

Lambeth Children's Centres: A Better Plan

This consultation response was written by Lambeth UNISON in consultation with families and professionals.



“I’m going to make a sign. I’m going to do it with my mummy. I’m going to send it to Lambeth Council. Not so I can cut down the Children’s Centres but I can stop other people doing that.” - Lileth age 5



Children’s Centres facilitate important social contact and interactions among children, their families and Children’s Centre Staff. Children’s Centres provide opportunities for play, learning and social connection for otherwise potentially isolated children and parents, and also offer opportunities for carers to share their practical and emotional difficulties with staff and to seek support. In this way, Children’s Centres ensure greater likelihood of vital early intervention in regard to infant mental health issues and make it possible for adverse childhood experiences to be identified and addressed.

Children’s Centres are, therefore, an essential universal provision that must remain accessible and non-stigmatising in order to ensure that they are felt by families to be welcoming and safe. We know that an important predictor for attendance and full participation in facilities for parents with young children is whether such facilities are within ‘buggy-pushing distance’. It takes a village to raise a child as the African proverb says. Children’s welfare is the responsibility of the whole community and we must ensure that Children’s Centres are local, nearby and are demonstrably valued by us all.

Early childhood is a time when children form attachment templates for relationships that will stay with them all their lives. It is a phase of great importance in terms of neurological development and emotional regulation but it is therefore also a time of great vulnerability when things go wrong. Levels of deprivation and trauma are very high in our population and young families need good support services to protect their mental health.

The contribution of Children’s Centres to early intervention in terms of assessment of difficulties and provision of support leads to better educational and health outcomes for our young children. However, reorganisations and cuts impact greatly on staff morale which can lead to a disruptively high turnover of staff in services where community-based continuity of relationships, support and observational oversight over time are essential.

Pre-school children do not always present with problems that are easily identified and understood at single appointments and ongoing relationships are central to good care. Staff in Children's Services need to know how to recognise signals of distress in children and to spot when vulnerable young parents may be holding themselves together to present well to Family Doctors and Health visitors. These conditions for good professional care and attunement will only be possible where services are known to be stable by staff and families, and are not subject to constant reorganisation and cuts.

Paul van Heeswyk, Consultant Child Psychotherapist

There are currently 23 children's centres in Lambeth. Under the current proposals, 5 children's centres will be closed, seven more will have their service provision cut, and staff across the borough will lose their jobs. This is described in the consultation booklet as "*five of our current 23 children's centres would no longer be used for the delivery of children's centre activities.*"

This proposal in response to the Consultation lays out the reasons for retaining the Centres and existing staff.

The five centres threatened with closure:

- *Coin Street, Bishop's ward*
- *Heathbrook, Clapham Town*
- *Lark Hall, Larkhall ward*
- *Sunnyhill, Streatham Wells*
- *Weir Link, Thornton ward*

The seven centres being demoted to link centres:

- *Crown Lane, Knight's Hill*
- *Effra, Herne Hill*
- *Jessop, Herne Hill*
- *Rosendale, Thurlow Park*
- *Streatham Hub, St Leonards*
- *Treehouse, Brixton Hill*
- *Woodmansterne, Streatham South*



It is argued that parents, some of whom use more than one centre, will access services at a different centre if their local Children's Centre closes. Some families, often those who require extra support will not access a Centre not within buggy walking distance. Even if families were willing to travel, sessions are already oversubscribed in some Centres and fewer centres would increase demand on those which stayed open.

Children centres were introduced by the Blair Government as part of the programme against child poverty in the long and short term. The core purpose of Children's Centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in child development and school readiness, parenting aspirations and parenting skills, child and family health and life chances.

Some of their services provided by Lambeth's Children Centres include:

- Stay 'n' Play; Tiny tunes; Soup and Story; Wriggle and Rhyme; Messy Play; Sensory Room – for babies and children of different ages*
- Stay 'n' Play provided for different parts of the community, including Polish, Portuguese and Spanish speakers, and Muslim families.*
- Diet and nutrition: weaning and starting on solid foods*
- Speech and language therapy*
- Child health services*
- Breastfeeding support for new mums*
- Post-natal depression support groups*
- LGBT parents group*
- Under 20s stay 'n' play, for young parents.*
- Art therapy and counselling for families with children under 5.*
- Advice and support for financial and debt management*
- ESOL classes and other training and employment support*

The essence to the children's centre approach was the provision of specialist services to help families with additional need alongside universal services. All kinds of families go through the door.

Why is this universality important?

Some of our families who most need support don't want to access targeted support in places they think mark them out as "deprived", "troubled" or "failing"

Some families do not know they need extra support. For example Children's Centres are key for identifying children with additional speech and language needs.

Some families who have no additional need in any indicator we use – two parents in well paid work, no diagnosed illness or impairment, adequate housing, no SEN needs – can still require additional support.

Children's Centres Combatting Isolation

“I treasure the memories of being at children's centres with my daughter - I loved being able to find time with her in a safe environment, chat to staff and meet other parents some of whom are still my friends. It really helped me feel part of the community when I didn't have friends with children local to me and really eased me through those early months with my daughter. Every now and then I bump into one of the staff and they still remember her by name and ask after her. they are such a vital resource in preventing isolation in those early days of parenthood.” Nikki, parent

Women on maternity leave have now been classed as the loneliest people in the UK. According to a recent study, a staggering 47 per cent of them feel alone while 27 per cent don't enjoy maternity leave as much as they thought they would. The data, compiled by the research consultancy company ComRes for BBC Radio 5 live, also showed that two in five women miss being at work while staying at home to look after their newborns, and one in five wish they'd returned to work earlier. Another recent UK survey of more than 2,000 mothers by the online mothers' networking group channelmum.com also found that 92 percent of mothers suffer from loneliness after having children, and 54 per cent feel “friendless”. This is even greater in certain families, according to research in 2018 by the British Red Cross and the Co-op, over 80% of mums under 30 feel lonely some of the time, while over 40% are lonely often or always. The increase in women in employment and political activity has eroded the gendered nature of the public and private spheres - men in employment and civil society and women in the home. Many women, especially though not exclusively, those without networks outside the nuclear family, find the spheres reemerging in the first years of her child's life as public life takes a backseat to parenting.

Children's Centres break the private/ public divide - bringing childrearing and childhood into a collective public space. Mothers told us how Children's Centres helped them get out of the house, meet people and chat whilst looking after their children. They allow parents to build new support networks outside their families.

Children's Centres and Domestic Violence

“I couldn't do the work I do without the Centres.” Domestic Violence Worker

Children Centres are vital for identifying and supporting families exposed to domestic violence. Centres contribute to helping families that are experiencing domestic abuse: raising awareness within the community, being a contact point in times of crisis, and supporting families long term in moving on from their experiences.

- Around 1 in 5 children have been exposed to domestic abuse.
- An estimated 39,000 babies under one year of age live with domestic violence in the UK.
- In 90% of domestic violence incidents, children were in the same or the next room.
- Over half of women who experience domestic abuse experience it in pregnancy. ¹

Children's centres offer a space where you can walk through the door without ever needing to provide an excuse, and get help.

If you leave an abusive home they can provide an escape from isolation for those who have moved to a new area or have had to break of contact with their family.

Children's Centres and Speech and Language support

Children's Centres allow early identification and support for those with additional speech and language needs. Children's centres provide a unique, accessible way for families to access speech and language support.

Speech and Language Therapists can provide a range of beneficial services to children's centres, offering specialist support as well as universal and targeted support. Where there is provision, families often access specialist speech and language therapy via their children's centre, and can also gain crucial information regarding supporting speech and language development from formal or informal chats with Speech and Language Therapists and CC staff.

This availability of speech and language support to families within an informal environment means that families are able to access advice and information about speech, language and communication development while they may be waiting for more detailed SLT assessment and support.

Having speech and language support at the children's centre is also cited as a way of increasing the numbers of families accessing support due to the familiarity of the setting and staff, and the comfortable environment, where they may not attend elsewhere due to feeling anxious about a formal appointment with a health professional. The drop in nature is

¹ <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/domestic-violence-the-facts/> and NSPCC (2011)

also helpful in engaging more parents and families, particularly for those who might struggle with keeping to appointments at specific times.²

A child can quickly fall behind if speech and language learning is delayed. Early identification increases the chances for improving communication skills. Along with library services, Children's Centres support development of pre-literacy skills. This has knock on effects on a range of issues.

The association between speech and language disorders and behaviour difficulties is well established³.

Studies show substantial proportions of unsupported children with specific language impairment experience social and behavioural problems as they reach secondary school age, and that these problems increase over time, as they cannot access the curriculum and become increasingly frustrated.⁴

Two-thirds of 7 to 14 year olds with severe behaviour problems have communication needs.⁵

Research in Sheffield has shown that children about to be excluded from school showed high levels of speech, language and communication needs.⁶ Lindsay et al (2007) found, 'Parents reported that children and young people had low levels of self esteem during secondary school and high levels of emotional distress.'

Over 60% of people in youth justice estate have difficulties with speech, language or communication. In one study a high proportion (74%) of young people with the youth offending team had below average communication skills, which is significantly more than the average population (approximately 10%). There is a high level of severe communication difficulty (42%) which is significantly higher than the average population (Crew, Ellis, 2008).⁷

Another study showed that over 60% of youth offending service users have speech, language and communication needs. This proportion mirrors what previous studies, above, have identified (Heritage, Virag, McCuaig, 2011). In comparison a separate study showed that there is a high level (91%) of communication disability in young people known to the youth offending team. This is significantly greater than in the general population (10%) (Brooks, 2011). Specifically over 44% of women in the criminal justice system have

² SLT Provision in Children's Centres - The Communication Trust

³ Humber and Snow, 2001

⁴ See Redmond et al, 2002 and Tomblin, 2000

⁵ Cohen et al, 1998

⁶ Clegg et al 1999

⁷ BRYAN, Karen, GARVANI, Gillian, GREGORY, Juliette and KILNER, Karen (2015). Language difficulties and criminal justice: the need for earlier identification. *International journal of language and communication disorders*, 50 (6), 763-775.

communication difficulties (Wagner et al, 1983). It is important to note that the incidence of communication problems is higher among women offenders than for the general population.

Low education and speech and language and literacy difficulties are risk factors for offending. A study of young unemployed men found that over 88% were described as presenting with language impairment, having some degree of difficulty with language.⁸

A study into young people not in education, employment or training (NEET) showed that 100% of the individuals who completed the speech and language therapy assessments presented with some degree of speech, language and communication needs., of which 50% had severe difficulties i.e. language levels more than 2 years below their chronological age. Only 21% had previously been referred for speech and language therapy.⁹

Up to a third of children with untreated speech, language and communication needs will develop mental health issues¹⁰

There is evidence that children may be misdiagnosed as having a conduct disorder or mental health problem when in fact they have an undiagnosed speech, language and communication needs.

Cohen and Lipsett (1991) found even very young children with undiagnosed speech, language or communication difficulties were perceived as being more delinquent/ difficult by their mothers than a matched control group.¹¹

Each of these effects of failure to provide adequate speech and language support early costs the borough in financial and social terms.

Our plan

We propose maintaining 23 Centres across the borough.

Finance

The medium term financial strategy states that the levels of unallocated reserves in 2018/19 are at the lower end of the acceptable limits (between 5-10% of the net cash limit) and therefore contribute to the Council's sound financial position. A proposal put forward by the opposition suggests building the unallocated reserve to 9.6% rather than 10.1% of cash limits. The difference could be invested in retaining all Centres for four more years. At Joint

⁸ Elliott, 2009

⁹ Lanz, 2009

¹⁰ Clegg, Hollis and Rutter 1999

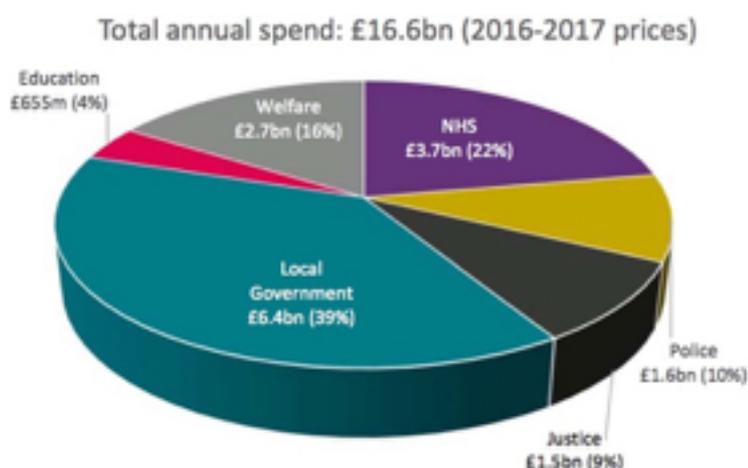
¹¹ All SALT studies cited can be found in RCSLT Justice Dossier and RCSLT and Challenging and offending behaviour - RCSLT

Strategy Forum the Finance Officer confirmed the proposal would comfortably meet CIPFA prudential reserve guidelines.

In addition to unallocated reserve Lambeth holds £9.6 million of reserves allocated to transition. These reserves are earmarked for spending which in the longer term will save the Council money. Spending on early intervention in the early years will save money in the short medium and longer terms.

While we do not think that the demand for late intervention spend can ever be brought down to zero, nor should it be, this data shows that there is more work to do to provide effective early intervention to children and families who need it. The cost of late intervention: EIF analysis 2016 showed the total cost of late intervention in Lambeth as £97million and per capita cost of late intervention at £299. Expansion of early years, early intervention work to limit demand for high-cost, statutory responses by moving resources upstream, spotting early signs of risk in children and families, and providing effective support where and when it is needed.¹²

This analysis also examines where the cost of late intervention falls nationally. The £17 billion is spread across different public agencies at national and local level, from local authorities, the NHS, schools, welfare, police to the criminal justice system. Local authorities bear the largest share at £6.4 billion, followed by the NHS with £3.7 billion and the Department for Work and Pensions with £2.7 billion.

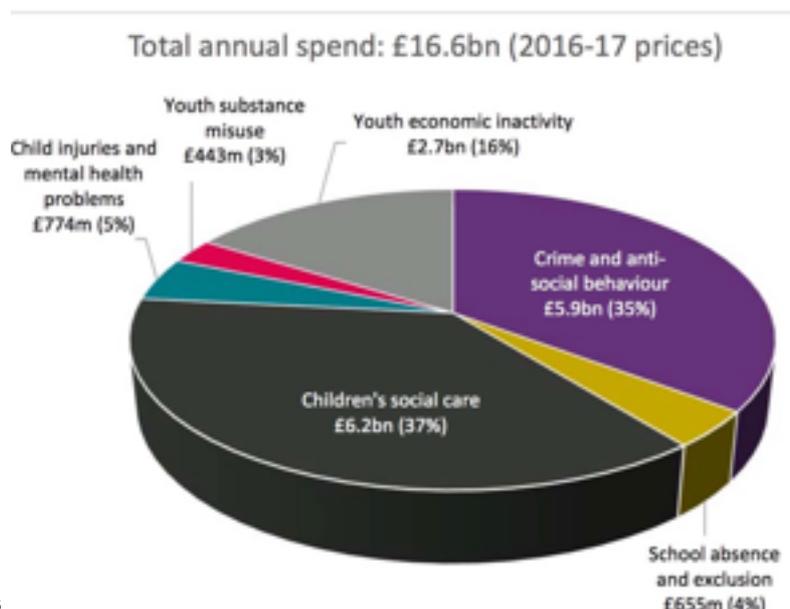


The largest individual costs are:

£5.3 billion spent on Looked After Children

£5.2 billion associated with cases of domestic violence and abuse

£2.7 billion spent on benefits for young people who are not in education, employment or training (NEET)¹³



¹²The cost of late intervention: EIF analysis

¹³ The cost of late intervention: EIF analysis

These figures are costs we already bear as a result of failing to support families early enough, this spending will increase as we reduce early years spending.

We are told we cannot afford to keep our 23 Children's Centres. We cannot afford to lose them. A wide range of economic studies suggest that there are significant long term returns to early investment in children during the pre-birth period and up to the age of eight years.¹⁴ Money spent on Children's Centres saves us money in the short, medium and long term. Though the savings to local government per child per annum are greatest in 8-18years age range, significant savings from early years intervention are reached must sooner. At an individual level, the estimated total additional public spending on a child and parent with moderate needs would be in region of £2000 over the pre-birth to 5 years old period. For a child and parent with severe needs, the estimated total additional public spending is £11,220 over the pre-birth to 5 years old period.¹⁵

The consultation makes no projection of the potential increased costs to the borough of closing centres. Any proposal to close any of our Children's Centres should not be considered without provision and evaluation of potential costs associated with the late intervention as a result of families not being able to access the services.

We ask that the Council delays any decision on the future of our Children's Centres by one year, using £500,000 from reserves to allow us to work together to investigate the financial and social implications of a reduction in the service and how the services could be financed. In this time we will work with community groups, unions and Council across London to lobby the government for early years funding.

¹⁴ See Cunha and Heckman (2006) "Investing in our Young People", and Doyle et al (2007) "The Timing of Early Childhood Intervention", Working Paper, University College Dublin

¹⁵ Average costs will vary by region. these estimates are based on The Financial Implications of early years interventions in Scotland