Chapter 13

Child health and well-being in the early years: the National Evaluation of Sure Start

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Introduction

The Labour election victory of May 1997 provided an opportunity to change policy, particularly through placing the improvement of people’s lives at the centre of government strategy. The Government wanted to break the cycle whereby disadvantaged children repeated their parents’ experiences of poor education, physical and mental ill-health, and poverty.

At this time the notion of ‘joined-up’ services was in vogue, and Prime Minister Tony Blair commented in the Foreword to the first Comprehensive Spending Review of his tenure (Blair 1998) that ‘We have looked at key problems across government. The old departmental boundaries often do not work. Provision for young children—health, childcare, support—will be co-ordinated across departments so that when children start school they are ready to learn.’

Here we describe the development of the Sure Start Programme for children and report the findings of the national evaluation. This has been a key component of the Government’s policy to breaking the cycle of deprivation.

Cross-cutting review of services for children: the evidence base

A cross-cutting review was established to deal with services for young children. It was to consider all available evidence and produce policy recommendations for counteracting the cycle of disadvantage. Research evidence from American early intervention programmes that were rigorously evaluated by means of randomised controlled trials proved especially influential in this review, which concluded that model early intervention programmes involving high quality childcare provision, whether started in infancy (Abecedarian Project, Ramey and Campbell 1991) or at three years of age (Perry Preschool Project, Schweinhart et al 1993), enhanced the development of disadvantaged children. Also of developmental benefit were high-quality home visiting programmes designed to deliver parent education and family support (Olds et al 1999). Moreover, where quasi-experimental studies had rigorous methodology, they produced similar results. Small-scale tightly controlled interventions had produced larger effects than the
more extensive large-scale interventions, such as the Chicago Child-Parent Centers (Reynolds et al 2001) and Head Start (Karoly et al 1998). Nevertheless, the impact of large-scale interventions was still substantial, producing worthwhile benefits for children, families, and communities.

The cross-cutting review contained a wide-ranging analysis of the state of services and made a number of recommendations and conclusions including the following (Treasury 1998): (1) The earliest years in life were the most important for child development, and very early development was much more vulnerable to adverse environmental influences than had previously been realized. (2) Multiple disadvantage for young children was a severe and growing problem, with such disadvantage greatly enhancing the chances of social exclusion later in life. (3) The quality of service provision for young children and their families varied enormously across localities and districts, with uncoordinated and patchy services being the norm in many areas. Services were particularly dislocated for the under-fours—an age group that tended to get missed by other government programmes. (4) The provision of a comprehensive community-based programme of early intervention and family support which built on existing services could have positive and persistent effects, not only on child and family development but also in helping break the intergenerational cycle of social exclusion, possibly leading to significant long-term gain to the Exchequer.

When it came to making recommendations, the review argued that while there was no single blueprint for the ideal early interventions, they should be: (1) two-generational, involving parents as well as children; (2) non-stigmatizing, avoiding labelling ‘problem families’; (3) multifaceted, targeting a number of factors, not just, for example, education or health or parenting; (4) persistent, lasting long enough to make a real difference; (5) locally driven, based on consultation with and involvement of parents and local communities; and (6) culturally appropriate and sensitive to the needs of children and parents.

It was argued also that a range of services should ideally be integrated to support the complex and varied physical, developmental, and emotional needs of young children and families. Such services should be easily accessible and backed up by outreach to offer support in the home. In essence, a programme was to be area-based, with all children under four and their families living in a prescribed area being clients of the local programme, with the right to a say in the services provided.

Creating Sure Start (Local Programmes)

The findings of the Cross-Departmental review were incorporated into the 1998 Comprehensive Spending Review that delineated future government expenditure. On 14 July 1998, the Chancellor of the Exchequer introduced the plan for what would be known as Sure Start (to become Sure Start Local Programmes and later Sure Start Children’s Centres), aiming to bring together quality services for children under four and their parents—nursery, childcare, and playgroup provision, and pre-natal and other health services. A total of £542 million became available to be spent over three years, with £452 million designated for England so that there would be 250 programmes by 2001–02,
supporting about 187,000 children, or 18% of all poor children under four. This commitment and investment transformed early years services in the UK, while representing a relatively small contribution from the perspective of Treasury—just 0.05% of public expenditure.

The Sure Start Unit (SSU) responsible for administering the new initiative was cross-departmental, involving many ministries, though the principal departments involved were Health and Education. Guidance for local programmes (SSU 1998) laid out how Sure Start Local Programmes (SSLPs) were to be a completely new way of working, were meant to bring ‘joined-up’ services of health, childcare and play, early education, and parental support to families with a child under four years of age. SSLPs were to coordinate, streamline, and add value to existing services in the local-programme area, including signposting to existing services; involve parents; avoid stigma; ensure lasting support by linking with services for older children; be culturally appropriate and sensitive to particular needs; be designed to achieve specific objectives relating to Sure Start’s overall objectives; and promote accessibility for all local families, later changed to ‘promote the participation of all local families in the design and working of the programme’.

The first SSU guidance also outlined the core services that all SSLPs were 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, including help getting access to specialized services. Programmes were directed to provide outreach for hard-to-reach families and could add extra services to suit local needs, such as debt counselling, employment, and benefits’ advice.

Community control was to be exercised through local partnerships. Initially, service providers in a deprived area were invited to submit a bid for SSLP funding. A partnership of local stakeholders had to be constituted and this partnership needed to draw up a plan for a local programme, nominating a lead agency. These partnerships were to be at the heart of the initiative and 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 community input in the design of SSLPs and, as a consequence, even though core services were required, no specification was provided of how they would be delivered, only what they should aim to achieve. Funding was to flow from the SSU directly to programmes, that could act largely independently of local government, although local government departments including education and social services would typically be part of the partnership.

The speed of SSLP funding was to some extent overwhelming for staff unused to such resources, and services were slow to reach operational status. Despite this slower-than-expected start, and without any evidence of success, the Treasury, in its 2000 Spending Review, expanded the programme—doubling the planned number of local programmes from 250 by 2002 to over 500 by 2004, thereby more than doubling expenditure to almost £500 million by 2003–04! The expanded SSLP initiative was to reach one third of poor children under four years of age.
Thus it was that SSLPs became a cornerstone of the UK Government’s campaign to reduce child poverty and social exclusion. SSLPs were to serve all children under four and their families in a prescribed area. This area-based strategy allowed the relatively efficient delivery of services to those living in deprived areas without stigmatizing those receiving services: disadvantaged areas were targeted, but within the area the service was universal.

As a consequence of the local autonomy central to the community control of SSLPs, they did not have a prescribed ‘protocol’ of services to promote adherence to a prescribed model even though they had a set of core services to deliver. Thus, each SSLP had freedom to improve and create services as they saw fit, with general goals and some specified targets (eg reduce incidence of low birth weight, improve language development of young children), but without specification of exactly how services were to be delivered. This contrasted markedly with interventions with clear models of provision and demonstrable effectiveness that formed the basis of the research evidence justifying the creation of Sure Start. Even though research evidence was critical to winning the argument for increased Early Years’ expenditure, it was largely overlooked in the detailed planning for and actual operation of programmes, despite entreaties to local programmes that their services be ‘evidence based’.

National Evaluation of Sure Start

The Treasury’s involvement with Sure Start was central to the creation of the programme and the changes to it that have occurred and they required a rigorous evaluation. Following competitive tender, the National Evaluation of Sure Start (NESS) was commissioned in early 2001 to undertake a multifaceted evaluation of SSLPs, addressing (1) the nature of the communities in which SSLPs were situated; (2) the ways in which SSLPs were implemented; (3) the impact of SSLPs on children, families, and communities; and (4) the cost-effectiveness of SSLPs. In addition, NESS was charged with (5) providing technical support to local programmes so that each could undertake its own local evaluation to inform service development.

The great diversity amongst SSLPs posed particular challenges for evaluation in that there were not several hundred programmes delivering one well-defined intervention, but several hundred unique and multifaceted interventions operating in different places. In the evaluation, NESS used a variety of strategies to study the first 260 SSLPs that were rolled out, in particular studying children and families in 150 of these with great intensity. These included the gathering of administrative data already available on the small geographic areas that defined SSLP communities (eg census data, police records, work and pension records); developing geographical information systems that allowed the collating of information in non-standard geographic units (SSLP areas); conducting surveys of SSLPs dealing with many aspects of SSLPs; carrying out face-to-face and telephone interviews with programme managers, programme employees, and parents about the operation of their local programme; and conducting a large-scale survey of child and family functioning in thousands of households in SSLP areas, and in SSLP-to-be areas.
The Evaluation up to 2006

While NESS had many components, most attention focused on the evaluation of impact upon children and families. In the evaluation tender the Government ruled out the possibility of a randomized controlled trial. It appeared that politicians were unwilling to give up control of which areas would receive the initiative. Hence NESS adopted a quasi-experimental design, involving multi-level modelling, in its impact evaluation. The first phase of impact evaluation compared the functioning of thousands of 9- and 36-month-old children and their families living in 150 SSLP communities across England with counterparts living in 50 communities destined to eventually become SSLP areas but that had not yet done so. Results proved somewhat disappointing to the Government, as evidence of both small positive and negative effects emerged (NESS 2005a; Belsky et al 2006). Whereas the relatively less disadvantaged of the predominantly disadvantaged families living in SSLP areas benefited somewhat from the programme, adverse effects emerged for the most disadvantaged families. Specifically, non-teen mothers (86% of sample) engaged in less negative parenting when living in SSLP areas rather than the comparison communities and, apparently as a result, their three-year-old children exhibited fewer behaviour problems and greater social competence (ie, SSLP → Parenting → Child). Children in SSLP areas living in workless households (39%) or in lone-parent families (36%) or born to teenage mothers (14%), however, scored lower than their counterparts in comparison to communities on verbal ability, with those born to teenage mothers also manifested more behaviour problems and less social competence. Consideration of these findings along with other NESS reports on implementation (eg Tunstill and Alnock 2007) raised the possibility that in many SSLP areas those families most in need and also hardest to reach were receiving fewer services than they would have, had they been in areas without SSLPs. Although this possibility was never confirmed definitively, it did lead to changes in programme emphasis (see below).

While there was limited early impact of programmes overall, the impact evaluation revealed that programmes differed widely in their effectiveness for child and family outcomes. Therefore, further work investigated variation amongst programmes.

Programme variability

One of the strengths of the NESS research design was that it afforded the opportunity to illuminate the conditions that might have made some SSLPs more effective than others. Detailed information across a number of years on each programme (Anning and Ball 2007; Meadows 2007; Tunstill and Alnock 2007) was subjected to systematic quantitative analysis (NESS 2005b; Melhuish et al 2007). Programmes could be differentiated on many dimensions including the range and balance of services, providing quality training for staff, exercising effective leadership and management, and having effective strategies for identifying families in the community, to name just several of 18 distinct dimensions of implementation subject to quantitative scoring. Programmes that tended to be rated as high on realizing one of these dimensions tend to score high on the others, so that there were essentially better and more poorly implemented programmes. When NESS looked
at how these implementation differences related to outcomes it emerged that better implemented programmes yielded somewhat greater benefits for children and families. While the evidence was by no means overwhelming, it was consistent with theory about the conditions under which programmes should prove most effective and provided guidance as to what it takes to generate the kinds of benefits that SSLPs were intended to achieve. In addition there was some evidence that programmes led by health agencies had some advantages, possibly reflecting their better access to birth records and health visitors providing a ready-made home-visiting service that was generally accepted by disadvantaged families.

**Community-level change**

SSLPs varied not only in the manner in which services were provided but also at a more fundamental level, by the nature or the geographical area being served. A defining feature of the Sure Start initiative was that it was area-based, founded on the premise that communities, not just children and/or families, should be the target of intervention. Ultimately, the view was that children and families could be affected by the programme both directly, via services encountered, and indirectly, via community changes that derived from the programme (e.g., reductions in crime, feelings of cohesion, and changed ‘local norms’ about parenting). Reflecting this focus on community change, NESS documented the status of communities served by SSLPs over time, created a typology to represent their variability (Barnes et al. 2005), and examined the relationship between any changes and programme operations. A large number of community characteristics were tracked over five years, drawing on a wide variety of administrative data sources (Barnes 2007a; 2007b). It was possible to link these data with the very particular areas that were defined by local Sure Start partnership boards using geographic information systems strategies (Frost and Harper 2007). Community changes were chronicled from 2000/01 to 2004/05 and compared with changes taking place in England over the same period of time (Barnes 2007b; Barnes et al. 2007). It would have been preferable to compare change in SSLP areas to data from similarly disadvantaged neighbourhoods without Sure Start, but annual information on most of the indicators in question was not available in a sufficiently detailed format. However, the statistical comparison with change in England has proved instructive.

Over the five-year period (2001 to 2005) covered by the NESS analysis of the local contexts in which SSLPs operated, some improvements in SSLP areas were detected, though many simply mirrored trends in England and few could be linked in a straightforward way to factors such as the length of time that the SSLP had been in operation or other programme characteristics. For instance, changes were generally not related to the amount spent per child. However, some changes could be associated with other aspects of the local area, either other local services in terms of the number of other ‘area-based initiatives’, to the extent of deprivation relative to other SSLP areas, to the proportion of the population that were from minority ethnic groups, or to the variability within the area in housing or deprivation. Overall, the SSLP areas became home to more young children over time while the proportion living in households totally dependent on benefits, or in
receipt of benefits indicating a job seeker or someone on a low wage, decreased markedly. For instance, the average proportion of children under four living in 'workless' households in SSLP areas dipped just below 40%, having started out at 45% in 2000/01. On average one third were living in a household in receipt of Income Support, down from 39%. These average levels were still much higher than the England rates (22% and 18%), but revealed important improvements though there was vast variability between the SSLP areas in these factors.

Some aspects of crime and disorder in SSLP areas also changed for the better, notably burglary and exclusions of both primary age and secondary age children from school, as well as unauthorized absences from schools. Moreover, children from 11 upwards demonstrated improved academic achievement, particularly when there are other area-based initiatives operating locally. There was not an identifiable improvement in the achievement of younger children, but examination of change over time was complicated by alterations in the manner by which national tests were administered during the five years, changing from group testing to teacher ratings.

While infant health did not improve over the period of study, reductions in emergency hospitalizations of young children (aged 0 to 3) for severe injury and for lower respiratory infection provided some potential indication that more families in SSLP areas may be accessing routine health care, at GP surgeries or child health clinics, supported by possibly more 'joined-up' working between health and social services. In addition, a decrease in the rate of low birth weight infants was identified in areas typified by proportionately more families from the Indian subcontinent, though their rate was still high in comparison to other SSLP neighbourhoods. Increases in the health screening of young children apparently occurred in SSLP areas over time, as the percentage of children identified with special educational needs or eligible for benefits related to disability increased across the five-year study period.

Ongoing policy developments in Sure Start

The policy-making process did not stand still while the evaluation was being carried out (Melhuish and Hall 2007). In fact the early NESS results contributed to a fundamental change in the structure of SSLPs. Also influential were the results of another Government-sponsored research project, the Effective Provision of Pre-school Education (EPPE) (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart 2004), showing that a particular type of early-years’ provision, integrated Children’s Centres, was particularly beneficial to children’s development. Evidence from both NESS and EPPE thus proved central in changing SSLPs into Children’s Centres. This was announced in 2005 alongside a move to transfer the new Sure Start Children’s Centres into Local Authority control. This transfer of control from central to local government was politically inspired to ensure that Sure Start Children’s Centres became embedded within the welfare state by government statute and would thus be difficult to eradicate by any future government.

Also, concern about child protection that had been mounting in the 1990s reached a crisis with the horrific case of Victoria Climbié, who, despite being supposedly monitored
by several agencies (health, social services, police, etc), was tortured and murdered in 2000. This triggered a major governmental review, which emphasized the importance of high quality work and research by all relevant professionals, so interagency collaboration and training was once again stressed. This resulted in a series of government reports, including 'Every Child Matters' (HM Government 2003; 2004a, b) which set out plans to reform and improve children’s services. These plans were incorporated into the Children Act (HM Government 2004c), which set out a new framework for children’s services, ensuring accountability and partnership at local level.

Within a similar time-frame, various reports on children’s health care criticized the long-term neglect of children’s services and led to a National Service Framework (Department of Health and Department for Education and Skills 2004). It was probably the most comprehensive exposition of child health policy anywhere, reflecting a very broad view of what is meant by health. It endorsed previous policy developments in the fields of early detection, child mental health, and child protection, reinforcing guidance on inter-disciplinary collaboration. The concepts underpinning Sure Start were strongly supported for future policy.

These changes meant that from April 2006, local authorities became the accountable body for the whole Children’s Centre programme, and health agencies were legally obliged to cooperate in the provision of services within Children’s Centres. The spend on Children’s Centres and the associated programmes was £1.3 billion in 2005–06. For 2006–07 £1.7 billion was provided to local authorities for Children’s Centres. For 2007–08, £1.8 billion was set aside. This represented four times the amount spent on equivalent services in 2001–02. Sure Start thus became a significant part of the Welfare State. As then Prime Minister Blair (2006) stated:

Sure Start is one of the government’s greatest achievements. It is a programme that gives antenatal advice, and early-years help for children who need it. It is a vital source of learning to parents who often find work on the back of it; and a community facility that becomes a focal point for local health, childcare and educational networks. It has become a new frontier of a changing welfare state.

**Latest NESS results**

The longitudinal phase of the impact evaluation compared thousands of children first seen at age nine months and again at age three living in SSLP areas with those involved in a large UK cohort study, the Millennium Cohort Study (MCS), who were not living in SSLP areas. This second phase took place nearly three years after the first phase. By this time the three-year-olds and families living in SSLP areas had not only been exposed to more mature SSLP programmes and for longer periods of their lives than those included in the first phase, but probably to programmes that had learned a lot from prior experience, including from the first set of national evaluation findings. Also, ongoing policy changes (see above) had altered the nature of programmes that were now Sure Start Children’s Centres.

In order to compare children and families from non-SSLP areas as similar as possible to those in the SSLP areas studied, areas containing MCS children but not having SSLPs
were selected by propensity score matching (Rubin 1997) for having similar area characteristics to SSLPs based on 85 variables from the Indices of Multiple Deprivation (IMD) and the 2001 Census. For initial comparisons, the SSLP sample was restricted to those children/families residing in areas most like the non-SSLP areas; this involved excluding the most disadvantaged SSLP areas due to the absence of comparably deprived areas in the MCS sample. Thus, the samples included 5,883 children/families in 93 (of the original 150) SSLP areas and 1,879 children/families in 72 non-SSLP areas. In secondary analyses children/families from SSLP areas excluded from the initial analyses were compared with those in the 93 SSLP areas in the initial analyses. The results of this second phase of evaluation showed that families in SSLP areas benefited from SSLPs. Parents in SSLP areas relative to those in non-SSLP areas reported using more services, engaging in more developmentally facilitative parenting and having children who are socially more competent. Also, children were more likely to have received all recommended immunizations and to be less likely to have accidental injuries. However, these latter two benefits associated with SSLPs may have resulted from time of measurement effects, hence they cannot be accepted as SSLP effects (NESS 2008; Melhuish, Belsky, Leyland, Barnes, and NESS research team, submitted). In addition, contrary to the earlier NESS (2005) results, all effects associated with SSLPs were beneficial, and these beneficial effects appeared to apply in all subpopulations and all SSLP areas.

The latest results of the NESS impact evaluation differed markedly from those found earlier (Belsky et al 2006; Belsky and Melhuish 2007; NESS 2005). Whereas the earlier findings indicated that the most disadvantaged three-year-old children and their families (ie, teen parents, lone parents, 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, working households), the current phase of the impact evaluation provided almost no evidence of adverse effects of Sure Start programmes. Indeed, the Sure Start effects appeared generalizable across population subgroups (eg workless households, teen mothers) for two reasons: (1) In general, there were almost no consistent differences in effects of Sure Start programmes for particular subgroups and, (2) there was almost no consistent evidence that children and families in the most disadvantaged Sure Start areas, which had more of the most disadvantaged families, functioned more poorly than children and families in somewhat less disadvantaged Sure Start areas.

Various explanations can be offered for the dramatic difference in results between the earlier 2005 findings and the current results. Differences could have occurred because of methodological differences. 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 three-year-olds enrolled in the first phase were exposed to relatively immature programmes—and probably not for their entire lives—the three-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 Sure Start programmes may well account for both why the first phase of impact evaluation revealed some adverse effects of the programme for the most disadvantaged children and families and why the second phase of evaluation revealed beneficial effects for almost all children and families living in Sure Start areas.

Conclusions

Sure Start has been undergoing evolutionary change since its inception in 1999. To some extent evaluation results have influenced this process. The early results indicated that lack of specification of how goals are to be achieved in service delivery will lead to great diversity with many ineffective programmes. Later developments have tightened up guidelines and the nature of service delivery considerably and also staff themselves have developed and become better trained and more proficient. However, there is scope for extensive further development. The contrast between the latest and earlier findings suggests that children and families may be having increased exposure to Sure Start programmes (Children’s Centres) that have become more effective, and indicates that early interventions may improve the life chances of young children in deprived areas. Hence the developments in Sure Start seem to have borne some fruit in that the latest impact results are encouraging, and indicate the beneficial effects of SS LPs are spreading. Nonetheless, it is clear that further developments are desirable. In the meantime it will be some time before the longer term goals of the programme can be realized, and hence the final verdict on Sure Start awaits further evaluation.

Bibliography


BIBLIOGRAPHY


