Understanding Variations in Effectiveness amongst Sure Start Local Programmes: Lessons for Sure Start Children's Centres

By Angela Anning and the National Evaluation of Sure Start (NESS) team[1]

Sure Start Local Programmes were set up as community based, multi-agency projects in some of the most disadvantaged areas in England. The aim of the intervention was to improve the well-being, attainments and life chances of all children aged 0 - 4 years old in the area and to support their families. By 2004 there were 524 Sure Start Local Programmes. Research conducted by the National Evaluation of Sure Start team investigated variations in the way programmes were implemented (their proficiency) and in their impact on the children and parents (their effectiveness). We report on the findings and their implications for delivering services from Sure Start Children's Centres.

Key findings

- Proficient and effective SSLPs took a holistic approach to implementing the Sure Start vision.
- They built on the strengths of inherited provision and were creative in improving and setting up services.
- What worked at strategic level was:
  - systemic, sustainable structures in governance and management/leadership;
  - a welcoming, informal but professional ethos;
  - empowering parents, children and practitioners.
- What worked at operational level was:
  - auditing and responding to community priorities in universal services;
  - early identification and targeting of children and parents to benefit from specialist services;
  - recruiting, training and deploying providers with appropriate qualifications and personal attributes; and
  - managing the complexities of multi-agency teamwork.
- However, overall reach figures were disappointing. Those who used services often used several, and reported satisfaction with them. But services offered at traditional times and in conventional formats did not reach many fathers, black and minority ethnic families and working parents. Providers found barriers to attracting 'hard to reach' families difficult to overcome.
- Few programmes demonstrated proficiency in (1) systematically monitoring, analysing and responding to patterns of service use (2) or rigour in measuring the impact of treatments.
- Multi-agency teamwork, including effective ways of sharing information, and clarity about the cost effectiveness of deploying specialist and generalist workers strategically, proved difficult to manage and operate.

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Evidence & research

Background

The study presented methodological challenges.

The National Evaluation of Sure Start (NESS) team faced the challenge of producing quantitative measures of the qualitative processes of implementing a diverse range of SSLPs, in different contexts and at different stages of their service history (see NESS 2005b). Managers were assigned aims and targets in government guidelines, but teams were free to interpret the way in which they implemented the guidance. Moreover, programmes were required to work in partnership with local stakeholders, and through consultation with parents, to design and deliver services tuned to local priorities. Each programme was different.

Although SSLPs had no common ways of working, common to all was the requirement to interpret the government guidance documents. The guidance (located at http://www.surestart.gov.uk) was underpinned by research evidence of what works in early intervention programmes. This common ground provided the conceptual basis for designing an innovative approach to measuring variations in the proficiency of programmes.

The ratings of programme proficiency were analysed with their measures of effectiveness (child and parent outcomes) to explore relationships between proficiency and effectiveness of SSLPs.

The study had three aims.

- To investigate why some SSLPs were more effective in achieving outcomes than others.
- To characterise and explain variations between high, medium and low levels of programme proficiency in the delivery of services.
- To characterise and give examples of proficient and effective services for families with young children in programmes which were becoming Sure Start children's centres.

Why were some Sure Start Local Programmes more effective than others?

Evidence of how programmes operated was collected from 150 SSLPs. They were the programmes in the NESS longitudinal study of the impact of the intervention on children and their parents, and were representative of all programmes.

Programmes were rated on Programme Variability Rating Scales. The scales had 18 dimensions, each with seven level statements of proficiency, derived from the government guidelines for implementing Sure Start.

Dimensions were grouped into three domains:

- *holistic* aspects of proficiency (vision, empowerment, communications, ethos):
- *how* processes underpinning proficiency (partnership representation and function, leadership/management, multi-agency working, pathways to specialist services, staff turnover, evaluation):
- *what* of proficiency in the design and delivery of services (core provision, targeted treatments, identifying users, reach and strategies to improve reach, services innovation and flexibility).

We also collated evidence of the number and types of services (parent, child or community focused and inherited, improved or introduced) and of number of staff delivering core services (health, family support, childcare and early learning/play provision).

Child and parent outcomes were assessed during home visits when the children were aged 9-months and again when they were 3 years-old.

Programmes that scored well across all 18 dimensions of proficiency, that is those adopting a holistic approach, showed better results in some parenting outcomes, and to a lesser extent in child development outcomes.

Programmes tended to score high, medium or low across all 18 dimensions of proficiency. In other words measures of proficiency were inter-related. The original vision of Sure Start is to some extent vindicated, in that high scores overall in dimensions of proficiency derived from the guidance were associated with small, but significant, better than expected child and parent outcomes.

But we did find some links between specific proficiency ratings and parent and child outcomes:

- *High scores in empowering* those who provided and used services (that is engendering mutual respect for each other's roles) were related:

    1. to *higher levels of maternal acceptance* based on observations during the home visit when their child was 9-months-old (i.e. less likely to slap, scold or use physical restraint)
    2. *to a more stimulating home learning environment* when their child was aged three (for example, reading stories, playing number games, visiting a library or leisure centre)

- *A stronger ethos* and better overall scores on the 18 dimensions were related to *higher levels of maternal acceptance for families with three year olds*.

- *Better identification of users* by programmes was related to *higher non-verbal ability in three year olds* (a spatial and number skills subscale of the British Ability Scales).

We also found links between the services and staffing and child and parent outcomes:

1. Having a *greater number of inherited parent-focused services* (e.g. pre and post natal care, parenting programmes) was related to *less negative parenting* (less harsh discipline).
2. *Having a greater number of improved child focused services* (e.g. childcare, early learning) was related to *higher maternal acceptance.*
3. *Having a greater proportion of staff that was health related* (e.g. health visitors, midwives) was associated with *higher maternal acceptance.*

The implications for children's centres are that they should adopt a holistic approach to attaining proficiency, using self-evaluation as the key to improving practice.

They need to ensure that governance is representative of key stake-holders and functions well and that management and leadership are of high quality. They need to ensure that they build on the strengths of inherited services that have a proven track record of good quality provision and measurable impact on users. The ethos of centres needs to be welcoming and informal but professional. Centre managers need to prioritise training multi-agency teams to work together in new ways. They need to set up good systems for identifying families for universal services and early diagnosis, targeting, and monitoring of treatments for specialist services. Routine home visits by health visitors are a good way to initiate contact at pre and post natal stages, but they must work integrally with the centre team. Building up good relationships with parents at this stage is likely to encourage them to use services later. Services that address the needs of parents and children concurrently are likely to be successful. Of particular importance is empowering staff, parents and children in a joint approach to achieving better outcomes for their families.

What were the characteristics of Sure Start Local Programmes delivering more proficient services?

We did 16 case studies of Sure Start Local Programmes that had scored high, medium or low on the proficiency ratings and were getting corresponding high or low scores on child and parenting outcomes. It was clear that there was no one size fits all best model of Sure Start. Programmes were working with different local histories of children's services, in a variety of regions and demographic contexts, responding to local community characteristics, working with different lead agencies and were of different sizes and complexities. However, despite their distinctive characteristics, we found evidence of patterns of more or less proficient programmes and services across the case studies. We give examples from two dimensions: empowerment and multi-agency teamwork.

For programmes to score high in *proficiency in empowerment*, they had to demonstrate concrete actions, rather than good intentions. Programmes scoring low on this dimension often talked the talk about empowerment. But for genuine high levels of performance they had to provide evidence of what they had done.

(1) This included involving users progressively in service planning and delivery, through volunteering, targeted training, employment opportunities and ensuring their competence to represent users' views on committees and Boards.

(2) The most proficient programmes were able to articulate underpinning principles, demonstrated in their practice, for achieving a balance between paid and volunteer staff. Training was offered to all staff, paid and voluntary, in community development.

(3) Proficient programmes had well developed staff development strategies that maintained a balance between individual career progression and promoting whole team development. An important component was regular, well-planned away days which involved as many constituencies as possible in discussing what had been achieved so far, as well as strategic planning and decision-making for the future.

(4) The underpinning principles of proficiency in empowering both providers and users of services were mutual respect for the contributions of practitioners, parents, families and children. Where contributions from parents to child development were genuinely valued, parents were more likely to feel confident of their role and active agents in promoting better outcomes for their children.

Multi-agency teamwork was challenging and time-consuming. Professionals could find their identities threatened by changes in their traditional roles and responsibilities. New Sure Start buildings offered opportunities for shared spaces to work together. However, in less proficient programmes, spaces designed for generic service delivery were being re-assigned for single agency purposes. An example was where health visitors insisted on demarcated spaces for their base on the grounds of confidentiality of records of treatments. Or where play workers were told that their services were too noisy to be run in the purpose built crèche area alongside pre and postnatal clinics. It took real staying power for multi-agency teams to work through the pain of negotiating new ways of working to the gain of making it happen on the ground. Sustaining this commitment was dependent on strong leadership with a clear vision of the long-term benefits of joint working. In proficient programmes:

(1) Managers had a clear understanding of the conflicts likely to arise from the clash of cultures, beliefs and ways of working of distinct agencies.

(2) Managers provided time, training and support for practitioners to confront and resolve conflicts.

Important aspects of programme proficiency that Sure Start children's centres need to adopt are:

- Effective auditing of local needs in order to tune local services to community priorities.
- Identifying and targeting those with specialist needs with appropriate treatments as early as possible.
- Allocation and training of appropriately proficient providers (taking account of their personal qualities and qualifications), including the cost effective deployment of generic and specialist staff, to deliver effective services at point of need.
- Training and management of providers for multi-agency teamwork.
- Training of managers/leaders in budget and project management skills.
- Sustaining service use and increasing reach figures (including the hard to reach).

Implementing the complex model of early intervention embedded in Sure Start Local Programmes was challenging. There were high levels of demand on managers to cope with exponential growth in staffing, project managing new buildings, large budgets, negotiating with a range of agencies and communicating with local communities. Staff were expected to adopt new ways of working, often with little additional training, move from site to site to deliver services and operate in multi-agency teams. It is not surprising that some challenges were not met, and we can learn as much from what did not work in programmes.

What did proficient services delivered by Sure Start children's centres look like?

We visited 12 Sure Start children's centres where there was a history of high proficiency ratings and evidence of better than expected child and parent outcomes for the Sure Start Local Programme in the area. We talked to experienced providers of core services in health, family support, childcare and early learning/play about what made their services work. We asked people using their services why they worked for them. We also sought out non-users in the area to find out why they were not using services.

Providers of proficient core services were clear why their services worked.

They based initial decisions about providing services on auditing the needs of local communities and listening to the demands of parents. Their decisions about where to offer services (outreach, centre or both) were driven by tuning into local needs, but also by the pragmatics of staff and space availability. They were less certain about what informed decisions about the format of their services (e.g. drop-in, workshop, one to one home visit), often falling back on custom and practice rather than evidence of what works. Decisions about who would best deliver services were based on staff qualifications, personal qualities of empathy for and positive attitudes towards users.

Providers targeted all families with children under four for universal services (such as pre and post natal care, pre-school education and advice on parenting), and targeted specialist services to those who would benefit (such as speech and language therapy, debt counselling, mental health, domestic violence) using referrals within the centre team staff, from outside agencies or self-referrals. Their initial contacts with users were through routine health worker or family support

worker home visits to all families, supplemented by word of mouth, publicity through local networks (such as GP surgeries, post offices or schools) and targeted invitations (through door knocking, texts to mobile phones or letters). The key to sustaining service use was regularity of services, the calibre of the staff delivering sessions, accessibility for parents, comfort of the venue, the backup of crèche facilities, incentives such as free snacks, and affordability.

Providers regarded outreach as pivotal to proficiency in services, but balanced with group activities in centres. It was important to justify the fitness for purpose and cost benefits of expensive home based services. Staff delivering services through outreach needed to liaise with centre staff regularly, work towards shared goals and give consistent messages to parents. All cases were supervised on a monthly or six weekly basis or at point of need when necessary, and particular care taken to offer appropriate training and supervision when para-professionals or volunteers were working alongside professionals in outreach services.

Users of services had a different perspective on what worked for them.

For parents what mattered to them were services which helped them get through the day as parents of young children, often facing difficult economic and domestic situations at home. What worked for them was a welcoming, comfortable place, within walking distance of their homes, where they could meet up with other like-minded parents. They also valued the quality of staff in centres, and their capacity to give them practical advice about parenting and health, provide emotional support, and who could help them access the right resources to address problems such as debts, domestic violence and drug dealing in the streets. For some, access to training and job opportunities was important, but many parents with very young children preferred to stay at home until their children reached school age.

They saw the benefits to their children also in terms of social gains - the opportunity to mix with other children in safe, well-resourced play spaces. They welcomed respite care in crèches, claiming it improved their relationships with their children when they had short breaks from each other.

Parents of children with disabilities or additional needs were particularly grateful for support given by centre staff and worried about what would happen when their children transferred to the formalities of school.

Non users of services (including hard to reach groups, such as travellers, lone single parents, those involved in domestic violence, those involved in substance abuse, asylum seekers and refugees) were articulate about why they did not use the centre services.

Their reasons were not predominantly, as predicted by service providers, lack of confidence. They were much more pragmatic than that.

Some barriers were specific to groups of people. Fathers told us that the centres felt like 'women's spaces' and they felt ill at ease there. Working parents, especially those working atypical hours including weekends and evenings, were excluded from services since most were offered in the 'traditional' time slots between 9.30 a.m. and 3 p.m. Barriers reported by black and minority ethnic groups were lack of interpreters and unease about professionals' capacity to respect their cultural preferences and faith requirements.

Others said that they felt centres were dominated by 'cliques' - sometimes by stigmatised people who 'needed help' or sometimes by more advantaged groups. Some parents reported that they lacked the confidence to go into a building and meet new people, and others that they did not want to discuss intimate family issues in public spaces. Others told us that they already had good networks of support from family and friends and did not need services, or that they did not want to be patronised by professionals.

In Summary

There are important practical lessons to be learned from successful Sure Start children's centres where they are building on the strengths of proficient Sure Start Local Programmes.

But there is still much to be done in creative thinking about service delivery in so called disadvantaged areas. In particular the challenge of reaching more users must be faced. Some practitioners are reluctant to leave their comfort zones of traditional ways of offering services. Yet the large numbers of potential service users who do not engage with services are articulate about the barriers for them. Professionals in Sure Start children's centres will need support in finding ways to address these barriers and to increase reach figures.

There is also much to be learned about monitoring service usage, both at individual and group levels, and finding robust ways to measure and record the impact of treatments on users. Centres will need help in designing user-friendly, cross-agency systems to collect evidence. They also need training in how to use analysis of the information they have collected as routine aspects of self-evaluation and strategic planning.

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Further information and Methodology

Further information including details of the methodology are found in the following reports, all available on the DfES website at www.dfes.gov.uk/research and www.surestart.gov.uk and the NESS website at www.ness.bbk.ac.uk

NESS (2005b). *Variation in Sure Start Local Programme Effectiveness: Early Preliminary Findings, Report 14*. London: DfES.

NESS (2005a). *Early Impacts of Sure Start Local Programmes on Children and Families, Report 13*. London: DfES.

Anning, A., Stuart, J., Nicholls, M., Goldthorpe, J. & Morley, A. (2007). *Understanding Variations in Effectiveness Amongst Sure Start Local Programmes: Final report.* London:DfES.

Further copies of this summary are available from:

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Copies of the full report *Understanding Variations in Effectiveness Amongst Sure Start Local Programmes: Final report* are available from the above address or from the Sure Start website www.surestart.gov.uk

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