

Evaluation and value of Sure Start

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A decade ago, the Cross-Departmental Review of Services for Young Children concluded that disadvantage among young children was increasing and it was more likely that poor outcomes could be prevented when early intervention was undertaken.¹ The review also noted that current services were uncoordinated and patchy, and recommended that there should be a change in service design and delivery. It suggested that programmes should be jointly planned by all relevant bodies and be area based, with all children under 4 years old and their families in an area being clients. In July 1998, the then Chancellor of the Exchequer, Gordon Brown, introduced Sure Start, which is aimed at providing quality services for children under 4 years old and their parents.² The original intent of the programme design was to focus on the 20% most deprived areas, which included around 51% of children in families with incomes 60% or less than the national median (official poverty line).³

Over 3 years, £542 million was made available, with £452 million designated for England. In England, 250 programmes were planned by 2001–2002 to support 187 000 children, 18% of poor children under 4 years old. Typically, a programme was to include 800 children under 4 years old, with £1250 per annum per child at the peak of funding. Programmes were to run for at least 10 years with funding peaking at year 3 and declining from year 6 to none at year 10. Some funding would fall to local authorities, made available by “reshaping” services. This investment utterly transformed early-year services while representing a relatively small contribution from the perspective of treasury—just 0.05% of public expenditure.

In this brief summary, we cover the history and impact of this ambitious initiative. While more than 40 reports and peer-reviewed publications have documented the different phases of the National Evaluation of Sure Start with

the corresponding findings, this report provides an overview of the evolution and impact of the Sure Start programme. As individuals involved in the evaluation of the overall initiative, we attempt to provide a summary of what has been learnt thus far. Community control was exercised through local partnerships, comprising everyone concerned with children, including health, social services, education, private and voluntary sectors, and parents. Funding flowed from central government directly to programmes, which were independent of local government, although local departments of education, social services, etc, and health trusts would typically be part of the partnership. All programmes 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 healthcare and advice about child health and development and family health; and (5) support for people with special needs, including help getting access to specialised services but without specific guidance as to how.⁴ While evidence derived from programmes with clear unambiguous protocols for services were used to justify Sure Start, Sure Start programmes did not have a prescribed “protocol” and had freedom to improve and create services as they wished.⁵ This was in contrast to examples of interventions with clear models of provision and demonstrable effectiveness used to justify Sure Start.^{6–8}

The speed 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 the success of the initiative, the treasury expanded Sure Start from 250 by 2002 to more than 500 programmes by 2004, thereby more than doubling expenditure to almost £500 million by 2003–2004. Thus, Sure Start became a cornerstone of the campaign to reduce child poverty.

The National Evaluation of Sure Start (NESS) was commissioned in 2001. Programme diversity posed challenges in that there were not several hundred programmes delivering one intervention, but several hundred unique interventions.

The early evaluation protocol to 2005 has been summarised,⁹ and detailed reports are available at <http://www.ness.bbk.ac.uk>, with some findings summarised here. Government decisions effectively ruled out a randomised controlled trial; hence, a quasi-experimental design was used with its consequent limitations to compare Sure Start populations with equivalent populations not receiving Sure Start. An independent review of early findings of the evaluation work and a critique of the methodology is available.¹⁰

COMMUNITY-LEVEL CHANGE

Sure Start was based on the premise that children and families could be affected by the programme directly, via services, and indirectly, via community changes engendered by the programme. Community characteristics were tracked over 5 years. Some improvements were detected but could not be causally linked to Sure Start.^{11 12} Overall, Sure Start areas became home to more young children while the proportion in households dependent on benefits decreased markedly. For instance, the proportion of children under 4 years in “workless” households in Sure Start areas dipped below 40%, having started at 45% in 2000–2001. Some aspects of crime and disorder also improved, notably burglary, school exclusions and unauthorised school absences. Moreover, children 11 years and older demonstrated improved academic achievement. While infant health did not improve, reductions in emergency hospitalisations of children (0–3 years) for severe injury and for lower respiratory infection suggested improved healthcare. Also, the percentage of children identified with special educational needs or eligible for disability benefits increased over 2000–2005, suggesting improved health screening.

EARLY EFFECTS ON CHILDREN/FAMILIES

A cross-sectional impact study of children and families in Sure Start and non-Sure Start (Sure Start-to-be) areas provided mixed news.^{13 14} Although there were some main effects for Sure Start on family and child outcomes, some results varied by subgroup. Specifically, 3-year-old children of non-teen mothers (86% of sample) in communities receiving Sure Start exhibited positive effects associated with Sure Start programmes in terms of fewer behaviour problems and greater social competence as compared

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with those in comparison communities, and evidence indicated that these effects for children were mediated by Sure Start effects of less negative parenting for non-teens. On the other hand, adverse effects emerged for children of teen mothers (14% of sample) in Sure Start 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) in Sure Start areas scored lower on verbal ability than equivalent children in comparison communities.

VARIABILITY IN PROGRAMME EFFECTIVENESS

NESS also examined why some programmes might be more effective than others. Detailed information over several years on 150 programmes was systematically rated on 18 dimensions of implementation reflecting adherence to Sure Start principles.^{15–18} Programmes that were rated high on realising one principle tend to score high on others, and better implemented programmes appeared to yield greater benefits.¹⁹ ²⁰ While the evidence was not overwhelming, it was consistent with the theory about which programmes should prove most effective and provided guidance as to what works for Sure Start Programmes. Also, some evidence indicated that health-led programmes had some advantages, possibly reflecting their better access to birth records and health visitors providing a ready-made home-visiting service generally accepted by disadvantaged families.

CHANGES TO SURE START

As the initial NESS findings indicated that Sure Start programmes were not having the intended impact and evidence from another project, Effective Provision of Pre-school Education,^{21 22} showed that integrated Children's Centres were particularly beneficial to children's development, the government decided to transform Sure Start programmes into Children's Centres. This was announced in 2005 alongside a transfer of the new Sure Start Children's Centres to local authority control. This politically inspired move ensured that Sure Start Children's Centres became embedded within the welfare state by statute, making it difficult for any future government to eradicate. Hence, post 2005, Sure Start programmes became Children's Centres with a more clearly specified set

of services and guidelines, and were controlled by local authorities rather than the central government.

LATEST EFFECTS ON CHILDREN AND FAMILIES

In the longitudinal investigation of children and families seen at 9 months and 3 years of age, comparisons of children and families in Sure Start areas with those in similar non-Sure Start areas revealed beneficial effects for children and families living in Sure Start areas, when children were 3 years old on 7 of the 14 outcomes assessed.^{23 24} Children in Sure Start areas showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation than their counterparts in non-Sure Start areas. This result was partially a consequence of parents in Sure Start areas manifesting less negative parenting, as well as a better home learning environment. Also, families in Sure Start areas reported using more child and family-related services than families in non-Sure Start areas. Two additional findings—that children in Sure Start areas received more recommended immunisations and had less accidental injuries than those in other areas—could have been an artefact of the 2-year difference in the date of data gathering for the two groups, as these two outcomes tended to improve over time nationally.

CONCLUSIONS

The latest findings differ markedly from earlier findings. Whereas earlier, the most disadvantaged 3-year-old children and their families (ie, teen parents, lone parents and workless households) were doing less well in Sure Start areas, while somewhat less disadvantaged children and families benefited (ie, non-teen parents, dual parent families and working households), the latest evidence indicates benefits for all sections of the population served. Various explanations can be offered for the differences between the 2005 and 2008 findings. Although it is not possible to entirely eliminate methodological explanations, it seems likely that the contrasting results accurately reflect the contrasting experiences of children and families in Sure Start areas in the two phases. Whereas the 3-year-olds in the first phase were exposed to "immature" programmes—and probably not for their entire lives—the 3-year-olds and their families in the second phase were exposed to better developed

programmes throughout the entire lives of the children. Also, programmes had the opportunity to learn from the earlier phase of the evaluation, especially with respect to a greater effort to reach the most vulnerable households. Thus, differences in the amount of exposure to programmes and the quality of Sure Start programmes may well account for the initial adverse effects for the most disadvantaged children and families and the subsequent beneficial effects for almost all children and families living in Sure Start areas. It is also noteworthy that a randomised controlled trial in Sure Start programmes in Wales has found that the Incredible Years parenting programme can improve behavioural and emotional outcomes for preschool children considered to be at risk of developing conduct disorder.²⁵

Sure Start has been evolving, and ongoing research has partly influenced this process. Later developments have considerably clarified guidelines and service delivery. It is plausible that the improved results in the evaluation of Sure Start reflect actual changes in the impact of Sure Start programmes resulting from the increasing quality of services, greater attention to the hard to reach, 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. The results are modest but suggest that the value of Sure Start programmes is improving. The identification of the factors associated with more effective programmes has propelled recent improvements in Sure Start Children's Centres and may be part of the reason for the improved outcomes for children and families now found for Sure Start.

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