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Sure start and its evaluation in England

Abstract

In 1998 a U.K. government review concluded that disadvantage among young children was increasing and early intervention could alleviate poor outcomes. It recommended a change in service design and delivery, integrating across all relevant agencies, to be area-based, with all children under five and their families as clients. Among the aims were avoiding the stigmatization often associated with targeted programs while fostering child, family and community functioning. From 1999 the first Sure Start Local Programmes (SSLPs) focused on the 20% most deprived areas, including about half of children living below the official poverty line. Sure Start has evolved over time and, while it has the same aims, it has become a more coherent program (children's centres) with increasing emphasis on service integration. By 2002, 250 SSLPs were planned, aiming to support 18% of poor children in England under five. A typical program included 800 under-fives. Community control was exercised through local partnership boards, including health, education, social services, private and voluntary sectors, and parents. Until 2006 funding was directly to individual programs, which were independent of local government. While evidence from early interventions with unambiguous protocols were used to justify SSLPs, they did not have a prescribed "protocol." All were expected to provide: (1) outreach and home visiting; (2) support for families and parents; (3) support for good quality play, learning and childcare experiences for children; (4) primary and community health care and advice about child health and development and family health; and (5) support for people with special needs, but without specific guidance as to how. The speed and amount of funding was often overwhelming in a sector previously starved of support. Only 6% of the 1999 allocation was spent in that year. Despite this slow start, and without any information on progress, the Treasury expanded SSLPs from 250 programmes in 2002 to over 500 by 2004. Thus SSLPs became a cornerstone of the campaign to reduce child poverty.

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Sure Start and its Evaluation in England

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Topic

Integrated early childhood development services

Introduction

Sure Start

In 1998 a U.K. government review concluded that disadvantage among young children was increasing and early intervention could alleviate poor outcomes. It recommended a change in service design and delivery, integrating across all relevant agencies, to be area-based, with all children under five and their families as clients. Among the aims were avoiding the stigmatization often associated with targeted programs while fostering child, family and community functioning. From 1999 the first Sure Start Local Programmes (SSLPs) focused on the 20% most deprived areas, including about half of children living below the official poverty line.¹ Sure Start has evolved over time and, while it has the same aims, it has become a more coherent program (children's centres) with increasing emphasis on service integration.

By 2002, 250 SSLPs were planned, aiming to support 18% of poor children in England under five. A typical program included 800 under-fives. Community control was exercised through local partnership boards, including health, education, social services, private and voluntary sectors, and parents.² Until 2006 funding was directly to individual programs, which were independent of local government. While evidence from early interventions with unambiguous protocols were used to justify SSLPs,³⁻⁵ they did not have a prescribed "protocol." All were expected to provide: (1) outreach and home visiting; (2) support for families and parents; (3) support for good quality play, learning and childcare experiences for children; (4) primary and community health care and advice about child health and development and family health; and (5) support for people with special needs, but without specific guidance as to how.

The speed and amount of funding was often overwhelming in a sector previously starved of support. Only 6% of the 1999 allocation was spent in that year. Despite this slow start, and without any information on progress, the Treasury expanded SSLPs from 250

programmes in 2002 to over 500 by 2004. Thus SSLPs became a cornerstone of the campaign to reduce child poverty.

Research Context and Recent Research Results

National Evaluation of Sure Start

Evaluation began in 2001, and was challenged from the outset by the diversity of several hundred unique interventions. Government decisions ruled out a randomized controlled trial; hence a quasi-experimental design with consequent limitations was used to compare SSLP populations with equivalent populations in non-SSLP areas. The early evaluation work up to 2005 has been summarised⁶ with detailed reports.³ An independent review of the methodology and early findings is available.⁷

Communities and Change: SSLPs had the premise that children and families could be affected by the program directly, and indirectly, via community changes. Community changes over 5 years could not be causally linked to SSLPs, but improvements were noted.⁸ For example, SSLP areas became home to more young children, while households dependent on benefits decreased markedly and burglary also declined. Child health improved with fewer emergency hospitalisations, severe injuries, and less respiratory infections. For older children, several aspects of school functioning improved. Also the identification of children with special educational needs or disability increased, suggesting improved health screening.

Early Effects on Children/Families: A cross-sectional study of children and families in SSLP and non-SSLP areas provided mixed findings.^{9,10} There were some main SSLP effects, but most effects varied by subgroup. Specifically, three-year-olds of non-teen mothers (86% of sample) in SSLP communities had fewer behaviour problems and greater social competence as compared with those in comparison communities, and these effects for children appeared to be mediated by SSLP effects of less negative parenting for non-teen mothers. Adverse effects emerged, however, for children of teen mothers (14% of sample) in SSLP areas in terms of lower verbal ability and social competence and higher behaviour problems. Also children from workless households (40% of sample) and from lone-parent families (33% of sample) scored lower on verbal ability in SSLP than in comparison communities.

Variability in program effectiveness: The methodology allowed estimates of each SSLP's effectiveness for each assessed outcome and thus investigation of why some programmes were more effective. Qualitative and quantitative data on 150 programs were used to rate each SSLP on 18 dimensions of implementation.^{11,12} Programs rated high on one dimension tended to score high on others, and better implemented programs appeared to yield greater benefits.^{13,14} In particular better service integration across agencies was one of the distinguishing features of more effective programs.

Changes to SSLPs: As early evaluation findings indicated that SSLPs were not having the hoped for impact, and evidence from another project, Effective Provision of Pre-school Education (EPPE),¹⁵ showed that integrated Children's Centres were particularly

^a See also the BBK NESS Site. Available at : <http://www.ness.bbk.ac.uk/>. Accessed July 27, 2010.

beneficial for children, the government decided to transform SSLPs into Children's Centres. An Act of Parliament transferred control of the SSLP's Children's Centres to Local (government) Authorities, which ensured that Sure Start Children's Centres (SSCCs) became embedded within the welfare state by statute, making it difficult for any future government to eradicate. Thus from 2006 SSLPs became SSCCs with more clearly specified and integrated services, and were controlled by local rather than central government.

Longitudinal Study of Children & Families: Children and families in SSLP areas were compared with those in similar non-SSLP areas at 9 months, 3 and 5 years. At 3 years, beneficial effects emerged on 7 of 14 outcomes.^{16,17} SSLP children showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation, partially a consequence of parents in SSLP areas manifesting less negative parenting, and offering a less chaotic and more cognitively stimulating home learning environment for their children. Also families in SSLP areas used more services. SSLP children had fewer accidents and were more likely to be immunised, but these two effects could have been time of measurement effects and may not be related to SSLPs.

At age 5, there were mixed effects of SSLPs/SSCCs (NESS Research Team, unpublished data, 2010). Mothers in SSLP areas reported greater life satisfaction, while providing less harsh discipline and a less chaotic and more cognitively stimulating home learning environment for their children. Additionally, their children were less likely to be overweight with better physical health. Mothers in SSLP areas, however, experienced more depressive symptoms and were less likely to attend school meetings. The benefits of SSLPs/SSCCs for child social development found at 3 years were not evident at 5 years of age. Thus, across 20 outcomes, significant main effects of SSLPs/SSCCs emerged for 8 outcomes.

Considering change from 3 to 5 years, 5 of 11 outcomes showed evidence of SSLP/SSCC effects. Mothers in SSLP areas manifested greater improvement in life satisfaction, harsh discipline, and home learning environment. There was also a greater decrease in worklessness from 9 months to 5 years of age for families in SSLP/SSCC areas. Children in SSLP/SSCC areas, however, manifested less positive change in self regulation than comparison children, but this appeared to be because SSLP children manifested greater self regulation at age 3, and by 5 years, the non-SSLP children had caught up with them. There was virtually no evidence that the overall SSLP/SSCC effects varied across demographic sub-groups.

Research Gap

Caution is needed in interpreting evaluation results because of two methodological limitations. Firstly, government decisions to not allow a randomised controlled trial limit causal inferences about effects. Secondly, because data collections in the SSLP and non-SSLP areas had a two-year gap, time of measurement remains a viable alternative explanation for any effects detected.

While SSLPs/SSCCs were associated with more positive parenting when children were 3 and 5 years old, the positive effects on child behaviour at 3 years disappeared by 5 years. This may have been because from 2004 all 3- and 4-year old children had access to free part-time pre-school education, and 97% took advantage of this. Hence almost all children would have had pre-school education between 3 and 5. Evidence links high quality pre-school education with improved cognitive and social development.¹⁸⁻²⁰ Hence possibly developmental advantages associated with SSLPs at age 3 were not detected at age 5 because by this time almost all children were exposed to pre-school education, which may have resulted in “catch up” for non-SSLP children.

Conclusions

The longitudinal findings differ markedly from earlier findings. Whereas earlier the most disadvantaged 3-year-old children and their families (i.e., teen parents, lone parents, workless households) were doing less well in SSLP areas, while somewhat less disadvantaged children and families benefited (i.e., non-teen parents, dual parent families, working households), the longitudinal evidence at 3 years indicates benefits for all sections of the population. At age 5 the benefits are less but still exceed any disadvantages and they apply to all the population. But recall that the age 5 findings could be artifacts of the two-year gap between the data collections in SSLP and non-SSLP areas. Nevertheless, why are there such differences between the early and later results? Although it is not possible to entirely eliminate methodological explanations, it seems possible that the contrasting results accurately reflect contrasting experiences over time. Whereas the 3-year-olds in the cross-sectional study were exposed to an “immature” program—and probably not for their entire lives—children and families in the longitudinal study were exposed to better developed programs throughout children’s entire lives.

Also programs probably learned from the earlier phase of the evaluation, and made a greater effort to reach the most vulnerable households. Thus differences in exposure to programs and the quality of SSLPs/SSCCs may account for both the initial adverse effects for the most disadvantaged and the subsequent more beneficial effects for almost all children and families in SSLP areas. Also in the change to children’s centres there is a greater emphasis on multi-agency service integration, which was also a theme in other government work linked to the Every Child Matters agenda.^b

Sure Start has been evolving and ongoing research has influenced this process. Developments have clarified guidelines and service delivery, with increasing emphasis on service integration and cohesion. Plausibly the improved evaluation results reflect actual changes in program impact resulting from the increasing quality and integration of services, greater attention to the hard to reach, the move to children’s centres, as well as greater exposure to services. The results are modest but suggest that the value of SSLPs/SSCCs has improved. The identification of the factors associated with more effective programs has informed improvements in SSCCs and may be part of the reason for the improved outcomes for children and families now found for Sure Start.

^b See also the Every Child Matters home page. Department for Children, Schools and Families Website. Available at: <http://www.dcsf.gov.uk/everychildmatters/>. Accessed July 27, 2010.

To learn more on this topic, consult the following sections of the Encyclopedia:

- [How important is it?](#)
- [What do we know?](#)
- [What can be done?](#)
- [According to experts](#)

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