAL), traveller/Gypsy/Romany families, refugee/asylum seeking families,

¹ The Foundation Stage is the first part of the National Curriculum focusing on children aged three to the end of reception year.

families living in a hostel or temporary accommodation, families on low income/benefits, workless households.

- **Disadvantage relating to specific needs of parent:** teenage parents, experience of domestic violence, significant caring responsibilities, substance mis-users and lone parents.
- **Disadvantage relating to specific needs of child:** being looked after, on Child Protection Register (CPR), child with additional needs (for example statemented), physical disabilities, learning difficulties, behavioural difficulties, language or communication difficulties.

Outreach strategies

LAs either:

- **Delegated outreach entirely to referral partners and/or Children's Centres.**
 - This was cost-effective because it made use of the infrastructures these professionals already had established for working with their target families.
- Or **conducted outreach themselves**, usually where they had prior experience of engaging families.
 - This had the advantage that families had a single designated point of contact throughout the pilot, and LA outreach workers tended to have a shared understanding of, and therefore a consistent approach to, the target groups.

Identifying families for the pilot

- **Referrals** were used as a means of identifying parents for the pilot where there were a number of groups to target, as a means of ensuring a wide range of families were included on the pilot, and where the target groups were very specific, and referral partners were already working with these groups.
- Otherwise eligible families were identified **from pre-existing information**, and then contacted about the pilot, or **through door knocking or contact on the street**. This was used when target groups were numerous and wide, where eligible families would be easy to identify in this way, or where this was the only means to approach the 'harder to reach' families.
- **Indirect marketing** was used where there were a large number of places to fill, where target groups were wide, or where this was an obvious way of targeting specific groups.

Communication and promotion of the pilot

- **Referral partners were informed about the pilot** by LAs in various ways, from attendance at one or a series of specific LA-organised meetings, through to being contacted about the pilot by phone or email.
- **Where families were informed about the pilot by referral partners**, this was either through a universal home visiting programme by professionals, home visits to families already singled out as vulnerable, contact with professionals responsible for working with families with a specific need or through contact with childcare settings; families **initially approached by letter** were, in some instances, followed up with a personal visit.
- Where **eligible families were informed about the pilot by outreach workers in public places**, this was usually by stopping eligible-looking families on the street, or by door knocking in areas of disadvantage.
- **One on one, tailored approaches** were felt to be a **particularly effective** way of targeting and informing families about the pilot. It enabled professionals to:
 - Introduce the pilot to families in such a way as to make it relevant to their personal circumstances.

- Mention it to families at a point when they thought that families were most likely to be receptive to it.
- Introduce it in a sensitive way that avoided families feeling they were being 'singled out' as a problem family or that the pilot was being 'foisted' upon them.
- Manage communications with families in a gradual and straightforward way, as overloading families with too much information could be daunting for them.
- Generally the approaches felt to be most successful in **reaching the most disadvantaged families** were:
 - Where referral partners identified families, because of the use of discretion this allowed;
 - Door knocking in disadvantaged areas, which had the potential to reach families which were not in contact with services.
- It was clear that some level of **personal discretion was being used to judge eligibility for the pilot** when referral partners were approaching families about the pilot. Whilst this was regarded as necessary where the target groups were numerous and broad, it inevitably resulted in variation in the way referral partners interpreted eligibility for the pilot.
- In general, referral partners identifying families through the course of their work was widely regarded as a **cost-effective way to reach target numbers**.
- The success of **indirect marketing** was felt to be hard to measure, although the consensus was that it yielded far fewer responses than the personalised approaches described above.

Professional discretion inevitably has a role in the interpretation of the target groups and assessing families' circumstances, but clear guidance is needed to ensure all eligible children can benefit from the pilot. This research suggests that ensuring good communication of the outreach strategy to professionals, and in particular why certain groups are being targeted, may help them to apply their discretion in a consistent way, and maximise the chance of meeting targets.

The referral process and support with accessing provision

The referral process

- LA staff were either responsible for **referring families to the pilot** and finding them their childcare place; or they were solely responsible for finding the childcare place, or approving referral partners' decisions.
- **Application/referral forms** for the pilot were usually filled out by outreach workers/referral partners in conjunction with parents, because parents were felt to benefit from support with how best to answer questions and make their case for a place.
- The **success of the referral process** was influenced by: the quality of communication between different agencies over whether parents had been accepted for the pilot; the amount of lead-in time professionals had for each cohort, the longer the easier; and the availability of suitable childcare for parents in an area.
- The research suggests that LAs should aim to **make a decision on referrals within a maximum of two weeks**, and ensure there is a designated person responsible for informing families of the decision.

Support for families in accessing provision

- LAs varied as to whether they offered **support to all parents with finding and setting up a childcare place**, or whether it was up to individual professionals'

and settings' discretion; in some areas, responsibilities in this respect were not felt to have been made sufficiently clear.

- Where **support** was provided it **ranged in intensity**, from providing parents with written information about settings, through to professionals keeping in regular touch with parents and settings to track the progress of pilot families and support them with any problems they encountered.
- Where **settings themselves** were supporting families with starting and continuing to access their pilot place, the evidence was that Children's Centres were particularly well equipped in terms of staff and pre-existing infrastructures to do so.
- Support was felt to be **particularly important where families lacked confidence** in dealing with formal childcare settings.
- Professionals emphasised the importance of contacting families **as soon as a child failed to attend**, and following up promptly with a home visit.

Parents may need support to address concerns about the:

- **Application process**, which could put people off by asking about benefits, income or employment status;
- **Childcare provided**, for example whether the child's cultural or additional needs would be met;
- **Free provision available**, for example some parents assumed they would have to pay for it or were not convinced of their eligibility.

It may be harder to address the reasons why parents **did not take up a place, or later dropped out** when it was due to:

- Parents **not wanting to use childcare** and preferring to look after their children themselves;
- Parents **not being able to get to the location** of the nearest setting available, for example because of transport difficulties;
- Parents having **concerns about the actual childcare** being provided, such as the quality of the setting or concerns over their child's safety (for example if the parent felt the child could leave the setting unnoticed);
- Parents having **other personal issues**, which took precedence over considering applying for a pilot place.

Views on the value of the pilot

LA staff, referral partners, and setting staff typically felt that the pilot was successful in reaching disadvantaged families which would not have been able to afford childcare otherwise. However, discussion of the pilot per se was not explored in great depth, as the primary focus of the interviews was outreach activities. It should also be borne in mind that the sample was focused on those who were most involved in the pilot, and were hence likely to be more positive about it.

Although it is not possible to distinguish here whether the reported outcomes were the result of the pilot versus other factors², staff did report **improvements in children's development**. Improved behaviour in children was also said to lead to **improved relationships with their parents**. In addition greater access to a range of other services, such as training or advice on employment or housing, seems to have been a key positive aspect of the pilot for parents.

² The impact of the pilot is tackled by other elements of the evaluation.

Tangible benefits of the pilot were also identified for the professionals and settings involved. For example, the initiative typically seemed to facilitate **more effective multi-agency working** across services, encouraging links and the sharing of information.

Concerns and criticisms associated with the pilot tended to be associated with the nature of the **eligibility** criteria and whether they unfairly excluded equally disadvantaged families.

CONCLUSIONS AND RECOMMENDATIONS

Critical factors for achieving success

Success was inevitably affected by the extent to which referral partners and settings were **committed to and believed in the value of the pilot**, as this **influenced** their willingness to refer families. In addition:

- **The local context** in which the pilot was set up had a critical bearing on the success of the outreach approach adopted, as it determined the degree to which there was an existing infrastructure that could be built on. The local context depended on the **quality of multi-agency relationships**, whether there was **previous outreach experience** to draw on and the extent to which referral partners and settings were **already working with target groups**.
- **The ease with which the particular outreach strategy of a LA could be undertaken depended on whether:**
 - The target groups could be easily identified;
 - Sufficient resources were available to maintain a personal, dedicated approach from the promotion stage to follow up support;
 - Referral partners and setting staff were clear about the requirements of the outreach strategy and processes;
 - Provision could be matched with the needs of families.

Key recommendations for an effective outreach process

The research found that outreach approaches are likely to be more successful when they:

- Build on pre-existing multi-agency relationships;
- Build on existing experience of outreach work, or of working with target groups;
- Engage in personalised and tailored approaches with families;
- Ensure commitment of all agencies at strategic level;
- Inform professionals about the pilot personally, ideally face to face (but phone is better than email/letter);
- Ensure understanding of the rationale of the pilot, including the target groups, among all involved in the referral process and the provision;
- Provide ongoing support and guidance for all involved, including termly meetings for updates, the discussion of queries, and feedback on the pilot.

Other recommendations relate to:

Having a clear and effective referral process

Where the professionals involved in referring are less experienced and have less confidence with assessing what families need, support with the process of identifying eligible families needs to be provided.

A clear process of **feedback and updates** for referral partners and settings needs to be in place. Clarifying who is responsible for informing the family that the child has been accepted is also important to avoid confusion and potential duplication of roles between the referral partner and the LA.

LAs having adequate lead-in time to prepare the ground

Specifically, time spent on the following aspects of the outreach process is beneficial to its success:

- Consulting other LAs about their approach;
- Discussions about the outreach strategy;
- Informing and briefing referral partners and settings, and encouraging them to come on board;
- Recruiting a wide range of high quality settings onto the pilot, taking into account location and hence accessibility for parents;
- Where necessary, discussing the implications of taking on children with special needs, to help settings feel more comfortable with this and more prepared.

Ensuring sufficient resources and support are available for outreach activities

In particular sufficient resources will allow LAs to:

- Personally approach referral partners from the start;
- Maintain regular contact with referral partners and settings, thus encouraging partnership working and information sharing;
- Maintain the one on one approach with families throughout the outreach process, including follow up support;
- Achieve more extensive outreach with hard to reach families (e.g. spending time seeking out target families through schools or community groups);
- Set up training for settings related to the target groups;
- Provide extra resources for settings working with specific target groups.

The research suggests there is a role at the national level for more **support from DCSF**, in specific relation to outreach. For the Two Year Old pilot, the support provided by DCSF has included the following:

- Quarterly conferences bringing together the pilot authorities, allowing for networking, sharing good practice, and raising and discussing live issues;
- Access to a nominated contact in DCSF, when the need for additional guidance arises;
- An evolving Question & Answer document, answering the questions that LAs most commonly ask;
- A central email box for queries.

LAs felt more help with promotion and guidance about outreach could be provided, and the research suggests an information pack focusing on outreach would be beneficial. This could include guidance on the content of the referral form, and advertising materials (both those aimed at referral partners and those aimed at parents).

In order to ensure LAs make full use of specific guidance in relation to outreach, it is important to encourage and provide opportunities for LAs to learn from each other and share practice from the outset (i.e. before LAs plan their outreach strategy), particularly where they are close to each other geographically, or are working with similar target groups.

The refinement and definition of target groups is the one other key aspect of the pilot that appears to require more dialogue between DCSF and LAs. Target groups need to reflect local needs and priorities, including the need to meet local Early Years outcome duties, but more could be done to improve the way target groups are defined within LAs (once identified). Allowing referral partners some discretion is required to make sure that families which could really benefit from a place are not excluded inappropriately. Nevertheless, not being specific enough led to inconsistency within LAs, as well as confusion and inappropriate referrals. LAs would benefit from clear communication about their level of local discretion, and advice on how to decide which groups to target and how to set criteria to judge eligibility, to help them reach the right balance of flexibility versus clarity.

1 INTRODUCTION

The Department for Children, Schools and Families (DCSF - formerly DfES) commissioned the *National Centre for Social Research* (NatCen) and the University of Oxford in 2006 to carry out an evaluation of the Two Year Old pilot. The primary aim of the evaluation was to assess the effect of improving access to early years education to disadvantaged two year olds³. This report presents findings from a qualitative element of the evaluation, focusing on outreach strategies, and carried out by NatCen in 2007. The aim of this element of the evaluation was to capture the range and diversity of outreach strategies being managed and delivered across all local authorities (LAs) involved in the Two Year Old pilot, and to assess their effectiveness in encouraging disadvantaged, vulnerable and/or hard-to-reach families to participate.

This introductory chapter explains the policy background to the study and the aims and objectives of the research. The design and methods of the study are then described, as well as the structure of the report.

1.1 Childcare and the Two Year Old pilot

The launch of the National Childcare Strategy in 1998 marked a radical shift in government policy by putting childcare provision firmly on the political map⁴ and clearly signalling a commitment to providing “good quality and affordable childcare provision ... in every neighbourhood”. To this end, a 10-Year Strategy⁵ was produced which committed significant spending to improve the quality, affordability, accessibility and flexibility of childcare and early years services.

A wide range of childcare initiatives has been introduced. Funding streams have provided both demand⁶ and supply focused options. Some of these initiatives are universal (e.g. part-time early years education for three and four year olds), while others are targeted at specific populations such as families living in disadvantaged areas (e.g. the Neighbourhood Nursery Initiative, Sure Start). The introduction of Children's Centres has built on many of the existing programmes to bring together, childcare, early years education and a range of other family services. Children's Centres are at the heart of the *Every Child Matters: Change for Children* agenda, and their main purpose is to improve outcomes for young children, particularly the most disadvantaged.

This approach to childcare has been adopted on the basis of a growing body of research which emphasises that early access to early years education can have benefits for children's outcomes, particularly for disadvantaged children⁷. Following the successful introduction of part-time early years education for three and four year olds, a pilot scheme providing 38 weeks of part-time early education to 12,000 disadvantaged two

³ The findings of the rest of the evaluation will be reported separately in 2009.

⁴ The strategy is also closely linked to other key policy priorities, namely tackling child poverty, labour market disadvantage and social exclusion (DfEE (1998) *Meeting the Childcare Challenge: a Framework and Consultation Document*, London: The Stationery Office).

⁵ *Choice for parents, the best start for children: a ten year strategy for childcare*, December 2004, HMT, DfES, DWP and DTI.

⁶ E.g. the childcare element of the Working Tax Credit.

⁷ E.g. Sylva, K., Melhuish, E. C., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Final Report*, London: DfES/ Institute of Education, University of London, from

http://www.dfes.gov.uk/research/data/uploadfiles/SSU_FR_2004_01.pdf.

year olds has been introduced. The key aim of the pilot is to improve the cognitive and social outcomes of children participating in the pilot and to increase take-up of the three and four year olds early education offer.

The pilot began with a small cohort of children in April 2006, followed by further cohorts in September 2006, and January, April and September 2007 (the pilot will be extended further in 2008). Initially 15 LAs were taking part in the pilot (Wave one), followed by a later wave of 17 LAs which came on board in January and April 2007 (Wave two). Each LA has developed a localised plan that fits the needs and circumstances of the community, and chosen target groups that they felt would most benefit from the pilot, within the umbrella term of 'disadvantaged' children. The settings offering provision through the pilot are comprised of a number of different types of childcare and early years education, including Children's Centres, private and maintained day care providers, voluntary and independent sessional care and childminders. The free provision was originally offered for 2.5 hours per day for three days per week (7.5 hours in total) in all but three of the pilot authorities, where 12.5 hours per week was offered (over five days). The offer was later relaxed to allow provision of 7.5 hours over two days rather than three – as just 2.5 hours per day was not practical for some parents who had to travel a long way to the setting.

Since the introduction of the pilot certain eligibility criteria attached to the offer have also been relaxed. Initially, the offer was available only to children who were still young enough to be able to complete three terms of provision, but as this was felt to prohibit too many disadvantaged families taking up the offer, it was subsequently relaxed to a minimum of two terms. Also, the offer was extended from just being available to children not currently accessing childcare to include those who had previously received 'respite care'⁸, as children in that situation tended to fit the profile of 'disadvantaged'.

1.2 Aims of the Outreach Study

The aims of the study were to:

- Explore the range and diversity of approaches taken to outreach;
- Understand how outreach strategies are being managed and delivered across LAs involved in the Two Year Old pilot; and
- To assess the relative effectiveness of these – as a whole, and for particular types of families.

This evidence is crucial to understanding how well the pilot has reached disadvantaged families and overcome the barriers they face in accessing childcare. If the policy is to be rolled-out nationally, this evidence will also inform future outreach strategies for the different target groups of families. This study also provides insights beyond the pilot into the issues around reaching disadvantaged families, which could be used to inform wider outreach strategies.

For the purpose of this research, 'outreach' was interpreted as reaching disadvantaged families to inform them about the Two Year Old pilot and encouraging and supporting them to participate. However, the research specifically sought to investigate how broadly LAs had conceptualised the term outreach.

⁸ Local temporary childcare schemes for families in particular difficult circumstances, e.g. where the children have special needs.

The rest of the evaluation, which will be reported separately, comprises the following elements:

- A mapping study among all the LAs, providing a broad overview of how the Two Year Old pilot has been working, and collecting the necessary information to design the subsequent elements of the evaluation;
- A survey to quantify the effects of the pilot on the families and children involved;
- Qualitative work among parents, in order to gain a richer understanding of the effect that the provision has had on the lives of the families and children involved;
- Quality assessments of settings, in order to feed into our understanding of the effect of the provision for different groups of families and children.

1.3 Research design and conduct

Qualitative case studies were carried out in six of the LAs taking part in the pilot, each involving the key individuals responsible for the design and delivery of outreach (e.g. LA staff, referral partners and setting staff). The reason for adopting a case study approach was to obtain a comprehensive understanding of the way outreach operates across the different parties involved within an area. Inevitably, it has limited the degree to which variation can be captured across all LAs participating in the pilot.

Wave one rather than Wave two LAs were selected, as at the time of the research they had been operating for longer, and therefore had more experience on which to base their reflections about the effectiveness of their outreach approach. Evidence from the mapping study does, however, suggest that Wave one and Wave two LAs were broadly similar in terms of the groups they were targeting and the nature of their outreach strategies⁹.

The six case study LA areas were purposively selected using the mapping study evidence, which ensured we captured variation across the following criteria:

- The number of places taken up;
- The types of target groups;
- The nature of the outreach approach taken;
- Geographical location (rural/urban/inner-city; North/South/Midlands).

In each area we consulted LA staff, referral partners and setting staff. The referral partners tended to be staff in other LA departments, or professionals based outside the LA (sometimes in settings), who already had contact with families in the target groups selected. These referral partners included:

- Health visitors;
- Speech and language therapists;
- Child psychologists;
- Portage workers¹⁰;
- Outreach workers focusing on a particular target group, such as minority ethnic families.

⁹ The research team also presented the findings at a conference of Wave one and Wave two local authorities participating in the pilot, which sought feedback from delegates, and this confirmed that no key approaches had been missed.

¹⁰ Portage workers provide a home-visiting service for pre-school children who have developmental or learning difficulties, physical disabilities or other special needs. They help parents to encourage their children's development and teach them new skills by suggesting activities and daily routines which will make learning fun.

The settings involved in outreach consisted largely of Children's Centres and day nurseries.

Two-day visits were undertaken in each area by a member of the research team. Each visit was preceded by a telephone interview with the LA project manager for the pilot, to discuss in more detail the information provided on the outreach approach in the mapping study, and decide which individuals were most appropriate for inclusion in the research. During each visit, five or six interviews were carried out, usually with one person¹¹, resulting in a total of 33 interviews across the six case studies.

The fieldwork was carried out between February and April 2007. The interviews were conducted using topic guides that outlined the key themes to be addressed and the specific issues for coverage within each. These were used flexibly to allow issues of relevance to be explored depending on the perspective of the respondent - these can be found in Appendices A, B and C. Interviews typically lasted 90 minutes and were tape-recorded, with the respondents' agreement, and transcribed verbatim.

1.3.1 Analysis and reporting

The data were analysed using 'Framework', a qualitative analysis method developed by NatCen that uses a thematic approach to classify and interpret all units of data. It is a systematic and transparent method of analysis that ensures that the analysis process and interpretations resulting from it are grounded in the data and tailored to the study objectives.

A series of charts or matrices was set up, each one relating to a different theme. The columns in each chart represented the key sub-themes or topics whilst the rows represented individual units of data. Data from each interview were then summarised into the appropriate cell retaining the context of the information and a reference to the transcript. Organising the data in this way enables views, circumstances and experiences of all participants to be explored within a common analytical framework that is grounded in respondents' own accounts. This approach has enabled views and experiences to be compared and contrasted both across and within different LAs.

The findings reported have been illustrated with the use of verbatim quotations, case illustrations and examples. Adopting a qualitative approach has made it possible to report on the range of outreach strategies operating, and views and experiences of managing and delivering these. The purposive nature of the sample design as well as the small sample size, however, means that the study cannot provide any statistical data relating to the prevalence of these approaches, views, and experiences.

1.4 Report structure

Chapter 2 provides an overview of the outreach strategy employed by LAs included in the research, and the rationale behind these choices. It then describes how LAs involved settings in the pilot, and how funding from DCSF was employed.

Chapter 3 describes how families were targeted and informed about the pilot and the relative merits of the different approaches used.

Chapter 4 describes how the referral process operated in practice, and the nature of the information and support required by pilot families with finding, starting and continuing to access childcare provision.

¹¹ Some paired interviews and 'mini-groups' (three to four respondents) were also carried out.

Following the description of the outreach process, and how approaches worked, we move on in **Chapter 5** to the factors that are critical to successful outreach. When considering success it is also important to take account of the barriers to families taking up a pilot place or attending the provision (once families have been 'reached') and this is covered in the last section of the chapter.

Finally, views of respondents on the value of the pilot are reported in **Chapter 6**, and we conclude with recommendations on improvements to the outreach approach.

2 OVERVIEW OF TARGET GROUPS AND OUTREACH APPROACHES

This chapter provides an overview of the outreach strategy employed by the LAs included in the research, and the rationale behind these choices. We then describe how LAs involved settings in the pilot, and how funding from DCSF was employed. As will be seen the outreach approach adopted, inevitably, depended on the nature and type of families being targeted, the degree of expertise and knowledge held about these beneficiaries and the experience of working with them.

In summary:

- **LAs typically targeted the pilot at specific groups** of families. There was, however, variation in terms of the number and type of groups chosen;
- The main **factors affecting targeting strategies** were whether communication, literacy and language outcomes at the end of the Foundation Stage¹², or take-up of three to four year old early years provision was known to be low for particular groups; whether pre-existing infrastructures and expertise existed for working with particular groups; and the LA's interpretation of the meaning of 'disadvantage';
- The **target numbers** set by the LAs were affected by the accuracy and availability of information about the specific target groups, and the number of places known to be available in childcare settings; where limited data was available about target groups, LAs said that the likely target numbers had been based on imprecise estimates;
- Some LAs **delegated outreach entirely to referral partners and/or Children's Centres**, on the grounds that these professionals already had established infrastructures for working with their target families. In other instances **LA staff also conducted outreach** themselves, usually where they had prior experience of engaging families;
- **Referrals** were used as a means of identifying parents for the pilot where there were a number of groups to target, as a means of ensuring a wide range of families were included on the pilot, and where the target groups were very specific, and referral partners were already working with these groups;
- Otherwise eligible families were identified **from pre-existing information**, and then contacted about the pilot, or **through door knocking or contact on the street**. This was used when target groups were numerous and wide, where eligible families would be easy to identify in this way, or where this was the only means to approach the 'harder to reach' families.
- **Indirect marketing** was used where there were a large number of places to fill, where target groups were wide, or where this was an obvious way of targeting specific groups;
- The **number of settings** involved or potentially involved in the pilot varied greatly, and depended on the number of pilot places available within LA areas, and the targeting strategy, and the extent to which LAs were able to get settings on board in the time available;

¹² The Foundation Stage is the first part of the National Curriculum focusing on children aged three to the end of reception year.

- **DCSF funding for outreach activities** was largely used to pay for LA staff salaries and administrative costs. The extent to which the level of funding was deemed adequate varied, and certain LAs had to use additional resources for the pilot, for example Sure Start money, general LA resources or administrative resources of referral partners.

2.1 Target groups for Two Year Old pilot

With the exception of universal eligibility in one ward, LAs typically targeted the pilot at specific groups of families. There was, however, variation in the number and type of groups chosen, ranging from areas which targeted a long list of different groups (e.g. 13 in one area) to those which focused on one or two groups. In terms of the type of group there was variation in how narrowly or specifically they were defined.

Pilot groups were chosen either by LA staff (e.g. the project manager of the pilot alongside the Head of Services) or by steering groups consisting of the LA project manager and a range of other relevant local agencies, for example Children's Centre managers, Sure Start programme managers, representatives from LA equality and diversity teams and family services, relevant voluntary agencies, representatives from the health and social services sectors and parent representatives.

2.1.1 Universal targeting within particular wards

This approach involved targeting all two year olds within a particular ward whose dates of birth fell within the criteria for the Two Year Old pilot. The only specification was that they were not already attending a setting (except for cases of respite care).

The overarching reason for the LA adopting this approach was that outcomes for communication, language, literacy and personal and social development for children at the end of the Foundation Stage were considerably lower in the targeted ward than in other wards in the city. The LA also felt that running the pilot in this ward would allow them to track the impact of providing part time childcare places for two year olds on these outcomes. An additional factor was that the administration would be simpler and more efficient to implement than targeting several different sub-groups across the area.

The mapping study of the 32 participating LAs in the pilot¹³ shows that in addition to the LA in this sample adopting universal targeting, seven other LAs also chose this approach, either in a disadvantaged ward or wards, or in one case in a Children's Centre cluster area. In all of these cases (including the LA in the Outreach research sample), universal targeting was not the sole strategy employed; specific groups were also targeted across the LA areas.

2.1.2 Selection of specific target groups

The specific groups targeted by LAs in this research were of three broad types:

- **Disadvantage relating to broad family group or circumstances:** Black and Minority Ethnic (BME) families, families with English as an additional language (EAL), traveller/Gypsy/Romany families, refugee/asylum seeking families, families living in a hostel or temporary accommodation, families on low income/benefits, workless households.

¹³ Bryson, C., and Smith, R. (2007) 'Two Year Old Pilot Evaluation Mapping Study Report'.

- **Disadvantage relating to specific needs of parent:** teenage parents, experience of domestic violence, significant caring responsibilities, substance mis-users and lone parents.
- **Disadvantage relating to specific needs of child:** being looked after, on Child Protection Register (CPR), child with additional needs (for example statemented), physical disabilities, learning difficulties, behavioural difficulties, language or communication difficulties.

The table below puts these findings into the wider context of the 32 LAs participating in the pilot by illustrating the frequency with which these groups were targeted across all of the participating LAs. The asterisk denotes categories which were not evident in the six LAs participating in this research.

Target category	Frequency targeted across 32 participating LAs
<i>Disadvantage relating to broad family group or circumstance</i>	
BME	13
Families on low income/benefits	12
Refugee/asylum seeking	9
Traveller/gypsy/Romany	6
Families living in hostel/temporary accommodation	6
EAL	6
Workless households	5
Families at risk/isolated/at risk of breakdown*	5
<i>Disadvantage relating to specific needs of parent</i>	
Parent with physical/mental health issue*	13
Teenage parents	9
Lone parents	9
Significant caring responsibilities	8
Substance mis-users	5
Experience of domestic violence	5
<i>Disadvantage relating to specific needs of child</i>	
Child looked after	16
Learning difficulties/SEN	16
Physical disabilities/significant health issues	9
Child with additional needs	7
Language/communication difficulties	6
Child on CPR	5
Behavioural difficulties	3
Child in rural area experiencing isolation*	1
Children in poor housing*	1

Rationale for selection of target groups

LAs were given discretion to draw up their own definition of disadvantage based on local needs and circumstances, targeting the groups that they felt would benefit most from the free provision. Where LAs targeted the pilot at a number of different groups of families, the overarching rationale was that disadvantage was diverse, and that reflecting this diversity in their criteria would give outreach workers and referrers the flexibility to include a wide range of families which were deserving of the pilot. In this respect, one LA project manager said that they might end up excluding very

disadvantaged families if they only targeted a couple of specific groups.

There were a number of other reasons why LAs chose to focus on the particular groups that they did.

The first was **low take-up of three to four year-old early years provision** amongst particular groups, or data which showed that those groups were particularly under-represented amongst those accessing two-year old childcare in the relevant LA area. The hope was that involving these groups in the pilot would encourage take-up and thereby make transition to reception classes easier. This was sometimes coupled with evidence from other projects that the group that they had chosen benefited from attendance at childcare settings.

Another was the **predominant social make-up of the relevant pilot areas**. For example, one LA who focused their outreach around Children's Centres said that low income, BME families made up the majority of the population in the Children's Centre catchment areas, which was why these groups were targeted.

A further reason was they wanted to target groups of children who were **having particular difficulties integrating and settling in to schools**; families with English as an additional language, for example, were said by one LA to be an important target for the Two Year Old pilot, and were included in the list of eligibility criteria for this reason.

An additional influencing factor was that **LAs already had established and effective infrastructures for working with the specific groups they had chosen**. This resulted in several advantages as far as running the Two Year Old pilot was concerned:

- They **could reach the families with relative ease**;
- Involving the families with the pilot would be **consistent with other work they were carrying out with these families**;
- And running the pilot would be **cost-effective** because they could make use of these existing infrastructures.

A further reason given by one LA for their focus on a specific target group, children with special needs and disabilities, was that **a pre-existing scheme targeting children with severe and complex needs was excluding children who were not deemed to meet this level of need, but would nevertheless greatly benefit from a childcare place**. The Two Year Old pilot therefore offered a good opportunity to involve these children.

Changes made to target groups over time

Where LAs had selected a wide number of target groups at the outset, these were sometimes refined as the pilot progressed, often in response to feedback from outreach workers and referral partners. This, for example, resulted in the 'lone parents' group being dropped in one area as it was felt to be too broad, and did not necessarily on its own denote disadvantage.

Conversely, there were instances of additional groups being added to the original list, to encompass the types of needs being experienced on the ground by outreach workers and other referral partners. One LA, for example, added the group of 'parents with caring responsibilities' to their original list after referral partners suggested to them that there were some very deserving families in this category. Another LA added the broad category of 'difficult family circumstances' to the very specific groups they were working with, to ensure other vulnerable and deserving families could be offered a place. Examples of such cases included children whose families were in very poor housing, a

child whose mother had severe post-natal depression, and families where children had experienced domestic violence.

Where LAs were targeting very specific groups, there was also evidence of some broadening of the categories they were working with. In one LA, the category 'families in temporary accommodation' was added to the original 'hostel accommodation' group. The main rationale for this change was to provide outreach workers with a larger pool of people to work with; another was the feeling that this group was equally deserving of the pilot.

As will be described in Chapter 3, it was also the case that personal discretion was often employed by referral partners in deciding how to interpret a broadly defined group, or which target groups to focus on.

2.2 Target numbers

The way that LAs had decided on their target numbers varied according to which type of targeting approach they were going for, and the amount of information that they had available about the target groups at the time of setting the numbers. A further influencing factor was information about the likely number of places available in the settings that they wished to use for the pilot.

In some instances, LAs had been able to set their target numbers accurately as a result of having reliable information about the specific groups they were focusing on. For example, Health Authority birth data had been used to establish how many parents within the area had eligible two year olds, and based their target numbers on these figures. In another area information provided by hostel managers had informed decisions about how many eligible homeless families there were to target.

LAs working with a wide range of target groups tended to have used broader indicators to set their target numbers, such as data from their research departments indicating the preponderance of particular types of family, or, in one case, national indicators of the proportion of the population who lived in disadvantage.

Finally, there were cases of LAs saying that their target numbers for one or several groups had been based on imprecise estimates, because only limited data was available about the groups they were targeting. These figures had sometimes been adjusted over time to reflect their experience of the pilot; one LA targeting two different groups, for example, had revised its distribution of places as it became evident that there were more families in one of the groups than they had initially thought.

A further reason for revising target figures was that original estimates had been based on the assumption of 100% attendance from the target families. In this case the LA brought the target more in line with what was known about take-up of three to four year-old funding. In another instance, the target numbers had been lowered because the pilot had been late in starting, and the LA had not been able to include families in the April 2006 cohort.

In some instances, for example where there was universal targeting, LAs gave the impression that places in settings had to be found to match their target numbers, rather than the other way around. In other areas, particularly where the decision had been made to focus on a smaller number of settings, the number of setting places available was what determined the LA's target figures.

Box 2.2 Setting target numbers – key lessons learned

When setting target numbers for the pilot, this research suggests the need for LAs to take the likely number of childcare places into account alongside other background information about their target categories. Time needs to be set aside at the outset for LAs to contact childcare providers to find out how many places they are able to make available for pilot children.

2.3 Overview of outreach approaches

This section provides an overview of the different methods used in order to approach families about the pilot. More detail about the mechanics of these approaches, and their perceived advantages and disadvantages are then discussed in Chapter 3. How families were subsequently referred to the pilot, and supported once a pilot place was taken up, is covered in Chapter 4.

To summarise, in areas where only one or two specific groups were being targeted, they were usually approached about the pilot by professionals already working with them. In LAs where there was a long list of different groups being targeted (both broad and specific), a wider range of methods was often used, including indirect marketing, singling out eligible families from database information, approaching families through a range of referral partners, and in a few cases also searching for eligible families through door knocking and contact on the street. Singling out eligible families for the pilot and approaching them directly was also used in the ward where universal targeting was occurring.

2.3.1 Outreach models – who was responsible for identifying pilot families

LA delegation to referral partners

The most common model was for LAs to delegate responsibility for identifying and approaching families for the pilot to appropriate referral partners. It was used either on its own or alongside the use of LA outreach staff. In several cases, an LA outreach worker was employed to liaise with these partners, but it could also be done by the pilot project manager.

Which partners were involved depended on the target group in question. Where there was a long list of different groups within an area, LAs saw it as necessary to include a wide range of different referral partners in order to reach families. For example, in one LA area, health services, social services, other relevant LA departments, childcare settings included in the pilot, childminding networks, Sure Start outreach staff, charities and relevant voluntary sector organisations and community groups were all involved in identifying and informing relevant families about the pilot as part of their day to day work. Using referral partners was also regarded as useful by some LAs where target categories were broadly defined – for example, ‘BME families’ – because professionals working with those families could use their discretion to decide whether families falling into these pilot categories would benefit from a pilot place.

This approach was also used in the LA areas where target groups were more specific. In these instances, fewer referral partners were involved, because there were usually only one or two specific groups of professionals involved with the families being targeted. Examples included an inclusion team already established to work with children with a significant care need, community family workers with pre-existing expertise of working with traveller and migrant families, or workers with pre-existing expertise of involving families in temporary accommodation with family services.

This model was favoured because it drew on referral partners' pre-existing knowledge of families in informing and designing the outreach approach adopted. In relation to this, the importance of consistency of personnel was emphasised by LA staff and relevant professionals; they felt that families were more likely to be interested in the pilot if it was mentioned to them by a worker already known to them. It was also a cost-effective approach, because identifying families could be done as part of the work that these professionals were carrying out anyway.

LA delegation to Children's Centres

A more exceptional variant of the above model was for outreach to be delegated entirely to the Children's Centres within an area. The rationale for adopting this approach was that the Children's Centres already had an outreach model in place in the form of family support workers who were working with families to engage them in education. Also, in this LA area pilot places were limited to the Children's Centres, so this approach ensured that the numbers of families targeted would match the number of places they had available.

Making use of pre-existing outreach infrastructures was also the reason why other LA areas employed Children's Centres as one of the partners responsible for outreach. For example, Children's Centres said that they had links with health visitors and/or social services, pre-existing home visiting programmes, and in some cases, databases of local families, all of which were useful for identifying and approaching families about the pilot.

LA staff carrying out outreach

In this model, the LA employed its own staff to identify pilot families alongside delegation to referral agencies. In one area, LA staff were solely responsible for identifying families; this was the LA ward where universal targeting was being employed, and here the LA staff were given the responsibility of writing to the families and following up the letters with phone calls or home visits. In another, LA staff carried out this activity alongside referral partners; the particular task of the LA staff in this area was to approach and identify suitable families on the street. The rationale for using LA-employed staff in these cases was that they already had considerable experience of approaching and engaging families through involvement with previous LA projects.

Box 2.3.2 Referral models – key lessons learned

This research suggests that delegating to referral partners and Children's Centres is a cost-effective approach, because it involves making use of already-existing infrastructure. In addition, approaching families about the pilot through professionals already well known to them was often felt to be the most comfortable way to introduce it to them, while for LA outreach workers without prior relationships with families, it could be more challenging for them to build up rapport and trust.

However, a key advantage of the LA staff conducting outreach themselves is families having one designated point of contact throughout the pilot. In addition, LA outreach workers are more likely to have a shared understanding of the outreach strategy - and therefore to adopt a consistent approach - than where a large number of different referral partners are involved.

2.3.2 Ways of approaching families about the pilot

Various means of approaching families were employed by LA staff or by the referral partners or settings that were involved in outreach. The merits of these different approaches are discussed in Chapter 3, which focuses on the promotion of the pilot.

Referral partners approaching and identifying eligible families through course of day to day work

This approach was used across all of the case study LAs, either on its own, or alongside one or more of the other methods described below. In this approach, referral partners given the responsibility of identifying relevant families approached them about the pilot through the course of their day to day work (as described above). More details about the mechanics of this approach and its perceived advantages and disadvantages are provided in Chapter 3.

Using pre-existing information or records to identify eligible families

This model of outreach involved singling out eligible families for the pilot using information held on a database, or professionals' knowledge of their client group, and then approaching them to inform them about the pilot directly, through a letter, face to face contact, or both.

This approach was employed by some Children's Centres in LA areas which had long lists of target groups. These Children's Centres were able to identify families fitting some of the broader eligibility criteria – for example, BME families or lone parent families – from information built up by their outreach workers, family registration data, or lists of families attending other Children's Centre services such as playgroups. In these areas, the approach was used alongside other methods, for example indirect marketing, door knocking, or identification by referral partners, in order to ensure a broader range of family types was included than would have been possible from solely using database information.

In the ward where a universal targeting approach was being employed, it was possible to identify families entirely through Health Authority birth data information, who were written to and informed about the pilot, and then either visited at home or telephoned by LA outreach workers depending on the cohort.

Searching for eligible families through door knocking or contact on the street

In contrast to the above, this approach involved searching for families which might be eligible for the pilot on the street and through door-knocking in disadvantaged areas. A key reason for opting for this method was to find the most disadvantaged and harder to reach families which were not known to professionals, or contained on databases or lists. In one area door-knocking was being carried out in the vicinity of the Children's Centre as a means of reaching those not already in touch with services, for example recently-arrived families (see also Chapter 3). It had also been used in circumstances where it was felt that there would be a high likelihood of finding eligible families through stopping them on the street (e.g. in areas where there was a long list of more broadly defined target groups such as low income households).

Using indirect marketing

A final outreach approach was to employ indirect marketing techniques. This was sometimes led by the LA itself, but also in some instances by settings or other agencies

who had been delegated responsibility for identifying families for the pilot. Two LAs did not employ this method at all, for reasons outlined below.

Indirect approaches tended to be employed where the target groups were broader or were more numerous, so that there would be more chance of families accessing the materials actually being eligible for the pilot. Another reason for using this technique was to try to fill a large number of places on the pilot. Indirect marketing was also sometimes used where target groups were specific, but where there was an obvious means of targeting them through indirect marketing. For example, in the case of families in hostels and temporary accommodation, leaflets about the pilot were left in hostels, and included in welcome packs produced by the council's housing department for families entering temporary accommodation.

There were also a number of circumstances where it was felt to be inappropriate or inefficient to employ indirect approaches. Not surprisingly this was the case where target groups were either very specific and/or already well known to referral partners (e.g. in the case of children with special needs and disabilities). They were also avoided where the number of places to be filled was felt to be too limited to make indirect marketing appropriate. Finally, they were regarded as inappropriate in circumstances where there were felt to be real barriers for the target groups taking up provision. This, for example, was the case where there were cultural barriers or concerns about language barriers; and where one on one contact with a professional was regarded as a much more appropriate approach.

2.4 Involvement of settings

The type of settings offering pilot places and the way in which they became involved in the pilot varied across the LAs. Several LAs said that pilot places were available to families across a wide range of settings in their area, including private, voluntary and LA funded day nurseries, Children's Centres, childminders and play groups. This tended to be the case where the target groups for the pilot were scattered across a large geographical area in which the pilot was operating, and was necessary because parents often wanted to go for a provider based close to where they lived. A further reason for including a broad range of settings was where LAs had a large number of pilot places to fill.

Where there were fewer places to fill, LAs were more selective about the providers they included. One LA for example focused on the maintained sector because they believed that this provision was of a high quality. Another limited pilot places to the 12 Children's Centres in its area, from a belief that Children's Centres offered the best quality provision, and were best placed to carry out outreach work.

The nature of the contact between LAs and settings varied according to the type of target groups being worked with, and the numbers of settings involved. Where target groups were very specific, or where a limited number of settings were involved, support for settings tended to be greater. For example, LAs spoke about providing settings with training to advise them on working with children with significant care needs, or children for whom English was a second language. In some cases, special resources were also provided, for example dual language books. More broadly, settings also in some cases received training around engaging parents, and working with the LA's common assessment framework for identifying children at risk.

In LA areas where a much greater number of settings were potentially recipients of pilot children, the model instead was to inform settings en masse about the pilot at the outset, either by letter or by a visit from LA staff. In some cases, support was then provided on

a needs basis once settings had taken up pilot children - examples of this are provided in Chapter 4.

Box 2.4 The involvement of settings in the pilot – key lessons learned

This research suggests the need for LAs to communicate clearly with all potential settings at the outset of the pilot about the types of families they would be working with if they accepted pilot children, and what training and resources would be on offer to them from the LA should they choose to do so.

Ideally, this communication would take the form of a face to face visit; establishing a relationship between the LA and the provider in this way can ease communication at later stages about the progress of pilot families, and any problems/support needs encountered by the family and the setting. A face to face visit would also enable LAs to gauge the quality of the provision and make a decision about whether they felt that the provider was appropriate (especially in relation to the target groups).

2.5 Use of DCSF funding allocated for outreach activities

The way that the LAs employed the funding allocated by DCSF for outreach activities varied according to which outreach models were adopted. In some cases, the money was used directly to pay LA staff: usually the Project Manager, outreach worker and sometimes also an administrator. Depending on the model adopted, it was sometimes also used to buy time from outreach staff based in other settings such as Children's Centres, for example by paying for staff who had to cover the outreach workers' roles whilst they dedicated their time to the pilot.

However, more commonly, referral partners and settings involved in identifying families for the pilot were not provided with extra resources, because promoting the pilot was expected to fit in with their already existing work.

Other ways in which the money was used were: to fund training and support for the settings included in the pilot; to help fund additional resources for settings, to better enable them to work with the pilot's target groups; and for publicity.

The extent to which DCSF money allocated for outreach activities was felt to have been adequate varied between those who said it had been sufficient to pay for the work they had carried out on the pilot, to those who required extra funding, for example, from the Sure Start grant or general LA resources. This money was required to pay for staff salaries in order to ensure the recruitment of good quality staff, or to cover administrative or marketing work relating to the pilot. Some also said that they had in effect borrowed resources from other funding streams, either through these covering some of the outreach worker's time, or through administration and telephone costs being picked up by referral agencies.

It was also the case that extra money was sometimes said to have been required to cover ongoing support for pilot families once they had started in childcare provision. For example a number of Children's Centres reported having had to redirect money to the pilot from other resources, for example to pay for the purchase of equipment for two year olds, to staff one to one cover where pilot children turned out to need intensive support, or fund interpreters for outreach work.

Box 2.5 **Use of DCSF funding – key lessons learned**

When allocating outreach resources, this evidence suggests the need for LAs to keep some money aside to provide training/extra resources for settings working with particular target groups.

The evidence also suggests a need to extend outreach resources, especially in relation to providing ongoing support – this is discussed further in Chapter 6.

3 PROMOTION OF TWO YEAR OLD PILOT

This chapter describes the way that referral partners and families were informed about the pilot and how families were targeted, in relation to the different approaches outlined in Chapter 2. It then goes on to discuss the relative merits of these different approaches. As will be seen one on one tailored approaches with families were highlighted as being effective in targeting families for the pilot. That said there were concerns about the degree to which the approaches used were able to reach some of the more disadvantaged families in certain target groups.

In summary:

- **Referral partners were informed about the pilot** by LAs in various ways, from attendance at one or a series of specific LA-organised meetings, through to being contacted about the pilot by phone or email;
- **Where families were informed about the pilot by referral partners**, this was either through a universal home visiting programme by professionals, home visits to families already singled out as vulnerable, contact with professionals responsible for working with families with a specific need or through contact with childcare settings; families **initially approached by letter** were, in some instances, followed up with a personal visit;
- Where **eligible families were informed about the pilot by outreach workers in public places**, this was usually by stopping eligible-looking families on the street, or by door knocking in areas of disadvantage;
- **One on one, tailored approaches with families** were felt to be a particularly effective way of targeting and informing families about the pilot. They enabled professionals to mention the pilot to families in a sensitive way that did not make families feel as though they were being 'singled out';
- Generally the approaches felt to be most successful in **reaching the most disadvantaged families** were where referral partners identified families, because of the use of discretion this allowed, and door knocking in disadvantaged areas, which had the potential to reach families which were not in contact with services;
- It was clear that some level of **personal discretion was being used to judge eligibility for the pilot** when referral partners were approaching families about the pilot. Whilst this was regarded as necessary where the target groups were numerous and broad, it inevitably resulted in variation in the way referral partners interpreted eligibility for the pilot;
- In general, referral partners identifying families through the course of their work was widely regarded as a **cost-effective way to reach target numbers**;
- The success of **indirect marketing** was felt to be hard to measure, although the consensus was that it yielded far fewer responses than the personalised approaches described above.

3.1 The way that LAs informed referral partners and settings about the pilot

Information about the pilot was usually given to the referral partner or Children's Centre by the LA project manager or outreach worker during specific meetings about the pilot. Following this initial discussion there were further meetings held during the pilot, to talk about key issues relating to the target groups, take-up of the pilot, and how pilot children were settling in with their childcare providers. Information about the pilot was also

sometimes conveyed by the LA 'piggy backing' onto pre-arranged gatherings of these referral partners, or contacting the relevant partners by phone, letter or email.

Where relevant, those contacted would then 'cascade' information about the pilot down to staff working with families on the ground. It was also often the case that Children's Centres took responsibility for informing other members of their multi-disciplinary teams about the pilot, for example, health visitors, social workers, speech therapists and family support workers. There were examples too however of where professionals found out about the pilot by accident, an example of this being a professional who referred a child to the complex needs panel, who was then asked if they knew about the pilot.

A number of factors affected how well this process worked in practice, in particular whether the referral partners and the LA had previous experience of working with each other, and how well the LA communicated with referral partners. These are all discussed in Chapter 5.

3.2 The way that direct approaches to families about the pilot operated

Chapter 2 has described how there were three main ways used to approach families directly about the pilot. This section describes how these approaches operated in practice, whilst Section 3.3 discusses factors having a bearing on how successful the different approaches were felt to be. Indirect marketing is discussed separately in Section 3.4.

3.2.1 Referral partners/settings identifying families as part of their day to day work

Referral partners and settings often identified families for the pilot whom they were already in contact with as part of their day to day work. However, the extent of this contact, and the way that families were introduced to the pilot, varied greatly.

In some cases eligible families were identified by referral partners who visited all families within the area automatically as part of their professional role. The types of home visits they conducted included:

- Health visitors carrying out two year old assessments;
- Sure Start workers visiting families with two year olds to carry out Sure Start language measures;
- Automatic visits when the child reaches two by Children's Centre outreach workers, in order to assess the child's needs and to invite the family to their mother and toddler group.

In contrast to the above examples, where families were identified as part of a universal visiting programme in a particular area, there were also cases where families being visited at home had already been singled out as vulnerable. Examples included:

- Sure Start home visits to families referred by social services;
- Area inclusion team portage workers visiting families at home whose children had been identified by health professionals as having a 'significant care need';
- Home visits to families identified by health professionals as having a child with complex needs who was not currently accessing services;
- Clinical psychologists supporting families through home visits who had been referred to them through Sure Start.

There were also cases of families being informed about the pilot by professionals who were providing ongoing support for them, such as housing officers working with families in temporary accommodation, community development team staff working with traveller and migrant worker families, and an area inclusion team working with families with children with a significant care need.

A final way in which families were identified and approached about the pilot was through attendance at a Children's Centre or other childcare provider events, such as coffee mornings at a nursery, or Children's Centre-run mother and toddler groups or baby massage groups. In these cases, the workers at the settings said that they looked out for eligible parents at these events, and informed them about the pilot accordingly.

3.2.2 Singling out eligible families in advance and approaching them by letter or telephone

This approach was employed in several LA areas; in the LA ward where universal targeting was adopted, all eligible children were identified from LA birth data, and the families written to. In other LA areas the decision to adopt this approach tended to have been taken by individual Children's Centres, who were able to identify eligible families from pre-existing database information that they held, or by professionals who held information about the whereabouts of specific family groups they were working with. As can be seen from the examples in the box below, whilst in some cases all technically eligible families were approached, in others some selection was employed, for example only writing to the families which appeared to need the pilot the most according to categories the referral partner chose to prioritise, or those who lived close to the Children's Centre carrying out the outreach.

Box 3.2.1 Examples of where eligible families were singled out in advance for the pilot, and approached by letter or telephone call

Approaches by LAs

- *Identifying all the families which seemed to fit its target groups from Children's Centre databases, and sending them a letter about the pilot, inviting them to contact the LA by phone, text or email.*
- *Using the area Emergency Accommodation Team to identify all the families living in temporary accommodation in one area, and sending them a letter about the pilot.*

Approaches by Children's Centres

- *Identifying eligible families from their registration forms, and then approaching them by letter or telephone.*
- *Identifying eligible families by approaching families with older children at the nursery, and family support workers identifying families at parent and toddler groups.*
- *Contacting only those families which had already been identified through home visits as having family support needs - for example, families with substance-misusing parents, or social services referrals.*
- *Focusing on families living close to the Centre, believing that those further away would be unlikely to take up the offer.*

When letters were sent to families, whether and how they were then followed up varied. For the first cohort in the ward where there was universal targeting, letters were followed up with a home visit by LA outreach workers, who then discussed the pilot with parents in more detail, and informed them about childcare choices. For the later cohorts, however, the letters were not automatically followed up, because the resources were not available to do this. Instead, parents were sent the outreach workers' phone numbers so that they could get in touch with questions if they needed to.

The way in which Children's Centre communications were followed up also varied. One Children's Centre, for example, said that it had sent eligible parents a postcard informing them about the pilot, but had not had the resources to follow this up. Others, by contrast, said that follow-up visits were built into this approach, so that parents who were written to would then be visited at home, or telephoned, to discuss what the letter had told them in more detail.

3.2.3 Searching for eligible families through door knocking or contact on the street

Where an LA had employed outreach workers to search for eligible families, there were two main approaches used: standing outside Post Offices, supermarkets and schools in disadvantaged areas and approaching families which looked as though they fitted the criteria; and approaching families at local groups, for example parent and toddler groups and ethnic minority community groups. Children's Centres which also chose to search for eligible families either did this by door knocking in their local area, or by visiting local Post Offices, schools, health centres, churches and shops to look for eligible families and inform them about the pilot. The door knocking approach was sometimes followed with repeated home visits: outreach staff carrying out door knocking for one Children's Centre said that it might involve four or five visits to the family before they had conveyed what the pilot was about; earlier visits might be spent more generally establishing a relationship, building up their trust, and talking about their contact with services in the area.

3.3 Reflections on direct approaches

Direct approaches were assessed according to the following criteria:

3.3.1 The extent to which they best permitted one on one, tailored work with families

Referral partners identifying families through the course of their day to day work was the approach that best facilitated one on one tailored approaches with families. This was because these referral partners were usually already working with families on a one on one basis. As a result they knew the families and their circumstances, and were able to introduce the pilot, where they thought it appropriate to do so, in a sensitive and appealing way. Professionals were able to introduce the pilot in a subtle way, for example, '*have you thought about the possibility of using childcare?*' and focus on the benefits to both the parent and the child of the child attending a registered setting for a few hours a week. In this context, some referral partners or outreach workers said that they had deliberately not been explicit with parents about the target groups, because they did not want families to think that they were being offered help because the professional thought that there was something wrong with them.

Where **outreach workers approached parents on the street**, they were able to tailor their information to the parent they were speaking to. However, they did not have time

to get to know the family well, because their contact with the family was usually limited to one discussion on the street, during which a referral form was completed with interested families on the spot (see Chapter 4). Whilst they said that some families were welcoming, they also on occasions faced hostility from parents about why they were being singled out, or about why they were being asked personal questions, for example about family income and benefit status.

Where **eligible parents were singled out in advance and written to about the pilot**, the one on one approach was possible where letters were followed up by home visits. Following up on written communications was usually more likely to result in successful engagement of families with the pilot. For example, a Children's Centre which had lacked the resources to follow up written communications to eligible parents felt that response rates would have been much higher if they had been able to visit the parents they had written to, to discuss the pilot. The exception was in the LA ward which adopted universal targeting. Here, there was a feeling that by the time of the second cohort, parental knowledge about the pilot through word of mouth precluded the need for a home visit to follow up on the letters. In addition, because targeting was universal, there was no sensitivity amongst parents about being 'singled out', which the personal approach was good at handling.

In summary, the key **advantages of professionals being able to approach families about the pilot in a personalised, one on one way were that:**

- It enabled professionals to introduce it to families in such a way as to make it **relevant to their personal circumstances**.
- It also allowed professionals to **mention the pilot to families at a point where they thought that families were most likely to be receptive to it**.
- Introducing the pilot to families on a one on one basis enabled them to do so with **sensitivity, thereby avoiding families feeling that the pilot was being 'foisted' upon them, or that they had been singled out as a problem family**.
- An additional advantage of one on one approaches was that **professionals were able to manage communications with families in a gradual and straightforward way**, as overloading families with too much information could be daunting for them.

This said, there were referral partners who felt that the relatively short time period allowed for recruiting families to the pilot had meant that they did not always have the time to manage communications with families about the pilot in as gradual a way as they would have liked to. This was because the conditions of the pilot, which required a minimum number of weeks of attendance, meant that the timing of identifying children of an eligible age, introducing the idea of the pilot to them, and making a referral in time for them to reach the minimum attendance required tended to be quite tight.

Box 3.3.1b One on one approaches – key lessons learned

Those approaching families on the street felt that it was key to have a well thought out and sensitive explanation for which types of families the pilot is targeting and why. It was felt important to be truthful about who the pilot is intended for, but avoid describing it in such a way that families felt they were being 'singled out' as failing. Outreach workers also said that they needed to convey in a succinct form the advantages of the pilot – talking about the benefits of social interaction for the children, and of parents having some time to themselves was felt to work well.

With the exception of areas adopting a universal targeting strategy, the evidence suggests that following up letters informing families about the pilot with a home visit, where resources permit, is usually more likely to result in successful engagement of families with the pilot.

The research also suggests that having an adequate lead-in time for each cohort would help ensure that professionals can take time to engage families they are working with around the idea of using childcare provision, rather than rushing them into something they might later decide is unsuitable.

3.3.2 The extent to which the approaches allowed professionals to reach families they regarded as most disadvantaged

There was a lot of discussion amongst professionals about the extent to which the different approaches to families were felt to enable professionals to reach the families they regarded as most 'needy'. This was particularly evident in LA areas which included broad target groups, which were not always regarded by professionals as in themselves denoting disadvantage. As will be seen from the discussion below, views varied about who was 'most needy' or disadvantaged; some professionals regarded the most disadvantaged families as being those who were not in touch with services; in contrast the most disadvantaged families were also defined as those with specialist needs, which as a result tended to already be in touch with professionals.

Outreach workers reaching families through door knocking were usually confident that they were succeeding in reaching at least some of the disadvantaged families which would not have become involved in the pilot through the other approaches described above. The Children's Centre which had decided to door knock in its vicinity, for example, said that it had engaged some families for the pilot who had come from Eastern Europe, and who had taken a lot of persuading about the benefits of their child attending a formal setting. The outreach workers did not feel that these families would have been identified in other ways. However, there was also some feeling amongst these outreach workers that more still could be done to reach certain families; a particularly difficult group to reach were those who did not open their doors to outreach workers.

Usually, **referral partners approaching families about the pilot through the course of their day to day work** were confident in their ability to exercise their discretion and approach those families which they regarded as in need of the pilot. For example, there were professionals who said that they would not necessarily mention the pilot to all 'lone parents' or all 'BME families' in areas where these groups were being targeted, but only those who demonstrated additional disadvantage. Where target groups were more narrowly defined, professionals were also confident they were identifying disadvantaged families, because they said that those falling into these categories were by definition experiencing disadvantage.

However, there were also instances where referral partners expressed some doubt about whether they were always succeeding in identifying the most disadvantaged families. A Children's Centre co-ordinator, for example, felt that it was sometimes hard to identify special needs, because what might appear on first sight to be special needs could actually turn out to be delayed learning. In addition, some referral partners in areas where there were broad target groups said that some of the most disadvantaged families might not be in touch with professionals at all, for example because they had recently moved into temporary accommodation, and their presence was unrecorded in the area.

Where eligible families were being singled out in advance, and approached about the pilot by letter, confidence in whether the most disadvantaged families were being selected was less consistent. Concern was voiced by some workers whether these approaches were reaching the most disadvantaged and whether, given the time and resources, they would be likely to find more disadvantaged families which were not already in touch with the Centre.

This said, there were also professionals employing these means of reaching parents who said that pre-existing contact with a Children's Centre did not necessarily preclude real need for the pilot, and that some very disadvantaged families could be identified in this way, for example the case described in the below.

Box 3.3.2a Example of where pre-existing contact with Children's Centre was not felt to preclude need for the pilot

A family support worker at a Children's Centre used the mother and toddler groups she ran as a means of identifying families which would potentially benefit from the pilot. She used two approaches here; telling all the attendees about the pilot; and, in addition, following up those she felt would really benefit, but who had not come forward, by a home visit. For example, a mother with post natal depression expressed no interest in the pilot when told about it in the group, but when subsequently visited by the family support worker at home said that she would like to take up the offer.

Box 3.3.2b Reaching disadvantaged families – key lessons learned

Where LA target categories include families not already in contact with services, reaching the more isolated families might involve intensive work such as door knocking in areas of disadvantage, or seeking families out through schools. Allowing access to interpreters and translated materials may also be important in this respect. Further key requirements for successful outreach with disadvantaged families are discussed in Chapter 5.

3.3.3 Extent to which the approaches were open to discretion on the part of the professionals using them

The extent to which approaches allowed professionals to exercise discretion over which families to approach also had a bearing on how direct approaches were assessed. Clearly there was more opportunity for exercising discretion where the target groups were broader.

Where **referral partners were identifying families for the pilot through the course of their day to day work**, they exercised discretion in the following ways:

- They only mentioned it to families which were ‘most in need’ (see 3.3.2);
- They did not mention it in circumstances where they felt that they had other, more pressing concerns to work on with the family;
- They did not mention it where they had strong doubts about whether the families would be interested in the offer;
- They only mentioned it in circumstances where they perceived families would benefit most;
- They discounted families which were technically eligible on the grounds that they did not regard the particular target group as appropriate.

Box 3.3.3a Examples of the exercising of discretion

A childcare co-ordinator at a Children’s Centre in an LA area with a broad range of target groups said that the categories were too broad, because all of the families in her areas fitted at least two of them. As a result she had decided to focus on identifying families for the pilot who were ‘really struggling and at risk’, and who she felt would benefit from the pilot more than from other existing services such as mother and toddler groups.

One referral partner who worked specifically with asylum-seeking families and families in temporary accommodation admitted that she rarely mentioned the pilot to these families. This worker’s feeling was that these families had more important priorities than accessing childcare, such as finding housing.

A referral partner said that she did not approach traveller families to tell them about the pilot because her experience of these families in the past was that they did not want to engage with childcare.

In one LA area with numerous target groups, Sure Start language workers decided that fifty per cent of the children they referred to the pilot would be selected on the basis of delayed language development, out of a feeling that the pilot would be particularly beneficial for this group, and that identifying such families would fit well with the Sure Start language measure home visits that they carried out.

A clinical psychologist in one area deliberately chose not to target children with a hearing impairment to the pilot, in spite of the fact they were a named target group, out of a belief that it was hard to know if a child had a hearing impairment at the age of two.

Where eligible families **were singled out in advance, and informed about the pilot by letter**, the extent to which discretion was employed again varied. In the universal targeting area there was no possibility for the employment of personal discretion, because all of the families whose children fell within the age criteria were targeted. However, in the LA areas with long lists of target groups, Children’s Centres exercised discretion in terms of which target categories to write to - often based on which categories parents were identifiable by on their databases. Discretion was also apparent in these cases over whether to employ this method as the sole approach, or whether to supplement it by use of referral partners, or door knocking, in order to recruit a wider variety of parent groups to the pilot.

Finally, where **outreach workers were searching for eligible families on the street**, the employment of discretion was also evident. With regard to stopping families on the street, outreach workers said that they made judgements about which families to stop based on factors such as the appearance of families and which shops they were coming

out of: the less well dressed or those coming out of 'budget' supermarkets, for example, being viewed as more likely to be eligible. Where door knocking occurred, outreach workers reported making decisions, based on personal judgement, about which areas to focus on. One Children's Centre, for example, said that they had chosen to door knock on the streets in the immediate vicinity of the Centre, firstly because they were known to be socially disadvantaged and secondly because of a feeling that the proximity of these residences to the Centre made it more likely that families would take up a pilot place there.

A key **advantage** of the employment of discretion was that it enabled referral partners to exercise judgement and flexibility in areas where target groups were broadly defined. In particular, professionals felt that without this use of discretion, they could fill the pilot places several times over, but would not be succeeding in identifying the families which were most deserving of the pilot places.

Conversely, a key **disadvantage** of professionals defining target categories in the way that suited them was that it could result in inconsistent treatment of similar groups of families across pilot areas, for example where one referral partner decided this group was a priority, but another one did not. It was also the case that where broad target groups were reinterpreted by professionals to be much narrower, achieving the target numbers for the pilot in the set time could become more challenging.

Professional discretion therefore has a role in the promotion of the pilot, but clear guidance is needed to ensure all eligible children can benefit from the pilot.

Box 3.3.3b Professionals' use of discretion – key lessons learned

Whilst it is LAs' role to set targets, it is professionals' interpretations of the target groups and judgement as to the nature of families' circumstances that affects who they decide to promote the pilot to, and how strongly. This research suggests that ensuring the outreach strategy and in particular why certain groups are being targeted (in the case of specific target groups) are well communicated to professionals may help them to apply their discretion in a targeted and consistent way, and maximise the chance of meeting targets.

3.3.4 Perceived effectiveness of different approaches in terms of target numbers achieved, and cost

Referral partners approaching and informing families about the pilot through the course of their day to day work was generally regarded as an effective and cost-efficient means of recruiting to the pilot. However, this approach worked better in some cases than in others. The main factors affecting its success were the extent to which the referral criteria and process were clear and well communicated and the extent to which referral partners believed that the pilot was a priority for the families they were working with. A further explanation for where referral levels were lower than usual was where there was a high staff turnover in referral partners' workplaces, for an example see the box below.

Box 3.3.4 Example of where high staff turnover affected referral rates

In the area targeting families in temporary accommodation, outreach workers said that hostel staff who knew about the pilot were frequently leaving and being replaced by those who did not, and that it was difficult for them to keep up with the constant need to brief new staff.

Where eligible families were singled out in advance and written to about the pilot, views about the effectiveness of this approach varied. In the areas where universal targeting occurred, outreach workers said that writing to families and then following them up with a home visit - which was the approach in the first cohort - worked well in terms of recruiting to the pilot, but had been expensive because of the time-consuming nature of home visits, and of chasing up families whose addresses had changed. These outreach workers felt that the approach they had employed for the later cohorts, whereby letters had not been followed up (because word of mouth had spread about the pilot by this stage, as discussed above), had been much more cost-effective.

Where Children's Centres had **singled out eligible families in advance and written to them about the pilot,** the general view was that this approach was only really effective where resources were in place to follow up the communications by phone calls or home visits; because the pilots were not universal in these areas, word of mouth did not seem to be such a significant factor as in the universal pilot, and these families were felt with hindsight to have needed a more personal approach.

Finally, views about the effectiveness of **searching for eligible families on the street and through door knocking** also varied. The LA who employed this as their main outreach approach felt that it had been very successful in terms of hitting their targets, and reaching the appropriate families; the use of experienced, dedicated outreach workers who devoted significant chunks of time to the task was felt to be the key explanation. Children's Centres using the door-knocking approach felt that it was working well in terms of identifying particularly disadvantaged families, but emphasised its slow and time-consuming nature in relation to other activities. This was particularly the case where they were deliberately targeting families which they knew might have a cultural aversion to taking up a childcare place, for example families from Eastern European cultures where formal childcare was felt to be an unfamiliar concept, as described in Section 3.3.2.

3.3.5 Issues relating to personal safety

Personal safety was raised as an issue when assessing direct approaches in particular by **outreach workers who were searching for eligible families on the street or through door knocking.** They said that whilst some families were delighted to be approached about the pilot, handling negativity or aggression was also a day to day aspect of this approach. For example, they encountered families which would not open the door to them, families which disliked being approached on the street, or families which took umbrage about being asked personal questions, for example about income, on the street.

When approaching people in public places, outreach workers preferred to work in pairs for support as well as safety, with resulting cost and resourcing implications, in case someone became aggressive in reaction to being approached, which could of course be quite intimidating. One outreach worker referred to the need to communicate as soon as possible that *'I'm here to help'*, so that families approached did not feel threatened, or that the outreach worker wanted to sell them something.

Where Children's Centres were door knocking, they also said that outreach workers always worked in twos for safety reasons, and also sometimes needed to draft in community language speakers from the Children's Centre.

Box 3.3.5 Personal safety – key lessons learned

Outreach workers approaching families in the town centre felt that the existence of clear branding for the pilot - for example having a stand behind them - was an important way of 'legitimising' what they were promoting to the families they spoke to, and thereby avoiding families feeling threatened.

Outreach workers often preferred to work in pairs when door knocking or approaching families in the street. A particularly useful tactic employed by some Children's Centres was to ensure that one of the pair spoke the community language of the area in which they were doing the outreach.

3.4 The use of indirect marketing

Where LAs were using indirect marketing alongside one or more of the other approaches described above, this typically took the form of posters and leaflets advertising the pilot, either written for parents directly, or intended primarily for professionals to filter down to parents. Translations were usually also provided where particular non-English speaking groups were being targeted. These leaflets and flyers were distributed either by the LA directly or by its referral partners. Settings, for example, made the materials available to parents at the setting itself, or at setting-run events such as parent support groups and parent and toddler groups. Leaflets and posters were also often distributed to the relevant focal points in the local community to the groups being targeted, for example GP surgeries, supermarkets, schools, places of religious worship, community groups, libraries, mother and toddler groups and leisure centres.

In addition to these approaches, one LA had promoted the pilot in the local newspaper, and on two local radio channels, as well as distributing the materials at meetings of the relevant referral partners. There were examples too of where settings had taken an imaginative approach to promoting the pilot indirectly; one nursery, for example, had carried out a leaflet drop in its local area, and a Children's Centre had hung a banner advertising the pilot on its railings.

In most cases, the materials being used were designed by the LA, either by the project manager and outreach worker, or, more typically, the pilot steering groups. However, there were also examples of referral partners deciding to produce their own materials or to personalise the LA materials. One of the reasons for this was a feeling on the part of these referral partners that parents were already familiar and comfortable with their local publicity materials, and were more likely to pay attention to information about the pilot if it came through this trusted channel. Another, in the case of settings with pilot places available, was that it made sense for the publicity material to come from the setting itself, given that this was where local families would probably be taking up their place.

In terms of coverage, posters and fliers highlighted that there were free childcare places available, the number of hours they were available for and the age that children needed to be to fit the criteria. One setting said that they also produced a separate poster detailing the benefits of using a registered setting.

Perceived success of indirect marketing

Generally, those using indirect marketing found it difficult to state with any degree of confidence how successful it had been. Some of those using the approach valued it as

'cheap advertising'; the Children's Centre who had put the banner up outside, for example, said that they had had lots of approaches from families which had learned about the pilot in this way.

More generally, however, those using indirect marketing tended to feel that it generated relatively small numbers of families taking up the pilot in relation to the other types of approaches described above. The key explanation given for this was that families usually required professional support and encouragement to take up a pilot place (see above and also Chapter 4), and were unlikely to be sufficiently proactive or confident to respond in person to indirect marketing. This was said to be particularly the case for families which were felt to face significant barriers to taking up formal childcare provision, for example cultural barriers or negative experiences with education on the part of the parents. Coupled with this was a feeling that some groups of parents would not pick up information from the pilot through indirect marketing in any case, because of low levels of literacy, or more generally, through lack of attention to written information.

This said, the fact that indirect marketing generated some responses was evidenced by the fact that some referral partners said that they had had to turn away parents who had learned about the pilot through this means, or by word of mouth, but were in fact not eligible. This was said to have produced difficult situations in some circumstances, where parents had responded aggressively to being told they did not fit the criteria. Some felt that this was an argument for using indirect marketing in a more targeted way.

As with some of the other approaches described above, there were also cases where referral partners felt that indirect marketing was largely succeeding in reaching those parents already in touch with services; particularly where, for example, settings distributed the leaflets to parents already attending their services.

Box 3.3.6 Indirect marketing materials – tips from respondents

Printed information should be easy to read, colourful and broken down. It should not be too wordy, because this will risk overwhelming parents.

It should also take into account what will appeal to parents locally - for example include the logo of the local Children's Centre, which could be familiar to parents.

Written materials have the most impact when actively handed out to parents (as opposed to left in a pile in a local facility) and where parents can follow up the information they have read with questions on the spot. For this reason, settings such as parent and toddler groups and playgroups are good places to distribute leaflets about the pilot.

Leaflets/posters which contain some 'soft' information about the benefits of the pilot as well as factual information such as eligible dates of birth were felt to be more successful than those which do not.

Advertising the pilot in an eye-catching way on the premises of childcare providers – for example a banner hung on the railings outside a children's centre – can be successful in attracting interest.

4 THE REFERRAL PROCESS AND SUPPORT WITH ACCESSING PROVISION

This chapter describes how the referral process operated in practice and the nature of the information and support required by pilot families. Whilst the referral process varied according to who actually referred families, set up provision and completed the referral/application form, broadly similar procedures were adopted across LAs involved in the research. In contrast there was much more variation in the level and type of support provided to help parents with starting and continuing to access childcare provision.

In summary:

- LA staff were either responsible for **referring families to the pilot** and finding them their childcare place; or they were solely responsible for finding the childcare place, or approving referral partners' decisions;
- **Application/referral forms** for the pilot were usually filled out by outreach workers/referral partners in conjunction with parents, because parents were felt to benefit from support with how best to answer questions and make their case for a place;
- The **success of the referral process** was influenced by: the quality of communication between different agencies over whether parents had been accepted for the pilot; the amount of lead-in time professionals had for each cohort, the longer the easier; and the availability of suitable childcare for parents in an area;
- LAs varied as to whether they offered **support to all parents with finding and setting up a childcare place**, or whether it was up to individual professionals' and settings' discretion; in some areas, responsibilities in this respect were not felt to have been made sufficiently clear;
- Where **support was provided it ranged in intensity**, from providing parents with written information about settings, through to professionals keeping in regular touch with parents and settings to track the progress of pilot families and support them with any problems they encountered;
- Where **settings themselves** were supporting families with starting and continuing to access their pilot place, the evidence was that Children's Centres were particularly well equipped in terms of staff and pre-existing infrastructures to do so;
- **Support was felt to be particularly important where** families lacked confidence in dealing with formal childcare settings.

4.1 The referral process

Chapters 2 and 3 have described how families were identified for the pilot. We now consider the process in which families, once identified, took up their pilot places. As will be described below, referral partners and/or LA outreach staff often played a key role in helping families to apply for the pilot and in supporting them to identify childcare provision.

4.1.1 *The role of LAs and referral partners*

In terms of responsibilities and roles for the referral process, there were three broad models in operation across the LA areas included in the research:

Model 1 – LA staff referring and setting up childcare places

In the first model, LA staff took the lead both in identifying and referring parents to the pilot, and in liaising with the family and childcare settings to arrange pilot places and start dates. In one instance, this task was carried out entirely by LA outreach workers. In another variation, the LA outreach workers were responsible for making contact with parents in the first place, and referring them to pilot, but the task of liaising between settings and parents to confirm places and start dates was passed to an LA administrative worker.

Model 2 – Referrals by referral partners, LA staff setting up childcare places

In this model, referral partners were responsible for identifying parents for the pilot and passing their details on to the LA, through means of an application/referral form (see Section 4.1.3). From this point onwards, responsibility was passed on to an LA outreach or administrative worker, who would contact the families which had been referred, help them decide which settings they would like their child to go to, and liaise with the settings and parents to confirm a place and a start date.

Model 3 – Referral partners taking the lead in referring and setting up childcare places

In the third model, referral partners played the lead not only in identifying and referring families to the pilot, but also in then helping the family to set up a childcare place. This model was used in circumstances where outreach was delegated entirely to Children's Centres and where a particular group of professionals was already working closely with families targeted for the pilot, which meant that supporting families into the pilot was a natural extension of their work. In this last instance, in order to make the referral, the professionals confirmed with childcare providers that they had places available, and then sent the application/referral form to the LA. Once the referral was approved, they would then liaise with the provider and parent to confirm the place and the start dates.

4.1.2 The role of self-referrals

Self-referrals sometimes occurred in areas where indirect marketing was operating, or where the target groups were wide. In these instances, parents were either encouraged to fill out the form themselves, or given help with filling out the form by referral partners and settings (see also Section 4.1.3). Responsibility for setting up the childcare place then fell to LA staff or referral partners, depending on which of the models described above was operating.

4.1.3 The approval process

The nature of the approval process depended on how much room for discretion there was felt to be in relation to the target groups, and also on the broader referral model in operation, as described above. In this way there was **no specific approval process** in circumstances where families were eligible by definition, either because they belonged to a very specific category, such as families in temporary accommodation, or were eligible by birth dates, which was the case in the ward where universal targeting had been adopted. Where referrals did go through an approval process then this operated in the following ways:

- **approval panels**, consisting of relevant senior officers within the LA, approved referrals: where target groups were numerous or broad, so eligibility was felt to be more subjective; where LA outreach workers or referral partners were families' main route onto the pilot;

- **LA outreach workers** approved referrals passed on to them from referral partners, either on their own or in conjunction with the LA Project Manager: where target groups were more specific; where referral partners were families' main route into the pilot;
- **Children's Centres** were responsible for approval: in circumstances where outreach had been entirely delegated to the Children's Centres in the area, meaning that finding pilot families had been the responsibility of Children's Centres outreach workers and Children's Centre partner agencies.

Where children were not deemed eligible for the pilot, this was usually because they did not fall into the right age brackets, or live in the right area. There were also instances where LAs said that children had been referred who did not in fact fit the referral criteria. These instances could occur either as a result of referral partners misunderstanding the criteria, or where parents had heard about the pilot through word of mouth and self-referred without fully understanding the eligibility criteria. There were also cases where families were said to have been referred to another service that appeared to better meet their needs, for example Sure Start stay and play sessions, or, in the case of one LA area, a scheme already in place to provide childcare places to children with severe or complex needs.

4.1.4 Use of application/referral forms for the pilot

All of the LA areas included in the research, bar one, said that they had designed specific application/referral forms for the pilot. These forms were filled out by referral partners or parents (see below), and sent to the LA, who would then either take on the arrangement of childcare places themselves or pass it back to referral partners, as described in Section 4.1.1. The exception was the area where outreach had been delegated entirely to the Children's Centres. Here, each had its own referral form, which was often the Centre's generic application form.

Sometimes the forms had been designed to be completed by the referral partners, sometimes by the parent *and* referral partner and sometimes just the parent. In reality, though, they were usually filled out by the referral partners, in conjunction with parents, with some exceptions as described below. For this reason they were often described as 'referral' forms even though technically they were also application forms.

Where professionals filled out application/referral forms with parents

Pilot application/referral forms were usually filled out by referral partners alongside parents, rather than being done by parents on their own. The reasons for this were:

- To help parents **understand certain questions**: for example, in one area, professionals said that parents usually needed help with a question that asked them what support they were receiving from other agencies;
- To help parents **select a childcare provider**, where this was required on the form (see also Section 4.1.5);
- To advise parents about how best to **demonstrate their eligibility** and make a **persuasive case** for how they and their children would benefit from the pilot;
- To give referral partners an **opportunity to discuss the family's support needs more widely**, in order to help them identify additional services that the family might benefit from;
- To **increase the likelihood of families applying for the pilot** in cases where it was felt that families might lack the confidence to fill out the form on their own;
- **Because a referral partner already had an established relationship** with the family providing advice and support.

Box 4.1.4a Filling out referral forms with parents – tips from respondents

Parents should be made to feel involved in the procedure. Referral partners and outreach workers should always try to ensure that the answers put down on the form are ones that parents have agreed with, or better still have articulated themselves.

Sometimes parents will need to be reassured about why certain questions are being asked and about what is going to happen to the information, particularly on benefits and income.

Where parents filled out the application forms themselves

As well as in the cases of self-referral described above, there were also cases where professionals said that it had been felt to be preferable for parents to have time to complete the application forms themselves. These are described in the box below.

Box 4.1.4b Examples of where professionals felt that it was preferable for parents to fill out the pilot application/referral form themselves

In the ward where universal eligibility was in operation, home visiting to help parents complete the forms had been time-consuming in cohort one, so for later cohorts the application form was simplified and posted to eligible parents for them to complete themselves.

In circumstances where there might be sensitivities about being 'singled out' as in special need of services (e.g. traveller/migrant worker families) then it was felt important to leave the application form with families for them to fill in, so they could have time to decide whether they wanted to apply for a place. Professionals felt that this approach helped prevent families from feeling that the pilot was being 'forced' upon them.

Content of the forms

The content of the application/referral forms varied according to the types of groups being targeted, and whether they were initially conceptualised as application forms for the parents to fill out, or referral forms for professionals. In some cases, for example, the questions were written for the parents, in others the language was more neutral and applicable to both the parents and the referral partner. Other ways that the forms differed between areas were the length, the density of the text, the number of questions asked about the family's circumstances, and whether or not there was a section specifically for referrers to fill in.

Box 4.1.4c Recommendations for the application/referral form

- **Short and not too text-heavy**
- **Simple language, applicable either to parent or referrer**
- **Short, open box for parent/carer to state main reasons for referral** - useful where target category open to interpretation, for example 'difficult family circumstances' and professionals need space to make a 'case'
- **Clear pilot branding** – to distinguish from other schemes in area and to help avoid duplicate referrals
- **Questions on form to establish:**
 - ***eligibility for pilot***
 - ***which other professional/services family is involved with*** – so that referral partner can discuss with other professionals how pilot fits into overall package of support family is receiving
 - ***whether family has any special needs in terms of childcare provision*** – to give referrer/LA steer on what type of childcare provider might be appropriate

Support received by parents in identifying provision

Typically, LAs said that parents received support to identify a childcare provider for their pilot place. Who provided this support depended on which types of referral models, as described in Section 4.1.1, were in operation. In some cases it was the LA outreach worker or other LA staff who provided it. In others, it was the referral partners or, in areas where settings were responsible for identifying parents, the settings themselves.

The extent to which parents were felt to need support in finding childcare provision varied. Helping parents identify appropriate provision was felt to be particularly necessary where parents were not familiar with the concept of childcare provision and did not know what to look for, or where language barriers were felt to prevent them from making use of written information or Children's Information Services (CIS). It was also said to be important where families were felt to have too many other issues going on in their lives for finding a childcare provider to be a priority, for example families in emergency accommodation. There were instances too, however, of professionals deliberately holding back from the process of choosing a setting with a parent, out of the belief that it would be empowering for parents to do it themselves.

Where support was provided by outreach workers and referral partners, it took the following forms:

- **Provision of written information about childcare in general**, for example DCSF information about the different types of childcare available;
- **Provision of written or verbal information about which settings were local to the families concerned, and what they were like** in terms of size and activities offered – examples of this are provided in the box below;
- **Visiting potential settings with families** in order to show them round, and help them discuss the setting's provision with staff;
- **Testing out the journey to settings with families** to see how long it took to get there, and how easy the journey was to make with young children.

Box 4.1.4d Examples of professionals providing written/verbal information to families about their local childcare settings

LA outreach workers who identified pilot families on the street took a directory of childcare services with them. This meant that when they filled out the application form with parents on the street, they could decide with the parent on the spot which setting to put down.

In the area where universal eligibility for the pilot was in operation, outreach workers initially visited parents in their homes and gave them advice about which settings were local to them. For later cohorts this became too time-consuming, so they referred parents to Children's Information Services (CIS), also giving them the phone number of the outreach team in case they needed any additional support or advice about finding a setting.

Where settings themselves were the main referral agency, they said that they provided support such as giving families written information about what happened at the settings, and showing them photographs of the types of activities that were carried out.

Several referral partners or outreach workers spoke of the difficulties in treading the line between on the one hand not influencing parents about which settings to go for, but on the other, wanting to ensure that pilot family ended up in a convenient and good quality setting. In reality, they said that parents often chose the setting nearest to them, out of a desire to make the most of the two and half hours that their child would be attending.

4.1.5 Procedural issues relating to the referral and support process

A number of procedural issues affected how smoothly the processes described above operated:

The quality of communication between different agencies over the referral process

When different agencies were involved in the referral process, as described in Section 4.1.1, clear communication and clarity over roles was sometimes lacking. One area where this was the case related to who was responsible for telling families that they had been given a referral place. Where it was not clear, this could result in both referral partners and parents being left in limbo, with the risk of both parties being turned off the idea of the pilot. For example, in one LA, the LA project manager explained that referral partners and settings were originally supposed to inform parents of the outcome of their application, but had not done this consistently. In another LA, a referral partner explained she had some difficulty getting an answer from the LA about the outcome of an application. She needed to know this information as the parents had been contacting her for the result.

There were also cases where referral partners said that the forms they had sent off had been 'lost' in the system for a time, either because of a handover of personnel at the LA, or because in one case parents had been given the option of sending the forms to CIS, who had then not handed them on to the relevant LA staff.

A further issue that sometimes occurred where several referral partners were operating in an area was duplication of referrals, although some professionals reported that it did not happen as much as it might because of good relationships between different teams. In the LA where the children with significant care needs were targeted, the main team

responsible for referring these children said that a number of other professionals were also identifying and referring children without informing them.

Box 4.1.4e Quality of communication between different referral agencies over the referral process – key lessons learned

Evidence from this research suggests that there is a need for referral forms to be channelled consistently through the same LA staff member, and that there should be clarity at the outset about who this person is and how they are contacted.

As discussed further in Chapter 6, there should also be a clear process of feedback and updates for referral partners and settings, including a letter acknowledging the referral, outlining next steps and likely timescale, and a letter when the child has been accepted.

There should be a designated person responsible for informing families that their child has been accepted on the pilot.

In areas where one team is primarily responsible for making referrals, channelling all referrals through this team is a way of avoiding duplicate referrals.

The referral lead in time, and speed of the decision-making process

A number of referral partners said that the lead-in time for the first cohort in particular had been too short, and that having longer would have enabled them to put more time into finding the right childcare setting for families' needs, and liaising with other professionals the family was working with to ensure that the families' experiences on the pilot were integrated into the overall package of support they were receiving.

Referral partners were usually more satisfied with the turnaround process, which they said was often quick, two weeks being about average. However, where it had taken longer, this could cause difficulties for referral partners, for example having to deal with families which were frustrated as a result of the lack of news, as described above.

Box 4.1.4f The referral lead in time and speed of the decision-making process – key lessons learned

The research evidence suggests that LAs should aim to approve referrals within a maximum of two weeks, and provide clarity to referrers about when and by what means they would hear the result of the referral. There should also be a designated person within the LA to field queries from referrers about the progress of applications.

The ease of placing families in a childcare setting

Finally, in some LA areas referral partners or outreach workers said that they experienced difficulties in finding suitable childcare provision for families referred to the pilot. One of the issues here was lack of provision: for example, in some local areas provision was either non-existent, or limited to private settings. A further problem could be in persuading settings to set places aside for pilot children, particularly where it was not regarded as profitable for the nursery to take children for two and a half hours three times a week when they could have full time children in these places. Finally, in a rural area, referral partners said that sometimes the most local settings to parents were small playgroups which were not OFSTED registered, and were therefore ineligible for pilot funding.

Difficulties with finding provision had several implications. For the families it could result in them not taking up a pilot place, on the grounds that it was not worth their while

unless they could go somewhere close. For professionals responsible for identifying childcare for families in these areas, the process was time-consuming, taking them away from other work that they could have been doing in relation to the pilot, for example making contact with new families, or supporting pilot families within the settings.

Box 4.1.4g The ease of placing families in a childcare setting – key lessons learned

This research suggests that LAs need to ensure at the outset that their target figures are realistic and take into account the available childcare provision in their area. Offering parents their Pilot hours in longer blocks of time, for example 7.5 hours over one day, might persuade some parents to travel further for provision if there is little available locally. Equipping LAs with the money to provide training/extra resources for pilot settings might encourage more settings to come on board.

4.2 Support with starting and continuing to access childcare provision

4.2.1 Factors affecting how much support was offered

There was significant variation between LA areas as to what forms of support they had in place to help parents with starting and continuing to access childcare provision. As described in Chapter 2, budgetary considerations were one important explanation here, in terms of whether LAs felt their funding was adequate to cover ongoing support for pilot families once they had started in childcare provision, and also in terms of their willingness and ability to redirect money for this from other resources.

To illustrate this diversity, in some areas, there was no official role for the referral partners and LA once the pilot place had been set up. It was therefore up to individual settings and referral partners to decide whether they wanted to offer this support to parents. In other areas, LA outreach workers or referral partners did have a specific follow up role, although it could vary who took on the responsibility of supporting families depending on individual circumstances.

The type of follow up support offered also varied greatly. At one end of the spectrum was reactive support, for example outreach workers leaving their telephone numbers with parents so that they could phone them if there were any problems. At the other end were very proactive forms of support, for example outreach workers or referral partners making regular visits to the setting, or accompanying families on their first visit to the setting.

Alongside whether specific resources were made available by LAs for outreach, a number of other factors also affected the nature of follow-up support:

- **The extent to which individual responsibilities in relation to follow-up had been made clear:** this could result in either a duplication of resources, or lack of follow-up because referral partners/LA staff each thought that the other was responsible;
- **The nature of the family's relationship with the referral partner:** generally speaking, the more intensively a referral partner was working with a family, the more likely they would be to involve themselves in the family's experience on the pilot;
- **The amount of time referral partners felt they could spare to follow families up:** in areas where there was no official follow-up role, some referral partners

said that they did not have the time to contact families they had referred once they had started the setting, especially if they were not involved with them on a regular basis;

- **Whether there were procedures in place for ongoing communication between the setting and LA outreach staff/referral partners about families and their take-up of the pilot:** for example, settings in one LA filled in a form to monitor and feedback on children's attendance, on a termly basis, which allowed the LA to discuss any issues with attendance and discuss options for re-engaging parents; in another LA a referral partner commented that a lack of formal feedback from the LA on families' attendance made follow-up difficult;
- **The extent to which families were felt to need support:** views differed about whether follow-up support was felt to be necessary for some families. Follow up support was felt to be particularly necessary where families had language barriers, cultural issues with attending formal childcare, or lacked confidence in negotiating with formal settings, for example as a result of negative experiences of education themselves. In addition, it was more likely to be provided where families were identified as having very specific needs, for example a child with a significant care need, than when they were referred as a result of belonging to a wider category, such as 'low income' or 'on benefits';
- **The type of setting the family was in:** as described below, Children's Centres typically had a good support infrastructure in place.

One LA project manager also said that with hindsight, they should have provided clearer information for parents about who would be supporting them into the provision, and what the cut-off point would be. They felt that this would help avoid a situation in which parents expected continual and intensive support from either referral partners or LA outreach workers, who would in reality be unlikely to be able to resource this. It would also establish a timetable in families' minds for establishing their own independent relationship with the provider.

4.2.2 Types of support with starting and continuing in provision

The types of support offered to parents by childcare settings are set out below. Children's Centres were particularly well equipped in terms of staffing and infrastructure to provide this support, particularly of the more intensive nature such as home visiting.

The support offered by **childcare settings** with **starting provision** consisted of:

- **Visiting families at home** before the child's first session to discuss expectations and needs;
- Having **the person who referred the parent to the pilot** - for example the Centre outreach workers or family support worker - there to **greet** families when they arrived;
- Providing pilot children with **key workers** who were responsible for liaising with the parents about the child's progress in the setting, and keeping an eye on how the child was getting on;
- Offering families a **settling in process**, whereby parents would be invited to stay and participate in their child's early sessions, with the amount of time they stayed tapering off as the parent and child grew more comfortable with the setting.

The support offered by **childcare settings** with **continuing access to provision** consisted of:

- Children's Centre outreach workers or family support workers **visiting families in their homes to follow up on non-attendance**, and supporting them with re-accessing the provision where appropriate;

- Supporting parents who remained anxious about their children's progress or comfort in the setting by **inviting them in to observe sessions**, or showing them photographs or footage of how their child was getting on;
- Keeping in regular touch with parents through **termly meetings between the setting and the parent**;
- Providing **verbal and written feedback** after each session;
- **Changing or extending session times** to fit in with the family's needs;
- **Funding the gap** between the end of the child's two year old provision and start of their three year old provision.

The types of support offered to parents by LA outreach staff and referral partners are set out below. As described in Section 4.2, there were variations between areas in terms of whether such support was provided, who was responsible for it, and how intensive the support was.

The support offered by **LA outreach staff/referral partners** with **starting provision** consisted of:

- **Accompanying families on their first visit to the setting**, to put them at their ease, help them complete the setting's forms, and provide some continuity between the referral and starting the provision;
- **Attending, or instigating a start-up meeting**, whereby they, the parent, the setting and in some case other professionals involved with the family, would sit down and establish goals and means of communicating about the child's development over the course of the pilot place.

The support offered by **LA outreach staff/referral partners** with **continuing access to provision** consisted of:

- **Providing parents with their telephone numbers** so that they could be reached if there was a problem;
- **Calling parents** to ask how they were getting on;
- **Talking to parents about their experience of the pilot** during the course of their day to day work with the family;
- **Regular visits to the setting** to discuss with setting staff and families how they were settling in;
- **Sending a SENCO worker** into the setting to assess the child's development needs and suitability of provision;
- **Organising SENCO funding** for the families if it looked on their visit to the setting as though this type of one on one support was needed;
- **Visiting families at home whose attendance had lapsed**, and supporting them back into the provision;
- **Acting as intermediaries between the parent and setting** if the parent had concerns about the setting;
- **Helping parents to find a new childcare setting** if they were unhappy with their original one.

Box 4.2.2 Support with starting and continuing to access childcare provision - key lessons learned

This research suggests that LAs should be encouraged to keep funding aside to provide follow up support to pilot families in childcare settings.

Where referral partners/outreach workers and LA staff are all involved in the working with pilot families, there is a need for clarity about who is responsible for follow up. It is also important to have in place procedures for ongoing communication between the setting and LA outreach staff/referral partners about families' progress on the pilot, and further support needs.

Families should be clear about which professional is responsible for supporting them in the setting, and what they are able to do to help them. Setting a time limit on this support where appropriate can help encourage families eventually to deal with any issues themselves through communication with the childcare setting.

Where a problem exists, for example parental unhappiness, or non-attendance of the child, evidence from professionals in this research suggests a prompt follow-up is useful to re-engage families. In this respect, it is felt to be important to contact families as soon as a child fails to attend a session, and then follow this up with a home visit, thereby maintaining the personal approach.

4.2.3 Additional support

As well as the more standard aspects of follow up support described above, resources were sometimes needed to help with overriding, wider, issues which might be barriers to the family being involved in the pilot, such as not having furniture in their emergency accommodation, or needing counselling. Resources for follow up support could also include support for settings with children with special educational needs. This was best planned ahead of time, and hence built into the referral process, particularly if it entailed initiating the statementing process.

LAs sometimes had to provide additional support to settings to ensure language and cultural issues were being accommodated and skilled support was being provided for children with special needs. Additional support for settings was also needed in cases of parents who had experienced domestic violence. In addition, liaising with occupational therapists was sometimes required to arrange for equipment or protective clothing for children with particular physical needs.

4.2.4 The importance attached to support

Those providing support to parents in starting and continuing to access provision attached great importance to its significance in terms of take-up and continued attendance on the pilot. In particular, professionals often described how pilot families were nervous about how their child would respond to being left in a childcare setting, how they would cope with leaving their child and how they would manage their interactions with the setting. Parents also reportedly experienced guilt at leaving their children, out of a perception that they were somehow 'failing' them by not being with them the whole time. They described as well how pilot children sometimes faced real ongoing issues which needed addressing, such as withdrawal, behavioural issues, or language barriers.

The types of support described above were all regarded as important in addressing these issues. This raises the question of how families felt when this support was not offered routinely by LAs or referral partners, or where they were attending a setting which did not necessarily offer such intensive follow up support as a Children's Centre had the resources to do. These are issues which it will be important to explore in the forthcoming research with parents.

5 CRITICAL FACTORS FOR ACHIEVING SUCCESS

This penultimate chapter reflects on the factors that are critical to successful outreach for the Two Year old pilot. These revolve around three broad but very related issues – the local context in which the pilot was being introduced, the commitment and willingness of the LA outreach staff, referral partners and setting staff to the pilot, and the ease with which the particular strategy adopted by the LA could be implemented. The evidence is based on the reflections of LA staff, referral partners and settings. When considering success it is also important to take account of the barriers to families taking up a pilot place or attending the provision (once families have been ‘reached’) and this is covered in the last section of the chapter.

In summary:

- The local context in which the pilot was set up had a critical bearing on the success of the outreach approach adopted, as it determined the degree to which there was an existing infrastructure that could be built on. The local context depended on the **quality of multi-agency relationships**, whether there was **previous outreach experience** to draw on and the extent to which referral partners and settings were **already working with target groups**;
- The extent to which referral partners and settings were **committed to and believed in the value of the pilot** affected their willingness to refer families;
- The final key issue that had a bearing on the success of outreach was the ease with which the particular outreach strategy of a LA could be undertaken. This depended on **whether the target groups could be easily identified, whether sufficient resources** were available to maintain a **personal, dedicated approach** from the promotion stage to follow up support, **whether referral partners and setting staff were clear about the requirements of the outreach strategy and processes** and **how well provision could be matched with the needs of families**.

Some of the barriers to taking up and attending provision could be resolved by some of the factors above being in place, while others were less likely to be surmountable. The **reasons why parents did not take up a place** included:

- Parents **not wanting to use childcare** and preferring to look after their children themselves;
- Parents **not being able to get to the location** of the nearest setting available, for example because of transport difficulties;
- Parents having **concerns about the actual childcare** being provided, such as the quality of the setting or concerns over their child’s safety (for example if the parent felt the child could leave the setting unnoticed);
- Parents having **other personal issues**, which took precedence over considering applying for a pilot place.

The **reasons why parents did not pursue provision** overlapped with some of the barriers to take-up – there were also issues relating to **changes in circumstances**, as well as **dissatisfaction with the provision** among some parents.

5.1 Factors which affect whether outreach works well

Keeping in mind that the pilot was aimed from the start at disadvantaged families, the definition of success here is whether the target groups have been successfully reached by outreach activities. Identifying the factors associated with this success is key to improving the outreach process. These factors are outlined below, and revolve around three broad but very related issues – the local context in which the pilot was being introduced, the commitment and willingness of the outreach staff, referral partners and setting staff to the pilot, and the ease with which the particular strategy adopted by a LA could be implemented.

5.1.1 The local context

The local context in which the pilot was set up had a critical bearing on the success of the outreach approach adopted, as it determined the degree to which there was an existing infrastructure that could be built on. Given the speed with which the pilot had to be set up the need to build on a pre-existing structure was clearly important. The local context depended on the following factors:

The quality of multi-agency relationships

A key aspect of the local context in which the pilot was being introduced was the quality of the relationships that existed between the professionals involved (i.e. the LA staff, referral partners and settings). Where good relationships had been previously established then it made it much easier for the LA to introduce the pilot and communicate with referral partners and setting staff about the various outreach activities. This ensured that there was greater clarity about the requirements of referral partners and settings. It was said, for example, that this familiarity had meant referral partners felt more comfortable about contacting the LA with any questions they had about the referral process. It also resulted in all parties being able to work more effectively together, and resulted in more successful referrals. Another benefit of having good relationships with referral partners was highlighted by a Children's Centre which said that it had enabled them to set up their referral activities with the health visiting and social services teams quickly, and ensured that families were being referred to the pilot very swiftly.

Good relations between the settings and the LA were also more likely to ensure success in placing children, as an integrated approach made it easier to match their needs to provision, and share information about how best to support families.

Where there had been problematic relationships in the past, on the other hand, this tended to affect professionals' willingness to work together in identifying families for the pilot. One Children's Centre, for example, described their relationships with the local social services team as historically poor. As a result, they were reluctant to work together with this team on the pilot, and hence had not informed them about the pilot.

Previous outreach experience

Where the LA staff involved in the pilot had been involved in outreach for other programmes in the past, the LA could build on previous experience and have a head start on developing an effective outreach strategy. The same applied to referral partners and settings. In one LA, a referral system was already in place for childcare places for pre-school children with complex needs (the pilot was targeted at different groups): health visitors were therefore already familiar with their responsibilities as referral

partners. In other areas, referral partners could often draw on their experience of reaching families for three and four year-old provision.

Conversely, a lack of experience could mean that referral partners were less confident in their ability to assess what people need, or decide whether one child was more or less deserving than another.

Whether already working with target groups

Whether referral partners were already working with target groups, regardless of whether they had previous experience of outreach for other programmes, also impacted on the success of the approach taken. As noted in Chapter 3, there were a number of advantages to using referral partners to identify families as part of their day to day work. Referral partners in this situation could draw on their experience and knowledge about the best ways to communicate with the families, and were able to tailor their approach to the needs of the target group, by being responsive and sensitive to the needs and circumstances of the family in question.

Another advantage was that reaching and identifying families did not add much to referral partners' workload, and appropriate referrals could be made easily. Where a key target group was children with language/ communication difficulties, for example, portage workers successfully fitted in making referrals to the pilot, as they had contact with these children on a daily basis. In some cases, the pilot effectively took over some of the responsibilities of referral partners, for example time spent on providing development care, so if there was an increase in workload due to referrals, it could be balanced out by a decrease in work now covered as part of the pilot.

Already working with the target groups could also help with providing support with choosing a setting. For example, a Children's Centre based outreach worker could replace the usual home visit with a visit to a setting with the family to test the journey.

The amount of contact *settings* had with target groups was also important. Where settings already had some contact with targeted families and they were directly involved in outreach activities (mainly Children's Centres), this helped settings reach parents, as they could build on an established reputation, and it also helped referral partners bring families on board. However where settings were unfamiliar to families, trust needed to be built up in order to achieve successful outreach:

'I think it's [that] people have a bit of mistrust really. We've just sort of sprung up and people just don't know. They don't know enough about us.' (Children's Centre staff member)

5.1.2 Staff commitment to the pilot

Not surprisingly, the degree to which outreach staff, referral partners and settings believed in the value of the pilot and agreed with the groups being targeted made a difference to how outreach operated. In particular this affected the volume of referrals received. Importance was attached to ensuring commitment at the strategic level so that referral partners could be encouraged to make referrals and view this as a priority. It also ensured that guidance and information about the pilot would be 'cascaded' to relevant teams.

It was observed that teams who appeared to be less clear about the importance of the pilot had sometimes judged it alongside other more pressing issues facing families, such as housing or benefits. In other cases referral partners were less convinced about the

pilot's aim to increase take up of three year old provision, as their impression was that take up was good in their area. Equally those who had concerns about the groups being targeted were more reluctant than other professionals to refer families in these groups. In contrast, referral partners who were familiar with the EPPE research¹⁴, and knew more about how much children learn between the ages of two and three, were very supportive of the pilot's aims and were willing to refer families.

Box 5.1.2 Examples of how reactions to the pilot affected the volume of referrals

A Children's Centre said that they had received significantly more referrals from health visitors than social services. Their impression was that social services disliked some of the target categories, feeling, for example, that 'ethnic minority' and 'traveller' groups were discriminatory. As a consequence they referred fewer families to the pilot. By contrast, health visitors were said to have welcomed the opportunity to refer families which needed intensive support to the pilot.

Another Children's Centre said that they had found it hard to engage health visitors with the pilot; their impression had been that health visitors felt it was 'just another' government scheme.

Views on the pilot target groups could also affect *settings'* willingness to offer pilot places, or adapt their services to particular needs of target groups. Where one of the target groups was traveller families, outreach workers and referral partners encountered some hostility from some setting staff who did not want to work with traveller families, which they felt reflected the pattern of discrimination and exclusion usually experienced by this group (see Chapter 6 for more on views of the pilot and target groups).

5.1.3 The ease with which the outreach strategy could be implemented

The other key issue that had a bearing on the success of outreach was the ease with which a particular outreach strategy could be implemented. As already indicated this was inevitably dependent on the quality of the existing infrastructure in which the pilot was being introduced and the commitment of the key professionals involved. Aside from these factors, the ease with which the outreach strategy could be implemented depended on the following:

Whether the target groups could be easily identified

The degree to which target groups could be easily identified clearly contributed to the success of the outreach strategy. As has been seen in the previous chapters it was much easier to refer families to the pilot when they were already in contact with services or where there was information held about them on lists or case records. In contrast, where families could not be easily identified from existing databases and were not known to services, this made the identification and referral process much more protracted and problematic.

¹⁴ The Effective Provision of Pre-School Education (EPPE) Project, led by the Institute of Education and funded by the (then) Department for Education and Skills, is a recent large scale, longitudinal study of the progress and development of 3,000 children in various types of pre-school education. It shows the benefits of pre-school education for children's cognitive and social development.

Whether there were sufficient resources for outreach

Typically, outreach worked best where there were sufficient resources available for a dedicated, personal, approach to outreach with families, as well as resources for the LA to provide adequate support to referral partners and settings.

- **Sufficient resources for a personal approach**

Having resources for a dedicated person to work with families was integral to the success of outreach. This person could be an outreach worker based in the LA, or the setting, or a professional working with a particular target group, such as a hostel manager. What worked particularly well was if this person could provide a personal approach at the promotion stage, and then act as a personal support service throughout the application process and the start of the provision, building up families' trust. This was particularly important where the families were harder to reach or where the child or the parent had more complex/additional needs:

'Early years settings can be quite daunting for parents [...] they don't know what's on offer, they don't know what they are entitled to or not, they don't know that they may be able to negotiate to meet their needs. They don't have a relationship with the people there. They will have children who have some developmental difficulty or their own social situation is difficult. And to engage with a setting to find out what's on offer on your own for a lot of parents is really hard.' (LA project manager)

At the promotion stage, achieving one to one, tailored contact included following up on the written communications to the eligible families, described in Chapter 3. Where letters were followed up by phone calls and home visits, or home visiting was the initial means of informing a family about the pilot, the approach was reported as appearing to yield a higher take-up. Similarly, if parents just took a leaflet away, outreach staff/referral partners believed they were less likely to follow it up. It usually worked best for the outreach worker or referral partner to help parents with filling in the form there and then, particularly where the parent had learning disabilities, or needs around literacy or understanding English.

Extending resources so the personal approach entailed follow up support was very important to keep families on board. Referral partners could find it difficult to fit in the support into their workload, particularly if this role had not been agreed as part of the pilot. As mentioned in Chapter 4 however, limitless resources for follow up support are not necessarily helpful – a clear cut off point for follow up support can be useful to reach a goal of independence for some families.

- **Sufficient resources for supporting referral partners and setting staff**

Sufficient resources for the LA to support external partners and settings also contributed to the success of outreach, even where referral partners and settings had enough resources themselves to achieve the personal approach described above. Outreach workers could need a certain amount of support and supervision, particularly in relation to offloading the issues they sometimes faced when in direct contact with families, or struggling with getting referral partners or settings on board. Settings also needed guidance with re-engaging families if they dropped out of the pilot, and support with accessing resources for catering for families with particular cultural needs, such as materials picturing children of different cultural backgrounds.

Whether referral partners and setting staff were clear about the requirements of the outreach strategy

As would be expected the degree to which referral partners and setting staff were clear about the requirements of the outreach strategy also had a big impact on the ease with which it was undertaken. A number of factors had contributed to this:

- **Method of promoting the pilot to professionals**

The way that referral partners were informed about the pilot had a bearing on their understanding, willingness and ability to make successful referrals. It appeared that a personal approach was the most effective way to promote the pilot. Where professionals had been informed about the pilot personally, whether by phone or face to face, they were more likely to take in the information about the pilot, particularly if they were very busy. One of the LA project managers, in particular, felt that building up successful personal relationships with referral partners by first meeting them face to face was the most effective way to ensure their commitment.

By contrast, it seemed that where communication was limited to letter or email, professionals did not register the pilot, as illustrated by the example below.

Box 5.1.3a Example of success of phone communication of the pilot versus email

A health visitor said that she had not taken much notice of an email from the LA about the pilot; she had been busy and the email had barely registered. It was only when she received a telephone call from the head of the Children's Centre at which she was a governor that she took on board what the pilot was about, and how she could play a role in it.

Reminding referral partners of the pilot on a regular basis also helped to make sure that early enthusiasm was followed through, and kept the flow of referrals going.

- **Whether referral criteria were clear and well communicated to referral partners**

Misunderstanding or lack of knowledge about referral criteria could also affect referral partners' decisions. Sometimes target groups were open to differing and subjective assessments, such as children with significant care needs. More needed to be done in this case to clarify that the focus was on significant *learning* or *healthcare* needs, rather than care needs in general, which could suggest a family in poverty, or a mother with post-natal depression.

Box 5.1.3b Examples of miscommunication over referral criteria

In one area, not all referral partners had been made aware of the addition of a new and broad category 'difficult circumstances' to the existing target groups, and were hence not necessarily referring all families which might have been eligible and benefited from the pilot.

One Children's Centre said that they had missed several meetings about the pilot because the LA had sent the letters about the meetings to the local school rather to them directly. As a result, they were not aware of changes to the target groups, a situation which they felt had delayed their identification of eligible families at the start of the pilot.

- **Whether there was an opportunity for ongoing communication**

The opportunity for the LA, referral partners and settings to communicate and share best practice once the pilot was in progress also contributed to understanding about the pilot and the processes involved.

Termly meetings of everyone involved in the pilot, where new developments and updates could be communicated and queries raised, were found to be particularly valuable. It was also an opportunity for referral partners and settings to discuss their experiences, raise any issues, and consider how outreach approaches had worked. Regular communication between referral partners also helped to avoid duplicate referrals.

Those involved in reaching and/or referring families particularly appreciated some feedback from the LA on the numbers of children taking up pilot places, which helped to give some sense of purpose to their outreach activities or referrals, and encouraged them to stay involved with the pilot.

Good communication between all parties involved with a family was also very important. Where an LA outreach worker was picking up referrals and making contact with families, it was helpful for them to gather as much information as possible from the referrer, in order to avoid having to get families to repeat their story, particularly if this meant having to discuss again their child's special needs, which they might find painful. This helped to ensure a good relationship when the LA outreach worker first met the family. At the stage of the family starting the provision, transition meetings involving the referral partner, the setting staff, and any other professionals involved with the child (as described in Chapter 4) were also very useful to share information relating to that family. Communication over the attendance of children, was then crucial to successfully supporting parents with continuing provision.

Whether provision could be matched with the needs of families

The quality, location and flexibility of settings taking part in the pilot affected the extent to which provision could be matched with families' needs, including additional support needed by the child, such as special educational needs. Settings sometimes also needed to be equipped to work with children of minority ethnic groups, which might entail taking into account cultural differences. In terms of flexibility, some settings had difficulty fitting in children for half days if most other parents using their childcare services wanted full days. These factors could all affect the location of places available, and whether the setting proposed to parents was close by could be crucial in the parent's decision to apply for a place, as discussed in Section 5.2.1.

Box 5.1.3c Achieving successful outreach: summary of tips for LAs

- Build on pre-existing multi-agency relationships
- Build on existing experience of outreach work, or of working with target groups
- Engage in personalised and tailored approaches with families
- Ensure commitment of other agencies at strategic level
- Inform professionals about the pilot personally, ideally face to face (but phone is better than email/letter)
- Ensure understanding of the rationale of the pilot, including the target groups, among all involved in referral process and provision
- Provide ongoing support and guidance for all involved, including termly meetings for updates, the discussion of queries, and feedback on the pilot

5.2 Barriers to parents being involved with the pilot

When considering success it is also important to take account of the barriers to families taking part in the pilot, as this can also inform future approaches. So, in this last section we consider the reasons why families eligible for the pilot refrained from applying, or did not attend once they had a place. It is worth remembering that this is based on the perceptions of the LA, referral partners and settings rather than the parents themselves – later stages of the evaluation will provide more information on parents' experiences, from their point of view.

5.2.1 Reasons for not applying

Some of the barriers to taking up a place could have potentially been resolved by the more successful approaches described above, while others were less likely to be surmountable.

Addressing 'soft' barriers to taking up a place

In the cases below, extra reassurance or explanation might have helped:

- **Concerns about the application process:** the application form for example was felt to have put some parents off because of the information requested, such as details of their benefit or employment status
- **Concerns about the actual childcare being provided:** these included fears over their child's safety, for example if the parent felt the child could leave the setting unnoticed, particularly if the child had recently become very mobile, or not being convinced that the child's cultural needs would be met
- **A misunderstanding of the conditions of the provision:** some parents assumed they would have to pay for it, or did not believe they could be eligible despite being told otherwise.

Addressing 'hard' barriers to taking up a place

The following barriers are likely to be harder to resolve, but are important to be aware of:

- **Not wanting to use childcare/ early years education:** what was harder to resolve, and arguably inappropriate to challenge, was a clear message from the parent that they did not want to use childcare at this stage. They either preferred to look after their children themselves or rely on an extended network within their community (more common for example among traveller families). Parents wanting to look after their children themselves tended to see the child as too young to leave the parent's care, particularly where the child had additional needs, or if the parents had experienced difficulties with having children. Sometimes this view was also associated with the cultural background of the parent, for example if they had recently immigrated from a country where early years education was less common.
- **The lack of local settings:** reflecting the earlier discussion on the availability of setting places, not having a local setting could be a major barrier. The journey required could put parents off, particularly if a car was not available, or if they had more than one child to take to different settings or schools, or had several very young children.
- **The lack of flexible provision:** difficulties with accessing the pilot place could also be related to the provision timing not fitting in with family circumstances: work commitments, especially shift work, could make it difficult for the parent to combine work and drop-off/collection of the child.
- **The lack of quality settings:** the availability of quality settings was an additional issue – one parent had not applied because they had not been satisfied with the setting they had visited.

- **Sensitivity to the targeting of the pilot:** some parents reacted negatively to the targeting of the pilot. Where traveller families were a key target group, concerns were reported that families felt threatened by the pilot offer as they felt that something was being imposed which made them look different, perpetuating their experience of being seen as different. They were hence resistant to any involvement with the pilot.
- **The loss of another service:** in one LA, a more specific issue for children with special educational needs was that going onto the pilot meant losing their portage worker – although the service was replaced by a setting-based portage service, this put off some parents from applying for a pilot place.
- **Prioritising of other personal issues:** for other parents, there were other personal issues, such as being homeless, which took precedence. However, where resources were available to support the parent with dealing with wider issues, such a barrier was not necessarily insurmountable:

‘... if we’ve got families, even if they’ve been granted asylum, they’ve only just moved to [the area] and they can be living in horrendous accommodation, you know, and it is, their benefits [might not] have come through or you know and yes, it’s needing to know how you’re going to feed and clothe the children is to them more important [than] sending your child to a nursery.’ (Referral partner)

5.2.2 Reasons for not pursuing provision

The reasons why families did not take up a place offered were the same as the reasons why families would start but then drop out of provision, and also reflected somewhat the reasons why families did not apply in the first place (as above). Transport problems could come up once a family had accepted or taken up a place, or more pressing personal issues could arise. There were also issues relating to changes to other family circumstances, as well as dissatisfaction with the provision.

Changes in circumstances

Changes in the family’s circumstances sometimes accounted for the family not pursuing the provision. Parents splitting up, for example, had meant that the parent the child was living with was unable to take the child to the setting. Work shift patterns changing could also lead to new problems with transport. Moving away or leaving the country on extended trips resulted in the child being unable to use provision – this applied particularly to migrant families. There was also a rather more exceptional and sad case of a child dying.

Dissatisfaction with provision

Despite the settling in process exercised in many settings, the child being distressed about being at the setting had resulted in some parents not persevering with the place offered.

It had also occurred when parents were not happy with particular activities at the setting. For example one parent was concerned about the encouragement given to children to play with water, as her child was catching colds, and she took the child out of the setting.

6 CONCLUSIONS AND RECOMMENDATIONS

This final chapter reports on respondents' reflections on the value and role of the Two Year Old pilot. Recommendations on how to achieve successful outreach are then provided, reflecting some of the key themes that have been raised throughout this report, and incorporating respondents' suggestions.

6.1 Views on the value of the pilot

In view of the way professionals' views about the pilot affected their commitment and willingness to be involved (Chapter 5) we have briefly summarised them here. Discussion of the pilot per se was not, however, explored in great depth, as the primary focus of the interviews was outreach activities. It should also be borne in mind that the sample was focused on those who were most involved in the pilot, and were hence likely to be more positive about it.

Indeed, LA staff, referral partners, and setting staff typically felt that the pilot was successful in reaching disadvantaged families which would not have been able to afford childcare otherwise. Tangible benefits of the pilot were also identified for the professionals and settings involved as well as parents and children (as reported by the staff working directly with families). There were nevertheless some concerns and criticisms associated with the pilot, and these tended to be associated with the eligibility criteria.

6.1.1 Positive outcomes of the pilot

The positive outcomes of the pilot for children and their parents discussed here are as reported by LA staff, referral partners and setting staff, rather than based on evidence from parents or assessments of the children. In addition, it is not possible to distinguish here whether the reported outcomes were the result of the pilot versus other factors, such as the child getting older, or changes in families' circumstances (the impact of the pilot is tackled by other elements of the evaluation).

Positive outcomes for children

Respondents reported improvements in children's development, from their own observation as well as reports from parents, which they felt were a result of the pilot. In terms of social and emotional development, staff noticed children were becoming more sociable, less shy and insecure, and more independent of their parents after only a short time in the setting. It also seemed their language skills were developing from one word and short phrases to sentences and use of wider vocabulary. Professionals felt this was particularly beneficial for children from migrant worker or minority ethnic families, where English was less likely to be spoken at home. Other aspects of development reported by setting staff in particular included better behaviour, improved concentration, learning routines, and starting to toilet train.

The developments reported were associated by respondents with the pilot providing a more stimulating environment in several ways. Professionals felt children from low income backgrounds benefited from the wider access to toys and play materials than they had at home. Children from homes where various social or mental health problems tended to lead to a chaotic atmosphere were also thought to benefit from being in a place where more structured behaviour and activities were encouraged. The key benefit

of the pilot highlighted by respondents was however the interaction with other adults and children:

'...we do deal with a lot of families that, you know, they care for the children, they dress them, they feed them, and things like that but sometimes the interaction they get is maybe just from the television and things like that, so...having those sessions with adults that would interact with them, and other children as well, could really [...] make a difference to those children.' (Children's Centre staff member)

Positive outcomes for parents and families

Improved behaviour in children was said to lead to improved relationships with their parents. Having positive feedback about their child from a setting, or seeing photos taken by the setting of their child enjoying themselves, could also contribute to parents seeing their child in a more positive light:

'... if they get a lot of positive feedback from nursery, it has a positive impact on them then. Because rather than seeing negativities in the child they think oh yeah, ain't that lovely they fetched a picture home and oh, they've done this. And when people start saying to you "Your Bill has been lovely in nursery today, he's helped so-and-so doing this and that" it helps parents to start thinking positively about the child rather than thinking that this child is just driving them insane and a monster and whatever else.' (Health visitor)

It was felt by professionals that contact with the setting also helped the parent to improve their parenting skills, and their confidence with parenting. Setting staff reported that parents had picked up ideas about activities to do with their child in their home and advice about how to manage behaviour and tips on healthy eating. In cases where the setting, like the parent, was finding a particular child's behaviour challenging, setting staff reported the parent feeling reassured about their parenting skills, through knowing that it was not just them who struggled with their child.

A benefit reported for families was the fact that parents had some much-needed time to themselves while their child was at the setting. Another was being able to devote more attention to their other children. During this spare time they used other services (see below), caught up with housework, met friends, or simply rested. It was also said that parents had made new friendships as result of meeting other parents at a setting or as a result of using other services.

The degree to which families were using other services as a consequence of the pilot depended on the type of setting. Children's Centres, by definition, tend to offer more opportunities and direct contact with other services than, for example, day nurseries. The degree to which parents used other services was also felt by respondents to depend on how confident they were about asking for help, or mixing with others in a group, where this was necessary. Greater access to a range of other services seems to have nevertheless been a key positive aspect of the pilot for parents – examples of these services are listed in the box below.

Box 6.1.1 **Types of services reported to be taken up by parents involved with the pilot**

- Other childcare ('stay and play'/toddler groups)
- Parenting groups
- Exercise classes
- Training and courses (e.g. English, Life Skills training)
- Support from Refugee support service
- Help with behaviour from educational psychologist
- 'Care to Learn' scheme (help with childcare costs while on course for teenage parents)
- Advice on...
 - employment and training*
 - tax credits*
 - housing*
 - finding a three year old early years education place*
 - finding a school place*
 - organising child immunisations*
 - dealing with debt*

Professionals reported that the combination of parents having more time to themselves while the child was at the setting, alongside using other services, could make a big difference to their lives:

'...the mum has actually gone back to Sure Start and sought guidance for how she could get back to work and they were helping her navigate her way through that really...and that mum has found [this] really, really helpful because she's a totally different person now. She feels so much more in control and so much more optimistic about where she's going with her life. I suppose when you see a change in the mum it's quite nice to see and all it needed was, you know, mum having some time and the son being in the nursery so [...] it could free her up a bit more really.'
(Health visitor)

Examples were also given of mothers who were experiencing domestic violence, having the time and 'mental space' to share their experiences and get help while their child was at the setting.

Positive outcomes for settings

Settings typically reported that providing pilot places enhanced their sustainability, through boosting their numbers. Where offering pilot places had broadened the mix of families using the setting, which could be in cultural terms as well as social and economic background, this provided staff with experience of communicating with a wider range of parents. For example, it was said that the clients of a day nursery had predominantly been '*middle-class*', but since the pilot had been operating the profile of families using the nursery had broadened to include '*working-class*' parents, reflecting the targeting of disadvantaged families. The nursery staff felt this had led to improvements in the way staff worked with families from different circumstances or backgrounds.

Positive outcomes for referral partners

For the referral partners involved with the pilot, the initiative typically seemed to facilitate more effective multi-agency working across services, encouraging links and the sharing of information. For example in one area the education and housing departments of the city council were working together for the first time as a result of the pilot targeting children in temporary accommodation. They had hence identified a large number of children in this situation which they did not previously know about. As with settings the pilot also seemed to lead to some referral partners working with parents that they had no previous experience of working with. Respondents also felt it had enabled them in some cases to provide a better service, such as through enabling professionals to support and observe the way a child was developing more closely. For example where a child was in a setting with a nursery nurse, who saw the child two to three times a week, this provided more contact with the child than through standard health visiting, which could lead to earlier identification of special needs.

Some professionals also felt they had learnt useful outreach strategies while being involved in the pilot, which they were planning to use to boost take up of three and four year old early years provision.

6.1.2 Concerns associated with the pilot

Referral partners and settings expressed some concerns associated with the eligibility criteria, and also had some comments related to the actual provision.

Concerns about the target groups and eligibility criteria

The inflexibility of the eligibility criteria appeared to be the primary concern raised about the target groups. Referral partners and settings felt that some families which they judged to be in particular need of the pilot did not fit within the eligibility criteria (either those criteria selected by the LA, or those set by DCSF). For example, where LA criteria specified that only non-working families were eligible, referral partners were concerned that this excluded low income families who were going out to work but really struggling to scrape together the money to pay for childcare, and hence in need of a pilot place. Predictably, there tended to be more concerns about the exclusion of families in need where the target groups were small in number and very specific, as this tended to lead to a larger number of disadvantaged families being ineligible. There was also some call for more discretionary targeting, so that every aspect of a family's particular circumstances could be taken into account in deciding whether a family would benefit from the place, rather than reliance on strict criteria. For example, where the target group was children with specific needs, such as learning difficulties, some referral partners felt that families in which a sibling of the two year old had specific needs should also be eligible, if they felt that a pilot place would help the family.

Concerns about criteria set by DCSF tended to revolve around the inflexibility of the age restrictions. It was sometimes felt by referral partners and setting staff that children who were just below or above the age of eligibility were being unfairly excluded, especially where there was more than one child in the family. A mother with a new baby as well as an 18 month old child, who was struggling with juggling the care of the two children, could have really benefited from the older child having some nursery provision. On the other hand, some parents could feel more comfortable about using childcare when their child was two and a half than when they had just turned two, but by then it was too late to meet the requirement that the child be able to complete at least two terms of provision.

Conversely, there were examples given by referral partners and setting staff of families on the pilot who they felt perhaps should *not* have been given a place – for example where the criteria included simply speaking English as a second language, as financially secure families which were seen as in less need of free provision could be eligible.

Referral partners and setting staff also expressed concerns around inappropriate targeting, as some saw a focus on particular groups as potentially discriminatory or stigmatising, further segregating different types of families. These concerns were associated with minority ethnic groups, traveller families, and non-working families.

Concerns about the quality and the length of the provision

A recurring theme in relation to the pilot among referral partners was that some of the provision should be of a higher standard and that there should be more checks to assess quality. This was felt to be of particular importance if the programme is rolled out in the future, and a wider range of settings are to be involved.

Where the provision was offered over three sessions of 2.5 hours (which tended to be what settings opted for, as opposed to the five sessions for three and four year olds), some referral partners and setting staff felt that this had made it harder for some children to settle in, and therefore there was a need to relax and extend the provision.

6.2 Key requirements for an effective outreach process

This final section considers some recommendations for effective outreach processes. It is based on suggestions made by respondents, as well as conclusions drawn by the research team from the evidence collected.

Not surprisingly, lead-in time and resources are highlighted as being key to a successful outreach approach. Recommendations are also made in relation to the referral process, and the ways in which support from DCSF can benefit LAs are highlighted, particularly with defining target groups.

6.2.1 Ensuring adequate lead-in time

LAs having adequate lead-in time to prepare the ground by promoting and developing outreach approaches and setting up sufficient provision is critical to the success of the pilot. Specifically, time spent on the following aspects of the outreach process is beneficial to its success:

- Consulting other LAs about their approach;
- Discussions about their outreach strategy;
- Informing and briefing referral partners and settings, and encouraging them to come on board;
- Recruiting a wide range of high quality settings onto the pilot, taking into account location and hence accessibility for parents;
- Where necessary, discussing the implications of taking on children with special needs, to help settings feel more comfortable with this and more prepared.

6.2.2 Ensuring sufficient outreach resources

Ensuring that sufficient resources are available for outreach activities will help LAs achieve the good practices associated with successful outreach outlined in Chapter 5 - in particular it will allow LAs to:

- Personally approach referral partners from the start (allowing resources for establishing contact with operational staff as well as strategic level staff is important, as the latter may have other priorities on their time, and cannot always be relied on to 'cascade' information down);
- Maintain regular contact with referral partners and settings, thus encouraging partnership working and information sharing;
- Maintain the one on one approach with families throughout the outreach process, including follow up support. This could entail ensuring the number of outreach workers matched the range of target groups (so that an outreach worker can concentrate on a particular target group, for example), and help establish rapport with different communities;
- Achieve more extensive outreach with hard to reach families - spending time seeking out target families through schools or community groups; allowing widespread access to interpreters, and translated materials;
- Set up training for settings related to the target groups, such as equality or diversity training, or training on the types of issues that target group families face, where the settings have less experience of working with the targeted families;
- Provide extra resources for settings working with specific target groups, e.g. support with achieving a higher staffing ratio where the target group includes children with special needs.

The need for regular meetings and good communication between professionals, as well as the personal approach with families in particular have been reported as key to successful outreach in Sure Start Local Programmes, as well as engaging hard to reach families with Children's Centres services¹⁵.

6.2.3 Creating a clear and effective referral process

Part of creating a clear and effective referral process involves clarity about the criteria and a good referral/application form. As outlined in Chapter 4, recommendations for the application form include keeping it short, with simple language, and including questions to cover which other professionals the family is involved with, and whether the family has any special needs.

To avoid referral forms being lost, they should be channelled consistently through the same LA staff member, and it should be clear at the outset who this person is, and how they can be contacted.

Where the professionals involved in referring are less experienced and have less confidence with assessing what families need, support with the process of identifying eligible families needs to be provided.

A clear process of feedback and updates for referral partners and settings needs to be in place, including a letter acknowledging the referral, outlining the next steps and the likely timescale, and another letter when the child has been accepted, stating the referrer's responsibilities, particularly in relation to follow-up support. Clarifying who is responsible for informing the family that the child has been accepted, and sticking to this procedure, is also important to avoid confusion and potential duplication of roles between the referral partner and the LA.

¹⁵ Ball and Niven (2006) 'Outreach and Home Visiting Services in Sure Start Local Programmes'; Family & Parenting Institute (2007) 'Family Support in Children's Centres'.

6.2.4 Support from DCSF

For the Two Year Old pilot, the support provided by DCSF has consisted of the following:

- Quarterly conferences bringing together the pilot authorities, allowing for networking, sharing good practice, and raising and discussing live issues;
- Access to a nominated contact in DCSF, when the need for additional guidance arises;
- An evolving Question & Answer document, answering the questions that LAs most commonly ask;
- A central email box for queries.

The research suggests there is a role at the national level for more support than the above, in specific relation to outreach. LAs felt more help with promotion and guidance about outreach could be provided, and the research suggests an information pack focusing on outreach would be beneficial. This could include guidance on the content of the referral form, and advertising materials (both those aimed at referral partners and those aimed at parents). This guidance could reflect the best practice outlined in Chapter 3 for advertising material, and Chapter 4 for the referral form. Templates such as for the referral/application form could be made available, bearing in mind some adaptation would be required to suit local needs and branding, while retaining clear pilot branding, to distinguish it from other local schemes.

In order to ensure LAs make full use of specific guidance in relation to outreach, it is important to encourage and provide opportunities for LAs to learn from each other and share practice from the outset (i.e. before LAs plan their outreach strategy), particularly where they are close to each other geographically, or are working with similar target groups.

One particular issue that LAs need support with (from other LAs and DCSF) is in raising the profile of the pilot and establishing effective multi-agency partnerships – as noted in Chapter 5, it is important to make the most of existing resources and existing channels for outreach, as this was found to be key to successful outreach.

The refinement and definition of target groups is the one other key aspect of the pilot that appears to require more dialogue between DCSF and LAs. Target groups need to reflect local needs and priorities, including the need to meet local early years outcome duties, but more could be done to improve the way target groups are defined within LAs (once identified). Allowing some discretion, as called for by some referral partners, is required to make sure that families which could really benefit from a place are not excluded inappropriately. Nevertheless, as discussed in Chapter 3, not being specific enough led to inconsistency within LAs, as well as confusion, misinterpretation and inappropriate referrals, and LAs would have benefited from clear communication about their level of local discretion, and advice on how to decide which groups to target and how to set criteria to judge eligibility. To help LAs reach the right balance of flexibility versus clarity, DCSF could consider providing written guidance on how to define target groups, including a list of the possible categories of target groups, examples of the way in which definitions vary, and the reasons for and against the different definitions. Early discussion and advice on this between DCSF and LAs would also ensure consistency across LAs. Ongoing liaison may also be required to help LAs develop and refine their categories.

APPENDIX A LA STAFF TOPIC GUIDE



Two Year Olds Evaluation - Outreach

Topic Guide for Local Authority Project manager/Outreach worker

- This topic guide is for the Local Authority member of staff responsible for the Two Year Old pilot, and the outreach worker where there is one in the Local Authority.
- A separate topic guide will be used for the interviews with the external partners and settings involved in outreach activities. External partners could include: other Local Authority staff in other departments, health visitors, Children's Information Services staff. The settings involved in outreach activities are likely to be Children's Centres.

1. Introduction

- Introduce self & NatCen
- Remind respondent of study:
 - part of larger evaluation assessing the effect of pilot
 - exploring outreach strategies employed in six local authorities – considering what has worked well/less well and informing outreach approaches for any future roll out
 - explain who else will be interviewing in local authority – people with different perspectives on outreach (strategic, delivery, and external partners, such as referrers)
- Digital recording – check OK
- Reassure re confidentiality and explain how we'll report findings
 - local authorities may be identified in methodological section of report, but not in the main chapters of the report – individuals won't be named.
- Reminder of interview length (1 hour – 1 ½ hours) - check OK
- Any questions/concerns?

2. Background – Respondent/s

- Briefly describe your role(s) & responsibilities
 - *Role in relation to outreach activities*
- Who else working on outreach with them
 - *Size/type of outreach team, and position in outreach team*
- How long been in current role; current organisation (in case this is different)

- Check which sections of the topic guide are appropriate to cover with respondent

3. **Overview of outreach strategy**

- What do they see as the remit of outreach
- Can they briefly describe their outreach strategy (explain we will be discussing specific approaches later)
 - *How this builds on previous outreach activities carried out in other parts of the Local Authority (where appropriate)*
- Which target groups are they covering
 - *What target numbers did they set for Cohorts 1 to 4*
 - *How do the numbers distribute across target groups*
 - *Reasons for target groups*
 - *How identified needs and established target groups*
 - *How did they decide on original target numbers – overall and for different groups (e.g. based on number of places available in settings, parents' demand, resources to promote pilot, etc.)*
- Number of places actually taken up in Cohorts 1 to 3
 - *How do these numbers compare to original target numbers*
 - *Reasons for differences*
- What resources did they need for their strategy (*money, staff, materials, office space, etc*)
 - *What other sources of funding and resources do they draw on*
- What is outreach funding intended to cover (e.g. cost of employing an outreach worker etc.)
 - *What (if any) conditions are attached to DfES funding*
 - *How much say do they have about how funding is used*
- How did they develop their strategy
 - *What factors they took into consideration (e.g. other LAs' experiences)*
 - *Who involved, and at what level*
- What role did the DfES play in guiding/supporting the development of their outreach strategy
- How has outreach strategy changed; reasons why (e.g. changes in eligibility criteria, low numbers, etc.)
 - *How have groups changed over time; reasons for change*

4. Nature of outreach activities

- Describe the range of different outreach activities they are carrying out; what they entail
 - *Who involved in implementing / delivering the approach*
 - *How was this decided; and reasons why*
- How do parents find out about the pilot
- Explore all indirect, general marketing activities (leaflets/posters/press/radio etc.)
 - *Who do they target with these activities; reasons for choice*
 - *How do they vary across different target groups*
 - *Who carries out these activities (e.g. LA/external partners/settings)*
 - *If press/radio: how many articles/interviews*
 - *If mailout: how addresses identified*
- Explore all direct, targeted activities
 - *Who and where do they target with these activities; reasons for choice*
 - *How do they vary across different target groups*
 - *Who carries these activities out (e.g. LA/health visitor/Children's Centre staff)*
 - *If visits: how families identified, how locations identified*
- Nature of marketing materials developed
(Ask for copies of any written materials)
 - *Who are they targeted at (e.g. parents, settings etc)*
 - *Coverage/content*
 - *Format*
 - *How was the content and design decided*
 - *Who developed the materials (e.g. wrote the text, designed the posters, etc.)*
 - *Quantity produced*
 - *How distributed: in which locations, how identified*
- (if not already covered) How are families referred by external partners, settings (other sources)
 - *Can they describe the process in which families are referred (give us a copy of the referral form)*
 - *Which organisations/ individuals are involved*
 - *Reasons for choice of these organisations/individuals*

- Describe process after parent finds out about Two Year Old pilot
 - *Nature of further contacts with parents (e.g. visit to setting, whether accompanied by LA, etc.) and point at which they happen*
 - *What do these contacts involve (e.g. types of issues or queries do parents want to discuss)*
 - *How this varies across different target groups*
 - *What involvement do they (LA) have with referrers and settings at this stage; reasons for this contact; who the contact is with*
- What proportion of parents apply once they know about the pilot
 - *Reasons for not applying*
- Who completes application (e.g. parent, professional)
 - *What support do parents need with application*
 - *Who provides it*
 - *How easy to support parents with application*
 - *Extent to which expected to provide such support or help*
 - *Who is involved in approving application*
 - *Reasons for not approving applications*
 - *Proportion of applications which are not approved, if any*
- Nature of any further support provided after place offered to parent
 - *Reasons for support*
 - *Which groups of parents follow up support is focused on*
 - *At what point support provided*
 - *How is support provided*
 - *Who is providing support*
 - *What issues discussed*
 - *How are any problems/difficulties addressed*
- Reasons why parents might not take up a place they have been offered
 - *Types of parents who have not taken up a place*
 - *What can be done to support parents to take up a place*
 - *What happens if child doesn't attend*
- Whether parents sign-posted to other services (e.g. Training)
 - *Which services*
 - *How successful has take up been of additional services*

5. Views about outreach activities

- How well are their outreach approaches working
 - *What has worked well/ less well*
- How easy is it to promote the pilot to parents
 - *How easy is it to identify eligible parents*
 - *How easy to explain about the pilot*
 - *How far does the information they are given meet parents' needs*
- Which activities have been most effective/least effective for reaching target groups
- Which activities have been most effective/least effective for supporting parents to access provision
- Nature of any barriers/difficulties in delivering outreach
 - *What difficulties encountered for particular outreach activities*
 - *How have addressed difficulties*
 - *Outcome of solutions found*
- How easy has it been to work with other LA departments, external partners, settings
 - *What difficulties encountered for particular outreach activities*
 - *How have addressed difficulties*
 - *Outcome of solutions found*
 - *How well are the different referral organisations working together*
 - *Whether overlap in their contact with families (whether procedure in place so families not referred twice)*
- How long did it take to set up outreach approach (e.g. if LA project manager: recruiting outreach worker)
- What was the timescale for different approaches, and reasons for timescale
- Amount of time spent on accessing target groups (e.g. hours/days a week), by respondent and by team
 - *Estimated amount of time spent by external partners*
 - *Estimated amount of time spent by settings' staff*
- How well has specific funding for outreach activities met their needs for carrying out outreach activities, including setting up new outreach activities (versus continuing existing ones)
- (if not already covered) How have activities changed in comparison to original plan/strategy
 - *Nature of any changes made and reasons for changes*

6. Reflections

- *I'd now like to ask about your views on the overall success of outreach in this area.*
- (if not already covered) How successful has outreach strategy been overall
 - *What has been successful, less successful*
 - *How do they judge success*
 - *How does success relate to the age group of the children*
 - *how does success compare to other projects/initiatives*
- Which aspects have made outreach easier
- Which aspects *could* make outreach easier (e.g. additional resource)
- What would they change about their outreach approach if they were starting again
 - *How would their approach be different and why*
 - *What groups would they target and why*
 - *How would they prefer to work with other Local Authority departments, external partners and settings*

7. Future development

- Future outreach plans
 - *Development of different strategies*
 - *Changes in target groups covered*
- What are the wider applications of their experience of outreach on the Two Year Old pilot (e.g. plans in relation to relationships with other LA departments/external partners, settings, families)

8. Conclusion

- Anything to add?
- Questions about interview / evaluation in general?
- Reiterate confidentiality assurance
- Thank you

Two Year Olds Evaluation - Outreach

Topic Guide for External Partners

- This topic guide is for the external partners involved with the Local Authority Two Year Old pilot team in outreach activities.
- External partners might include
 - Local Authority staff in other departments/teams (Social Services, Children's Information Services, Housing)
 - Health visitors, Family Support workers, Speech and language therapists
 - Jobcentre plus staff
 - Voluntary sector organisations/Charities (e.g. Domestic violence refuges)
- A separate topic guide will be used for the interviews with the Local Authority member of staff responsible for the Two Year Old pilot, and the outreach worker where there is one in the Local Authority, and for the interviews with the settings involved in outreach activities.

1. Introduction

- Introduce self & NatCen
- Remind respondent of study:
 - part of larger evaluation assessing the effect of pilot
 - exploring outreach strategies employed in six local authorities – considering what has worked well/less well and informing outreach approaches for any future roll out
 - explain who else will be interviewing in local authority – people with different perspectives on outreach (Local Authority, professionals involved in referrals or outreach)
- Digital recording – check OK
- Reassure re confidentiality and explain how we'll report findings
 - local authorities may be identified in methodological section of report, but not in the main chapters of the report; individuals won't be named.
- Reminder of interview length (1 hour – 1 ½ hours) - check OK
- Any questions/concerns?

2. Overview of role (Briefly)

- Briefly describe your role(s) & responsibilities
 - *Nature of contact with families and children*
 - *Reasons for contact*
 - *Types of families and children*
- How long been in current role; current organisation (in case this is different)

- Check which sections of the topic guide are appropriate to cover with respondent

3. Awareness and views about the Two Year Old pilot

I'd like to start by asking about your knowledge and experience of the Two Year Old pilot.

- How first found out about the Two Year Old pilot
 - *How informed (face to face meetings, written information...)*
 - *What information given by LA on Two Year Old pilot*
 - *Whether had opportunities to discuss/ ask questions*
- How aware of the LA approach to outreach for the Two Year Old pilot
 - *What does it cover*
 - *Which parents does it cover*
 - *Nature of their involvement in developing the strategy*
- Views on the outreach strategy being employed by the LA
 - *What should outreach be covering in terms of remit*
 - *Views about the way parents are being targeted*
- Reaction to the introduction of the Two Year Old pilot
 - *How much of a need is there for this type of provision*
 - *Who needs it; views about disadvantaged groups it is being targeted at; are they the parents who are most in need*

4. Involvement in Two Year Old pilot

- (Assuming not already covered) Role in relation to Two Year Old pilot (e.g. activities they undertake as part of the pilot – promotion, referral, outreach etc.)
 - *How long been involved*
 - *How did they get involved (Who initiated involvement)*
 - *Why did they get involved*
- Who else involved in Two Year Old pilot with them (if anyone), within their team/department/organisation
- What resources did they need for their activities (money/staff, etc)
 - *How did involvement fit in with existing activities;*
 - *Whether already in contact with target families through their day to day work*

5. Involvement in promotion and targeting of Two Year Old pilot (explore as appropriate)

- What involvement do they have in promoting the Two Year Old pilot and targeting families

- Explore all direct, targeted activities
 - *Who do they target*
 - *How do they target these families; which activities do they use; reasons for choice*
 - *How do they vary across different groups of families*
 - *If visits: how families identified, how locations identified*

- Explore whether involved in indirect, general marketing activities (leaflets/posters/press/radio, etc.)
 - *If involved in distributing materials: in which locations, how identified*
 - *If involved in mailout: how addresses identified*
 - *Who developed these materials*

- How have activities changed; reasons why
 - *How have groups changed over time; reasons for change*

- Nature of any information they give to parents (*Ask for copies of any written materials*)
 - *Who do they give this to*
 - *Coverage/content*
 - *Sources of information*
 - *Format*
 - *How was the content and design decided*
 - *Who developed the materials (e.g. wrote the text, designed the posters, etc.)*

- Time and resources required to promote to parents; distinguish between new resources and those already being used for other outreach activities
 - *Amount of time spent on accessing families (e.g. hours/days a week) by respondent (and by team if applicable)*

- Communication with LA and settings (and other partners?) on targeting activities
 - *Who do they communicate with, and how do they communicate, if different from referrals*
 - *When does this happen*

6. Involvement in referrals and applications (explore as appropriate)

- What involvement do they have in the referral process
 - *Which children do they refer*
 - *How do they identify parents/children*
 - *If they refer children with SEN, how easy to identify at age of 2*

- Can they describe how they refer parents/children to Local Authority 2YO team or to settings
 - *At what point do they refer parents*

- What information do they provide to parents; sources of information
 - *How receptive are parents to 2YO pilot*
- What information are they required to give the LA at the referral stage
 - *How easy to find out all information required*
 - *Can they describe their referral form (if they use one; how easy to fill in form (can they give us a copy)*
 - *If need to make decisions (respondent or parents), e.g. on choice of settings, how do they arrive at these decisions, and how easy to do this*
- What further involvement do they have in the process after referring families (e.g. what further support do they provide with an application)
- If parent can apply themselves, nature of any support or help provided with application
 - *What support do parents need with application*
 - *How easy to support parents with application*
- What proportion of parents apply once they know about the two year old pilot
 - *Reasons for not applying*
- What is the process after the application
 - *Who involved in approving application*
 - *Reasons for approval and for refusal, and views on these*
 - *If make referrals, proportion of their referrals which are approved*
- If not already covered, communication with LA and settings (and other partners?) on referrals and application
 - *Who do they communicate with at the LA*
 - *How do they communicate with LA*
 - *When does this happen*
 - *Who do they communicate with in settings/other partners*
 - *How do they communicate with settings/other partners*
 - *When does this happen*

7. Follow up support after place been offered (explore as appropriate)

- What further support provided after place offered to parent
 - *Reasons for providing this support*
 - *Which groups of parents do they provide this for*
 - *At what point support provided*
- How is support provided
 - *What issues discussed*
 - *How are any problems/difficulties addressed*

- Proportion of parents who have not taken up place after it was offered
 - *Reasons why parents might not take up a place once they have been offered it*
 - *Types of parents who have not taken up a place*
 - *What can be done to support parents to take up a place*
 - *What happens if child doesn't attend*
- Whether parents sign-posted to other services (e.g. Training)
 - *Which services*
 - *How successful has take up been of additional services*
- If not already covered, communication with LA and settings (and other partners) whilst providing follow up support
 - *Who do they communicate with, and how do they communicate, if different from referrals or targeting activities*
 - *When does this happen*

8. Reflections on the pilot

- How well do they think their outreach activities working (e.g. promotion, referral and follow up support)
 - *What has worked well/ less well*
 - *How do they compare with other activities they are involved with*
 - *How have they contributed to other outreach activities involved with*
- Nature of any difficulties experienced in carrying out their outreach activities
 - *How have addressed difficulties*
- How easy is it to promote the pilot to parents
 - *How easy is it to identify eligible parents*
 - *How easy to explain about the pilot*
 - *Views about the information they are providing to parents*
 - *How far does it meet parents' needs*
- How easy is it to support parents at the referral/application and later stages in carrying out their outreach activities e.g.
 - *How easy to meet parents' needs*
 - *How easy to identify/match appropriate settings*
- How easy to juggle alongside other commitments
 - *What impact on workload*
- How easy has it been to work on outreach with Local Authority; other partners; settings
 - *What difficulties encountered*
- Suggestions for improvements/changes to existing outreach activities
 - *What would they do differently*

9. **Conclusion**

- Anything to add?
- Questions about interview / evaluation in general?
- Reiterate confidentiality assurance
- Thank you

Two Year Olds Evaluation - Outreach

Topic Guide for Settings

- This topic guide is for the settings offering Two Year Old pilot places who are also involved with the Local Authority team in outreach activities - in most cases these will be Children's Centres.
- A separate topic guide will be used for the interviews with the Local Authority member of staff responsible for the Two Year Old pilot, and the outreach worker where there is one in the Local Authority, and for the interviews with the external partners involved in outreach activities (e.g. Social Services, Health visitors, etc.).

1. Introduction

- Introduce self & NatCen
- Remind respondent of study:
 - part of larger evaluation assessing the effect of pilot
 - exploring outreach strategies employed in six local authorities – considering what has worked well/less well and informing outreach approaches for any future roll out
 - explain who else will be interviewing in local authority – people with different perspectives on outreach (Local Authority, professionals involved in referrals or outreach)
- Digital recording – check OK
- Reassure re confidentiality and explain how we'll report findings
 - local authorities may be identified in methodological section of report, but not in the main chapters of the report; individuals won't be named.
- Reminder of interview length (1 hour – 1 ½ hours) - check OK
- Any questions/concerns?

2. Background – Setting and Role (Briefly)

- Briefly describe your role(s) & responsibilities
 - *Nature of contact with families and children*
 - *Reasons for contact*
 - *Types of families and children*
- How long been in current role; current organisation (in case this is different)
- Briefly describe the services provided to families by the setting
 - *Nature of services provided to families and children (childcare, health services, etc.)*

- *Types of families and children who accessed the services before Two Year Old pilot started*
- Check which sections of the topic guide are appropriate to cover with respondent

3. Awareness and views about the Two Year Old pilot

I'd like to start by asking about your knowledge and experience of the Two Year Old pilot.

- How first found out about the Two Year Old pilot
 - *How informed (face to face meetings, written information...)*
 - *What information given by LA on Two Year Old pilot*
 - *Whether had opportunities to discuss/ ask questions*
- How aware of the LA approach to outreach for the Two Year Old pilot
 - *What does it cover*
 - *Which parents does it cover*
 - *Nature of their involvement in developing the strategy*
- Views on the outreach strategy being employed by the LA
 - *What should outreach be covering in terms of remit*
 - *Views about the way parents are being targeted*
- Reaction to the introduction of the Two Year Old pilot
 - *How much of a need is there for this type of provision*
 - *Who needs it; views about disadvantaged groups it is being targeted at; are they the parents who are most in need*

4. Involvement in Two Year Old pilot

- (Assuming not already covered) Role in relation to Two Year Old pilot (e.g. activities they undertake as part of the pilot – providing places, promotion, referral, outreach etc.)
 - *How long been involved*
 - *How did they get involved (Who initiated involvement)*
 - *Why did they get involved*
 - *How did involvement fit in with existing provision*
 - *What appealed about the pilot*
 - *Nature of any concerns about taking part*
- Nature of provision
 - *How did they decide how many places they would offer*
 - *Whether targeting particular families; if so, which and why*
 - *If not already covered: When started to offer Two Year Old pilot places*
 - *Approximate number of children in Two Year Old pilot, by cohort (Cohorts 1 to 3)*
 - *Types of families and children in Two Year Old pilot*
 - *How do the numbers compare to their original expectations*

- *How do the types of families compare to their original expectations*
- *Reasons for differences*
- Who else involved in Two Year Old pilot with them (if anyone)
- What resources did they need for their activities (money/staff, etc)
 - *How did involvement fit in with existing activities*
 - *Whether previously involved in outreach/referral activities*
 - *If not already covered: Whether already in contact with target families through their day to day work*
 - *Impact of offering 2 year old places on setting*

5. Involvement in promotion and targeting of Two Year Old pilot (explore as appropriate)

- What involvement do they have in promoting the Two Year Old pilot and targeting families
- Explore all direct, targeted activities
 - *Who do they target*
 - *How do they target these families; which activities do they use; reasons for choice*
 - *How do they vary across different groups of families*
 - *If visits: how families identified, how locations identified*
- Explore whether involved in indirect, general marketing activities (leaflets/posters/press/radio, etc.)
 - *If involved in distributing materials: in which locations, how identified*
 - *If involved in mailout: how addresses identified*
 - *Who developed these materials*
- How have activities changed; reasons why
 - *How have groups changed over time; reasons for change*
- Nature of any information they give to parents (*Ask for copies of any written materials*)
 - *Who do they give this to*
 - *Coverage/content*
 - *Sources of information*
 - *Format*
 - *How was the content and design decided*
 - *Who developed the materials (e.g. wrote the text, designed the posters, etc.)*
- Time and resources required to promote to parents; distinguish between new resources and those already being used for other outreach activities
 - *Amount of time spent on accessing families (e.g. hours/days a week) by respondent (and by team if applicable)*

- Communication with LA other partners and other settings on targeting activities
 - *Who do they communicate with, and how do they communicate, if different from referrals*
 - *When does this happen*

- 6. **Involvement in referrals and applications (explore as appropriate)**
 - What involvement do they have in the referral process
 - *Which children do they refer*
 - *How do they identify parents/children*
 - *If they refer children with SEN, how easy to identify at age of 2*

 - Can they describe how children are referred to them
 - *At what point are they referred*

 - What information is provided for parents; sources of information
 - *How receptive are parents to 2YO pilot*

 - What information are they required to give the LA at the referral stage
 - *How easy to find out all information required*
 - *Can they describe their referral form (if they use one; how easy to fill in form – if don't already have copy from LA interviews: can they give us a copy)*

 - What further involvement do they have in the process after referring families (e.g. what further support do they provide with an application)

 - If parent can apply themselves, nature of any support or help provided with application
 - *What support do parents need with application (e.g. visits to settings etc.)*
 - *How easy to support parents with application*

 - What proportion of parents apply once they know about the two year old pilot (if they know)
 - *Reasons for not applying*

 - What is the process after the application
 - *Who involved in approving application*
 - *Reasons for approval and for refusal, and views on these*

 - If not already covered, communication with LA, referrers other partners and settings on referrals and application
 - *Who do they communicate with at the LA*
 - *How do they communicate with LA*
 - *When does this happen*
 - *Who do they communicate with in other partners and settings*
 - *How do they communicate with other partners and settings*
 - *When does this happen*

7. Follow up support after place been offered (explore as appropriate)

- What further support provided after place offered to parent
 - *Reasons for providing this support*
 - *Which groups of parents do they provide this for*
 - *At what point support provided*
- How is support provided
 - *What issues discussed*
 - *How are any problems/difficulties addressed*
- Proportion of parents who have not taken up place after it was offered
 - *Reasons why parents might not take up a place once they have been offered it*
 - *Types of parents who have not taken up a place*
 - *What can be done to support parents to take up a place*
 - *What happens if child doesn't attend*
- Whether parents sign-posted to other services (e.g. Training)
 - *Which services*
 - *How successful has take up been of additional services*
- If not already covered, communication with LA; other partners; and other settings whilst providing follow up support
 - *Who do they communicate with, and how do they communicate, if different from referrals or targeting activities*
 - *When does this happen*

8. Reflections on the pilot

- How well do they think their outreach activities are working (e.g. promotion, referral and follow up support)
 - *What has worked well/ less well*
 - *How do they compare with other activities they are involved with*
 - *How have they contributed to other outreach activities involved with*
- Nature of any difficulties experienced in carrying out their outreach activities
 - *How have addressed difficulties*
- How easy is it to promote the pilot to parents
 - *How easy is it to identify eligible parents*
 - *How easy to explain about the pilot*
 - *Views about the information they are providing to parents*
 - *How far does it meet parents' needs*
- How easy is it to support parents at the referral/application and later stages in carrying out their outreach activities e.g.
 - *How easy to meet parents needs*
 - *How easy to identify/match appropriate settings*

- How easy to juggle alongside other commitments
 - *What impact on workload*
- How easy has it been to work on outreach with Local Authority; other partners; other settings
 - *What difficulties encountered*
- Suggestions for improvements/changes to existing outreach activities
 - *What would they do differently*
- Future plans for outreach activities

9. **Conclusion**

- Anything to add?
- Questions about interview / evaluation in general?
- Reiterate confidentiality assurance
- Thank you

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