

Synthesis Paper on the National Evaluation of Sure Start (NESS)

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Background

1. The UK Government's commitment to the early years is indicated by rises in expenditure on the early years from around £2billion in 1997/98 to almost £3.7billion 5 years later (National Audit Office, 2004). This commitment is encapsulated in a Ten Year Childcare Strategy (HM Treasury, 2004), which draws together previously separate strands of policy, and was driven by three central principles:
 - The importance of ensuring every child has the best possible start in life;
 - The need to ensure that parents, particularly mothers, can work and progress their careers; and
 - The legitimate expectations of families to control the choices they make in balancing work and family life.

It was also re-enforced by the appointment of a Minister with responsibility for children, young people and families

2. Sure Start is the UK Government's flagship programme delivering early years services in England.¹ The aim of Sure Start is to achieve better outcomes for children, parents and communities by:
 - increasing the availability of childcare for all children
 - improving health and emotional development for young children
 - supporting parents as parents and in their aspirations towards employment
3. It is a cornerstone of the Government's drive to tackle child poverty and social exclusion working with parents-to-be, parents/careers and children to promote the physical, intellectual and social development of babies and young children so that they can flourish at home and when they get to school. Through the provision of high quality childcare it is also a key enabler of parental employment.

¹ Early years services and childcare are devolved issues and Scotland and Wales have their own arrangements.

4. In 1997 the new Labour government initiated a review of services for young children. The review noted that the earliest years of life are particularly influential, as very early development is more susceptible to environmental influences than previously appreciated; that multiple disadvantage for young children is a major problem that greatly increases social exclusion later in life; that the quality of service provision for young children and their families varied immensely across communities and that a comprehensive community-based programme of early intervention and family support could have beneficial and far-reaching impact on child and family development. This led to the creation of 524 area-based Sure Start Local Programmes (SSLPs) in the most disadvantaged communities in England.
5. A principal goal of Sure Start Local Programmes (SSLPs) is to enhance the functioning of children and families by improving services provided in the local programme areas, which have high levels of deprivation. SSLPs represent an intervention unlike almost any other undertaken to enhance the life prospects of young children in disadvantaged families and communities. They are different in that they are area based, with all children under four and their families living in a prescribed area serving as the “targets” of intervention. This has the advantage that services within a SSLP area are universally available and any stigma that could result from the targeting of individuals may be avoided.
6. As a consequence of their local autonomy, SSLPs do not have a prescribed “protocol” of services that promotes adherence to a prescribed model. Instead, each SSLP has autonomy to improve and create services, with general goals and some specific targets but without specification of how services are to be delivered. Nevertheless, all SSLPs are expected to provide core services of :
 - outreach and home visiting,
 - support for families and parents,
 - support for good quality play,
 - learning and childcare experiences for children,
 - primary and community health care,
 - advice about child health and development and family health, and
 - support for people with special needs, including assistance in accessing specialised services.
7. Community control has been consistently emphasised in the development of SSLPs and this control was to be exercised through local partnerships. Partnerships were to be at the heart of Sure Start in order to bring together everyone concerned with children in the local community, including health, social services, education, the private sector, the voluntary sector and parents. Thus partnerships were to provide local community influence for the design of each SSLP and hence there was no specification of how to provide services, only what they should achieve.

8. The National Evaluation of Sure Start (NESS) was commissioned in 2000 to undertake a multifaceted evaluation of SSLPs, addressing the nature of the communities in which SSLPs were situated, the ways in which SSLPs were implemented, the impact of SSLPs on children, families and communities and the cost-effectiveness of SSLPs. In addition, NESS was charged with providing technical support to local programmes so that each could undertake its own local evaluation to inform the further development of the services it was offering.

What the customers think

9. Feed back from a recent “Get Heard!” project, run by UK NGOs to obtain feedback from the grassroots on the UK’s social inclusion and social protection strategy gave universal praise to Sure Start for its aims and objectives. There was clear approval for the local flavour and focus of each Sure Start scheme and parents liked the community aspect of Sure Start projects, the grants schemes for local projects, and the maternity grant. Parents would like Sure Start to be more widely available, so that everyone who needs to can access it.

Transferability

10. A key to the Sure Start programme is that it recognises that families have distinctly different needs, both between different families, in different locations and across time in the same family and that services should recognise and respond to these varying needs. It is also flexible at point of delivery to encourage access. Opening hours, location, transport issues and care for other children in the family are considered. Where possible families are enabled to get the health and family support services they need through a single point of contact. This flexibility makes the programme suitable for adoption in any area and in any other member state.

Getting Services Started

11. Setting up a completely new form of early years service presented considerable problems to newly formed SSLPs. Local areas were required to form a partnership of statutory and voluntary agencies, parents and other members of the community to plan and manage the Sure Start local programme. Partnerships did not choose lead partners by any formal process. Often the agency with the most capacity took on this demanding role. One member of a partnership may be dominant, usually the lead partner, in dictating the contents of a programme. Most partnerships included parents.
12. Typically there were two parents on the partnership board, but sometimes parents formed the majority. Where the number of parents on the partnership was small, parents could feel isolated. Participation in partnerships took more time and effort than anticipated. The demands were especially difficult for small voluntary organisations, particularly those with few paid staff. Although funding was available to support planning, small voluntary organisations were often severely over-stretched.

13. The relationships within the Sure Start partnership were most significant in setting up a local programme. Finding suitably skilled staff, changing existing working practices, consulting and involving parents, getting partners to work together were challenging issues in getting services planned and organised. The programme manager played a pivotal role and required a broad range of skills involving managerial and planning skills besides experience of work with children and families. Also providing suitable buildings has often taken longer than anticipated, and resulted in some programmes not having appropriate bases from which to deliver services.
14. The longer than anticipated time to set up SSLPs is reflected in expenditure. Most SSLPs did not approach their fully operational level of expenditure until after 3 years. In their third operational year, Sure Start local programmes spent on average around £1,000 per child under four living in the area, but there is large variation. Partly such variation reflects economies of scale. SSLPs are intended to cover a small-scale local area. This may lead to inefficiencies, both in fixed costs - every programme, whatever its size needs an office, a programme manager and a board - and in the costs of delivering particular activities. Programmes with fewer children living in the area are likely to find that the sizes of groups for individual activities are smaller than the groups for the same activities in areas with larger numbers of children. This increases the unit cost of delivering those activities.
15. Four out of ten SSLPs receive funding for their operating costs from sources in addition other than Sure Start Unit. These resources range from very small amounts to £500,000 or more. £50,000 would be a more typical amount involved, or around 5 per cent of total programme expenditure. The additional funds come from a variety of sources: from mainstream partner agencies, from other Government initiatives, from the European Social Fund, the national lottery and from charitable trusts. A few programmes receive business sponsorship, but the amounts are usually less than £5,000. Some of these payments are available in a single year, while others are part of a funding package covering a period of years (often 2-3 years). For more analysis of Surestart running costs see Annex 1.
16. In addition, most programmes receive some resources in kind from partner agencies in the form of premises, human resources support, IT support, accounting services or legal services. Sometimes there is a partial charge for these services, or a charge for some services but not for others. However, around a quarter of programmes receive all or most of these support services free of charge.
17. Qualitative data from NESS case studies provide some insight into the adequacy of resources available to SSLPs. A strong consensus emerged from almost all the informants in case studies that SSLPs are well resourced and are not constrained by lack of money. This view was largely shared by programme managers and staff, as well as by external stakeholders. The only exception was an SSLP that had seriously underestimated the number of children in the area.

Reaching Families

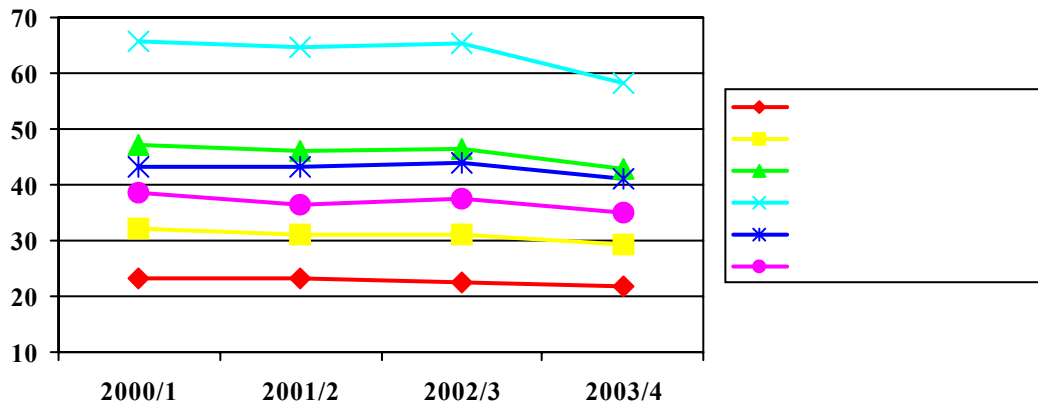
18. If Sure Start Local Programmes are to be effective in delivering services then they have to reach the relevant families. It is difficult to establish their success in reaching families as records on reach have been inconsistently, if not poorly, maintained in many SSLPs. Not surprisingly, some groups of prospective clients proved especially difficult to make contact with and engage in the SSLP enterprise. These included teenage parents, minority families, fathers/male carers, and parents experiencing domestic violence. Facilitating reach is important and one answer is to foster better inter-agency exchange of information. If attaining a prescribed level of reach is considered important service providers need to spend time and energy recording contacts and services provided, as well as actually providing services. A simple standard data system would greatly facilitate this goal. There also need to be concerted, innovative, diverse strategies reflecting the variation in the target population.

Changes in Communities

19. At the outset the local programme areas were experiencing some of the worst deprivation in England. Low income, unemployment and child poverty were more than double the national averages. The level of disadvantage in SSLP areas was on average consistent with or slightly higher than the average for the 20% most deprived wards in England. Many more young children lived in poverty in Sure Start local programme areas than in England overall. Unemployment (indicated by receipt of Job Seeker's Allowance) in Sure Start local programme areas was twice the rate for England and some local programme areas had up to one in three working-age adults receiving income support.
20. The rate of adult long term limiting illness was also substantially higher in Sure Start local programme areas than for England for females (21% vs. 15%) and for males (22% vs. 16%). However the rate was only marginally higher than that of other deprived wards (females 19%, males 20%). In SSLP areas more adults of working age were in receipt of disability benefits than in England (13% vs. 8.4%).
21. There have been changes in the characteristics of communities served by SSLPs and after 4 years any change identified in SSLP areas can be more confidently accepted as real change rather than a statistical 'blip'. Some important changes have been identified that reflect a difference from England, and possibly are the result of the programmes' activities. There have been changes to the child population, levels of deprivation and employment, child health, child protection, educational achievement and crime. The increases pertaining to child protection and SEN could reflect increased awareness and responsiveness to the needs of many of the most at-risk children in SSLP areas, whether they be in the 0-3 age range or older.
22. There has been a significant reduction in the proportion of children under 4 living in poverty (defined as living in 'workless' households wholly dependent upon benefits). The change between 2000/1 and 2003/4 in SSLP areas overall is significantly greater than the reduction in England. This reduction in young children living in workless households is important in view of the overall aim of the initiative, to reduce the effects of young children living in poverty. If fewer children aged 0 to 3 are actually in poverty then this is a good starting point.

23. Other changes, or lack of changes, are potentially more of a concern. There is little change in child health, apart from an important reduction in children being hospitalised for severe injury, which may be related to the consistent increase in Social Service activity with vulnerable families and children in SSLP areas. Thus the reduction in severe injuries may be less of an effect of health services, and more of an effect of better monitoring of vulnerable families.

Figure 1. Change in the percentage of children aged 0-3 living in workless households in the five types of SSLP area and in England.



Types of area differ in the changes seen. Variability within areas, e.g. the homogeneity or heterogeneity in housing, social class and ethnic make-up are important predictors of more or less change. Also the number of other Area Based Initiatives (ABIs) in the SSLP area is related to community change. Understanding how specific features of an area are associated with community change will be important to planning further service expansion to meet the Children's Centre agenda (see below).

Impact upon Children and Families

24. As a first step in assessing the impact of SSLPs on child/family functioning, NESS gathered extensive information in 2003-04 on more than 19000 9- and 36-month old children and their families living in 150 SSLP areas and in 50 comparison communities designated to become SSLPs later.
25. Overall there were positive findings for the majority of parents and children. For most parents in programme areas there were measurable improvements in parenting. For the large majority of children there were small but discernable positive effects such as fewer behavioural problems and better social skills. However, the findings highlight the need to do more to reach some of the most disadvantaged families.
26. SSLPs appeared to beneficially affect family functioning to a modest extent, with families of 9-month old children experiencing less household chaos and mothers of 36-month old children engaging in less (observed) slapping, scolding, and physical restraint. There was a further benefit for non-teen mothers of 36-month old children, who comprised the majority (86%), in that they showed less negative parenting when living in SSLP rather than comparison areas.

27. Both beneficial and adverse effects of SSLPs on children were detected, though these were restricted to 36-month old children and varied across subpopulations. Three-year old children of non-teen mothers exhibited fewer behaviour problems and greater social competence when living in SSLP than in comparison communities, and these effects on children appeared to be mediated by SSLP effects on the parenting of non-teens (i.e. less negative parenting).
28. Adverse effects of SSLPs emerged in the case of children of teen mothers (14% of sample), however, as they scored lower on verbal ability and social competence and higher on behaviour problems than their counterparts in comparison areas. Children from workless households (40% of sample) and children from lone-parent families (33% of sample) also scored significantly lower on verbal ability when growing up in SSLP areas than did comparison-community counterparts.
29. Efforts undertaken to illuminate variation across programmes in their efficacy revealed that health-led SSLPs produced somewhat more beneficial effects than did other SSLPs. Moreover, the more programmes were implemented in a manner consistent with the basic principles of the Sure Start initiative, the more likely they were to achieve better outcomes for both parents and children. Although the linkage between implementation and programme effectiveness is modest, this result highlights means by which less effective programmes may become more effective in enhancing child and family functioning. Further work on what differentiates effective programmes is planned.
30. Overall, effects of SSLPs on children/families proved to be limited and small. The differential beneficial and adverse effects for sub-populations suggest that among the disadvantaged families living in the deprived SSLP areas, those with greater personal resources were better able to take advantage of SSLP services and resources than those with less personal resources (i.e. teen parents, lone parents, workless households). Those with the least personal resources may also have felt overwhelmed or turned off by the support that SSLPs offered.
31. Health-led SSLPs may have exerted a few more beneficial effects than other programmes because they found it easier to establish contact with families with children under four, and they had a ready-made system of health visitors in place. Health agencies may also be more experienced in multi-professional working with large budgets and large populations, thereby facilitating service integration and delivery.
32. SSLPs take around 3 or more years to become fully operational. The fact, then, that some SSLPs had been in existence for only three years when children/families were studied and perhaps not entirely “bedded down” in some cases, cautions against drawing too strong conclusions from the findings summarised above. For many early childhood interventions clear effects did not emerge for several years, and benefits typically do not exceed costs until children are in their teens. Hence more substantial beneficial effects of SSLPs may need more time emerge, highlighting the importance of the longitudinal follow-up of children first studied when 9 months of age and their families.
33. The recent American evaluation of Early Head Start, a home-visiting and/or childcare programme for disadvantaged children under four⁴, reported similarly divergent results, with

relatively less disadvantaged children/families seeming to benefit and relatively more disadvantaged children/families seeming to be adversely affected by an intervention designed to promote child and family well being.

Lessons for implementation

34. There are lessons for future development of early years services that can be drawn from the national evaluation of SSLPs. If aspirations for service delivery are to be realised, programmes needed determined and sustained attention to facilitating access to services. Outreach activity is fundamental to increasing access. Reach is not a one-off task and sustained effort is needed from initial contact right through to service use. This is relevant to different staff groups and transcends the remit of SSLPs. Also signposting by programme staff to other services is an important way to facilitate access. For example, the provision of childcare is not only a service in its own right but is also crucial in enabling parents to use other services.
35. Service delivery needs to reflect a clear set of values. Trust is fundamental to parental engagement. Building trust is a long-term task for programmes, with cultural and ethnic dimensions that need to be taken into account. Parents appreciate professionalism and want staff who combine professional skills with approachability. Confidentiality is essential to building trust and is particularly important where staff live within the SSLP area.
36. Successful inter-agency collaboration was found to be essential for good service delivery. Some mainstream services, e.g. social services and GPs, experienced greater challenges than others, in working with SSLPs. Sometimes challenges derived from differing professional cultures, such as the traditional autonomy and high status of GPs. In others cases, specific legislation, such as the child protection responsibilities of social workers worked against the development of shared priorities. Inter-agency working was helped by a shared understanding of purpose between stakeholders and mutual respect between professionals. Skilled programme managers could motivate staff and maximise the development of collaborative working styles, and high turnover of managers undermined the robustness of programmes.
37. The SSLP experience points to the advantages of delivering services on a universal basis for children and families as well as for the optimum management of resources. Designing services with restrictive 'boundaries' (on the basis of either geography or age) can create problems.
38. There are clear capacity problems. The workforce for meeting the needs of children and their families (e.g. health visitors, speech therapists, early education specialists and social workers) is currently insufficient in size and sometimes insufficiently skilled (e.g. childcare workers). These issues put at risk the successful implementation of community level programmes, such as SSLPs and Children's Centres. In addition to professional skills, staff need skills in: networking; engaging with vulnerable parents; working in a multi-disciplinary, multi-agency environment; and understanding the wider context of service delivery.
39. While it is desirable that the workforce reflects demographic trends, especially in relation to ethnicity and gender, this may be unrealistic so compensatory strategies may need to be ex-

plored. Correcting the gender imbalance in the childcare and social care workforce requires a sustained, long-term strategy. Opening up educational and training opportunities; removing barriers in the form of existing pay levels; and addressing the perceived low status of such work all need to be addressed at central government level.

40. Further opportunities are needed to enhance inter-agency collaboration, as services need permeable rather than fixed boundaries. Data protection policies and problematic inter-agency relationships hinder consistent and comprehensive access to data. Given the current national policy for a database for children, further exploration is needed of the consequences of working together in small, local areas.
41. Finally several sources of evidence indicate that commitment to robust consultation can play a vital role in the delivery of local services. Consultation builds community awareness and ownership of services.

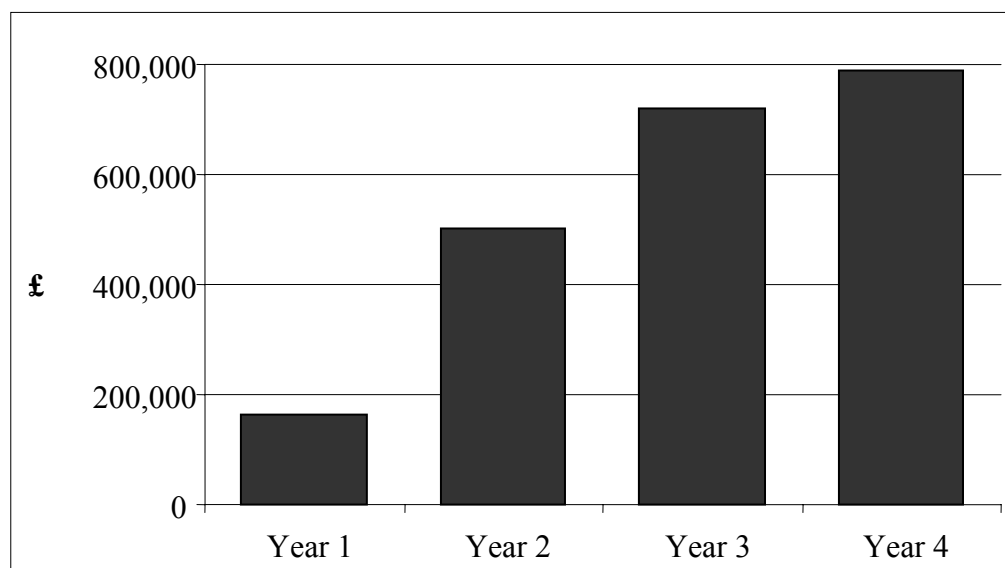
Future Developments

42. SSLPs were just the starting point of the Government's aspiration of universal high quality childcare and early years services imbedded as a permanent part of the welfare state. In December 2004 the Government published choice for parents, the best start for children; a ten year strategy for childcare. The key initiatives outlined in the document were:
 - The establishment of children's centres in every community (3,500 throughout England) providing integrated services to parents and children up to the age of five.
 - The provision of universal free part-time pre-school education for 3 and 4 year old children.
 - Extend School provision – from 8am to 6pm Monday to Friday all year round – for all school children up to the age of 14.
 - Initiatives to improve the quality of the children's workforce and the inspection regime.
43. Sure Start Children's Centres are places where children under 5 and their families can receive a range of service and information and access help from multi-disciplinary teams of professionals. They are based on the concept that providing integrated education, care, family support and health services is key to achieving improved outcomes for children and families. The range of services will vary according to the needs of the local population but in disadvantaged areas children's centres will offer the following services:
 - Early learning (lead by a qualified teacher) combined with day care provision
 - Child and family health services (including ante-natal services)
 - Parental outreach
 - Family support services

- Support for children and parents with special needs
 - Links to employment services
44. Extended schools will offer a range of services for children, young people, their families and communities often beyond the school day. Schools, located at the heart of every community, are ideally placed to provide these services. The core offer, which all children to be able to access through schools by 2010, is:
- high quality 'wraparound' childcare provided by the schools site or through other local providers, available 8am-6pm all year round.
 - a varied menu of activities to be on offer such as homework clubs and study support, sport, music tuition, special interest clubs and volunteering.
 - parenting support including information sessions for parents at key transition points, parenting programmes and family learning sessions.
 - swift and easy referral to a wide range of specialist support services such as speech and language therapy, family support services and behaviour support.
 - providing wider community access to ICT, sports and arts facilities, including adult learning.
45. High quality care, education and play for all children, particularly in the early years, is the key to raising educational standards and opportunities, and enhance children's social development. To ensure that quality services are provided for children, a suitably qualified workforce is essential. The aim is that all leaders of daycare settings will be qualified to degree level and quality will be underpinned by an improved regulation and inspection regime.

Annex 1

Figure A1. Average Sure Start local programme expenditure by operating year (current prices)*



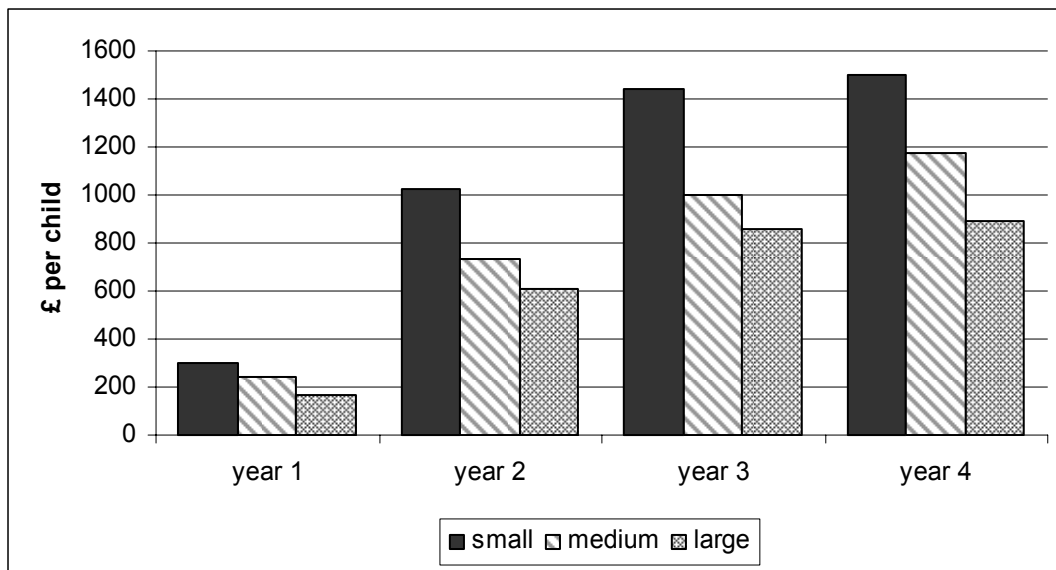
*excluding Year 1 expenditure by programmes which had their first year of operation in 1999/2000

1. In their third operational year, Sure Start local programmes spent on average around £1,000 per child under four living in the area. However, there is a large range around the average. The minimum expenditure per child is around £400 and the maximum is nearly £3,000. The programmes spending more per child are delivering services to a slightly higher proportion of the children living in the area than those spending less, but the relationship, although statistically significant, is by no means strong. On average, the programmes where expenditure information for 2002/03 exists, saw an average of 22.1 per cent of eligible children a month in the autumn quarter of 2003. The range was large (from zero to 77.9 per cent).
2. Every extra £100 per child is associated with an improvement in the proportion of children reached by 0.6 percentage points. Thus, increasing expenditure per child from £700 to £1,000 could be expected to be associated with an increase the proportion of children seen by a little less than 2% a month. However, the longer a programme has been operational the higher the proportion of children that it is reaching: every twelve-month increase in programme age adds 6.5 % to the proportion of children seen a month.
3. One possible explanation for the large variation in expenditure per child aged 0-4, and the limited impact on the proportion of children receiving services, involves economies of scale. SSLPs are intended to cover a small-scale local area. This may lead to inefficiencies, both in fixed costs - every programme, whatever its size needs an office, a programme manager and a board - and in the costs of delivering particular activities. Programmes with fewer children living in the area are likely to find that the sizes of groups for individual activities are smaller

than the groups for the same activities in areas with larger numbers of children. This increases the unit cost of delivering those activities.

4. This economies-of-scale differential is illustrated in Figure A2. Large programmes (i.e., >800 children aged 0-4) spend around £800 per child by the third and fourth years of operation. Medium-sized ones (i.e., between 600 and 799 children) spend just under £1,000, whereas small programmes (i.e., <600 children) spend around £1,400 per child.

Figure A2. Expenditure per child aged 0-4 by number of children living in the programme area

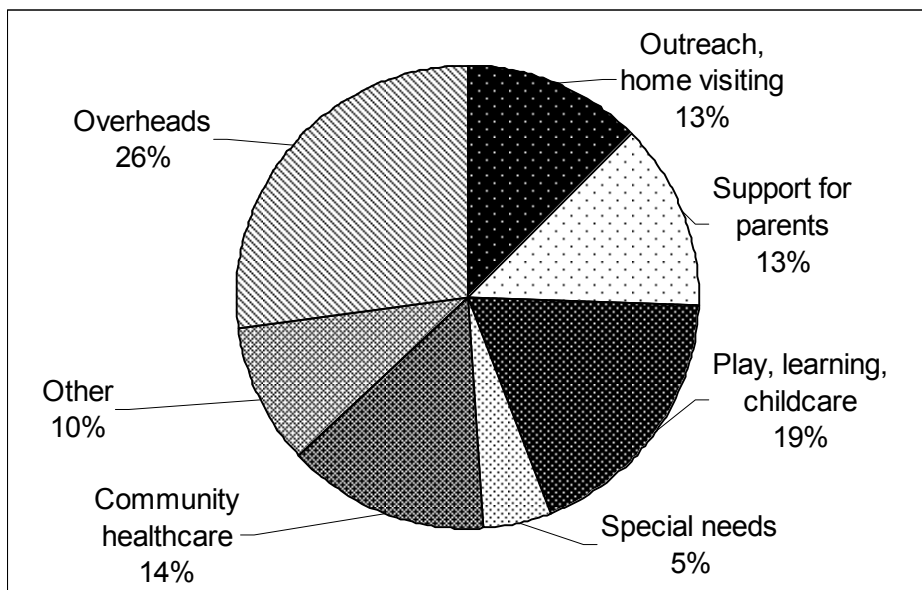


5. These differences in expenditure per child reflect both differences in overhead costs per child and differences in service expenditure per child, which is consistent with the idea that both potential and actual group sizes are lower in smaller programmes. Non-service costs (management and administration, development and evaluation) range from an average of just over £200 per child in large programmes to around £400 per child in small ones.
6. SSLPs' financial returns record their expenditure under different categories of expenditure. The most important ones are:
 - Outreach and home visiting
 - Support for parents
 - Play, learning and childcare
 - Community healthcare
 - Special needs support

7. To some extent it is a matter of judgement as to which heading to use to record the expenditure relating to a particular service. Is a drop-in play session a respite for parents or play, learning and childcare for the children? Is a visit by a Sure Start worker to provide a friendly ear for a parent part of support for parents or part of outreach and home visiting? Different programmes will make slightly different judgements about which heading to use when allocating costs. Thus, differences between programmes in their expenditure on different services may reflect differences in classification rather than differences in the services that are actually being delivered. Many services cover more than one heading, and programmes will pursue different policies about their allocation between headings.

8. Figure A3 shows the breakdown of expenditure in the third operational year. Expenditure on play, learning and childcare amounted to around a fifth of all SSLP expenditure. Healthcare and outreach and home visiting each accounted for around a seventh, and support for parents slightly less. There was some variation in spending patterns among programmes with different types of lead body. Education-led programmes spent more on healthcare, while voluntary and community led programmes spent less on and home visiting, and more on support for parents.

Figure A3. Proportion of SSLP expenditure on different categories of services



9. Four out of ten SSLPs receive funding for their operating costs from sources in addition other than Sure Start Unit. These resources range from very small amounts to £500,000 or more. £50,000 would be a more typical amount involved, or around 5 per cent of total programme expenditure. The additional funds come from a variety of sources: from mainstream partner agencies, from other Government initiatives, from the European Social Fund, the national lottery and from charitable trusts. A few programmes receive business sponsorship, but the amounts are usually less than £5,000. Some of these payments are available in a single year, while others are part of a funding package covering a period of years (often 2-3 years).

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12. Mainstream agencies, particularly health and social services, are particularly conscious of the higher level of resources available in SSLP areas. Much of this concern relates to the disparity of resources available to the children eligible for SSLP services compared with the resources available to deprived children living outside the boundary. Those who reached the age of five and had their Sure Start services withdrawn were a particular concern.
13. Because SSLP resources were not always tightly constrained, there were sometimes concerns that services continue to be delivered even though take-up is low or dropout and non-attendance are high. In other words, programmes have had a sufficiently high level of resources available that they were not always as careful as they might be about critically reviewing the way they spend them. However, until more outcome information is available, it is not possible to judge whether programmes spending more money are achieving better outcomes than those spending less.
14. Programmes led by health authorities spent money at a faster rate. It is possible that this was partly a result of access to birth records and an established home-visiting network, so they were better positioned to identify and serve clients than many other SSLPs. Not inconsistent with this view is the fact that many SSLPs found it difficult to gain access to birth-record and related information that would facilitate identification of target children/families. In addition, health authorities had a ready-made administrative infrastructure for handling large projects, as well as some experience of inter-agency working.