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The impact of Sure Start Local Programmes on three year olds and their families

Edward Melhuish
University of Wollongong, melhuish@uow.edu.au

Jay Belsky
University of London

Alastair H. Leyland
MRC Social and Public Health Sciences Unit

Angela Anning
University of London

Zarrina Kurtz
University of London

See next page for additional authors

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Abstract
Sure Start Local Programmes (SSLPs), now Sure Start Children's Centres, aim to support young children and their families by integrating early education, childcare, healthcare and family support services in disadvantaged areas. The programmes aim to improve the health and well-being of families and young children, so that the children will have a greater opportunity to do well in school and later in life. This study investigates child and family functioning in over 9000 families in 150 SSLP areas, and makes comparisons with children and families in similarly disadvantaged areas not having a SSLP in order to evaluate whether there are effects associated with SSLPs.

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Authors
Edward Melhuish, Jay Belsky, Alastair H. Leyland, Angela Anning, Zarrina Kurtz, Jane Tunstill, Mog Ball, Pamela Meadows, Jacqueline Barnes, Martin Frost, and Beverley Botting

National evaluation summary

The Impact of Sure Start Local Programmes on Three Year Olds and Their Families

by The National Evaluation of Sure Start Research Team[1]

Sure Start Local Programmes (SSLPs), now Sure Start Children's Centres, aim to support young children and their families by integrating early education, childcare, healthcare and family support services in disadvantaged areas. The programmes aim to improve the health and well-being of families and young children, so that the children will have a greater opportunity to do well in school and later in life. This study investigates child and family functioning in over 9000 families in 150 SSLP areas, and makes comparisons with children and families in similarly disadvantaged areas not having a SSLP in order to evaluate whether there are effects associated with SSLPs.

Key findings

All findings of SSLP effects are reported after adjusting for a wide range of family and area background factors. Comparison between children and families living in SSLP areas and those in similar areas not having a SSLP revealed the following benefits associated with living in a SSLP area.

- Parents of three-year-old children showed less negative parenting while providing their children with a better home learning environment.
- Three-year-old children in SSLP areas had better social development with higher levels of positive social behaviour and independence/self-regulation than children in similar areas not having a SSLP.
- The SSLP effects for positive social behaviour appeared to be a consequence of the SSLP benefits upon parenting (i.e., SSLP→Parenting→Child).
- Three-year-old children in SSLP areas had higher immunisation rates and fewer accidental injuries than children in similar areas not having a SSLP; it is possible that instead of reflecting positive effects of SSLPs these health-related benefits could have been a result of differences in when measurements were taken of children living in SSLP areas and those living elsewhere.
- Families living in SSLP areas used more child- and family-related services than those living elsewhere.
- The effects associated with SSLPs appeared to apply to all of the resident population, rather than suggesting positive and negative effects for different subgroups as detected in the earlier (2005) report.
- The more consistent benefits associated with SSLPs in the current study compared with the earlier study may well reflect the greater exposure of children and families to better organised and more effective services, as SSLPs have matured over time, though it remains possible that differences in research design across the two studies could also be responsible.

[1] Contact Ted Melhuish or Jay Belsky for further information.

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Evidence & research

Background

A principal goal of Sure Start Local Programmes (SSLPs) has been to enhance the life chances of young children and their families by improving services in areas of high deprivation. SSLPs were set up between 1999 and 2003 and were experimental in the sense of trying out different ways of working with deprived communities where provision had been poor for years. They represent an intervention unlike almost any other undertaken to enhance the life prospects of young children in disadvantaged families and communities. A key difference is that programmes 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 of services within a SSLP area being universally available, thereby limiting any stigma that may accrue from individuals being targeted.

In the early years of SSLPs, by virtue of their local autonomy and in contrast to more narrowly-defined early interventions, they did not have a prescribed "curriculum" or set of services, especially not ones delineated in a "manualised" form to promote fidelity of treatment to a prescribed model. Instead, each SSLP had extensive local autonomy concerning how to fulfil its mission. Services were to be tailored to local needs while covering core domains: outreach and home visiting; family support; and good quality play, learning and childcare facilities; but without specification of how services were to be developed. This contrasts markedly with early interventions previously demonstrated to be effective (e.g. Abecedarian project, Ramey et al., 2000; Early Head Start, Love et al., 2002; Positive Parenting Program, Sanders 2003; Incredible Years, Webster-Stratton, 1993; Nurse Family Partnership, Olds et al., 1999). In contrast to these projects with detailed models of service provision, SSLPs were much more varied in their operation and service provision.

In November 2002 the Inter-departmental Childcare Review promoted the concept of Children's Centres, following the early lessons from Sure Start, to provide integrated care and education, family support, health services and childminder support. Moves toward the Children Centre model were initiated in 2003 and confirmed in December 2004 in the ten year childcare strategy (HM Treasury, 2004) and from around 2005 SSLPs were generally functioning as Children's Centres. From April 2006, they came under the control of Local Authorities. This has modified the nature of services in that the guidelines for Sure Start Children's Centres are more specific about the services to be offered, placing a clear focus on child outcomes and on adjusting provision in relation to the level of disadvantage in the area. Nonetheless the guidelines are not yet so specific that there is not a large degree of variation among Local Authorities and areas within Local Authorities in the way the new Children's Centres are implemented. This poses challenges to evaluating their impact, as each programme is unique.

Methodology

This second phase of the Impact Study of the National Evaluation of Sure Start (NESS) focuses on over 9000 3-year-olds and their families in 150 SSLP areas who were initially studied when the children were 9 months of age. These children/families were compared at three years of age with 1879 children/families who participated in the first (i.e. 9 months) and second (i.e. 3 years) sweeps of the Millennium Cohort Study (MCS) and who resided in similar areas that did not have SSLPs. In order to compare cases from areas as similar to the NESS Impact Study areas as possible the MCS sample was selected from the entire MCS cohort in England based on characteristics of the areas in which they lived.

The data collection in SSLP areas was undertaken between spring 2005 and summer 2007 with

analysis in the autumn of 2007. The sample was a sub-sample of those originally studied in the 9-month data collection of the earlier Impact Study (NESS, 2005; Belsky et al., 2006; Belsky & Melhuish, 2007). Of these families 9,192 from 150 SSLP areas participated in the 3-year-old data collection. The families provided extensive information on child and family functioning during the course of a home visit conducted by a specially trained fieldworker, typically lasting around 90 minutes when children were 9 months of age and then again at 3 years of age. MCS data were gathered by similar means by survey research businesses contracted by the Institute of Education.

During home visits, several sets of data were gathered in order to be able to assess the effects of SSLPs on child development and family functioning. In addition to these outcome measures, demographic and background information were collected from each family, as well as area characteristics on each community, to serve principally as control variables in the analyses to be conducted.

The measures delineated below and used in analyses reflect those variables for where the procedures within the NESS and MCS studies were sufficiently similar to be comparable across the studies.

Child/Family and Community Control Variables

A variety of child/family and community variables functioned (principally) as control variables in the analyses to be described. These included the following:

- *Child Characteristics*: age (in months), gender, and ethnicity.

- *Demographic, Socio-economic and Parental Characteristics*: English as only household language (yes, no), maternal age at child's birth (<20 vs. > 20), lone parent (yes/no), maternal self-reported cognitive difficulties (some vs. none), household income (below vs. above poverty line), highest individual occupational status in household, highest educational level of household (see Table 2.2), household work status (workless household vs. adult employed).

- *Area characteristics*: Area level data was used to construct seven area-level factors. The area-level factor scores function as covariates. The seven area factors were identified by their predominant characteristics as: economic deprivation; large non-Asian ethnic minority present; many children; large Asian/Pakistani population; large transient population with children; large Asian/Bangladeshi population; and large Asian/Indian and student population.

Child/Family Dependent/ Outcome Variables

The outcome variables for children and families were:

Child Language Development: the picture naming vocabulary subscale of the British Abilities Scales.

Child social and emotional development: positive social behaviour, negative social behaviour and independence/self-regulation. These were all obtained by parental report.

Child Physical Health: received all recommended immunisations or not; none/one or more accidents requiring treatment in the last 12 months. Scores for these outcomes were based on detailed reports by parents of the child's health history.

Parenting and Family Functioning: parenting risk index; home learning environment (HLE); father involvement (all parent report).

Maternal well-being: maternal smoking; life satisfaction; Body mass index (BMI)

Service Use: Total support score

Local Area: rating by mother of how favourable the area was.

Findings

After taking into consideration pre-existing family and area characteristics, comparisons of children and families living in SSLP areas with those living in similar areas not receiving SSLPs revealed *a variety of beneficial effects for children and families living in SSLP areas, when children were 3 years old*. There were positive effects associated with SSLPs with respect to 7 of the 14 outcomes assessed. *Children growing up in SSLP areas were more likely to have received the recommended immunisations and were less likely to have had an accidental injury in the year preceding assessment. SSLP children also showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation than their non-SSLP counterparts. Parenting showed benefits associated with living in SSLP areas, with families in SSLP areas showing less negative parenting while providing their children with a better home learning environment. The beneficial parenting effects appeared to be responsible for the higher level of positive social behaviour in children in SSLP areas. Finally, families in SSLP areas reported using more services designed to support child and family development than did families not in SSLP areas.*

Caution is warranted in interpreting 2 of the 7 detected positive effects of SSLPs (i.e., more immunisations, fewer accidents) because the non-SSLP (MCS) sample was born, on average, two years before the SSLP (NESS) sample. Subsequent analyses revealed that the better performance of the SSLP group on these two outcomes might have been the result of time of measurement effects stemming from the fact that MCS children were studied, on average, two years before the SSLP (NESS) children. For example, nationally child immunisations have been recovering from an earlier dip and SSLP areas may have benefited more than comparison areas from this effect.

The results of this second phase of impact evaluation differ markedly from those of the first phase (2005) carried out by the NESS Impact Study team. Whereas earlier findings indicated that 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 more advantaged children and families benefited (i.e., non-teen parents, dual parent families, working households), the current phase of the impact evaluation provides almost no evidence of adverse effects of SSLPs. The SSLP effects appeared generalisable across population sub-groups (e.g., workless households, teen mothers) for two reasons: (1) In general, there were almost no consistent differences in effects of SSLPs for particular subgroups and, (2) there was almost no consistent evidence that children and families in the most disadvantaged SSLP areas, which had more of the most disadvantaged families, functioned more poorly than children and families in somewhat less disadvantaged SSLP areas.

Discussion

Various explanations can be offered for this difference in results between the earlier 2005 findings and the current results. Differences could have occurred because of methodological differences between the two phases of impact evaluation. The earlier findings were based on a comparison of children and families studied by the same research team (NESS) at roughly the same

time in SSLP areas and in areas later to become SSLP areas. In contrast, the current findings derive from a comparison of children and families enrolled in two separate studies, the MCS and the NESS Impact Study, for which data collection was carried out two years apart by different research teams.

Nevertheless, although there is no way to determine whether methodological variations account for the differences in findings across the two phases of the NESS impact evaluation, it seems eminently possible that the contrasting results accurately reflect the contrasting experiences of SSLP children and families in the two phases. Whereas those 3-year olds enrolled in the first phase were exposed to relatively immature programmes–and probably not for their entire lives—3 year old children and their families participating in the second phase were exposed to more mature and better developed programmes throughout the entire lives of the children. Also these latter children and families were exposed to programmes that had the opportunity to learn from the results of the earlier study, especially with respect to the need for greater effort to be made to reach the most vulnerable households. In sum, differences in the *amount of exposure* to these programmes and the *quality of SSLPs* may well account for both why the first phase of impact evaluation revealed some adverse effects associated with SSLPs for the most disadvantaged children and families and why the second phase of evaluation reveals beneficial effects for almost all children and families living in SSLP areas.

Conclusion

Consideration of the differences in research design and of the findings of the current and earlier (2005) SSLP impact evaluations leads to the cautious conclusion that the increased benefits of SSLPs detected in the current study may well stem from (a) improvements in service effectiveness in SSLPs that have occurred in recent years, as well as (b) the longer exposure to SSLP services of the three-year olds and their families in the current phase of evaluation compared to the service exposure of those in the earlier phase of impact evaluation. Nevertheless, however consistent the benefits detected in the current phase of impact evaluation, they should not be exaggerated, as all positive effects of SSLPs detected were modest in magnitude. Clearly it will be of importance to see what the next phase of impact evaluation reveals, as it investigates the functioning of the same children included in this phase of inquiry two years later, when they are five years of age. For the time being, it remains plausible, even if by no means certain, that the differences in findings across the first and second phases of the NESS Impact Study reflect actual changes in the impact of SSLPs resulting from the increasing quality of service provision, greater attention to the hard to reach and the move to Children's Centres, as well as the greater exposure to the programme of children and families in the latest phase of the impact evaluation.

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National evaluation summary

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