A sociological investigation of Sure Start Children's Centres: Understanding parental participation

Marie Lavelle

Let us know how access to this document benefits you

Recommended Citation
This Thesis is brought to you for free and open access by the Faculty of Arts, Humanities and Business Theses at PEARL. It has been accepted for inclusion in Other Faculty of Arts, Humanities and Business Theses by an authorized administrator of PEARL. For more information, please contact openresearch@plymouth.ac.uk.
COPYRIGHT STATEMENT

This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with its author and that no quotation from the thesis and no information derived from it may be published without the author’s prior consent.
A sociological investigation of Sure Start Children's Centres: Understanding parental participation

By

Marie Lavelle

A thesis submitted to the Plymouth University
In partial fulfilment of the requirements for the degree of

Doctor of Philosophy

School of Education, Plymouth University

In collaboration with
Devon County Council

October 2011
Abstract

A sociological investigation of Sure Start Children’s Centres: Understanding parental participation
Marie Ann Lavelle

Sure Start Children’s Centres and their predecessors, the Sure Start Local Programmes, were central to New Labour’s drive to reduce social exclusion through early intervention in the lives of families with young children. Where previous research predominantly focused on the impact and effectiveness of programme delivery, there has also been a great deal of emphasis on those families who do not use these services. However, in attempting to understand why parents do not use Children’s Centres, the approach has been one that placed non-participation experiences away from Centres, distanced and unrelated. This thesis presents a sociological analysis of two Children’s Centres where the institutional processes and practices that shape what these spaces mean are explored in depth. In exploring some of the day to day interactions and practices, this thesis challenges some of the taken for granted assumptions, in order to create a meaningful space for dialogue.

Using an ethnographic methodology two Centres were studied to explore how Children’s Centres were perceived by those who used them, those who work in them and those who walked past them. The fieldwork was conducted over an eighteen month period and involved a multitude of methods; participation and observation in Centre activities, focus groups with staff, and parents and interviews with parents within and outside Centres. I also had many ‘conversations with a purpose’ with parents in community toddler groups and other spaces that parents, predominantly mothers occupy with their young children.

What emerged was that an understanding of these spaces is complex and whilst invaluable to a small number of very regular users they are also insignificant to others. For other users the plurality of meaning reflects the many ways that these spaces are occupied by parents and children. Points of tension were apparent as parents made these spaces their own, sometimes in conflict with how they ‘ought’ to be used. The thesis uses the work of Foucault to explore how power relations are played out within the Centres and the way that government operates at a distance. From this perspective it is clear that Children’s Centres are political spaces, where they have become ‘depoliticised’ as part of the disciplinary processes of the ‘conduct of conduct’. They are spaces where ‘technologies of government’ are employed in practice and where the drive to evidence outcomes focuses practitioners’ attention on end results. As a result the processes, the means to achieving those results, can go unexamined.
# Table of contents

<table>
<thead>
<tr>
<th>Contents list</th>
<th>Page number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>11</td>
</tr>
<tr>
<td>Author's declaration</td>
<td>13</td>
</tr>
</tbody>
</table>

## Part 1 Background to the study

### Chapter 1 Introduction

1.1 Introduction 15  
1.2 The beginning 16  
1.3 Structure of the thesis 17

### Chapter 2 The political context of the thesis

2.1 Introduction 21  
2.2 Setting the scene 22  
2.3 The investment state and social exclusion 28  
2.4 The role of Children's Centres in 'breaking the cycle' 30  
2.5 Investing in the early years: Improving quality 33  
2.6 Progressive universalism and participation 36  
2.7 Summary 37

### Chapter 3 Finding the gap; the literature

3.1 Introduction 39  
3.2 The construction of the non-attender 39  
3.3 Barriers to participation 45  
3.4 Engaging ‘hard to reach’ families: What works? 48  
3.5 Non-participation: Families’ perspectives 51  
3.6 Summary 55

### Chapter 4 Framework for understanding: Using Foucault

4.1 Introduction 57  
4.2 Children’s Centres and Foucault 59  
4.3 Power relations and governance 62  
4.4 Discourse, truth and knowledge 65  
4.5 Surveillance 68
Chapter 5 Research methodology, methods and ethics

5.1 Introduction 79
5.2 The road to the research 79
5.3 Ontology and epistemology: From ‘discovery and finding’ to ‘constructing and making’ 82

5.4 Ethnography 86
   5.4.1 Participation, observations and relationships 88
   5.4.2 Fieldnotes 92
   5.4.3 Informal and formal interviews 94
   5.4.4 Focus groups 97
   5.4.5 Analysis 99
   5.4.6 Limitations of ethnography 102

5.5 Ethics 105
   5.5.1 Informed consent: Rhetoric or reality 107
   5.5.2 Privacy and confidentiality 111
   5.5.3 Other considerations 112

5.6 Summary 113

Part 2 Making sense of Children’s Centres

Introduction 115

Chapter 6 Introducing the field

   6.1 Accessing the study sites 117
   6.2 Introducing the Centres and their areas 118
   6.3 The fieldwork 121

Chapter 7 ‘A Children’s what?’ Looking for meaning

   7.1 Introduction 125
   7.2 ‘A Children’s what?’ 126
   7.3 Centres of support and local expertise 128
   7.4 Centres from the inside 135
   7.5 The view from the outside 140
   7.6 Children’s Centres in their communities 147
   7.7 ‘The numbers game’: Registration 153
   7.8 Summary 160
11.12 Watching and judging through a Foucaultian lens 278
11.13 The group approach: Creating conditions for observation 280
11.14 Summary 282

Chapter 12 Conclusion

12.1 Introduction 285
12.2 Theoretical contribution 286
12.3 Little things and unintended consequences: Implications for practice 298

References 301

Appendices

1. Who is vulnerable/hard to reach? 327
2. Interview guide 329
3. Ethics protocol 331
4. Health ethics approval letter 335
5. Information for parents and carers 339
6. Information for staff 343
7. Example of consent form (health ethics approved) 345
8. Introductory letter to parents 347
9. Table of activities April 2008-July 2009 349
10. Profile of participants 351
Acknowledgements

There have been many people who have walked alongside me during the last four years. They have guided me, placed opportunities in front of me and showed me the doors that might be useful to open. I would like to thank each and every one of them. I would especially like to thank Dr Norman Gabriel, Dr Julia Morgan and Professor Bill Jordan. Without your encouragement the road would have seemed a lonely place. I would also like to thank Lynnette Chapman and Devon County Council for their financial and practical support. A very big thank you must also go to the parents, children and staff who made me welcome in their Centres, their toddler groups, their preschools and in their homes.

Finally and without hesitation I would like to thank John, Ellis, Olivia and Alana to whom this thesis is dedicated for your belief in me and that one day Mum would finish and ‘get a proper job’.
Author’s Declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior consent of the Graduate school.

The study was financed by Devon County Council and HEFCE funding.

During the early days of this thesis I completed the Open University’s Master’s Module in Ethnography, gaining a distinction. I also attended the ESRC research methods festival in Oxford and have participated in numerous research skills seminars, lectures and study days.

Work has been presented at the following conferences:

Oral Presentations

May 2008 ICYR Conference Cyprus
January 2009 E-map Conference London
March 2009 DCC Conference Exeter
July 2009 International PG Research Conference Leicester
May 2010 Methods 2010 Conference Plymouth

Poster Presentation

June 2008 ESRC Research Methods Festival Oxford

Word count of the main body of thesis: 79,155

Signed ...............................................................

Date ...............................................................
Part 1 Background to the thesis

Chapter 1 Introduction

1.1 Introduction

The last Labour government established the goal of having a Sure Start Children's Centre in every community by 2010, a total of 3,500, enabling access for every family with young children under the age of five. The aim of this universalising of family support services was to normalise support for all parents and therefore reduce the history of stigma associated with help seeking. At the start of this project in 2007 there was great concern that those who were regarded as in need of support, the ‘hard to reach’, and ‘vulnerable’, were not using Centres and the services that they offered. This project was born out of those concerns. Part funded by Devon County Council, this thesis seeks to combine two aims, that of producing knowledge which can inform and challenge practice, whilst at the same time using sociological theory to explore in depth the small and often unnoticed elements of practice. Whilst Sure Start Children's Centres were and are still regarded as a positive addition to the landscape of early years provision and family support, to understand how they are used and not used by parents I drew on the concepts of power and difference and the work of Michel Foucault.
1.2 The beginning

Having worked with families and children who were living in challenging circumstances, in an area which had both old family centre support and later Sure Start Local Programmes, I thought I had some understanding of the issues families faced in accessing both ‘open door’ universal services and more formal interventions. Having previously worked as a manager of a voluntary sector charity, part funded by a Sure Start Local Programme and the Local Authority, I was also conscious of the issues that services had in encouraging parents to participate. One of the key insights that I brought to my original proposal was drawn from my many interactions with parents as they struggled to take control of their lives and to use services that were becoming increasingly visible in communities. As I supported parents in their use of services, it was apparent that it was often the little things that made a difference; the attitude of others, their ability to bend the rules to accommodate the odd and unexpected request, how people spoke to parents, whether they were condescending, whether they trusted them. Much of these small acts of meaning were missing from the literature about Children’s Centre use. The questions that were more often asked were around how could parents not take advantage of these great services, in new facilities and which were there to benefit ‘them’; if only ‘they’ would then ‘their’ lives would be so much better. It was on these initial thoughts and ideas that I based my original proposal.

Understanding the reasons why parents do not use Children’s Centres has been rarely explored from within the organisations themselves. Although Centre
staff and those involved in their evaluations have been keen to explore the
issues relating to non-service use, it has been rare for them to consider
themselves and what they represent in any detail. Instead non-participation is
often constructed as a parental problem. This study sought to understand what
Children’s Centres meant to parents, what they meant to staff who were
involved in them daily and importantly what they meant to those who walked
past them or were only vaguely aware of their existence. Using an ethnographic
approach this study explores how these meanings were constructed through the
processes and discursive practices within Centres, between the various actors
and through the way that Centres tried to communicate their message
externally to the wider community.

1.3 Structure of the thesis

Part 1 of the thesis explores the background of the project, the political context,
the previous work in this area, the theoretical perspective taken and gives an
overview of the methodological approach. The political context of this thesis
cannot be overstated. Funded partly by the Local Authority it explores a
government funded initiative that was seen as central to a government that in its
dying days continued to proclaim Sure Start Children's Centres as one of their
most successful policies. Chapter 2 situates the thesis in the ever changing
political landscape. It explores the way that Sure Start Children's Centres were
initially established through a targeted level of support in the most deprived
areas of the country to one that was to support all parents regardless of where
they lived. It highlights the growing role of government in the regulation of family
life and in particular in the lives of those who are regarded as marginal. This is further explored in Chapter 3 which examines the way that government has sought to define and target those who are seen ‘at risk’ of social exclusion. This chapter also examines the past work into the use of early years services. Much of this work has been done as part of the evaluation of Sure Start Local Programmes, commissioned and funded by New Labour. Chapter 4 develops this critical perspective, showing the theoretical relevance of Foucault in exploring Sure Start Children's Centres. Chapter 5 then goes on to consider the way that my epistemological and ontological stance influenced the methodology that I employed to generate the data needed to deepen my understanding of these new institutional spaces. Here the focus is on the use of ethnography as a methodology, fit for the purpose of getting ‘close up’ to those who work, used and walked past these spaces.

Having set the scene, Chapter 6 in Part 2 firstly introduces the fieldwork and the two Centres and then goes on to explore the five main foci of the study. Central to this study has been developing an understanding of just what is a Sure Start Children’s Centre. I wanted to understand why parents used these spaces and why others ought to. Hence, Chapter 7 presents an ethnographic account of what Sure Start Children's Centres represent to those who work in them, use them and those who do not. Here the picture begins to build of Children’s Centres as spaces in which meanings are contested and where implicit meanings associated with the notion of governance and government at a distance begin to emerge. This theme is further developed in Chapter 8 which explores the way that these new spaces have been constructed as
professionalised spaces. They are spaces where parents are expected to access professional support and advice. As a result these spaces cannot be seen independently from the drive to professionalise the early years workforce and of the need to improve the quality of settings. Here the agenda is for staff to change, from other, mother, worker to professional. How Centre staff constructed themselves is explored, particularly in relation to what they were not, that is, a toddler group or coffee morning. Central is the need to be seen to be making a difference, creating some sort of change, not only to the lives of children and families but also in terms of meeting prescribed outcomes, in doing so, Chapter 9 argues, some of the more relational aspects of care were lost. It is here that tension and conflict arise as the meanings of Centres for parents can be seem at odds with the needs of those who work in Centres to demonstrate the difference that they made. Central to this chapter is an issue which is often voiced in settings where children and parents inhabit; the hot drinks debate. In this chapter the work of Foucault is utilised to explore how the cup of tea is used in the performance of governmentality.

For those parents who do make it into Centres, their experiences can be far from satisfactory, not because of the what is offered by staff but because of the way that other parents appear to exclude them. Whilst this might be unintentional, what is apparent is that staff often felt incapable of managing the situation that is often called ‘the clique’. This is explored in Chapter 10. The final theme presented in Chapter 11 is that which is often raised as a major concern for those who use services, that of ‘being watched’. Here the work of Foucault in relation to Bentham’s panopticon is used to explore the way that
parents felt under the ‘regulatory gaze’ of those who were seen as being in authority, regardless of whether they were in fact being watched. The final chapter brings the themes from the chapters together to explore how and why the ‘little things matter’. In this thesis I argue that only through an exploration of the micro-processes, the small everyday interactions and practices, is it possible to see how power operates to create some sort of change within the individual. What is clear is that Centres are spaces where change is expected to happen, yet this thesis argues, this is very rarely discussed in these spaces. Central to achieving this outcome is the need for Centre staff to change too. I focus on the way that the performance and construction of professionalisation in Centres impact on how Centres are perceived by parents and carers. Whilst this might be wholly positive for the vast number of Centre users who were positive about the type of support they received, for others this resulted in a withdrawal from and reluctance to participate in these new institutions. Whilst parents seek out other informal provision over more formal providers, these too were regarded in negative ways. However, it was the ability to ‘be oneself’ within these informal settings which appeared to be a driver for use. Hence, it is the formalisation of services, albeit delivered by people dedicated to supporting families and their children, which has enabled Centres to become extensions of government.
Chapter 2 The political context of the thesis

2.1 Introduction

When this study commenced in 2007, the political and economic context was a little different than it is today in early 2011. In 2007, the post Childcare Act 2006 (HM Government, 2006) expansion of Sure Start Children's Centres was well underway. The aim being that eventually every parent would have access to some sort of support through a network of 3,500 country-wide Centres. In 2010 the new coalition government stated their commitment to continued funding of Children’s Centres (HM Government, 2010a). However, it is still unclear what the future holds for Sure Start Children's Centres. Whilst this uncertainty can be seen as partly economic, it is also ideological. Centres not only represent a substantial demand on clearly limited budgets, they also represent ‘big government’ and what has been regarded as efforts by the state to regulate the family and parenting in particular (Burkard & Chelford, 2010). Whilst I wish to acknowledge the new emerging rhetoric of the ‘red’ Tory (Blond, 2009; Coombs, 2010) where the new ideology of a reduced influence of the state in the lives of people, communities and professionals will no doubt have an impact on the role of Centres under the new coalition government, this study is located within context of the previous Labour government. Hence, this chapter sets the scene for the development of the then new Sure Start Children’s Centres, locating them within the post-welfare, social investment state and the ‘Third Way’ politics of the last New Labour government. Sure Start Children’s Centres therefore combined a number of the key features of this approach in this ‘flagship policy’. These included a social investment approach to combating social exclusion by
‘breaking the cycle’ of deprivation and providing joined-up services, strengthening community through the promotion of social capital, and improving educational outcomes by improving the quality of provision. In the following discussion what will become clear is the way that these aims are not only complex and multifaceted but also at times contradictory and unrealistic.

2.2 Setting the scene

In the 1980s not only had child poverty tripled under the Conservative government but by the 1990s relative child poverty in the UK was the highest in Europe and amongst the worst of the industrialised nations (Harker, 2006). The Conservative government of 1979-1997 had established a ‘neo-liberal accumulation strategy’ which focused on controlling public spending with attempts to ‘free’ public services through a market model where the laws of demand and supply would enable a reduction in taxation (Jessop, 2007, p.5). Despite promises of an expansion of the availability of nursery provision offered by the state, by the 1972 government (Pascall and Bertram, 1997) the ensuing economic downturn that followed the oil crisis dissipated this promise. The prevailing Conservative ideology that the care of children was predominantly a family (and a female) affair was clearly evident when in 1980 the government removed the need for Local Authorities to have to provide nursery education (Pascall and Bertram, 1997).
However, with the increasing numbers of mothers entering the labour market and the expansion of school places for four year olds, this removal had little effect (Pascall and Bertram, 1997). On the contrary the already fragmented landscape of education and childcare for young children was once again reshaped by political drivers. Hence, state, private and voluntary provision was delivered in a variety of settings by staff who often had relatively low levels of qualifications (Mooney and Munton, 1997). What emerged was a lack of a cohesive and coherent policy approach by the Conservative government which created ‘a patchwork of fragmented and uncoordinated services’ for children and families in pre-1997 years (Pugh, 2003, p.184). All this meant that for many parents the picture was a confusing array of services, and for many children, the reality of experiencing a multitude of care providers in one day (Mooney and Munton, 1997).

When Tony Blair formed the New Labour government in 1997, child poverty in the UK stood at 3.4 million, that is 27% before housing costs or 4.3 million, 34% after housing costs (DWP, 2006). The initial cross-departmental spending review of services for children and young people not only made recommendations for breaking the cycle of disadvantage (Glass, 1999), but also reflected New Labour’s drive to modernise government and public services (HM Treasury, 1998). During these early days of the 1997 Labour government a framework was established for the new approach of ‘joined up’ thinking, budgets and services to tackle the ‘joined up’ problems of social exclusion and

---

1 The concept of ‘modern government’ underpins the approaches of evidence based accountability, linked to the justification of investment in public services. The implications for the construction of the new Sure Start Local Programmes and Children’s Centres will be explored later in this chapter.
poverty. Within this discourse of ‘joined up’ working Sure Start Local Programmes emerged in the late 1990s.

However this claim to cohesive thinking in order to tackle social problems cannot solely be attributed to the then New Labour government (Welshman, 2007). In 1972, Sir Keith Joseph, the Secretary of State for Social Services, gave an infamous speech to the Pre-school Plays Groups Association, in which the notion of ‘cycle of deprivation’ was born. However, as Welshman (2007, p.262) points out, this was not the first time that poverty had been linked to generational consequences.

There have been marked continuities between the late 19th - late 20th century thought on poverty, placing it squarely within the longer-term history of recurring stereotypes over the past 120 years.

Like New Labour, Sir Joseph took an interest in the developments that were occurring in the United States to reduce poverty, in particular the Head Start Programme and the early work of Urie Bronfrenbrenner2 (Welshman, 2007). However, whilst there was an interest in these programmes by Joseph, they were sidelined for the debate on health and inequalities. As a result tackling poverty, and child poverty in particular was regarded as a private affair and largely neglected until 1997 (Welshman, 2007). Whilst improvements have been made to reduce child poverty over the last ten years, in 2006/07 there was a slight increase in the number of children living in poverty (DWP, 2008). The unforeseen global economic crisis which began in 2008 has further

---

2 Bronfrenbrener (1994) developed an ‘ ecological’ model of child development in which the child’s progressive interaction with their environment, or ‘systems’ impacts on their psychological development
compromised the efforts to reach New Labour’s goal of eliminating child poverty by 2020\(^3\).

Over the 17 years of the Labour government a number of key pieces of legislation have contributed to the development of Children’s Centres; the Children Act 2004 and the Childcare Act 2006. Whilst the Children Act 1989 established and continues to maintain Local Authorities’ statutory duty to safeguard children’s health and welfare (HM Government, 2006), with an emphasis on prevention and promotion of well-being. The 1989 Act was also instrumental in the development of Social Services run family centres, a predecessor of the Children’s Centres (Warren-Adamson, 2006b). The 2004 Act outlined the need for integrated working (HM Government, 2004a) and the Childcare Act 2006, Sections 1-4 outlined the statutory duty for Local Authorities to *narrow the gap* between the advantaged and disadvantaged through improving the five Every Child Matters outcomes for every child aged 0-5 (HM Government, 2006, p.3; Sure Start Unit, 2006a). It is through this legislation that Local Authorities ‘discharge their duty under the Childcare Act 2006 to provide integrated childhood services’ (DCSF, 2008c, p.1) for all children and their families in the shape of Sure Start Children’s Centres.

Rather than exploring structural deficits as a cause of poor outcomes for children, Local Authorities could now transfer responsibility for reducing child

\(^3\) Whilst the Coalition’s Child Poverty Strategy was published on 5\(^{th}\) April 2011, as the focus is on Labour’s 1997-2010 policies and priorities, it is not discussed here.
poverty to those working within Children’s Centres. For New Labour the continuing belief in the centrality of the role of Children’s Centres in making a significant contribution to the reduction of child poverty and breaking the cycle of poverty, can be seen in two key pieces of legislation which were rushed through Parliament in the dying days of the Labour government. The commitment to eliminating child poverty under the Child Poverty Act 2010 (HM Government, 2010b) should in theory ensure that this remains a clear priority for the new government. And whilst the future of Children’s Centres remains somewhat unclear post-May 6th 2010, the Apprenticeship, Skills, Children and Learning Bill 2009 (HM Government, 2009), currently provides the legislative framework for the existence of Sure Start Children’s Centres.

Alongside this poverty agenda also ran an agenda of protection of children. The Laming Report produced as a result of an enquiry into the death of Victoria Climbie and the subsequent Every Child Matters (Green Paper), ‘Every Child Matters: Change for Children’ and ‘Next Steps’ (DfES, 2003, 2004a, 2004b) recommended that services work together in order to improve outcomes for children (HM Government, 2004b), through ‘joined up’ working between organisations and professionals (Tunstill et al., 2005, p.136). This joined up working is embodied within Sure Start Children's Centres which are underpinned by a philosophy committed to working in a collaborative way with other professionals.
In 2007 at the start of the project the new integrated Children’s Centres were for every parent to access support services through a central location. This was a clear departure from the predecessor Sure Start Local Programmes which were sited in the most deprived wards, and hence targeted specific populations. Instead Sure Start Children’s Centres offered a ‘universal’ provision to a whole community. However, the level of services provided within individual Centres (the ‘core offer’), depended on the ‘need’ of the local community, in other words, the level of disadvantage (DfES, 2006b). Centres which are located within areas of high socio-economic deprivation benefit from an increased level of funding and are expected to provide a greater level of outreach services as well as providing a trained teacher to work within the Centre (Sure Start Unit, 2006a). Thus the claim that Children’s Centres are universal, available to all, is only a partial truth, as they target more deprived areas with a greater level of service input.

Yet the success of Centres in reaching families with the greatest needs has come under criticism. The evaluation of Sure Start Local Programmes by the National Audit Office highlighted that Centres were failing to reach the most disadvantaged children and families and that only 32% of Centres were actively targeting hard to reach groups (National Audit Office, 2006, p.25). This would not only have a profound impact on policies reaching their target of eliminating child poverty by 2020 but also on the issue of public accountability. As a result

---

4 However, it is clear that the view of the new Coalition Government is that Sure Start Centres should be for the most ‘disadvantaged’ families and services should be protected from the ‘sharp elbowed middle-classes’ (Cameron, 2010).

5 The Coalition Government have since removed this proviso.
the new integrated Children’s Centres saw a progressive refocusing of the need to work in a more targeted way, to encourage those most at risk of social exclusion to attend whilst continuing to offer universal services for all families. As a result the demands on Centres grew and the focus on the individual intensified.

2.3 The investment state and social exclusion

It was estimated that by the start of 2010 over £1.6 billion would have been invested in the development of Sure Start Children’s Centres and associated early years services (HM Treasury, 2007a, p.1); in 2008-09 this figure had reached £1.7 billion (National Audit Office, 2009, p.13). Within Devon, it was anticipated that 22,000 children under the age of five will have access to Centre services and by 2010 every community would have a Children’s Centre (DCC, 2007). Investing in children generally and ‘families at risk’ in particular in order to ‘narrow the gap’ between those at risk of social exclusion and more advantaged families (HM Treasury, 2007a), represents the approach of New Labour’s social investment state. Here redistributive politics are sidelined for one which finds the ‘political middle road between neo-liberalism and old styled social democracy’ (Sevenhuijsen, 2000, p.6), in the shape of what has been called the Third Way.

In place of the welfare state we should put the social investment state, operating in the context of a passive welfare society (Giddens, 1998, p.117).

Stephen Ball (2008a) highlights the importance of recognising that there are both similarities and differences between this Third Way politics and neo-
liberalism. Driven by the principles of the free market where the availability of choice would increase competition and improve standards, neo-liberalism saw the influence of the state as unproductive. For New Labour’s Third Way politics the state and the market are involved “in a flexible repertoire’ of state roles and responsibilities’ (Ball, 2008a, p 88). Ball highlights the way that elements of old neo-liberal principles are reworked in order to produce a new and novel approach. These included the principle of individualism, coupled with developmentalism (the project of modernising government) and finally, the notion of ‘moral authoritarianism’, one which advocated ‘reciprocity, strong values and community’ (Paterson 2003 cited in Ball, 2008a, p.88).

The ‘moral project’ of the Third Way, Jordan (2011, p.6) claims, sought to ‘reconcile global forces with the (modified) values of socialism and feminism’. Added to the notion of individualism and the ‘project of the self’, is that of values and again the notion that individuals do not need to inherit sets of social and cultural values but rather can make choices as moral social agents. If choices about values are possible then there is also the possibility of altering and influencing these value choices. The result of this was the possibility of ‘moral’ as well ‘behavioural’ regulation, through New Labour’s use of ‘incentives and information’ (Halpern, cited in Jordan, 2011, p.7), ‘rights and responsibilities’ (HM Treasury, 2007a) and the contractual incentives for public engagement in this change. If revenue is to be invested then it also needs to be justified in terms of producing outcomes, which need to not only be evidenced and measured (Clarke, 2006) but also valued in terms of their impact on the economy. This accountability is central to the project of modernising
government and services. One such output has been the prevention of social exclusion; investing in early education and family support in order to prevent anti-social behaviour in adolescents and worklessness in adults (DfES, 2006a). This investment in families also meant identifying and targeting families who are most at risk of social exclusion, doing so has been described as a ‘moral’, ‘economic’ and a ‘shared imperative’ (Milliband and Hughes, in Cabinet Office, 2008, p.1).

2.4 The role of Children’s Centres in ‘breaking the cycle’

This Third Way politics can be seen in the way that New Labour has invested heavily in the early years and the emphasis on engaging with those who might be at risk of social exclusion. The need to ‘reach’ parents early in order to ‘break the cycle whereby disadvantaged children relived parents’ experiences of poor education, physical ill health and poverty’ was regarded as a role of the Children’s Centre (Melhuish & Hall, 2007, p.1). The emphasis on the individual parent to change their behaviour has, it is argued, switched the focus of poor outcomes for children onto the behaviour of parents rather than on structural inequalities in society (Clarke, 2006; Penn, 2005) and sought to morally regulate deviant parents. It is also through the theory of ‘social capital’ that New Labour justified its various programmes of investment in areas of deprivation (Etzioni in Jordan, 2008, p.180). By using this theory large scale investment was positioned at the level of the individual. According to Jordan it is the ability of social capital theory to straddle the boundaries between the economic model and the communitarian model which was appealing to a Third Way approach
(Jordan, 2008, p.180). New Labour looked towards Putnam (2000) to justify the need to build strong communities with regard to the thesis of the demise of the local. For Putnam social capital involves individuals making connections through the development of reciprocal ‘social networks’ (Putnam, 2000, p.19). It is the notion of ‘generalised reciprocity’ which is important here; through interaction in community networks, there is an expectation that people will reciprocate each other’s spontaneous act of support, setting a ‘blue print’ for future actions and interactions (Mohan & Mohan, 2002). Within this model both a bonding of individuals within networks and bridging, the linking of individuals between different networks, improves the social capital of communities on both a formal and informal level.

As Jordan points out a formulaic approach to constructing social capital by the improvement of social networks (an economic model of relationships) follows the work of Alexis de Tocqueville (Jordan, 2008). De Tocqueville (1835-1840) first recognised that ‘the benefits (or spillovers) from interactions, especially informal cooperation and voluntary association, for the democratic polity and free-market economy’ (Jordan, 2008, p.65). In this way investment in programmes which promote and produce potential social capital are justified but only in terms of their ability to produce economically beneficial outcomes. Regulating these outcomes through a culture which New Labour justified in terms of their modernisation and accountability has resulted, according to Jordan in a neglect of relationships within the discourse of social values. My argument will now turn to the role of Children’s Centres in producing social change.
Whilst guidance from the Sure Start Unit (Sure Start Unit, 2006a) highlights the role of Centres in reducing child poverty, the extent to which Centres subscribe to this ‘task’ and the extent that it is given primacy above other roles has not been explored. It is this task definition in Children’s Centres which I feel may have the potential to create tensions and contradictions in issues of access. If Sure Start Local Programmes and now Children’s Centres were the cornerstone of Labour’s policy to reduce child poverty and to increase inclusion, to what extent did the Centres subscribe to this aim, given the fundamental differences in their unique histories and the implementation of integrated, multi-professional teams?

Centres have travelled different paths to this stage of their development, the old family centres had an emphasis on support and therapeutic intervention (Ward, 2001), Sure Start Local Programmes (SSLPs), the prevention of social exclusion and now as new integrated Centres an additional emphasis is placed on multi-agency working and early education (Sheppard et al., 2007). Sure Start Local Programmes were an area based intervention sited in the most disadvantaged wards in England and offered an experimental approach to raising the playing field for children in areas of disadvantage (Melhuish & Hall, 2007). They had an explicit aim of breaking the cycle of disadvantage through ‘a theory of change’ approach where investing in local community services for all should have the impact of creating change in all (Melhuish & Hall, 2007). Influenced by early intervention approaches developed in the United States, including Head-Start and Early Head Start, Perry Pre-School, High Scope and Abercaderian projects, these programmes are cited as good evidence of the
success of early intervention in the lives of disadvantaged families (HM Treasury, 2004). However, the extent to which these findings can be translated to different circumstances in the UK has been challenged (Melhuish et al., 2009; Penn, 2005). Head Start and Early Head-Start were intervention programmes targeted on individual families whose income was less than $13,500 a year, rather than it being an area based intervention such as Sure Start. Hence, this model has the potential to homogenise (Barnes et al., 2005; Rutter, 2007) all those who live within a particular area as ‘at risk’, and therefore is an inappropriate model for a universal and voluntary service.

2.5 Investing in the early years: Improving quality

Within the politics of the Third Way instead of being given a ‘hand out’ individuals are given a ‘hand up’ (Clarke, 2006, p.709), the right to support is coupled with responsibilities (HM Treasury, 2007a) and justified in terms of future outcomes which can be measured and evidenced (Clarke, 2006). One such output has been the prevention of social exclusion, investing in early education and family support in order to prevent anti-social behaviour in adolescents and worklessness in adults (DfES, 2006a). As a result early years services, workers and parents were positioned as ‘redemptive agents’ (Moss, 2004, p.631).

Preschools (and other ‘children’s services’) assume the role of social regulation, intended to bring a technical fix to bear on the wider social consequences of the economic deregulation demanded by neoliberalism (Dahlberg & Moss, 2005, p.41).

Within this model, the role of the early years professional has become central in improving the quality of settings and outcomes for children. This positioning has
been largely a result of the government funded studies which have shown the relationship between practitioner education, quality of settings and improving educational outcomes for children (Sylva et al., 2004). Hence Sure Start Children’s Centres are constructed as solutions to the societal problems of poverty and social exclusion, which are regarded as individual problems and which require individual change guided by particular social institutions (Dahlberg & Moss, 2005).

The degree to which Children’s Centres are given central stage in this process is evident in the way that policy positioned Centres. Centres...

….are at the heart of the Government’s Every Child Matters: Change for Children Programme
… are a key vehicle for providing services….
…. (have a) central role in improving outcomes for all young children
…. will be a central part of a Local Authority’s provision for young children and their families…
… will be central to all Local Authority’s efforts to develop mainstream early years services as part of wider local provision….. (Sure Start Unit, 2006a, p.1-2).

Sure Start Children's Centres were clearly positioned at the 'heart', at the 'centre' of New Labour’s policies and services for families, children and communities. Metaphorically positioned as a key government policy of the New Labour government in tackling social exclusion they were 'key' to unlocking the door to success in improving outcomes for children and their families and ultimately communities. The expectations on Centres like their predecessor Sure Start Local Programmes in achieving success was high, reflecting the financial investment by the government into these new institutions.
the health and well-being of families and children from pregnancy onwards, so children are ready to flourish when they go to school ....achieve better outcomes for children, parents and communities ....... improving health and emotional development for young children and supporting parents as parents and in their aspirations towards employment (NESS, 2005a, p.1).

In order to do this the original Sure Start Local Programmes (SSLPs) were located ‘within pram pushing distance’ (NESS, 2007, p.2) for families, enabling easy, equitable access without the need to use costly public transport or car ownership. However, where SSLPs provided services for around 500 children, the new Children’s Centres now cover much larger geographical areas catering for a greater number of families. Hence their ability to feature centrally in the lives of families is questionable. Services, I argue, are in danger of becoming centralised and access increasingly difficult. Nonetheless, from the perspective of those who work in Centres, the notion of their potential centrality in the lives of families is rarely questioned.

Equally unquestioned was the number of roles that had been bestowed on Children’s Centres. The fifth Report of the Children’s, Schools and Families Committee which sat in March 2010 continued the debate around the primary role of Children’s Centres and the level of expectation levied at Centres.

[.......] Centres aim to break cycles of deprivation, close the gap in educational achievement between the most disadvantaged and other children, encourage better parenting, enhance child development, tackle poverty, identify safeguarding concerns, promote community cohesion, support healthy lifestyles and promote opportunities for learning. The wide range of services that a Children’s Centre must provide under the core offer, and the even wider range which they may choose to provide, has given rise to some concerns that their
focus can be too diffuse and that their core task has not been defined with sufficient clarity (House of Commons, 2010, para 17).

It is this ‘core task’ which eluded me during my three year study, as I constantly asked myself and others ‘what is a Sure Start Children’s Centre?’

2.6 Progressive universalism and participation

Progressive universalism has been a key concept in the provision of public services by Labour over the last ten years. Its application has grown from being applied to family and early years services to making a wider appearance in areas such as health (DoH, 2008). Exactly what it means is open to debate, but the concept is widely accepted as starting wide with services for all, universal, then narrowing down, intensifying the level services to match the level of need. In fact it could be argued that instead of services becoming progressively universal – widening out – the concept could be interpreted in the narrowing down or ‘regressive universalism’. This might be seen as a petty debate about semantics but it could equally be regarded that targeting lies at the heart of this concept – starting with the target and then widening services out.

The starting point for this thesis will be universal services because Centres need to start with everyone in order to identify and support parents to clarify their own needs. We need a holistic picture to understand how and why parents use what is on offer to them, what their understanding is of this new provision, how it makes sense to them and their lives. If universal users are having difficulty understanding and engaging in these services how is it for those who
might be struggling in their daily lives, without the same level of material resources that aid service use.

2.7 Summary

Sure Start Children’s Centres were New Labour’s central flagship policies. Investing in children and families as opposed to giving ‘hand outs’ in the shape of welfare. Centres were established as sites of social investment. Here early intervention was the key to improving outcomes for children and families, breaking cycles and creating aspirations. Unlike its predecessor Sure Start Local Programmes which focused on community change to trigger personal change, the transition of the model to Children’s Centres put the focus more on the individual rather than the community to create change. However this refocusing might be regarded as potentially damaging. If Centres are to concentrate on the individual it requires the individual to attend and to engage, to participate in some way with an intervention, a meaningful encounter that will result in a measurable transformation. Yet the intervention here is very important too. The need for intervention to be evidence based reflects the agenda of modernising government. Hence those who work within early years settings were also a focus for change, they too were seen as deficit and in need of change. As a result the expectation in 2007-2009 was that Centres were bestowed a range of complex expectations. They were charged with reducing child poverty, improving a range of outcomes for children and families in their areas, including reducing the numbers of workless households and improving a range of health related outcomes including improving the breastfeeding rate. They were expected to offer universal services so that all families in their area
would access them. Whilst they were not expected to undertake this activity alone, they were expected to pull in other local services and providers. What this indicates is that the picture is potentially unclear and confusing for parents and for others who work alongside them.

I will explore in depth the issues that parents faced in making use of Sure Start Children's Centres and their services and the challenges that practitioners faced in encouraging access. However, exploring these is made possible only through a micro-analysis of everyday interactions and the influence that more macro-level political drivers had on participation.
Chapter 3 Creating a research space

3.1 Introduction

Given the vast amount of financial resources that have been invested in New Labour’s vision of a Children’s Centre in every community by 2010, and as outlined, the integral part that these Centres play in the reduction of child poverty, it is little wonder that the question of how to engage parents and carers in these services has been prominent in the research arena. The approaches to research on participation and non-participation which have focused on issues of access and use of Early Years Children’s services can be divided into four main approaches. Three of these approaches are explicitly engaged in the debate around encouraging access, here the focus is on identifying those who do not use services, on research and evaluation on ‘what works’ in encouraging access and studies which identify barriers to participation. Another body of evidence is that which is enclosed within the broader focus of understanding issues of service use from within people’s lived experiences. This chapter will explore the tensions and contradictions that may influence the overall aim of encouraging access.

3.2 The construction of the non-attender

The drive for identifying groups of individuals who do not use services has grown over the past ten years. This has been influenced by the social exclusion agenda and the need to include groups who are seen as at risk of anti-social behaviour. As a result much work has focused on identifying groups of individuals who do not use services and are at risk of social exclusion, and
hence, it is argued need to be targeted. The ‘On Track’ government initiative (Doherty et al., 2004) was originally set up in 1999 as part of the Crime Reduction Programmes, moved to the Children and Young People’s Unit before finally coming under the remit of the Children’s Fund in 2005. Three typologies of non-service user were developed; ‘hard to reach’, these include minority groups, for example travellers, and minority ethnic groups; groups in danger of being overlooked or ‘slipping through the net’, for example those with mental health problems, or those who do not quite meet the threshold for intervention and the third typology, those who are ‘service resistant’. People within this typology are ‘unwilling’ and ‘potentially hostile’ to service use (Doherty et al. 2004, p.4) and hence exclude themselves from society. However, these typologies were developed from data collected from interviews with professionals and agencies who had attempted to engage with groups who were potentially socially excluded and at risk of criminal activity. The use of correlations to establish causal relationships, making the connection between social exclusion, crime and parenting has the potential to pathologise parenting (Gillies, 2008) through a deficit perspective. This deficit perspective will be further explored in how these typologies have been constructed.

From a policy making position the need for clear categories, in order to identify those who are ‘at risk’ of social exclusion, is unambiguously stated (Cabinet Office, 2007; Doherty et al., 2004; TfC, 2007). Those ‘at risk’ are made up of a variety of categories. The Cabinet Office (2007) used the phrase ‘basket of risk’, with the more ‘indicators of disadvantage’ in the basket, the greater the risk of social exclusion. These indicators used the findings from the Families and
Children in Britain Survey, to identify vulnerable families (Hoxhallari et al., 2007). They included non-working households, poor quality or overcrowded housing, no parent with qualifications, mother with mental health problems, at least one parent with long term disability or illness, low income (below 60% of the median) and where a family cannot afford a ‘number of food and clothing items’ (Cabinet Office, 2007, p.4). They estimated that 140,000 families with children can be defined as having five or more of these disadvantaged indicators. This represents only around 2% of families in the UK. From this perspective they are the most complex families in our society and are at serious risk of exclusion.

Compare this to Sure Start’s Practice Guidance. Here those ‘most vulnerable to poor outcomes’ include lone and teenage parents, parents who substance misuse, those whose children have a disability or behavioural issues, those parents in a violent relationship, those who feel discriminated against and those who have had a bad past experience of support services (DfES, 2006a, p.38). Clearly the list of those who are more ‘vulnerable’ appears to be growing. Furthermore the National Evaluation of Sure Start Local Programmes added asylum seekers and refugee families, fathers and male carers, families ‘with special cultural requirements’, particularly if English is not a first language, and with regard to illness and disability, mothers with postnatal depression (NESS, 2005a, p.76). For Centres seeking to evidence that they are reaching the right number of ‘vulnerable’ families this exhaustive list may be welcomed. However, it might also suggest an almost universalising of risk, and hence the need for

---

6 See Appendix 1 for the summary of this information from the above reports.
professional intervention; the professionalisation of parenting. Yet the use of these categories to identify those in need is problematic in that it potentially enables families, those who do not appear to fall into any categories, to slip through the net. One such group are families which have been described as ‘the working poor’, where 48 per cent of children who live in poor households also live in a home where at least one parent works (Harker, 2006, p.15).

There are implications of using these constructed categories when encouraging families to access a universal non-stigmatising service. The use of typologies and categories, whilst easing approaches to encouraging access for practitioners, has the potential to further marginalize those it seeks to engage (MacNaughton, 2005), as family support has a long history of stigma. Yet establishing typologies, in other words trying to identify the ‘type of person who….’ is not new or restricted to deficit positions. In the late 1970s and early 1980s Shinman examined the take up and use of the new pre-school provision (Shinman, 1981, 1987). The work initially looked at the risks associated with non-service use, moving on to examine risk or ‘vulnerability’ in both users and non-users of services (Shinman, 1987). Using a mixed method approach, door-to-door surveys were conducted with parents who lived in six small sample areas measuring 1.5 km square (two fairly advantaged working class areas and 4 more disadvantaged areas), where there had originally been no pre-school provision. Remarkably all parents in the sample were interviewed for an hour and a range of demographic data were also collected (Shinman, 1981).
The survey initially asked parents about their intentions to use the new service and then returned to the same sample one year on to examine whether they had followed these intentions. In the first round the parents all expressed a desire to use the new services. However, a year on around 30% of parents, despite earlier intentions, had not used the new provision (Shinman, 1987, p.142). Further to this, attenders and non-attenders were subdivided into those who were vulnerable to isolation and those who were not, indicating perhaps that not all families who fall into ‘risk categories’ needed support. This may throw some light on the neglected aspect of resilience and factors which promote coping in families who live with adversity. The notion of vulnerability and risk, as outlined above, often neglects the mechanisms or processes which protect families. It also widens the scope for discussing factors which services themselves often fail to acknowledge; the positive unintended consequences of service use. Sheppard et al. (2006) identified these coping strategies in parents whose problems have failed to make the threshold for social services support, in what he terms ‘proto prevention’. It is through the families own coping mechanisms that further deterioration of the situation is avoided. Sheppard found, in his study of the use of a Children’s Centre, that parents were more likely to bring routine issues to the Centres rather than ‘higher need’ ones (Sheppard et al., p.69). Whilst Children’s Centres might be regarded as spaces where parents meet and hence seek support from each in alleviating minor issues, other, more informal support might also be implicated in achieving the same outcomes.
Classifying or categorising families as ‘hard to reach’ can imply an active resistance, hostility and obstruction to services, often without consideration as to how hard services are for parents to reach (Crozier & Davies, 2007). It puts the focus of access on the potential service user, pathologising non-service using families without recognizing that not all parents and carers have the same expectations or need of services (Crozier & Davies, 2007). It also fails to acknowledge the struggle that some families have in getting through their day never mind attending groups and activities which appear to offer few practical outcomes (Hooper et al., 2007; Shinman, 1981). Parents who are struggling do resist; they resist and resent being categorized. In talking about how social services could be improved one parent commented, ‘to listen to people more and really take in their feelings and that, you know, because they don’t, they just tick boxes, you know, categorise you’ (Hooper et al., 2007, p.88).

Identifying those who do and do not use early years services has been and remains problematic. In the past service providers kept very little information or statistics on those who used services. This is not surprising given the range of services at the disposal of parents, many of which were and still are, provided by small, voluntary parent-led toddler groups and play-groups (Willan, 2007) who traditionally have not kept information about families. As a result many families may be using a range of services in their community, or may not be accessing formal services and instead are supported by friends and family but may still be seen as non-attenders of Children’s Centres.
3.3 Barriers to participation

Barriers to participation and non-service use have often been constructed within discreet frames of reference, and associated with the physical, the psycho-social and organisational factors (Avis et al., 2007, Katz et al., 2007). Others have described factors affecting service use as either internal or external (Hooper et al., 2007). Extrinsic reasons/factors are those which are external to parents’ psychological beliefs. They include physical barriers to access for example, services in the wrong area and/or at the wrong time, pressures of work, clashes with other activities (Lamb-Parker et al., 2001), lack of information (Avis et al., 2007) difficulties in communication with minority groups and language barriers (NESS, 2005b). Extrinsic factors are potentially improvable. Guidelines direct practitioners to solutions, identifying ways that Centres can increase attendance through, for example, careful timetabling, employing Centre staff from minority groups, and better locating of services (Sure Start Unit, 2006a). Other service issue factors may be more difficult to ‘solve’. The ‘clique’ (Sheppard et al., 2007) often cited by parents as barriers to participation in groups, is where the established group fails to allow outsiders to become part of that group (Elias & Scotson, 1994). As a result parents who attempt to access a group or activity may come once and then not again, feeling rejected.

However, when practitioners are asked about why parents/carers do not use services they more often than not refer to factors that are not within their control or capacity to change, such as parental psycho-social factors like lack of confidence or motivation, rather than organisational factors (Anning et al., 2007).
Intrinsic factors are more complicated, they include fear of stigmatisation (Avis et al., 2007) and lack of self confidence which prevent parents from accessing services. Intrinsic factors are tied up with an individual’s sense of identity, their history and their life experiences; changing or influencing these is difficult and charged with questions of whose values and belief systems are acceptable (Gewirtz, 2001; Gillies, 2005). Intrinsic factors stem from the context of people’s lived experiences and are largely overlooked in the drive to evaluate services. Yet to suggest that external and internal factors are not linked would be naïve. For example, a rare study which examined barriers to Sure Start use found that parents expressed reluctance to accept Sure Start Centre support in terms of the stigmatization associated with poor communities (Avis et al., 2007). Not getting involved enabled them to distance themselves from the stigmatization associated with their community. This is not always the case. Some communities offer a sense of security and an element of pride even when parents express negative views of the area (Ghate & Hazel, 2002). Intrinsic factors are entwined with external ecological aspects of parenting and service provision. In poor social conditions, parents and carers ability to use services will inevitably be influenced by multiple disadvantage (Hooper et al., 2007). Equally, those services in which parents feel empowered, in control and respected (Ghate & Hazel, 2002) are more likely to be attractive.

Much of the work looking at barriers to participation has been drawn from studies that have asked users, or infrequent users about the difficulties they have in accessing services (Avis et al., 2007). Although Avis et al.’s study provides an insight into the barriers parents face, the majority of parents in this
study had had some, albeit in some cases short contact with Sure Start. What is therefore missing from the data is how people make sense of this new provision and what it means to them. Garbers et al. (2006, p.293) describe a ‘continuum of access’, to identify the paths that parents travel from ‘making initial contact’ to becoming an ‘autonomous user’. Whilst they used data from the National Evaluation of Sure Start to outline ways that Centres made contact with parents, using leaflets and community events, for example, there is no exploration or analytical questioning of the issues behind parents’ progression or not along this path. This is a shortcoming of evaluative work.

The National Evaluation of Sure Start Local Programmes Understanding Variations Study (Anning et al., 2007) used semi-structured interviews to ask 105 non-service users about their experiences of service use. Questions/prompts were used to identify which services families did and did not use and their views of these services. Parents were asked the reasons for not using services and responses were then fitted into a list of pre-specified reasons such as parents’ lack of self confidence or lack of motivation (Anning et al., 2007, p.171). These ‘top down’ evaluations produce findings which reflect the superficial nature of this type of evaluative methodology, which concentrates on ‘broad outcomes’ (France, 2001, p.42) rather than on the processes (Berry et al., 2006; Fernandez, 2007; Lightburn & Warren-Adamson, 2006a; Warren-Adamson, 2006b). This is a shortcoming which is reflected in much of the work already done on non-participation. As a result there is an accumulation of evidence without questioning whether the methodology used to gather this data was suitable.
3.4 Engaging ‘hard to reach’ families: What works?

Examination of the non-use of services through the presentation of evidence of ‘what works’ in encouraging access has the potential to simplify the reasons for non-participation and to imply that problems are readily solvable. However, as a number of systematic reviews into parental participation in children’s services, including schools, illustrate that there is no simple solution to encouraging participation (Katz et al., 2007; Moran et al., 2004; Statham, 2005).

Purely ‘what works’ approaches were discouraged by evaluations in Early Head Start Programmes in the United States. Instead a ‘what works and for whom and under what conditions’ approach was advocated (Love et al., 2002, p.7). Evidence of the transfer of this rhetoric can be seen in government documents in the UK that refer to the need for ‘local commissioners to identify what works, with whom and under what circumstances’ (DfES, 2006b; HM Government, 2007a, p.48). However, reviews of the literature point out that while there is evidence to suggest what might work, what is lacking are the elements which identify ‘with whom’ and ‘under what conditions’ (Moran et al., 2004, p.8). Yet the increasingly prescriptive nature of what Centres are to offer (DfES, 2006a) reduces the importance of practitioners direct knowledge of the local context and the importance of understanding what works and for whom, is potentially compromised and de-democratised (Biesta, 2007).
Whilst evidence in the literature from ‘what works’ approaches to encouraging access has focused on practical aspects of service provision, other aspects have it might be argued been ignored. For example those associated with parents needing to be in control of their problems rather than being patronized (Ghate & Hazel, 2002). However, the NESS guidance for practitioners suggests that there are two key pieces of advice for those encouraging families to use services, ‘be persistent’ and encourage parents to attend by saying ‘Do you want your child to do well?’ (Ball & Niven, 2006, p.9). Despite this being drawn from the evaluation of 260 Sure Start Local Programmes, it is difficult to identify where the evidence for these two pieces of advice for practitioners has originated. Interviews with parents who had used Sure-Start services vaguely refer to using groups and activities for the sake of their children rather than for themselves and for some parents the persistence of workers in helping them to access services was welcomed. However, the presentation of this guidance is such that it ignores the caveat of ‘what works for whom and in what circumstances’. Rather it presents a one-size-fits all approach.

Another concern is the assumption that ‘what works’ in one set of circumstances will work in similar or close situations. One example of this is the way that the findings from the Effective Provision of Pre-School Education (EPPE) study on the impact of pre-school education on children aged two, three and four was used to justify the need for group intervention with younger children (Melhuish, 2004). Another is the extension of PEEP (Peers Early Education Partnership), a structured intervention programme originally designed for children at risk of underachieving at school (Evangelou et al., 2007), to all
families through Children’s Centres. This reflects, Biesta (2007, p.5) argues, the tension between the ‘scientific and democratic control’ of education in establishing what works. In terms of research it is the focus on outcomes which illustrate effectiveness and in this case outcomes which determine what works rather than other research questions or foci.

Yet, much of the work of Children’s Centres is based on parents bringing their children to various group activities, some of which are structured, others of which are a type of ‘stay and play’. For parents who are struggling with complex issues, the support offered in Sure Start settings has been found not to be enough. Instead of a ‘stay and play group’ what parents really needed was ‘rehousing and a home help or respite care for the children’ (Hooper et al., 2007, p.93). Hence, the ‘what works’ literature, coupled with an instrumentalist approach in the shape of ‘toolkits’ (TfC, 2007), has the potential to oversimplify a complex issue and present knowledge drawn from limited evidence as unquestionable truths (MacNaughton, 2005). A ‘philosopher of difference’ approach such as that advocated by Foucault (see Allan, 2008, and MacNaughton 2005) highlights that by attempting to identify ‘what works’ establishes a ‘truth’, which immediately closes down possibilities for exploring new ways of thinking. The way that these ‘truths’ operate as a ‘technology’ is explored further using the work of Foucault in the following chapter. The striving for ‘what works’, despite the additional contextual factors ‘for whom and in what circumstances’, establishes that there is, in some shape or form a universal answer with sub-clauses. Yet, there are studies which have explored elements of ‘for whom and in what circumstances’ through a more holistic approach.
3.5 Non-participation: Families’ perspective

Examining service use from a process level has rarely been employed. Although extensive in its range, the NESS rarely employed analytical questioning – why do parents feel stigma associated with Centres, why do they feel judged, do Centres judge and if so why? These processes are unlikely to be exposed by ‘public methods’ (Graham 1983 cited in Edwards, 1993), such as surveys or snapshot visits to Centres. Other studies, particularly those concerned with a wider and more holistic interest in the lives of others, can reveal experiences about service use (Gillies, 2007; Hooper et al., 2007; Seaman et al., 2005), and will be examined next.

One of the major criticisms of Sure Start Local Programmes and to some extent the new Children’s Centres is the extent to which they uphold middle-class values (Gewirtz, 2001; Lawler, 2005). The need to acknowledge cultural differences in service provision is acknowledged but the extent to which this culture is defined is limited to ethnicity and religious difference. Although there is a body of literature dedicated to examining class differences in parenting practices (Duncan, 2005; Lawler, 2005; Vincent et al., 2008), there is little if any regard given to this perspective within the National Evaluation of Sure Start. Where the label ‘working class’ might have been used in the past, it was replaced by the term ‘disadvantaged’. In none of the 20 or more reports is there any reference to ‘class’ with the exception of the evaluation module which examines the issue of empowerment in local programmes (Williams & Churchill, 2006). Here the term class is used six times, and only once with reference to
cultural/class background (Williams & Churchill, 2006, p.35) and once with reference to parents not wanting to be associated with being ‘poor working class’ (Williams & Churchill, 2006, p.46). This should come as no surprise, given that these evaluations are commissioned by a government which has subscribed to a what Heaphy (2007, p.4) called a philosophy of universalist, individualisation with regard to difference, in that it attempts to ‘erase difference for the sake of coherence’ (Heaphy, 2007, p.15). This is explored further in the next chapter.

In an explicit examination of class differences, Gillies’ in-depth interviews with a small number of ‘marginalised mothers’ found that aspects of their parenting could be viewed as negligent, for example, the risks they took in re-coupling, benefit fraud or the way that they parented with regard to setting boundaries, schooling and aspirations for their children (Gillies, 2007). However, she argued that these could also be regarded as sets of practices, located within a working class culture which serve to protect children from elements of the ‘material struggle’ (Gillies, 2007, p.47). The problem for these parents is not how they are parenting but how they are being judged from a middle-class perspective which applies a different set of cultural and class based values. For the parents in her study the use of services or the engagement in schooling was not culturally normative and in fact engaging in these so called ‘middle class’ practices could jeopardise established social networks. Yet arguably Gillies is also open to criticism as she too homogenises working class experiences. Engaging with this dichotomous discourse of working class/middle class difference may be too simple and carries the risk of presuming or prejudging experiences on the basis
of class, and therefore producing ‘normative assumptions’ (Hooper et al., 2007, p.88) about working class practices. Hence, to examine the choices that parents make with regard to early years services, as this thesis does, one needs to go beyond merely examining class positions.

Another expectation of Centres was that they would prepare children for school. From this perspective, it may be argued, parents may be dissuaded from attending Centres because they are ‘where middle-class people go’, and indeed this has been a criticism of Sure Start Local Programmes (The Times, 2006). This could be seen as an extension of the ‘participatory imperative’ (Shucksmith et al., 2005) which defines responsible, good parents as those who engage with institutions in a way that prepares their children for school and who engage with the institution when they are there. Much hinges on this position, yet evidence suggests that even parental participation cannot override lack of material resources in predicting outcomes for children (Desforges & Abouchaar, 2003). Indeed when high achieving children from ‘poor’ homes start school they are soon overtaken by their lower achieving more affluent classmates (Feinstein, 2003). This is further supported by the lack of overall impact on the level of social mobility for adults from poorer social backgrounds in the UK (Blanden & Machin, 2007).

Lack of material resources and the impact of poverty on attending and using services are rarely highlighted in the literature on participation. However, getting through the everyday, attending to issues of housing and managing on a low
income present barriers for many parents (Hooper et al., 2007). Even when services are free there is often a hidden cost, such as transport (Hooper et al., 2007) or an expectation of small voluntary contributions which have an impact on families who are living on very marginal budgets. Parents feared that professionals, particularly from social services, interpreted lack of resources as neglect. Unable to improve the material circumstances for families, interventions instead concentrate on changing parenting behaviours (Gillies, 2007, Hooper et al., 2007; Penn & Gough, 2002). Hence there has been a call for a greater understanding of the impact of poverty on the lives of families (ATD Forth World, 2008; Capacity and Esme Fairbairn Foundation, 2007; Hooper et al., 2007). Poverty can also affect the way that people use services. In a small study conducted by ATD (2008), 12 peer researchers, who were themselves living in poverty, were recruited and trained to undertake 31 interviews with a focus on how people experience poverty in London. The aim was to talk to some of the most socially excluded people, those who would usually be missed by researchers. Although this is not an academic piece of work, it highlights some of the messages from other avenues, for example, the interplay between mental health issues, poverty and accessing services and the importance of the GP as a trusted person to whom people who need support turn, as opposed to social workers or health visitors (Edwards & Gillies, 2004; Hooper et al., 2007).

For some parents and these are not necessarily working class or parents who may lack material resources, there is a genuine difficulty associated with asking for help. Many parents have a strong sense of needing to manage and cope (Gosling, 2008) in the face of adversity (Ghate & Hazel, 2002), and it is this 'self
image’ which may prevent them from seeking help (Hooper et al., 2007, p.81). Asking for help particularly around parenting has long been associated with stigma, and the view that services which support families are ‘not for us’ but ‘for them’ (Hooper et al., 2007; Pithouse, 1999). Instead parents will often turn to friends and family (Edwards & Gillies, 2004), only going outside these networks when they have no-one to turn to (Broadhurst, 2007). When parents do have the courage to ask for help they are often frustrated by the length of time it takes to be seen and assessed (Hooper et al., 2007). Services often fail to meet expectations or offer the wrong sort of support for a family’s problems. This all leads to poor experiences of services and becomes part of a cycle which influences future service use. In this respect, universalising services in order to make them less stigmatised can only be good. However, it is mainly those families who already have access to resources who are choosing to use Centres and, as a result Centres are being forced to target those who do not come voluntarily.

3.6 Summary

From past research it is clear that the issue of why some parents do and some do not engage with services has a long history. The production of this body of knowledge has largely been as a result of the drive to ‘include’ those who are seen as ‘excluded’, to ‘encourage’ them to come to services, to engage. Centres have been constructed as universal, attracting those who are regarded as in ‘need’. This remains a priority. However, identifying those who are in need is problematic as the net has been cast wider to include the ‘types’ of family with
whom services need to engage with. By identifying barriers to service use, there was an expectation that these barriers could be removed and as a result parents’ path to services would be smoothed. In addition the ‘what works’ approach should have maximised the ability of Centres to engage with their local communities. However, what my review of the literature reveals is the lack of studies which actually seek to get below the surface of Centres, and to understand the ways that institutional processes may deter would-be attenders.

Therefore at the start of this project the research set out to explore the following questions.

- What are the meanings of Children’s Centres and what do these spaces represent?
- How are these meanings constructed? What do they mean to parents who attend, those who do not and to the wider community?
- What do they mean to staff and in what ways do these meanings produce practices which reflect what they see as their role?
- To what extent do these meanings collude, collide or create tension?
- And how do these meanings influence parental participation in Centres?
Chapter 4 Framework for understanding: Using Foucault

4.1 Introduction

In the drive to improve outcomes for young children and promote equality through early intervention, Sure Start Children’s Centres have emerged as a new institution. These new institutions like schools and health, are government funded, directed and monitored; they are political institutions. Through ‘early intervention’, the expectation is that they will ‘make a difference’ to the lives of children and families through creating a disruption to the cultural reproduction of poverty and exclusion. In other words, ‘break the cycle’ of poverty, underachievement and social exclusion by encouraging some sort of change. The nexus for this is the way that power operates through the ‘technologies’ (or processes) of government in the micro-processes of the everyday interactions of those involved in supporting parents. This makes the use of a number of Foucault’s ideas (1926-84) very relevant to this thesis. As the previous chapter highlighted the erasing of ‘class’ from the discussion on targeting reflects the shrouding of the issue of ‘difference’. In the striving for homogeneity of experience and the idea of a ‘reflexive modernity’ reflected in the work of Giddens and Beck (Heaphy, 2007, p.4), difference and otherness have been eclipsed. Yet what this thesis highlights is that otherness and difference remain central in the discussion of how power operates within these new institutions.

Reflecting on why I considered Foucault to be particularly important in helping me to explore the data that had been generated during my thesis, I turned to my reflexive journal. I was keen to understand the roots of my decision. Whilst my theoretical framework developed over the time of the fieldwork, from my
previous work with families in the community, I was also aware of the issue of the role of the state in encouraging the bringing about of change in the individual and the way that society constructed those who were perceived as being at the margins of society as ‘hard to reach’, ‘vulnerable’, ‘needy’ and ‘socially excluded’.

The first challenge came as I put together my ethics committee application, where I was first forced to be specific about sampling and to think about who was ‘vulnerable’. This was my first encounter with Foucault through the work of MacNaugton (2005) and is described later. As the fieldwork progressed and I submerged myself in settings and communities, I began to see the application of Foucault’s theories as being highly relevant. I began to reframe (interpret) my findings through the application of my theoretical and conceptual framework of power and difference. In particular, it was the ‘little things’, the small acts of meaning that held strong associations with the work of Foucault. It is ‘the local and the specific’ which take centre stage in Foucault’s analysis rather than ‘global processes’. ‘A rediscovery of subjugated knowledge .... events analysed in terms of multiple processes and factors through which they have been formed rather than in terms of a singular ultimate determinant’ or ‘systemising theories’ such as the economy (Smart, 2002, p.16).

This localisation is significant for this project on two counts, one as the notion of power has become increasingly subsumed behind a veneer of social investment and neoliberal claims of ‘empowering’ users and enabling parents to make
choices. Secondly, power operates from a Foucauldian perspective, not in a top down, hierarchical sense but through a complex, invisible, hidden and unchallenged web of processes between actors. This conceals the notion of power as an influence in how parents access Centres, particularly when processes are by-passed in the increasingly instrumentalist approaches to evaluating Centre performance. It is the absence of discussions of power that make it all the more relevant and all the more powerful.

4.2 Children’s Centres and Foucault

It was in the 16th and 17th century that the idea of government as a form of family emerged; watching over, and caring for its people, concerned with their welfare. However in the following centuries the shift was towards a government more concerned with economic wellbeing and the ability of the family to contribute towards this. This was aided by new technologies of government, for example the scientific knowledge of statistics (Smart, 2002). As a result the position of the family was reordered becoming one part of the mechanisms of demography, of ‘populations’. Hence the family was displaced ‘as a model of government and instead adopted as a privileged instrument for regulation or management of the population, the principle source of information and target for ‘population’ campaigns’ (Smart, 2002, p.129). Hence the family became a vital part of, and focus for, ‘disciplinary regimes, systems of surveillance and normalising tactics’ (Deveaux, 1994, p.224). The term ‘biopower’ is used by

---

7 This is not to deny or discredit claims that power does operate in other top-down ways through institutional systems, rather here the emphasis is on how power is embedded within everyday micro-interactions.
Foucault to capture the shift from the states involvement in the family as authoritarian, to one of regulation, of ‘normalising’ through the new technologies of government; knowledge of populations, of education, health and other interventions (Deveaux, 1994). Hence the family is not only a ‘model of sovereignty’ but also a ‘disciplinary instrument’, a model of power and an instrument of power (Lenoir, 2010). Whilst the family is essential to the state and to sovereign power in Foucault’s writings, it is also imbued with power, hence it is subject to and constructed by power relations.

However, it is Foucault’s work on governmentality which takes central stage in this thesis, not just in terms of Foucault’s work but also in others which have been associated with the ‘Anglo-Foucauldian effect’ (Jessop, 2010), for example, Miller and Rose’s work (Miller & Rose, 2008; Rose, 1990 and 1999; Rose & Miller, 2010). In particular the use of Michel Foucault’s work has shed light on the ‘conduct of conduct’ and how this is done through institutions such as Sure Start Children's Centres. These, it may be argued are not only an instrument of power (through government at a distance), but also a model of power, through the bridging of power between the welfare state (and economy) and the family as a site of discipline and self regulation.

However in order to fulfil this function, there needs to be some way of identifying those who need support, calling for some sort of categorisation which must inevitably be proceeded by a discussion of what or who is considered ‘normal’ and hence, what is abnormal or deviant. Identification of those who are at risk of
social exclusion within this model of intervention is necessary in order to intervene (or invest) early and hence prevent poor outcomes. Therefore, change is at the heart of engaging those who have been identified; there is a need in some way to make ‘the other’\(^8\), the same. Foucault’s theories of governance and of the role of ‘normalisation’ processes are used to explore the role of Centres in constructing those who are seen as in need of support.

Early intervention in the lives of children and families is a fundamental premise on which the social investment state is built. Yet this early intervention can be regarded as part of the process of ‘discipline’, of governance at a distance rather than control (Hendrick, 2009). The theories of ‘risk’ (Beck, 1992; Giddens, 1992) and the issues that face a late modern society; the demise of social values, the rise of individualism and the shift from cultural to material consumption (Joseph Rowntree Foundation, 2009), have resulted in the need to produce what Foucault calls ‘docile’ (Foucault, 1977) or ‘teachable’ bodies (Hoskin, 1990, p.31)\(^9\). Being open and receptive to change is essential in order to be able to take on board the dominant discourses of how one ‘ought’ to be and to absorb the messages that are being ‘modelled’ within these new institutions. To allow others to go unchanged and unchecked opens up the possibility that the individual will deviate from the norm and hence become a risk to the society of the future.

\(^8\) Dahlberg and Moss (2005) follow in the footsteps of Levinas in the use of capital letter to signify the Other, whilst my sentiments are the same, I choose to use the uncapitalised form.

\(^9\) A feminist critique would make the challenge that Foucault’s theory does not address the structural inequalities which sustain the conditions where women are often constructed as ‘docile bodies’. Women’s bodies are often the site of the operation of power (see for example Sandra Bartky in Deveaux, 1994).
Central to all these points is the construction of the Sure Start Children’s Centre, a central tool in the Labour government’s fight against social exclusion. These new ‘centres’ of expertise can be regarded as a new type of ‘panopticon’, and viewed as a vehicle for governance through discipline. However this is not an overt and crushing disciplinary regime, but one that is much subtler; gossamer, barely visible particularly to those who are enmeshed daily in its web. In order for Centres to have an impact parents must in some way engage, as engagement opens up the possibilities for observation and identification of those who are required to undertake some form of change. Therefore, it could be argued that Sure Start Children's Centres are essentially about creating 'disciplinary spaces', hence making Foucault’s work pertinent for the exploration of the ‘conduct of conduct’ (Foucault, 1977).

4.3 Power relations and governance

For Foucault power is neither hierarchical nor individual; it is not possessed by one person but pervades our everyday interactions with each other. Rejecting Marxist structural notions of power, Foucault saw power as relational rather than structural, reinterpreting power as

something which circulates, or rather something which only functions in the form of a chain. It is never localised here or there. Never in anyone’s hands never appropriated in anybody’s hands, never appropriated as a commodity or piece of wealth employed and exercised through a net-like organisation (Foucault, 1980, p.98).10

10 Although Foucault himself did not make grand theoretical claims, his work is often presented as one. It is the nature of a ‘singular explanatory framework’, which offers only a ‘partial’ exploration and which has lead critics to call for a greater recognition of pluralities (Garland, 1990).
Individuals within this net are themselves a product of power and user of power: both ‘exercising’ and constituted by power, they are a ‘vehicle’ for power (Foucault, 1980, p.98). Power is a complex concept and one that has been tackled by many theorists and philosophers. For Foucault power cannot be regarded as something that belongs to a person in authority, it is not owned by or bestowed on others by one person within a hierarchical structure. As a post-structuralist, Foucault looked beyond the structure and agency notion of power. Instead he regarded the spaces between and within structures and individuals as crucial in explaining how power operates (Rabinow, 1991). Whilst Foucault acknowledges the importance of the state, he recognised that any study of power should look beyond the state, to what he described as the ‘superstructure of the state in relation to a whole series of power networks that invest the body, sexuality, the family, kinship, knowledge, technology’ (Rabinow, 1991, p.64). It is in these public and private areas of life that the individual is shaped, steered and trained unwittingly, producing conformity11, a way of being that is upheld as ‘normal’ (Ranson, cited in Dahlberg et al., 2007, p.29).

The subject according to Foucault has two meanings, the subject is both ‘subject to someone else by control and dependence’ and ‘tied to his (or her) own identity by a conscience or self-knowledge’ (Rabinow, 1991, p.21). As a result power can be seen as both as productive and restrictive (Heaphy, 2007, p 34), individuals are both subject to and are subjugated by power relations.

---

11 Here I acknowledge another criticism of Foucault’s ideas in which power is portrayed as deterministic. Yet as will be discussed where there is a power relation there is freedom and the possibilities for both resistance and liberation.
This final point leads to an important observation, Foucault himself pointed out that he does not use the word ‘power’, instead he almost always locates power within a relationship, hence he speaks of ‘relationships of power’. He does so to distance his concept of power from old structural and hierarchical notions of power and instead to argue that in human relationships, where there is an intention to influence the behaviour of another, power is always present. Yet Foucault also stresses the fluidity of these power relationships, arguing that it is never static, stable or unchangeable. What is also important in his thesis is the notion of ‘liberty’; for power to operate, paradoxically there must be some degree of freedom, hence making some form of resistance possible and highlighting the relational aspects of power.

To recap on the argument so far, power is seen not as ‘domination’ by one over another but instead ‘of subjects in their mutual relations not the uniform edifice of sovereignty, but the multiple form of subjugation that have a place and function within the social organism’ (Foucault, 1980, p.96). The effort here is on ‘steering’ people ‘in a desired direction without coercion’ (Ransom, 1997, p 29). It is this ‘decentred’ notion of power that is important with respect to how power operates between individuals within institutions such as Sure Start Children's Centres. There are several elements that are important in the concept of power within this perspective, one being the notion of the ‘event’, the

---

12 As a post-structuralist influenced by Marxist thinking, Foucault does not fully remove himself from this dichotomous thinking, However it is precisely the interdependent nature of structure and agency that are presented in his work on governmentality and power ‘to show how the modern sovereign state and the modern autonomous individual co-determine each other’s emergence’ (Lemke, 2002, p 3).
‘micro-processes or micro-physics of everyday interactions’. For when these everyday interactions, these small taken for granted acts, that often go unnoticed, and unchallenged, are exposed, there emerges as an explanation of how power operates unwittingly. Chapter 9 offers evidence of how power operates with everyday, taken-for-granted micro-processes within Centres.

4.4 Discourse, truth and knowledge

Within Foucault's discussion of how power operates, knowledge and the production of knowledge is given great importance. Knowledge is a ‘technology’ of government, with a particular focus on the ways that powerful bodies have sought to

shape, normalise and instrumentalise the conduct, thought, decisions and aspirations of others in order to achieve the objectives they consider desirable (Miller & Rose, 2008, p.32).

It is through the publication of knowledge and the use of scientific expert discourses that knowledge is produced and presented as a ‘truth’. It is through these expert discourses and knowledge that what is regarded as ‘normal’ and hence inversely, what is ‘abnormal’ requiring intervention and change, can be identified.

Children’s Centres are implicated not only in the production of expert discourses, through such things as the National Evaluation of Sure Start, but also in the dissemination of these discourses. At the outset of the introduction of the predecessor of Sure Start Children’s Centres, Sure Start Local Programmes
were to be grounded in research evidence, a reflection of the New Labour government’s commitment to the modernisation of policy development (Cabinet Office, 1999, para 2.7). Much of the practice of Centres is based on knowledge produced in the Department for Children Schools and Families (DCSF) funded ‘Effective Provision of Pre-School Education (EPPE) study’ (Sylva et al., 2004). It is the way that this ‘expert’ knowledge is used and re-presented within these new ‘expert’ spaces as ‘truths’, in what Foucault might refer to as ‘houses of certainty’ (Foucault, 1977, p.202), accepted and often unchallenged. The National Evaluation of Sure Start, despite criticisms of being ‘unscientific’ on the basis that it was only ‘quasi-experimental’ rather than a full randomised controlled trial (Belsky et al., 2007; Rutter, 2010), is an example of the way that Children’s Centres themselves have been subjugated through these ‘expert’ discourses. By subjugation I mean that these discourses produced within Centres not only have the power to construct those who attend them but they themselves (the Centres and those who work in them) are informed and formed by these discourses.

Research demonstrates that early intervention and support is important in reducing family breakdown; in strengthening children’s readiness for school; and in preventing social exclusion and crime. The aim is to work with parents and children to improve the physical, intellectual, social and emotional development of young children (Cabinet Office, 1999, para 2.7).

Hence claims about research are produced within a discourse of truth, these truths become accepted within institutions. These discourses then become part of ‘common-sense’, a matter of fact, requiring no further exploration or challenge; they become ‘regimes of truth’ (Foucault, 1980, p.131).
Discourse, in particular the use of scientific, expert discourse and language has the ability to produce a version of social reality, a version that has the ability to construct other’s experiences of that reality. A ‘will to truth’ within these institutions has the ability to identify individuals who might be regarded as in some way ‘other’ (Levinas cited in Dahlberg & Moss, 2005). They are categorised as being outside what is considered as ‘normal’ and hence need to be made the same. Therefore it can be seen that it is the discourse that produces or constructs the notion of marginalisation, and hence knowledge in its claim to truth has the power to subjugate, to produce a way of being which locates the other outside the parameters of ‘normality’.

Discourse provides the link between power, knowledge and practice, firstly in the way that it ‘promotes an understanding of the fictitious as real and contingent as given; and also in how it presents any state of social affairs or relations as pre-social and outside the scope of human influence’ (Heaphy, 2007, p.31), particularly so when you consider the impact of psychological discursive frameworks (see Chapter 10 on dominant groups within Centres and Chapter 8 on the role of professional knowledge within Centres). Foucault has long since been recognised for his contribution to the understanding of how power operates through these discourses and discursive practices. ‘Discursive regimes serve a regulatory function; they organise our everyday experience of the world. They influence, or govern, our ideas, thoughts and actions in a specific direction’ (Dahlberg et al., 2007, p.31). They do this not just through talk but also through the way that discourses influence and shape how we think about ourselves and about others, influencing the way that we act and how we
behave towards others (Dahlberg et al., 2007). This ‘multiple form of subjugation’ casts the net, providing a decentralised and ‘indirect’ (Miller & Rose, 2008, p.33) notion of power. Knowledge itself is not necessarily powerful but rather how knowledge is used; productive and able to construct the subject.

### 4.5 Surveillance

Foucault’s interest lay with the notion of the ‘disciplinary technique of power which provides procedures for training or for coercing bodies (individual and collective) rather than with social control from a global perspective’ (Smart, 2002, p.85). Although developed from his studies of the asylum (Foucault, 1977), his interests are located within his study of classical history. Several inter-related instruments of disciplinary power are identified; the use of hierarchical observation, the application of normalising judgements and the examination (Hoskin, 1990). The production and use of knowledge is implicated in these instruments and hence is also seen as a way that power operates. In part the reliance on ‘scientific knowledge’ reflects the shift from sovereign power to a much more pervasive form of power during the 16th, 17th and 18th centuries which saw the rise in what Foucault calls the ‘new economy of power’ (Foucault, 1980, p.104) in the form of government. Here the need for knowledge about populations increased. This knowledge took the shape of detailed statistics and information about populations. This in turn required governments to collect this information, it required authorities to observe and monitor populations, to gather detail.
It is from one of Foucault's most famous pieces of his early work ‘Discipline and punishment’ (Foucault, 1977), that I draw on for this section. Here his focus falls on the ‘micro-physics’ of how power operates within institutions such as schools, prisons and asylums. These institutions are important in the dispersal of power and regulatory practices, without them the state would not be able to assert its authority. Institutions are important because they ‘mediate activity between human beings’ (Lianos, 2003, p.413). In this sense the definition of institutions can be extended to all private and public spaces where ‘organisations and establishments are institutions because they regulate aspects of human behaviour as third parties, that is, without being subject to cultural negotiation’ (Lianos, 2003, p.413). Hence, 

There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against, himself (Foucault, 1980, p.155).

It is through these institutions, such as Children’s Centres, that this thesis highlights how power operates both through a form of self governance, one which appears at first hand to be distant from ‘disciplinary regimes’ or state and through the discourses that are produced within these institutions as knowledge which is presented as ‘truths’ and used to ‘make the other the same’ through an agenda of change (see Chapter 8 and 11).

4.6 The institutional gaze

Foucault used Bentham’s panopticon as a metaphor to explore the way that power relations operate within institutions. Bentham’s panopticon was a prototype of a prison that was in fact never used (Foucault, 1977). The prison
was constructed in such a way that at the heart of the complex was a large watch tower, which would give the inmates the impression of always being watched regardless of whether in fact there was anyone in the tower watching them. In a movement away from the previous forms of incarceration, the panopticon used light and visibility, rather than darkness and concealment and hence ‘visibility is a trap’ (Foucault, 1977, p.200). This feeling of constantly feeling exposed is important as it both ‘autonomises and disindividualises power’ (Foucault, 1977, p.202). Rather than being subjected to power, the individual now becomes subjugated by power, it influences how they act, how they think they ought to act and how they see themselves.\(^\text{13}\)

He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection (Foucault, 1977, p.202-203).

When power reaches this level, where the individual is embroiled within its web, then it is at its most effective (Foucault, 1977).

When power is viewed too narrowly in terms of hierarchy, bearing down, explicitly controlling, then power can be weakened (Dahlberg & Moss, 2008). As Smart illustrates, if power was always about saying no, then power would never be accepted. Instead Foucault sees power as a ‘productive network’ (Smart, 2002, p.61). This moves power from explicit control, to one that sees power as operating via disciplinary practices.

Where ‘discipline’ may be identified neither within an institution nor with an apparatus; it is a type of power, a modality for its exercise.

\(^{13}\)This is made even more relevant in Foucault’s later work on ‘technologies of the self’ and how the self acts on the self in the form of self surveillance. This too is relevant to this thesis in the way that parents enacted what they regarded to be ‘good parents’.
comprising a whole set of instruments, techniques, procedures, level of application, target; it is ‘physics’ or an ‘anatomy’ of power, a technology’ (Foucault, 1977, p.215).

Taking this one step further these institutions create the space where these disciplinary practices produce ways of being which result in a regulation of the self. ‘Discipline proceeds from the distribution of individuals in space’ (Foucault, 1977, p 141). It is this space which is created in institutions, such as asylums, prisons, schools and early years institutions, which provide an ‘enclosure’ (Foucault, 1977).

Institutions such as Sure Start Children's Centres, like schools, become spaces and ‘architectures’ in which power operates; they are enclosures. Through their use and production of knowledge about what is ‘normal’, they have the ability to normalise and hence to construct what is abnormal. It is through this alterity or ‘othering’ that areas in personal life can be subjected to a process of change ‘making the other the same’. However, this involves firstly identifying who is marginalised, who requires intervention by the expert application of scientific knowledge.

4.7 Categorising and ‘othering’

So far the discussion has centred on the way that Foucauldian theory can be used to explore the way that government operates at a distance in the form of institutions and the practices that are undertaken within them. These discourses not only construct what is ‘normal’ through ‘normalising processes’, but also promote a surveillance of the self. This surveillance of the self involves a way of
being that is created through an internalising of these discourses which ensures that individuals behave in a way that they think they are acting autonomously when in fact they are acting in a way that has been influenced by others. For those working in Children’s Centres there is a need to identify those who ‘ought’ to be using Centre services.

The concept of progressive universalism (which is discussed in Chapter 2) assumes that universal access to services will mean that staff will be able to identify those who require further support. This requires an understanding of who is ‘at risk’ from poor outcomes in order to target services to encourage participation. From a Foucauldian perspective, the whole issue of subjectification and categorisation is imbued with power, it is a ‘technology of power’. In this way the presentation of evidence through the use of research findings and statistics gathered by government acts as a powerful tool to support the argument that those individuals who find themselves within the predefined categories are ‘hard to reach’, ‘vulnerable’, ‘in need’ or whatever term is adopted. The difficulty is that these terms seek to ‘other’ in the absence of understanding the context.

The application of categorising people’s lives into predefined categories regardless of their lived experience involves the use of prejudice. ‘Prejudging’ others’ ways of being against what is an implicit set of dominant ideological assumptions, ‘strong cultural value(s)’ (Billig, 1988) or personal subjectivities, is what constitutes ‘normality’. This process of ‘othering’ through discursive practices has the power to construct people’s experiences of being, as they are
continually positioned by the discourse at the ‘margins’, ‘the edge’. Categorisation or classification is one of the techniques of power’ described by Foucault, and used to prescribe what is ‘normal’ (Dahlberg & Moss, 2005). They do not seek to understand the other but to identify them as in some way needing to be changed.

The production of ‘strangers’ (Bauman, 2001, p.200) or ‘others’ (Levinas cited in Dahlberg & Moss, 2005) is applied to those who may hold different values and attitudes to the majority in society. According to Bauman, referring to Levi-Strauss, this othering is inevitable when ‘metaphorical borders and boundaries’ are used to set out ‘cognitive, aesthetic and moral maps’ about what is acceptable or ‘normal’ (Bauman, 2001, p.200). The danger is that these strangers or others have the potential to contaminate society if they do not ‘fit with the vision of order’ (this is highlighted in an example of how a group dealt with ‘the other’ in Chapter 10). They blur the boundaries of what is acceptable and unacceptable. They ‘eclipse and befog the boundary lines’ hence they need to be dealt with either by ‘anthropoemic vomiting’, excluded to the edges of society; marginalised or ‘anthropophagic devouring’, assimilated and included (Bauman, 2001, p.201). In other words, there will always be those who sit outside the dominant values and attitudes of society, particularly when these are made explicit. However, Bauman argues that we must take responsibility for ‘the other’ not by enforcing change as a result of disgust but as a way of resisting homogenisation. What is required is an acceptance of ‘alterity’ and a resistance to ‘totality’ (Dahlberg et al., 2007, p 39). In doing so there is respect and valuing the other. Levinas along with others such as Derrida and Bauman
have also challenged this drive for homogeneity. Levinas in particular, argues that this can be achieved through a discourse of ethics rather than philosophy. Here a respect for the other is reframed as an ethical endeavour and hence, shifting the ‘horror of the other’ to one that values ‘heterogeneity and difference’ over ‘homogeneity and sameness’ (Dahlberg et al., 2007, p.39).

However, the policy basis for Sure Start Children’s Centres is one that is grounded in a change agenda. Therefore government policy centres on ways that enable the excluded to be included particularly when they are families with young children. This drive to make the other the same in a society that pertains to be equal, to ensure a level of well-being and access to particular life experiences has produced a discourse that inclusion is to be strived for. From a Foucauldian perspective it has become an ‘unquestionable truth’. There exists no discourse which enables an alternative discussion of valuing difference within current social policy as seen in Chapter 2. The need to include is based on an economically driven need to ensure that the population is contributing economically to society.

4.8 Foucault and finding ‘the answer’

One aspect of operating within a Foucaultian framework for this thesis, is that it poses a potential paradoxical problem for the sponsors of the thesis and for the practitioners, both of whom work within modernist institutions in which the discourse of truth is dominant. The difficulty is that rather than looking for a
‘truth’; simple, clean, certain, this thesis sought to expose the messiness, the complexity and the multiple nature of ‘truths’, something that may or may not be welcomed as ‘an answer’. Rather than closing down thought through the production of certainty, through statistics or ‘what works’, this thesis offers a critique of the taken-for-granted in order to produce a space for creativity and new ways of thinking.

My role - and that is too emphatic a word - is to show people that they are much freer than they feel, that people accept as truth, as evidence, some themes which have been built up at a certain moment during history, and that this so-called evidence can be criticized and destroyed. To change something in the minds of people - that's the role of an intellectual (Foucault, 1988a, p.10).

But what about the role of the individual, who may feel they do not have the resources to change others minds? The challenge is then to challenge, to engage in what Foucault calls the ‘deliberate practice of liberty’ (or freedom) (Foucault, 1988b, p.4), where liberty or liberation is an ethical project. It is in his later work that the capacity of individuals to resist power is considered, having previously been criticized for the deterministic notion of power. Yet this is contested. By individualizing resistance as an ‘ethical task’ it is then, arguably depoliticized (Hofmeyr, 2006, p.228). However, if the individual is the key participant in what Dahlberg and Moss (2005) call ‘minor politics’, at a grass root, practitioner level, the result is a bottom up and political task (Hofmyer, 2006). The deliberate practice of liberty then becomes possible.

In early childhood studies these possibilities have been realised in the work of Dahlberg and Moss (2007), MacNaughton (2005) and in the work of Allan (2008, 1999) who explores inclusion in schools. For practitioners subversion of
government at a distance’ is possible. MacNaughton calls this ‘deliberately practicing for liberty’ (2005, p.50), this is not just about questioning ‘truths’, disturbing and deconstructing them but also unpicking them in terms of justice and difference. For practitioners the relevance can be regarded in terms of ‘knowing what they do... know why they do what they do... [and] know what they do does’ (Foucault cited in Allan, 1999, p.6). However, the difficulty with this for practitioners working within the normative frameworks and discursive practices of these new institutions is the ‘knowing’. It is this ‘knowing’ or knowledge that is not only located within the self but produced within institutions which becomes embedded within power relations, a point that will take central stage in the thesis.

4.9 Summary

To summarise, this section has explored the key ideas of Foucault’s theory of power and difference and their relevance for exploring the culture of Sure Start Children’s Centres and what influences parental participation. A Foucauldian framework, or ‘box of tools’ (Allan, 2008) offers a way of exploring some of the everyday small and often invisible interactions through which power operates. Children’s Centres are new institutions, they are funded, governed and directed by government; they are political spaces, as such they represent ‘government at a distance’ (Latour cited in Miller & Rose, 2008, p.16). Through a Foucauldian lens it is possible to explore the way that power operates not through a top down, authoritarian application of power, but through the everyday practices of all those involved in Centres. They also represent a space where new
knowledge is constructed. As they engage in experimentation, they too have the capacity to produce a scientific discourse. Hence they are not only constructed by knowledge, but they too have the power to construct others. They also offer a space for resistance, sometimes in small and almost insignificant ways. Yet the greatest act of resistance, non-engagement, is often played down with regard to non-participation in Centres. However, I would argue that resistance is happening and being performed actively at a micro-level, in everyday practices rather than in grand ways. In doing so, this is a more powerful form of resistance as it is hidden and elusive to change (almost playing *them*, at *their* own game) ‘other trumps in the game of truth’ (Foucault, 1988b, p.15).
Chapter 5 Research methodology, methods and ethics

5.1 Introduction
The approach taken in this thesis is one which reflects the complex interplay of my philosophical position with regard to knowledge and knowledge production, how I view the world in terms of reality and a range of practical considerations. These practical considerations included the demands and limitations of conducting research on a limited budget with finite time and the constraints of conducting research within the public arena in terms of ethical considerations. This section considers these aspects starting with a look at the methods adopted for generating data. Exploring the underpinning ontological and epistemological assumptions produced a dilemma in itself as I considered my own perspective. This is an important element as ethnography requires the researcher to be the instrument of interpretation, which makes the researcher potentially biased. The chapter then goes on to explore ethnography and the methods used in this study, to explore their limitations and question the validity or relevance of the methods in light of the arguments presented on methodology. The final section explores the ethical issues of the study.

5.2 The road to research
In early 2007 when the studentship for this study was advertised the title of the project was somewhat vague, with the emphasis on ‘equality of access’. However, it was clear that the issue that the funders were interested in was that of Centre use and why some parents did not use them. In putting together a proposal it became apparent that many studies, including the National
Evaluation of Sure Start Local Programmes (NESS) had already identified ‘barriers’ to participation, including, practical, social and psychological (NESS, 2007). However, it was almost as if the ‘discovery’ of these barriers and their translation once again into ‘instrumental’ approaches to improving access (TfC, 2007), resulted in a closing down of the discussion, as the processes associated with the construction of these barriers go unchallenged. Processes which involved power, difference and change were unexplored, particularly from an institutional level.

Yet despite these findings the reasons why some parents did not attend remained a ‘mystery’ for those who worked in Children’s Centres, and something which they were keen to find out why. In this respect, much store was placed in the study presented here for finding out such ‘truths’, something that I tried to reassure participants was unlikely to happen. Where most PhD studies might be considered a private affair, ‘an apprenticeship’, somewhere where the novice researcher can make mistakes and learn from them, in this case the process has felt more public. Conducting research in a fairly public space attracted interest. Practitioners have been keen to not only participate in the research but also to hear about the ‘results’, and to find out what the ‘answer’ is to the problem of parental participation. However, finding the ‘answer’ is problematic and requires an examination of whether there is ‘a truth’ out there to be found and hence opens the debate of the nature of the ‘reality’ under study. It is this nature of reality which makes up the discussion of ontology and epistemology, one which questions, ‘how we know what we know’. For members of staff at Sure Start Children’s Centres in this thesis and those
locally who knew of the study, ‘the answer’ represented something grand, something big, out there to be discovered as it had so far been ‘missed’. Yet for this study it is the little things that interested me, those that had indeed in some way been ‘missed’, overlooked or neglected.

Coming to the project having worked with many families who struggled to access services, I thought I had some ideas about why families did and did not engage with services. My experience meant that my original proposal was built around a somewhat naive hypothesis that it was ‘the little things that matter’, drawn from an everyday event which occurred when I ‘walked in’ a mum and her preschool child into a Children’s Centre. The mum had not managed to get to the nursery on time and had no money to pay for her child’s lunch, and was reluctant to take her daughter into the Centre for fear of being, as she said, ‘told off’. I persuaded her that I was sure it would not be a problem and that to get her little one to the nursery for the day would give her a chance to sort out some of the chaos that we had left behind in the flat. She was not totally convinced.

On arrival at the Centre I stood back as the mum explained to the receptionist why they were late and that she had no money. A bit of a fuss broke out; kitchens might not have enough food, something about knowing the rules, and needing to pay up front, when on the scene arrived the Centre manager. Gently and firmly she dealt with the matter, ‘no problem come in and we’ll sort it out, just glad you could make it’. I quietly slid away, a smile on my face. This left me wondering and hence, the title of my original proposal ‘do the little things matter?’
As the research took shape, the reading shifted my focus to the larger picture, the political framework and their underlying philosophies. Locating Sure Start Children’s Centre’s within this wider picture drew my attention away from the micro activities of daily life and interactions to the macro. The result was that I began to question the ‘little things’ and to consider the ‘bigger things’, the big political things – government policy, political discourses. Therefore I became interested in the way that policy might be internalised and lived in Centres through guidelines, directives and other mediating artefacts. However, as my research continued with the fieldwork, I was once again drawn back into the everyday micro-interactions. However this time, I could also see the influence of policy, subtle and implicit but nevertheless present.

5.3 Ontology and epistemology: From ‘discovery and finding’ to ‘constructing and making’

For me the social world is created in our everyday interactions with each other and with that social world. In our interactions with each other we create meaning. These interactions are more than the spoken word or the messages communicated. The space or context in which those interactions take place are important too because the space also influences the meanings and messages. Hence there is no single ‘truth’ to be found ‘out there’, rather ‘the truth’ is always partial, perspectival, contingent and contextual. It is ‘a slice’ of reality that is interpreted and re-presented, hence from this theoretical perspective there is the possibility of multiple realities. This is mainly based on a constructivist epistemology.
The constructivist paradigm assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent co-create understandings) and a naturalistic (in the natural world) set of methodological procedures (Denzin & Lincoln, 2000, p.21).

Nonetheless, there is often a fear that the argument will in some way ‘slide into the void of relativism’ (Smith & Deemer, 2000, p.881). Yet this relativist ontology is not about ‘anything goes’, rather it is acknowledging the ‘finite’ nature of the world that we live in and hence moving from a drive to ‘discover and find’ to one that emphasises ‘constructing and making’ (Smith & Deemer, 2000, p.885).

The purpose of this thesis and other pragmatic considerations have been influential in determining the proposed methodology, particularly as this thesis was funded by a Local Authority and hence had a substantive aim (Brannen, 2005). However, I feel that it is important to say that the methodology has also been guided by my own values and assumptions about what is knowledge and how it is produced. Exploring and making explicit my philosophical position is important, particularly within an interpretative qualitative framework, where I will be the main research tool (Hammersley & Atkinson, 1995; Wellington et al., 2005). Although I have been influenced by various philosophical positions, social constructionism in particular, I do not see this as a restrictive orientation. What I resisted was the idea that I must in some way state ‘what I am’, categorising myself and my epistemological and ontological stance in some ways enables others to judge me against the normative values of these categories.
It does not mean becoming “something”, swapping new orthodoxies for old, rather it means struggling against the complacencies and comforts of “being something”, of orthodoxy for its own sake (Ball, 2006, p.5).

One of the arguments presented in this thesis, is that categorising is a political endeavour and one that has the potential to shut down creativity rather than open it up. ‘Deliberately practising for liberty’ (MacNaughton, 2005, p.50) involves a constant critique of the way that such practices and processes work to control, and in doing so it involves creativity.

Taking this point a step further, I acknowledge that research and the knowledge produced is itself a relational activity (Crang & Cook, 2007), where attempts to achieve an ‘insider’ rather than an ‘outsider’ perspective (Spiers, 2000) cannot ignore the impact of the researcher. It involves understanding relationships between people, where those people include other service users, providers and children. It involves examining relationships with and within services and it involves examining the relationship between myself and others in the process. It is a relational ontology, which acknowledges that ‘individuals can only exist because they are members of various networks of care and responsibility, for good or for bad’ (Sevenhuijsen, 2000, p.9). As such, an important aspect of the position that the researcher takes in these relational networks is the reflexive process (Hammersley & Atkinson, 1995), one in which the relationship of the researcher and the researched is constantly under scrutiny. In doing so the gap between ‘the object’ of study and the subjectivity of the researcher, so often positioned at two ends of a spectrum within the narratives of qualitative and quantitative discussion, is not intentionally closed but is exposed and utilized.
Urban (2008) draws on the work of Schon, who rejects the notion of knowledge being produced by researchers and academics who seek to produce ‘knowledge-through-research’. Instead he sees the production of knowledge through reflective processes, that draw on ‘reflective conversation with the situation’ (Urban, 2008, p.146). The ‘situation’ however, is not always available to those who work in them day in and day out. Often the setting is hidden from practitioners due to their daily immersion; the familiar is difficult to make strange. For the researcher, there is an opportunity to make the familiar strange for participants, to question participants’ implicit knowledge of the setting, practices and processes and to integrate sociological theory.

A relational ontology also enables a ‘liberatory inquiry’ (Hollway, 2001; Lincoln & Cannella, 2004, p.6-7), one that has the potential to transcend the dominant methodological approach so evident in the application of ‘methodological conservatism’, such as those used by the National Evaluation of Sure Start Local Programmes or advocated by government. These include the ‘gold standard’ Randomised Control Trial, or the ‘systematic review’, (MacLure, 2004), the result of which is a flow of similarly constructed studies which further reinforce ‘governmental regimes of truth’ (Lincoln & Cannella, 2004). In contrast this study has sought a relational or ‘critically ecological’ (Urban, 2008, p.146) understanding of the culture of Children’s Centres and how they relate to the lives of families and carers.
So far the discussion has centred on my ontological and epistemological stance in order to justify the methods that I have used to generate data to explore the issues that are the focus of this research. In doing so, it is necessary to ensure that the methods used are consistent with the position that I have propounded (Wellington et al., 2005). The next section will explore the ways that ethnography reflected both my stance and provided a methodology to understand the complexity of Children’s Centres and their use.

5.4 Ethnography

Researching parenting and parenting support is a complex issue, particularly when an ecological perspective is taken (Quinton, 2003). The way that parents care for their children, the way they make use of support in raising children (and indeed just what does support mean) and the extent to which these debates are overshadowed by the discourse of ‘the problem parent’, required a methodology that could sensitively encompass these complexities. Research which is interested in the lives that people live, play and work, in families, homes or organisations, is a messy affair. Although the variety of methods described below may appear clinical and prescribed, this is purely for illustrative purposes. In presenting them below, it does not mean that they were used in this order, that they were used equally and that their use was always successful in terms of the quality of the data generated. My aim was to be strategic but also to be responsive to emerging areas of enquiry, therefore the process was iterative not linear. Hence it was driven by questions that arose as a result of encounters in the field and from previous data collection and analysis. The approach adopted
was an ethnography which is theoretically informed, where prior knowledge of theory was taken into the field not as something that is restrictive and limiting but as a tool for interpreting experiences (Willis & Trondman, 2002).

We seek to promote “theoretical informed-ness,” “sensitizing concepts,” “analytic points,” all means of teasing out patterns from the texture of everyday life, from “pure” descriptive ethnography (Willis & Trondman, 2002, p.296).

In ethnography the central focus is on understanding ‘the other’s’ world, the notion of ‘uncovering’ what at first may not seem apparent to those who experience that world. This privileges the view of the researcher and it can be argued reflects the classical colonial approach to discovering something about the ‘other’. Whilst elements of the world maybe obscured to those who are so enmeshed in the practices of the everyday, I attempted to view that world through the eyes of a stranger, whilst also ‘getting up close’ (Pole & Morrison, 2003, p.18). This getting up close can also involve listening and participating in gossip, something that Elias and Scotson (1994) argue can act as a catalyst to entry into the field and understanding the field of relations. Both parents and staff engaged me in gossip.

The use of explicit gossip as data, however, could provoke a debate about what is ethical data in the eyes of participants. Are participants aware of the extent to which any interactions with the researcher might be regarded as potential data, including seemingly casual conversations? Reflecting on this further during the analysis of fieldnotes, I concluded that although it was sometimes difficult to separate gossip from conversation, gossip does not appear as data. Instead
gossip consciously and unconsciously is another layer, another perspective, which helps me to understand how others make sense of Centres.

The use of methods such as interviews and focus groups complemented participant observation and enabled me to take my interpretations back to participants for their reflections on my interpretations. The aim was not to ‘triangulate’ in the traditional notion, to increase reliability of the data (Hammersley & Atkinson, 1995), which to some extent assumes a possible ‘untruthful’ respondent, but one that seeks depth, detail and perspectives, in order to explore these multiple realities.

5.4.1 Participation, observations and relationships

What is distinct about interpretative approaches is that they see people, and their interpretations, perceptions, meanings and understandings, as primary sources (Mason, 2002, p.56).

The research ‘field’ is a rich, complex and at times frightening place for the researcher. As I entered the two Children’s Centres I was acutely aware of my outsider position and of the way that these spaces were already full of practices and meanings. Through their everyday interactions, their conversations and work place practices, they were already engaged in constructing their own meanings of what Centres were for them. Participating in these environments meant ‘tapping into these subjective worlds’ (Taylor, 1994, p.41).

The fieldwork undertaken for this study reflected the relational perspective discussed earlier, in which Weber (2001) locates fieldwork within a web of
relationships. It is the pre-existence of these relationships which made ethnography possible. Here the participants know something about each other, they know at least enough to talk about the place, the practices and the people that the researcher is interested in. However, participants are not passive, being ‘done to’ by an active researcher, they are active in the construction of their own and the interpreter’s meanings. They are part of the ‘vast ‘chain of interdependences’ that is the research process (Elias 1978 cited in Weber, 2001, p.481).

Table 1 illustrates the way that my time in the field was utilised. The purpose is not to account for the accumulation of time (the quantity) but to expose the range of relationships that were explored in the fieldwork.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Centre 1</th>
<th>Centre 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in the field, conducting participant observations and informal ethnographic interviews</td>
<td>29 days</td>
<td>33 days</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Parent interviews</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Parent focus group</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Other formal interviews, including Centre managers and health staff.</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Being in Centres on a regular basis, I hoped would enable trusting relationships to develop, where participants (staff and parents) would feel they are able to chat and share their experiences with me, the researcher. However, I was also aware that engaging with people was not just about gathering data and constantly thinking about the research focus, but also being authentic and
genuinely interested in them as people and their lives. Participating in small talk with the ‘researcher hat’ off was a normal part of my research day. This was also regarded as an aspect of ‘getting up close’; being there for others and putting the pen and paper away, an essential part of establishing trusting relationships in both Centres (Hammersley & Atkinson, 1995).

Developing relationships also meant that I had to be prepared to share something of myself in order to encourage others to share (Hey, 2000). I did this as a mother myself chatting to other mothers. I joined in conversations with parents at the Centres and with members of staff. Whilst this may carry the danger of ‘over-rapport’ (Hammersley & Atkinson, 1995, p.112) I was constantly mindful of my role in settings (Bolton, 2010). Being mindful enabled me to perform ethically both my research role and my relationships with others. It involved being aware of both how my actions might be interpreted by others and interpreting others’ actions, using both ‘implicit knowledge in association with explicit knowledge, and insight into others’ perceptions’ (Bolton, 2010, p.15). I was constantly aware of the potential bias of my position in the field, having supported parents who were struggling for many years I could see that I could be biased towards them. Being mindfully aware along with reflexively engaged, enabled a more genuine approach in the field, as I accepted the subjectivity of my account rather than the presumed objectivity that marginality assumed.

Attending two Children’s Centres and visiting each Centre for one day a week, the role I adopted on each visit depended on the focus for the day. The early
days of the fieldwork when my focus was on getting to know parents and staff meant being more participant than observer, joining in with a group and causally talking to parents. At other times it involved more of an observer role, however, also slipping between role positions within minutes was often the case. In both situations I aimed for the marginality of an outsider, being both stranger and friend (Hammersley & Atkinson, 1995). However, there was also the need to be mindful of the ethics of rapport, in that the aims of the interaction were not hidden behind developing rapport and trust (Hey, 2000). As a researcher I was continuously aware that participants may have been sharing information with me on the basis of a role other than to one as a researcher.

Deciding which groups to attend, participate in and observe was guided by the use of the construct of ‘progressive universalism’, which guided the approach Children’s Centres have taken. As previously outlined, ‘progressive universalism’ had been a key concept in the provision of public services under the New Labour government. Its application had grown from being applied to family and early years services to making a wider appearance in areas such as health. The important supposition was that from universal services, which are open to all, a more implicit targeting, identifying those who need more formal intervention could take place. What this model required was for everyone, to understand and use the services that were on offer. Hence, my interest was in how everyone not just those who might be regarded as ‘hard to reach’ or ‘in need’, perceived, understood or made sense of Children’s Centres.
Understanding how and why parents use what is on offer to them, what their understanding is of this new provision, how it makes sense to them and their lives needs to start with a global picture. Hence within the Children’s Centres, it was in the universal services that the majority of the fieldwork was conducted. These included drop-in stay and plays, child minder groups, groups which had a specific focus such as speech and language, parent-child education and interaction and outreach stay and plays. However, I did also attend some more targeted sessions; which included the dad’s group, a specific family session and the young parents groups.

5.4.2 Fieldnotes

Day-to-day interactions and experiences of the settings were recorded using the production of fieldnotes and a research journal. Fieldnotes described the setting of an observation, the details of interactions and recorded informal conversations with members of staff or parents. These fieldnotes also incorporated a reflexive element within the journal in which I recorded my personal experiences of the research encounter, my thoughts and feelings and explored some of my subjectivities of the experience (Hammersley & Atkinson, 1995). This enabled me to reflexively examine some of the assumptions that I was making about the data and my interpretations. It enabled me to ask questions of myself, ‘why am I observing a particular interaction’, ‘what am I not observing’, ‘what elements of my journey, values and attitudes are influencing my interpretation?’
Fieldnotes represent the observed and experienced field, they are selective in what they represent, they are incomplete and ‘messy’ (Marcus 1994 cited in Emerson et al., 2001). They are not necessarily vital for every ethnographer, as it is this incompleteness that is furthered through the process of experiencing the field rather than the process of writing fieldnotes. Fieldnote writing can get in the way of ‘deep experience, intuitive understandings’ and coming to grasp the ‘big picture’ (Emerson et al., 2001, p.355). Indeed capturing and recording this data was difficult. Notes were never made in activities or sessions where writing was not the norm, instead ‘mental notes’ were taken (Emerson et al., 2001, p.357). This involved a sort of mental rehearsal of what was to be written down later, a sort of imprinting on the memory. It was not foolproof so where the situation allowed, trigger words or phrases, snatches of conversations, were hastily scribbled in brief dashes to the staff room or toilet and often expanded in the car before the drive home (Hammersley & Atkinson, 1995). The staff room was also a space where I felt comfortable making written notes. This was especially the case in Centre 2; here there was a table in the centre of the room which was often covered in the remnants of a hastily taken break, the debris of busy working lives, agendas, magazines, books. The opportunity for making notes in Centre 1 was a little more difficult. Here there was no central staff room but a large office where staff would sit at rows of workstations completing forms, or working on computers. I never felt comfortable in this space, instead I would sit at the table in the kitchen to write my notes. Although this was a more public space, it was often where I would meet parents or members of teams who were popping in, making drinks, taking breaks and having informal meetings.
5.4.3 Informal and formal interviews

As part of participating and observing Centre activities my presence in the world of young families brought me into contact with a wide range of people, both parents and carers and also those involved in providing a wide range of services for early years. Some of these encounters were pre-arranged and took a more formal format, whilst others were from chance encounters, on the spot and more naturalistic ‘conversations with a purpose’ (Burgess, 1984 in Mason, 2002, p.62). In keeping with ethnographic interviewing, formal interviews undertaken could best be described as reflexive rather than standardised interviews (Hammersely and Atkinson, 1995). Whilst I did take an interview guide, a list of topics with some questions, with me into the formal interviews, this acted more as an aide memoir, a reminder and a prompt rather than a list to direct the interviewee, and used in such a way so as not to disturb the flow of the interviews. As the process was iterative, building on previous interviews, data analysis and ongoing lines of enquiry, the list of ‘issues’ and topics evolved with each interview (Appendix 2 is one of the first interview guides I used).

In the first phase of the study, potential interviewees were at times ‘thrust’ upon me. Parents attending a course were ‘volunteered’ by staff to talk to me, and whilst these parents were all happy to chat and be ‘interviewed’, I felt that it posed an ethical dilemma. I followed my ‘procedure’ as submitted to the ethics committee and ensured that these parents were given the full details of the project, were given a cooling off period, and were given the option to withdraw (see Appendix 3 for the ethics protocol). None did. These interviewees were
incredibly proud of the Children’s Centres, they were a life line for them and they used them in ways that suited them and their needs. However, these formal interviews of Centre users were in the minority. The vast majority of interviews were informal, ad hoc affairs, undertaken before, during and after activities, as were interviews with staff. Early on in the study, my original idea of conducting life history interviews (evident in the ethics forms in Appendices 3 and 5) was abandoned as I realised how much data these would generate on top of the vast amount of data that I was already generating from the fieldwork. It was influenced by the wealth of information that I was gathering in my interaction with parents at toddler groups. These encounters, I felt were far more productive in contacting non-users of Centres than my attempts to interview these parents more formally.

In my search for those who did not use Children’s Centres I had many ‘conversations with a purpose’ with many agencies involved with parents and carers. These included social workers, drug and alcohol service providers, traveller support groups, as well as librarians and preschool group leaders. All of which have informed my interpretation of the data and although their words are not necessarily represented in this thesis, they contribute to the overall picture. However, whilst they were helpful and willing to talk, they were unable to put me in contact with any potential interviewees. As a result parents were recruited for interview via the two Children’s Centres, and hence they can be regarded as an opportunistic sample. I was only given the parent contact details once they had said they were interested in talking to me. Having received the details I rang parents and ensured that they were clear about what the project
entailed. At this stage a number of parents declined. One declined to be interviewed but shared her experiences briefly during the telephone call. Hence these very short interview notes were included in my data for analysis with her verbal permission. Whilst this part of the study is clearly a weakness, I made up for these shortcomings by exploring other avenues, and hence my focus groups with parents were a result of this. I also felt that the data generated from my discussions with parents in other provision, was actually very successful in accessing those universal users who did not use Centres. Generally parents were very happy to chat informally with me whilst their children played.

The formal interviews with parents who did not use (or were infrequent users) of Centres took place in their homes or at the Children's Centre. With their permission they were recorded, transcribed and analysed. The two Centre managers were formally interviewed on two occasions, these were recorded, transcribed and analysed. However, there were also many impromptu long conversations with the Centre managers during the eighteen months. These were not recorded but were written up from memory and hastily scribbled notes.

Whilst some interviews were more ‘naturalistic’ than others, more formal ones were undertaken away from the usual context of an interaction and therefore need to be viewed in this light. Hence the responses too are in the context of an interview, participants are doing talk which is ‘situated’ within an interview (Bruner, 1990, p.19). They are also embedded within and therefore influenced by and constructed within that setting’s culture (Barbour, 2007). As someone
who considers the importance of the ‘social’ in constructing meaning, the context of interaction is important and that ‘experience is never ‘raw’, but embedded in a social web of interpretation and re-interpretation’ (Kitzinger, 2004, cited in Silverman, 2006, p.129). As a result the more formal interviews almost always felt constructed and I battled to make them more naturalistic.

5.4.4 Focus groups

Focus groups were held once a term and participation in these sessions were voluntary. In Centre 1, which had a fairly big workforce, 12 members of staff participated in at least one focus group. In Centre 2, all the staff attended on at least one occasion, again there were 12 in total. In Centre 1, the Centre manager was never present. However in Centre 2, the manager came and participated in all three groups.

Focus groups were primarily used to explore how Centre staff understood and made sense of key aspects of their work in encouraging participation and in trying to understand how staff made sense of these spaces, what they saw as their role and the role of the Centres. The focus for each session was drawn from issues that had emerged from the data already collected and analysed. This meant that the initial focus groups that were conducted in the first part of the study was a reflection of a combination of early tentative findings. Although the information gathered from what was said was useful data, how responses were produced within the group processes and interactions was also analysed.
The first focus groups conducted in each Centre explored issues of the role of Children’s Centres and used a series of photographic images of their Centres to encourage discussion about how their Centre might be viewed in the community by those who do not use it. I adopted the role of the ‘eavesdropper’, ‘actively encouraging of, and attentive to, the group interaction’ (Barbour & Kitzinger, 1999, p.20). The second focus groups picked up on emerging issues from the analysis of the fieldwork and in the final focus group, I took a range of quotations gathered during my formal interviews with parents who had had limited contact with the Centres. Although I recognised the limitations of these extracts as decontextualised, I used them to explore the reactions of staff to comments, some of which were negative and some positive. As well as their reactions, I was interested in their responses and the way that they interpreted the comments from parents in light of the way that they constructed the meaning of Centres and the role that they, the staff, played.

Two focus groups were conducted with parents in the Centre 1 area. One of these groups was a group of parents who were attending a skills group in a local school within one of the Centres’ catchment area. Within this group, some of the parents had some experience of using Centres, however only one parent was a regular user and two had never engaged with them. The other focus group was conducted with a group of parents at a toddler group which I attended on a number of occasions.

The focus groups did feel more naturalistic as I felt there was often little need for me to ask many questions, rather a case of keeping the discussion on track.
However, my dissatisfaction with these more formal elements of the methodology is evident in below.

*It has been hard to try and get to grips with the way that staff make sense of the work that they do and what they see as the role of the Centre. Much of the talk returns to this and today I have engineered the focus group to talk about this explicitly. It is as Burawoy (1998) described in his 'reflexive science' an example of the way that the interview or the focus group can in itself be seen as an 'intervention'. Here the researcher removes participants from their everyday reality and imposes a set of conditions on them and expects their responses in some way to reflect the reality of the subject under examination. This is obviously problematic but needs to be considered (Extract from reflexive journal after conducting my second focus group).*

In this, and other focus groups, the data generated here is intertwined in the data generated from the other field experiences: observations, informal conversations, analysis of texts and contexts. Hence, whilst I was trying to get a snap shot of reality that the participants may present, I saw those snapshots within a bigger picture, pieces of a jigsaw, rather than the truth (Silverman, 2006).

**5.4.5 Analysis**

Analysis of the data was conducted simultaneously with data collection. At the end of each day in the field I would take my hastily produced notes and rewrite them in greater detail, using ‘trigger’ words to jog memories of the day (Hammersley & Atkinson, 1995). Whilst transcribing interviews and focus groups was a time consuming activity, as a new researcher it was an invaluable exercise, giving me the opportunity to learn from my mistakes, as I listened to my interviews and the way that I interacted with the interviewee. As well as providing opportunities for reflection it also enabled me to start the process of
analysis at the earliest of opportunities, with early themes emerging and the subsequent construction of concepts. This early analysis enabled a ‘progressive focusing’ and refocusing (Hammersley & Atkinson, 1995, p.207).

Analysis is without doubt a ‘messy’ affair. However, it is often presented as a clean and clinical process, free of complications and contradictions. For an ethnographer analysis is complicated by the sheer volume of data which quickly accumulates and the sometimes seemingly randomness of its construction (Crang & Cook, 2007). The array of data accumulated for this study included fieldnotes, interview and focus group transcripts, reflexive diary entries, photos, notes scribbled on scrap paper, leaflets, agendas, meeting minutes, official documents, website print offs, brochures, timetables of activities, poster and sketches of room layouts. Whilst all these are concrete and tangible, there is also the memory of interactions, faces and feelings generated. When I sat down to explore my data to analyse it, it was never distanced from the location, as such it was a ‘connected and connective process’ (Crang & Cook, 2007, p.133).

However, what was produced was more often than not text and therefore to make any sense of this data that I had generated I used analytical techniques which were mainly informed by the approaches of grounded theory (Glaser & Strauss, 1967, Strauss & Corbin, 1990) and by Charmaz (2006)\(^\text{14}\). However, this was not a straightforward affair. Primarily this involved reading and

\(^{14}\)Charmaz was educated in the school of grounded theory however, she argues that she adds a more social constructionist element to grounded theory
rereading the generated data over and over again, writing analytic memos to myself as I went along. These would sometimes be prose, at others when time was short they would be mind maps, bullet points and more often than not questions for further exploration. Then as with grounded theory the data was explored line by line and annotated (in a wide margin), using an initial ‘open coding’ approach, keeping close to the data and looking for ‘meaning and intent’ (Crang & Cook, 2007, p.137) rather than interpreting at this stage. At this stage there were many codes, as I went ‘wild’ (Delamont, 2002, p.171). However, in practice it was hard to avoid thinking about connections and patterns as well as wider meanings. This I found I was doing even in the field as I spoke to parents and observed the day to day activities of the Centres. After this initial annotation and coding, I would then go back over the annotated data and recode these annotations, now looking for connections, patterns, meanings and connections, and writing further analytical memos. These were used in conversations with my supervisors and helped me to continuously question why I was doing what I was doing, further interrogating the data (Delamont, 2002).

Whilst there are many approaches to analysing data one thing that I was keen to do was not to deconstruct and decontextualise the data. Rather than ‘chopping’ up the text and putting it into boxes I really wanted to find a way of keeping the whole picture together in order to gain a depth of understanding. Hence periodically I would map out the themes, points, ideas and concepts onto flipchart paper. What I was trying to do in these moments was to make connections whilst not losing sight of the whole picture. It also enabled me to move back and forth returning to the data and the themes that were emerging.
from the analysis and back to the field, refining my ideas and establishing the key themes which I wanted discuss.

So far I have concentrated on the strengths of an ethnographic approach to investigating an institution such as Children’s Centres. However, ethnography is not without its drawbacks.

**5.4.6 Limitations of ethnography**

Much of the debate around the limitations of ethnography arises as a result of criticisms levied against it from those who work from a quantitative/positivist position. In this respect it has been argued that there is little to be gained from justifying the methodological position on these terms, terms which are located within the dominant discourse of positivism (Pole & Morrison, 2003). However, in order for the findings of this project to be useful, the reader needs to have confidence in the data and the subsequent analysis. I am also aware of the possibility that practitioners themselves may hold greater faith in positivist values in what constitutes good research, much of which is embedded in relationships of knowledge and power (Lincoln & Cannella, 2004). Hence, the perceived limitations which may centre on the problem of bias in the research and the possibilities in applying (or generalising) the findings of this small-scale research to other early years provision are therefore acknowledged and further explored.
Bias can be defined as the extent to which the research process, the collection of data or the analysis is influenced by the researcher’s own subjectivities, own experiences, values or presumptions, in such a way as to colour, or impede the view of the object of study. It implies an error, rendering the research unreliable and invalid (Banister et al., 1994). I used several strategies in the field to acknowledge that there is always, regardless of your epistemological position, the possibility of bias. One way of achieving an element of ‘objectivity’ in ethnography, is through the ‘making the familiar strange’ (Hammersley & Atkinson, 1995, p.112). This does not involve the researcher distancing themselves from those they wish to study, rather getting ‘intimately involved’ (Bougois, 2002, p.16), whilst at the same time taking the perspective of the novice or the stranger (Hammersley & Atkinson, 1995). However, this could arguably be seen as attempting to ‘distance’ the researcher from the field. Objectivity is therefore a contested outcome for ethnographers as the relational element is paramount.

On the other hand it is by acknowledging the influence of the inter-subjective space, the context, that the concept of objectivity can be challenged. All research and researchers, regardless of their theoretical perspectives, are situated in the social world and therefore have the capacity to influence the outcomes of research. It is when this is ignored that there is potential for subjectivities to influence research and create bias. Where ethnographers and other qualitative researchers are different is in the use of reflexivity in order to continuously challenge the process of knowledge production. Reflexivity is based on the assumption that the researcher will always have an influence on
their field of inquiry (Pole & Morrison, 2003). From this self critical stance all steps of the process are scrutinised, why the subject was chosen, what past personal experiences may have led to this choice, why a particular scene was observed and not another and ‘anything that you feel has affected the research’ (Tindall, 1994, p.151). It is through being continually aware of your own position within the field, the data, and the knowledge produced, being open and transparent, that the researcher and others can have confidence in your data.

Generalisation is a problematic issue for qualitative research (Payne & Williams, 2005) and small scale case studies or ethnographies in particular. It is often argued that ethnography produces knowledge that is not generalisable, either because it is not reliable in other settings (Savage, 2000) or because generalisation was never the aim (Alexander, 2002; Denzin & Lincoln, 2000). Being conscious within the research process of how the research may be used is often neglected by qualitative researchers (Payne & Williams, 2005) as they attempt to disconnect from the goal of generalisation. Regardless of the aim of the researchers, published findings are likely to be ‘used’ in some way as ‘moderatum generalisations’, where ‘these resemble the modest, pragmatic generalizations drawn from personal experience which, by bringing a semblance of order and consistency to social interaction, make everyday life possible’ (Payne & Williams, 2005, p.296). Giving acknowledgment to the differences of opinions or positions within the data, followed by a general ‘flavour’ or ‘most common position in the middle’ is one way of enabling a level of generalisation (Wengraf, 2001, p.346), and is arguably a form of moderatum. Producing modest claims of generalisability is also possible through what have
been described as ‘fuzzy generalisations’ (Bassey, 1999). Here tentative claims are not rooted in certainty, rather they stress the possibility of wider application.

The generalisability of the findings in this study will be severely constrained by the sample, two Centres in Devon, one rural and one urban. It will also be constrained by the fact that they were already established and hence the history of their development will have been located within a particular community. However, it is hoped that the findings of this thesis will resonate with practitioners who wish to understand the issues that parents and practitioners face in accessing or encouraging the use of services. Having considered the limitations of the methodology the next section will explore ethical considerations.

5.5 Ethics

When we listen to people, do they give us their stories or do we steal them? At the heart of all sociological investigation is a dialectical tension between theft and gift, appropriation and exchange. The balance between these forces is more complex than it seems on first sight (Back, 2007, p.97).

Ethnography has been associated with a number of complex ethical challenges for the researcher and in particular those arising from participant observation (Hammersley & Atkinson, 1995). Methods text books give accounts of the processes and principles that can ensure ethical practice in research (Silverman, 2006) and many professional and academic bodies produce their own sets of standards for members (see the British Sociological Association, 2002 for example). This ethical imperative ensures that even the smallest
research projects require ethical approval to be gained through one of the many bodies. Back argues that this ‘ethical turn’ is not only a means of safeguarding the public and researchers but also a reflection of the way that ethics has itself become a new form of regulation, guarding and protecting against uncertainty and risk in our everyday lives (Back, 2007, p.97).

It might be argued that gaining ‘ethical approval’ from ‘ethical bodies’ such as Health Ethics or University committees enables researchers to hide behind the ‘traditional veil of objectivity’ (Crang & Cook, 2007, p.26), in some way distancing themselves from the messiness of ethics in practice. The ‘one off’ approval (Back, 2007, p.98) could be said to reduce the need for a deeper and more honest exploration of the ethical issues arising from the fieldwork; the thinking, writing and use of research. Indeed ethical approval was gained for this thesis in the usual manner, firstly from the University Ethics Committee then after much debate and consultation from the Local Research Ethics Committee (LREC) for health ethics approval, and then from the Local Authority Social Care Ethics Committee\(^{15}\). (Appendices 4-8 are examples of the multiple documentation and forms that were required by the health ethics procedure). The accountable bodies of both Centres, one being the governing body and the other a well know Children’s charity were both informed of the impending research and were happy with the procedures that had already been instigated.

\(^{15}\)These were required as a result of the study being conducted in a space where health and social care were delivered. See Appendix 2 for the ethical protocol and Appendix 4-8, for the ethical approval documentation.
Often ethics is seen as something that is ‘sorted out’ before the fieldwork begins (Crang & Cook, 2007), and the fieldwork for this thesis could not start until ethical approval had been gained. However, the ethical challenges, dilemmas and decisions that I have faced everyday in the field had a greater potential for getting it ethically ‘right’ or ‘wrong’. For the ethnographic researcher socially engaged with participants in the field for days at a time there was sometimes very little time to reflect and consult on ethical issues that presented themselves. Instead, on occasion, I was forced to make on the spot decisions about day to day micro-level ethical issues. Rather than discussing these here, I would like to keep them in context and will highlight some of the issues that I faced later in the descriptions and analysis of the fieldwork (see Chapter 9). I would now like to explore some of the standard ethical principles that have become associated with doing research and to explore these in a little more detail in my research. The British Sociological Society identify a number of areas for primary consideration; professional integrity, relationships and roles, covert research, anonymity, privacy and confidentiality, the researcher/funder relationship both during and after the research and the use of research (British Sociological Society, 2002).

5.5.1 Informed consent: Rhetoric or reality?

Informed consent, along with protecting participants from harm and maintaining confidentiality, is one of the standard ‘broad and fixed’ principles on which guidelines for ethical practice are based (Crang & Cook, 2007, p.31). Ryen (2004, p.231) defines informed consent as ‘research subjects have the right to
know that they are being researched, the right to be informed about the nature of the research and the right to withdraw at any time’. This principle is particularly pertinent to ethnography as the ability to apply this principle in its totality is challenged. For ethnographers undertaking participant observation, this debate centres on whether the research is overt or covert. The term overt assumes a position of moral superiority, it stresses giving ‘honest’ information, the ‘truth’, on which participants can decide whether to participate or not. In so doing they will be protected from harm as they will be fully aware of the consequences of getting involved in the research. However, ‘truth’ is a slippery concept. Back (2007, p.99) describes truth as being like ‘grains of sand’, something that you think you have grasped but which slips through your fingers, changing constantly. What you were honest about in the beginning might not be the same later (Crang & Cook, 2007). Covert research, on the other hand, is seen as something to be avoided, associated with deception, dishonesty and a last resort, only to be used when all other methods have been exhausted (Hammersley & Atkinson, 1995).

Away from the guidelines and protocols, I found the real world to be ‘ethically complex’ (Pole & Morrison, 2003, p.150). Although it might be argued that being overt is the goal of the researchers, ensuring that all who come into contact with the researcher are indeed aware of the fact that they are being researched, to suggest that this is what I hoped for would be dishonest of me. I wanted to give those who I came into contact with an understanding of the research, I wanted them to be able to walk away and say ‘no thanks’ if that is what they wished. However, constantly reminding staff and parents who I was and what I was
doing in Centres would have diverted their thinking to the subject of research. There was a danger that when I was around talk would turn to the research, how it was going and what I had ‘found out’. Therefore I wanted them to forget that I was there, so that I could melt into the background, listen and observe their interactions with others. Pole and Morrison (2003, p.149) suggest that research is about being neither overt or covert, ‘either ends of the spectrum’, but about ‘degrees of overtness’. What this does then is to not throw away the principles on which good research is built and guided but to unpick some of the ambiguity that is disguised in this cloak of ‘objectivity’ (Crang & Cook, 2007, p.28).

In order to ensure that parents were aware of my presence in the Centres and research was being conducted, the Local Health Ethics Committee suggested that I hold an information session for parents prior to my starting the research. Parents were sent letters (see Appendix 8) informing them that I would be in a particular group at a particular time in order for them to have an opportunity to discuss what the research involved. In reality no-one came to that session specifically for that reason. Instead I mingled with parents letting them know that I would be in Centre for the next year and that if they did not want to join in or talk to me then that would be fine, they just needed to say. Although this might be seen as an opt out rather than an opt in, the reality of working in messy complex environments makes applying clinical guidelines difficult. It was agreed that written consent from those I would be observing in Centres was not necessary, as long as parents were aware that I was in the group for the purpose of conducting research. I developed a standard phrase to describe the
research, not wanting to influence what people said to me but giving enough information for them to understand. It went something like this, ‘I’m doing some research looking at how people make use of early years services available to them and their children, so things like toddlers, preschools and also Sure Start Children’s Centres.’

Some group leaders were more enthusiastic in introducing me to groups than others. However, this too brought its own set of problems. Despite my efforts to communicate what I wanted group leaders to say in their introduction, members of staff often established their own interpretation of what I was doing. These varied from ‘this is Marie, she is here to find out why people don’t come’ to ‘this is Marie, she is a new member of the team doing some research.’ The first statement had the potential to be seen as critical, what I called ‘finger wagging’, full of negativity and criticism of parents. Whilst the last quote might be complimentary to a researcher trying to become established in a new environment, one of my greatest concerns was that I would become associated with the Centres and not independent of them. Hence parents might be fearful of being honest about their experiences.

Written consent was gained from anyone who I interviewed on a one-to-one level or in a focus group, including members of staff (see Appendix 7 for an example of a consent form, again this was a pro-forma supplied by the Health Ethics Committee). However, whilst all the staff within the Centres were included in the research it is hard to see how they could decline to participate.
There were some members of staff, particularly in the larger Centre with whom I had virtually no contact and there were staff who I felt kept out of my way, and I can only speculate whether this was deliberate or not. However, I did feel on occasion that some members of staff were left with little or no choice to join in, particularly the focus groups which were often tagged onto or preceded staff meetings.

5.5.2 Privacy and confidentiality

Undertaking research within two Children’s Centres in the same county posed a problem of maintaining anonymity. During the selection process I had visited the majority of Centres in the county and had given presentations to managers at various meetings. Therefore the selection process had felt like a very public affair. Every manager that I had approached wanted to be part of the study and hence, they all awaited the announcement of who had been selected. Given this and the fact that I would be in Centres for a fairly long period of time, the reality of containing which Centres were to be studied proved to be impractical within the localities of the County and within the Sure Start Children’s Centre workforce. However, despite this the two Centres were given a degree of anonymity, they are not identified by name and some identifiable data has been changed. But there are many details that have not been changed, the descriptions of where Centres are sited, the types of communities they serve, these are all elements that make up the context of the study. This is difficult in itself as there are very few Children’s Centres within the county and anyone with a nose for enquiry might quickly identify which Centres are under the
microscope. However, names and personal details have been changed to protect the identities of participants.

5.5.3 Other considerations

I was also concerned that as I was going to talk to parents it was likely that children would also be present, as was the case for the majority of the interviews that I conducted in people’s homes. Although I was not setting out to uncover intimate details of people’s lives, I could not be sure that sensitive issues would not arise and I had to be prepared for the possibility that parents might become upset during interviews which could potentially cause distress to children if they were present. As it was this did not occur. However, what did occur on the whole was that I did cause some level of distress to children in that I took away their time with their mum. My approach to this was a ‘down on the floor’ interview, which involved interviewing whilst playing play dough, looking at books, and various other activities. My conversations with parents would be suspended for periods at a time whilst we engaged in conversation with children. Whilst conducting interviews in these conditions might be regarded as far from ‘ideal’, it did enable the children, to some extent, to feel included and seemed to work. No interviews were terminated because of upset children.

Although I was more concerned with the potential in-field ethical issues as I planned, I had not given thought to a more holistic ethical dilemma that arose later in the thesis as the conceptual framework began to take shape. During the
exploration of the data using the concepts of power and difference lead me to challenge my ethical position with regard to the research and its potential findings. I was led to consider what is the purpose of the research and how might the findings be used? To encourage those who do not attend to attend, even when I might be questioning the value for those families of attending? Certainly for the sponsor (the Local Authority) the aim of the project was to understand more about how families make use of Sure Start Children’s Centres in order to improve access. Therefore I should have considered these ethical dilemmas that can arise even before considering the challenges that might arise in the field (Delamont, 2002). This dilemma is reflected in the debate posed by Dahlberg and Moss (2005, p.65), about the way in which research is positioned in terms of ‘respecting and having responsibility for the other’ and is explored further in the following chapters.

5.6 Summary

The discussion presented so far in Part 1 has largely focused on the background of the thesis. So far I have located the study within the social and political arena, albeit one that is currently in a state of flux. I have explored the literature relating to the field of study and introduced the theoretical framework which assisted me in exploring the data. All of this has been constructed against the backdrop of my ontological and epistemological stance which has not only guided this study but also influenced the presentation of the findings. In the next section I turn to my findings.
Part 2: Making sense of Children’s Centres

Introduction

The first section of Part 2 introduces the two Centres themselves before going on to explore what Children’s Centres mean to those who work in them, to those who use them and to those who walk past them. It considers what they mean to those who have very little knowledge of them and yet might have engaged with them. In doing so, this thesis highlights the way that Centres have been constructed around a central government policy, that of multi-agency/integrated working. However, what begins to become important is that what the Centres mean and how they are constructed by those who work in them, has an influence on the way that parents experience those services, and how they themselves construct what the Centres represent to them.
Chapter 6 Introducing the field

6.1 Accessing the study sites

In 2007 the development of universal access to Children’s Centres was well underway in Devon, the commissioning process was completed for Phase 2\textsuperscript{16} and a total of 24 centres were in varying degrees of openness (DCC, 2007a). In May 2007 I attended a Children’s Centre managers’ meeting to give an outline of the proposed study and to highlight how Centres might participate. The overall response was very positive. Some Centres were keen to share the advances they had made in developing their own local evaluations of access issues, whilst others were keen to say how much progress they had not made. Needless to say there were no negative responses.

Negotiating access to the Centres was facilitated by my contact from the Local Authority in the autumn of 2007. The criteria for inclusion were a mixture of pragmatic and organisational considerations, along with factors which arose as a direct result of what I hoped to gain at the end of the research. This included the need to reflect Devon’s geographical makeup and hence the criteria of including one rural and one urban Centre (and a strong recommendation of the project funder). Both Centres therefore needed to be have been ‘established’ for at least 2 years. They also needed to reflect the variety of historical heritages of the settings, therefore different ‘types’ of Centres were chosen, an Early

\textsuperscript{16} There were three phases of the development of Sure Start Children’s Centres. Phase 1 describes the bringing together of the original Sure Start Local Programs and other established family support provision such as Early Excellence Centres. There were around 800 of these Centres. Phase 2 brought the numbers up to 2500 and by 2010 phase 3 was to be complete, bringing the numbers of Children’s Centres up to 3,500 (House of Commons, 2010).
Excellence and a charitable sector family centre. It was also essential that my presence in the Centre was acceptable to managers, staff, governing bodies and users. Other practical issues included the distance to the Centre, which needed to be manageable. Whilst all the Centres were undergoing a period of development, there needed to have been relative stability within the Centre, that is, no major leadership/staff changes. Hence, this study did not set out to choose two sites that would be either representative or comparative, rather they were chosen to give the widest experience of issues of access, both in terms of geography and demography.

6.2 Introducing the Centres and their areas

Centre 1 was located on the edge of a large town in an area of relative high socio-economic deprivation. In terms of the language of Sure Start Children's Centres this Centre was in an area of relatively high need, being in the top 30% of disadvantaged areas in the country as defined by Super Output Areas (SOAs) (DFES, 2006a). The Centre had originally been a local charity run family centre which had largely supported families referred by social care organisations. In 2006 it had become a Sure Start Children's Centre and as a result had gradually increased its catchment area to include a wider area. However, it was not until 2008 that another Centre, managed and staffed by the original Centre, opened across town. Having this other Centre meant that Centre 1 was now able to cover the majority of the town plus a number of outlying villages. Approximately 1,200 children under the age of 5 lived within Centre 1's catchment area which was the focus of this study, with approximately
700 of these being in the nought to three age range (2007 figures obtained from Devon County Council). The Centre ran a number of well attended, successful outreach groups in a range of venues, community and school halls. However, whilst they had a good history of working with families with very complex needs, across the Children’s Centre there was a recurrent narrative from staff that they were not accessing the ‘hard to reach’, those families who they felt needed to attend for support. This was despite the fact that at the start of the project the Centre had a team of social workers based in the building. Whilst this enabled or sometimes compelled more complex families to use the Centre, it was something of a mixed blessing as having social workers on site was seen as perpetuating the stigma that was associated with the Centre, something which both staff and the local community were very aware of. Being in a 30% area meant that their ‘core offer’, that is, the services which they were obligated to offer, focused on outreach and included having a qualified teacher shared between the Centre and the local ‘preferred provider’ nursery\(^\text{17}\) (DfES, 2006a).

Centre 2 on the other hand was located on the edge of small rural town in the grounds of the local primary school. Originally an Early Excellence Centre established in the halcyon days of the New Labour government of 1998, it became a Sure Start Children’s Centre in 2006 and had expanded to cover a large rural disparate area. In 2007 there were around 700 children aged five and under with about 400 being aged nought to three (Devon County Council). This meant that for some parents in the more far flung villages, accessing the

\(^{17}\) Where Children’s Centres are not able to provide nursery provision (a criteria of the core offer for Centres in 30% areas) on site for children, they are required to have a ‘preferred provider’. In the case of Centre 1, this provider was originally set up under the Neighbourhood Nursery Initiative.
Centre was impossible, and whilst the Centre did run groups from village halls, some chose to go to other neighbouring towns where there were other Children’s Centres. Although this Centre was classified as a 70% Centre (not being in the top 30% most deprived SOAs), there were pockets of deprivation within the town and rural deprivation was also evident yet often hidden.

Neither of the Centres studied offered ‘edu-care’ provision, that is, full-time day care or pre-school provision. This meant that with the exception of the care in the crèche when parents were attending a parenting programme or undergoing one-to-one work, children were always accompanied by another adult, most often their mum. I make this distinction here because there is no ‘blue print’ for a Children’s Centre and hence the range of services offered in each Centre will reflect not only perceived local need but the level of existing services.\textsuperscript{18} As outlined Centre 1 being in a 30% area had a ‘preferred’ provider, a nursery which was originally established under the Neighbourhood Nursery Initiative (NNI), with several other private nursery providers in the area offering full-time provision.

For Centre 2 there was no local full-time day care provision in the local town, although there was one provider located a number of miles out of town in a rural area that was not accessible by public transport. Therefore, parents in the community of Centre 2 who worked tended to rely on a mixture of childminders, of which there was a local shortage, and friends and family. Alongside this, the

\textsuperscript{18} Appendix 9 gives an overview of the range of groups that were on offer at both Centres during the period of the field work.
vast majority of schools in both areas had a nursery class attached to the reception unit or there were local pre-schools provided, usually run by a management committee of parents with ‘qualified’ paid workers running half day sessions. For children aged 3 and over these half day school nursery and preschool sessions were funded by the Local Authority. Some also offered the additional option of paying to stay for an extra hour to cover lunch time.

6.3 The fieldwork

Over the course of the eighteen months of the fieldwork, I spent a day a week in or around each Centre. From April 2008 to July 2008, the fieldwork concentrated on the Centres themselves. I participated in almost all of the ‘universal’ groups and some groups that were also offered to parents on a ‘sign up’ basis. A number of groups were also aimed at a target audience, for example, the young parents and dads. I also went out of the Centres to groups that the Children’s Centres ran in local villages and schools. I participated wholeheartedly, sang in the singing sessions, played play dough, washed paint pots, I fielded questions about sleepless nights, breastfeeding and a whole range of child rearing related discussion. For the most part each session in the field meant being in a heightened state of alertness, ears pricked, eyes peeled, thinking, reworking, reflecting. At other times it was excruciatingly boring, at times I doubted my ability to make sense of anything that I saw, heard or read. I felt confused and overwhelmed by the amount of data that was being generated everything and nothing was relevant, a common problem with ethnographic
data (Crang & Cook, 2007) and wished for nothing more than a nice simple survey to analyse.

On the whole the staff in both Centres were extremely open and welcoming. They shared with me many aspects of their work, chatting whilst we prepared a room or washed up the snack plates after a session. Whilst the vast amount of the data generated was gathered through these informal and spontaneous interviews, I also conducted a staff focus group within each Centre at the end of each of the four study periods.

Table 1: The study periods

<table>
<thead>
<tr>
<th>Study periods</th>
<th>Research activities</th>
</tr>
</thead>
</table>
| 1 April – July 2008| Centre activities - participation and observation  
In formal with Centre users  
Staff focus groups |
| 2 Sept – Dec 2008  | Out of Centres – informal interviews with parents and carers in local toddler groups/preschools |
| 3 Jan – March 2009 | Engaging agencies who have contact with parents who might be more marginalised |
| 4 April – July 2009| Interviewing non-participating parents  
Centre participation and observation |

The table above illustrates the opportunities that I generated to ‘tap into’ (Taylor, 1994) the experiences of those who did and did not use Centres. In the second study period, whist maintaining my presence in both Centres I took the fieldwork away from Centres to other spaces that parents used, predominantly toddler groups. Here in these usually more informal spaces I chatted to parents about their experiences of having small children, life in local communities and using
services. I participated and observed and I talked to those who ran the groups or volunteered in them.

The third period of the research was perhaps the most frustrating as I sought parents who were more isolated from services. I visited most of the local agencies which supported young families within both of the Centre areas. These included drug and alcohol services, traveller groups and social services. The greatest success I had was with a local charity group who supported the homeless and extremely marginalised groups in one locality. Here I was given the opportunity to talk on a very informal basis to three sets of parents. However, in my fieldnotes I describe these as ‘unsuitable’ spaces for parents with small children. Whilst the staff were extremely supportive of those who used the drop-in for food, warmth, a change of clothes and advice, there was an air of tension. The staff there described some of their clients as being sometimes ‘volatile’ and as a result they tried to discourage parents from coming with their young children. However, parents did and were happy to chat with me about their experiences.

Yet it is this element of the research that has been the most ‘disappointing’ in terms of hearing the experiences of those who do not use services. However, the data gathered from the toddler groups is valid in terms that it illustrates the way that parents construct their meaning of Children’s Centres. If Centres were based on the notion of progressive universalism, this notion primarily rests on all families knowing about and using Centres. It is therefore paramount that
universal notions of Centres are explored. This also applied to the interviews which were conducted with parents who had used the Centre and then not returned.
Chapter 7 ‘A Children’s what?’ Looking for the meaning

7.1 Introduction

Chapter 2 set the political scene into which Sure Start Children's Centres were established and have developed. What was clear from this discussion was the way that Centres were rhetorically centrally positioned to make a difference to the lives of children in families through the process of change. Whilst this change was originally targeted at the level of the community, with the universalisation of Children’s Centres has come a loss of the ‘bottom up’ approach as local authorities ‘take a tighter grip’ on them (Glass, 2006, p.56) and targeting focused on the individual rather than on areas. What this highlighted was the high level of expectation placed on Centres to create positive outcomes in the lives of children and parents within their communities rather than through their communities.

However to enable this perceived need for change to become reality Centres needed to connect in some way with parents in their localities. They had to engage in a meaningful way with local parents and children and these parents and children needed to become service users. Yet, this was not a straightforward task as this chapter highlights. As Chapter 6 introduced the Centres and the fieldwork, Chapter 7 begins the process of exploring how Centres were perceived by staff, parents and those in the community in order to begin to identify what are Children’s Centres. For staff it is clear that the construction of Centres as central in the lives of parents and children is given prominence. Whilst this is also reflected in the narratives of those who use
Centres on a regular basis for many other parents there is a more partial perception of what Centres have to offer. This section explores these perceptions in detail in order to illustrate the potential tensions and contradictions surrounding Centres and their role in the lives of parents and children.

7.2 ‘A Children’s what?’

In order to examine the way that families made sense of Sure Start Children's Centres I originally drew on the theoretical concept of cultural meaning (Spradley, 1980). For Spradley, cultural knowledge is something that is ‘beneath the surface, hidden from view’. This cultural knowledge is of ‘fundamental importance, because we all use it constantly to generate behaviour and interpret our experience’ (Spradley, 1980, p.6). Individuals then make use of this unspoken ‘implicit’ or ‘tacit’ knowledge to make sense of an experience and to provide them with the basis for future action.

Schools for example might be something that is perceived to have cultural meaning. Most people understand what schools are, they know what they look like, who will be there, teachers, the head teacher, pupils and other parents, and what happens when we go in; there will be somewhere for the child to hang their coat, go into their classroom and sit at a desk or table. The reasons for going to school might be multiple but there will be some consensus between individuals that learning might come into it somewhere, along with meeting friends and other activities. When we go into a school we know how to act, partly from our own experiences of schooling but also the tacit or unspoken
knowledge that we acquire in our everyday life about how to behave in an institution.

What I hoped to explore here was whether Children’s Centres had this cultural meaning and how they were perceived by parents and others. Whilst official discourses might try to create a standard ‘cultural meaning’ how they are perceived and hence constructed by those who do and do not use them, is likely to out of the hands of those who seek to provide services. This is particularly important if you consider that ‘word of mouth’ (NESS, 2007; TNS, 2009) is seen as the most important way that messages about Sure Start Children’s Centres are communicated.

A wide range of views about Children’s Centres were expressed by parents in their conversations with me during my fieldwork both in and out of Centres. As I listened and later analysed the data closely it became apparent that what Centres meant to people, how they were perceived and how they made sense of them was not straightforward. Throughout my fieldwork and analysis, the prevailing assumption that giving information to parents about the Children’s Centre would result in an understanding and hence attendance was continually ‘disrupted’ (MacNaughton, 2005) and challenged. What emerged was the complexity of the interrelationship between knowledge, information, understanding, experience and ‘meaning making’. This disruption not only enabled a challenging of dominant assumptions, but also exposed what at first I considered a ‘gap’ in the understanding of how parents and carers perceived Sure Start Children's Centres. This ‘gap’ was later to evolve into something
else, something that reflected a more ‘democratic’ use of Centres in which those who used them created their own, individual and more meaningful meaning than the official discourse.

7.3 Centres of support and local expertise

For those who worked in Children’s Centres, a key feature of their work was the way that they formed a ‘hub’ through which parents and carers accessed a wide range of early years services and support.

.... a hub of information/access to other services. So one of the most important bits of it, is that you have access to a range of services through one centre. So, it cuts out having to go to lots of different venues, speaking to lots of different people. So where you have got one place where you can access a service, where you have got one person and be able to speak to someone who might ordinarily might take months to see (Staff Focus Group 07/08).

The narrative of this worker is heavily laden with the official government discourse of the role of Centres outlined earlier in Chapter 2. The metaphor of a hub gives an image of Children’s Centres being central, drawing and holding together, whilst at the same time radiating out, reflecting the notion of agencies working together, integrated. And indeed staff reflected these images in the way they described the role of their Centres. This drawing together then has expectations of easing the stress for parents of accessing support, offering a range of services, through this hub, this one centre. There is an expectation of reducing the number of contacts and venues to one place, one person, and hence, speeding up the referral process to more specialist services. This role of being the hub, the place where families can have easier access to services,
defined the work of Children’s Centres as being different from other provision, ‘different from a coffee morning’¹⁹.

Providing information to parents was a key role. Numerous displays of leaflets were visible around both Centres. Leaflets gave advice on where to get help for issues such as domestic violence or addictions, health and safety and health issues. Advice on immunization, feeding, exercise and healthy eating was also visible in the displays on notice boards. However, leaflets were not always placed in areas that parents frequented; any corridors, tables and notice boards, regardless of their position, would often be laden with them, even the toilets had information notices, as did the Centres newsletters to parents and website. Centre staff also constructed themselves as the centre of access to other support services in the way that workers performed multi-agency working within universal services. For example, a Citizens Advice Bureau worker would sometimes come into one of the drop-in groups, offering benefit advice, health visitor clinics were relocated to both Centres and along with other health professionals such as speech therapists would pop-in to groups.

The use of metaphors by Centre staff of Centres as being a ‘hub’, being a ‘centre’, enabled them to position themselves at the centre of service provision for children and families in their community. This metaphorical centrality was constructed regardless of physical position within the community and was a fundamental expectation of staff. However, by placing services or access to services in a central location there was danger that services were in fact being placed in areas that parents frequented; any corridors, tables and notice boards, regardless of their position, would often be laden with them, even the toilets had information notices, as did the Centres newsletters to parents and website. Centre staff also constructed themselves as the centre of access to other support services in the way that workers performed multi-agency working within universal services. For example, a Citizens Advice Bureau worker would sometimes come into one of the drop-in groups, offering benefit advice, health visitor clinics were relocated to both Centres and along with other health professionals such as speech therapists would pop-in to groups.

¹⁹ This is explored further in chapters 8 and 9.
distanced from those on geographical and social margins who most needed them.

It is ‘local support in local communities, where people have local knowledge’ that is important. She feels that the Children’s Centre patch is too big, she knows that there cannot be a Centre in every area and that the areas which have the greatest levels of deprivation get the most support. She stresses how parents will not go outside their small ‘patch’ to access services – they will not go across to the Centre – they say it is too far away. ‘They stay very local – like villages within the town, especially when other services might be associated with other areas which might have a reputation of need’ (Fieldnotes from conversations with head teachers).

The biggest concern is what can be described as a form of increasing centralisation of services. For example

‘For years the nurse and GP have been coming to the school to see children and parents, children who need to be seen regularly – vulnerable children. Now we are told that this will not happen anymore and that this service is being moved to the Children’s Centre, so parents will have to go there’ (Fieldnotes from conversations with head teachers).

What is key here is that schools and other groups I visited in the areas had already developed their own approaches to working with vulnerable families, some had community or inclusion workers and others ran their own groups.

When working with vulnerable families you need a personal touch, someone who knows the families in the area and who knows when the children have missed appointments (Fieldnotes from conversations with head teachers).

Hence there was some tension around how the role of Children’s Centres fitted with these established local initiatives. Yet for staff working within Centres and those who managed strategic processes within local authorities there was little concern for the worries about centralisation. Taking their services to local communities and working with other agencies within those communities was
their way of justifying any changes to the location of local services. What begins to emerge here is the way that Centres constructed themselves as ‘experts’, with whom parents needed to be given the opportunity to engage with them at the Children’s Centres.

Staff in both Centres regarded themselves as centres of expertise, not just for their ability to access other services for families but also in the way that workers regarded their own skills and abilities as being in some way superior to other groups that parents might use, in particular preschools and toddler groups. This ‘othering’ of toddler group and coffee morning provision is discussed in detail in Chapters 8 and 9. However, here it is important to highlight the way that the staff constructed the role of Centres through their own professional status. One of the key ways that they did this was in the way that they regarded themselves as something ‘more than a toddler group’, that is they ‘othered’ other provision. Taking on board the findings of studies which highlighted the importance of quality in early years provision such as the EPPE study (Sylva et al., 2004), staff were also drawn into the ‘skilling up’ of the ‘others’.

During the eighteen months in the Centres one element of change was observed in the role that both Centres played with regard to the use of this ‘expertise’. This stemmed from a ‘learning and development outcome’; one of the performance indicators on which Centre performance and quality is judged (Sure Start Unit, 2006b). These performance indicators are one way that the Local Authority discharges it’s duties under the Childcare Act 2006 to ‘reduce inequality while raising standards for all’ that is ‘narrowing gaps in achievement’.

131
One such outcome was concerned with raising the Foundation Stage Profile (FSP) points scored with a particular focus on personal, social and emotional development (PSED) and communication, language and literacy (CLL) scales.

By summer 2007, local authorities will have a target to improve the Foundation Stage Profile results of children at risk of falling in the lowest 20% of scores. Children’s Centres will have a clear role in contributing to this target: local authorities will have agreed with each centre the contribution it is expected to make to the authority’s target and how the Centre features in the authority’s action plan to reduce inequalities (Sure Start Unit, 2006b, p.31).

Like their predecessors Sure Start Local Programmes\(^2\), there was an expectation that Centres would have an influence on all under 5 children in their catchment regardless of whether they came to the Centres or not. Therefore, Children’s Centres were to be judged on improving these scales in children with whom they had very little contact. As a result both Centres began to extend their role outside of the services they provided directly to parents and children and started to engage with other providers of early years services, for example toddler and preschool groups, the aim of which was to improve the quality of this provision.

This support was seen as positive by the majority of the pre-school providers that I visited. They valued the ‘extra things’ Centre staff brought with them, especially ideas for ‘messy play’, enabling them to access things like the toy

\(^2\)This is known in the world of experimental approaches as ‘the intention to treat’, where judgements are made ‘as if’ all the cohort did receive ‘treatment’ or in this case ‘intervention’. This has been attributed to the failure of SSLPs to evidence the impact they have had on families (Rutter, 2010).
library and extra resources such as musical instruments. They also did not perceive this as having their service judged,

*I think they quite liked it, I think they *quite* liked it mainly because it was another set of eyes coming in who was *use* to working with kids and it wasn’t an official ‘what are you doing are you doing your job right. It was just someone else and they would make suggestions of doing stuff and they were like ‘oh yes of course* (Parent and preschool member, Fieldnotes 03/07/09).

Whilst maintained and private nursery provision tended not to be the focus of concern for Centre staff, those located within the largely voluntary sector were. Here services have been provided mainly on ‘shoe-string’ resources and which have had a reputation of offering ‘shoe-string’ provision (Siraj-Blatchford et al., 2005, p.8). For Centre staff they were also viewed from a deficit position and hence in need of support to improve the quality of the educational experiences that children were given or in the quality of the staff that ran them. However, the provision that was strongly evident in this discursive frame was toddler groups, toddler groups not only represented spaces where very little structure was offered for children they were also run by parents. Parents who were offered these sorts of experiences were deficient and this is discussed in detail later.

The Effective Provision of Pre-school Education (EPPE) study (Sylva et al., 2004) has been highly influential in the work undertaken by Sure Start Children’s Centres;

While other family factors such as mother’s education and family socio-economic status are also important, the ‘Home Learning Environment’ exerts a significant and independent influence on attainment at both age 3 years plus and later at the start of primary school (rising 5 years) and on progress over the pre-school period (Sylva et al., 2004, p.25).
In ‘manipulating the proximal variables associated with poor outcomes’ (Clarke, 2006, p.716) the parent-child interaction was a priority for Children’s Centre staff. However, unable to access the home environment for the majority of children, staff only had interactions within the Centres on which to make judgements of this quality. This was problematic as will be seen in the following sections, as many parents used the Centre mainly for socialising, somewhere to sit back and interact with other parents. Not only does this distort the picture presented to staff by parents but also created some tension about what staff were trying to achieve within the Centres.

Yet government campaigns to inform parents about what Children’s Centres offer have presented this social aspect alongside that of meeting their desired outcomes. The emphasis here appears to be on the idea of ‘learning’, both for children (as they play) and for parents (as they socialise).

   They’re somewhere your child can make friends and learn as they play. You can get professional advice on health and family matters, learn about training and job opportunities or just socialise with other people (Directgov, 2010).

A message that was further reflected in the publicity campaign launched in the winter 2009/2010 on leaflets delivered to every home in England, where Centres are seen as ‘somewhere for mums and dads as well as children to make friends’ (DCSF, 2009).

What begins to emerge then are signs of tension between the expectations of staff and those of parents. Staff used the official discourse, reflecting social policy and communicated to staff via practice guidance, electronic information
and via information from the Local Authority, to construct the image and expectation of what they offered. Central to this was the idea of being a ‘hub’, ‘middle’ or ‘centre’ of advice, information, expertise and support, through which they would ‘make a difference’ in terms of outcomes for children and families. Nevertheless, as will be seen in the next section, for parents there was also the centrality of support gained from each other.

7.4 Centres from the inside

Starting the research within the two Children’s Centres gave me an opportunity to observe and hear how, for many parents, overwhelmingly mothers, who had embraced the support that Centres offered to local families, Centres had become important in their lives as parents with young children. For these parents, the Centres were seen as a ‘life-line’,

*Linda. I would be lost without it. You do need to get out of the house and the kids need to get out of the house. It is just a lifeline in a way (Parent interview 04a).*

For this mum getting out of the house was essential to her sanity. The opportunities that it offered her to meet other parents and staff and to socialise was paramount.

*Linda. It is time for me. You come here and sit and natter to other parents or sit and natter to other staff. Just watch the children more and they can do their own thing more and you can see what activities are on, cos there is always different activities (Parent interview 04a).*

These parents, all women, all talked of the strong bonds that they had formed within the Centres, particularly with other mothers. Often through opportunities provided by early group contact in the first few months of their children’s lives they looked for and formed supportive relationships in groups offered by the
Centres, relationships which often endured over time. They not only provided supportive networks with regard to children, sharing their worries and concerns but also for themselves. There was often talk of nights out and getting together for ‘me’ time, time for ‘grown up’ talk and sharing issues around relationships and working (Interviews with parents). Hence, there was often a sense of ‘trajectory’ in their story of how they had used the Centres, starting with attending an antenatal group, followed by using the health clinic, joining the ‘baby days’ or ‘early days’ groups and then coming to the drop-in. Following this they may have also completed some sort of parenting course. Their narratives were filled with the language of trust, they valued their relationships with midwives and the health visitors who had put them in touch with Centres. They were positive about their experiences and saw the Centre as integral to ‘getting through the day’ with young children, as ‘sustaining spaces’ (West & Carlson, 2006, p.10). Phrases such as ‘life saver’ and ‘would go mad if I didn’t have the Centre to come to’, were frequently heard in parent talk about their experiences of the Centre.

*It is the Children’s Centre* my main contact outside the home, I’ve made friends and we support each other here.*  
(Mother with her baby attending a Centre group. Fieldnotes 6/05/08)*

Whilst the primacy in this talk is of the social element of Children’s Centres, of the spaces that Centres offer for opportunities to meet other parents, to chat and share experiences, its importance has been underplayed or in some respects devalued as a significant aspect of the role of Children’s Centres (Sheppard et al., 2007). And as will be seen later in Chapters 9 and 10, these friendship groups can create difficulties for other attenders and get in the way of Centres making a difference and meeting outcomes.
Therefore parents who perceived Centres as beneficial and important in their lives were often those parents who also had had a full experience of the Centre. These parents had used a variety of groups at the Centres or in their outreach venues. This was often expressed within both of the Centres and occasionally from those in the community groups I visited, as the following highlights:

Excellent. It [the Children’s Centre] gave me confidence that I never had before not from going to school or anything. They gave me confidence to do college courses through their courses that I did there – an introduction to counselling, computing courses all sorts. I wish I had known before that I could do it, and could have done it as a teenager’ (Mum attending toddler group talking about her Children’s Centre experience, Fieldnotes 14/12/08).

These parents were aware that staff were good sources of information and advice and could signpost them to services if they needed. This enabled them to embrace new opportunities that would not have been available to them had it not been for their encounter with Children’s Centres.

Wendy. I was discussing with one of the helpers that I needed to brush up my English and they said they do a course here... So I got in touch and was able to join the group and a crèche was provided..... and I have enjoyed it. I have also been over to the college to see a lady who reassessed me with my learning disability...... obviously having a child, I didn’t want them to have the same battles that I had so I decided to redo my English for myself and really to help them (Parent Interview 01a).

Strongly underpinning much of the narrative in many of the interviews with parents who were regular users was one of achieving some sort of personal change. Here there is a strong sense of ‘breaking cycles’ so that children will not be exposed to the same hardships that some parents were. Parents valued the idea of being exposed to new ideas they had been on parenting courses in which they had extended their knowledge and understanding of their children’s
behaviour. They had used specialist skills sessions and were thinking of how they might use these to enhance their future career pathways. There was also a sense that their engagement was valuable not just on an intellectual basis but also in terms of building self confidence. They described their realisation that they ‘weren’t stupid’ (Interviewee) and that contrary to what they had been told at school and by others, they were able to learn.

For some their engagement with the Centres and what they offered strongly reflected official discourses. They talked of how their engagement with Centres had enabled them to get involved with some elements of the running of Centres, they had been able to volunteer and for a few they held plans to hopefully one day gain employment within the Centres. These ambitions were furthered by seeing that some of the members of staff had themselves come through ‘the system’, having been users and were now workers.

*Linda. So I’m sure as mine get older I’ll definitely apply for a job, definitely, it’s that good here (Parent interview, 04a).*

Contrary to the views of parents who did not use Centres on a regular basis these parents viewed positively the attention that staff gave them in terms of identifying problems and issues (see Chapter 11). These parents valued the relationships that they had established with Centre staff and they were aware that staff knew them well enough to know when ‘something is not right’. Whilst they resisted the idea that they were being ‘watched’ they welcomed the fact that when they had problems ‘staff just knew there was something wrong’ (Lucy, Parent interview 04b).
These parents were also happy on the whole to be involved in their children’s learning and in the development of services, they talked about the value that they gained from attending services where they had a space to ‘observe (their) children’ as they played, something that some parents said they didn’t have the opportunity to do at home. Clearly they had internalised the official discourses of what makes a ‘good parent’ and they embraced the idea of personal change and improvement.

Whilst the talk of these regular users was imbued with these official discourses, there was occasionally a dissenting voice, not outspoken and rebellious as such, but this voice, ironically spoke to me on my first day within one of the Centres and whilst we chatted at length. I did not come across her again in the following 18 months.

‘It’s another way that we the public are being changed to all be the same and told how to do things properly like being green.’ She says she doesn’t mind this because ‘that’s what they say they are doing....at least it’s out in the open’ (Fieldnotes 29/04/08).

This insight into change was also voiced in an interview with a member of the community who felt that the urge to change reflected a disrespect of others. Here the issue was not with what Centres offered in terms of support for parents but with the political ideology of policy, where the central driver of policy is the idea of change.

There is also the overall issue the wider picture about this policy focus, that is there is a need for people to change the way they live, and like I said this says something about values and respect (Fieldnotes from conversations with headteachers).
Whilst change is clearly at the heart of official discourses of what Centres mean this meaning is not explicit. To find out more from parents who did not use Centres I moved out of the Children’s Centres.

7.5 The view from the outside

Staff in both Centres were constantly looking for ways to connect with families who did not regularly engage with the Centres or their services. Although budgetary restrictions limited their activities, there was an expectation within Centres that through the use of leaflets and posters Centres would be able to attract new users to Centres. It was hoped that providing information in the form of written materials would result in families establishing some sort of understanding of their services without any direct experience. This was problematic as one of the Centres in this study discovered that leafleting local communities rarely brought about an understanding or even awareness of the Centre in the community.

Maggie. They [local community group] did a big survey of lots of things and it clearly showed that nobody knew who we [the Children’s Centre] were, even though we had had fun days on the estate, leafleted and it just shows you how difficult it is to get people to recognise you (Centre staff 12/09/08).

However, creating awareness of Sure Start Children's Centres from leaflets has been shown to be poor, with the greatest level of awareness gained from ‘word of mouth’ (TNS, 2009, p.10). None the less, the giving of information by leaflet and other media features strongly in recommendations to encourage participation in Children’s Centres (Sure Start Unit, 2006a).
Staff recognised the shortcomings of the way that they communicated their message about Centres. In Centre 1, in particular they were aware that in the past when they were able to conduct more face-to-face initial contacts they were able to engage in a discussion about the types of support that the Centre offered and therefore contribute in some respects to this ‘word of mouth’. This had been possible when they were first established but as the Centre catchment area increased they were now unable to do any first visits to families in the area. Whilst the Centre was attracting good numbers of parents, with many of the groups oversubscribed and having to turn away families, there was a concern amongst staff that they were 'missing the needs of families, because we don't get a chance to speak to people'.

*Ann. More of that needs to be done. It is a numbers game at the moment we are so busy that we are worried that people are missing out on what Children’s Centres are all about because we don't have time to speak to everybody (Staff focus group 07/08).*

Again, it is the importance for staff of communicating a holistic view of Centres ‘what Children’s Centres are all about’ which was seen as important.

Another complicating factor for parents was that of the name. Whilst some parents away from Centres had ‘heard of’ Children’s Centres, this was not straightforward. Both Centres in this study had a local name and identity developed before they became Sure Start Children’s Centres. During my conversations with parents they would often recognise the name of the Centre but not it’s connection with Sure Start or with the concept of a Children’s Centres. For example, this parent’s comments recorded in my fieldwork diary was not unusual,
We chat and I ask her about the Children’s Centre, she has heard the name …., but doesn’t know anything about it or where it is. I then refer to it as a ‘Sure Start’, ‘oh yes I’ve heard of that’ she says ‘there’s one of those in …. (another town) the … Centre (uses it’s name) (Fieldnotes after conversation with a mother at a toddler group, 04/012/08).

There appear to be three elements to identify here, the local name, for example ‘Sunshine Centre’, the words Children’s Centres and Sure Start. For parents such as the one above, there is clearly a danger of lost opportunities for engaging in services. Centre 1 parents featured more prominently here; these parents had heard of the Centre, but this knowledge was based on the historical perspective of supporting families who were from ‘disadvantaged homes’ or were ‘having difficulties’, hence how they perceived the Centre was often stigmatised.

However, many of the parents that I spoke to at local toddlers particularly those in Centre 1, a large town, had never even heard of the Children’s Centre or known of its whereabouts. One toddler group that I attended was visible from the Children’s Centre. Here many of the parents were completely unaware of the presence of the Centre across the road and were unaware of what Centres offered; they did not feature on their radar of parenting support. This was more prominent as I physically moved away from Centres, not just in rural areas where geography complicated awareness but also in the urban areas where communities were almost localised into villages within the town. Here it was usual for parents to access services which were local as walking any distance with a buggy and a toddler was a challenge and public transport costly and unreliable.
What was most interesting was the way in which parents who did not use the Centres regularly but had had some experience of them, had little grasp of its wider official discourses of what Centres were. They did not know what they were 'all about'. For many of the parents in this study who did not regularly use Centres this was the case. For them they had had some limited experience which in effect framed their understanding of Children’s Centres. It is probably unsurprising that for many parents who had had an experience of Children’s Centres, these experiences were often of one of the universal services which Centres provided. Centre 2 had been running a health visitor clinic in the Centre for about six years, whilst Centre 1 had recently reorganised health visitor clinics so that all their clinics would be held at one of the two Children’s Centres in the town. Both Centres also allocated a Centre worker to work alongside these health professionals. As well as these clinics both Centres ran a variety of health related groups and activities (see Appendix 9). Breastfeeding support groups were established in both Centres as were Early Days and Baby Days groups, all of which had health input. Both Centres had also been the venue for midwife run antenatal classes, although these had recently been withdrawn due to staff shortages. However the Centres were trying to put together a programme for expectant parents with the support of their health staff.

Hence, parents who had engaged with Children’s Centres only as part of the above health related activities, often framed their understanding of the Centre from this health experience.

21 Rather than attempting to use Goffman’s Frame Analysis here, I use the concept as a metaphor to understand how parents and carers made sense of their experiences of Children’s Centres (Goffman, 1986).
Is it something to do with antenatal classes? (Father at a toddler group 09/10/08).

That’s where you get your babies weighed (Mother at a toddler group, 09/10/08).

However, these health experiences were not always positive and could potentially deter mothers from engaging in Centre activities, as can be seen below…

I didn’t like going there (the Children’s Centre). It was weird being in a group and having to write down your likes and dislikes…. That’s why I like this here you can come have a chat, share something that your child has done and everyone understands (Mother at a toddler group, talking about an Ante-natal class. Fieldnotes 29/09/08).

Here the mother’s perception of a Children’s Centre is constructed through her only experience of one universal service, the antenatal class. Because she felt uncomfortable in this formal setting she was reluctant to use it again and hence preferred to use the informal setting of the toddler group. Her reasons for using this group (the toddler group) emphasised the social aspect of support, ironically also the main reasons parents gave for using Children’s Centres on a regular basis. In this respect it is the prior use of the service which is influencing this mother’s decision.

Ensuring that parents are aware of what Centres are ‘all about’ was reflected in the National Evaluation of Sure Start Local Programmes, which highlighted a ‘continuing lack of awareness on the part of the local population of what Sure Start could provide for them’ (NESS, 2005b, p.79). This lack of awareness was then placed at the door of the local community – ‘on the part of the local population’, rather than the providers of services. Given that Sure Start Local
Programme’s serviced a smaller more intensive demographic, with a greater level of resources the challenge to Sure Start Children's Centres is now an even greater one. It has been suggested that ‘communication strategies’ and the use of ‘social marketing’ techniques (RiP, 2008) and ‘Communication Tool Kits’ should be developed to aid the promotion of awareness (TfC, 2007). Hence in March 2009 a national campaign was also launched to promote Sure Start Children's Centres through the national media and the use of branding (DCSF, 2008b).

However, increasing awareness is problematic. The government Department for Children Schools and Families (DCSF) commissioned Parental Survey identified that 78% of parents were ‘aware’ of the presence of Sure Start Children's Centres in their community when they were shown on a map. Furthermore 45% had made use of these services on one or more occasion over the past year (TNS, 2009, p.8). However, this awareness was largely attributed to the childcare and preschool education element of Sure Start Children's Centres, that is, an education frame of reference. As neither of the Centres in the study reported here had these elements, a different frame of reference, one which is sited within the universal provision of health was mainly how parents understood Centres from their experiences. These findings resonate with those of Ghate and Hazel's (2004) study which identified awareness of services by vulnerable families which did not translate into use. Seventeen per cent of families who were parenting in adverse circumstances were aware of ‘the drop-in family centre’. However, only 4% had ever used it and 3% within the past 3 years. This finding was repeated for the majority of
'semi-formal' support, with 15% aware of the ‘lone parent support service’, yet only 1% had ever used it and parenting education classes where 13% were aware but only 2% had used them (Ghate & Hazel, 2004, p.14). Clearly creating ‘awareness’ is not enough; what Centres mean, how they are perceived and what they represent to parents is also a key factor.

There are several issues to emphasise here. Firstly, experience of services is clearly important. Those parents (mothers) who had a long term relationship with the Centres were most likely to have established a perception of what Children’s Centres were ‘all about’. Experiencing the full range of groups gave these parents a full and holistic view of the ‘official view’. They saw Centres as integrated, supportive, where they could access both social and professional support if needed. They also engaged in a narrative of bettering and self improvement. They had internalised the ‘right ways of being and doing’ (Bourdieu in Lawler, 2005, p.433), of being a mother and doing parenting. However, they were relatively few in number, compared to the numbers of parents in the catchment area. Centres recognised the importance of engaging with local communities to establish some sort of cultural meaning. However, this was hard to achieve and as will be shown, these efforts to generate awareness sometimes lead to a different interpretation by parents of what Centres represented.

The data from these initial findings was then used to facilitate discussion within two staff focus groups, the question was asked by a participant: ‘Does it matter if parent’s understandings of Children’s Centres is framed within one particular
experience of the Centre if that is the service that they needed at the time?’ It was a good question and for several reasons at that time I felt that yes it did matter. I felt it mattered because if you saw Centres as being important places for parents to access support surely they needed to know what support was available. If Centres were happy to be a space for universal services such as baby clinics then they may very well be happy with parents having a single understanding of Children’s Centres. Indeed this was the case for one Local Authority worker who felt that this was a ‘great step forward’ (Interview 04/09), as parents perspectives were moving away from a stigmatised view of family support and Children’s Centres. However contrary to these first ideas that what was missing was parents knowledge of the ‘whole’ of what is offered to parents, what emerged as my fieldwork continued was the way that parents constructed their own interpretations of Centres, their own meaning making. This creates a plurality of what Centres mean; different things to different people and despite official discourses about what Centres ‘ought to be’, parents were able to reconstruct them in terms of their own needs. Something which Foucault would see as very powerful. However, as will be seen in later chapters these multiple meanings had the potential to create tension and occasionally conflict when they collided with other ‘official’ meanings of what Centres ought to be.

7.6 Children’s Centres in their communities

So far I have explored the way that government policy and Children’s Centre staff constructed the importance of Centres as being central to the lives of children and families and the way that Centres were important to those who used them. It has also touched upon how Centres were perceived by some of
the parents who had no or limited experiences of them. I now want to explore the rationale, the methods and the difficulties of ‘reaching’ or engaging families to encourage them to take up the services that were on offer at the Centres. My discussion now extends to what Centres represented within their communities, how they were perceived and the ways that staff sought to extend those communities’ understandings of Centres.

Both Centres occupied, what appeared to be, fairly visible spaces within their local communities. Centre 1 stood just off one of the main routes into the town centre, located within an area of high socio-economic need which carried the usual fears about crime and social exclusion that go with more marginalised communities. Although within walking distance of the centre of town, accessing the Centre meant a steady uphill walk, which when undertaken with children in buggies and toddlers made the journey arduous. Public transport links across the town were poor, so if families from other areas of the town wanted to access the Centre they would have to take two buses, or take one into town and then walk up to the centre. Centre 2 on the other hand was situated within the town’s school campus which was within walking distance of the town centre, although again not an easy walk with young children.

As I tried to make sense of what a Sure Start Children’s Centre was and the role that they performed in supporting families in the communities in which they were located, I was intrigued as to how both buildings were perceived within the communities. In particular I was struck by the number of parents with children in
buggies who walked past Centre 1, on their walk down from the estate into town and Centre 2 where parents walked past the main Children Centre family room with their preschool children, on their way to pick up their children from the schools nursery class. Again these were more often than not families who I did not see within the Centres. This was something that was confirmed by my conversations with staff.

*Parents walking past the window, taking their children to the nursery, Sheila (member of staff) points out a family who don’t come in, she says she has been round the nursery and tried to engage parents but ‘what can you do?’ The windows of the family room have notices about a local pet charity, people stop to read it but not the one or two about the Centre – they are very low key. There is a door out onto the path but it is an emergency one not one which parents can access. To enter the Centre they have to go into the school building, it seems like a missed opportunity (Fieldnotes extract, my first day, 25/04/07).*

In order to explore the image of the buildings and how the Centres might be perceived by those who walked or drove past I took a series of photographs of the external of the buildings. I walked the path of the non-attender and tried to imagine what these spaces might look like to others. I then showed these photos to the staff, the parent focus groups and the parent interviews to explore what these images might mean to parents who did not use Centres.

The building for Centre 1 had a long local history. It had not only housed various services over the years but had developed a stigmatised reputation, having previously been a local social services funded family centre. As a result, many families who grew up in the area still associated it with the negative image of something official, ‘an institution’, a ‘home’ and with social services. This was
not helped by the fact that the Centre also had a team of social workers based in the building and continued to be used as a place for supervised family contact, again leaving those who did not use the Centre with some concerns about going there themselves. As a result, many parents associated Centre 1 with parents who had particular needs,

*Sally. I think people associate this (the Centre) with people who’ve got problems, and that, they come here. They probably think that you can’t come here if you haven’t got problems.... I thought it was for people who had been referred or special things you know (Parent Interview 03a).*

Whilst this did not deter this parent from coming, for others, this association was a significant deterrent.

*Val. I don’t and never have used the Sure Start Children’s Centre. I always thought to be honest that it wasn’t for me, that it was for, like, parents who are struggling, lone parents, and things, or if a child has special needs. For families who needed more than their health visitor or friends and family could offer. I didn’t think that it was for me, cos I didn’t need any of that, I was doing OK (Parent Interview 05a).*

Although Centre 2 was well known in its community and had a fairly high local profile, the building for Centre 2 also represented something ‘official’ to some parents. Standing within the school campus grounds and attached to the school buildings made the physical access to this building problematic for some parents. One of the biggest issues for parents visiting the school site was the level of activity around the start and finish of the school day. Parking on the school site was an ongoing issue for parents who because of living in the surrounding rural areas were more likely to come to the Children’s Centre by car.
Walking onto a school site also carried with it a certain level of anxiety, particularly during the school day when parents would sometimes feel they were in some way trespassing. For other parents who were already struggling with issues within the school with regard to their children, this Children’s Centre represented an extension of the ‘official’ school approach. However, being on a school campus also carried with it an implicit assumption that because parents were dropping off and collecting children they would know about the Centre and what they did there. As a result Centre 2 seemed to be hidden within the facade of the school. The only indication that they were there was a small motif on the main school board and the motif on the main building.

The majority of publicity about both Centres was found within the Centres themselves and/or was sent to families who were on their database and therefore who already had some contact with Centres. For those who did not use Centres, information was limited to a local leaflet drop when the budget allowed. However, walking around both of the towns in which the Centres were located revealed very little evidence of the existence of the Centres; the libraries, GP surgeries and leisure centres had no information. Only on one notice board in a small local theatre did I find any information and that was about a particular group. Walking from town to the Centres also gave no indication of the physical presence of the Centres within either town, it was as if they did not exist. Outside each of the buildings I was struck by the lack of clearly visible signs that gave any indication of what happened within either building. Both staff and parents commented on the how they would not know that Centre 1 was there if they did not know about it.
Me. Do you think it is well advertised?
Sally. Only internally here, like there’s a drop in on a Tuesday morning in (names an outreach group) and that there is leaflets about this (the Children’s Centre) there but if you don’t go to that one then you won't see this. So it is only through word of mouth that I knew about this, not from advertising (Patent interview 03a).

Whilst there were missed opportunities for engaging with non-attending parents, there was also an unintended reinforcement of parental fears. Parents walked past the window of Centre 2 every day, yet the information displayed in the window was always on issues such as health or safety. This information represented and reinforced the image of the Centre as an ‘official’ space and one that was ‘health and safety mad’ (Conversation with a mother at a toddler group, Fieldnotes 14/10/08), where there was a need to inform, educate and change parental behaviour (this is explored further in Chapters 8 and 9).

The impression of services being ‘hidden’, private and discrete was extended by the fences which surrounded parts of both Centres. In Centre 1, the fence obscured the entrance and presented a barrier between road and front door, here the fence had existed from a time when it was a centre for children with special needs. The small name plaque of the Centre was obscured by a large overgrown bush and even if visible would not give any indication of the support that is available to parents inside. Coupled with the lack of any external notices or signs of what was on offer in the building for parents, the fence rendered this large and imposing building almost invisible, hidden from the local community. Nowhere outside either of the Centres was there any display of information
about the activities that the Centres were running. This was also the same for the outreach groups, where apart from the Centre van being in the village car park, there was no physical or immediate indication that there was a group running in the venues.

The image and promoting of the space of Children’s Centres as universal and open to all is one that conflicts and in some respects creates tension with the issue of attracting new parents, something which both Centres were striving to do. The universal groups which Centre 1 offered, the drop-ins and the stay and plays, were extremely well attended and at times in the school holidays parents would have to queue to get in and at times were turned away. However, registering new parents and having some form of ‘meaningful contact’ with them was a constant need in order for Centres to evidence their ‘reach’, that is, how many parents they were supporting. This is discussed in the next section.

7.7 ‘The numbers game’: Registration

At the start of the project there was much confusion about how Centres defined and recorded the numbers of families and children that they reached. During the research the focus on what was generally termed ‘reach’ intensified as a result of local authority pressures of accountability and new guidelines were issued by the Local Authority about what constituted reach. During the eighteen months of the fieldwork the Local Authority increased their demands on Centres to find

---

22 Interestingly this is something that changed as a direct result of the project. Following the focus groups in both Centres they both set about making substantial changes to the outside of their buildings. In particular they increased their external displays and signage. However this was mainly concentrated on the main Centre buildings, outreach venues continued to be invisible.
new ways to ensure that all local children were registered with Centres, regardless of service use. This was in part in order to furnish the then developing, now abandoned Contactpoint database, as well as to enable Centres to establish and maintain contact with parents and children. At the same time Centres were increasingly being monitored by the Local Authority for levels of service use.\(^{23}\)

Previous monitoring and evaluation of the work of Centres took place once a year during the ‘Annual conversation’, but as a result of the developing information technology and networked data systems, the Local Authority were now able to access Centre reach figures at anytime. This obviously increased the pressure on Centre staff to ensure that as many families were registered and to encourage their staff to engage in some sort of ‘meaningful’ encounter with families, in order to record this as a contact.

Fiona. County can just pick up our monitoring anytime they like, that’s why it is really important that every family is registered. But we also have to put all the attendance registers on to the data base, now. Last year county asked us for how many we have registered under five, now they ask that and how many are actually using our service, so if we have got say 1000 registered but we are only working with 100 children what we’re getting paid to deliver 1000, something is amiss there. So there is that pressure there (Staff focus group, 07/09).

Originally both Centres were only counting those families who were coming through the doors, either at the Children’s Centres or in outreach groups and others with whom they were directly seeing on a one to one basis. Centre 2 had

\(^{23}\) From a Foucaudian perspective this can be seen as Centres being explicitly drawn into the creation of knowledge about populations that ensure government operates at a distance, discretely and in a way that is not opposed but naturalised within a discourse of supporting.
been established in their community, offering universal services to all families with young children for a good length of time. It was therefore not surprising that their reach, as defined by the numbers of families registered and using at least one service was very good. The numbers of new parents using this Centre was also drastically helped by the child health clinic which ran there each week, including during the holidays. In this way, all families attending for clinic were registered with the Centre.

For Centre 1, the picture was far more complicated. Working in an area of high deprivation, much of their past work had involved one-to-one family support in a much more targeted fashion with quite vulnerable families. They had also only been running universal services across the town for a relatively short period of time and as a result this meant that the numbers they were reaching was relatively lower than other Centres. They had only recently added the Child Health Clinic to the services that were running within the Centre, these having previously been delivered in GP clinics throughout the town. Along with this they had just, prior to the start of the research, extended their reach area to include a wider geographical area. Coverage was made possible by the development of the other Children’s Centre building on the other side of the town. All of this was complicated by serving a large and widely dispersed population spreading into the surrounding villages.

Defining what was meant by reach reflected the ever-changing demands on Children’s Centres from the Local Authority and central government. At the start
of the research in late 2007, the guidance to Centres on reach and contact was 6 pages long, by the following year it had increased to 16 pages. Although there was continuity in some of the guidance there were also significant changes and additions. The key message for registration was that it should enable Centres to ‘have a clear picture of those families using their services…’ (DCC, 2007b and 2008, p.1). This was prominent in both sets of guidelines. However, in the 2007 version there is explicit reference to those who should be registered, including those families with children under 5 using services either in the Centre or at external venues, run by the Centre, in partnership with other agencies or commissioned by the Centre (my emphasis) (DCC, 2007b, p.3). However, in the 2008 version, this explicit guidance on who needs to be registered is omitted, and replaced by an assumption that the aim is to register all families (personal communication with DCC). The significance of this is to be found later in the 2008 document which discussed the use of the information gathered from the registration of families for future use on ContactPoint, the e-database which was to contain details of all children in the county (HM Government, 2007b), the plans for which have now been abandoned by the post May 11th 2010 coalition government.

The guidance on contact that is consistent in both documents, is that in order for a contact to be recorded it should be ‘meaningful’, that is, ‘any communication that is likely to be of benefit to the family’ (DCC 2007b, p4 and DCC 2008, p 6). However, in the 2008 document this does not include contact at fundraising or community events, as there is a concern for the potential to burden Centres with the recording of contacts. In addition to the 2007
descriptors of contact, the 2008 document also includes any groups using the Centres’ premises for groups and those using the childcare in the local ‘preferred provider’. In the case of Centre 1 this was originally the Neighbourhood Nursery.

Hence in the second half of the research the definition of reach began to change dramatically. In an attempt to improve the numbers of families registered with Centres, Centre staff were initiating new ways of asking families to register with them. Prior to the increase in its catchment area, Centre 1 had used ‘home visiting’ staff to work in their communities and register local families. With the change to Sure Start Children's Centres, both Centres, as were all Children’s Centres throughout the County, were hopeful that health visitors would register all new birth families. However, whilst this role for health visitors was one that was and continues to be negotiated at a strategic level, it was also one that health visitors shied away from undertaking.

As definitions changed so did the way staff defined contact. Instead of contact being defined as those parents who the Centres were working with directly through the delivery of their services, it now included all those who were being contacted (reached) by other agencies that potentially came under the Sure Start umbrella. This was interpreted, particularly by Centre 2, to include toddler groups, pre-schools (which had been visited by Centre workers), health visitor and midwife home-visits. In December 2008, both Centres were visiting local community toddler and pre-school groups with the intention of not only
registering families but also improving the quality of their service. Whilst the support to local groups was welcomed by most community groups, it also had the potential to create a negative impact on the way that Centres were viewed in their communities. For some parents the visits by staff into non-Centre settings were regarded negatively and for staff going out into ‘other’ settings there was some degree of discomfort.

Me. How do you think parents might view registration?
Paula. Some don’t like it.
Me. Have they said that explicitly? What happens?
Paula. It depends, when we went to a group the other day, their reactions on that the first day were really good and we got loads of people to register and then some would just say ‘why do you want me to register? Why do you want my details, I don’t want to .....’ and there was one and she just took the form and said ‘Ok I’ll fill it in later and then send it back to you’ but I knew that the form would never come back and it was just to keep me quiet. And some would just look at you as if ‘shut up, just disappear, I don’t want you to whatever, I just want to focus on my child’ and that is when they say ‘excuse me’ and they don’t want to talk to me. Some people they just say, ‘I am quite happy with what I am doing here and I don’t want anything to do with the Children’s Centre’, that is very, very rare but most of the time they take the form and say that they will send it back to you but we never get the form back.
Chloe. ........if you go to another setting, childcare or whatever it is obvious that you want the numbers. I think it is better not to take forms to those settings (Staff Focus group 07/09).

Asking parents to register with Children’s Centres at other provision brought with it some level of negative reactions and confusion from parents. One parent who ran a very well attended toddler group questioned the need for Centres to come asking parents to register,

Well they came from the Children’s Centre (she uses its local name) a few weeks ago and said that they wanted to find out if families were registered. Which I thought, surely they will be registered because they have that information from the birth and health visitors or
whatever. So I’m not sure what they want but anyway they are going to come and go round people and ask them if they have registered with them (Toddler group leader and parent, 12/08).

Another questioned the validity of collecting the information when parents were not necessarily going to use Centres.

Lucy. When she first came up she was getting all the parents to fill in the forms, I don’t know what for if they don’t use the Centre then why. I know if they want to use the Centre they need to be registered but I have never been down there and they have never asked who I am or what I am (Parent interview 04b).

Whilst the process of registration was presented as a way of keeping families up-to-date with information of the activities of the Centre, there was also the need at the time to collect information to locate local families in order to record their details on the future ContactPoint data base. Whilst this was not disclosed to families, there was clearly unease from parents as to why Centres would require their information if they did not use or engage with services. Clearly Centres were to be instrumental in terms of the production of knowledge of local populations of children, to oversee and to ensure these ‘technologies of government’ (Rose, 1999, p.32) were operationalised. Hence one manager regarded these changes as a reflection of her possible future role; monitoring rather than reaching all families.

Fiona....but the goal posts keep changing. Certainly from the Annual Conversation our role is increasingly about monitoring.

Me. Monitoring as in surveillance?

Fiona. Well especially since we have been putting the children on the database and now tracking them from birth, so you know monitoring what groups they are using, here at toddlers, preschool and other support ...so I can’t help feel that I shouldn’t worry (about reaching all families) because I think that the goals are going to change again for us (Fieldnotes 12/01/09).
7.9 Summary

The development of early years services has snowballed over the last ten years and both parents and providers and other agencies and services in the community in this study found it hard to keep up with this ever changing picture. For many parents who used Centres, either regularly or sporadically, how they perceived Centres was sometimes at odds with the way that Children’s Centre workers constructed and perceived them. For many parents the construction of a social meaning is central. However, for those who regularly attended a broad range of activities, their perceptions of the Children’s Centres more closely reflected the more official discourse of joined up services, accessing information and breaking the cycle through self improvement. In short they appear to have internalised the official discourse in the way they constructed Centres and how they perceived them. But they also saw them as places where help was available from other parents and hence the need to make new contacts and to socialise was also of significant importance. They understood what they were ‘all about’. For other parents who have a fleeting experience of Centres their perception is more partial. In the case of the two Centres studied here parents were most likely to have attended the Centres to ‘have their baby weighed’. Therefore the main frame of reference they used to construct that perception was health.

Whilst Centres strived to create a presence and an understanding of their work in their communities, there was a lack of visibility. Both staff groups saw their buildings as in some way problematic for parents. However, these problems were often constructed around immovable elements. For Centre 1, a history of
stigma which was associated with their building, one that was out of their hands, unchangeable. For Centre 2, being on a school site was again a problem which staff saw as having no solution. Methods to reach parents had the potential to reinforce negative representations of Centres as something official, somewhere where you might be watched and judged, and somewhere you were told to do things. Going out into community groups to encourage registration and to improve the quality of ‘other’ local provision had the potential to have a negative impact, as did asking parents away from the Centres to register with the Centre. For those who provide services for children and families there appeared to be few opportunities to deconstruct some of the dominant assumptions about what Children’s Centres are, including looking at what they might mean to parents and trying to see it from their perspective. For staff working in the Centres in this study there was a tendency to see non-participation as something that they had little power to change, just like their buildings.
8.1 Introduction

The previous chapter explored how Children’s Centres have been discursively constructed as centralised spaces where parents and carers can access support, information and advice. The concept of the ‘expert’ was a key theme as was the way that Centres positioned themselves in terms of bringing services together. Another key component of the meaning of Sure Start Children’s Centres was their construction as ‘multi-agency’ or ‘integrated’ spaces. This was particularly so for those on the inside, staff and regular service users, as they again are positioned at the Centre of services for children and families. However, what is promoted within this discourse of the multiagency or integrated team is the concept of the professional. It was professional support, advice and information, delivered within professionalised spaces where information is shared between professionals that was essential to improving outcomes for children and families.

Before discussing the data and the way that staff constructed and performed this notion of professionalism, I will discuss the meaning of professionalism. I will then present some of the data that illustrates this discussion, before returning to the implications for exploring the central issue of what Sure Start Children’s Centres mean and consider how professionalism is relevant to the exploration of participation. The following chapter will build on the concepts of the centrality of Centres to exploring scenarios from the fieldwork.
8.2 The early years professional

Professionalising those who work with children in the early years was a ‘hot topic’ for the Labour government in their 13 years of office (DCSF, 2008c; DfES, 2005; Osgood, 2006a). Yet how this taken for granted term of professional or professionalism is interpreted or understood has implications for those who are working in this arena. The term professional has become synonymous with aspects of belonging to a group or professional body, often with academic qualifications and a defining body of knowledge which places restrictions on who can be admitted to this organisation (Fook et al., 2000). As such there is also the notion that as a member of such a profession, there will be a regulation to conform to a particular set of standards of practice (Osgood, 2006a). Hence the term professional embodies the notion of quality, knowledge and expertise. However, there are also other dimensions worth exploring.

Dichotomous perspectives position professional in opposition to amateur, objective rather than subjective, possibly male as opposed to female (Oakley, 2000). The use of evidence-based objective and rational knowledge is hence valued over subjective, emotional and personal experience. Professionalism can then be seen as a protection against the impinging of personal values, for both the client and the practitioner. Yet workers in early years services and education have often described their work in relational terms of emotions. Words like ‘passion’ and ‘love’ are used to describe how they feel about working with children (Moyles, 2006, p.81) and indeed this is how early years work has been historically and socially constructed, ‘caring, maternal,
gendered as opposed to professional degree educated and highly trained’ (McGillivray, 2008, p.245). This, coupled with claims that professionalisation has been imposed on early years workers in the form of the development of the Early Years Professional is a source of tension (McGillivray, 2008). However, Butler (1990 in Osgood, 2006a, p.12) sees professional identity in this context as something that is ‘free floating’, performed, and hence associated with what practitioners do rather than who they are. Thus the notion of professionalism as something that is ‘free floating’ might also be described as an ideology (Eraut, 2004), and professionalisation as the process that an occupation has to go through to meet the dominant notions within that ideology (Eraut, 2004). Hence a ‘way of being, seeing and responding’ in professional practice (Anning & Edwards, 2006, p.51). It is this very performance of professionalism, as an ideal, an expectation, that can impact on how the space of Children’s Centres is constructed and used or not used.

In order to explore some of these perspectives in a little more detail I will first look at a number of aspects that have been associated with the call for the professionalisation of the early years workforce; the quality debate which includes standards and values, confidence and improving outcomes for children. None of this can be disentangled from the context of early years services within the neoliberal market as discussed in section 2.5.
8.3 Improving quality: Providing professional standards

In 2006 at a conference of the Professional Association of Teachers, Deborah Lawson raised concerns that admission of poorly qualified students onto childcare courses was risking the next generation of children (Shepard, 2008). Concerns that were again voiced in 2008, ‘I don’t want to trivialise this in any way at all, but we don’t want a future generation of Vicky Pollards’ (Taylor, 2008). Although these comments were dismissed by critics as over generalising and neglecting the focused attention that this sector has received in terms of funding and publicity, they serve as a starting point for how the debate about quality and standards is linked to that of professionalisation of the early years workforce and the construction of Sure Start Children's Centres as professionalised spaces.

Two elements have been instrumental in guiding the development of Sure Start Children’s Centres and early years provision in general. Firstly the integration of education and care (Sylva & Pugh, 2005) based on the evaluation of the Early Excellence Centres (Bertram & Pascal, 2002) and secondly the findings of the Effective Provision of Preschool Education (EPPE) study (Sylva et al., 2004).

Along with other schemes such as the Early Childhood Environment Ratings Scores (ECERS) (Harms et al., 2000-2005), they highlight the importance of ‘quality’ in improving outcomes for children who use early years provision. As the early years worker is the central resource of early years settings (Moss, 2006), the concept of quality has become partially embodied through the improvement of qualifications and hence the quality of the early years worker.
Government initiatives such as the Early Years Foundation Stage and the Practice Guidance for Sure Start Children’s Centre managers and staff, have an expectation that those who deliver services to parents and children in these settings will deliver a ‘professional’ and ‘expertise’ driven service based on sound research evidence.

There is strong international evidence that high quality early education provision and childcare provision gives better outcomes for children. Experiences in childcare should not just be about being safe and well looked after, but also about having opportunities for learning and development. This is particularly important for pre-school children (HM Treasury, 2004, p 25).

In order to do this the early years workforce has been the focus of intense policy refashioning (Moss, 2006). The Children’s Workforce Strategy and the advancement of the Early Years Professional Status has developed to ensure that ‘childcare is delivered by professional staff with the skills and expertise to provide the quality that children need’ (HM Treasury, 2004, para 6.4). It also reflects the increasingly ‘pedagogicalising’ of the adult-child encounter which will be discussed later.

The Early Years practitioner then becomes implicated in the success of government policy to improve outcomes for children.

Achievement of New Labour societal vision relies upon the availability and quality of early childhood education and care – to ensure the young generation is taught ‘correct’ values; so that maternal employment is feasible; and so that citizenship rests upon credentialism, technical competence and economic activity (Osgood, 2006b, p.2).

Whilst the above quote reflects the explicit direction of government for Children’s Centres to improve outcomes for children through the encouraging
of maternal employment, it also highlights the potential for tension. As is explored in this and the following chapters, the motivation of staff to ‘make a difference’ is predominantly focused on the element of children’s lives which Centre staff could influence. In this study these were the parent-child interaction and the dispersing of what constitutes ‘correct values’, rather than on encouraging maternal employment. Whilst the encouraging of maternal employment did happen within Centres, usually by the involvement of agencies such as JobCentre Plus, the attitude of staff towards this role was treated with ambivalence and has been reflected in other studies of Children’s Centres (Lewis et al., 2011).

8.4 Technician or professional?

As childhood has become reconstructed within a social investment state (Hendrick, 1997), the importance of the early years has resulted in the re-evaluation of the role and impact of parenting on outcomes for children (Clarke, 2006; Gewirtz, 2001; Williams, 2004). As a result, professional input into family life is discursively constructed as normal, where all families at sometime or other are seen as needing help and support (Alldred, 1999). With this universalisation of need has come the need for the expert who can provide this input. For those in Sure Start Children’s Centres this expert has been constructed as anyone who is a member of the ‘multiagency’ or ‘integrated’ team.
Yet the role of early years workers, practitioners, staff or professional (all terms that appear to be used interchangeably with regard to those who work within the early years sector) in the UK, it has been argued, is more likely to reflect that of ‘technician’ rather than the autonomous professional (Moss, 2006). As such their ‘role is to apply a defined set of technologies through regulated processes to produce pre-specified and measurable outcomes’ (Moss, 2006, p.35). These ‘defined set of technologies’ can be seen in the Early Years Foundation Stage (DCSF, 2008d), Sure Start Practice Guidance for Centres (Sure Start Unit, 2006a) and embodied within the service plans of Centres which set the targets for which Centres must aim. The potential is for practitioner’s performance to be based on an outcomes-driven pedagogy (Moss, 2006). It is these regulated and pre-specified processes that are also embodied in government strategies such as the Children’s Workforce Development strategy developed from the Every Child Matters agenda (DfES, 2004a). They act as ‘technologies’ or modes of power (Lemke, 2002), a way of government operating at a distance (Miller & Rose, 2008)\(^{24}\). Hence, these documents have the potential to become unquestionable ‘regimes of truth’ (Foucault, 1980, p.133), something that is enshrined in law and hence followed by practitioners, reinforced by managers and communicated by guidelines and consultants because they feel they have no choice.

\(^{24}\) Miller and Rose draw on Latour’s notion of ‘action at a distance’, and the work of Callon, who recognised the way that the impact of interventions could be established at a distance from the source of it’s establishment, through ‘loose assemblages of agents and agencies into a functioning network’ (Miller and Rose, 2008, p34).
It is also through these ‘mediating artefacts’ (Eraut, 2004) that the meaning of an Early Years professional is constructed, that is via ‘dominant and external constructions of professionalism’, with the potential impact of producing ‘docile bodies as objects that yield to the discourse’ (Osgood, 2006a, p 5). Yet, as Osgood argues the ability to resist this form of power lies within the agent, the early years practitioner, who can potentially resist, reconstruct and reclaim the concept of professionalism (Osgood, 2006a). Whilst the possibilities for liberation are not disputed, the extent to which this is possible within the context of the new Sure Start Children’s Centres will be discussed within this thesis. In the search for professional knowledge, there is a danger that Centres engage with formal knowledge, seduced by its certainty. Where the ‘technical-rational’ is favoured over other more ‘uncertain’ ways of knowing – ‘interpretive ability, insight and critical reflection’ (Taylor & White, 2005, p.947).

Held fixed, not only within the regulatory ‘gaze’ (Foucault, 1980) of government policy through evaluation and monitoring processes such as OFSTED, the early years workers are also reliant on the knowledge produced via government guidelines and through commissioned research and evaluation rather than from practitioners knowledge of local need25 (Lewis et al., 2011). I will discuss through the data presented below whether there is resistance to these ‘regimes of truth’, and whether practitioners in this study internalised this knowledge presented in these ‘mediating artefacts’ or ‘rhetorical devices’ as a means of

---

25 See for example the range of Guidance materials produced from the National Evaluation of Sure Start Local Programmes, for example National Evaluation of Sure Start (NESS) (2006) Outreach and Home Visiting Services in Sure Start Local Programmes.
self governance which then becomes unwittingly embedded in practice. The power positions I argue are a result of this fledgling profession which as yet lacks a secure and agreed knowledge base on which to build a more democratic pedagogy (Dahlberg & Moss, 2005), one which sees the practitioner as researcher both in terms of their own learning and the learning of others.

8.5 Exploring professionalisation

Building on Chapter 7, which started to explore the way that Centre workers constructed the Children’s Centres as a space of ‘expertise’, I will now explore the data which was constructed primarily from the staff focus groups but which is also underpinned by my observations and participation in the lives of the Centres. In the following passage, the members of the focus group are responding to my interest in the recent development of Children Centre staff going out into the community to develop existing provision such as pre-schools and toddler groups. At this time Centres were also exploring setting up parent led groups. This is reflected in the discussion and has important implications for the way that Centre staff constructed their role around the narrative of the expert. The opening question reflects the previous discussion about the Centres’ ability to cope with the large numbers of parents who are using the Centre and which, at times meant parents were turned away or faced waiting lists for certain groups. I ask if the setting up of parent led groups is to cope with the demand for groups.

Ann. Yeh and we’ll be liaising with them (the parent led groups).
Susan. It is partly numbers but also partly parent power. They’re quite capable of running their own groups, there’s nothing very
special about us that they can't pick up and use. And that seems to be happening and I think it is magic as it should be. As long as the parents who lead it don't think that there is something special about us.

Ann. And that is what has happened in one of the drop-ins.
Ruth. Which I think is a common situation.
Ann. And I think we are learning from what is happening there and trying to guide this one (another group) and trying to say, divide the work up between all the parents that use the service and get everyone involved. It would be nice if occasionally one of our workers could go in there but unfortunately it's on a morning when all of us are busy, so we'll have to support them from afar. Just going in there taking some newsletters, CAB (Citizens Advice Worker) could go there, health visitor, so they've got links with outside agencies as well and they are not totally left on their own.

Tina. Otherwise it will just turn into a coffee morning. Where you go and have a cuppa and leave the children to play. Where you have got to have some structure to get them to you know have some sort of .......(laughs).

Ann. Yeh, so they know what Children's Centres are about yes, exactly (Staff Focus Group 07/08).

Whilst it is agreed that going out into the community to increase the number of community and parent run groups is about reaching parents in terms of numbers, it is also about ‘parent power’; enabling parents to run their own groups. The comment by this participant that ‘there is nothing special about us’, and that if parents ‘pick up and use’ what the Centre staff are doing then they too can run their own groups. Something interesting is highlighted in this paradox. The notion that there is ‘nothing special about us’ might be seen as almost a deprofessionalising of status, a reconfiguring of the boundaries, yet at the same time there is quite clearly something that ‘they’ can gain from ‘us’, something to be ‘picked up and used by others’. (The ambiguity in this statement, about what is it that parents can pick up and use is clarified in the following quote).This skillling up of others is an aspect of difference, even though it is produced within a discourse of empowerment. This ‘doing good' is
not reflexively performed (Bernstein cited in Ball, 2008b), because there is no indication or acknowledgement of the way that the Centre staff’s position might be regarded as critical. Instead it is produced within a narrative of professional expertise and knowledge which is located within a relationship of power and difference which goes unnoticed and unchallenged.

Further caution is expressed by other participants in enabling parents to run their own groups, ‘as long as they don’t think that there is anything special about us’ (where ‘us’ refers to the parents running the group). What is being referred to here is the concern that individual parents might assume leadership of the group at the disapproval of both the staff and according to staff, other parents. (This is something that had happened recently at another group). Hence there is an element of fear of letting go and of letting parents have control over the total running of groups. Offering to have a Centre worker attend would ensure that links are maintained with the outside agencies and the Children’s Centre. Hence this link would enable any group that sets up in this way to reflect the pro-forma of a Sure Start Children’s Centre group. ‘Otherwise it will just turn into a coffee morning. Where you have a cuppa and leave the children to play.’ The word ‘leave’ here indicates distance, distance between parent and child, ‘leave’ also implies an element of neglect of the child’s needs in favour of meeting the parent’s needs to ‘have a cuppa’ (Chapter 9 explores this in greater detail). This discourse constructs the coffee morning/toddler group as deficient in meeting the needs of children, it implies that these groups are primarily about meeting parents’ needs and assumes that what parents want in this context is time away from their children. In direct contrast, the use
of this discourse constructs for staff what they understand a Children’s Centre to be, that is, what it is not, not a coffee morning or a toddler group. By ‘othering’ toddler groups they construct what they are; a space where multiple agencies can be accessed and where expert knowledge is used to affect some sort of change. This is further seen in the extract below.

*Me.* So linking that to what Children’s Centres are about, what is it that is important about offering that ‘structure’ in your point of view?

*Ann.* So that they know that there are places that all these bits are here in the middle - services that they can access and that we can support these families within the centre if they need it and that there are people who can help. And that help covering such a wide area could be supporting them to bring up their children, or problems they are having at home, covers such a wide area - speech and language, child development, problems at home, counselling, such a wide area. And if parents don’t know what’s on offer it is just going to be like a coffee morning again, not that there is anything wrong with parents supporting each other and chatting, but a drop-in is not a coffee morning, there is more involved.

*Susan.* I think the other interesting and positive development is that now some parents have had training for example brain gym (sensory integration) and lots of them are now using that in groups, like when they do the actions to Twinkle Twinkle, and they came to the training session and know what it is about and are using it at home - magic really. We should be doing more of that I think. The parents at one group have got funding which includes funding for training (Staff Focus Group 07/08).

In the extract above, as well as the pulling in other services in order for parents to understand how the groups offered in a Children’s Centres differ from those outside, a further element is added. The exercise of expert knowledge use is highlighted as something that ensures that ‘there is more involved’ in a Children’s Centre drop-in compared to a toddler group. These are explored further through an exploration of a form of expert knowledge that is regularly used by practitioners in Sure Start Children’s Centres, ‘the schema’ (Athey, 2007).
8.6 Expert knowledge: The schema

Throughout my time in both Sure Start Children's Centres I became aware of ‘the schema’. The schema was a concept that I associated with cognition in relation to Piaget’s work and so was relatively unfamiliar in its meaning in relation to explaining young children’s behaviour in practice. Athey (1991 and 2007) developed Piaget’s work through the work of the Froebel Institute (Bruce, 1997), which ‘uncovered’ schemas, as ‘patterns of behaviour and thinking in children’ (Athey, 1991, p.5). This work has been further developed and promoted by the influential Penn Green Children’s Centre in Corby, UK (Whalley, 2007) and through the Early Years Foundation Stage (DCSF, 2008d) and its predecessor Birth to Three Matters (Sure Start, 2003). It also features in the knowledge which is required by those undertaking the Early Years Practitioner Status.

Tina. Cos you have been doing schema training, haven't you, which is good cos we have been talking to parents about schemas and one or two have gone ‘a schema, oh god what's that', like it is something really bad like they have autism or something, and not understanding that schemas are normal.

Ann. It is something that we have learned and that is if you give someone too much information in a drop-in it can be overpowering because the drop in is really busy. So that when a new parent comes in you give them a brief overview of what goes on in the Children's Centre and then perhaps in another session you may see that that parent needs support in a certain area so you may go and talk to that parent about how we can support them. But within that busy environment it is sometimes not appropriate.

Me. So can you do follow up then?

Ann. Yeh, so that is what we have learned about schemas with a particular parent we are going to see her here to talk about schemas, her children will be looked after so that she can have time to think about it. She had got herself quite worked up about it and we need to be very careful about how we sell things to people.
Tina. And how we word it as well, using words that they will understand, where it is so easy for us, so used to talking in this way, jargon that we need to talk a bit more....

Ann. And allowing time for that within the programme, cos when we are really busy, it is very hard to speak to 25 parents about what schemas are about, so it is trying to find a way of generally giving information to parents that is not overwhelming and linking to themes perhaps, like smoking (Staff Focus group 07/08).

At Penn Green the schema is used as an example of how parents are encouraged to participate in their children’s learning and to share with parents concepts and the language of development that they would not have been privy to in the past.

A specialist language may be a barrier to communicating with parents. If we want power to be shared with parents, then the first step is to share any specialized language we are using (Whalley, 2000, p.60).

Hence in the Penn Green context, the schema is symbolic of the sharing of power which is explicit in their outcomes for working with parents in their particular Children’s Centre. However, there are paradoxes, contradictions and tensions in the use of expert knowledge such as the schema.

Without professional understanding the adult-child relationship is simply custodial. By custodial is meant that young children should be kept warm, fed, safe and contented (Athey, 1991, p.5).

Hence, the parent-child relationship without ‘professional understanding’, is potentially problematized and opens up the debate about the use of this expert knowledge, particularly when applied outside the philosophy of Penn Green.

Whilst acknowledging potential for parents in understanding their children’s behaviour, knowledge of the schema, had become embodied within Centre
practice in such a way that it had become an ‘unquestionable truth’ (Foucault, 1980, p.133). Here it is used not only to share power with parents but also as a rhetorical device in order to ‘other’ other provision. The schema helps to construct a space which is more powerful than that of others in such a way that practitioners fail to identify their own position within this power relationship. The discussion that follows is shaped around the symbolic role of the schema in giving information to parents, the skilling up of parents and other community groups and the setting up of sessions. All of these underpin the concept of the professional in the Centres.

8.7 Schemas: Giving information to share power?

Information giving is an important element of the construct of the professional (Eraut, 2004). Yet this information, this professional knowledge, is not passed from one individual to another in a neutral way. It is instead embedded within the context of a relationship of power in the way professionals stake their claim to professional knowledge and ‘expertise’.

Chloe. Sorry I don’t mean to interrupt … I think we are a bit different (to toddler groups), I think we try to put out activities that help their (children’s) development, like the nursery and the foundation stage. We try to put something in it really…. Me … so when you are running a group here like a stay and play? Chloe. So yes we put out something for the physical, communication and try to cover it with what we put out. But I have never been to a toddler group, so I am guessing… When we run one of the groups in a school we only have toys - toys that parents have donated, but whereas here we have educational toys. Ann. That’s the thing though; toddler groups are limited in what they have got a lot of the time, toys like.
Chloe. And because we are qualified in that area we are expected to provide certain services and our own expertise so we have to think about what we are doing.
Sandra. We have to be providing the EYFS in everything. If we are interacting with children, then it has got to be there, but in a toddler group it hasn’t.
Chloe. That’s what I’m saying, so schemas and things we are looking at.
Ann. Yes you are planning things aren’t you….. and you are providing information with parents and support if they need it … (she is interrupted)
Chloe ...... and we have got special groups like for parents who have got children with additional needs so we are more specific not general (Staff Focus Group 01/09).

Again a process of ‘othering’ is being utilized in order to construct the role of the Centre. The difference here is the way that staff have the specific intent and purpose of making a difference to children’s development26. Implicit in the comment ‘we try to put something in it’, is the notion of expert knowledge which is different from what happens at a parent and toddler group. One of the key points is that ‘we have to think about what we are doing’. This thinking again involves the use of expert knowledge to underpin the session and again here expert knowledge is represented in knowledge of the schema. It also implies that unlike the Children’s Centre run groups, the organization of toddler groups does not involve this sort of preparation, preparation that is underpinned by the expert knowledge of the schema. Hence, the setting up of a room which is to be used for group activities with parents and children is given time and deliberation within both Centres.

26 The work of Burman (2007) highlights how the application of developmental psychological knowledge is often privileged over other forms of knowledge and is seen to construct experiences of early childhood care and education.
The hall itself is very old and the standard of the accommodation poor, it is a dusty old hall, but warm and bright with perfect views of the local countryside. It is a beautiful day and I am wondering if this will mean people are less likely to come. We chat as I join in the setting up of the hall with the activities for the session. As usual there is a careful setting out of the books, construction toys, sand, messy play (corn flour), painting, diggers and pasta, slide etc. Staff take their shoes off, they sit on the floor and arrange the toys very precisely, after years spent in a hurried working environment in the NHS this relaxed and dedicated time always amazes me (Fieldnotes 16/07/08).

The room is beautifully set out. There are lots of shiny toys, fabrics and lots more. It has taken more than an hour to set up the room, the session itself will last just an hour and a half. The objects are not placed randomly in the space, but have been grouped together purposefully. Bottles in crates, chains and necklaces in baskets, balls in tubs, large tubes, pots and pans, wooden spoons and pine cones, large swathes of cloth draped around the space where parents will sit on the floor with their children. All of the space is used in this way (Fieldnotes 08/05/08).

Again, the importance of the setting up the room and use of this expert knowledge can be heard in the following brief discussion.

Tina. I know that parents who did go to the parent forum, they were saying that how much there is that goes on behind the scenes. They just think that there is a drop-in and they don't realize all the little bits that go on afterwards, supervision and signposting and all the phone calls that may need follow up from that. Even down to the setting up of the group, they just think that it magically disappears, you know, even if we have spent an hour beforehand. So I think it is important that .......

Ann. Yeh, so you are setting up the group and thinking about schemas.

Tina. Yeh, it's not just thrown out, and, yeh, it's quite interesting really having their feedback from the couple that do do it cos.... (Staff Focus group 07/08).

The development and use/promotion of this new knowledge or discourse of the ‘schema’ into the practice of professionals was not intended to be used as a
form of ‘horizontal knowledge’, where access is restricted to those only who are in the know (Bernstein, 1999 cited in Ball, 2008b, p.651). On the contrary rather than holding on to this knowledge within the ‘enclosure’ of the professional sphere (Miller & Rose, 2008, p 69), using it only within a professional capacity and applying it to practice accordingly, Centre staff sought to negotiate and renegotiate their position in relation to this knowledge, sharing it with parents. In their terms there was ‘nothing special about us’ and that they were not only willing to share this knowledge with parents, but also saw this giving of information as one of their main roles. This not only included sharing with parents and skilling them up in such things as schemas and brain gym but also sharing that information in order to skill up other community groups, mainly local toddlers and preschools. However, the sharing of this knowledge cannot be seen out of context of the role of Centres, not only did it represent a way that staff could make tangible their concept of professionalism, it also gave them something concrete, a visible intervention which symbolised a quality service. Hence the use of the expert knowledge of the schema was constructed within a deficit discourse, where ‘the other’; parents, toddler groups, or other preschool provision were seen as being ‘deficient’ in some way and hence needing to be improved.

As we eat lunch ....(staff member) tells me about how they have set up the group, ‘we set it up so that it covers different schemas.’ She asks me about schemas, ‘do you know about schemas Marie?’ I joke, ‘you can’t go into a Children’s Centre without hearing about schemas!’ I ask her what a schema is – she tells me ‘they are a pattern of play, so they might be in a trajectory schema or an enclosing schema so it helps to understand a child’s behaviour, yes a pattern of play’. She then adds ‘I’m not so sure about schemas,’ I ask why not, another member of staff joins in ‘for me it puts children in boxes – they are in this schema or that schema’. Just then parents start to arrive and the conversation fades (Fieldnotes 21/10/08).
Although there is a brief glimpse of doubt, the practitioner is not yet active in their practice of ‘minor politics’ (Dahlberg & Moss, 2005; MacNaughton, 2005) or resistance. In the highly outcomes driven world of the Sure Start Children’s Centres it is difficult to envisage a lonely voice moving this comment to an alternative ‘doing’. The idea of the schema was regarded as a ‘truth’ by most and one that guided much of the Centres’ practice in terms of the activities that they provided for children. The ‘pedagogicalising’ of encounters with parents, that is, taking opportunities to engage parents in their children’s learning, to help parents understand their children’s thinking, can be seen in the way that staff used the concept of the schema. Nevertheless for Children’s Centre workers, this was regarded by staff as something positive, as a way of sharing information and knowledge and of empowering parents. Whilst there is an articulated view that there is ‘nothing special about us’ in relation to running groups, there clearly was something special about the groups that Children’s Centres ran compared to toddler groups from the perspective of staff. The concept of the schema was a ‘tool’, a technology, used by staff to professionalise their standing.

**8.8 Schemas: Skilling up**

This equipping parents with the skills and abilities to run a parent led group is seen as vital if the ‘Sure Start approach is to be brought to all communities’ (HM Treasury, 2004, para 5.8) and is the rationale used by staff to support their unquestioned assumption that what is on offer in Sure Start Children’s Centres is in some way ‘more than’ what is on offer at toddler groups. The positioning of
the toddler group or coffee morning as ‘the other’, deficient and ‘not like us’, is not extended to those groups which ‘are like us’, that is have been given the skills either through parent group leaders having ‘been through the system’, or through Children’s Centre staff going out to model the Sure Start approach.

Ann. I think it would be interesting to compare the toddler groups that have been set up by people who have attended services here so that they have a base to work on and have an understanding of how Children Centre work and how information is shared and given out and the knowledge base here because Children’s Centres are suppose to make a difference, that’s why we exist. So those parents who have gone on to form their own groups and they do ask for support like at (names the group). But there is no one (staff member) going in there yet, there is no one available, and they understand the system and how it works. They understand if there is a child protection issue what happens and who to pass that one to, they understand if there is a problem with a child’s behaviour they can get in touch with the Centre) and ask about schemas they understand what schemas are. They have had that knowledge base from here. Where a toddler group doesn’t have that information, well they may do but they may not have as much information as if they had attended the Centre. So they may see staff from here going in there as a bit threatening but in fact Centres can offer an awful lot to that group so that when toddler groups realise that it is also for their benefit that they can gain a lot of knowledge from the information that we have here. I’m not saying that those in toddler groups don’t have that information they may be up on schemas and have got child care degrees and ……(interrupted) (Staff Focus group 01/09)

The discussion of enabling parents to run their own groups is threaded through with power, as long as parents are ‘informed as to the facts’ then they are free to parent their child free from outside intervention.

The State in England takes pains to leave parents free to choose, and to accept or refuse what the State offers…. [It] does recognise the fact that a good mother is the right judge of what is good for her own child, provided she is informed as to the facts and educated so as to needs (Winnicott 1944, in Rose, 1999, p.205).
The Sure Start Children's Centre staff were also positioned between these two paradoxes, of trusting parents to raise their own children and the rhetoric that constructs the good mother as one who seeks advice and information and discloses their shortcomings (see also Chapter 11), in order to be equipped with the facts. Centres too regarded other provision in the same way. In a similar vein, the Centre staff were happy with the development of parent led groups as long as they were made aware of what in the eyes of Centre staff constituted a good group. Staff participated in a ‘discourse of derision’ (Osgood, 2006c, p.187) on how they positioned other community groups, namely toddlers (parent led) groups as lacking elements which they described as professional, in this case their use of the knowledge of the schema to guide what they offered children. Therefore the directive to go out into the community and to build on existing provision is one which seeks to ‘improve’ the ‘others’ to be more ‘like us’, to be ‘the same as us’, was a very powerful position particularly when guided by local and national guidelines.

Although the majority of the toddler and preschool group provision was run by parents who on the whole had no formal training, there were one or two who had ‘professional’ backgrounds even though their capacity within the groups was often that of volunteer. One toddler group which was ran by a qualified early years teacher was ‘aware’ that the concept of schemas was something that the Centres were keen on, as the Children’s Centre staff had offered to talk about them with parents. However, despite being a practicing early years teacher in a school she had never heard of them. Instead this toddler group did
encourage parents to engage with their children in a space in which they were free to choose, ‘like a home’ (Toddler group leader, 09/08).

What seems to underlie the ‘problem with quality’ is a sense and unease that what has been approached as an essentially technical issue of expert knowledge and measurement may, in fact, be a philosophical issue of value and dispute (Dahlberg et al., 2007, p.6). What happens then is that the schema as one form of expert knowledge became symbolic of the issue of quality within Children’s Centres.

8.9 Power, difference and professionalisation

As can be seen in the previous chapter, Sure Start Children's Centres were relatively new and developing spaces, the direction of which was constantly under review and hence subject to almost constant change. Staff at times felt uncertain about their individual and institutional role.

Lunchtime. I’m sat with two members of the staff team. We are having a conversation about the name of the Centre …. One says ‘But we are not a Sure Start are we? Cos we have different funding and things, our money does not just come from the government, it comes from (and names another source), which makes us different. I have been told that we are NOT a Sure Start’. I say ‘But you are’ perhaps a little too vocally and forcefully. I retract ‘Aren’t you? Now I feel confused…..?’ We laugh. There is clearly a great deal of confusion. ‘When I got this interview I had to do a lot of research before the interview. I still get confused. There are a lot of people here doing a lot of different things and I say ‘what do you do here, what’s your role, cos I don’t know mine! Nobody says what they are doing it is really confusing’ (Fieldnotes 12/02/09).

---

27 There were other forms of expert knowledge which was used within Centres, for example the use of parenting programmes such as ‘Incredible Years’ otherwise known as Webster Stratton which focused on the parent-child interaction and was delivered in many Children’s Centres in the region.

28 See Appendix 10 for a general overview of the profile of participants.
Taylor and White (2005) suggest that one way of exercising uncertainty, particularly in practice, is through the use of formal rational, expert knowledge. The use of this formal knowledge is also linked to the construction of the professional as expert and knowing. The use of this expert knowledge can be seen as contributing to practitioners making a difference in ‘improving outcomes for children’, for without this knowledge, they would not be able to justify how they were different from the other provision. The use of the knowledge of ‘the schema’ by staff in informing parents about their children’s behaviour was an exercise in the use of such knowledge to inform parents of what is ‘normal’. This information served not only to reinforce the status of the Early Years Practitioner as a professional but also to ensure they were making a difference in the outcomes for children; the effectiveness discourse. However, this effectiveness discourse is set within the context of poverty which families were often faced with. Whilst Centre staff were unable to influence the wider social context and influence of poverty, they were more likely to influence the parent-child interaction. To some extent this influence represented one which was more acceptable to staff in terms of their values as opposed to the alternative one of encouraging parents to return to work.

Hence there was little debate around whether or not schemas were a valid way of supporting parents to understand their children’s behaviour but a general willingness on the part of practitioners to use this knowledge with parents.

Thus the functional validity of a piece of theoretical knowledge depends less on its presumed validity than on the ability and willingness of people to use it (Eraut, 2004, p.43).
For Children’s Centre staff the use of this ‘normalisation’ technique of schema identification was necessary in order to support parents in their understanding of their child’s behaviour. Hence the existence of these spaces as spaces of power is not necessarily a bad thing but a thing that needs to be recognised (Foucault, 1988b, p.18). Recognizing that power exists requires an examination of the self and the ‘will to self’, a performance of ethics as if it was done to the self (Foucault, 1988b, p.7; Oakley, 2000). If not, claims for professionalisation in the field may mask values, subjectivity and an examination of the self and therefore enable these spaces to become more powerful as power remains unrecognized. In effect they become spaces where government operates at a distance.

At the interface between parent and professional knowledge, Miller and Rose (2008, p.68) have argued that expertise provides ‘vital links between socio-political objectives and the minutiae of daily existence in home and factory’. The professional is positioned in a ‘double alliance’, engaged in both a political project of managing ‘problems and problematizing new issues’. Thus there is identification between the normal and the abnormal in a framework of expert language and knowledge. At the same time, relationships are developed with those they seek to help and translate their everyday concerns into a discourse that gives power to their advice. Practitioners are then seen to be

... translating their daily worries and decisions into a language claiming the power of truth and offering to teach them the techniques by which they might manage better, earn more, bring up healthier or happier children, and much more besides (Miller & Rose, 2008, p.68).
Children’s Centre staff were engaged in this project which pedagogicalised the parent child interaction. Instead of children’s behaviour being seen from a normative perspective, for example, ‘its normal for children to throw things’, behaviour was located within an expert discourse of the ‘trajectory schema’. Without this knowledge parents cannot or struggle to understand their children’s behaviour.

For the early years practitioners in this study, their use of the schema as a form of professional knowledge illustrates the way that professionalism values knowledge and thus becomes an integral part in the education/care dichotomy (Manning-Morton, 2006), where the ideology of professionalism values ‘education’ over ‘care’. By engaging in the use of this professional knowledge staff constructed their professional status, as one that used this knowledge to support parents in a way which other community groups did not. This engagement in a 'discourse of derision' Osgood argues is a ‘powerful self regulation mechanism’, one that legitimates the role of the staff within the Centres (Osgood, 2006c, p.191). Drawing on the work of Ball, Osgood argues that this discourse identifies the unprofessional, who is ‘in need of reform’, hence the staff (aided by government directives) in my research constructed toddler groups as unprofessional and hence in need of improvement. As a result of the increasing pressure to meet targets and outcomes, early years practitioners themselves have became part of the project of advancement advocated by the Labour government (Osgood, 2006c). For the staff in this project there were indeed demands being made on them to both increase the
numbers of parents using the services on offer but also to evidence that they were making a difference through meeting their targets.

8.10 Summary

What then has this to do with the issue of participation and non-participation in Children’s Centres in this study? In trying to understand why parents choose to use Centres and those who do not, one theme that has emerged from the research is the question, what is a Children’s Centre and what does it mean to those who work in them and those who use them. The construction of professionalism can be seen as important in the narrative of those who work in Centres, a way of understanding the spaces they occupy and the ways that they engage families. In their narratives they often do this in opposition to other spaces which offer support to parents but which are constructed by practitioners as ‘deficient’ spaces. As opposed to toddler groups, the Sure Start Children's Centres space is where expert knowledge of the child operates. This expert knowledge is embodied in the performance of the professional in the giving of information in order to skill up parents, to improve their relationship with their children or have direct access to other bodies of expertise through integrated working. This position then regards parents, like toddler groups, as deficient with regard to their knowledge of children and their ability to ‘make a difference’. In needing to meet outcomes, Centre staff were conscious that they needed to evidence the way that their services were having an impact on the lives of children and to show that they were ‘doing something’ in terms of outcomes. This in turn meant ‘doing something’ for parents and children, hence the schema offered staff something concrete to offer parents. It acted as a powerful
tool, a technology which defined their status and enabled them too, to change from amateur (mother/other) to professional worker.
Chapter 9 A storm in a tea cup

9.1 Introduction

The previous chapter examined the role of Centres and the extent to which Centre staff constructed what they offered as something different to other provision that was available in the community. In doing so the theme of professionalism arose and from that the way that Centres have become spaces where this professionalism is performed. This performance was not only about ensuring that a quality service was provided as opposed to an amateur and inferior one, but also about meeting predefined targets to improve outcomes for children. Hence, embedded within the discussion of what is a Sure Start Children's Centre and what they mean to parents and carers and to those who work in them, has been the debate about what is the role or purpose of Centres. As a result what parents want from them and what services and support Centres offer in order to meet predefined outcomes becomes part of that debate. However, what was provided by Centres was not left to the discretion of local Centre managers and their community, as was the case of the early Sure Start Local Programmes and Early Excellence Centres, but had increasingly become more directed by central government via local government management (Glass, 2006).

This chapter of the thesis will explore the tensions that arose as a result of Centres striving to deliver outcomes and the way that parents’ needs were sometimes at odds with the needs of the Centres to ‘make a difference’. As
outlined in Chapter 5, the practical aspects of performing research ethically are
firstly considered, before exploring the way that ‘tea’ has come to culturally
represent more than the offering of sustenance. Whilst this issue might be
regarded as insignificant to those who plan and deliver services, it is the
symbolism of the issue that is significant, the ‘cup of tea’ or ‘hot drink’ debate
symbolically represents the theme of power, discipline and transformation of the
other.

9.2 Ethical concerns

As described previously, the data is drawn from participant observations in both
Centre and community groups, ethnographic interviews with Centre and
community group staff and with parents both in Centres and outside. One of the
difficulties in describing these encounters is protecting the identity of those who
shared their stories, thoughts and feelings with me. Although I have not named
either of the Centres or communities in which I participated, it was well known in
both localities and in the region as a whole that the study was being conducted.
All names and details of individuals have been changed to ensure anonymity.
However, there is still the possibility of the identity of individuals being revealed.

During the 16 months of the study, I immersed myself in both communities as
much as was possible in the one day a week I had in each Centre. During this
time I established links with the majority of the community parent-led toddler
groups in both areas. The relationships with the Centres and these groups,
where they existed, were on the whole positive. However, this was not always
the case. One group in particular had had a turbulent relationship with the local Children’s Centre to such an extent that the majority of the parents had in some way ‘fallen out’ with the Children’s Centre groups. Here are the ethical dilemmas that lie at the heart of performing ethics in the real world. The crux of this dilemma is twofold. Working with Centre staff for the past year had alerted me to the issues that they faced in providing services to the public that at times had been greeted with an element of hostility. This hostility I heard in the voices of those parents who in some way had a grievance with Centre staff and who shared these grievances with me. These grievances do not appear in my data but they are again part of the canvas onto which my ideas have taken shape.

9.3 The offering of tea

The cup of tea is synonymous with British culture. It is often how many will start the day. It punctuates the monotony of the routine of daily life, reaching for the kettle in times of stress, anxiety or when we need to relax, take a break or to switch off for a moment. For many the offering of a ‘cuppa’ is a mark of caring, of relationships, of giving time to another, to listen and share; it is a social activity that promotes a sense of togetherness and community.

The drinking of tea has also become increasingly associated with a range of health benefits, including the reduction of cardiovascular disease and diabetes (Ruxton, 2009) and with a range of psychosocial benefits, in particular the reduction of stress and the aiding of stress recovery (Steptoe et al., 2007).
Although the health and restorative properties of green tea has often been the focus for research attention (Kuriyama, 2008, Wolfram, 2007), it is black tea which is predominantly drunk in the UK and as such it too is now under the spotlight (Gardner et al., 2006; Ruxton, 2009). More recently it is the psychosocial effects of tea drinking and its impact on the relieving of and recovering from stress (Cross & Micheals, 2009) which have become the focus of research.

The making and the drinking of tea also plays a part in the construction of everyday life, providing boundaries and structure to the day, and ontological security to the drinker; a ‘temporal marker’ in everyday practices (Southerton, 2006; Thomas & Bailey, 2009, p.615). Hazan (1994) in her study of aging found that this was particularly important to older people and especially those who live in institutions. The drinking of tea here represented a symbol of continuity, a means of ‘making time stand still’ and hence enabling a distancing from the reality of impending death and disconnection from the world that continued outside the institution (Hazan, 1987, p.205). The giving of time is important too. The offering of tea can signify the amount of time someone is willing to give another. If tea is offered generally someone has time for you (Ger & Kranets, 2009). It is also used as a means of offering comfort, empathy, of sharing; it is symbolic of a relationship and the meaning of that relationship. It connects the past with the present (Hannam, 1997).
The cup of tea featured daily in Children’s Centres, in the groups, in staff rooms and at meetings. In the fieldwork too it was prominent. Here the ritual of putting the kettle on and making a cup of tea was often the activity that I performed in order to feel at home in these strange environments and a way of engaging staff in conversations by offering to make tea. My fieldnotes indicate the importance of putting the kettle on in establishing myself within the Centres and building relationships, often around the offer of making a cup of tea.

Too early, as usual, the drive didn’t take as long as I thought it would. Arrived with the first person opening up, had a chat and a cup of tea, can’t help wondering if I’m in the way, would she have other jobs to be getting on with, but that did not come across at all (Fieldnotes 29/04/08).

Entering spaces where I was neither worker or a user, where my role was ambiguous, ‘strange’ and ‘marginal’ (Hammersley & Atkinson, 1995, p.113), was stressful and these small acts of meaning gave a structure to my research day. The kitchen also provided many opportunities for informal ethnographic interviews with both staff and parents. These were often conducted whilst the kettle boiled or as we stood in the kitchen drinking tea. However, it is not this aspect of tea drinking that I want to draw on here. Instead it is the contentious nature that surrounded the cup of tea within these settings and the symbolic meanings associated with providing hot drinks to parents in Children’s Centres.

The offering of tea or any hot drink was already a long standing ‘hot’ debate within both Centres, yet this debate had centred on the health and safety concerns of having hot drinks in environments occupied by young children and babies. Although there were no formal guidelines, rules or procedures about
whether or not hot drinks could be offered in groups, tea and the offering of a ‘cuppa’ varied across both Centres. In most of the drop-in and stay and play groups run in Centres, where parents and carers would bring and stay with their children, joining in activities and talking to other parents, no hot drink would be offered. In one of the Centres facilities for making hot drinks were available in an adjoining kitchen. However, parents were not allowed to bring these drinks into the session. Instead a cup of water and sometimes but rarely juice, was provided to parents at the ‘break’ time, often when children were having their snack of fruit and water or milk (as juice was frowned upon, on health grounds). In the other Centre, a cafe provided parents with the opportunity to purchase a hot drink before or after sessions. Again parents were not permitted to bring them into the groups.

In contrast, the parents attending groups which used buildings away from the Centres, for example, in village or school halls, were almost always provided with hot drinks. However, the consuming of hot drinks in these spaces usually, but not always, came with ‘rules’. For example, in one community hall parents were always offered a cup of tea or coffee as they walked in. The greeting was almost always ‘Hi there, kettle’s on what do you fancy?’ Parents and carers in this relatively poor part of town were greeted with wafts of aromatic fresh coffee, often accompanied by a biscuit or even cake. Drinks here were served from a hatch and made by a local volunteer who constantly had the kettle on and washed up, alleviating the pressure on the one or two staff members and volunteers who were then free to ‘run’ the group. This outreach group was extremely popular with parents who would not otherwise have engaged with the
Children’s Centre despite it being only less than a mile away. However, the rule was that drinks must be consumed around the hatch. Again the reasons for this were health and safety, as staff felt that this was a busy group and that there was no safe place for hot drinks to be placed away from children.

The providing of a ‘safe hot drinks space’ applied to a number of groups, with safe spaces being constructed using a range of everyday available objects. For example, one group used a selection of display boards to arrange a corral where parents could consume their hot drinks, and another a ring of exercise benches, even the upturning of tables to erect barricades was not unheard of.

_The room is very small, we have to move tables and chairs out into the corridor before we can set up. There is a small sink in the corner with facilities for making hot drinks. A barricade of display boards are placed around the area, within which parents must drink their hot drinks (Fieldnotes 12/02/09)._ 

Where an ‘enclosure’ was not provided the majority of staff would ask parents to have their drinks near the desk or table on which they were placed. However, parents would often become engrossed in conversations with one another or move to attend to their children, taking their hot drinks with them. In some groups this was tolerated by both staff and parents, whilst in others, group members themselves would remind the offending parent of the rules.

### 9.4 The exceptions to the rule

There were a number of exceptions to how these ‘rules’ were applied within Children’s Centre settings, in that they differed for a number of groups. These groups included specialist groups such as the young parents group, the dads’...
group and breastfeeding groups. Other rules applied to a variety of closed
groups which did not form part of my research, these included groups such as
Incredible Years, a parenting programme for which a crèche was provided.
Excluding the latter, the reasons for a different approach in the specialised
groups were based around two themes, nurturing and attracting vulnerable or
‘hard to reach’ parents.

The justification for the provision of hot drinks and sometimes food, usually
cakes in the breastfeeding groups, was constructed around a narrative of
‘nurturing’. These mothers were seen as ‘needing’ a drink, particularly to ‘keep
their fluid levels up’, drinks were seen as a necessity and something that
breastfeeding women ‘had’ to do. Breastfeeding a baby also meant that
mothers would have ‘not been able to get a drink’ and hence valued and
appreciated being made a cup of tea or coffee. The rationale of nurturing
therefore legitimated the providing of hot drinks to these mothers. Mothers who
were bottlefeeding their babies were not offered a hot drink when they attended
the clinic in the Children’s Centres.

Another exception to these rules were those groups which took place outside
the ‘normal’ Centre hours. For one Centre this was the dads’ group and the
other was a family group both of which ran on a Saturday morning. Both of
these groups had the aim of encouraging fathers to participate in Centre
activities, one of the target groups (Sure Start, 2008). The family group was
established after attempts to attract fathers to a group specifically for fathers
had failed. Instead this new group had had a greater degree of success in encouraging fathers and mothers to come along together. The kitchen was often the place where parents shared their parenting experiences, learned from each other and asked opinions from staff on parenting and child issues. The presence of other parents, hot drinks, cakes and other delicacies, were used to produce a warmth and level of trust that would encourage parents (both mothers and fathers) to share or ‘disclose/confess’ their worries in a very informal environment. The emphasis was on ‘fun’ in this group, as the publicity for the group highlighted:

*We recognise that parents/carers who work in the week are not able to join in on activities with their child/children at the Centre, and sometimes it’s difficult to find things to do with the whole family at the weekend. If this sounds like you and your family, come along to Fun Club, named by one of our very own children who attends! We are at the Children’s Centre every Saturday from 9.30 – 11.30 with a snack provided for the children and a tea and coffee for the parents/carers (with lovely homemade biscuits of course!) (Centre website 01/09).*

Whilst this narrative is one of nurturing there was also the narrative of meeting outcomes. Although the staff member tells me that there is ‘less of an agenda’ in the aims of this group, the ‘agenda’ is still apparent. ‘*The aim of the group is to have fun and have fun together, it’s about encouraging parents to play and interact with their children, but other than that there is no explicit aims or agenda*’ (Staff member).

Both of the above exceptions to the rule cannot be taken out of the context of the role of Sure Start Children’s Centres in meeting outcomes as set out in the

---

29 The expectation of disclosing or confessing shortcomings can be seen as a form of self-regulation whereby the regulatory gaze is turned inwards on the self (Rose, 1999).
National Indicator Sets (NIS) (Sure Start, 2008). Number 53 of the ‘New performance management framework for Sure Start Children's Centres’, which relates to the Every Child Matters outcome ‘Be Healthy’ (DfES, 2004a) requires Centres to report the percentage of infants who are being breastfed at 6-8 weeks (Sure Start, 2008). Increasing the number of mothers choosing to breastfeed and supporting those mothers to continue breastfeeding is a fundamental health goal for all Children’s Centre areas. Likewise, increasing the number of fathers who participated in Children Centre activities was also monitored within this framework.

What emerges is the offering of hot drinks as a key strategy for encouraging and sustaining hard to reach, marginalised or ‘special case’ groups to attend and participate in Centre activities. In this respect, it might be argued, that the practitioners used ‘discretion’, to ‘translate nebulous policy into practical action’ (Evans and Harris, 2004, cited in Gilbert & Powell, 2009, p.14). However, in this case there were no ‘set rules’, no prescribed policy on the offering of hot drinks within both Centres, as the decision was left to the ‘discretion’ of the practitioner running the group. Where this might arguably ‘liberate’ practitioners from the rules of whether tea is served or not, what happens is that this exercise of discretion produced what Gilbert and Powell have described as the ‘paradoxical space for the operation of power as enticing resistance and inviting surveillance’ (Gilbert & Powell, 2009, p.14). In this case practitioners are concerned with

---

30 At the time of writing there were 198 National Indicators which form part of the Local Performance Framework which are used to assess the performance of local government by central government. 16 of the 70 indicators which are ‘owned’ by DCSF are statutorily related directly to education and early years. There are nine indicators which as used to assess the work of Centres (Sure Start Unit, 2006b).
meeting outcomes which have been prescribed through the discourse of quality (Dahlberg & Moss, 2008) and which Rose described as ‘human technologies’ (Rose, 1999). Here then the exercise of discretion is not used for ‘liberatory practice’ (MacNaughton, 2005, p.44), but rather one that is underpinned by the ongoing need to make a difference in ways that produced measurable outcomes whereby the cup of tea can be seen as being located within a complex web of power relations.

9.5 ‘It is health and safety mad down there’

The offering of a hot drink can therefore, be seen as a ‘banal act’ of caring (Horton & Kraftl, 2009, p.18), a way of building relationships with parents, encouraging trust and the production of a warm and nurturing environment. On the other hand, for the majority of groups running in Centres, hot drinks were presented by staff as a risk, both in terms of safety but also in the way that hot drinks had the potential to undermine and compromise the role of Centres in making a difference to the lives of children.

There were no formal procedures, protocols or rules in either Centre that dictated their approach. Instead staff were free to decide what was appropriate practice. One of the main reasons that staff running groups in Children’s Centres gave for not providing hot drinks to parents was health and safety. The narrative of risk was frequently used by Children’s Centre staff to justify their decisions, with reference made to the danger that hot drinks posed to young
children and babies, particularly in busy groups. The main reason for not offering hot drinks to parents in groups in one Centre was given as a result of one parents request 'a few years back'. It was claimed that this parent was scalded as a child and:

Ann....... from that moment they were banned from services here (in the Centre). It was a big issue for many years cos other parents said it was part of a comfort thing that we come here to have a hot drink (Staff Focus Group 01/09).

What this hints at is that there appears to have been some resistance to this new approach and as a result the Children’s Centre 'compromised' and let parents go and get a hot drink in the kitchen if they asked someone to look after their children whilst they went out of the room. Yet there was some anxiety that this would mean parents might be away from the room, away from their children, ‘for more than five minutes’. On the whole this health and safety explanation was accepted by parents attending the Children’s Centres activities within the Centres themselves and who gave little voice to the issue. Instead this discourse was taken on board by parents and reinforced by them. The staff did not have to exercise their power but once the discourse was established parents fulfilled the role of governing themselves and others.

For groups in the Centre this did not appear to be a problem. According to staff there are few complaints from group participants who did not on the whole show any resistance to this rule. However, as mentioned, participants in the outreach group did question the rule and hence staff explored ways to provide a hot drink safely. For parents attending Centre-based groups they appeared to have less power and control over that environment, although both Centres ran parent
forums, some parents felt that they had less opportunity to make changes within the Centres. It was away from the Centres that the parents appeared to be able to voice their feelings about not being given a hot drink.

*Parent.* Another thing, because of all the health and safety stuff that they have, they’ve taken away tea and coffee and all you get is water.

*Me.* How did that go down?

*Parent.* I don’t know I haven’t been back since. *(she laughs)*

*(Parent at community group, Fieldnotes 30/06/09).*

For a group of parents that I had met previously in one of the Centres, meeting them again in the more informal setting of a Parent and Toddler group produced a different discourse from the one produced in the Centre. For them the toddler group was a different space, offering somewhere where you can ‘*relax, and just be yourself*’ *(Parent in a toddler group).* However, what is most striking in their talk is the way that the cup of tea in the toddler group represents a sense of freedom away from constraints of an institutional environment. ‘You get a cup of tea,’ ‘biscuits and hoola hoops’, ‘it is so relaxed, it’s just not health and safety mad like it is down there’ *(Parent in a toddler group).* However, this freedom is not just articulated by parents in terms of their own needs but also what they see as the benefits for children, ‘*they can be themselves*’, ‘they just enjoy playing with each other – doing imaginative play’. Hence, ‘being yourself’ is linked to the concept of surveillance and the fear of being judged against the standards of how mothers (and children) *ought* to be (see my discussion in Chapter 11).

On a later visit I steer conversations purposefully to the issue of why this group is different from what is on offer at the Children’s Centre? Again, parents placed
emphasis on the relaxed nature of this group, a space where you can be yourself and where children are free to play, ‘really free to free play’. Here the space is a ‘time for us’, where ‘us’ means the mums. This notion of ‘time for us’ is located out of the home and away from the intensity of bringing up children in the home, whilst at the same time ‘it’s like being at home’. This is particularly important in homes where parents are isolated from other people, where ‘you never get to talk to anyone all day but your toddler’. However, despite the need to get out and meet other parents, for these parents Children’s Centres offered or represented a reproduction of this intensity, a space where rules and regulations meant that they could not relax and be themselves. For some parents then it was these ‘rules and regulations’ that were regarded as barriers to settings being friendly and relaxed:

I guess down at the Children’s Centre because they are a school they have rules and regulations to follow (Parent at toddler group 18/11/08).

Expressing any level of dissatisfaction within the two Centres was practically unheard of. When parents attended Centres there was no mention of hot drinks, even when I circumnavigated around the point to elicit a response. As will be seen in the next section, the difficulty for parents was that within these spaces to voice the need for a drink exposed them as a mother who put their own needs before the safety of the children attending. Within these spaces then, the ‘good mother’ is one who takes on board the concerns for their children. To do otherwise can be seen as going against the dominant discourse of protecting children. This was further seen within the groups where drinks were allowed as long as the rules were followed and mothers themselves were active in the policing of these conditions.
9.6 The storm in a teacup

Hence the scene is set and the battle field is drawn around the tea-cup. Parents regarded the cup of tea as representing freedom from rules and regulations, it is symbolic of ‘time for us’, they wanted and felt the need for a cup of tea. However, this need was not voiced within the Centres. Staff on the other hand, were fearful of hot drinks in areas populated by babies and young children but staff also had another discourse. Staff in the Centres had a role to play, it was not enough to provide a safe space for children to play and for parents to socialise. They must also be seen to be fulfilling some sort of role, achieving some sort of outcome and collecting evidence to show that they were making a difference to the lives of children and their families. Hence for staff in drop-in groups one of the main things that they could influence, could change, was the child-parent interaction. For staff one of the underlying or ‘hidden’ reasons for not offering tea and coffee in groups was that providing hot drinks encouraged parents to socialise and talk and hence not to interact with their children. Nonetheless, parents were not always compliant with the wishes of staff and resisted. In one outreach group this played out over the year that I attended, illustrating the way that power is claimed and reclaimed by both staff and group participants, through the battle for a cup of tea.

In the drop-in group venue in question, parents had been given the opportunity to have a hot drink in a ‘safe area’. This safe area consisted of three gym benches arranged in a U-shape at one end of a hall, where parents were allowed to make a hot drink and bring it back to this enclave to drink. However,
staff had found that parents were sitting in this area with 'their backs to their children' and not interacting with them. This then led to staff trying to control the situation - they used the health and safety message and the story of the scalded parent ('from many years ago') to shift the tea drinking into the kitchen in an attempt to encourage parents to be with their children. What happened over the next few weeks was a form of resistance. Instead of parents complying with the staff's request to drink and then come back out to the group, parents squashed themselves into the kitchen to drink their warm drink whilst their children waited outside, sometimes getting upset and 'having a tantrum because they couldn't see mummy' (Staff Focus Group 01/09).

The following is a section from a group discussion with parents. There is clearly tension about the relationship with staff at the Centre and parents felt that when they went to the group together as a friendship group, this gave them some sort of strength. However this also gave rise to challenges for other parents who were attempting to join these groups (see Chapter 10).

*Jasmine.* Then they start changing things and the rules and the politics now it's just ridiculous.
*Me.* What do you mean by rules?
*Jasmine.* Well like the Monday group, we were allowed to have tea and coffee there right, then we weren't allowed to have tea and coffee around the tables we had to go in a separate area which was fine.
*Me.* What was the reason for that?
*Suzi.* I think it was because everyone was drinking coffee and not playing with their kids.
*Jasmine.* But then they moved it from being in the room to a separate area, so they made it so that everyone was outside the room and nobody was in the room so we were away from the kids.
*Me.* And was having a cup of tea really important?
Jasmine. When you are there for two hours you need a cup of tea. And the drop-in centre was again, a place where you could talk, they said that come and talk express your feelings with other parents (Parents Focus Group 06/09).

What this highlights is that parents were aware of this unspoken or hidden meaning of the role of Centres, the mother above was clearly aware that the issue was not one of health and safety but of interacting with children. For them the combination of playing with their children, socialising with other parents and having a cup of tea was possible. These parents then chose not to go back to the Children’s Centre drop-in group, choosing instead a group which was run by parents. Here the parents controlled every element of group activity, they had a budget, they fundraised, they planned activities, bought the materials and they drank tea. These were the same parents that Centre staff had constructed as ‘bad attenders’, in that they did not accept the knowledge of the staff as right and truthful or followed the rules that were laid down by Centre staff. They also corrupted or bent these rules in order to have their own needs met. In other words they did not comply, in other words they did not become ‘docile bodies’ (Foucault, 1977). They also resisted the discourse of health and safety, which was seen as protecting the child. Instead, staff saw them as putting their own needs first, that of having a cup of tea, rather than interacting with their children.

The ‘good attender’, on the other hand, takes on board the discourse that is on offer from the Centre staff and uses it both inwardly, internalising this discourse, and outwardly to ‘police’ other parents about the drinking of hot drinks. The ‘good attender’ also wholeheartedly joins in the activities and shares their
issues with staff who can then support them or signpost them to the relevant agency. Here staff perform their function in the role of governance.

Chloe. See that is the thing, it is not just about letting their children play. We are telling them to play with their children and interact with their children..... The main thing is their (the children’s) safety and if you (the parents) are chatting and having coffee especially with your back to them, who’s going to look after their children (Staff Focus Group 01/09).

Hence for staff it is not enough that parents just come to a Children’s Centre, there is an expectation of what parents will and should do once there, that is they should be encouraged to interact with their children. Not to do this means that the role and purpose of Children’s Centres is threatened, as there is a danger they may be ‘seen as a coffee morning or toddler group’.

9.7 Tensions and contradictions

However for many staff there were contradictions and tensions in what they felt parents needed and what they thought they ought to be providing. Some members of staff appreciated that offering a hot drink represented more than physical sustenance.

Sandra. There is still a need for why they go to the toddler group. If they go to a toddler group to talk to other parents because they never get to talk to other people then that is fulfilling a very real basic need. If their house is cold and they for whatever reason they don’t get any rest from the children, they find a warm environment with a hot drink and someone to talk to meet the parents … (Staff Focus Group 07/09).

However, staff had constructed their meaning of a Centre as something that was ‘more than a coffee morning’, hence distancing their services from the provision that attended to some of these ‘very basic needs’. Instead they sought
to construct themselves as something different and through the need ‘do’ and ‘make’ a difference, in this case improving the parent child interaction.

The ‘regulatory gaze’ (Foucault, 1977) is never far from the thoughts of staff in a culture of ‘outcomes-based accountability’ (Pugh, 2008). This approach was developed by Friedman in the United States (Friedman, 2005). It encourages those who run and plan services to ‘focus attention on results’ in order to:

Secure strategic and cultural change: moving organisations away from a focus on ‘efficiency’ and ‘processes’ as the arbiters of value in their services and making better outcomes the primary purpose of their organisation and its employees (Pugh, 2008, p.1).

Yet this detachment of process from outcomes is contested by others who advocate that it is necessary to highlight what they call ‘steps on the way’, in order to understand the differences that can be made to families by way of support (Berry et al., 2006; Brandon, 2006; Lightburn & Warren-Adamson, 2006a; Warren-Adamson, 2006b).

Some members of staff within the Centres expressed concern that outcomes were not being met, as can be seen in my fieldnotes extract below. Here the group is offered a hot drink during the break.

_They know they should drink it at the hatch but if they take it anywhere else then it is their responsibility_ (staff member running the group). _Parents drink their drinks around the room, they manipulate them around children and move them for others, there is a sharing of responsibility. A mum on the floor with her baby, lifts the cup as a toddler stumbles towards her, once passed she places it down again. There is a natural rhythm to it, an ebb and flow, instinctual almost. The parents are reluctant to restart the second half of the singing, they are enjoying socialising and being together. The staff member running the group is clearly anxious ‘God knows what .... (the manager) would say if she saw this group.’ I ask why, what would be_
the problem, ‘you know not singing’. I wonder if what she means is not singing, not doing the official thing, the thing that is on the timetable, the thing that is in the service level agreement, the thing that is measurable and produces outcomes? (Fieldnotes 13/02/09).

Yet this is not reflected in either Centre managers’ views of ‘the hot drinks issue’, or other strategic level staff from the Local Authority, none of whom articulated the need to ban hot drinks from Centre groups. Instead one manager regarded it as a health and safety issue in terms of if there were too many people in a group that meant that hot drinks were dangerous. It was the numbers in the group that were the health and safety issue rather than the hot drinks themselves. Another highlighted that the time in the kitchen chatting and making drinks was an important part of the process for parents to get to know staff.

_It’s this bit in the middle that seems to have been forgotten, the bit that nurtures parents, builds trust and gets to know them whilst making tea (Fieldnotes 31/01/09)._ 

Nonetheless, the need to meet outcomes is not far from this discourse. Whilst it is not expressed in authoritarian, top-down displays of power, it is integrated into everyday practices. Staff themselves had taken these discourses and enacted them within their session.

This formalisation of services has been noted in other studies of family centres which have then gone on to become Sure Start Children's Centres. Ranson and Rutledge (2005) described the disappointment that parents felt when their family centre became a Sure Start Children’s Centre. Despite the refurbishment which included a central kitchen to provide an informal socialising space for parents to meet, parents felt that services had become more formal,
‘developing procedures and rules’ (Ranson & Rutledge, 2005, p.72). For some staff in my thesis the unstructured drop-in groups were something with which they struggled. There was a feeling that they were not meeting the desired outcomes as planned and that sitting around chatting was not achieving the goals of the group.

She tells me that she is ‘concerned that this group does not seem to tick any of the boxes, you know outcomes that government want to see.’ I ask but what about the dads you are getting in isn’t that ticking those boxes? ‘Yeh that’s true’ (Fieldnotes 31/01/09).

Somewhere along the line the offering of a cup of tea had become embroiled in the need for Centres to make a difference in the lives of children and in meeting the needs of parents. It had become caught in a web of power which can be better illuminated using Foucault’s concept of governmentality.

9.8 Tea, governmentality and power

Analysing these encounters through a Foucauldian lens enables an exploration of the way that power operates as a complex web. Not directed in authoritarian tones upon passive, unyielding recipients but instead seeing power as infused in everyday micro-interactions, processes and practices, many of which become culturally accepted and hence unnoticed. As outlined in Chapter 4, Foucault (1977) in his work Discipline and Punish draws on Bentham’s prison design to construct the metaphor of the panopticon. What captured Foucault’s interest and imagination was the architecture of Bentham’s design. Built around a central viewing tower, the prisoner was aware of the potential to be observed but never sure if they were being observed. The possibility of continuous
observation led to ‘a state of conscious and permanent visibility that assures the automatic functioning of power’ (Foucault, 1977, p.201). So even when no-one is watching there is always the possibility that they are and hence power is still operating even in its absence. As such, prisoners themselves exercised power over themselves and hence the notion of self governmentality was established:

There were no more bars, no more chains, no more heavy locks; all that was needed was that the separations should be clear and the openings well arranged. The heaviness of the old ‘houses of security’, with their fortress-like architecture, could be replaced by the simple, economic geometry of a ‘house of certainty’ (Foucault, 1977, p.202).

Within these ‘houses of certainty’, power is not delivered down explicit hierarchical chains and routes but is dispersed through various processes, as it ‘automatizes and disindividualizes power’ (Foucault, 1977, p.202). It is the ‘all seeing eye’ (Hoskin, 1990, p.31) of the panopticon that is of interest here, the ability to make people feel as if they are being watched, even if they are not that is important in influencing how people act and behave.

In the Children’s Centres some parents felt watched, and judged, not just by those who they would assume to have authority but also by other parents. There was an expectation that you had to behave as was expected, or how you ought to behave and hence a feeling that parents could not be themselves. This process of surveillance is integral to the role of Centres in that it is the identification of need and the signposting of parents to relevant services that makes Children’s Centres different from other provision such as toddler groups. This restriction of not being able to be oneself is also evident in the vignette, where parents who felt that they could not be themselves within Centre
provided spaces and therefore they retreated to their own safe space. For the Centre in question these parents presented a challenge to the production of what Foucault calls teachable or ‘docile bodies’ (Hoskin, 1990, p.31).

As already outlined, Children’s Centres are about facilitating change; the outcomes of their engagement with parents is to create some sort of change in health behaviours, in approaches to education, employment or that which is most often referred to by staff, changes in the parent-child interaction. This emphasis opens the door for a critique of Children’s Centres for being too focused on ‘change’, particularly around values and behaviour (Gewirtz, 2001; Gimson, 2008). In order to ensure that parents are open to change they need to be tamed and trained into the ways that will allow them to take away the messages that are being delivered via the Children’s Centres. These small acts or ‘micro-technologies’ function as disciplinary processes in these new institutional spaces:

These micro-technologies bring together the exercise of power and the constitution of knowledge, in the organisation of space and time along ordered lines, so as to facilitate constant forms of surveillance and the operation of evaluation and judgement (Hoskin, 1990, p.31).

The battles and struggles for a cup of tea are symbolic of the struggle for control within the space of the Centres and symbolise the way that power operated. Whilst staff hid behind the health and safety discourse to justify their intervention, parents were aware of the more complex reasons and the implicit function of Centres. However, powerless to take their challenge further they voted with their feet, as others had also done in the past. Instead of parents being able to make a contribution to the way that services were run they were
positioned by a paternalistic discourse in which ‘collective action is systematically discouraged in a culture in which services are ‘delivered to individuals, like telephone-order pizzas’ (Jordan, 2006, p.131).

The drinking and making of tea (and other hot drinks) can be seen as creating a challenge to Centres in several respects. For Children’s Centres to be seen as being successful they had to evidence the difference they were making to families and in particular to the lives of children. The agenda was centred around cultural and hence behavioural change, whether that was in terms of health behaviours, attitudes to education or employment. Changing behaviour in this context might also be regarded as a project of taking the ‘other’ in order to make them ‘the same’, that is, to reproduce what has been described as the ‘normative and normalised middle-class’ (Lawler, 2005, p.431). Parents were expected to conform to the rules of the institution in much the same way that Centres are seen as preparing children for the school. But these potentially ‘docile bodies’ do not just refer to parents. Staff too had taken on board the need to change the ‘other’ to be more ‘like us’ in order to evidence the impact of their services. Thus power is not seen as one directional but a web, spread within and without individuals. Through staff absorbing the discourse of change, they too became teachable, despite a discourse of partnership, their narratives were full of the need to observe parents in order to identify those who required intervention and needed to be changed (see Chapter 11). They too were engaged in the practice of othering through the narratives that they constructed around what Children’s Centres were not, that is, coffee mornings. As a result of
this discourse the offering of tea and coffee was seen as too basic a function for them to offer in comparison to their community counterparts, the toddler groups.

As has been suggested tea and other hot drinks might be described as ‘temporal markers’ giving structure and meaning to people’s every day and improving their ontological security. This is significant where populations or groups are ‘socially suspended’, where their participation in normal social and cultural activities are reduced (Hazan, 1994, p.78). Hazan points to the ‘seemingly meaningless activities’ that can take on significant symbolic meaning such as making and drinking tea in his study of aging. However, parallels can be drawn with the lives of parents and carers of young children, particularly those who are isolated for whatever reason. Maintaining ‘control of units of meaning which have hitherto occupied only a marginal place in their lives’ enhanced wellbeing (Hazan, 1994, p.78). Centres too can have a role in this provision if they can become established in the daily or weekly routine of parents and carers’ lives. It is these parents who most often describe the Centres as a ‘life saver’.

9.9 Summary

Tea represented something that Centres were not; they are not coffee mornings (or toddler groups). The drinking of tea is closely linked to the debate about the difference between toddler groups and Centres. This is not to say that no tea drinking by parents takes place in Children’s Centre environments. Rather, it is
a controlled activity, controlled on timing and for particular reasons. As Katz et al. (2007, p.11) argue, ‘children's services in the UK are risk averse’, where staff are concerned with what they term as ‘agency imperatives’, in this case, the need to evidence the impact that services were having on outcomes for children and in particular, improving the parent child interaction. What this did was to in some way prevent staff from being able to form trusting relationships with some parents. These parents were the ones who were less likely to comply with the dominant discourse that was being offered but were also the parents who would ordinarily be the ones that Centres would construct as ‘needy’, ‘hard to reach’ or vulnerable.

Hot drinks got in the way of the expert/professional role of encouraging the parent child interaction. Although this appears to be the crux of the dispute, it is rarely expressed in these terms. Instead it is couched in a health and safety message that is inconsistent across groups and reflects another sub-theme of hidden meanings. The provision of hot drinks symbolically represented the struggle between parents’ needs and Sure Start Children's Centres needs, with the former being concerned with socialising and having a safe place for children to play and the latter producing evidence to meet government expectations about outcomes. Whilst studies have indicated that it is important that parents, particularly those from disadvantaged backgrounds, feel in control of their environments (Ghate & Hazel, 2004) the difficulty for practitioners is that relinquishing that control jeopardises their ability to meet outcomes and evidence the difference that their input, their professional expertise makes.
Whilst the parents might be regarded as powerless in this chapter, the next sees a reversal of this. Here staff regarded themselves as being powerless to deal with an issue that was extremely common in many social groups. In Chapter 10 I will explore the way that other parents, unwittingly, discouraged some parents from attending Centres, and discuss how staff felt relatively powerless.
Chapter 10 ‘Can I stomach it?’ The clique

10.1 Introduction

So far the discussion has centred on the way that different experiences and expectations of parents, users and staff, influenced how they perceived these new spaces. Chapter 7 highlighted the way Centres were constructed by those who worked in them as spaces where parents could access support and expertise through this one locale. Chapter 8 continued this theme exploring how central to the construction of these expert spaces is the use of knowledge; it is this knowledge which constructed Centre staff as professionals as opposed to amateurs. Entwined in this is the idea of change. Pivotal to the role of Centres as a space for creating potential change, particularly change that can be evidenced as making a difference in terms of improving outcomes for children, is the recognition that Centre staff too were involved in a process of change. However, as Chapter 9 has shown, relational aspects of support can sometimes get sidelined in the need to evidence this change. This chapter continues this theme to explore the tensions that occurred as parents used the Centres for a role which was of central importance to them, socialising. However, whilst this was attractive for some parents, it also created a barrier for others. The influence on participation was one that staff often felt they had little or no control over, the behaviour of other parents towards other parents through the formation of groups, or what is commonly known as ‘the clique’.

In this chapter I argue that there are a number of reasons for this, again these are linked to the way that staff had internalised the discourse on rights and
responsibilities, and the need in some way to create change. However, it is a complex issue as much of the literature justifies the inclusion of ‘others’ on the basis of improving the ‘others’ socio-economic position through the increase of social capital rather than one that prioritises relationships and the care of the other. In the proceeding sections I firstly explore the way that groups and the issue of the clique are understood from a position of what might be regarded as New Labour’s Third Way politics, where the emphasis is on the individual joining groups and forming social connections in order to improve their socio-economic position.

10.2 Understanding the clique

Much of the recent focus on the importance of group membership and social interaction has come from the literature on social capital and as discussed in Chapter 2 has formed the basis for much of the justification of interventions such as Sure Start Children’s Centres and their predecessors. Whilst the basis within Children’s Centres for seeking to attract all parents was about reducing the stigma of seeking support for parenting, as Chapter 2 highlighted, it was also about providing a ‘social mix’ for children and parents, extending their support networks and the ‘types’ of people with whom ‘others’ would come into contact. Whilst I have outlined that that the encouragement of social networks has largely been justified in terms of individual socio-economic improvements (Jordan, 2008), this section will explore the difficulties of applying this model. This is more in keeping with the critical perspective of social capital offered by Bourdieu, in that the meaning of social capital, how it is defined and who
benefits from its possession, is much more likely to ‘illuminate relations of power’ (Bruegel, 2005, in Franklin, 2007, p.10). This ‘re-socialising agenda’, Gerwitz (2001, p.366) argues, is based on the idea that social capital is seen as an asset which middle class parents already use and generate and which is ‘lacking’ in ‘the working class, or disadvantaged areas’ (Gerwitz, 2001, p.371). ‘Universalising middle class values’ according to Gerwitz, is a questionable endeavour and one in which she is not alone in problematizing ‘the silent normalcy of middle-classes’ (Lawler, 2005, p.443).

The generation of social capital was a goal for the predecessor of Sure Start Children’s Centres, the Local Programmes. The formation of self-help groups, raising and dealing with community concerns, giving a voice to those who have previously been silenced, were all seen as key ways to engage and improve communities (Williams & Churchill, 2006). Although these goals have been somewhat side-lined within the new modified model of Sure Start Children's Centres (Bagley, 2011), there still remains at the heart of Centre philosophy the idea of increasing social capital through the development of social networks (Directgov, 2010). Yet the literature highlights that for many parents accessing services and groups can be difficult due to other service users ‘gate keeping’ and controlling who can join a group (Sheppard et al., 2007). Hence, when these social networks manifest themselves as closed groups, they appear to outsiders as uninviting and are often quoted by parents for being one of the reasons why they do not attend (Avis et al., 2007; NESS, 2007) and a problem for services providers in extending their reach (Doherty et al., 2003). The formation of cliques are especially problematic if they work against the notion of
Centres being potential spaces for extending social networks (Stafford et al., 2003). Here these networks are once again implicated in the way that government operates at a distance. If the production and use of social capital is seen as essential in ‘breaking cycles’, this can only happen if those ‘networks’ allow others to join or bridge into a group. Once again power is dispersed to these networks and ‘loose assemblages’ (Miller and Rose, 2008, p34) and as will be shown here at times, groups used this power to resist, inhibit and occasionally exclude ‘the other’.

Hence, where there are possibilities in these developments to extend and promote notions of community, which are intended outcomes, there are also ‘unintended’ outcomes or consequences, especially when there is some sort of formalising process at play. Therefore when parents are encouraged to use Centres to form new friendships and support networks, ‘unanticipated consequences of purposive social action’ (Merton, 1936, p.894) can occur, that is, these groups can become exclusionary. One major factor in the development of these is what has been described as ‘imperious immediacy of interest’ (Merton, 1936, p.901). This is when the negatives outcomes are ignored because of the desire to achieve what might be perceived as positive outcomes. Hence a blind eye is turned towards the negative consequences of that action. Yet for Elias, unintended consequences are an almost inevitable outcome of all human action even when this action is intentional. It is the primacy of action within a ‘figurational’ space, where people are part of ‘networks of social relations’ which leads to these unintentional outcomes (Van Krieken, 1998, p.5). Because intentional action takes place within a social context, within these
networks of social relations, the consequences can be intentional but the outcomes are often ones that are unplanned and unintentional (Van Krieken, 2001). Yet these unintentional or unanticipated consequences need not be negative (Merton, 1936). For Elias this highlights the difficulties of any action which seeks to establish some sort of social control or social change (Van Krieken, 2001). The unintended consequences of attempting to bring parents together is the formation of the clique, with its exclusionary ability, becoming an almost inevitable consequence of promoting social networks, a process which staff in family support settings feared (Whalley, 1997).

Other unintended consequences can also be seen in the work of Grantovetter (1973) who was interested in the influence that social networks had on individuals in groups. He described acquaintances as ‘weak ties’ or fairly loose networks, whereas close friends and family were more likely to be close, tightly knitted networks, which traditionally have been described as ‘strong ties’ (Granovetter, 1983). However, it is these strong ties that may restrict group experiences by limiting alternative ways of being or seeing. In effect they act as ‘weak ties’, and as a result Granovetter, suggested that levels of tolerance and respect are negatively correlated with the strength of family ties. ‘Weak ties’ on the other hand were ‘stronger’ because they were associated with bridging closed groups, connecting them to the wider social context, and therefore opening up possibilities for new ideas and alternative ways of being. Granovetter (1983, p.205) called this process ‘cognitive flexibility’;

---

31 Granovetter extended the ideas of Rapoport through the notion of ‘closely acquainted’ to describe weak and strong ties (Freeman, 1992).
It follows, then, that individuals with few weak ties will be deprived of information from distant parts of the social system and will be confined to the provincial news and views of their close friends (Granovetter, 1983, p.202).

Granovetter’s exploration highlights the possibilities for social mobility that are created at a personal level through the development of the social networks. Hence the potential for extending social networks in order to establish these weak ties constructs Sure Start Children’s Centres as spaces where parents can meet other parents who bring them into contact with different values, attitudes and experiences. This can create spaces where parents and carers can learn from each other, not just about children but about other ways of living and being (Ranson & Rutledge, 2005; West & Carlson, 2006). However, it is here that the formation of cliques within groups has the potential to prevent social integration: the complexity of trying to formally establish groups as being beneficial and positive, can lead to unintended negative consequences. The next section will explore these tensions and paradoxes of groups within Centres.

### 10.3 Experiencing the clique

Walking into groups as a researcher was at times difficult. My fieldnotes are peppered with comments which reflect my anxieties, hopes and expectations. I regarded my previous professional and personal experiences of initiating contact and developing relationships in relatively limited time periods as a positive backdrop for this new researcher experience. However, this was not always the case. What I found was that entering groups, sitting on the edge,
observing and eventually edging my way towards the dominant circle was far from a simple affair. My research journal highlights my frustrations and anxieties as I endeavoured to be accepted by one group of parents within one rural outreach group, recording painful rejection.

The visit to the outreach group today has been a low point in the last seven weeks. I felt like an outsider right from the beginning. I had engaged in a number of conversations with parents only to have that conversation dropped mid-sentence when another parent walked in, another mum cut short our conversation to join the main group who were deeply engaged. How would this group act if I was a parent and a parent who did not fit in with their culture (rural)? Yet I am not a parent, I am a researcher, an outsider, and these feelings reflect my own ontological insecurities, my uncertainty about my new role. And although all these parents gave verbal consent to me being in the group, on a personal level I also have to consider that for these parents this may have been their way of declining to be part of the research (Research Journal, 2008).

In some respects my experience of entering the group was not that far from that of parents who also had to negotiate entrance into these, at times, intimidating spaces. On reflection, my behaviour in these often difficult and uncomfortable situations mirrored my approach to engaging those who do not use Centres in the research. I would go out to the margins, in this case the edge of the group, the chairs away from the main group. This put two strategies at my disposal, the opportunity for observation of the way that parents entered the room and/or group and to engage in conversation with others who too, were on the edge. Within the Centres I was drawn to the concept of the ‘micro-public’ (Ash Amin in Valentine, 2008, p.330), to explore the process of marginalisation. However, it also enabled me to reflect on my position within this research setting, because although I may interpret my experience of being positioned as an outsider, I must also consider that for these parents, I am an outsider, a researcher.
Therefore, the reactions of parents to my presence may well have been a way of declining to participate in the research, although none of them had voiced any objections.

Fortunately my passage into groups was more often than not smoothed by a member of staff who would introduce me to the group as a whole or to individual members. Sometimes this would open the way to initiating conversations and hearing people’s experiences, at other times the result was short lived; a quick hello, a brief silence and then a resumption of conversations, with me on the outside. It was not easy even with my professional research badge on. Therefore, how is it for those who come with babies and children, those new to the area and those old, those who are taking the plunge and entering these new spaces for the first time?

10.4 Observing the clique

*I notice that a mum has come in she has chosen to sit at the table where the older children’s activities are set out even though her baby is quite small – about four or five months old. She looks troubled and alone, there is no-one else at the table to talk to, something she looks glad of...... Later three more parents enter, one by one, they sit at the table for older children, they too have babes in arms. They look different from the other parents in the room – if I had to pre-judge them I would say they are not the usual parents you see in the centre. These three all know each other, the two younger ones joke that she only came because one of the others would and we joke about how difficult it is coming into the a room like this. ‘Especially when it is very cliquey’ one says as she nods over to the main group ‘they all know each other’. None of them use groups here at the moment, although I notice that one of them has picked up a programme (Fieldnotes, 30/09/08).*
For some Centre users having a space to sit away from the main group was invaluable. Centres were not always spaces that were visited out of choice, rather a necessity when you have young children. This was the case for the young mum in the opening of the above extract. Coming to the Centre was not something she did for pleasure but was a necessity, to see the Health Visitor, whom she felt was going to ‘have a go at her’. She therefore wanted somewhere to sit quietly, somewhere she could ‘just listen’ rather than join in. This perspective was something that staff were aware of and acknowledged, ‘not everyone wants to be part of the group’. For others too, acknowledging the clique did not indicate a desire to be part of the main group, in their words, the ‘cliquey group’. However, the presence of the group made it difficult for them to come into the Centre individually on their own. Instead they formed their own ‘clique’ by bringing along their own friends. 

From the above extract one might question my highly subjective descriptions of these parents in my fieldnotes, they are ‘not like the other parents’, they ‘look different’. Without doing these parents justice on my part I have failed to describe exactly how they are different and in what ways they look different. One member of staff once described members of the main dominant group in the Centre as ‘yummy mummies’. They and their babies wear smart ‘designer’ or surf wear, they tend to have new baby equipment and their talk in the Centre also reflects this consumption discourse. These ‘long term, low-need parents’ (Sheppard et al., 2007, p.8) used the Centre largely as a base for socialising, as ‘friendship centres’ (p9). This reflects the tension between providing universal
services whilst at the same time ensuring that targeted services are directed at those who needed support.

_I chat with the other mum – it has been many years since she has used services and she tells me that it has changed a lot. ‘I came last week and was really unsure of what to do, there was no-one to show me where to write my name, I just didn’t know what was expected and today when I came in I thought that it was a private group because of the group at the end looking as if they were on their own, which makes it hard to join in.’ She tells me that she is a ‘professional’ and so she isn’t shy of joining in and mixing but she did feel hesitation and confusion when she arrived last week and this week (Fieldnotes 30/09/08)._  

This description of the ‘private group’ on that day was not based just on the fact that there were a large number of parents sat around on the carpet, as this might indicate. Rather when people entered the room the group were so intense in their own discussions, that they did not notice new members arrive and so did not appear to be open to new membership. This confusion about whether it was a ‘private’ group was echoed by several parents. Some mothers described entering the room and how they almost physically took a step back, a hesitation, so vivid is the image of this ‘private’ group. One of the difficulties was that the group described above was one that met in a drop-in session health clinic. Therefore there was often no member of staff present in the group room and hence they were ‘on their own’. Staff were in the session but their role was to weigh babies and give one-to-one support to parents. On occasions when a member of staff was present, they were busy ensuring that all the clinic attenders had registered with the Centre. The mediating role of a staff member was therefore absent and this lack of Centre presence may well have led parents to assume that it was a closed or ‘private’ group.
Typically Centre staff saw those that struggled to become part of the established group as in some way ‘weak’. They often identified them as having low self esteem and self-confidence and therefore needing some intervention that would remedy this deficit for them to become part of these successfully integrated groups. However, for the mother in the above passage, she did not have any of these issues. She told me that she usually felt confident when joining new groups and yet described being anxious when confronted by this large group. Many of the mothers that I observed in groups, were anxious when entering the group, some described how their anxieties continued even after entering.

(In my fieldnotes I record a conversation with a mum who is attending a Children’s Centre run drop-in). There had been some issues in the group, which had created tension and had led to some parents not coming to the group as a result the numbers of new parents had dropped off. She tells me that there was only one new family who came last week and that no-body included her in their conversation. Only the staff talk to her here (Fieldnotes 11/06/09).

On entering mothers would hesitate to open the door, look anxiously around for familiar faces, or indeed a member of staff. If none were found they would use their children as a shield as they tried to decide what to do next. Toddlers and mobile, young inquisitive children enabled parents to get involved with their children’s play; imaginary cups of tea made, books read, and puzzles completed. Yet these anxious parents often stayed on the edge of the group, rarely talking to anyone apart from me, another ‘marginalised outsider’. Even when I met them six months later they continued to be physically positioned on the edge of the dominant group. However, they regarded their experience of the group as ‘better’. This was to some extent helped by the formation of
friendships with other parents who they had met but who again were not part of the main group.

For some parents being in a group is uncomfortable, involving pushing themselves, doing it for their child rather than themselves, especially when you feel like you do not belong. These sentiments are reflected in the following words of parents,

*Sally. I have been down (to the Centre), but I am one that sits on your own, you sort of get groups that sit together, that sort of puts you off a bit really........ I find the parents there quite cliquey, which you don’t at the toddler.’ (Parent Interview 03a).

*May. I’m not very good in groups, I really didn’t want to go......Unless it is something I really, really want to go to I won’t go..... because I am comfortable with the group I go to ..... (names a toddler group) now, I wouldn’t push myself to go to anything else.... (Parent Interview 06a).

*Olivia. Yeh, I think I have had to push myself to go to groups and would may be say that I have stayed at some groups longer than I have felt comfortable because I feel I ought to be there for Ben, but yeh the idea of trying to go somewhere else new has made me stay where I am rather than .... so yeh I am doing it for Ben rather than for me (Interview with Parent, 11a).

*Rosie. The staff were nice, they showed me round but they didn’t introduce me to other parents and they (the other parents) were all talking to each other.... I left my phone in the pushchair and I was afraid to go and get it. I did ask someone in the end to keep an eye on the little one whilst I went to get it but it took me ages to pluck up courage to ask (Parent Focus Group 12/06/09).

Whereas these comments reflect the experience of those who felt themselves as ‘outsiders’ to the main group, the role of the ‘established’ participants in maintaining these positions is explored in the work of Sheppard et al. (2007). In their study of a Sure Start Centre, participants or ‘established’ users, restricted
access in a variety of ways. Although established users saw the Centre groups and themselves within it as ‘friendly’ and almost like ‘a family’ (Sheppard et al., 2007, p.6), there was an expectation that new members needed to ‘fit in’, either by sharing cultural values or complying. One of the issues that this work highlighted was also the implications of the Centres being used by many ‘low-need parents’ in a socialising capacity, and who used the Centre as ‘social centres’ (Sheppard, et al. 2007, p 9). It was also these parents who dominated the groups. Conversely, higher need parents were also the ones who were marginalised. Whilst Sheppard et al. argue that for those concerned with the smooth running of groups in some way may feel relief that families, particularly those with ‘difficult’ children do not attend, I would suggest that cliques represent a successful Centre in terms of consistent numbers attending groups. Where staff had a heightened concern for reaching and evidencing that their Centres were well used, they were almost disempowered to deal with or manage the clique as they were fearful that they would frighten off these parents. As will be seen in the next section, the ‘naturally’ formed group was constructed as unproblematic by staff. It was seen as natural. It is only when these groups started to exclude others by ‘judging other people’, and become ‘intimidating cliques’, did they then become a problem worthy of intervention. Until this point arose staff on the whole felt helpless to intervene in controlling group formation in the Centre.
10.5 Centres as spaces of interdependences

The importance for parents of supportive networks cannot be understated and was regularly expressed by parents. The Centres were both a place to meet others and develop friendships that often outlasted their contact with the Centres.

*The two mothers have both tried the Children’s Centres, they went to a group for new parents there and made lots of friends and ‘now we just all meet up away from there. I think there is a lot of that that goes on, you know meeting in each other’s houses, that’s what we do a lot of isn’t it’ (to her friend)* (Fieldnotes, two parents at a toddler group, 04/12/08).

Children’s Centres offered a space to make friends and extend social networks. However, this can bring about unintended consequences, as a group of friends meeting together in the shared space of a Children’s Centre may be perceived as a clique by those who are not part of the friendship group. Yet away from the Centre or shared space this would be fairly unproblematic. Whereas in the Centre space there is an expectation that these shared spaces create the possibility for new friendships and new support networks to be constructed. This relational expectation is constructed in both the publicity material of the Centres and in the narrative of staff. Leaflets and publicity materials emphasise the ‘friendly place to meet other parents’, ‘a place to meet other mums’ and ‘get to know other families’. For staff, the Service Level Agreement too sees the potential of spaces to ‘increase social networks for parents’ (Service Level Agreement with the Local Authority’, 2009). This raises the expectation for parents that Children’s Centres are potentially where new parents can relax, make new friends or extend their own support networks in ‘friendly environments’. Hence, Centres can be seen as potential spaces of
‘interdependence’ (Valentine, 2008); there is the hope that bringing together those from different backgrounds and cultural groupings will help to increase tolerance and reduce prejudice.

Centres provide this opportunity for interdependences, particularly through the model of the universal services in which all parents are invited to mix together. This is what Allport refers to as the ‘contact hypothesis’ (1954, in Valentine, 2008, p.323). However, this is disputed by Ash Amin, whose research on racial prejudice conducted in three Northern towns following racially motivated disturbances. He argues that bringing people together is not enough in itself to bring about a change in cultural tolerance. Instead what is required are ‘spaces of interdependence in order to develop intercultural understanding’:

These ‘micro-publics’ include: sports or music clubs, drama/theatre groups, communal gardens, youth participation schemes and so on. They represent sites of purposeful organized group activity where people from different backgrounds are brought together in ways that provide them with the opportunity to break out of fixed patterns of interaction and learn new ways of being and relating (Amin, 2002 in Valentine, 2008, p. 330).

Valentine (2008, p.325) on the other hand takes issue with what she terms this ‘naivety’ that ‘contact with others will necessarily translate into respect for difference’ even when this is meaningful contact. Instead it can sometimes have a detrimental effect’. In particular she gives the example of the ‘institutional space of the school’. This is important when you consider that the argument often given for universal services is the impact of mixed social grouping on improving educational outcomes for children. For Children’s Centres there still exists the opportunity for segregation and ‘fixed patterns of interaction’, the danger is in assuming that the creation of these spaces is enough in itself to create ‘new ways of being and relating’. The tolerance of the cliques and the
inability of staff to deal with them, in spaces constructed with the purpose of bridging community difference, is an example of not only this naivety but also one which has the potential to increase the marginalisation of the outsider. This is important because of the discourse of empowerment in staff talk, which located the outsider as problematic.

If we are to produce meaningful contact between majority and minority groups which has the power to produce social change, this gap needs to be assessed. We need to find ways in which every day practices of civility might transform prejudiced values and facilitate liberal values to be put into practice (Valentine, 2008, p.330).

If Centres see themselves as enhancing parents social networks, exposing them to new ways of being and learning from each other, connecting and bridging those who are more marginalised becomes a priority. Cliques may not only be regarded as a barrier to parents participating but they may themselves, work against the goal or outcomes that Centres are working towards. Hence, Granovetter’s (1973, 1983) work on strong and weak ties can be challenged here, for it is those outside the group that would most benefit from developing weak ties with the dominant group, rather than the dominant group needing to branch out and access new social networks. For the dominant group there was no perceived benefit in allowing those outside to join their group.

10.6 The narrative of the natural: Barrier to solutions?

The vast majority of adults will have experienced ‘the clique’ in some shape or form, whether from outside or inside. The frequency of the experience has in some respects led to cliques being constructed as a ‘natural’ phenomenon, something that naturally occurs when groups of acquaintances, friends,
associates with something in common, get together. This naturalising discourse is highlighted by both parents and those who worked in the Centres,

Me. Have you experienced them (cliques) in other places?
Molly. Erm, not so much and to be honest I didn’t really go to toddler groups because I was expecting that to happen, do you know what I mean.
Me. So it put you off?
Molly. A little bit and I suppose that is just human nature isn’t it? You know these things happen. And I suppose when you are busy as well, you sort of think whether I can stomach it.
Me. If you think you are going to have a negative experience then why bother going?
Molly. Yeh that’s it. (Parent Interview 02b).

This mum says that she has not had experiences of cliques because she chose not to go to toddlers because she feared that this is what would happen, that she would feel left out. She therefore deliberately chose not to put herself in potentially negative spaces because if cliques naturally occur everywhere they were bound to occur in the toddler groups. For this mum there was an expectation that groups would naturally split into cliques, ‘it’s human nature’ and ‘you know these things happen’. There is an inevitability in this mother’s talk, knowing these things happen is the barrier for her attending. One might say a presumption, rather than an experience, but for this parent the presumption was based on some experience as she worked in an early years setting herself. She saw little value in taking her daughter to groups in which she would feel uncomfortable; they did not offer quality time with her child. Instead she chose to stay at home or meet up with friends on the three days a week that she did not work. Whilst this might be a narrative constructed to excuse herself from taking her child to the group, it was one that was echoed by a number of parents and particularly from those parents who had tried to use Centres but had not returned.
For other mothers, these cliques were located within a local historical context in which knowing people from school, the groups that had formed there and stayed together, now formed what parents who were outside these groups regarded as cliques.

_Linda....to be honest the group of girls down there, not the staff but the other mothers, were very, very cliquey .....especially when it is people that you have known from being youngsters ... you still have that view of them from when you were at school_ (Parent Interview 04a).

These groups appear imbued with 'social inheritance' (Kvalsund, 2000, p.420), already formed as a result of earlier experiences and acquaintances at school (Valentine, 2004, 2008). Valentine claims that community tolerance and respect is deeply rooted in the history of the community (Valentine, 2008), and that this history must be taken into account in order to tackle prejudice and intolerance.

The historical heritage of groups within the Centres, not only gave solidity to the groups but it also reinforced the perception of group formation by staff, and to a large extent limiting their role in managing the cliques.

_Barbara. And the thing is the faces change but the kind of group it is remains the same, it is different people but similar type of people and they are always ‘are you coming to so and so are you coming to so and so’ and if you were that person there you would be thinking gosh they come to everything! And they all come together. It might just put you off completely. But I don't know how you overcome that it is a natural occurring phenomena_ (Staff Focus Group 01/09).

For groups of parents who met in the Centre and who already had a history of friendship away from the Centre, staff were at a loss on how to handle their presence in the Centre, even when this was deterring other parents from attending. They were torn between allowing the Centre to continue to be used in this way and trying to enable those more marginalised members of the community to attend.
Encounters never take place in a space free from history, material conditions and power. The danger is that contemporary discourses about cosmopolitanism and new urban citizenship, by celebrating the potential of everyday encounters to produce social transformations, potentially allow the knotty issue of inequalities to slip out of the debate (Valentine, 2008, p333).

There are two points to make here, one is that in dealing with these challenges, staff fall back on a neo-liberalist justification of the individual’s right to choose to use services (Moss, 2011). Hence the need to change falls on the other. Rather than acceptance and respect, there exists a need to change those who are marginalized and not like the others, to change them into something more like ‘us’. The neglect of the issue of inequalities as Valentine suggests, does indeed ‘slip out of the debate’. However it does manifest momentarily in the focus group below, as staff talked about having different groups for ‘different types of parents’.

_Tanya_. You were saying about having a session for different types of groups, ‘they have got one, so I want one’, you are automatically putting cliques into those groups because you are saying something about different families lifestyle. You need to, in my opinion have one group that is available to everyone.

Joy. Just encouraging....

_Tanya_. Yes, encouraging people to interact.

_Lisa_. But not everyone is going to get on all the time are they?

_Abbi_. You can’t force people to be friends with you, cos you know yourself ...

_Tanya_. No but, like we had that incident a few months ago. Now, there is a difference between turning nasty and intimidating and you have got to be inviting to people who are new, to introduce them to people and that is our role as staff.

_Sheila_. And to recognise when there is one forming (a clique) and to...

_Carrie_. Cos I think that people in cliques don’t recognise that they are in one,

_Tanya_. They seem like a natural thing and if you have been going for 10 weeks you are obviously just going to talk to people you know well. I think there is just the difference between a cliques and some people....
Barbara. I don’t know, I think that some people are, and we have witnessed it, where they are vocal about it. Carrie. You know we had that discussion about when people become familiar with the Centre and is very comfortable and then you forget, not as staff but as a user, you forget what it is like to walk through the door for the first time. Barbara. And this school thing, where, you have known them since they were at school, I think that is really powerful as well. Abbi. But what can we do about that, we can’t stop people from coming down together and being friends, they have grown up in the same community. Joy. And lots of people do grow up here and never leave, and it is an issue. Carrie. I think all you can do is to build up that person’s self esteem and self confidence because then they won’t mind if they have been to school with somebody will they, if they have somebody who is an ally, buddy, friend, colleague? Then perhaps they wouldn’t see it as a problem (Staff Focus Group, 07/09).

The solution most narrated by staff on the issue of cliques placed the emphasis on the ‘outsider’, the ones who struggled to enter the group. It is the ‘outsider’ or ‘the marginalised’ who needs to be enabled to come into the group. Such is the power of the large group within the Centre and the success that they represent that the emphasis is on the outsider rather than members of the established group to make the change. These large groups would sometimes populate the Centre in great numbers, meeting at the clinic or singing group and then going into the café for lunch. At times they outstayed their invite in groups or clinics as staff struggled to tidy-up and make ready for the next session. One solution that had been mooted was that of offering different sessions for ‘different groups’. However, this is dismissed as increasing segregation rather than encouraging integration. This encouraging of integration is interpreted as ‘forcing people to be friends’, taking the role of increasing interaction a step further. Once again this is brought back to a more moderate and workable outcome for not marginalizing those who do come to the Centre.
Although not elaborated in this discussion, the staff in the above passage are referring to an incident that happened in the Centre, and which had brought the management of cliques to the forefront of their attention. Although I was not present when this had happened, it had been brought to my attention in my conversations with staff. This incident involved a number of frequently attending mums at a group, who ostracized another mother who they regarded as an outsider, ‘not like them’. The mother and her child were visually suffering from poverty, in both their appearance and what other parents judged as a poor standard of hygiene. What transpired was the group of parents together ensured that at snack time, their children would receive the fruit before the child of this mother had the opportunity to touch it. As can be seen in the above passage, staff were caught between two opposing discourses, the ‘natural’ and ‘harmless’ and that of the ‘unnatural’ and ‘destructive’. However, the final remark is telling, in that it is once again those parents who are marginalized or somehow seen as outsiders who are problematised. This discourse of improving self esteem, often described as ‘empowering’, is located within a deficit position, one in which exclusion ‘can be reversed by equipping them with certain active subjective capacities’. By encouraging individuals to take control and responsibility for their own lives, the ‘emphasis is on strengthening the capacity of the individual to play the role of actor in his or her own life’ (Miller & Rose, 2008, p.106-107). The problem here was that indeed the parents felt empowered to take control of a situation that they felt needed action in protecting their interests, their children. For this parent to be included she needed to have shown that she was willing to become more like the ‘other’. Rather than respecting the ‘other’ the main group members sought to further
marginalise her. Whilst the staff dealt with the issue by ‘having a word’ with the parents concerned, it is clear that enabling others to come to groups lies with the individual and located within a neo-liberal discourse of choice.

10.7 Summary

In constructing themselves as spaces of potential connectivity, spaces where parents and carers are encouraged to extend their social networks, both Centres had created spaces where parents met and gathered, often giving positive, mutual support to each other. However, encouraging the increase of social networks had in some respects produced the ‘unintended consequence’ of ‘the clique’. These were groups of friends and acquaintances, who often had their roots in friendships made in the Centre and in historical settings of schools and the community. Whilst these groups were able offer support to those members within the group, for those outside, these groups were perceived as problematic.

The dangers of letting cliques dominate spaces are not just that they may deter new participants from using Centres but they are also in danger of working against the role of the Centres in bridging social divides, promoting social cohesion and breaking cycles of deprivation. If these groups had what Granovetter (1973, 1983) described as ‘strong ties’ they offer limited opportunities for group members to bridge into other groups which might extend social networks. These cliques then limit the possibilities of extending experiences. However in Centre settings ‘cliques’ were more often large groups
of ‘low need’ parents, equipped often with good social capital and therefore good access to social networks. The benefits from developing social networks were for those on the outside of the group. It was outsiders that had most to gain from developing ‘weak ties’. The unintended consequence of group formation, was the formation of the clique, which had the potential to deal a heavy blow to the aspirations of Centres who sold themselves to new and potential service users as spaces of ‘interdependence’. That is, spaces where parents would be welcomed and included, where they would have the opportunity to meet other parents, to socialise and to learn from and help each other.

Yet staff endeavoured to establish Centres as spaces of possibilities, and engaged in a dialogue that valued the role of encouraging parent-to-parent support. Nonetheless, for Centres to claim that they present ‘interactional’ opportunities is not enough to create connective possibilities. Where interactions with others are not ‘meaningful’, there is a tendency for ‘tolerance’ to be misrepresented as ‘change’. Children’s Centre staff failed to recognise their role for engaging participants in ‘meaningful’ contact with each other. As a result segregation and othering continued. The process of encouraging all parents to use the Centres had also resulted in an unintended consequence, where marginalised parents, the very parents who Centres sought to attract, were sometimes further marginalised. This had the potential to widen rather than narrow the gap of social polarity that Sure Start Children’s Centres were supposed to address. It also reflects the debate which has been at the root of Sure Start Children’s Centres from the outset, the tensions created in offering
services within a ‘progressive universal’ model, whilst targeting those who need further support by encouraging all to attend.

Like cliques around the social world, group membership in Sure Start Children’s Centres represented something of a paradox. Large, happily interacting groups represent an image of a successful Centre meeting its intended outcome. Staff used a naturalising discourse to describe their frustrations. However, they also used an individualising discourse that placed the outsider as the one who needed to make change. These empowering discourses reflect the way that staff internalised dominant political discourses which placed the emphasis of change on the parent. Rarely was the issue addressed with the groups themselves, rather there was a tendency for staff to follow the normal course of group formation within the Centre. Whilst some members of staff felt able to challenge parent behaviour, others felt more helpless and preferred to use the narrative of the natural to limit their interventions. Hence, the frequency at which cliques appeared in social contexts enabled them to operate as normal; their formation is seen as a result of everyday social interactions in social contexts. This is exacerbated by the fact that the numbers of parents passing through Centres are a measure of success and therefore there was a tendency for staff to tolerate cliques on the basis that they not only present a picture of success but they feel they are limited in their management of them: the ‘imperious immediacy of interest’ (Merton, 1936, p.901) is evident. The need for spaces to socialise for parents is an example of the potential for Centres to make a difference, but only if they engage in the sometimes painful debates about their role in power and difference. The theme of parental influence on other parents
continues in the next chapter which presents the final results from the analysis of my fieldwork. Here the role of the Centres in making a difference in a space where parents came to socialise and the difficulty of engaging with ‘formal services’ is explored.
Chapter 11 ‘Keeping an eye on families’ or ‘making mountains out of mole hills’

11.1 Introduction

Judging and surveillance has already emerged as an important theme from my analysis, particularly in Chapters 8 and 9. In this chapter I would like to take a closer look at this theme in relation to how need is assessed within universal Sure Start Children's Centre services that are provided for all parents. As I have already outlined the justification for the provision of universalised services was, in part, to reduce stigma. The hope was that by encouraging all parents to use services, those most ‘in need’ would feel comfortable in attending. However, this thesis argues, that another reason is that in order to assess parental capacity to parent, parents need to be seen parenting. Children’s Centres offer the space for this to happen.

11.2 Universalising support: Creating a culture of observing

Mothers, the family, and more latterly parents, have been positioned as problematic in various discourses of blame over the last century in what might appear as the ever increasing social ills (Ehrenreich & English, 1979; Phoenix et al., 1991). Whilst the discourse of the ‘problem parent’ has a long history, this has accelerated over the last thirty years, since Charles Murray’s ‘underclass’ thesis and the ensuing moral panic associated with changes in family structure and fears of increasing dependency of young mothers on society (Murray,
This discourse remains evident in the need for political intervention in the family.

Indeed, an outsider tracking the thrust of policy and practice development over recent years might be forgiven for concluding that we as a nation had decided that almost any social ill - poverty, social exclusion, crime and anti-social behaviour, poor educational attainment, poor mental and emotional health - could be remedied by improving parenting skills (Moran et al., 2004, p.14).

Within the ‘third way’ approach of New Labour, the family was positioned both as a private affair and also one that required surveillance and intervention. It is the ambivalent position between these discourses of the private/public, intervention/hands off, socialist/neo-liberalist values, that had the potential to create tension (Ball, 2008a; Piper, 2008). Whilst the family continues to be viewed as a private affair, intervention from outside is given justification depending on need. However, what can be seen over the last ten years has been a re-defining of who is in need.

With the election of Labour in 1997, there was a more empathetic tone, acknowledging the difficulties or ‘challenges’ of parenting (Home Office, 1998). Hence, parenting has been reconstructed as something that all parents at some point will struggle with, and will need support (DCSF, 2010). This discourse however, has to be viewed alongside the increasing importance placed on early childhood within the social investment state model (Hendrick, 2009). This support agenda also reflects a wider political agenda of reducing social exclusion and so supporting parents is constructed within a wider communitarian aim (Gillies, 2005). Prioritising early life as a phase which can make or break life chances promotes the need for government intervention.
What can be seen is a discourse which promotes the notion of ‘support for parents’, through early intervention, in order to prevent problems from developing or escalating and therefore becomes associated with greater future costs.

Parents often need help to ensure that small problems in a child’s behaviour or development do not grow unchecked into major difficulties for the child or the family. By learning better parenting skills, they can help to improve their child’s health and educational attainment, as well as their own confidence and self esteem (Home Office, 1998, p.5).

However, along with the more considerate tone of ‘rights’, a right to support and advice with parenting, is a condition of ‘responsibility’. Parents have a right to support as long as they are responsible in their parenting. ‘All parents – fathers and mothers – have the right to support from government to enable them to meet their responsibilities if they need it’ (HM Treasury, 2007a, p.5). Where parents are not responsible in their parenting there must be intervention, and the earlier the better in order to minimalise the risk.

Preventing poor outcomes from arising in the first place benefits children, young people and families directly. In addition, failure to prevent problems impacts not only on the family but also society more widely, for example in lost economic contributions, poor health, and the effects of antisocial behaviour (HM Treasury, 2007a, p.5).

The solutions reflected in Ed Balls’ statement above once again reflected the ‘third way’ which presented an individualised, private solution to something that, if went unchecked would become a public problem. Hence a ‘pedagogic consensus that expert knowledge and intervention should be the norm’ (Edwards & Gillies, 2004, p.632). Pedagogicalising parenting ensures that parenting is something that can be taught and improved upon; self improvement
and increasing self esteem are then also located within the discourse of improving communities.

Similarly, the ‘Every Child Matters’ agenda also applied a universalising discourse to all children. Parton (2006, p.986) argues that this is ‘framed in such a way that any child, at some point in their life, could be seen as vulnerable to some form of risk’. Hence the notion of universalising services enabled the focus to potentially fall on all children. And hence Centres too are positioned within this discourse,

Universal services were conceptualised as offering early (primary) intervention to prevent the emergence of specific risk factors. It was therefore important to ensure the integration of universal, targeted and specialist services. Risk was seen as a pervasive, potential threat to all children (Parton, 2006, p.986).

Yet where the dominant discourse is one that sees parenting as a challenge for all parents, problematizing parenting constructs a challenge for government and for practitioners, one that is rarely discussed in the literature, capacity. Children’s Centres were relatively small given the size of populations that they served, therefore, capacity in the system was limited and some form of targeting needs was required to take place as financial and budgetary constraints meant that not all parents would be able to access support on equal terms. Hence, what underpins this approach is the ability to identify those who need extra support from those who are managing and hence those who are not. The process of identification however, is rarely discussed in relation to what influences parents to engage or not to engage in Children’s Centre services.
11.3 Help seeking and stigma

As Broadhurst (2007) identified, it is normal for parents to seek support for their children over issues such as health. However, other issues, such as children’s behaviour, life style choices and parenting issues, remain sensitive. This she claims has resulted in different help seeking rationale and behaviour. In this study which explored the way parents viewed help seeking, parents only went outside the family if they had nowhere else to go for support. However, this was not based on the severity of the problem but on not having a social network to support them. Broadhurst (2007) suggests this notion of need as being ‘no-one to turn to’ is one that is a social deficit rather than a parenting capacity deficit, and therefore, one that does not create the same concerns for child welfare and long-term outcomes. This need for social networks and Sure Start Children’s Centres as being spaces in which parents can find someone to turn to is disputed (Sheppard et al., 2007). What is beginning to emerge once again is the repositioning of the importance of the relational aspects of parenting support which has been neglected or sidelined as the focus on producing hard outcomes has been given precedent over the softer aspects of provision.

One of the greatest challenges of encouraging parents to seek support has been overcoming the stigma that has been associated with supporting parents who need extra help. This remains a concern for many parents today. Therefore, constructing a discourse that acknowledges parenting as a challenge for all parents was an attempt to normalise support and support seeking (DfES, 2006b, 2007). Relocating early years health services into Children’s Centres
has been one attempt to draw on these established normative routes to support parents (Broadhurst, 2007). As previously outlined, both of the Centres within this study had health teams located within in the Centre. One Centre had recently had a new extension built to house the health visitor team and had been running a clinic in the Centre for many years. The other Centre had a ‘health team’ which included a health visitor and other dedicated family support staff who had a special interest in health. However, it was only during the course of the project that all of the health visitor clinics in the town were relocated to the Children’s Centres. These health clinics or ‘weigh-ins’ as they were called locally by mothers are a typical ‘universal provision’ held in Children’s Centres, hence open to all parents. Although these health clinics were predominantly used by mothers with newborns, and most typically first time mothers, there was an effort to extend these clinics to all children. Other universal services on offer at both Centres included drop-ins, or ‘stay and plays’ and other groups which parents had to book in advance but which were not based on identified need. It was from these services that it was hoped that parents with additional needs would be identified.

11.4 Performing progressive universalism: Policy in practice

The concept or principle of ‘progressive universalism’ as applied to early years intervention is a reflection of the Labour government’s overall approach to welfare reform since 1997. Such ‘unifying of concepts’ as progressive universalism can be seen across the ‘package of technologies - mechanisms of change’ (Ball, 2008a, p.101). These are not only applied across different
government policies through departments ‘joined up thinking’ but are also ‘converging’ across different nation-states (Ball, 2008a, p.18). Hence, the concept has become embedded within the discourse of policy documents; guidance for service providers has slipped into the language of practice, unchallenged and accepted. Interestingly many of the practitioners had never heard of the term ‘progressive universalism’. However, they did understand the concept in relation to their everyday work with families.

Applying the principle of progressive universalism with regard to early intervention was a means of tackling the stigma that was associated with supporting parents who might be struggling. However it is also a means of legitimating the targeting of those parents who were in danger of bringing up children who were at risk of poor outcomes. By promoting support for all through a discourse of universalism, the hope was that support for parents would be normalised and therefore de-stigmatised, whilst at the same time parents and children with additional needs would be identified for further support. However, the motive for support has to be viewed in the context of the social investment state (Clarke, 2006; Hooper et al., 2007), which has a specific purpose of inviting all families so that ‘those children and families who need ... additional support to address the persistent gap in outcomes between the lowest and the highest socio-economic groups’ (HM Treasury, 2007a, p.5) will be identified. This emphasis then calls upon all parents to participate in some form of universal service; parents had to attend in order to be seen, to be observed and thus identified. Therefore it will be argued that the process of identification also requires ‘surveillance’ under conditions that make parents’
needs visible in some way. As such, Children's Centres provided a panoptic space (Foucault 1977). The construction of these new parenting spaces I will argue enabled the private to become public.

11.5 Universal and targeted: Profiles and pressures

My interest in the role of Centres in terms of identifying those parents, families and children who required additional support had been prompted through my observation and participation in ‘universal’ groups such as the stay and plays, the singing groups and other groups that were open to any parent regardless of need. Other data drawn on here are the interviews with parents, both informal and more formal, who were both users of Centre services and non-users. I also draw on the staff focus group data as well as interviews with other members of the management teams.

During the course of the 18 months that I participated in the Centres, I became aware of an increasingly dominant discussion amongst staff as they went about planning the timetable of groups and activities that were to be provided. Through the production of local area profiles the Local Authority who managed both Centres were increasingly drawing the Centres’ attention towards the need to target their services to those families who were at greatest risk of poor outcomes for children. These local profiles were discussed in the staff meetings of both Centres and were used in the monitoring and evaluation of the work of the Centres by the Local Authority during their ‘Annual Conversation’, a quality
audit review. Hence both Centres were keen to ensure that they took these profiles into account when planning their services in order that they would meet outcomes which evidenced that they were making a difference to the lives of children and families.

Unlike the original Sure Start Local Programmes, Children’s Centres were not issued with specific target figures. Instead improvements were to be made against their own local profile details (Belsky et al., 2007). This local and Centre specific information was then used to identify need and to plan services within the locality. Centres used the profile information in order to construct their annual service plan, highlighting to the local authority and their governing bodies the ways in which the services on offer in the Centres had taken into account the needs of the local community (based on these local demographic statistics rather than asking parents what they needed). Through the services provided, Centres were then expected to show that these services had had an impact on those profiles.

The importance of Centres using local demographic profiles to target the work they are doing can be seen in the following interview extract below.

LA. Children’s Centres have got profiles so they will know the number of workless households or the number of lone parents. We also meet with our partners who give facts and figures on the numbers of jobless households. So we said to Centres what are you doing about that and a lot of their plans were very weak for links with Job Centre Plus.......... And there is an expectation that you (the Centres) will be looking at that throughout the year. So when you are looking at your stay and
plays it is not just about those parents accessing, it is about how many of those parents are in workless households or do you need a separate group, what do you need to do?

Me. So being in a workless household would be an indication of them needing support rather than them coming saying they needed help.

LA. Yes (Interview LA Staff Member, 04/09).

Through the provision of these local profiles there is an expectation that Centres will use them, not only when planning targeted services but also when Centres are looking at who uses universal services. By identifying how many or what percentage, for example, of workless households there are in an area, local authorities then judge Centres on how effective they are in working with other agencies such as JobCentre Plus to reduce the number of non-working households in their area. Whilst the above profiles give percentages they did not give details about who these families were or where they lived, something which Centres constantly complained made their work of targeting services almost impossible. This issue was especially problematic concerning health data, in particular not knowing where new birth families lived. Working with other agencies such as Jobcentre Plus gave Centres the means to explicitly identify those children who lived in a non-working household as being in need of support. Identifying families via a third party route gave Centre staff a less intrusive route to information which many of them found uncomfortable to seek out. Rather than staff having to ask parents themselves, families were identified by other agencies and information shared with Centres.

Nonetheless, Centre staff were aware of the need to identify those parents and carers who fitted these profiles within groups. Whilst parents were required to fill in a registration form which asked for basic and other personal details, staff
were constantly aware of the need to be vigilant to parents’ changing circumstances. Staff did not always agree with the use of categories to identify those who were in need of extra support and in this case they resisted dominant discourses of who should be targeted.

Sheila. The number of families that we see where the children are witnessing domestic violence and the mother and father are absolutely you know, he is a pillar of the community but it is going on behind closed doors. What about them? There is a high percentage of them around.

Hayley. Yeh, like the working family where she is postnatally depressed and she is working.

Sheila. But there are other families that you would look at and think ‘hard to reach’ because they are unemployed or they on their own but actually their children are really well cared for really loved and that is stereotyping and that is wrong, sorry I’m on my high horse now.

Hayley. Just because you are a lone parent or teenage a parent it does not mean that you are harder to reach or not coping.

Sheila. Can I say, quite honestly, quite a lot of our young parents and we haven’t got many lone parents, but they cope and care for their children better than some of the stereotypes families that ...(Staff Focus Group 07/09)

Categorising was an unpalatable exercise for some who found it uncomfortable and ‘embarrassing’ to ask parents about the private elements of their lives, for example, about their financial status. My conversations with staff and my observations of them in group settings and in the Centre highlighted tensions, contradictions and resistance about how staff identified those who were in need of support. As I analysed the data, further questions emerged that refocused subsequent encounters in the field: whilst staff resisted the discourse of categorising as a form of identifying need, they were drawn into another ‘normalising’ process, that of everyone potentially needing support. As the problems are private, occurring ‘behind closed doors’ the need to encourage parents to use services and for staff to identify those who are in need is
justified. Understanding how this was performed became especially pertinent as parents felt if they did participate in these new spaces that they would potentially be watched and judged.

11.6 Keeping an eye on families

The way that staff narrated and performed the role of identifying those who needed extra support was taken up in the focus groups. For some members of staff the role of identifying parents who needed support was unproblematic, straightforward and unquestioned.

*Sheila. When you work in a Children’s Centre you get very good at watching and assessing people (Staff focus group 01/09).*

For others it throws into relief, the tension and conflict in the role of staff and Centres in the surveillance of parents and their capacity to parent. The extract of discussion below was generated in a final staff focus group. In this I used a selection of quotes that were taken from the interviews with those mothers who did not use Centres. For example:

*The Centres is a nice clean space, with staff and good equipment and things but I guess there is more of a feeling for me of being judged in some way perhaps they are thinking I am not managing (Mother who attended once, Fieldnotes 30/06/09).*

This statement was one which provoked much discussion and some unease within the group. The group took some reassuring and I had to encourage them to accept the statements as what parents were feeling rather than ‘having a go at us?’ as one staff participant said. As a result the discussion flowed freely with staff members able to question others and renegotiate their own position.
Chloe. And like as far as being watched all the time, we are watching everybody, because we won’t be able to give them support, it is not necessarily a critical side.

Diane. But I can see their point of view.

Yeh, yeh (agreement from others).

Diane. You have already made an assumption that they have all got something that needs sorting.

..... (silence 3 seconds)

Polly. No, no I don’t see that.

Diane. But the way that you said that, ‘we are watching of course we are watching we need to see how they are and who needs supporting’, that is an assumption almost that everybody needs support. That is how it comes across as a parent isn’t it?

Polly. Yes I suppose so but I would rather be keeping an eye on everybody in the group, in having a chat with them in general terms and not miss somebody who needs support, than not watching (Staff focus group 07/09).

Sheila. In all fairness that is what we are here for, to assess people all the time, (yeh), you are assessing their needs and what you can do to help them (Staff Focus Group 07/09).

From the first comment the notion of ‘watching’ is constructed as a normative performance; this staff member felt that she was ‘watching everybody’ in order to identify those who might need her support. She states that this is ‘not necessarily critical’, acknowledging that sometimes criticism might be a reality. She is then challenged by another group member who has taken her statement to mean that she is then assuming that all who come to the Centre might have problems that need ‘sorting’. In reply to this the original commentator re-expresses the notion of watching to one of ‘keeping an eye on’. This change of emphasis could be seen as a slight distancing of herself from ‘watching’ which is now imbued with judgement, to one that is more caring and paternalistic, protecting. I say ‘now’ because I am aware that it is through the focus group that ‘watching’ in order to support families has now become negatively associated with judging. The challenge in this extract is unusual, in that staff members
rarely broke ranks within the focus group. Even when they disagreed there was a tendency to do this in a way that led to eventual intergroup agreement, an element of which is still evident in the penultimate paragraph of the above in ‘isn’t it?’.

For other members of the Children Centre staff, watching was also a key skill that they drew on to identify the needs of parents. This is evident in the discussion below this time from the other Centre. When asked about how they identified the needs of families, staff drew on a number of key skills, attributes and qualities.

*Me.* So what about universal services, you talked about as a worker how you get to know your families, how does that happen, is it through experience?

*Abbi.* I think so but I don’t know some sort of intuition …..

*Barbara.* It is quite gradual, as well isn’t it? When you first meet them cos they come to clinic and you meet them quite early on……..

*Abbi.* And it is amazing that if there is a need then we are all really astute at identifying fairly quickly.

*Sheila.* And also we are all fairly good at sharing, you know have you noticed so and so and they haven’t been in recently or they haven’t been engaging. So then we will have them spoken to and then assess and they see them and maybe we should do something here. So the person who is seeing them most will try and encourage them to move forward really.

*Ellen.* I do I think it is like when you get little bits of the picture and when we meet together usually informally but usually at meetings like this. We can put all the bits together and get quite a good picture of what that person’s needs are.

*Barbara.* Also if you have that feeling and you discussed it and then they met that person and they got that feeling as well. You feel like there must be something because we both felt like that. There is something worth looking into (*Staff Focus Group 01/09*).
The above account involves staff using their 'intuition' and an astuteness which takes 'time', it is seen as a 'gradual' process. Eraut (2004) points out that the use of the 'mysterious quality we call professional judgement' involves 'practical wisdom, a sense of purpose, appropriateness and feasibility; and its acquisition depends, among other things on a wealth of professional experience' (Eraut, 2004, p.49). This acknowledging of practical wisdom and its association with intuition is highlighted by practitioners above. The sense of purpose is also visible in how staff would move people on through the process of assessment, collaborating with other colleagues to confirm concerns and then 'encourage them to move forward'. The sense of the team working together is also apparent, wanting to compare notes in order to ensure that one set of observations compared with another 'we can put all the bits together and get quite a good picture of what the person’s needs are’. What can be seen in this dialogue is the metaphor of the jigsaw which is often used to describe the process of bringing together bits of information, which on their own would not lead practitioners to think there was any extra support needs. The metaphor of the jigsaw is often used in relation to supporting families in a multidisciplinary approach to protecting children.

What is also highlighted here in these processes of 'sharing' and assessing 'together' is that the ‘together’ referred to in this context is between practitioners. It does not in this dialogue involve parents. Hence practitioners described how need is identified; through the joining together of each member of staff 'concerns' to get a 'whole picture'. So that ‘we can put all the bits together and get a good picture of what the person’s needs are.’ There is no
talk about enabling parents to identify their own needs. Yet for many parents who voiced concerns about getting involved in Centres, there was a worry that involvement would involve some sort of exposure and fear that Centres might in some way overreact. This reflects the construction of the parent as passive and practitioners as active in solving parents’ problems or at least spotting them. It gives the impression that practitioners have identified parents’ needs rather than the parents themselves.

11.7 Making mountains out of mole hills

So far we have seen how the notion of ‘judging’ parents was resisted by staff. They distanced themselves from this discourse and preferred to talk about identifying and assessing need, seeing it as part of their role, something that was undertaken in order to make a difference to the lives of children and to meet outcomes. Judging then, I suggest, is not explicit, not a value based process but a professional, practitioner necessity, carefully constructed by staff as watching and observing. Although the above discussion indicates some insight and empathy towards parents’ feelings, staff also used a process of attribution in order to justify why parents felt this way, which again provided distance from their own practice. Practitioners attributed parents’ feelings of being judged to factors that lay outside the control of the Centre. As Centre 2 is located within the grounds of a school, staff often attributed parents’ fears of being watched and judged to their past and current experiences of the school institution. They also gave some weight to the presence on the site of the health team, which they also attributed to parents feeling watched, seeing it as ‘their’ job to do this. For Centre 1, however, it was the historical and continuing links
with social services that staff mostly constructed as the reasons for parents not using the Centre because of the fear of being watched. However, parents who did not use the Centre did not always explicitly draw on these concerns. Some of the parents did not know the history of the Centre yet felt that because of its official links they would be judged in their parenting. This is discussed in more detail later.

In an effort then to distance themselves from the discourse of judging, there was also a realisation that although this might be viewed as normative, something that staff have to undertake in order to identify parents who need support, they described the way that they did this in a non-direct ‘general conversational’ way. However, this can also be viewed as problematic by parents. The following extract is from a conversation with a parent who is attending a charity run group, which provided a space for the homeless and those who are marginalised in society. Here she identifies the problem of having to recount her story to staff at the Children’s Centre.

‘.....there are too many people in there so you end up telling your story to everyone and repeating yourself’
I asked when she meant ‘people’ who did she mean, at the drop-in?
‘Yes, because I go to the drop-in then it’s different people every week running it, so you end up telling lots of people. Cos they are always asking how you are doin’ and is this your son, things like that.’
I ask her how she feels about that ‘Well it’s Ok cos I don’t mind telling people, I told them all about it when I went in there first, just blurted it all out. I’ve been going for about 6mths now and I am just getting to know them slowly’.
‘I took a friend and she was a bit, ‘woohh!’; you know, cos as soon as we walked in they said we had to fill in a form and she didn’t like it.’ I ask her how she felt about it? ‘Well I don’t mind, I knew what it was for, in case of fire and things but it was just as soon as you walked in the door’ (Discussion with a parent away from the Centre, Fieldnotes 15/06/09).
This feeling of having to or needing to tell staff your story from a seemingly
innocent remark such as ‘how are you doing’ reflects the role of staff in needing
to support parents, especially when parents have identified themselves as
having complex issues, yet are not asking for additional support. The parent
above had a complex history of service support, she had a new baby, was
suffering from postnatal depression and used the Centre as a space to take her
other children when she had contact with them. Her ‘stuff’ was being dealt with
elsewhere with other agencies and services, and thus the Centre might be
regarded as a space where parents can ‘be normal’ and not be subject to
surveillance and intervention as they might with other agencies (Interview with
Centre Manager, 02/09), a view highlighted by Ghate and Hazel (2002).
However, on this occasion engaging with the Centre meant involving yet
another set of professionals, but this time in a slightly more public space with
other parents present.

However, tensions existed around the role of staff in identifying problems and
being too intimately drawn into the day to day struggles that families face.
Creating problems where they do not necessarily exist or over reacting to minor
issues was a concern for staff when they talked to parents.

Alice. I think too much we are looking for problems, I think if
somebody has something and they want to come and talk to us
about it to help them, then they should have that, but I personally
think that we chase problems too much sometimes (mmmm ...
sounds of agreement from the group). And we make a mountain out
of, what that week is a mole hill and the following week will be
forgotten and there will be something else. So I think if they have a
huge problem they feel that they can come and talk to us or whoever
else they want to talk to whether that be friends and family, they just need to know they have got somebody there.
Polly. And if it is a problem that is going to be a huge problem, it is going to become apparent isn’t it (yeh), I mean we all have bad weeks where we could cheerfully throttle all of them and everyone, but it’s not because we suffer from some sort of psychosis, we are just having a bad week so I do agree with you on that (Staff Focus Group 07/09).

What happens in the above discussion, which was part of the previous focus groups, is that the speaker repositions her role as one of waiting for parents to disclose, rather than looking for/watching or ‘chasing’ problems which has the potential of creating an overreaction, ‘making a mountain, out of a mole hill’. For this member it is enough for Centres to create a space where they know they have somebody who is there and where this ‘somebody’ might not necessarily be a member of staff. However, this requires staff to be passive rather than active in the support giving. Being passive, sitting with parents was often constructed as ‘not doing anything’ and something that staff found difficult to deal with. It would also have been difficult for them to measure and evidence this which they were increasingly being asked to do. This was highlighted in a whole team meeting that followed the above focus group, where a great deal of discussion about what constituted giving advice in a drop-in session. Here the ‘giving advise’ was regarded as an activity that had to be recorded as evidence of meeting parental needs. Hence talking to a parent in the group did not constitute giving advice, yet taking them to ‘one side’, where ‘one side’ was outside the main group, did. Clearly these pressures to evidence support work with parents did have an impact on the way that they worked with parents. Needing to evidence, making a difference, might arguably mean that staff are looking for ways of helping parents rather than waiting for them to come forward
themselves. One way that change and making a difference was evidenced was through the process of supervision.

### 11.8 Supervision

The approach to supervision differed significantly in both Centres. For one Centre supervision was a formal process in which staff sat down at the end of the session to discuss and record various issues, including observations of parents and children, problems that parents might have raised and also speculations that staff might have around parenting capacity and the suggestions for support. Supervision also covered the more general aspects of the session, such as numbers who came, activities and planning the following week.

_Tina._ I think some of them, they know that we do supervision afterwards, they know we do that. And I heard from a parent who is now a sessional worker and she was like, as soon as I found out that you talk about us, I was so petrified that you were watching me and what I was doing with my children, you know. It is obviously, we don't see it like that but that...

_Diane._ Surely we need to question how staff know what supervision is because supervision is not to sit there and talk about families, it is about how the group has gone today as well as anything that needs to be followed up.

_Me._ But when I have sat in on supervision it has been a run through of each of the families that were there and comments about how they have moved on, have they you know.

_Tina._ You do end up talking about their parenting and things don’t you?

_(There is an uncomfortable silence) (Staff Focus Group 07/09)_

Although staff challenged the format of supervision as not _always_ being about ‘talking about parents’, my fieldnotes reflect supervision sessions that were highly structured around a particular format, and one which did involve ‘talking
about parents’. Where structured supervision occurred, it usually happened after the tidying-up had been complete, a cup of tea offered and the book or file that recorded supervision produced. Chairs or benches were arranged in a circle and all staff members and volunteers who had been in the session were invited to participate and encouraged to join the discussion. Occasionally other people were also invited to join. This might be a more senior member of staff who facilitated the supervision and recorded the notes or in one group which was held within a school, the early years teacher whose class joined the Children’s Centre outreach group during the session.

Generally supervision started with an overview of the session, ‘how was that’ Here the discussion was often on the numbers who attended and how this compared with previous weeks ‘today it was busy, it was quiet to start and then got busy’. Discussion then became progressively focused onto parents, with ‘any issues’. Here each member of the supervisory group might be asked to contribute in turn. Sometimes staff used the attendance list if there was one available as an aide memoir or they would run through a mental list ‘who else was here today?’ Any issues raised could also relate to the group itself;

... just the baby corner, Ivy (a parent) said that last week they were ousted out of the corner for the singing and she didn’t want that to happen this week. She wanted them to be able to stay there and so that was fine, no problem’.

Or a more specific focus on individual parents and children,
‘Kelly paid more attention to Suki today, I noticed that she came to do the activity with her.’ And again, ‘I was impressed by Amy, (child) she seems calmer, not like Molly (another child) they’re just the same as ever.’ ‘Yes and as Amy is going to nursery now that must be having an impact’ (Fieldnotes following outreach group 09/06/09).
This talk often focused on the parent, the child or the quality of their relationship and their interactions. Hence it can be seen that supervision was also a means of acknowledging progress/improvement, of recognising change as well as identifying need. Where a concern was raised it was here that the follow-up was planned, ‘I’ll go and see her at home and give her more information on that.’ Finally to finish, the discussion once again took a wider focus with a discussion about whether the activity went well, how it could be improved on in future and what the activity or focus for next week would be (Fieldnotes 06/09).

For Centre 1, which had a history of working with families with complex issues in an area which suffered from material deprivation, the format was constructed around these main areas for discussion observed above. In the various settings within the Centre, the outreach groups away from the Centre, and the groups held within the Centre, there was a sense of continuity, format and procedure, a ‘ceremonial order’ (Strong, 1979). With the presence of the social work team in this Centre and with the professional background of the manager also being social care, the encouragement to formally undertake this type of supervision was not surprising. A study of student nurses initiation into the role of nurse ‘doing the obs’ the taking of routine observations or measurements of bodily functions such as temperatures and blood pressure (Davies & Atkinson, 1991), suggested these were used by students as a coping mechanism for easing their passage into their new professional role. In the case of Children’s Centres, the role of supervision is linked to the establishment of a professional role, part of constructing professionalism. The ‘doing’ of supervision performed an ontological role for staff, enabling them to distinguish themselves as
professionals. This was further reflected in the importance of ensuring that supervision was performed in parent led groups which were being planned for both Centres involved in the study, and which were already being run by the another area which this Centre managed.

Supervision at Centre 2 was a more ad hoc affair. The format for the end of sessions reflected their educational emphasis and basis of many of their concerns with impact on the Foundation Stage Profile of the children attending. It may also reflect the professional heritage of the Centre manager who unlike Centre 1 did not have a social care background. The discussion at the end of the groups both within and outside of the Centre therefore focused mainly on the activities and the learning that was taking place and how parents engaged with their children’s learning. Staff used a template for recording the session which was based on the planned activities. Although supervision in this Centre was not a formal affair, practitioners still engaged in a dialogue with each other about parent and children interactions. This dialogue could take place in the van on the way back to the Centre from outreach groups in the village ‘we usually have a gossip on the way back in the van (laughs). ‘You know so and so, I didn’t know she was pregnant’, sort of thing’, or more often, around the table at lunch time.

Later the staff discuss a mum. She is known locally and according to the staff she has additional needs, there is talk about how to support her and to liaise with health as to whether they are aware and what is the plan for supporting her. They talk about whether Home-Start would be appropriate to support her needs and plan to make a referral. This is conducted around the table at lunchtime. There is no formal supervision session at the end of sessions, instead there
appears to be ad hoc and opportunistic discussions about parents and their needs (Fieldnotes 23/06/09).

Apart from notes recorded on the planning sheets, in this Centre, no written records of these informal supervision sessions were kept. However, notes were kept on families who had a plan of care or who had been identified as having additional support needs. This reflects the way that staff at this Centre saw themselves as being much more embedded within their local community, ‘knowing the families’ and having ‘insider local information’ enabled them to access information about families which extended beyond the territory of the Centre into the community. This was only made possible where services covered a fairly small area and where practitioners themselves were members of these communities.

The need for watching families is therefore grounded in the need to identify parents who need support within universally accessible groups, such as the drop-in sessions. Whilst most of these parents will be managing without the need for additional support, according to staff there will be parents amongst them who will have support needs of which they are ‘unaware of’, or are ‘not disclosing’. Hence Centre staff had to find a way of identifying them within this model. Thus progressive universalism creates the conditions which justify the need for staff to observe parents in their interactions with their children. Therefore does the provision of universal groups within Children’s Centres, which are guided by the principle of progressive universalism, increase surveillance and parental feelings of being watched, hence running the risk of re-stigmatising rather than de-stigmatising services?
11.9 Parental perspectives of the watchful eye

Here (a toddler group), parents know it is about meeting up and catching-up, it’s great to do that. At the Children’s Centre there’s a nice clean space, with staff and good equipment and things but I guess there is more of a feeling for me of being judged in some way perhaps. Like if you haven’t got wet wipes with you or something and you think they are thinking that I am not managing. I think it is because they’ve got staff, who are there if you have a problem, so they are going to be looking for problems. Whereas here there is just Esme (the group leader and a local mum herself), and no-one passes judgement, everyone knows what it is like. In the other groups they have all these activities out and what they are really saying is ‘you will do this with your child’ It’s not like that here (Mum at a toddler group, 30/06/09).

The above comment was made by a parent who attended a toddler group in one of the villages which was visited by the Children’s Centre staff who had provided activities within the toddler group. However, the Centre had been frustrated at the lack of change that was achieved within the group, and despite the Centre’s best efforts the toddler group parents continued with practices that were not fitting with the Centres ethos of encouraging parent-child interaction. I could observe this situation from both perspectives, the village mothers who just wanted somewhere to go to have a chat and a cup of tea, to break up the monotony of the day and let the kids play. Whereas for Centre staff they felt that this group was detrimental to the well-being of children; they talked about the dangers of the environment, the ‘hands-off’ approach of parents and the fact that children seemed to cry a lot in this group. Just as Children Centre staff described the work that they did in relation to what they were not, that is, toddler groups and coffee mornings, parents who attended toddler groups used these groups as a way of describing what they liked and hence what they did not like about the idea or their experiences of using Children’s Centres.
For parents who had tried the Centre but had not returned it was hard to articulate why they had not returned or had not become a regular user. Direct questioning was fruitless; ‘I don’t know’, or ‘I am not sure’ were often the responses. Sometimes parents had only a very limited experience of Centre services and hence could not remember or found it difficult to recall their feelings and experiences. However, parents did talk freely about their use of other community groups, such as toddlers and preschools. In their talk they described why they went to these groups and how these groups differed from each other, and where they had had experience of Centres, how they differed from them.

One parent who was fairly active in her community had tried the Centre, but had ‘just not felt it was for me’. She tried to put her finger on it, she had always gone to groups on her own so she said that was not the reason. She hinted at the possibility of it to do with ‘cliques’ ‘maybe it was that nobody clicked with me and I didn’t click with anyone else. You know that if people are already established then it is hard to find a niche’. However, for this mum meeting other parents was not her motive for going. She had already shared with me that she went to groups for the child not to socialise, but because it was something she felt she ‘ought’ to do. However, it is her talk about her experiences of a toddler group that once again throws light on what is important to parents in these group activities.
Olivia. I wouldn’t say that I sat and chatted throughout the whole group or that there was anyone that made me go there but the atmosphere I just felt I could move freely and Ben (child) could move and we could move between activities and I just didn’t feel judged or anything. I don’t know it just worked for me (Parent Interview 11a).

Later I explained what Centres offered by way of support and services and I go through the Children’s Centre promotion leaflet that the parent has been looking at during this part of our discussion. This parent has already indicated that she had a good idea about what Centres offered, having seen the health visitor there, been to one or two drop-in groups and accessing the breastfeeding support group for a short period.

Olivia. I don’t know whether it is the official links that has put me off which is a shame really because that should be a positive thing really and it should open doors and be there like you say used as a link it should be a lynch pin for opening doors for all those other things if people need them. So why should it put me off, I don’t know maybe because it has got that institutional stigma attached to it and that once you put your name down on their list you are being monitored or you are almost in a.... you have started the ball rolling for something. It doesn’t feel, may be it didn’t feel Me. Safe?
Olivia. It didn’t feel relaxed and unmonitored, it didn’t feel....? They have got ulterior motives, I don’t know, something like that (Parent Interview 11a).

11.10 Looking for support close to home

Many parents in this study, in keeping with a growing body of knowledge on help-seeking behaviour (Broadhurst, 2007; Broadhurst & Featherstone, 2003; Edwards & Gillies, 2004), said that they would draw on informal support networks to support them with any issues that they faced with their parenting such as children’s behaviour. For issues of health, parents were more likely to
say that they would seek support from their GP or health visitor. The main group
who mothers said they turned to were friends and family, as going outside the
family involved an element of risk with regard to ‘making it formal’. The centrality
of family and friends as providing support and advice to parents and mothers in
particular, is highlighted by Edwards and Gillies (2004). Unsurprisingly then
there were few differences in the responses from mothers who had used the
Centre and those who had not. When asked who parents (mothers) turned to
for support or advice, and who had used Centre services, whether that be for a
health related activity or a more social, drop-in activity, when asked the question
about where or who would they go to for support, help or advice if they were
having problems with their children, many said that it would be friends and
family.

Me. So thinking about everything that you have been through, and it
sounds like you have had to do a lot of it yourself. So if you have a
problem with the kids who do you turn to for support?
Sophie. My parents - I speak to them a lot, they are pretty good, they
help a lot.
Me. What if it was a bit more serious, if you needed help outside the
family.
Sophie. I wouldn’t go to anyone else, apart from the family
(Parent Interview 03b).

Lucy. I think now I would still turn to my mother or mother-in-law ......
or if it was something else I would probably turn to my health visitor
(Parent Interview 04b).

The importance of ‘having somebody there’ is once again the ‘someone to turn
to’ thesis described by Broadhurst (2007). If parents have no-one to turn to from
‘inside’ their circle of family and friends, they are more likely to seek
professional ‘outside’ help. However, as Broadhurst argues, it depends on the
seriousness and appropriateness of the issue for which they are seeking
support. Parents might seek support for a trivial issue outside of friends and family on the basis as having no-one to turn to. If this is the case then parents turning to those in the Centre might indeed be bringing minor issues or ‘mole hills’.

Interviewed mothers felt that Centres were ‘a good thing’, but not necessarily ‘for them’, but rather ‘for others’. This public expression of support for Children’s Centres could be seen as an expression of an ideological response, something that they thought that they ought to be saying to me the interviewer, the ‘official person’ who too had something to do with Centres. Parents’ responses might also be a reflection of what they ought to be doing, which is taking their child to a Centre. It is therefore, ‘not what people did but what were the norms they held about what should be done’ (Edwards & Gillies, 2004, p.632) that is just as important. This can also be related in relation to the ideology in government documents, ‘it is the good parent that seeks help when they need it, not the poor one’ (DfES, 2007, p.42).

11.11 The public gaze on mothering

Many parents (mothers) felt that the public eye was on them about how they brought up their children, even when they were managing and had no problems or issues.

Carol. Yes I would agree maybe the Children’s Centre would be good but I just get the feeling that it is just, too....... (long pause) I am just deeply suspicious of places like that, Me. In what way?
Carol. It is just too, just too watching, just too ‘what are they doing? Are they doing that wrong?’ And there is a lot of that already within the health care profession with the health visitors. A lot of health visitors don’t have children, a lot of health visitors scare young or first time mums, saying the child isn’t doing this right, isn’t doing that right. You know women, or most of us were intelligent women before we had children and then all of a sudden you are getting different advice from different directions and you end up thinking to yourself what is right what is wrong? (Parent Interview 05b).

The notion of ‘getting it right’ or being judged as ‘getting it wrong’ was a concern for mothers. The level at which mothers talked of ‘getting it right’ might be regarded as fairly minor. However this might also reflect their fears of talking in a more open way to me about getting it right on a more serious level. One mother talked about her fear of being judged when she turned up to the Centre without any wet-wipes. These apparent trivial fears represented deeper concerns for authority and for being watched. Other concerns around getting it wrong were also demonstrated through their fears of the way the behaviour of their children would reflect on them as mothers. Again these were often seen at a trivial level.

Me. And how did you find the singing group? Molly. It was nice, it was very, very busy though and he was at the age, I think he must have been about, over a year and we went for a few months, but he was at the age where he wanted to be at the centre of the circle and do his own thing really. So I found it a bit embarrassing for ... you know, I mean now he would sit down and sing and that’s great but back then he was at that age where he just wanted to tear around really (Parent Interview 02b).

This mother was conscious that the Centre in some way prepared children to act in a way that was conducive to preparing them for school. Being able to sit still in a circle for singing was one such example. For some mothers this was an extremely taxing time as their young toddling children did not always want to sit and sing. Whilst staff tolerated some movement for children away from the main
singing group, there was clearly an expectation that mothers were expected to retrieve their children and at least make an effort to encourage them to sit and sing. Although all toys and books were removed from the area, children still found things to do, climbing on tables, unhooking coats, playing with the cupboard door. In these cases like the mother above, if a child did not want to sit in the circle they would choose not to go and withdrew. Having ‘boisterous children’ and trying to manage them in what one parent felt was a very controlled environment meant that going to the Centre was just too hard. Feeling ‘self conscious of what they were doing and were they alright’, made her feel ‘very claustrophobic’, needing to make sure they were ‘behaving’ (Lucy, Parent interview 04b). However, for this mum it was not staff that were an issue it was the other parents. Again she attributes these feelings to herself, and feeling conscious that she had three preschool children ‘running around’ rather than just ‘cuddling one baby’. For this parent even when she was in the Centre and having a hard time, nobody noticed or offered to help. For this mother her expectations of the Centre was as a place to network, meet other mums and offer mutual support, hence the above comment is directed at the lack of support from other mothers in the Centre rather than staff.

Lucy. There was one day when I was down there and they were both really tearful and I was cuddling both and no-one offered to help by taking one, even though their kids were playing happily on the floor, so I thought I’m not coming here if I don’t get any support I may as well stay at home where I know they can get at whatever they want to get at without too much hassle (Parent Interview 04b).

For another there were more serious concerns about going outside the circle of family and friends for support. Previous experiences with those in authority had led to what one parent felt was a breach of trust leading to the involvement of
other outside agencies without her prior consent. The fear of social services involvement was very real for several parents,

Sophie. Rather than sitting down and trying to sort it out they have gone running to social services telling them that I can’t cope. Well why don’t they come and speak to me first rather than going running to them? (Parent Interview 03b).

This fear was further reflected in another group of mothers who I accessed through one of the local schools. The health visitor was one such form of authority that sat within both camps, either to be trusted, ‘a friend’ or someone to be wary of. The extent to which parents talked of this was strongly related to their own experiences of the health visitor as a person rather than the health visiting service. The earlier mother’s quote links her ‘deep’ suspicions or concerns with Children’s Centres as a place where parents are watched with the role of the health visitor. This mother of three felt that her previous identity as a worker with a responsible job, ‘an intelligent woman’ was recast by those who saw mothers as unknowing and in need of ‘advice’. Children’s Centres were then implicated in the watchful medical gaze.

The repositioning of health visitor within the new Children’s Centre provision can be seen as a key device in providing universal services, as it is generally considered that health visitors have ‘universal access’ to all families. Under the new Child Health Promotion Programme (CHPP) (DoH, 2008) every family will continue to be offered a home visit following the birth of a baby. Whilst providing a framework which starts with the universal services for all, the CHPP also directs health visitors through the ‘progressive’ element of their work, increasingly targeting those in greatest need. Thus, increasing the focus of their
work on early intervention, prevention and protection within an explicit safeguarding agenda. Hence, Peckover (2009, p.149) questions whether the increasing role of health in the surveillance of children is indeed an ‘expansionary project’ or ‘good practice’, particularly with regard to safeguarding children. Yet safeguarding has always been a central role of health visitors.

Aware of these genuine parental concerns, health visitors were keen to distance themselves from practices that they thought might be regarded by parents as watching or judging. This at times left them at odds with the Children’s Centres. One such point of tension was the process of registration of families (see Chapter 7). Within the local authority there had been tension over the role and request for health visitors to register families on their first visit to new birth families. Centres were unable to access information from health on the details of new births within their areas and so had left them in a frustrating position, having no access to details of new families. Therefore, Centres were keen to encourage all health visitors to register families. For one health visitor this represented a potential barrier to ensuring that families did not see them as something ‘official’. This health visitor felt that it was essential that they presented themselves as ‘polite, respectful and supportive’ with the new family’s ‘immediate needs’ in mind rather than form filling. The completion of registration forms with families on their first visits could lead to health visitors being seen as too intrusive and hence colour the future relationship of parents and health visitors (Health Professional Interview).
11.12 Watching and judging through a Foucaultian lens

Parents valued opportunities to get out of the house and meet other parents with similar concerns in a comfortable and non-judgemental venue (NESS, 2007, p.76).

For many parents who do not use Children’s Centres and those who have had some experience of them, the fear of being watched and judged even within these ‘universal’ services can prevent them from participating. They worry that their capacity to parent will be observed and in some way are being judged deficient. Yet it is the same self regulatory element of the operation of power, a ‘technology of the self’, that is in action here. Instead of parents internalising this notion of self management, they externalise it. They realise that there is an expectation of the way you ‘ought’ to be in this environment, which for some does not reflect an environment where ‘you can be yourself’ and hence you need to be somebody else in Centres. There is a realisation that the purpose of attendance is in some way to create a change or transformation of the self something that some parents were not prepared to undertake or felt was unnecessary.

Nonetheless the extent to which staff can perform these observations is, on the surface questionable. Often in busy groups the one or two staff who were in the group were barely visible as they were engaged in the practical aspects of running a group, putting out activities or getting snacks ready for children. Yet their presence was felt. Hence, this ‘disindividualised’ power is not delivered or performed by one person but one which has ‘a certain concerted distribution of bodies, surfaces, lights and gazes; in an arrangement whose internal mechanisms produce the relation in which individuals are caught up’ (Foucault,
And as articulated by parents, just being in a Centre will be enough for parents to get caught up in the effects of power and to feel that they are being watched even when they were not physically being watched.

Yet practitioners were also caught in these powerful webs or ‘technologies’. The ‘technology of production’ is one which is concerned with the process of creating change and transformations. In Centres this transformation is focused on improving outcomes for children often indirectly through supporting parents with problems, what Clarke refers to as ‘proximal causes’ (Clarke, 2006, p.707) and one which places the emphasis on parental behaviour. Although practitioners and Centres as a whole distanced themselves from this discourse of watching and judging parental behaviour, in practice this was seen as a disputed yet necessary element of the process of identifying those families who needed support. Universal services, whilst being open to all, also had a function of targeting those who were in need of extra support or who needed support to identify their own needs. Thus reflecting the notion of ‘problematizing’ and (Miller & Rose, 2008, p.61) and ‘normalising’ (Foucault, 1984, p.195).

The identifying of who needs further support involves some sort of assessment, a judgment of what is ‘normal’. Hence it is another technology of power, one which involves a certain level of objectifying the subject with the desire to influence behaviour and create some sort of transformation in the individual. For Centre staff the dominant discourse was that all parents needed support at some time in their parenting lives, and whilst this belief was voiced more strongly by some staff members than others, about what level of support and
from whom, it mirrors the discourse of government. This discourse is then used to justify the need to observe all parents, as seen in the supervision sessions, because all parents are potentially in need of support, regardless of whether parents sought support or not. This construction of parents as passive in the identification of their own needs, especially parents who did not come forward themselves with their problems to staff, again reflects these ‘technologies of power’, the expert discourse of Centres. The importance of parents disclosing their problems is that it is recognised by staff as being positive, a form of self surveillance, where awareness of one’s issues is a step towards ‘the conduct’ of the self.

For some parents the stigma associated with help seeking and not coping is too much of a risk to take when seeking support outside the family. Fears of making it formal and the potential trajectory associated with exposing parents’ concerns to those in authority is echoed in the document Every Parent Matters paragraphs 2.7, 2.8 and 2.9. Here the narrative moves from one that considers parents as ‘adults with expertise of their own’, to identifying that others ‘who have lost, or never had, the capacity to parent responsibly’ will need intervention, to finally a statement which continues to represent parents greatest fear. ‘As a last resort, where children are at risk of significant harm, it may be necessary to take them into the care of the local authority’ (DfES, 2007, p.6-7).

11.13 The group approach: Creating conditions for observation

However, the issue of identifying is complicated by the fact that parents do not necessarily associate Centres as a space to access professional help. Instead
they see them as a place to socialise, to make new friends and hence develop new informal support networks or as spaces for specific purposes. If parents do not come to staff with their problems then staff must find ways of identifying those with problems for themselves. Providing targeted services within a universal system resulted in the need to watch and make judgements. This in turn returns us to the debate raised in Chapter 9 on whose needs are being met within Centres.

Improving the quality of the home environment is a discourse that stems from the explicit roles of Centres and the EPPE study (Sylva et al., 2004). Through activities and ‘modelling good parenting behaviour’ that were provided in Centres, practitioners saw themselves as able to influence the home environment. However, in groups staff have to make judgements about the quality of the home learning environment based on observations of the parent-child interactions in groups within the Centre. They would only go out to a home if there was a concern. This starting point is to observe all parents from a deficit position. There is a discourse of universalism that all parents need support, but on different levels of need. ‘I think it is important that we need a range really and getting the right people to do the right thing at home’ (Staff focus group). This highlights this connection between judging, doing the right thing and the home environment.

What was particularly evident was the belief amongst Centre staff that the Centres could influence the home environment through the activities that they offered at Centres and through the ‘modelling’ of good adult-child interaction by
Centre workers. However, unable to access the home environment, staff only have interactions within the Centre on which to judge the quality of the home environment. As many parents use the Centre mainly for socialising, somewhere to sit back and interact with other parents, the picture presented to staff is potentially distorted.

11.14 Summary
Children’s Centres in this study, continued in the eyes of parents and in particular those who had little or no experience of Centres, to be potential spaces of surveillance, spaces in which you may be judged. Practitioners took on board the importance of offering universal services in order to reduce stigma, and resisted the use of categories to target those who needed support, rejecting the pre-judgements implicit in their use. Instead they internalised the normalising discourse that any parent might be in need of support. This ‘normalising process’ in itself, I argue is a ‘technology of government’ (Miller & Rose, 2008, p.32). It is then this discourse that all parents are potentially in need that justified some level of observing, watching and ‘keeping an eye’ on parents within Centres.

What is produced through this discourse is not just the idea that all parents need support but that those who do not seek support are in some way ‘abnormal’. ‘Good’ attenders seek support; they disclose their problems, they are self-aware and turn the ‘gaze’ inwards. When others did not disclose then it was necessary for staff to make judgements about what was needed. This was not only based on the need to support and care, to ‘keep an eye on’, but also to
have an impact, improve outcomes for children and evidence the work that they do. Whilst this was contested by staff, the focus of those who work in Centres is also on the end result, the need to make a difference to the lives of children, to measure and to evidence. This meant that the social processes and the meanings behind them sometimes became lost and overlooked as the ‘gaze’ also falls on them, the practitioners.

Performativity is a technology, a culture and a mode of regulation, or even a system of ‘terror’ in Lyotard’s words, that employs judgement, comparisons and displays as a means of control, attrition and change (Ball, 2003, p.143).

Hence, the focus on outcomes closes down possibilities as they simplify the complex, they make clean the messy and they provide a smoke screen for sometimes difficult and challenging aspects of the work of Centres (Dahlberg & Moss, 2005; Dahlberg et al., 2007).
Chapter 12 Conclusion

12.1 Introduction

The original aim of this thesis was to explore what influences parental participation in Sure Start Children’s Centres, and in some respects to answer the question, ‘why don’t people come?’ Whilst I have highlighted that the question itself is problematic, it serves to act as an aide memoir for understanding why people ought to come. What has transpired is an in-depth sociological investigation of Children’s Centres. The originality of this thesis lies in the use of ethnography to explore how power operates through the ‘micro-processes’ of everyday interactions within Sure Start Children's Centres. A Foucaudian framework has enabled the work of Centres to be explored from the perspective of power, difference and change. From this perspective it is clear that Children’s Centres are political spaces, where they have become ‘depoliticised’ (Fielding & Moss, 2011, p.21) as part of the disciplinary processes of the ‘conduct of conduct’ (Foucault, 1977). They are spaces where ‘technologies of government’ are employed in practice and where the drive to evidence outcomes focuses practitioners’ attention on end results. As a result the processes, the means to achieving those results, can go unexamined. This thesis therefore identifies how Children’s Centres are spaces where government operates at a distance.

This final chapter brings the discussion of the main themes together in two sections. The first section briefly revisits the literature discussed in Chapter 3 in order to then outline the theoretical contribution that this thesis makes to our
understanding of Children’s Centres and what influences parental engagement in them. The second section touches on the implications, rather than the recommendations for practice.

12.2 Theoretical contribution

In order to contextualise the theoretical contribution this thesis makes to understanding what influences parental participation it is necessary to return briefly to the literature on encouraging participation presented in Chapter 3. It is clear from the literature and the arguments presented in this thesis that non-service users are on the whole constructed as ‘deviant’, at risk of social exclusion and therefore there is a need to identify those who are in danger of ‘slipping through the net’ (Doherty et al., 2004). The work of the government funded project ‘On Track’ suggested that around 2% or 140,000 families were most at risk of social exclusion (Cabinet Office, 2007, p.4). However, literature and government guidelines extended the categories of the ‘type of parent’ at risk, potentially positioning a far greater number of parents as ‘in need’ and hence needing to be targeted\(^3\) (Cabinet Office, 2007; Doherty et al., 2004; HM Treasury, 2007b; NESS, 2006; Sure Start Unit, 2006a). The growing New Labour discourse first evident in the ‘Supporting Parents Green Paper’ (Home Office, 1998), that every family, every parent needed support, and still evident in its final days in office in ‘Support for All’ (DCSF, 2010) has contributed to the reconstruction of parenting from something that is ‘natural’ to something that is problematic. The parenting of children could no longer be entrusted to parents

\(^3\) See Appendix 1
but required expert programmes of services and support (Rose & Miller, 2010) in which all parents were encouraged to attend. However, the rights to support were also coupled with responsibilities (HM Treasury, 2007a) and in the case of Children’s Centres in this study, the responsibility to fully engage in these services. As this thesis shows attending services from this ‘responsibilities’ perspective included the responsibility of engaging not just by attending but by participating in some sort of personal change.

However, encouraging all parents to attend these new spaces was clearly going to be problematic when there was a growing body of evidence of the difficulties that some parents face in accessing services. Extrinsic factors are often those that might be regarded as requiring practical solutions, issues of time and place, concerning information or communication strategies, and hence regarded as the easiest to influence (Avis et al., 2007; DCSF, 2006; Lamb-Parker et al., 2001; TfC, 2007). Other factors were more problematic as they were more intrinsic to the service users. Fear of being judged and being associated with stigmatised services were identified as barriers, along with low self esteem and self-confidence. Belief and value systems such as low aspirations (Gillies, 2005), also placed the reasons for non-participation at the door of the non-user (Anning et al., 2007). These are difficult to overcome as they require more long-term solutions, yet are often cited by practitioners as the reasons why people do not use services. However, these lists of barriers and how to deal with them, oversimplify the interconnectedness of these factors: the drive to instrumentalist approaches which seek to make clean the messy and simplify the complex. The influences on parental use and non-use of these spaces, the thesis found, are
equally complex and are situated within a wider and deeper discourse of how government operates at a distance, than the many offered in the previous research that has attempted to identify barriers to parental participation.

Finally to recap on one of the most significant aspects of the literature for this thesis; the ‘what works’ literature (Biesta, 2007). The above summary highlights how this approach has leaked into much of the literature and guidance that has been presented to Centres as the solution to the problem of engaging parents. Evaluations commissioned by government, especially those from the National Evaluation of Sure Start Local Programmes, reflect the modernising agenda and the need to ensure the efficient use of financial resources especially when the political stakes were high. They are ‘regimes of truth’ (Foucault, 1980). As a result increasing instrumentalism in the public services has focused practices on achieving and evidencing outcomes. Whilst I have acknowledged the context of what works, the ‘for whom and in what circumstances’ (Moran et al., 2004) literature is clearly important, this thesis challenged this literature in order to ask - to achieve what and why? It is on the latter that this thesis has focused on, as this centres on achieving change, an outcome which was not open for discussion, it was an unspoken truth.

Unlike many of the other studies on what influences parental participation in Centres this study explored the sociological processes involved within these two Centres. Like West and Carlson’s (2006) study of a Sure Start Local Programme, this thesis does not deny that for parents who engaged with
Centres on a regular basis these spaces were what West and Carlson described as ‘sustaining spaces’, ‘enabling people to keep on keeping on in what can otherwise be overwhelming situations’ (West & Carlson, 2006, p.10). Likewise, the families in this thesis, who used the Centres regularly, were equally as positive about what they gained from the support they received. The idea of attracting all parents to reduce stigma has been regarded as essential in encouraging those who might be reluctant to use services and this argument I believe still holds. However, this thesis found that for many parents, Sure Start Children's Centres were something that they were generally unaware of.

Where other studies have started from the assumption that parents and carers in the community know about these facilities (Garbers et al., 2006), this study has not taken this for granted. Whilst the TNS study highlighted an increasing awareness of Children’s Centres (TNS, 2009), the research findings presented in Chapter 7 of this thesis challenges the TNS study assumptions that awareness equals understanding and hence will lead to participation. On the contrary, awareness alone does not necessarily translate into service use (Ghate & Hazel, 2002; Shinman, 1981). The government produced publicity for parents on Children’s Centres stated that by 2010 there will be one in ‘every community’ and that every parent will have access to one. However, unlike their predecessor the Sure Start Local Programmes they are unlikely to be ‘within pram pushing distance’ (NESS, 2007, p.2). Whilst the novelty of these spaces will be attractive for some parents, for others this will be a deterrent.
Indeed one of the greatest challenges which Centres faced during the time of this study in encouraging parents to use Centres, was that parents were unlikely to have had any meaningful encounter with the Centres on which to base their understanding of what they were. Unlike schools Sure Start Children’s Centres were and still are relatively new institutions, and unlike schools they serve wide and disparate catchments. No two Children’s Centres are the same in what they offer to parents, they are all different and therefore unlike schools, for many parents they hold no or very little cultural meaning. For parents who were trying to make sense of these new spaces from the outside, this was further complicated by the name of Centres and how they were identified locally. The place of health within the space of Children’s Centres did help parents to create meaning about Centres, they were health spaces, ‘where you go to get your baby weighed’. This frame of reference is not surprising as health visitors ran clinics within Children’s Centres and represented one of the first steps onto the ‘progressive universal’ access to services and as such was sometimes also associated with being watched and judged. However for many parents it also created the notion that that this was all Children’s Centres were about, weighing babies and accessing health visitors, that this was their ‘primary role’ and what was important to them. The other activities that went on within the Centres held no cultural meaning for them.

Instead it was other forms of support for parents and children that made sense, that they understood and were happy to use. These not only included groups run by local parents such as toddler groups but also the use of health visitor services and for a very small minority of parents they also included spaces that
remained on the margins such as charity run shelters. Although the majority of parents did not explicitly associate Children’s Centres with government, some did connect them to governance. In a similar way to the way that staff ‘othered’ toddler groups in order to construct what they were, professional spaces rather than amateur, parents who used toddler groups also constructed their reasons for not attending Centres in terms of what they were not in comparison to toddler groups. Rather than listing reasons for not attending Centres they were able to construct their rationale in terms of what other provision had to offer them and their children. The narrative that was most often used was one where you could ‘be yourself’.

In contrast Centres were seen as spaces where there was an expectation that parents should play and interact with their children. Parents recognised that activities were designed to do this and for some they resented the assumption that they did not do this at home. In contrast, the notion of improvement, of change and transformation, is embedded with Centre activities and in the way that staff constructed themselves through a contrastive rhetoric of ‘the other’. In this case ‘the other’ being the local provision which parents accessed and in particular toddler groups. For staff in Centres, their role involved ‘more than a toddler group, more than a coffee morning’. In this thesis this modernist schema is one that can be identified within these institutions and is embodied within institutional practices, creating change most noticeably at the level of the individual but also attempting to change other spaces and provision which was regarded as in some way deficit.
This thesis has explored the way that Centres have been implicated in what Foucault and others describe as normalising processes as a ‘technology of government’, a means of government operating at a distance. As I have highlighted in Chapter 7, one of the most significant ways, is the normalisation of the need for all parents to seek support. The growing ideology of the importance of the early years in terms of the long term economic future, and the resulting investment to enhance outcomes for children was being levied on all children not just those seen as at risk. Therefore within this model, all parents were potentially vulnerable and all needed support. This is a key finding of this thesis and one which has implications for engaging parents. This universalisation of problematizing parenting was supposed to reduce the stigma of support seeking by parents. Engaging in this deficit discourse where ‘everyone needs support’, constructs those who do not seek support as sitting outside the normal, in doing so the abnormal is created, the ‘hard to reach’. This was clearly evident in the concern of both Centres that those parents who most needed support were not using Centre services and the constant anxiety that despite the numbers of parents using the Centres, they were not reaching those who ‘really ought to come’. Here Centres are implicated in the role of government which seeks to ‘problematis’ (Rose & Miller, 2010) and in some respects to create the machinery that seeks to ‘solve’ these issues. Centres were encouraged to use the ‘tools’ (see for example TfC, 2007) and utilise local demographic data and local knowledge to identify those who were not attending and were considered at risk of poor outcomes, for example young parents, fathers, unemployed. In effect to identify and target those in their local communities who ought to be using services. As highlighted in Chapter 4,
knowledge itself is not necessarily powerful but rather how knowledge is produced, used and hence able to construct the subject and the problem (Miller & Rose, 2008).

Using Foucaudian theory it is possible to see how Centres were entwined in the process of creating change; changing parental behaviour and in particular changing the parent/child relationship and changing other provision such as toddler groups or other groups that were regarded as in some way not explicitly subscribing to this change agenda. Importantly, this thesis argues that all of this is hinged on the early years worker changing themselves from worker/volunteer/parent (mother), often found in ‘other’ provision, to professional. This again was situated within a discourse of derision where other workers, in other settings, are regarded as ‘not like us’ and therefore needing support to become ‘more like us’. One such provision is the toddler group which parents in this study regarded as spaces where they ‘just could be’.

From the research presented in this thesis it is clear that Children’s Centres were discursively positioned both by the rhetoric of government but also internalised and reproduced in the Centres through the narrative of the staff and their practices, as central to enacting this agenda for change. However, where the original emphasis within Sure Start Local Programmes was a ‘theory of change’ based on the idea of investing in a community in order to change the population, what is apparent from this thesis is that the emphasis is now clearly on the individual to change through engagement with these new institutions.
Nonetheless, from the perspective of staff, parents’ engagement alone is not enough for transformational processes to happen or else Children’s Centres might merely offer tea or coffee and a space for children to play. It is parents or invariably mothers’ engagement in being ‘done to’, by engaging with the process through the interaction with the professional Children’s Centre worker (those who have the perceived skills or power to make or enable change) which is key to the perception of creating change. This change also included areas (and children) with whom staff did not have contact. For example unable to assess the home directly meant that practitioners had to rely on what they saw, therefore engaging the ‘other’ in a space, an ‘enclosure’, where parent-child interactions were visible was essential (Foucault, 1977). Yet for many parents who used Centres, these spaces also represented somewhere to socialise, meet with other parents and sometimes to relax, an expectation that was also constructed in the government publicity on Centres (Directgov, 2010). This gave rise to some tension as parents used the space in ways that met their needs but in which staff sought to create change without firstly engaging ‘the other’ in whether there is a need to change. It is an assumption of the need to change that makes this practice undemocratic.

However, I have also shown that parents who attended Centres and fully engaged in them, positioned themselves subconsciously and consciously within this change agenda. Using a Foucauldian theoretical framework, I have argued that parents had internalised these discourses and reproduced them in their talk, in the way that they used the services available and in the way that they policed themselves and others within the Centres. These ‘good’ attenders
tended to engage fully in a range of groups; education, parenting and other ‘self improvement’ activities such as volunteering. They also readily sought support and advice within the Centres and shared their issues. This thesis argues that they performed ‘the right ways of being and doing’ (Bourdieu 1986 in Lawler, 2005, p.433). It is these perceived ‘right ways of being and doing’ that parents who chose not to regularly attend resisted, not in overtly vocal ways but in the choices that they made about how they consumed (or used) the spaces of Children’s Centres and/or chose other spaces, spaces where they felt they could ‘be themselves’.

However, on occasion there were parents who did resist in overtly vocal ways. In this case it was the way that these parents used these spaces in ways that did not meet the expectations of staff that was seen as problematic. Putting their own needs first, for example, the need for a cup of tea before interacting with their children constructed them as a ‘bad attender’. However, other parents who also used the space in social ways to meet as a group also presented barriers to participation for others, yet these groups or ‘cliques’ were seen as natural. Here Centre staff were trapped by the neo-liberal discourse of choice to manage the presence of ‘cliquey’ groups, where the customer has a right to attend services, and where these parents were clearly fulfilling their responsibility to attend and engage with their children, albeit in large exclusionary groups which could deter ‘the other’ from attending or returning. Here within these spaces social control can be seen as ‘dispersed’ (Dahlberg et al., 2007, p.30) to practitioners and other parents, via networks or ‘assemblages’ (Rose & Miller, 2010), an almost invisible ‘web’ through which
power operates. Hence not only are Centres ‘intrinsically linked to the activities of the expert’ (Rose & Miller, 2010, p.273) to the role of the new early years professional, so too are other parents. These other ‘loose networks’ included not only the regular attenders of Children’s Centres, the ‘good attenders’, who sometimes dominated groups as seen in Chapter 10, but also as Chapter 9 highlighted, those who might be regarded as ‘indisciplined’, the attenders who resisted (see Chapter 9). In their attempts to counter the processes that were arguably attempting to, as Bauman would say, ‘devour’ them (Bauman, 2001, p.201) these parents challenged what Centres were about, they resisted and hence regained a little power to maintain their difference.

What this thesis highlights is that the issue of participation, in terms of trying to identify ‘what works’ is a modernist agenda that oversimplifies a very complex and messy picture in which ‘the what’ that is missing is largely the ‘democratic’ discussion (Fielding & Moss, 2011), the ‘reasoning together’ (Mills, 2000, p.188), of what Centres might be seen as, or what they might become. The wide remit presented to Children’s Centres by the New Labour government (House of Commons, 2010, p 20), was not only accepted as what Foucault would call a ‘regime of truth’, but it also created some unintended consequences. To make fundamental change at the level of the individual, community and society now seems to be an almost impossible endeavour, however this is what was expected of Centres. Therefore the need to engage all those involved in Centres, in a critical dialogue about their future is now very relevant.
The unique contribution to knowledge that this thesis makes is that it highlights the role of Centres in performing what Miller and Rose describe as ‘governing at a distance’ (Miller & Rose, 2008, p.34). Children’s Centres are legally positioned by the Children Act 2006 as being discharged the duty to ‘make a difference to outcomes for children’ (DCSF, 2008a, p.1). Whilst monitoring of this by the Local Authority was evident, a top-down application of power, it was in the way that staff performed and narrated their roles where the performance of power was most evident. The difficulty for Centres is that they must ‘be seen’ to make a difference and improve outcomes in the lives of children. Therefore in order to do this, parents had to engage with Children’s Centre services, they had to be encouraged to come through the doors of Centres. The importance for Centres in doing this was that it made visible the often private performance of parenting and in particular and as seen in Chapter 9 the one element that was within the practitioner’s capacity to change, the parent-child interaction. And whilst practitioners acknowledged the importance of parents supporting parents, it was clearly not enough. Their role in making a difference was paramount, for example through the transference of expert knowledge as in the form of information about children’s schemas, or indirectly through the identification of problems and the signposting of parents to other services. In order to improve outcomes there had to be some sort of meaningful encounter, some application of expert knowledge. This was essential as it also formed part of the process of professionalising Children’s Centre staff themselves. Yet this was being challenged within both Centres where staff were being asked to relinquish some of this control through the development of parent led groups. Whilst this notion was acceptable to staff they needed to be sure that these parents would have in
some way served an apprenticeship, that is, they had used and come through the services themselves, that they knew what Centres were ‘all about’. It is here that the ‘translation’ of change in one ‘modality’ can be seen as impacting in another (Miller & Rose, 2008, p.61-62). That is parents engagement in Children’s Centres, with professionals, was central to the creating new networks or ‘assemblages’ (Rose & Miller, 2010), hence casting the net of governance wider, into the home, into the community and into society.

12.3 Little things and unintended consequences: Implications for practice

It is not often that practitioners are presented with a slice of social theory with a discussion of practice. I believe that bringing theory into the discussion of practice is essential and justified and therefore I will once again turn to Foucault and state that what this thesis has shown is the importance of practitioners ‘knowing what they do... know why they do what they do... [and] know what they do does’ (Foucault cited in Allan, 1999, p.6). As I stated earlier, the difficulty with this for practitioners working within the normative frameworks of what constitutes good parenting, about who needs support and which interventions work to enable or change in parental behaviour, are all part of the processes of government at a distance. These normative frameworks and discursive practices of these new institutions is the ‘knowing’ and this knowledge is passed to practitioners via networks of guidance and service expectations. These often go unchallenged in the workplace, digested wholly and enacted in day to day practice. It is this ‘knowing’ or knowledge that is not only located within the self but produced by the ‘technologies’ in these spaces, which becomes embedded
within power relations. However, one of the greatest challenges that practitioners face is that it is results and outcomes, which are used as the basis of judgements of performance, rather than exploring the processes and the ways of ‘knowing’ which outcomes are to be achieved.

The practical applications of this thesis are not for me to proclaim. It has never been the intention of this thesis to identify and generate ‘what works’ in engaging parents in these new spaces. I make no claims to generalisability, instead I ask the reader to judge the validity of what they read on whether it resonates with them and their experiences. If this generates disagreement then I am happy, as in presenting a critique the opportunity for debate, discussion and creativity is produced. The challenge is then to create a space for confronting, deconstructing and disrupting what it is those who work and use Centres see a Children Centre as being and to look beneath the surface of what Centres seek to do. On the surface the offering or the withholding of a cup of tea might be regarded as such a trivial and minor act that it does not deserve reflection or discussion. However within this thesis I have shown that this small act is heavily symbolic. It is a political act. It represents not only those meanings associated with creating relational spaces but as I have shown it also represents what Centres are; spaces where government is performed at a distance.

However, the challenge for these spaces is that they are watched and judged themselves, just as parents and children are. They are judged not only in terms
of the numbers of parents that they are reaching but also in terms of the
difference that they are making to improve outcomes for children. As such what
they did and how they performed their role was also constructed within these
power relations. Hence the measuring of outcomes creates an environment that
may be reluctant to look critically at the processes that attempt to create
outcomes. Nonetheless, in the spirit of Foucauldian perspective, where there is
restraint there is the possibility of liberty. ‘Deliberately practicing for liberty’
(MacNaughton, 2005, p.50) questioning these small acts, these micro-
processes hence creates the possibilities for freedom.

Within this thesis I have shown how a dominant discourse around Children’s
Centres was constructed as part of New Labour’s ideology of progressive
modern government and the way that evidence was used and internalised to
construct notions of the professional and the good parent. In New Labour’s
drive to improve outcomes for children, to make ‘the other’, ‘the same’,
something was forgotten.

    How dangerous it is to neglect the little things. It is a very consoling
reflection for a soul like mine, little disposed to great actions, to think
that fidelity to little things may, by an imperceptible progress, raise us
to the most eminent sanctity: because little things lead to greater

The unintended consequences were that some of the ‘little things’, the primacy
of supportive relationships between parents, and the care and respect for ‘the
other’, got lost as professionals too became part of the machinery of
government.
References


DCC, Devon County Council (2007b) 'Monitoring guidelines for Devon's Children's Centres'. Exeter: Devon County Council.

DCC, Devon County Council (2008) 'Monitoring guidelines for Devon's Children's Centres'. Exeter: Devon County Council.


DCSF, Department for Children Schools and Families (2008c) *2020 Children and Young People’s Workforce Strategy*. London: HMSO.

DCSF, Department for Children Schools and Families (2008d) *The Early Years Foundation Stage: Setting the Standards for Learning, Development and Care for Children from Birth to Five*. London: DCSF.


The Times (2006) 'Poor turned off Sure Start by middle-class mothers'. *The Times.* 6 October 2006. [Online]. Available at: [http://www.timesonline.co.uk/tol/news/uk/article663212.ece](http://www.timesonline.co.uk/tol/news/uk/article663212.ece) (Accessed: 02.10.07).


## Appendix 1  Who is vulnerable/hard to reach?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents with drug/alcohol problems</td>
<td>Where families have five or more of these risk indicators:-</td>
<td>‘Minority groups – unrepresented, marginalised, disadvantaged/socially excluded eg. Minority ethnic groups, travellers, asylum seekers</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>• Non-working households</td>
<td>Overlooked or invisible groups – eg. Mental health problems, those caring for others</td>
<td></td>
</tr>
<tr>
<td>Children with SEN</td>
<td>• Poor quality/overcrowded housing</td>
<td>Service resistant eg. ‘Known’ to Social Services Department, wary and distrustful of services, hostile eg those with drug/alcohol problems or involved in criminal activity’</td>
<td></td>
</tr>
<tr>
<td>Asylum seekers/refugees</td>
<td>• Homes with no parental qualifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Natal Depression (PND)</td>
<td>• Where mother has a mental health problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fathers/male carers</td>
<td>• Where one parent has a long term disability or illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural needs</td>
<td>• Low income households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage parents</td>
<td>• Where a number of food/clothing items cannot be afforded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sure Start Unit (2006, p.8)</td>
<td>These are likely to be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Teenage parents</td>
<td>• Social tenant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lone parents</td>
<td>• Mother non-English first language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families living in poverty</td>
<td>• Lone parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workless households</td>
<td>• Mothers ethnicity Black or Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents with drug/alcohol problems</td>
<td>• Criminal activity/prison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with parents in prison or known to be involved in criminal activity</td>
<td>• Specific local area groups/needs’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents from ethnic minorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asylum seeker families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents with a learning disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal activity/prison</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific local area groups/needs’</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Low income
- Low socio-economic background
- Low attainment
- Poor social/emotional skills
- Poor parenting
- Low birth weight
- Poor health
- Poor parental mental health
- Living in deprived neighbourhood
- Other risk factors where children likely to develop problems’ (p 11)
## Appendix 2 Interview guide

Nb. Not used as a strict schedule of questions, rather as an aide memoir to generate discussion.

<table>
<thead>
<tr>
<th>General</th>
<th>Information sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent</td>
</tr>
<tr>
<td></td>
<td>Confidentiality</td>
</tr>
<tr>
<td></td>
<td>Audio recording</td>
</tr>
</tbody>
</table>

| Introduction  | • Would you like to tell me a little about yourself, ages of children, do you work etc |
|               | • Would you mind sharing with me what your week as a parent is like, what is like being a parent here (area) |

| Use of early years services | • Would you like to tell me about your experiences of using early years service |
|                           | • Have you ever used toddler groups, play groups, nursery?                     |
|                           | • Do you remember why you chose to use those services?                         |
|                           | • What was it that made you choose them? What is important about them.         |

| Children’s Centres | • What does the word Children’s Centre mean to you? What words do you associate with them? |
|                    | • Have you heard of Sure Start?                                                |
|                    | • Your local Centres is xxxxxxxx - what do you know about what they offer.      |
|                    | • Have you ever had any information about them?                               |
|                    | • Show photos – what might you think about these places, about what activities take place there |
|                    | • What do you think would be important to know before going there.             |

| Asking for help   | • Help seeking - who would you turn too?                                        |
|                  | • Why would/did you choose them?                                                |
|                  | • Who else might parents/you turn too?                                          |
|                  | • Would you see the Children’s Centre as a place to go to for help?             |

| Children’s Centres and other groups | • What about groups in the community such as toddlers what do you think is the appeal (or not, depends on answer) of toddler groups rather than groups held at the Children’s Centre? |
Appendix 3 – Ethics protocol

ETHICS PROTOCOL

1. Who I am
My name is Marie Lavelle, I am a PhD student with the Faculty of Education, Early Childhood Studies at the University of Plymouth. This project is part funded by Devon County Council, Early Years.

2. What this research is about
I am looking at parents and carer’s experiences of attending local Children’s Centres. Some parents and carers use Children’s Centres regularly, others might go less often or not at all and I’m interested in why this is the case.

I will be investigating and exploring

- The experiences of children, parents and carers with regard to attending Children’s Centres and using their services
- The experiences of Centre staff in encouraging participation

At the end of the study, I will present the findings to Devon County Council, as a conference paper and hopefully as a journal article. More importantly I hope that through your participation we will know more about what parents feel they need and don’t need.

What it involves

- Working in two Children’s Centres in Devon for a year to undertake this study,
- Firstly getting to know the two Centres, exploring the information/leaflets they produce, the communities they support and getting to know staff and parents.
- Talking to and getting to know parents and carers who do and do not use Children Centre Services to hear their experiences of using this support.

I will use information collected through informal, naturally occurring conversations, life history interviews with 10 parents from each centre. Life history interviews are a way of really understanding the path that you have travelled in order to understand the choices you make. If you would like to participate in this type of interview I would really like to get to know you and listen to your story. Interviews can take place at a location of your choice and because of the amount of detail if possible I would like to record it but if you preferred I didn’t I will take notes. Non-attending parents and carers will be invited to participate by letter if they are known to the Children’s Centre, otherwise invitations will be made through other local groups which support parents.
• Talking to centre staff and using focus groups to explore their views of the issues of participation. Focus groups will last 45-60 minutes, take place once a term and have a particular focus for each session.
• Attend centre meetings if appropriate
• Observing how parents, children and staff interact in Children’s Centres at key times, for example at drop-off and pick-up times, and during selected support sessions
• Observing and talking to children through naturally occurring conversations during their play.

Who can help
Ideally I would like to talk to as many children, parents, and staff as possible. A copy of this protocol will be given to all parents and staff and everyone will be asked if they would like to join in. Written consent will be gained from the Centre Lead and from the Governing/Accountable Body. (NB will need to ensure that this conforms to organisations own ethical guidelines.)
If you are a parent and would like to talk to me formally about your experiences, I will ask you to sign a written consent form. If you are a member of staff and are involved in a focus group written consent will also be gained. As all conversations could be regarded as potential data, I will remind parents and staff during naturally occurring conversations. If parents and staff do not wish to be part of the research any information gained through naturally occurring conversations will be disregarded. Where children are concerned, permission to talk to children will initially be sought through the centre manager acting in loco parentis, and directly from children, where parents are present, parental permission will be gained. These conversations will be informal and may be audio-recorded.

Changing your mind
If you would like talk to me about your experiences and later change your mind, that is fine and not a problem or if you just don’t want to answer a particular question you don’t have to or if you find being recorded uncomfortable you can ask for it to stop. Being part of this research project is entirely your choice. Not being involved in the project in no way will affect the opportunities and services you receive from the centre.

Protection from Harm
Every effort will be made to protect individuals from harm. If parents and carers have disclosed information of a sensitive nature and require further support with regards to this, with your permission I will seek follow-up support. Consideration to breach confidentiality will only be considered in light of the legal responsibility to safeguard children and vulnerable adults, and will follow the Centre’s protocol. All participants will be made aware of this at consent.

Feeding back to you
I hope that by listening to your stories of your experiences of Children’s Centres that this project will have a positive impact on shaping how future services are delivered for children and parents. Each Centre will be given a copy of the
research findings at the end of the study and if possible I would like to come and share my findings with the Centres involved.

**Keeping your information safe**
All information collected will be kept securely, fieldnotes, transcripts of interviews and focus groups will be kept separate from personal data, will only be used for the purpose of the research, and will comply with the Data Protection Act (1998). No individuals will be named in the written published reports, quotes taken from participants will be anonymised. In the written reports the Centre’s studied will be given fictitious names and whilst every effort will be made to guarantee anonymity, this will be limited by the extent to which the identity of the Centres themselves is made public by others.

I hope you can help and look forward to meeting everyone at the Centre. Many thanks.
Marie Lavelle

If you would like to more information,
Tel: xxxxxxxxxxxxx OR E-mail marie.lavelle@xxxxxxxxxxx
Or leave a message for me at the Children’s Centre desk and I will get back to you
Appendix 4 – Health ethics approval letter

Our ref LCH

12 March 2008

Ms Marie Lavelle

Dear Ms Lavelle

Full title of study: Children’s Centres - influences on participation and non-participation. An exploration of the perspectives of children, parents and providers.

REC reference number: xxxxxxxxxx

Thank you for your letter of 06 March 2008, responding to the Committee’s request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation [as revised].

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for other Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:
<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>1</td>
<td>12 February 2008</td>
</tr>
<tr>
<td>Investigator CV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol</td>
<td>1</td>
<td>01 May 2008</td>
</tr>
<tr>
<td>Covering Letter</td>
<td></td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Letter from Sponsor</td>
<td></td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Interview Schedules/Topic Guides</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Advertisement</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Letter of invitation to participant</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Staff</td>
<td>2</td>
<td>06 March 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Parents</td>
<td>2</td>
<td>06 March 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Children’s</td>
<td>2</td>
<td>06 March 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Staff - Focus Groups</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Parent/Carer - interviews</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Parent/Carer - observations</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Response to Request for Further Information</td>
<td></td>
<td>06 March 2008</td>
</tr>
<tr>
<td>Research Collaboration Agreement</td>
<td></td>
<td>30 March 2007</td>
</tr>
<tr>
<td>Copy Certificate of Indemnity</td>
<td></td>
<td>28 September 2007</td>
</tr>
<tr>
<td>Letter of Invitation Staff</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Letter of Invitation to Parent/Carer - non participating</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
<tr>
<td>Supervisor CV</td>
<td>Dr N Gabriel</td>
<td></td>
</tr>
<tr>
<td>Letter from Co-sponsor</td>
<td></td>
<td>13 February 2008</td>
</tr>
<tr>
<td>University Ethical Review Statement</td>
<td></td>
<td>18 October 2007</td>
</tr>
<tr>
<td>Project Approval Form</td>
<td></td>
<td>17 July 2007</td>
</tr>
<tr>
<td>Ethics Protocol for Participants</td>
<td>1</td>
<td>28 September 2007</td>
</tr>
<tr>
<td>Recruitment leaflet</td>
<td>1</td>
<td>13 February 2008</td>
</tr>
</tbody>
</table>
R&D approval

All researchers and research collaborators who will be participating in the research at NHS sites should apply for R&D approval from the relevant care organisation, if they have not yet done so. R&D approval is required, whether or not the study is exempt from SSA. You should advise researchers and local collaborators accordingly.

Guidance on applying for R&D approval is available from

xxxxxxxxxxxxx

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

Here you will find links to the following

- a) Providing feedback. You are invited to give your view of the service that you have received from the National Research Ethics Service on the application procedure. If you wish to make your views known please use the feedback form available on the website.

- b) Progress Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

- c) Safety Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

- d) Amendments. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

- e) End of Study/Project. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email xxxxxxxxxx

| xxxxxxxxxxxxx | Please quote this number on all correspondence |

With the Committee’s best wishes for the success of this project

Yours sincerely

Chair
Appendix 5 – Information for parents and carers

Children's Centres- influences on participation and non-participation.
An exploration of the perspectives of children, parents and providers.

Parents and carers information sheet (interviews/focus groups)

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take your time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?

The project is being done as an educational qualification for a PhD at the University of Plymouth and is part funded by Devon County Council. The research is trying to find out why some parents do and do not use Children’s Centre services. Although Centres are new in some areas, for others Centres have been in the community for a while. Whilst some families use Centres regularly, others do not. Research suggests that Centres are failing to reach families who would most benefit from support. Although many studies have asked parents the reasons for not attending, there are very few studies which try to really understand the issues that parents and carers face in asking and taking up support. In particular I am interested in how life experiences influence and shape the choices we make as parents about seeking support. The project is also looking at the whole Centre, including the experience of staff in encouraging access. I will be having informal conversations with parents and carers, observing activities whilst participating and really trying to understand the issues that families face in accessing services.

Why have you been invited?

I am inviting all parents and carers to participate. However, I am particularly interested in hearing from those families who, for whatever reason, have not found parenting and bringing up children easy. I would like to interview at least 10 parents and carers that attend Centres and 10 that do not. I am studying two Centres in Devon.

Do you have to take part?
It is up to you to decide. Participation in this interview is voluntary and I'm not here to persuade you that you should use these services. I will go through this information sheet with you and you can then keep it for your own records. If you wish to take part I will ask you to sign the consent form to show you agreed to take part and give you a copy to keep. You are free to withdraw at any time, without giving reason. This would not in any way affect the care you receive.

If you decide to withdraw it will be up to you as to whether you wish any information gathered to be included or withdrawn. If you wish all information to be withdrawn it will be destroyed and not referred to.

What will you have to do to take part?

- I am interested in how life experiences influence and shape the choices we make as parents about seeking support.
- The interview may take an hour and with your permission will be audio-recorded, if this is not acceptable I will take notes instead. If it is OK with you at the end of the interview I may ask you if we can meet again to go over some of the points that you might raise during this interview.
- Audio recordings will only be listened to and transcribed by myself.
- The interview can take place in a venue of your choice, for example, in the Children’s Centre or in your home.
- You can be completely honest. There are no right or wrong answers and unless there is concern for someone’s safety everything you say is confidential. (Local safeguarding procedures will be followed).

What are the benefits and the disadvantages of taking part?

I cannot promise the study will help you but the information we get from this study will help to inform the way that services are delivered in the future. Because I am interested in how life experiences influence and shape the choices we make as parents, I am aware that for some people talking about these experiences can raise emotions and may be upsetting. Remember only share what you want to share. If you disclose information of a sensitive nature and require further support with regards to this, with your permission I will seek follow-up support.

What if there is a problem?

If you are unhappy with any aspect of the study you should ask to speak to me. I will do my best to answer your questions (xxxxxxxxx). If you feel you need to talk outside the study please contact Devon PCT Patient Advice and Liaison Service (PALS) xxxxxxxxxx or email xxxxxxxx.
Will taking part in this study be kept confidential?
- All information collected will be kept securely in a locked filing cabinet.
- Fieldnotes, transcripts of interviews and focus groups will be kept separate from personal data.
- Only unidentifiable data will be shared with the supervisory team.
- Before interviews you will be asked to refrain from the use of identifiable names, if used they will be removed from the audio-tapes before being stored securely. Audio-recordings will be destroyed at the end of the research.
- Interview transcripts will be given a code so that your identity will not be linked to any information collected about you. Identifiable data will be removed from transcripts.
- Information collected will only be used for the purpose of the research, and will comply with the government guidelines.
- No individuals will be named in the written published reports, quotes taken from participants will be anonymised.
- You have the right to check the accuracy of data held about you and to correct any errors.
- In the written reports the Centre’s studied will be given fictitious names, however Centre anonymity will be limited by the extent to which the identity of the Centres themselves is made public by others and those who use the Centre and know of the project.

What will happen to the results of this research?
The findings of this study will be published in academic journals and disseminated at conferences. Some of what you say may be used but you will not be identified in any way.

Who has reviewed the study?
This research has been reviewed by the NHS Research Ethics Committee for xxxxxxxx.

Further information about the study or what is involved can be obtained from myself. Marie Lavelle, PhD student

Contact details
Appendix 6 – Information for staff

Children’s Centres- influences on participation and non-participation.
An exploration of the perspectives of children, parents and providers.

Staff information sheet (focus groups)

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take your time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?

The project is part of PhD study for an educational qualification at the University of Plymouth and is part funded by Devon County Council. The research is trying to find out why some parents do and do not use Children’s Centre services. Although Centres are new in some areas, for others Centres have been in the community for a while. Whilst some families use Centres regularly, others do not. Research suggests that Centres are failing to reach families who would most benefit from support. Although studies have examined the barriers that families face in accessing services, very few have explored the issues from the perspective of Centre workers. I would like to explore your experiences of encouraging access.

This study is also looking at the whole Centre. I will be having informal conversations and formal life history interviews with parents and carers (attending and non-attending), observing activities whilst participating and really trying to understand the issues that families face in accessing services.

Why have you been invited?

I am inviting all Children’s Centre staff who are directly involved in encouraging parents to come to Centres, to participate in the focus group.

Do you have to take part?

It is up to you to decide. Participation is voluntary. I will go through this information sheet with you and you will then be able to keep it for your own record. If you wish to take part I will ask you to sign the consent form to show you agreed to take part and give you a copy to keep. You are free to withdraw at any time, without giving reason.

If you decide to withdraw it will be up to you as to whether you wish any information gathered to be included or withdrawn. If you wish all information to be withdrawn it will be destroyed and not referred to.

What will you have to do to take part?

- I will be holding three focus groups over the next year, one a term. The focus of each session will largely depend on emerging themes from the data, from the literature I envisage this may include, the role of Children’s Centres, the impact of targeting and providing a universal service, experiences and reflections on encouraging families.
• You can be completely honest. There are no right or wrong answers and unless there is concern for someone’s safety everything you say is confidential. (Local safeguarding procedures will be followed).
• I will be tape-recording the focus groups.

What are the benefits and the disadvantages of taking part?

I cannot promise the study will help you but the information we get from this study will help to inform the way that services are delivered in the future.

What if there is a problem?

If you are unhappy with any aspect of the study you may speak to me and I will do my best to answer your questions (xxxxxxxxxxxxx). Alternatively you can contact my supervisor whose details are at the end of this sheet.

Will your taking part in this study be kept confidential?

• All information collected will be kept securely in a locked filing cabinet.
• Fieldnotes, transcripts of interviews and focus groups will be kept separate from personal data.
• Before focus groups you will be asked to refrain from the use of identifiable names, if used they will be removed from the audio-tapes before storage.
• Only unidentifiable data will be shared with the supervisory team.
• Interview transcripts will be given a code so that your identity will not be linked to any information collected about you. Identifiable data will be removed from transcripts. Audio-recordings will stored securely and destroyed at the end of the research.
• Information collected will only be used for the purpose of the research, and will comply with the Calidicott principles and the Data Protection Act 1998 (government guidelines).
• No individuals will be named in the written published reports, quotes taken from participants will be anonymised.
• You have the right to check the accuracy of data held about you and to correct any errors.
• In the written reports the Centre’s studied will be given fictitious names, however Centre anonymity will be limited by the extent to which the identity of the Centres themselves is made public by others and those who use the Centre and know of the project.

What will happen to the results of this research?
The findings of this study will be published in academic journals and disseminated at conferences and presentations. Findings may also be published in a book. Some of what you say may be used but you will not be identified in any way.

Who has reviewed the study?
This research has been reviewed by the NHS Research Ethics Committee for Devon and Torbay and the University of Plymouth.
Further information about the study or what is involved can be obtained from:-

Contact details here
Appendix 7 – Example of consent form (health ethics approved)

Study Reference Number: UoP headed note paper

Participant Identification Number for study:

CONSENT FORM

for parents / carers interviews

Title of Project: Children’s centres – influences on participation and non-participation.

Name of Researcher: Marie Lavelle

Please initial box

<table>
<thead>
<tr>
<th>I confirm that I have read and understand the information sheet dated (6.02.08) for the above study and have had the opportunity to ask questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected.</td>
</tr>
<tr>
<td>I agree to take part in the above study.</td>
</tr>
<tr>
<td>I understand the interview may be audio taped and that identifiable material will be removed from tapes and stored securely in line with current retention policy and only non-identifiable information will be used in the transcription.</td>
</tr>
</tbody>
</table>

_________________________  __________________  __________________
Name of Participant  Date  Signature

_________________________  __________________  __________________
Researcher  Signature  Date
Appendix 8 – Introductory letter to parents (sent via Health Visitors)

Letter to parents

PCT headed paper

Study Title: Children’s Centres – reasons for participation and non-participation. An exploration of the perspectives of children, parents and providers.

Dear Parent / Carer

Marie Lavelle is currently undertaking a MPhil/PhD in Education and will be commencing a research project from 21st April 2008 until 19th July 2009.

In order to complete the research she would like to explore the reasons why people do and do not attend Children’s Centres. Marie will be attending the Baby Clinic on 14th May if you wish to find out more about the research and will be able to tell you about the ways you can become involved.

If you wish to participate in the research you will be given an information sheet about the project and will be asked to sign a consent form. You will also be given full contact details of the researcher and can withdraw from the study at any time without your rights being affected.

Please be assured that all data collected will be treated confidentially at all times and only non-identifiable data will be used for the purpose of the study. All study data collected will be destroyed when the researcher has completed her MPhil/PhD course.

Please contact either myself or Marie Lavelle on xxxxxxxxxx for further information.

Thank you for your interest

Yours sincerely,

Health Visitor
Appendix 9 – Table of activities both Centres April 2008-July 2009 (some names have been changed)

<table>
<thead>
<tr>
<th>Centre 1</th>
<th>Centre 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open/universal groups</td>
<td>Stay and play (in Centre and outreach venues)</td>
</tr>
<tr>
<td>Drop-in and play (in Centre and in outreach venues)</td>
<td>Baby health clinic</td>
</tr>
<tr>
<td>Baby health clinic</td>
<td>Babys health clinic</td>
</tr>
<tr>
<td>Singing group</td>
<td>Family fun group</td>
</tr>
<tr>
<td></td>
<td>Singing 0-1 and 1-4 years</td>
</tr>
<tr>
<td></td>
<td>Toy Library</td>
</tr>
<tr>
<td></td>
<td>Toddler dancing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Centre 1</th>
<th>Centre 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open but restricted membership (criteria or sign-up)</td>
<td>Breastfeeding group</td>
</tr>
<tr>
<td>Dads and kids club</td>
<td>Treasure Baskets</td>
</tr>
<tr>
<td>Baby Days (babies up to a year)</td>
<td>Outdoor group</td>
</tr>
<tr>
<td>Child minders drop in and play (weekly)</td>
<td>Understanding your child’s schema</td>
</tr>
<tr>
<td>Breast feeding support group</td>
<td>Speech and language group</td>
</tr>
<tr>
<td>Young Parents Day</td>
<td>Heuristic Play</td>
</tr>
<tr>
<td>Early Days</td>
<td>Monthly childcare group</td>
</tr>
<tr>
<td>Essential Skills group</td>
<td>Cooking group</td>
</tr>
<tr>
<td>Bumps to Babies (Ante-natal classes)</td>
<td>Bumps to Babies (Antenatal class)</td>
</tr>
<tr>
<td>Child Contact provision</td>
<td>Mother and Baby Yoga</td>
</tr>
<tr>
<td>Speech and language drop-in</td>
<td>Mum and baby Fitness</td>
</tr>
<tr>
<td>Family Talk Workshop</td>
<td>Food Hygiene Awareness Course</td>
</tr>
<tr>
<td>Special Care Baby Group</td>
<td>First Aid Course</td>
</tr>
<tr>
<td>Baby Loss Support Group</td>
<td></td>
</tr>
<tr>
<td>Parent Forum</td>
<td></td>
</tr>
<tr>
<td>Baby Massage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Centre 1</th>
<th>Centre 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred/directed</td>
<td>Here’s Looking at You Babe Webster Stratton – Incredible Years</td>
</tr>
<tr>
<td>Here’s Looking at You Babe Webster Stratton – Incredible Years</td>
<td>Group for children with a disability and their parents/carers Confidential Counselling Service Smoking Cessation Family Group Conferences Home visiting Outreach support</td>
</tr>
<tr>
<td>Home visiting Outreach support</td>
<td>Here’s Looking at You Babe Webster Stratton – Incredible Years</td>
</tr>
</tbody>
</table>
Appendix 10 – Profile of participants

Although specific socio-demographic data was not collected on participants, users, non-users and staff in the Children’s Centres shared with me in their conversations elements of their lives which allowed me an insight into their social circumstances. However, this insight was difficult to gain in the brief conversations with women in the toddler groups. Parents in both Centres came from a wide range of social circumstances. Many mothers, particularly those who attended the baby clinics and the groups for parents with younger babies, were on maternity leave. Others had chosen to stay at home to care for their young children and many mothers who worked part-time visited the Centre on their days off. There were mothers who were parenting alone some of whom worked and others who did not. Many mothers had partners who were in paid employment.

Like the parents who used the Children’s Centres staff too came from a broad range of backgrounds. Having previously been a family centre, Centre 1 had a large staff team (approximately twenty at the time of the study, compared to approximately ten in Centre 2) and hence was able to draw on a wide skills base. A number of members of staff had a social work background, others had worked in family support or with children in schools. One member of staff was a qualified counsellor, one an early years teacher and one member was undertaking the Early Years Practitioner Status qualification. Centre 2 had a much smaller team, but like Centre 1 did have a member of staff who was a
teacher. Whilst both Centres had staff who predominantly held childcare qualifications, many of the staff were undertaking further study completing Foundation Degrees, undergraduate programmes and courses such as counselling, sometimes in their own time. Although some staff were employed for specific roles, for example community development, some were given new roles during their employment. In service training was provided by the local authority, by the Centres themselves, or by the organisations who managed the Centres, whilst staff also pursued training under their own volition.

Some staff came from the local communities of the Centres. A number of staff had come through the ‘system’ themselves; they were local mothers and had some experience of using the Centres. Some staff came to the Centre as mothers on their day off to use groups, whilst others used Centres which were closer to where they lived. However, some staff who worked within Centres or closely with them had negative experiences of their services and felt at times they were ‘not for them’. Both Centres were keen to encourage local parents to get involved in running and working within the Centres. They felt that if they could engage key local people then other local parents would use the groups. This was a strategy for engaging ‘hard to reach’ or ‘marginalised’ groups and a way of fostering trust and making links with the community. In both Centres there was an easy, warm relationship between staff and parents. Yet there was also the need for staff to distinguish themselves from Centre users. For example in one of the Centres the staff wore a tee-shirt with the Centre logo on and in the other, badges were worn to distinguish staff from Centre users.

33 Both these points will be the basis of a future discussion paper.