

## **Chapter 8**

### **Communities of Children's Centres: Decline and Fall**

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The history of Children Centres is well documented with their roots traced to the Head Start programme developed in the United States to support low income families. The latest wave of Children's Centres developed out of the Sure Start Local Programmes of the late 1990s, provided targeted services for the most deprived and disadvantaged areas in the United Kingdom (Lewis, 2011). Children's Centres in the English context are 'service hubs run by a combination of state maintained and voluntary providers' (Oberhuemer *et al.*, 2010:457). These hubs were designed to offer services for locally defined needs of communities to ensure a better start, a sure(r) start for children and support for the families to achieve this. The principles of operation were based on those of the Sure Start Local Programmes which aimed 'to involve parents; to avoid stigma; to ensure lasting support for children and families; to act in culturally appropriate and sensitive ways; to achieve specific objectives; and to promote accessibility for all local families' (Lewis, 2011:76).

This chapter:

- explores the history, development and decline of Children's Centres as a universal service
- examines how Children's Centres are socially constructed and how they are viewed by the stakeholders
- outlines how the Children's Centre mode of operation changed from a core offer to a core purpose, due to policy change, and the impact it had on families and the community
- proposes what the 'real' future potentially looks like for the families and communities of Children's Centres.

**Introduction to a Brief History of Children's Centres**

In the English context, the establishment of the Sure Start Unit in 1998 and Sure Start Local Programmes (SSSLPs) provided the seed bed from which Children's Centres would grow. By 2002 the idea of Children's Centres was being discussed in government (Lewis, 2011) and a change of policy direction by the government saw the Sure Start Local Programmes change which heralded the birth of Children's Centres (Bouchel & Norris, 2013). In 2003, Children's Centres were launched along with a guidance for their core offer of services. The aim was to establish 3500 Children's Centres by 2010, providing a Children's Centre in every community, starting with communities in the areas of significant deprivation. Children's Centres were also identified in the English Government's Ten Year Childcare Strategy to play a key role in providing high quality childcare services that were available and accessible for young children and their families in the community. Children Centres across the country were implemented in three phases, which will be discussed in more detail in the subsequent section of this chapter.

In 2010 a coalition government of the Conservative and Liberal Democrat parties took power in the United Kingdom. The new government heralded a period of financial austerity that continued with the election of a Conservative government post 2015. The effects of financial austerity were felt across the spectrum of public services. Local Authorities (LAs) faced increased financial pressure with a reduction in grants from central government. This filtered down to a range of locally provided services including Children's Centres who experienced cuts to their budgets, resources and resulted in the process of phased closure. With the reduced financial support, Children's Centres were forced to move away from a core offer of services to having a core purpose. This signifies the beginning of the decline of Children Centres.

The core offer was a universal approach to service provision for children and families. Integrated full-day childcare and early learning was additionally provided by Children's Centres located in the thirty percent most deprived communities in England described as a full core offer of services. Ten years later, in April 2013, the revised core purpose of Children's Centres was revealed which aimed 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 skill and child and family health and life chances' (Department for Education, 2013:7).

This new direction for Children's Centres saw a move away from universal provision to a more targeted model of services and would focus on the most vulnerable and 'neediest' families in the community. The government also 'downplayed their role as a universal service' (National Children's Bureau, 2013:7). The impact of the new core purpose on the children and families appeared to be clear starting with the erosion of universal services such as 'stay and play' sessions or day care provision. In 2009 there were 50,600 children registered for full day care in Children's Centres, by 2013 this had reduced to 24,800 (Department for Education, 2014). For a brief moment in time, under the core offer, Children's Centres were bringing the community together to 'raise the child'. This may seem like an idealistic perspective but the potential and the intentions were there right at the start.

### **From Core Offer to Core Purpose**

The Children's Centres core offer became established in phase one centres between 2004 and 2006. The phase one centres, which were effectively Sure Start Local Programmes, consolidated and rebranded. The core offer was established to define the services Children's Centres had to provide which consisted of:

drop-in sessions and activities for parents, carers and children, access to child and family health services including antenatal care, outreach and family support services, links with Jobcentre Plus for training and employment advice, support for child-minders and support for children and parents with special needs.

(National Audit Office, 2009:7)

This was a key moment in the development of Children's Centres with a framework of *universal* provision in place for children and families. The only variance to this universality was the provision of a *full* core offer which gave integrated full-day childcare and early learning provision for the thirty per cent most deprived communities in England. The definition of deprivation was established by the Index of Multiple Deprivation (IMD) and the aim was 'to reach the most disadvantaged, hard to reach parents' (Lewis, 2011:75). The

government's rationale for this approach came from a desire to reduce the number of workless households in these areas which were, per capita, some of the highest in the European Union (EU).

Phase two from 2006 to 2008 saw Children's Centres and the full core offer reach areas of the lowest 30% in deprivation not covered by the phase one roll out. In addition the Children's Centres and the core offer reached what were sometimes described as mixed areas, communities that had a blend of deprivation and affluence. Phase three rolled out between 2008 and 2010 and the core offer reached the more affluent communities. On paper, this arguably was the start of a golden age of Children's Centres with the development of services supported by an 'anything is possible' attitude. In their communities, Children's Centres had the opportunity to 'raise the child' and some centres and Local Authorities grabbed this with both hands. Local services were being joined up providing effective integration of health, social and education provision and expertise. The impact on communities could be suggested to be tangible.

Centres were providing a range of services including advice and support for parents in developing the skills needed to raise their children. Centres were supporting teenage mums, running father's groups, there was literacy support for parents together with their children, often run in collaboration with local libraries. Health and healthy living support was provided through advice, health visitor drop-ins and practical projects such as developing families' cooking skills. Support was available for a range of issues including those experiencing domestic abuse or had issues with housing and benefits. Some of these activities positively influence the educational climate for families at home and by implications better outcomes for children. There was some enhancement of social networks in the community. In essence Children's Centres were being woven into the fabric of communities and strengthened them.

Centres were also able to increase the strength of communities by enhancing the skills of the individuals such as with employability and Job Centre Plus. This typically occurred through a reciprocal relationship between centres and the families and communities who accessed them. The idea was that when families and communities engaged in collaborative working with a number of professionals for a common goal, it increased social responsibility, community cohesion, therefore, improved life outcomes for their children. This developed the image of

the Children's Centres as a community resources, a 'hub' for signposting and support. This, again, was good for community cohesion and served as a potential investment in the future.

### ***Vignette***

*Linda was a mother of four children. Linda had experienced domestic abuse and her children were sexually abused by her ex-husband. When the abuse of the children was discovered by Social Services Linda's children were removed from her and her ex-husband prosecuted and jailed. Linda was initially under suspicion because she had not reported the abuse of her children herself. Linda was found to have a learning disability and was subject to domestic abuse including physical, mental and sexual abuse from her ex-husband which had left her frightened for her own life and she dared not speak about what was happening. Social Services asked Linda's local Children's Centre to provide support which they did. Through the centre Linda received professional counselling, access to the Freedom Programme, parenting, life skills and vocational training, eventually working as a centre volunteer. Over a two year period with the centres continued support, Linda was able to regain custody of all four of her children, the youngest being the last one to return. Linda eventually gained part time employment and continued to care for her children.*

A major challenge, which is theoretically still ongoing, was to get the balance right between the health, education and the social needs of children and communities. This challenge was made more difficult because of the barriers that Centres needed to overcome. These included the need to establish effective service level agreements between different agencies, information sharing protocols, the embedding or co-location of multi-professional and/or multi-agency workforces in Children's Centres. For example, one configuration of this could be Children's Centre family support workers, health visitors, community midwives and Job Centre Plus employees.

The change of government in 2010 brought with it constraints on the public budget as identified earlier. Just after the general election in 2010 the Coalition Agreement was published, which included an outline of plans that wanted Sure Start to have an *increasing focus* on the neediest families (Bate and Forster, 2015). The coalition's promise to continue to fund and prioritise Children's Centres appeared to be empty. This resulted in a drop in the

number of Children's Centres, down to 2,816 centres open in December 2014 from a high of 3,631 in 2010 (House of Commons Education Committee, 2015). They were either closing down or merging.

An increased focus on the neediest families was realised in 2012, which resulted in the shift from Children's Centres having a core offer of provision to having a core purpose (Department for Education, 2013). This led to a more targeted intervention based approach. Potential consequences of reducing services for all to targeted services for some included: families in genuine need but not meeting threshold criteria for engagement falling off the radar, alienated communities because of the withdrawal of services and less effective prevention and more crisis management. Additionally, the implications of a more targeted or target driven approach were: a greater level of bureaucracy which might be considered paperwork for the sake of paperwork, the quantifying of things that are naturally not conducive to that kind of treatment such as human interaction and support through conversation; excessive measurement of results, progress and investment versus return analysis and so on. There was also impact on the workload of Children's Centre workers where the demands of measurable data production drew them away from what matters most; engagement with the children and families in their communities.

The change of emphasis from core offer to core purpose was also entirely compatible with the imposition of austerity measures. Austerity caused Children's Centres to experience limited resources for families, forced the cessation of some services, and there were redundancies in staff teams. This in turn disrupted the stability of communities as familiar trusted faces disappeared from centres and were not replaced. The change from core offer to core purpose also changed the discourse from centres having potentially vague outcomes, albeit successfully achieved, to them delivering identified outputs through purposefully targeted services. This position was more in keeping with the suggested political ideology of the coalition government that arguably wanted to see some measurable results for the money they were spending. One direct manifestation of this, although quietly abandoned, was the idea of Children's Centres being paid by result. This concept of payment by result was given new life with the Troubled Families agenda (Department for Communities and Local

Government (DCLG, 2012). This suggests that political ideology rather than financial austerity appeared to be the main driver behind the change from core offer to core purpose.

Since the middle of 2000, the ideals of universal services that aimed to support but not stigmatise children and families were promoted by labour politicians. The Conservative party had long been ambivalent towards certain vulnerable groups in society. Margaret Thatcher had 'disapproved of those so lazy, feckless or lacking in self-respect that they were content to live in subsidised housing or on benefits' (Campbell, 2003: 248). This view was tempered under the leadership of Cameron (coalition government) which recognised 'the importance of softening the Party's approach towards those experiencing poverty and disadvantage' (Page, 2010:11). This did not prevent the universal approach of Children's Centres turning into a targeted and, by implication, stigmatising approach for families in need and hard to reach. In fact, some of these families found themselves rebranded as 'Troubled Families' with the arrival of the Troubled Families agenda (DCLG, 2015).

This was the pinnacle of a fundamental change in the way those in need in society were viewed. This position was fraught with danger. The potential for discontent and withdrawal amongst families was released because of the stigma attached to their 'need' or socio-economic status. In effect they lost the ability to self-refer any more. A feeling of reluctance to seek help voluntarily was fostered in some families because they perceived someone was already out there aiming to get them. The core purpose resulted in a uni-directional approach towards hard to reach families as opposed to a core offer for families who found it difficult to engage which provided a reciprocal and bi-directional approach. What seems apparent still in 2017, is that the government is unsure about the direction and purpose of Children's Centres.

### ***Point for reflection***

- *Can all that has been invested in and through Children's Centres still sustain communities?*

### **Children's Centres: The Beginning of the End**

The cause of change to Children's Centres appears to be a simple one. The change of the United Kingdom government in 2010 saw the implementation of a range of austerity measures to reduce public spending. These austerity measures were suggested to be having a damaging impact on the poorest and most vulnerable in society in part because of 'cuts to social security and public services' (Poinasamy, 2013:2). The effects of funding cuts to a range of services, was that Children's Centres started to work together in groups or clusters (Ofsted, 2014). The approach of clustering centres presented challenges. One of them was that inspection grades were typically lower than those of stand-alone centres. There could have been a variety of factors for this difference in performance including centre teams taking time to adjust to new ways of working, or that management of groups of centres was just not as effective as one centre with one manager. The implications for children and families seem, however, clear: poorer quality services.

What seems apparent is that this pattern of changes had implications beyond the quality of service provision or the preservation of services such as centre usage by families, and Children's Centre workers' well-being. Although registrations with centres by families were high, there was an emerging pattern of decline in families attending centres which negates the original purpose of Children Centres. The act of clustering centres also had a negative effect on staffing which was disproportionately represented by managerial roles. Goff *et al.* (2013: 26), for example, identified the apprehension Children's Centre managers had about the effects these changes would have on their future roles, 'particularly with the possible removal of middle management posts at centre level in favour of a higher managerial control over several sites'. This potential loss of onsite and often very experienced managers was also problematic at a functional level; the problem being a lower quality provision for children and families. The suggested and generally accepted link between high quality leadership and the provision of high quality services for children was being broken with the loss of certain managerial positions in centres, the impact on services appeared to be immediate and devastating.

Royston and Rodrigues (2013) suggest that Children's Centres were working as part of 'a broad safety net' of services for families. The emerging problem was that this safety net was disappearing. Centres were either reducing opening hours, the amount and variety of



available sessions or both. This was being compounded by the loss of expert and experienced staff. In some LAs, senior roles in Children's Centres started to disappear. Children's Centre teachers, for example, were typically part of the senior leadership team planning the direction of the educational strategies centres provided. These types of role were crucial to effective service provision and to the families in the community. Their loss reduced centres abilities to provide 'quality first' teaching approaches and to develop parent partnerships by involving parents in their child's education through a qualified professional. The damaging effects of this type of reorganisation were even more telling when considered in relation to other Children's Centre staff such as Family Support Workers. They are vital for the way services are provided, so the argument goes that knowledgeable staff provide good services and if they are lost in a reorganisation process, then services to children and families will suffer (Lewis, *et al.*, 2011).

One of the consequences of clustering centres discussed earlier was the loss of daily contact with fellow workers and the 'casual' conversations about families of shared interest or concern. In some instances the ability to hold regular team meetings had become more problematic for Centres, in effect reducing the opportunities for effective communication. What poor communication in organisational change suggests, is a culture of poor change management. The culture of poor change management may, for example, go some way to explaining the decline in Ofsted inspection outcomes for Children's Centres that had changed from a stand-alone model of working to a cluster model of working during this period. How change was managed, or as in this case not, produces a domino effect that goes something like:

- Poor communication gives rise to disaffected staff who felt undervalued.
- Undervalued staff also become uncertain about their future prospects.
- Undervalued and disaffected staff teams do not perform as effectively.
- Ofsted inspections happened at a time when these staff teams were underperforming.
- The result is poorer services and potential outcomes for children and families.

In addition, at that time of change some Children's Centre workers reported there was a lack of recognition for what Children's Centres did or what workers provided by way of supporting children and their communities. The message from government, although not

explicit, did imply that Children's Centres were not valued and by association neither was their workforce.

### ***Points for reflection***

- *If Centres were valued then why did the government remove the ring fence from their Early Intervention Grant funding leaving them exposed to budget cuts by Local Authorities?*
- *If they were valued why consult about their purpose (Gymiah, 2015)?*

Tragically, as always, the biggest losers in any of these scenarios are children and families who are stuck in the middle of these imposed changes at a time when, arguably, they needed support more than ever.

There is also a case to be made that LAs were making organisational changes to Children's Centres, with clustering, in an attempt to save them in one form or another. This point was articulated by Rallings who considered that through a process of reorganising Children's Centres into groups or clusters LAs were able 'to protect services despite reduced funding' because of the financial savings they could make (2014:5). There also appeared to be explicit steps taken by LAs to target their spending on more disadvantaged communities by 'prioritising resources for Children's Centres serving the neediest groups' (Sammons *et al.*, 2015:17). Reporting in December 2015, Sammons *et al.* identified that some Children's Centres located in the more disadvantaged areas were protected from the more severe LA cuts or at least subject to less cutting than other Children's Centres. This allowed the LAs that were the subject of the report to provide for those families most in need. The core purpose for Children's Centres should also be considered as another factor in LAs decisions to restructure and reorganise Children's Centres. This was so LAs could focus the dispersed skill set of workers to meet the key aim of the core purpose, which was to provide a more targeted approach to services for vulnerable children and families. This approach found parallels with the government's Troubled Families agenda (DCLG, 2011) (discussed earlier), which aims to provide targeted intervention programmes for families with multiple problems (from crime and anti-social behaviour through unemployment or domestic abuse to mental health issues (Bate, 2017)).

Whilst the core purpose was compatible with the Troubled Families agenda it did not appear to be compatible with Children's Centre workers' perceptions of what Children's Centres should be providing. A National Children's Bureau (2013) survey of practitioners and families portrays a dominant view (an overwhelming 80%) that Children's Centres should have universal access 'but should work hard to bring in disadvantaged families'. Only 1% thought centres should be exclusively for disadvantaged families (Ransom, 2014).

### ***Point for Reflection***

- *Did the government deliberately intend that Children's Centres should become such a key part of the delivery of the Troubled Families agenda?*

The position Children's Centres still find themselves in at the time of writing this chapter suggests that financial austerity is still the key catalyst for the changes Children's Centres and their communities face. This also raises the question of waste: were Children's Centres a worthwhile investment as they were subsequently not sustained? The current inability to sustain Children's Centres could also be regarded as counterproductive. The irony is that as a result of Government austerity and social policy, Children's Centres and their services are needed more not less by many communities.

### **Conclusion**

The sad decline of Children's Centres is observable through a range of phenomena such as organisational change caused by austerity and political ideology. Yet, in simple terms, the jaws of austerity started to bite hard and Children's Centre services started to suffer.

Austerity was the starting point but Children's Centres became the victim of a range of other complicating factors that hastened their demise as a universal service. These factors include an inability to effectively capture organisational change and poor change management by LAs, political ideology and measurable outcomes.

The problem of effectively capturing positive outcomes for families was a significant challenge for Centres right from their inception. It took a long time to demonstrate clear outcomes and some centres never achieved this. The time and effort expended by Children's

Centre workers to support positive outcomes for children and families was often overlooked. Some of the results they achieved as one Children's Centre worker in 2016 suggested, could not be "actually put down on paper". This presented a fundamental issue for the substantiating what outcomes Children's Centres achieve and the subsequent valuing of Children's Centre workforce. This inability to measure outcomes was influential in the government's decision to direct the change from a core offer of services to a core purpose for Children's Centres. In the midst of all this families and communities suffered as they were at the mercy of the political agenda.

There were measurable outcomes produced by Children's Centres including: the simple registering of families attending centres, through to increasing breastfeeding rates in their communities or children achieving a good level of development in relation to the ages and stages identified in the Early Years Foundation Stage (EYFS) (Early Education, 2014). Then there were the softer outcomes such as the role modelling of appropriate child interactions that went on in centre sessions, case studies of successful interventions with children and families or the qualitative testimonials from families about how centres had helped or changed their lives. The results of Children's Centres work were arguably always going to be long term, possibly ephemeral and anecdotal. These soft outcomes should have been considered just as valuable as those more measurable hard outcomes to show a significant change, but how you capture their effect is, to this day, an ongoing challenge.

Children's Centres often worked as safety nets for some families, some families dipped in and out of Children's Centres at times of crisis or need, others engaged on their own terms. The hard evidence of measurable outcomes for this type of support for families is almost impossible to establish. How do you capture the benefits of a centre worker talking to a depressed mother and seeing her through a time of anxiety? Just imagine if that mother's child was taken into care because there was no centre worker for the mother to go to and she had a breakdown? Children's Centres could generally provide anecdotal evidence of their impact and with 'what if' scenarios, but they could not be presented as convincingly as, for example, having supported six members of workless households back into work, providing an evidenced return on the government's investment.

A government's investment in early prevention or more currently early intervention programmes such as Children's Centres can be effective in financial terms. The ethos of early prevention was more consistent with the core offer and universal services. There was an understanding that aiming to give all children the best possible start in life would 'help to ensure that children, particularly those at risk of social exclusion are ready to learn when they arrive at school' (Her Majesty's Treasury, 1998:14). This role for effective early prevention was further supported because the implications of not doing so could be catastrophic. These could be life limiting factors such as poor health and environmental deprivation for children plus the added financial cost that brings to the government. This financial burden for the government continues with the knock on effects these factors can have as those children become adults (Field, 2010; Marmot, 2010; Allen, 2011). The inability to measure softer outcomes could be less problematic for Children's Centres if they were genuinely viewed by government as an investment for and in children in all aspects of the work they undertook. Children's Centres, that were valued for working as a safety net or providing a listening ear in programmes of preventative and outcome enhancing services, successfully supported the community to raise their children.

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