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National evaluation report



Variation in Sure Start Local Programmes' Effectiveness: Early Preliminary Findings

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Report 14



Evidence
& research

*Variation in Sure Start Local
Programmes' Effectiveness:
Early Preliminary Findings*

Report of the NESS Programme Variability Study

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.

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PEER REVIEW

Peer review is an important process contributing to the maintenance of high standards for research publications. This report has been subject to peer review, being evaluated for the adequacy and merit of its research by a scientific Advisory Group assembled by the DfES for the purpose of reviewing the National Evaluation of Sure Start. The Advisory Group contains internationally respected experts from the academic fields that form the basis of the National Evaluation of Sure Start, including psychology, psychiatry, education, economics, paediatrics and social science. Members of the Advisory Group can comment freely upon the merits of the report and such comments may well lead to modifications of the report prior to publication. This report has been subject to thorough inspection by the Advisory Group who suggested many changes that improved the report. It is important to note that this report would not be published without the approval of the Advisory Group, which has the objective of ensuring the scientific integrity of the research. In sum, the peer review process ensures that the research report has been thoroughly examined with regard to its scientific merit and found to be worthy of publication.

**VARIATION IN SURE START LOCAL PROGRAMMES’
EFFECTIVENESS:
REPORT OF THE NESS PROGRAMME VARIABILITY STUDY**

EXECUTIVE SUMMARY

Background

A principal goal of Sure Start Local Programmes (SSLPs) is to enhance the functioning of children and families by improving services provided in the local programme areas, which have high levels of deprivation. SSLPs represent an intervention unlike almost any other undertaken to enhance the life prospects of young children in disadvantaged families and communities. They are different in that they 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 that services within a SSLP area are universally available and any stigma that could result from the targeting of individuals may be avoided. By virtue of their local autonomy, and in contrast with more narrowly-delivered early interventions, SSLPs do not have a prescribed “curriculum” of services, and their services do not fit a particular model. Instead, each SSLP has the freedom to improve and create services in response to local need. In addition, the pre-existing service situation in SSLP areas was highly varied. These considerations raise great challenges for evaluating the impact of SSLPs, as each programme is unique.

As a first step in assessing the impact of SSLPs on child and family functioning, the Impact Study of the National Evaluation of Sure Start (NESS) studied 9- and 36-month old children and their families in 150 SSLP areas and in 50 comparison communities (i.e. areas designated to become SSLPs later) (see NESS Research Team, 2005). Overall few effects of living in SSLP areas were detected. Those that did emerge were small and indicated that SSLPs appeared (on average) to beneficially affect family functioning, with mothers of 9-month olds experiencing less household chaos and mothers of 36-month olds showing more acceptance of their children’s behaviour (i.e. less slapping, scolding, physical restraint) when living in SSLP areas rather than comparison communities. In addition non-teen mothers (86%) of 36-month olds showed less negative parenting. Also the children from these relatively less disadvantaged families (i.e. non-teen mothers) benefit somewhat from living in SSLP areas, perhaps due to positive effects on the parenting of non-teen mothers, whereas children from relatively more disadvantaged families (i.e. teen mother, lone parent, workless household) appear to be adversely affected by living in a SSLP community. At the same time, there was substantial variation in the degree to which SSLPs proved more and less effective, with some

evidence emerging that programmes led by health agencies generated more beneficial effects. These facts highlighted the need to gain further insight into what might account for variation in programme effectiveness. The Programme Variability Study was undertaken to address this issue that is central to programme improvement and the development of effective early years services.

Method

The Programme Variability Study set out to consider links between aspects of SSLP implementation and the level of effectiveness on child and parenting outcomes for the 150 SSLPs included in the Impact Study. The study developed ratings of 18 dimensions of implementation. These 18 dimensions related to what was implemented (*service quantity, service delivery, identification of users, reach, reach strategies, service innovation and service flexibility*), the processes underpinning proficient implementation of services (*partnership composition, partnership functioning, leadership, multi-agency working, access to services, evaluation use and staff turnover*), and holistic aspects of implementation (*vision, communications, empowerment, and ethos*). SSLPs tended to score consistently low, average or high across all the 18 dimensions and the three broad domains, thereby indicating that proficiency in one domain usually goes with proficiency in the other domains.

In addition to these 18 ratings, information was gathered on aspects of service provision (inherited, improved and new services related to child, parent, family, and community oriented services) and staffing (proportions of staff involved in outreach, family support, play and childcare or health-related activities).

Findings

Results indicate that these 18 dimensions can, collectively, differentiate between the most and least effective SSLPs on parenting and child outcomes. As the 18 scales represent the proficiency with which the SSLPs were able to realise the original goals of SSLPs, this result implies that SSLPs that were more proficient in putting the original goals of Sure Start into practice were more likely to produce better child and parenting outcomes. The Sure Start approach was designed to be holistic, tackling the range of disadvantages associated with child poverty in an integrated way. It seems that what was done, the way it was done and the overarching style of the programme were all important ingredients in the recipe. The Programme Variability Study supports the proposition that integration is central to effective intervention. The proficiency with which the *whole* model is implemented has a direct bearing on effectiveness, with implications for services delivered by Children's Centres.

Other significant effects specific to particular ratings, service or staffing also emerged. These were:

- For families with a 9 months old:
 - More *empowerment* by SSLPs was related to higher maternal acceptance;
- For families with a 3-year-old:
 - Better *identification of users* by SSLPs was related to higher non-verbal ability for children;
 - Stronger *ethos* and better overall scores on the 18 ratings (which can substitute for each other) were related to higher maternal acceptance;

- More *empowerment* was related to more stimulating home learning environments;
- Having more inherited parent-focussed services was related to less negative parenting (e.g. harsh discipline);
- More improved child-focussed services was related to higher maternal acceptance;
- Having a greater proportion of staff that are health-related was associated with higher maternal acceptance.

However it is important to realise that the 18 ratings are related to each other and that those SSLPs with high *empowerment* are likely to be high on other ratings. For example where a programme is high on *empowerment*, it will tend to score more highly on all the other ratings and in particular it is most strongly related to *partnership composition, partnership functioning, communication, leadership, multi-agency working, and ethos*. Similarly while the rating of *identification of users* shows a significant effect upon a child outcome, those SSLPs high on this rating will also tend to score more highly on all other ratings and in particular *reach strategies, leadership and ethos*. Hence the effects for individual ratings need to be considered in the context of the overall effects of the ratings of implementation proficiency, with higher proficiency predicting better outcomes.

It is noteworthy that this study has been more successful in relating aspects of SSLPs to improvement of parenting than to improvement of child outcomes. The effects associated with implementation proficiency ratings were most pronounced with respect to parenting, and parenting was the feature of family functioning that proved most susceptible to a general SSLP effect in the first Impact Report. Specific findings emerging include *empowerment* being related to two of five parenting measures, 9-month-old maternal acceptance and 3-year-old home learning environment. This implies that strengthening SSLP activities that are relevant to *empowerment* may provide a means of improving their effectiveness for helping parents. Should this be the case then it is likely to later lead to better outcomes for children because both maternal acceptance and the home learning environment have been found to predict better child outcomes. *Empowerment* in the context of this report refers to specific procedures within SSLPs, for example, parents being involved in the planning of services and represented on the board; training offered to both paid and voluntary staff; services will include self-help groups; and there is mutual respect for parents, staff and others.

Where programmes score highly on *identification of users* 3-year-old children's scores for non-verbal ability tend to be better in the programme catchment area. *Identification of users* refers to programmes having good strategies for identifying potential users; shared record keeping systems; and links between agencies to locate families in the programme area. Possibly identifying potential users early enables more opportunities for developmentally enhancing experiences that affect children's non-verbal abilities to be made available to children and families. Also this finding is likely to be relevant to identifying and supporting the more vulnerable and often hard-to-reach members of the community.

The study also looked at the numbers of different types of services and staff. There were significant results only for 3-year-old parenting outcomes. Lower levels of negative parenting were present in those SSLPs that had higher levels of inherited

parent-focussed services. Although this finding cannot be ascribed to the activities of SSLPs (as these services pre-date SSLPs), it does indicate a possible favourable outcome related to services and may be informative to service planning for the future. Another 3-year-old parenting outcome that was associated with levels of services or staffing was maternal acceptance, which was found to be higher in SSLP areas than non-SSLP areas (NESS Research Team, 2005), as summarised earlier. There were indications that more improved child-focussed services and a higher proportion of health-related staff in SSLP areas were both independently associated with higher maternal acceptance. Such favourable associations with service provision may well be helpful in future service planning.

The findings indicate a limited degree of linkage between the processes by which SSLPs were implemented and variation in child and parenting outcomes. Where SSLPs are implementing their programme in a manner that reflects the basic principles of the Sure Start initiative then they are more likely to achieve better outcomes for both parents and children. Though the relationships detected between features of programme implementation and measures of programme effectiveness (on parenting and child outcomes) are not strong, the findings are encouraging in highlighting means by which less effective programmes may become more effective in realising the goals of SSLPs to enhance child and family functioning. It is also encouraging to find that significant relationships between processes of implementation and impact outcomes are all positive. This is consistent with a view that they are more than chance findings; that is, if significant findings were being generated by chance, then some of the findings would be expected to be negative. Thus these limited findings are consistent with the view that Sure Start Local Programmes can produce benefits, at least with respect to parenting and child outcomes. To understand more clearly how different aspects of SSLPs are related to outcomes will require closer scrutiny of SSLPs using case study methods guided by the evidence from this study. This work is planned to begin soon and report in 2006.

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1. INTRODUCTION

1.1.1 Sure Start local programmes (SSLPs) were set up as a cornerstone of the UK government's campaign to reduce child poverty and social exclusion. In 1997 the new government initiated a Cross Departmental Review of Services for Young Children, and this led to the creation of the national Sure Start programme in 1998. The first SSLPs began in 1999, with 260 SSLPs underway by 2001, and a total of 524 SSLPs existed by 2004. The Review (Glass, 1999) concluded that:

- The earliest years in life are the most important for child development, and very early development is much more vulnerable to environmental influences than had previously been realised.
- Multiple disadvantage for young children is a severe and growing problem, with such disadvantage greatly enhancing the chances of social exclusion later in life.
- The quality of service provision for young children and their families varied at that time 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 which tended to be overlooked by other Government programmes.
- 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 help break the cycle of social exclusion and could lead to significant long term gain to the Exchequer.

1.1.2 The Review established also that while there was no single blueprint for the ideal set of effective early interventions, they should share the following characteristics:

- two generational: involving parents as well as children
- non-stigmatising: avoiding the labelling of "problem families"
- multifaceted: targeting a number of factors, not just, for example, education or health or "parenting"
- persistent: lasting long enough to make a real difference
- locally driven: based on consultation and the involvement of parents and local communities
- culturally appropriate and sensitive to the needs of children and parents.

1.1.3 Following this Review the Sure Start Unit was created and this established the goal of SSLPs as enhancing the functioning of children and families and thus improving the life chances for children less than four years of age growing up in disadvantaged neighbourhoods through improving services.

1.1.4 SSLP were initially charged with working towards four key objectives:

- Improving Social and Emotional Development
- Improving Health
- Improving Children's Ability to Learn
- Strengthening Families and Communities

- 1.1.5 These objectives were underpinned by key principles. SSLPs were to:
- coordinate, streamline and add value to existing services in the SSLP area, including signposting to existing services;
 - involve parents;
 - avoid stigma;
 - ensure lasting support by linking effectively with services for older children;
 - be culturally appropriate and sensitive to particular needs;
 - be designed to achieve specific objectives that relate to SSLP overall objectives;
 - promote the participation of all local families in the design and working of the programme.

1.1.6 Sure Start aimed to provide services in ways that are respectful, inclusive, involving, participative and responsive to the needs of parents. This approach is a significant break with past professional practices that were more hierarchical, formal and with an expert basis to the provider/ user relationship. It was hoped that parents might feel empowered by this new approach and encouraged to become more active users of services. As part of this emphasis community control was consistently emphasised in the development of SSLPs and this control was to be exercised through local partnerships. Partnerships were to be at the heart of Sure Start and they were to 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 local community influence on the design of each SSLP and hence there was no specification of how to provide services, only what they should achieve. However, all SSLPs were expected to provide the following core services in some way:

- Outreach and home visiting.
- Support for families and parents.
- Support for good quality play, learning and childcare experiences for children.
- Primary and community health care and advice about child health and development and family health.
- Support for people with special needs, and helping access to specialised services.

1.1.7 The foundation of Sure Start recognised that children and families in disadvantaged communities are at risk for compromised development and this has profound consequences for the children, families, communities and for society at large. Thus, SSLPs not only aim to enhance health and well-being during the early years, but, thereby, to increase the chances that children will enter school ready to learn, be academically successful in school, socially successful in their communities and occupationally successful when adults. Indeed, by improving, early in life, the developmental trajectories of children known to be at risk of compromised development, SSLPs aim to break the intergenerational transmission of poverty, school failure and social exclusion.

1.1.8 SSLPs represent an intervention unlike almost any other undertaken devoted to enhancing the life prospects of young children growing up in disadvantaged families and communities. It is different in that it is area-based, with all children under four and their families living in a prescribed area serving as the “targets” of intervention irrespective of actual degree of deprivation. Each SSLP aims to improve

existing services and create new ones as needed, *without specification of how services are to be changed or what exactly is to be delivered*. This is in contrast to more narrowly delivered and highly specified early interventions, in that SSLPs do not have a prescribed set of services, and hence it is not possible to assess fidelity of treatment to a prescribed model. This contrasts markedly with early interventions demonstrated to be effective, be they childcare based, like the Abecedarian Project (Ramey et al., 2000); home based, like the Prenatal Early Intervention Project, (Olds et al., 1999), the Positive Parenting Program (Sanders, 2003), or Incredible Years (Webster-Stratton, 1993); or even a combination of centre and home based, like Early Head Start (Love et al., 2002). In contrast to these projects with clear models of service provision, SSLPs are much more varied. This poses great challenges to evaluating their impact, as each SSLP is unique. There is only one thorough evaluation of a community-based intervention for young children and their families with a similarly loose structure to SSLPs, which is the Comprehensive Child Development Program and its evaluation revealed no significant effect of the intervention (ACYF, 1997).

1.2 SSLP Diversity

1.2.1 One of the central tenets of the Sure Start vision was that services were to be responsive to local community needs and preferences and that local families were to participate in their design and implementation. Partly to facilitate these aims, SSLPs have had autonomy to decide on their own activities with limited specific guidance. This local autonomy together with the diverse history and level of service provision of the communities where SSLPs were established, and of the lead agencies and professionals responsible for their implementation, has resulted in wide diversity between the 524 SSLPs in what they do, how they do it, and in their proficiency in addressing the SSLP key objectives.

1.2.2 An advantage of this strategy of encouraging diversity in the implementation of the Sure Start vision within local communities is that a wide range of approaches can be tried in a range of contexts. The diversity of implementation gives an opportunity to investigate the effects of different approaches and to explain differential SSLP effects in different socio-cultural-historical contexts. It allows effective approaches to be identified.

1.2.3 However, diversity in the implementation of SSLPs presents methodological challenges to evaluators in pursuit of explanations as to how processes of implementation are related to outcomes. A strength of the research design developed by the National Evaluation of Sure Start has been the inter-related cycles of enquiry into the relationships between measures of changes in (1) local context and community characteristics over time, (2) assessments of the processes of implementation of SSLPs and their cost-effectiveness and (3) outcomes for parents and children. This has provided the evidence base and capacity to enquire into the effectiveness of different types of SSLPs in different demographic contexts. The methods of enquiry have required innovation in the interrogation of both quantitative and qualitative data sets, and such integration of different methodologies is currently at the forefront of developments in the social sciences. (Brannen, 2004).

1.2.4 It is the goal of this report on the differential effectiveness of SSLPs to elucidate features of programmes that seem to account, at least in part, for why

some might be having more beneficial impacts on children and families than others. Before delineating the work addressing this goal, recently reported findings about the general effectiveness of SSLPs are summarised.

1.3 Evidence of the Impact of SSLPs upon children and families

1.3.1 A primary source of evidence as to the success or 'effectiveness' of SSLPs is the National Evaluation of Sure Start (NESS) Impact Study (NESS Research Team, 2005). The impact evaluation addressed these core questions:

- Are there significant overall effects of being in an SSLP?
- Do effects of SSLPs vary by demographic subgroup (e.g. teen parent, lone parent)?
- Do aspects of programme implementation affect SSLP efficacy?

1.3.2 To answer these questions, the first and cross-sectional phase of the NESS Impact Study gathered data through the course of 90-minute home visits on 16,502 9-month and 36-month olds and their families living in 150 SSLP areas and on a comparison group of 2,610 9-month and 36-month olds and their families residing in similar communities scheduled to become SSLP areas in the near future (NESS Research Team, 2005). The results of this cross-sectional study, upon which the current Programme Variability Study is based, revealed that living in SSLP areas did not appear to affect family service use or the perceived usefulness of services by mothers, but that mothers of 36-month olds living in SSLP areas viewed their communities less favourably than their counterparts in comparison communities. Results for families of 9-month olds indicated that living in SSLP areas was associated with lower levels of household chaos, whereas those for families of 36-month olds indicated that living in SSLP areas was associated with higher levels of maternal acceptance of child behaviour.

1.3.3 Consideration of specific subgroups further indicated that living in SSLP areas relative to comparison communities was associated with less negative parenting by non-teen mothers of 36-month olds and their children manifested greater social competence and less problem behaviour. In the case of mothers who became parents as teenagers, however, living in an SSLP area was associated with less social competence, more behaviour problems and less verbal ability in the case of three year olds. Three year olds living with lone parents or in workless households also scored lower in verbal ability than counterparts in the comparison communities. All these overall and subgroup-specific differences between children/families from SSLP and comparison areas, whether suggestive of beneficial or adverse effects of living in an SSLP area, were small. Moreover, most child/family outcomes measured did not differ across the two groups of communities, thereby making it clear that detected effects of living in SSLP areas were limited as well.

When three factors related to programme implementation (lead agency of SSLP partnership, cost/expenditure per child, percent of child population reached) were examined in an attempt to illuminate the conditions under which SSLPs may prove more and less effective in promoting child/family well being, lead agency status emerged as more important than the other two factors. That is, there was repeated, even if not extensive indication, that health-led programmes were somewhat more effective in promoting child/family well being than were programmes led by other

agencies. More specifically, in the case of families rearing 9-month olds, health-led SSLPs scored higher on father involvement than programmes led by local authorities or voluntary agencies. In addition, mothers rated SSLP areas more favourably when SSLPs were led by health than by the local authorities. In the case of families rearing 36-month olds, children had fewer accidents in SSLP areas that were health rather than local-authority led. Mothers rated areas more favourably when SSLPs were led by health than by voluntary agency; local authority led programmes also scored higher on this outcome than voluntary-agency led SSLPs. The discovery that health-led SSLPs proved somewhat more effective with respect to some outcomes than SSLPs led by other agencies raised the possibility that better access to birth records and better integration of health visitors as part of a ready-made system of home visiting may facilitate SSLP success. Indeed, this may account for why health-led programmes spent SSLP money more quickly than other programmes.

1.4 Programme Variability

1.4.1 In addition to determining whether there were differences, *on average*, between all the SSLP and comparison communities on multiple individual measures of child, parenting and family functioning, efforts were undertaken in the cross-sectional Impact Study to determine whether some SSLP communities produced child, parenting and family outcomes that, collectively, were better than would be expected on the basis of a wide range of family and community background characteristics (e.g. family income, maternal education, percent workless households). Results indicated that this was not the case relative to comparison communities when all outcomes were considered in aggregate. When attention turned to comparisons among the 150 SSLP communities, however, there was some evidence that programmes led by health agencies were associated with some better outcomes. In other words, some modest evidence emerged that differences across programmes might account for their differential effectiveness. It was this prospect that led to the Programme Variability Study, which addresses the following core question:

Why are some SSLPs more effective in achieving outcomes than others?

1.4.2 To address the issue of the relationship between programme implementation and programme effectiveness, the Programme Variability Study used a statistical technique (multilevel modelling) to calculate a community effect measure¹ for each community (separately for each dependent variable). These community effects are measures of the extent SSLP areas differ from one another after taking into account a wide range of child, family and community control variables. This opens up the possibility of identifying communities in which children and/or families are functioning noticeably better (or worse) on a particular outcome than would be expected given

¹ In the multilevel model for a particular outcome, it was assumed that children and families were nested within communities. After controlling for child, family and area characteristics, the unexplained variation in each outcome was partitioned into that which can be attributed to the area in which the children and families live and that which was associated with each individual. If variation in an outcome exists at the community level, community level residuals can be estimated. It is these estimated residuals at the community level that are assigned as the effect of the specific community. This community-level residual effect is used as the effectiveness score for that outcome for the community.

what is known about the child, the family and the area (i.e. control variables). Indeed, it makes possible the identification of SSLPs that are particularly effective (or ineffective) with respect to one or more aspects of child and family functioning. Hence these community effects are a measure of the 'effectiveness' of SSLPs for specific child and family outcomes.

1.4.3 The cross-sectional Impact Study revealed substantial diversity in 'effectiveness' amongst SSLPs, where 'effectiveness' is measured in terms of whether children and families within an SSLP were developing better or worse than expected given their characteristics. This affords the opportunity to explore factors that might be associated with and thus explain this diversity (beyond lead agency and a few other factors already examined in the report of the cross-sectional Impact Study). The Programme Variability Study uses measures of SSLP effectiveness for characteristics related to the aims of SSLPs, i.e. improving parenting/family functioning and child development and behaviour. The study then examines whether variation in implementation amongst SSLPs is related to their effectiveness with regard to parent, family or child outcomes. Insights gained are likely to be useful for efforts to maximise the effectiveness of Children's Centres.

2. METHODOLOGY

The methodology used is to some extent breaking new ground in the evaluation of government programmes by developing quantitative measures from a mixture of qualitative and quantitative information to describe the implementation of an intervention. While this has been done previously with interventions that have a well-defined model against which programme operations can be compared, SSLPs have clear targets but no detailed model and their diversity presents particular challenges to evaluation. Hence producing measures that can be applied across all local programmes, incorporating their diversity of approaches, is a demanding task that has not no precedent in the UK.

2.1 Methods

2.1.1 Building on a pilot study, the methodology for the study is designed to be objective and replicable by developing a concise and conceptually-based set quantitative ratings of domains of programme quality, and, in addition, to secure information on service provision. In order to achieve methodological rigour, a large amount of quantitative and qualitative data from a range of sources has been systematically collated, analysed and synthesised. The study had four phases:

- Collating standard common data on proficiency, or capability, with regard to implementation for each of 150 SSLPs.
- Rating the 150 SSLPs on domains of implementation effectiveness.
- Producing measures of separate types of service provision for SSLPs.
- Determining the relationship between programme characteristics and effectiveness

2.2 Producing Standard Data for rating proficiency of SSLPs

2.2.1 A review of recent research in the field identified some key domains likely to be relevant to variability in the potential proficiency of SSLPs.

2.2.2 Domains potentially relevant to SSLP implementation proficiency were identified initially on the basis of the research evidence for the wide range of service areas covered by SSLPs and for the organisational and consultative approaches required of them. The identification of 'good practice' as elucidated by the evidence bore a close relation to the recommendations for the development of SSLPs contained in SSLP Programme Guidance documents (Sure Start Unit, 1998,1999, 2002). In other words, when it came to determining what features of implementation proficiency should be measured, the Programme Variability Study was guided, in part, by the "theory of change" that provided the conceptual foundation of the SSLP strategy but also by the evidence concerning what contributes to effectiveness for community-based programmes. Thus, for example, because SSLPs were intended to foster working partnerships between various stakeholders, efforts were made to assess the extent to which this implementation goal was actually achieved. Similarly, evidence for effectiveness in consultation with users, for which there is an extensive literature, and for effectiveness in consulting with parents, (much of which had been accumulated since the Children Act, 1989, which required such consultation in many areas of statute) was drawn upon in judging the likely effectiveness of SSLP approaches.

2.2.3 Pilot work identified 18 such domains of implementation - evidence-based, reinforced by programme guidance – likely to predict effectiveness and that could be extracted reliably from the various available NESS and Sure Start Unit data sources. A template was designed for researchers to collate the evidence to be used for rating SSLPs on these 18 domains of implementation. An example of the template is given at Appendix 4. Researchers were trained in assembling a data set for each of the SSLPs studied. This data was extracted from existing data sets covering all SSLPs, documentation produced by all SSLPs and from telephone surveys conducted to a common format with all SSLPs. (See Appendix 1 for Guidance note to Programme Variability Study researchers). Thus *common* data for each of the 150 SSLPs in the Impact study were collated.

2.2.4 Sources of *common* data for synthesis within the *common* framework included:

- SSLP Delivery Plans that were produced by SSLPs in their application for funding, and outline how they plan to implement Sure Start.
- completed questionnaires from the National Survey of SSLP managers administered by the NESS Implementation Module
- case study data where available from case studies and themed studies conducted by the NESS Implementation Module
- publications and publicity materials produced by SSLPs obtained by the NESS Implementation Module
- organisational diagram of SSLP obtained by the NESS Implementation Module

- identification of programme types based on analysis of community-level indicators carried out by the NESS Local-Context-Analysis Module
- local evaluation reports and materials collected by the NESS Support for Local Programme Evaluations Module
- data on SSLP progress with local evaluations from the NESS Support for Local Programme Evaluations Module
- data on SSLP expenditure on evaluations obtained by the NESS Cost-Effectiveness Module
- quarterly returns submitted by SSLPs to the Sure Start Unit containing quantitative monitoring data on the numbers of families using each local programme.

2.2.5 Where no National Surveys had been completed (by 19 of the 150 SSLPs), and in the case of 6 SSLPs which had submitted a National Survey in 2002 only, sections of the National Survey were re-applied. More specifically, an abbreviated version of the National Survey questionnaire was developed to cover the common data areas considered central to the programme variability research. The questionnaire was sent to the SSLPs in preparation for a telephone interview. A copy of the modified National Survey administered by telephone is attached at Appendix 3.

2.2.6 The common data collected by multiple modules of NESS were supplemented by telephone surveys conducted by researchers with key informants from all 150 SSLPs likely to have insight into the histories, implementation and proficiency of the SSLPs. The views of the key informants as 'outsiders' to the SSLPs were triangulated to add a further range of dimensions to information about the programmes. The schedules for telephone interviews with key informants carried out with *all* programmes that supplement information from National Surveys are included at Appendix 2. The key informants included:

- Programme Development Officers (PDOs) (Members of Regional teams, employed by Sure Start, with responsibility for overseeing and supporting SSLPs)
- Chairs, SSLP Management Boards, (in post at the time of the study)
- Early Years Officers (EYO) who were employed by the Local Authority and therefore likely to be knowledgeable about the statutory sector involvement in the SSLPs
- Regional Support staff (NESS) who were employed to offer support for local evaluations and with knowledge of the SSLPs derived from regular visits.

2.2.7. Although common data sets were assembled as far as possible for each programme, the nature of evidence in each data set varied. It was essential that researchers were familiar with each data set and were able to look for evidence of SSLP activity and performance on the indicators across all the data. For example, whereas understanding of the nature of SSLP leadership could be found in the National Surveys returned by each programme, it might also be found in the interview with an Early Years Officer for one SSLP and a case study carried out for a themed study for another.

2.3 Scales for Rating the Proficiency of Implementation

2.3.1 For the eighteen domains of implementation, pilot work had established a framework for 7-point rating scales that could be reliably applied to each of the 150 Impact SSLPs (see Appendix I). Where a programme is rated more highly than it is regarded as being more proficient in that domain. A statement of proficiency illustrates each domain. Domains and statements are listed below.

1. Vision:

SSLP has a well-articulated vision that is relevant to the community.

2. Partnership - composition:

SSLP Partnership Board includes a balanced representation of local organisations, local education authority, social services, local NHS, voluntary and community organisations and local parents.

3. Partnership - functioning:

The Partnership is functional to a high degree.

4. Empowerment:

SSLP has procedures to create an environment that will empower users and service providers.

5. Communications:

Communication systems reflect and respect the characteristics and languages of the host communities

6. Leadership:

SSLP has effective leadership/management.

7. Multi-agency working:

Multi-agency teamwork is well established in the SSLP.

8. Service access:

There are clear pathways for users to access specialist services.

9. Staff turnover:

Staff turnover is low.

10. Evaluation use:

SSLP takes account of and acts upon evaluation findings.

11. Identification of users:

SSLP has strategies for identification of users.

12. Reach:

SSLP is showing a realistic and improving reach of children in the area

13. Reach strategies:

SSLP has strategies to improve and sustain use of services over time.

14. Services - quantity:

Service delivery reflects the guidance requirements for the provision of core services in support, health, play, early learning and childcare.

15. Services - delivery:

SSLP service delivery reflects a balance between a focus on children, family and the community.

16. Services - innovation:

SSLP shows innovative features in service delivery.

17. Services - flexibility:

Services accommodate the needs/preferences of a wide range of users.

18. Ethos:

Overall the SSLP has a welcoming and inclusive ethos.

2.3.2 A 7-point rating scale was developed for each of the eighteen domains, with point 5 defined as a 'good' programme. Appendix 5 shows the scale and the guidance used to rate each point on the scale for each of the 18 domains. For example, the guidance for rating empowerment stipulates that:

A good SSLP (rating of 5) would have:

- users on the board
- community volunteers
- training for volunteers
- a balance of voluntary and paid staff;
- built in features to develop local people's involvement
- clearly defined exit strategies for users
- services that include self-help groups or other services run by users.

2.3.3 A higher rating on the 7-point scale indicates an advance in both proficiency and sophistication of implementation, therefore the scales are cumulative.

2.3.4 Lower ratings would be given where there was no evidence that users were involved at all in service planning or delivery, or where there was dominance of one professional group. Higher ratings would be given where there was evidence that staff were part of a learning community, with mutual respect for the contributions of all parties, where there were whole programme away-days, community development training for staff and opportunities for change in staff roles and responsibilities.

2.3.5 Table 2.1 shows the evidence on *multi-agency working* for a programme that was rated '7' by 4 raters:

Table 2.1: Multi-agency teamwork is established in the SSLP (High rating)

	7. Multi-agency teamwork is established in the SSLP
Source	Evidence
National Survey	Outreach and Home Visiting 6 FTE 3.6 Support 2 FTE 1.2 Health 5 FTE 3.2 Play, Learning and Childcare 3 FTE 1.8 Links with Education Action Zone link workers and named SSLP worker. Sure Start representative attends EAZ cluster meeting. Speech and Language Therapist runs group programmes with Nursery Units Shared Training: Parents as First Teachers training in emotional literacy School reps. attend Sure Start Pre School Sub group Joint Story Sack sessions and Play Talk. Identified SSLP worker linked with each primary school. Sure Start Speech and Language Therapist screens reception children in 3 primary schools Before Sure Start collaboration for teenage pregnancy/contraception/family planning, child protection, children with disabilities, multi-agency early years forum/training, multi-agency childcare forum training
EYO interview	"The Early Years team at the local authority greatly involved. Describes the multi-agency teamwork as effective, no agencies causing any problems"
PDO Interview	"A good team, excellent at integrating services"
Evaluation survey	"There is a certain sense of cohesion here. Everyone knows what's going on and everyone broadens each others' knowledge."
Evaluation	Many positive opportunities for service delivery identified, most prominent being help/support by other professionals, partnership and team members.

2.3.6 Another programme was rated lower on the same indicator by 4 raters, at ‘3’ on the rating scale, based on the evidence given below in table 2.2:

Table 2.2: Multi-agency working is established in the SSLP (Medium rating)

7. Multi-agency work is established in the SSLP	
Source	Evidence
National Survey	<p>Outreach FTE 2 Support FTE 3.5 Health FTE 3 Play FTE 1.5</p> <p>Links with schools for joint health visits, management board and Somali drop in – welfare right advice. Shared training with nursery schools. SSLP special needs worker and nursery SEN do joint work with families.</p> <p>Programme provides career, education/training advice through links with local educational institutions. Link with FE college, ABIs, learning skills council, local training consortia and Jobcentre Plus. Links are signposting, taster courses, childcare, information days and referrals.</p>
Chair Interview	Multi-agency teamwork is effective: education and health work well together. Inter-agency training is effective
PDO Interview	Head of Early years works in a silo, concerned about buildings rather than services
EYO Interview	Multi-agency working is effective

2.3.7 Another domain of enquiry addressed the identification of users. Here the statement was “*SSLP has strategies for identification of users*”, and in this case a good SSLP (rating 5) would be one that “*identifies all potential and new users and has systems in place to identify special needs users*”. Lower rated programmes would have no strategies at all, or ad hoc systems only. Higher rated programmes would have a centralised database and systematised record keeping, routine exchanges of information between professionals about new and potential users, and regular systematic contact between SSLP staff and all families in order to identify new users as well as user needs.

2.3.8 Again, in the first example given, the SSLP rated highly (6) on this indicator:

Table 2.3: SSLP has strategies for identification of users

11. SSLP has strategies for identification of users	
Source	Evidence
NS3	SSLP uses centralised database for discovering where families live, when new babies are born and when new families move into the area. Plus multi-disciplinary team adds data directly onto SSLP database
NS3	SSLP would expect to be informed if any children with disabilities or special needs moved to the area
NS3	SSLP would expect to be notified of a child moving into the area registered with Social Services or on CP register
NS3	Parents/carers with special needs are identified through outreach/home visiting
NS3	8 out of 12 group issues identified as being significant in the area have a member of the outreach team allocated specific responsibility
EYO interview	Good strategies in place, lots of parent involvement and community action in identifying people who need the services

In this second extract from evidence tables, the SSLP was rated lower (3) on this same indicator:

Table 2.4: SSLP has strategies for identification of users

11. SSLP has strategies for identification of users	
Source	Evidence
NS	SSLP discovers where new families live via information from Health Visitors Discovers when new babies are born via midwifery team
NS	Health visitors inform SSLP when new children move into the area with disabilities or SEN Health visitors monitor whether children under 4 are receiving routine health checks
NS	Systems for making contact with children not attending health checks: Health visitors send re-appointment cards and visit families to make follow-up appointments
EYO	Feels that the geography of the area (small communities) means that mainstream services are not integrated, information is not shared and this needs improvement
PDO	System of identification and registration of users needs tightening up

2.4 Reliability of the Rating Procedure

2.4.1 Development of the rating procedure was carried out by four of the research team. Using the evidence accumulated for 42 SSLPs, programmes were scored by all four raters. Following this initial rating a refinement of the rating guidelines took place taking into account the lessons learnt in these initial ratings.

2.4.2 Subsequently all the programmes were rated by two of the four original raters. The inter-rater reliability of these 2 raters was established after the development phase.

2.4.3 The inter-rater reliability for these two raters was computed across all 18 dimensions. Reliability was good with levels of agreement within 1 point being from 77% to 98% with a mean of 87%. The intraclass correlation (i.e. the weighted Kappa statistic) ranged from 0.55 to 0.97 with a mean of 0.77.

2.5 Inter-correlation of 18 Ratings

The ratings for specific dimensions for an SSLP might vary widely from each other or they might be related, in that a SSLP that scores highly on one dimension also scores highly on other dimensions. The statistical method that examines such relationships is correlation² and the starting point in describing the data produced by the ratings is to examine how inter-related they are through establishing the correlations (i.e. statistical associations) between each possible pair of ratings.

2.5.1 Table 2.5 presents the inter-correlation of the 18 ratings of implementation proficiency. Inspection of this table indicates that the ratings are all positively

² Correlation is a measure of statistical association and is measured from -1 (complete negative relationship) to +1 (complete positive relationship) with 0 representing no relationship.

correlated with one another and, with a single exception, all 153 of the correlations are statistically significant and show a pattern of modest to strong positive correlations. That is, programmes that scored high (or low) on one dimension tended to score similarly on others. Such a pattern of correlations indicates that there may be one or a few underlying dimensions(or factors) that are responsible for this systematic association across the 18 ratings. The statistical technique that allows the investigation of this possibility is factor analysis, which illuminates whether there are a smaller number of underlying dimensions that would capture the variation across all 18 ratings made on the 150 SSLPs and, thereby, which subsets of ratings go together to form underlying dimensions. When the 18 ratings are subjected to a factor analysis three underlying factors emerge. The results of this factor analysis are shown in Appendix 8. Closer inspection of the factor make-up (i.e. how strongly ratings align with underlying factors) reveals that all but one of the ratings (reach) collectively define (load heavily on) the same factor. While the three factors collectively accounted for 56.7% of the variance in the 18 ratings across the 150 SSLPs, the first factor (on which 17 of the 18 aligned) accounted for 76% of this explained variance (i.e. $42.9/56.7 = 75.6\%$). In general, then, virtually all the 18 ratings appear to be tapping into a single underlying factor reflecting general programme quality.

Table 2.5: Inter-correlations of the 18 Ratings of Implementation Proficiency

	Partnership - composition	Partnership - functioning	Empowerment	Communication	Leadership	Multi-agency	Pathways	Staff turnover	Use Evaluation	Identify users	Reach	Reach - strategies	Services - quantity	Services - delivery	Services - innovation	Services - flexibility	Ethos
Vision	0.37**	0.49**	0.48*	0.43**	0.40**	0.42**	0.40**	0.35**	0.32**	0.39**	0.37**	0.46**	0.41**	0.42**	0.37**	0.36**	0.41**
Partnership - composition	1	0.44**	0.50**	0.26**	0.46**	0.34**	0.08	0.19*	0.19*	0.22**	0.25*	0.29**	0.27**	0.23**	0.30**	0.32**	0.32**
Partnership - functioning		1	0.49**	0.36**	0.57**	0.48**	0.23**	0.22**	0.27**	0.34**	0.26**	0.44**	0.42**	0.40**	0.40**	0.46**	0.43**
Empowerment			1	0.50**	0.49**	0.52**	0.32**	0.22**	0.32**	0.34**	0.24**	0.40**	0.44**	0.42**	0.46**	0.43**	0.53**
Communication				1	0.49**	0.45**	0.45**	0.30**	0.28**	0.29**	0.18*	0.35**	0.48**	0.51**	0.45**	0.37**	0.54**
Leadership					1	0.59**	0.35**	0.43**	0.36**	0.45**	0.19*	0.46**	0.42**	0.39**	0.45**	0.49**	0.63**
Multi-agency						1	0.38**	0.35**	0.32**	0.30**	0.17**	0.43**	0.45**	0.38**	0.36**	0.40**	0.50**
Pathways							1	0.37**	0.34**	0.44**	0.21*	0.49**	0.33**	0.38**	0.29**	0.35**	0.46**
Staff turnover								1	0.42**	0.36**	0.27**	0.39**	0.34**	0.29**	0.26**	0.27**	0.43**
Use Evaluation									1	0.45**	0.28**	0.47**	0.39**	0.36**	0.40**	0.29**	0.46**
Identify users										1	0.33**	0.57**	0.41**	0.36**	0.46**	0.35**	0.45**
Reach											1	0.42**	0.25**	0.24**	0.29**	0.31**	0.22**
Reach – strategies												1	0.46**	0.52**	0.44**	0.44**	0.56**
Services – quantity													1	0.77**	0.47**	0.42**	0.49**
Services – delivery														1	0.51**	0.43**	0.55**
Services - innovation															1	0.55**	0.54**
Services - flexibility																1	0.54**
Ethos																	1

*p<0.05 **p<0.01

2.5 Measures of SSLP service provision and staffing

2.5.1 As indicated in the introduction, in the development of SSLPs, the founders of Sure Start expected that all SSLPs would provide certain core services in some way. These core services included family/parent support, child and maternal health, and play and childcare. In addition there was an emphasis on community development. From the National Survey questionnaires completed by SSLP managers, information concerning provision related to the range of services offered by an SSLP was collected. These lists of services varied considerably amongst SSLPs. In order to allow comparability between SSLPs the information on services was categorised into the following four types reflecting the focus of the services. Appendix 6 contains the framework for classifying services into these four categories.

- Number of family-focussed services
- Number of individual parent-focussed services
- Number of child-focussed services
- Number of community-focussed services.

2.5.2 In the 'child-focussed' category the activities were for children alone and did not involve parents or adults other than Sure Start staff. Included in such activities are those for early childhood education, such as nurseries, outside play areas and Book Start schemes, and services for children with special needs such as Portage.

2.5.3 In the 'parent-focussed' category services are specifically targeted to support parents, such as telephone help-lines and health promotion sessions. There are also services to provide respite, such as leisure activities and drop-in crèches; and services to develop skills such as parenting programmes.

2.5.4 The 'family-focussed' category was distinguishable from 'parent-focussed' in that these services are targeted on the whole family and include building-based ventures, like Family Centres; health services, like family planning and counselling; and support activities, like toy libraries. The distinction is in the fact that they may be used by or may affect parents, children and other family members, such as grandparents.

2.5.5 The 'community' category comprised services with a wider remit, often also available to local residents without 0-3 year old children. These might include, for example welfare rights advice, credit unions, facilities such as swimming pools and GP surgeries, and self-help groups run by community members themselves.

2.5.6 For each of these four categories of services data were available on the numbers of inherited, improved and new services, where inherited refers to services predating SSLPs, improved refers to services that were improved by SSLPs and new refers to SSLP-created services.

2.6 Staffing

2.6.1 The National Survey of SSLPs supplemented by telephone interviews with SSLP managers provided data for the number of staff (and the full-time equivalents FTEs) engaged in outreach activity, family support activities, health services, and

play and childcare related services. In order to allow for variations in the overall size of SSLPs these staff data were converted into proportions:

- Proportion of staff involved in outreach activity;
- Proportion of staff involved in family support activity;
- Proportion of staff involved in health-related services;
- Proportion of staff involved in play and childcare.

These four variables were used as limited summaries of staffing variation for use in subsequent analyses.

3. RESULTS

3.1 Data for Analysis

3.1.1 Three types of data reflecting the variability of SSLPs were collected: the ratings on 18 dimensions related to implementation variability; data on numbers of different types of services; and data on numbers of different types of staff derived from surveys of SSLPs. The question of whether programme variability was predictive of variation in programme outcomes for child development or parenting was considered for each of these three types of data separately before considering the three categories of variability data together. The focus was on child development and parenting outcomes because these outcomes are the primary target for improvement within SSLPs and proved to be the outcomes on which SSLPs appeared to have a modest influence, as evident in the findings from the cross-sectional Impact Study comparing 150 SSLPs and 50 comparison communities (NESS Research Team, 2005). Extending the range of outcomes beyond these increases the likelihood of finding significant results by chance. Two 9-month parenting outcomes were selected for analysis, maternal acceptance and household chaos. Three 3-year parenting outcomes were also chosen, maternal acceptance, negative parenting and the home learning environment. Finally three child development outcomes for 3-year-olds were chosen, verbal ability, non-verbal ability and social competence. These outcomes are described in Appendix 7. Should evidence be detected that characteristics of SSLPs were influencing these outcomes then it would be pertinent to the future development of SSLPs as these outcomes are very much linked to the future well-being and development of parents and children.

3.2 18 Ratings of Variability in Programme Implementation

3.2.1 The 18 ratings were designed to reflect characteristics inherent in recommendations for the development of SSLPs contained in SSLP Programme Guidance documents. In other words, when it came to determining what features of implementation proficiency should be measured, the ratings of programme variability were guided, in part, by the principles that provided the conceptual foundation of the entire SSLP strategy. Hence a SSLP scoring high overall on these 18 ratings might be regarded as exemplifying the original goals of SSLPs.

3.2.2 Initially, the overall predictive power of these 18 ratings was examined. In that the factor analysis results indicated that the 18 ratings mostly reflected a single

underlying factor of overall implementation proficiency, the first step in relating the ratings to SSLP effectiveness was to establish whether these 18 ratings could differentiate effective from ineffective SSLPs.

3.2.3 The next step was to examine the relationship of specific ratings with specific measures of SSLP effectiveness. That is to what extent do specific ratings relate to particular child or parent outcomes, and thus to what extent does a programme scoring higher versus lower on a specific rating help to explain why some programmes proved more effective in fostering better outcomes. With 18 ratings and two 9-month outcomes and six 36-month outcomes (i.e. effectiveness scores for each SSLP), there exist a number of ways of looking at the issue of the relation between programme variability and variation in programme effectiveness. A strategy of moving from a more global to a more micro approach to addressing the predictive power of the 18 programme variability ratings was adopted. This was regarded as the most appropriate way to proceed, somewhat akin to turning up the power of a microscope in order to progressively gain insight.

3.2.3 Each step in the analysis is discussed in terms of the core question it was designed to address.

3.2.4 *Do Programme Variability Ratings Overall Predict SSLP Effectiveness?*

Given that the 18 ratings were designed to reflect the original goals of SSLPs, this question addresses the issue of whether SSLPs judged to more proficiently realise those original goals in their implementation achieve better outcomes. To answer this question, a discriminant analysis (Huberty, 1984) was conducted to determine how well the 18 programme variability ratings *collectively* could discriminate between the more effective programmes (top half of effectiveness scores) and the less effective (bottom half of effectiveness scores). The SSLP effectiveness scores reflect the degree to which each programme was associated with children/families scoring higher or lower than would be expected on a particular outcome; expectations were based on the characteristics of children, families and communities and how these characteristics themselves predicted each outcome.

When considered collectively, the 18 ratings significantly discriminated between the two groups of more and less effective programmes with respect to both 9-month outcomes and 36-month outcomes using both complete and imputed data³. With respect to differentiating the more and less effective programmes for 9-month outcomes, levels of significance were $p < 0.001$ (less likely than 1 in a thousand by chance) for both complete-cases and imputed data. The improvement in the rate of correct classification beyond chance (i.e. 50%) was 39% for complete-cases, and 32%, for imputed data. With respect to differentiating the 36-month more and less effective programmes, levels of significance were $p < 0.01$ (less likely than 1 in a hundred by chance) for complete-cases and $p < 0.001$ (less likely than 1 in a thousand by chance) for imputed data. The improvement in the rate of correct classification beyond chance was 27% for complete-cases and 35% for imputed data, i.e. knowing the SSLP scores on the 18 ratings would improve prediction of

³ The effectiveness scores for SSLPs were derived from on two datasets. One dataset included only those cases for which 100% of the variables were available. In order to maximise the sample used and reduce any bias associated with incomplete data, a second set of analyses was carried out on imputed data, which included all eligible individuals even if their data was incomplete.

which SSLPs were more or less effective by 27-35% over that to be expected by chance. These results show that there was some ability of the 18 ratings to discriminate between the more effective and less effective SSLPs, as one would be able to predict which SSLPs were likely to be effective on child and parenting outcomes significantly more efficiently with knowledge of the ratings of implementation proficiency. The discrimination of the 50% most effective from 50% least effective SSLPs was produced by the *overall* effect of the 18 ratings, which are positively related to each other. There did not appear to be particular ratings that produced this discrimination in the discriminant analysis (though additional analyses to be reported immediately below provide some more insight on this important issue). As the 18 ratings are related to proficiency in various domains pertinent to the SSLP mission, this discrimination can be regarded as the result of SSLPs with higher overall implementation proficiency having better outcomes for children and parents.

In order to ensure that the results just reported were robust, the discriminant analyses described above were repeated, twice, after splitting the sample of 150 SSLPs into two groups on a random basis. Then, within each subgroup of 75 programmes, half were classified as more effective and half as less effective based on

- the sum of 9-month effectiveness scores based on imputed data⁴,
- the sum of 9-month effectiveness scores based on complete data,
- the sum of 36-month effectiveness scores based on complete data and
- the sum of 36-month effectiveness scores based on imputed data.

The 18 ratings were then used to determine whether they could differentiate more and less effective SSLPs. In each case, it proved to be that they could at a rate significantly greater than would be expected by chance. The fact, then, that these findings replicated on random halves of the SSLPs speaks strongly to the fact that the results presented are ones in which confidence can be placed. Indeed, it should be noted that the same was true when outcome data were broken down into sets of child and parent outcomes (for 36 month olds) and then subject to split-half analyses (see Appendix 9 for details of analyses).

3.2.5 *Do specific ratings predict specific outcomes?*

The discriminant analyses indicated that *overall* the 18 ratings together provide some insight into why some programmes had more positive effects on *combined* child and *combined* parenting outcomes than did other programmes. We now turn to the question of whether *specific* ratings (implementation characteristics) have significant predictive power with regard to *specific* outcomes. To address this question the statistical technique of multiple regression analysis was employed. The technical details and results of these analyses are described in rest of this section.

For each of the two 9-month parenting outcomes and the three parenting and three child development outcomes for 3-year-olds, the 18 ratings were each regressed on an outcome (i.e. tested to see if they significantly predicted the outcome). The specific technical method used was stepwise regression with forward entry, whereby the predictor variable (e.g. one of the 18 ratings of SSLP implementation) with the

⁴ Each sum of effectiveness scores was the standardised sum of the community level residualised scores for relevant outcomes derived from multilevel models.

strongest significant association is entered first into the prediction model, and additional predictors (other ratings) added to the model if they can produce a significant increase in predictive power. As there is substantial inter-correlation between the 18 ratings (see Table 2.5), it is possible that a significant effect for any rating may be the result of the overall impact of the other ratings with which that rating is correlated. In order to test for this possibility, whenever a significant effect for a specific rating was found, the regression was repeated with the addition of the overall rating score (based on the mean of all 18 ratings) as an additional predictor. If this overall rating score did not significantly affect the result, then the effect of the specific predictor can be more confidently attributed to the individual rating.

Analyses were conducted on the complete cases dataset as well as the imputed dataset. Only those results that were significant for both the completed cases and imputed data are considered to instil sufficient confidence to be considered here. Resulting from these analyses, ratings were found to be significantly predictive of one of the two 9-month parenting outcomes. For the outcome of maternal acceptance the rating of *empowerment* was a significant predictor, as shown in the Table 3.1. More specifically, programmes that were rated higher on *empowerment* achieved greater positive/beneficial impacts on maternal acceptance. When the regression was re-run including the overall rating score as an additional predictor, *empowerment* remained significant and the overall rating was not significant. Therefore, it would appear that this result does reflect the specific effect of *empowerment* and not of the overall rating score. In the tables of results that follow, the standardised beta statistic (standardised partial correlation coefficient) is given as a measure of the strength of the association between the predictor variable and the outcome. This measure has been standardised to vary between -1 (perfect negative association) to $+1$ (perfect positive association) and it allows comparison of the relative strength of associations for different variables. The probability value is the likelihood of such a result by chance and less than 0.05 (5% by chance) is conventionally regarded as significant. Standardised beta and probability values are given for both sets of analyses using complete cases and imputed datasets.

Table 3.1

Outcome	Significant Predictor	Complete Cases		Imputed	
		Standardised Beta	Probability	Standardised Beta	Probability
9-month Maternal acceptance	Empowerment	0.19	$p < 0.02$	0.28	$p < 0.01$

3.2.6 When similar analyses were undertaken for the three parenting outcomes and three child development outcomes measured with 3-year-olds, significant regression models were established for one child development and two parenting outcomes. The results are summarised in Table 3.2.

Table 3.2

Outcome	Significant Predictor	Complete Cases		Imputed	
		Standardised Beta	Probability	Standardised Beta	Probability
3 year Non-verbal ability	identify user	0.21	p<0.01	0.27	p<0.01
3 year Maternal acceptance	services flexibility	-0.27	p<0.01	-0.30	p<0.01
	ethos	0.22	0.03	0.25	0.01
3 year Home learning environment	empowerment	0.35	p<0.01	0.34	p<0.01

3.2.7 The effectiveness scores of SSLPs for children’s non-verbal ability were significantly predicted by the rating *identification of users*. When the regression was re-run including the overall rating score as an additional predictor, the rating *identification of users* remained significant and the overall rating was not significant. Therefore it would appear that this result does reflect the specific effect of *identification of users*.

3.2.8 The outcome of maternal acceptance was predicted by the ratings of *services flexibility* and *ethos*, with higher *services flexibility* and lower *ethos* being linked with lower maternal acceptance. The negative linkage between service flexibility and maternal acceptance was opposite to expectations and additional analyses were carried out to determine whether this was the true nature of the effect of service flexibility or was a statistical artefact of the multiple-regression procedure. Recall that the 18 ratings show varying degrees of positive inter-correlation with each other (see Table 2.5). In particular the ratings of *ethos* and *services flexibility* are strongly correlated ($r = 0.54$). Hence the regression result for 3-year-old maternal acceptance, where both these ratings show significant effects, but in opposite directions, may well be influenced by this inter-relationship between the predictor (independent) variables (the technical term usually used for this situation is multicollinearity⁵) whereby the pattern of inter-correlation between predictors and outcome can produce misleading significant results. Inspection of the individual and separate correlations between 3-year-old maternal acceptance and the ratings of

⁵ Multicollinearity refers to the pattern of strong inter-relationships or correlations between variables. Variables are multicollinear to the extent that the variance of one variable is predictable from the other variables. Multicollinearity can result in misleading results if strongly related variables are used to simultaneously predict an outcome.

ethos and the rating of *services flexibility* indicate that this is so, and thus that it was not truly the case that greater service flexibility was associated with detrimental effects on maternal acceptance. While the correlation between 3-year-old maternal acceptance and *ethos* is 0.18 and statistically significant ($p < 0.05$), that between *services flexibility* and 3-year-old maternal acceptance is only -0.07 for complete-cases data and -0.08 for imputed data, and insignificant for both sets of data. This pattern of correlations implies that the significant effect for *services flexibility* is a consequence of the inter-relationship of *ethos* and *services flexibility* (i.e. multicollinearity) and thus that the significant effect for *services flexibility* be discounted. There remains, nevertheless, a significant positive effect for the rating of *ethos* upon maternal acceptance.

3.2.9 When the regression for maternal acceptance was re-run including the overall rating score as an additional predictor, both predictors, *ethos* and overall rating score, were non-significant. However both are significant if entered on their own. *Ethos* and the overall rating score are highly correlated ($r = 0.8$, $p < 0.0001$), and this is sufficiently high that the two scores can be regarded as measuring essentially the same attribute. This high correlation also means that the effects for the two predictors interfere with each other in the regression analysis producing the non-significant effect for both when they are entered together. Thus, the significant effect for *ethos* can be regarded as a proxy effect for the overall ratings rather than an effect specifically attributable to *ethos*.

3.2.9 Finally, the outcome home learning environment was significantly predicted by the rating of *empowerment*. When the regression for home learning environment was rerun including the overall rating score as an additional predictor, *empowerment* remains as a significant predictor but the overall rating score also is significant. However, when the regression is run with just overall rating score as predictor, there is no significant effect for the overall rating score, which indicates that the significant effect for overall rating score when *empowerment* is included as a predictor is a consequence of the inter-relationship between the two predictors (i.e. multicollinearity) and that the significant effect for the rating of *empowerment* is the most plausible. This interpretation of the analyses is supported by the differential correlations between *empowerment* and home learning environment ($r = 0.26$, $p < 0.001$) and between overall rating score and home learning environment ($r = 0.06$, not sig.), i.e. empowerment does have a significant independent effect upon the home learning environment and the overall rating score does not.

3.3 SSLP Services

3.3.1 The services data consisted of the number of services within an SSLP in the following four categories: child-focussed, parent-focussed, family-focussed, and community-focussed services. For each of these four categories, data was available on the numbers of inherited, improved and new services, where inherited refers to services predating SSLPs, improved refers to services that were improved by SSLPs and new refers to SSLP-created services. Overall, therefore, there were $4 \times 3 = 12$ service variables that are inter-related with each other.

3.3.2 Inherited services pre-date the launch of SSLPs, while the improved and new services are the result of the activities of SSLPs. Hence the strategy adopted in

analysis was firstly to consider the relationship between an outcome and the inherited services in the first stage, and then the variables for improved and new services were added at the second stage. The statistical technique used was hierarchical regression and variables were allowed, within each stage of analysis, to enter in stepwise fashion with forward entry, whereby the rating with the strongest significant association is entered first into the model. Subsequent variables only enter if they significantly improve prediction of the outcome. Thus after the first stage of analysis using inherited services as predictors the variables relating to improved or new services were added only if they significantly increased the prediction of the outcome. If this did occur then the improved or new services were considered to have a significant relationship with the outcome. Analyses were conducted on the complete cases dataset as well as the imputed dataset. Only those results that were significant for both the completed cases and imputed data are considered to have sufficient confidence to be considered here.

3.3.3 The results indicated no consistent significant effects for services upon the 9-month outcomes for either complete-cases or imputed-cases analyses. There was a significant regression model for one of three 3-year-old parenting outcomes, however, which involved the prediction of negative parenting, and this result was replicated in complete-cases and imputed-cases analyses. Negative parenting was higher when there were fewer inherited parent-focussed services. For one other 3-year-old parenting outcome, maternal acceptance, there was a significant regression model for the complete-cases analysis, indicating that greater child improved services was associated with greater maternal acceptance, and the replication with imputed data produced the same result at borderline significance ($p=0.06$). The results are summarised in Table 3.3.

Table 3.3

Outcome	Significant Predictor	Complete Cases		Imputed	
		Standardised Beta	Probability	Standardised Beta	Probability
Negative parenting	Parent-focussed inherited	-0.21	$p<0.01$	-0.23	$p<0.01$
Maternal acceptance	Child-focussed improved	0.25	$p<0.02$	0.16	$p<0.06$

3.3.4 The number of inherited parent-focussed services was negatively associated with the community level residual for negative parenting. This result indicates that higher levels of parent-focussed services may well reduce negative parenting, and hence have a favourable impact. However, this represents an effect of services pre-dating SSLPs and hence cannot be ascribed to SSLPs.

3.3.5 The finding of an association of greater improved child services with higher maternal acceptance suggests that this aspect of SSLP activity may well be associated with improvement in this aspect of parenting for 3-year-olds. However,

the fact that the replication with imputed data was of borderline significance slightly limits the confidence that can be placed in this result.

3.4 Staffing

3.4.1 Data were available for the number of staff (and the full-time equivalents FTEs) engaged in outreach activity, family support activities, health services, and play and childcare related services. In order to adjust these numbers of staff for the size of the SSLP, the figures for each of the four types of staff were converted into proportion of total staff FTEs. The question of whether SSLP effectiveness for specific child or parenting outcomes is related to these staffing variables was addressed through statistical analysis. The statistical technique used was stepwise regression with forward entry, whereby the staffing variable with the strongest significant association with the outcome is entered first into the model, and additional predictors (i.e. staffing variables) added to the model if they can produce a significant increase in predictive power. Analyses were conducted on the complete cases dataset as well as the imputed dataset. Only those results that were significant for both the completed cases and imputed data are considered to have sufficient confidence to be considered here. These analyses were conducted for the two 9-month parenting outcomes, the three 3-year parenting outcomes and the three 3-year child development outcomes.

3.4.2 Significant effects for staffing variables emerged only in the case of one outcome and this was 3-year maternal acceptance. For this variable the proportion of health services staff was positively related to the community level residual. That is, the greater the proportion of SSLP staff that were involved in health services, the more positive/beneficial the impact of SSLPs on maternal acceptance. The result is shown in table 3.4.

Table 3.4

Outcome	Significant Predictor	Complete Cases		Imputed	
		Standardised Beta	Probability	Standardised Beta	Probability
3-year Maternal acceptance	Proportion health staff	0.25	p<0.01	0.26	p<0.01

3.5 Considering the ratings, services data and staffing data together.

So far the analyses have considered SSLP effectiveness in terms of the three types of SSLP implementation measures of ratings, services and staffing separately. The question arises as to whether the effects for these three types of variables are making independent and additive contributions to explaining the variation in SSLP effectiveness, or whether the three sets of analyses (for ratings, services and staffing) are revealing much the same thing. In order to address this important issue the final stage of analysis brings together all implementation variables that have had significant effects upon an outcome measure of SSLP effectiveness in any one of the preceding analyses. If variables retain their significance in this final stage then their effects can be considered to merit greater confidence. The technical details of the statistical procedures follow in the rest of this section.

This final stage of analysis builds upon the three sets of regression analyses already carried out. Using a single analysis for each outcome it sought to consider significant predictors from each of the three separate sets of programme variability variables already described—the ratings, the service measurements and the staffing measurements. The predictors from each of these sets of variables included in this integrated analysis were those found in the earlier analyses to predict a particular outcome. So if a particular rating and/or a particular service variable and/or a particular staffing variable significantly predicted a particular outcome in the preceding three sets of analyses, then all these individually significant predictors were then employed in a single analysis to predict that particular outcome. This approach facilitates the identification of the best predictor(s) of each outcome, considering all the predictor variables included in the Programme Variability study. It was only occasionally the case that predictors from different sets of analyses proved predictive of a particular outcome. When there was only a single predictor from a single analysis that proved predictive of a particular outcome, there was no need to run additional analyses; nevertheless, for the sake of completeness, these single-predictor results will be mentioned.

3.5.1 Only one of the two 9-month outcomes was significantly predicted by a predictor variable related to SSLP variability. Maternal acceptance for 9-month-olds was significantly predicted by the SSLP rating of *empowerment*, with a higher rating of *empowerment* being related to greater 9-month old maternal acceptance.

3.5.2 One of the 3-year parenting outcomes was also significantly predicted by a predictor variable related to SSLP variability. A higher rating of *empowerment* was related to a more stimulating home learning environment.

3.5.3 A second 3-year parenting outcome, negative parenting, was significantly predicted by the amount of inherited parent-focussed services, with more inherited parent-focussed services related to less negative parenting.

3.5.4 A third 3-year parenting outcome was predicted by three different predictor variables in the earlier analyses. Recall that maternal acceptance was predicted by the ratings of *service flexibility* and *ethos* and also by the proportion of SSLP staff that were health-related. However the effect for *services flexibility* appeared to be an artefact of inter-relationships between variables (i.e. multicollinearity) and can be

discounted. The meaningful findings are those showing that programmes rated with stronger *ethos* and with a higher proportion of health-related staff were associated with greater maternal acceptance. In order to examine whether these significant effects for *ethos* and proportion of SSLP staff that were health-related were independent, these predictors were simultaneously entered into a regression analysis of the outcome 3-year maternal acceptance. As it was argued earlier that *ethos* may well be acting as a proxy for the overall rating, the regression analysis was also run with overall rating score and proportion of SSLP staff that were health-related as predictors. The analyses were undertaken for both complete cases and imputed data. The results are summarised in Table 3.5.

For both analyses both predictors were still significant in their effects upon the outcome, thus indicating that in both cases, the predictors can be considered to have independent, additive and significant effects upon the outcome of 3-year maternal acceptance. The effect of the rating *ethos* is marginally stronger than that for the overall rating score, but essentially the same effect occurs for these predictors and given their high correlation it would seem more appropriate to regard the effect upon 3-year maternal acceptance as due to the combined effect of all the ratings rather than attributable to the specific rating of *ethos*.

3.5.5 Note that the implementation proficiency ratings that were showing significant effects for specific outcomes, i.e. empowerment, identification of users and *ethos* were all showing inter-rater reliability (intraclass correlation) in excess of 0.75 and hence these measures can be regarded as reliable.

Table 3.5

Outcome	Significant Predictor(s)	Complete Cases		Imputed	
		Standardised Beta	Probability	Standardised Beta	Probability
3-year Maternal acceptance	Ethos	0.18	p<0.05	0.18	p<0.05
3-year Maternal acceptance	Proportion health staff	0.25	p<0.01	0.26	p<0.01
3-year Maternal acceptance	Overall rating	0.16	p<0.05	0.15	p<0.06
3-year Maternal acceptance	Proportion health staff	0.25	p<0.01	0.26	p<0.01

4. DISCUSSION

4.1 The 18 dimensions (see Appendix 5) of implementation proficiency of SSLPs ranged across domains related to what was implemented (*service quantity, service delivery, identification of users, reach, reach strategies, service innovation and service flexibility*), the processes underpinning proficient implementation of services (*partnership composition, partnership functioning, leadership, multi-agency working, access to services, evaluation use and staff turnover*), and holistic aspects of implementation (*vision, communications, empowerment, and ethos*). SSLPs tended

to score consistently low, average or high across all the 18 dimensions and three broad domains: what was implemented, the processes underpinning service delivery and the holistic aspects of programme functioning. These three broad domains of programme implementation are equally important. For families it matters not only what services are implemented but also that services are proficiently delivered. Also the mode of delivery should reflect a clear vision, cogent means of communicating that vision and a welcoming ethos. The finding that programme ratings were correlated across the 18 dimensions indicates that proficiency in one domain goes with proficiency in other implementation domains. The results of this study indicate that where SSLPs are proficient in general in implementing and delivering their services they are more likely to produce better outcomes for children and families.

4.1.1 Results presented here indicate that these 18 dimensions can be used to differentiate the top 50% from the bottom 50% of SSLPs for both 9-month-old and 3-year-old effectiveness for parenting and child outcomes. As the 18 ratings represent the proficiency with which the SSLPs were able to reflect the original goals of SSLPs, this result implies that SSLPs that were more proficient in putting the original goals of Sure Start into practice were more likely to produce better child and parenting outcomes. It is interesting that where a programme is rated as doing well, it is doing well on all fronts. The Sure Start approach was designed to be holistic, tackling the range of disadvantages associated with child poverty in an integrated way. It seems that what was done, the way it was done and the overarching style of the programme were equally important ingredients in the recipe. The Programme Variability Study supports the proposition that integration is central to intervention. The proficiency with which the *whole* model is implemented has a direct bearing on effectiveness. This has important implications for models for setting up effective services delivered by Children's Centres.

4.1.2 In addition to the overall ability of these 18 ratings to differentiate more effective from less effective SSLPs, there were significant effects specific to particular ratings. These were

- For data from families with a 9 month old:
 - More *empowerment* by SSLPs was related to higher maternal acceptance;
- For data from families with a 3-year-old:
 - Better *identification of users* by SSLPs was related to higher non-verbal ability for children, possibly through better service delivery being possible;
 - Stronger *ethos* and better overall scores on the 18 ratings were positively related to maternal acceptance;
 - More *empowerment* was related to a more stimulating home learning environment.

However, it is important to realise that the 18 ratings are correlated with each other and that those SSLPs that score highly on *empowerment* tend to score highly on other ratings (see Table 2.5 above). In particular, *empowerment* is most strongly related to *partnership composition*, *partnership functioning*, *communication*, *leadership*, *multi-agency working*, and *ethos*, so SSLPs that are rated high, medium or low on *empowerment* tend to score similarly on these other aspects of implementation. Correspondingly, while the rating of *identification of users* shows a significant effect upon a child outcome, those SSLPs scoring high on this rating also

tend to score high on all other ratings and in particular *reach strategies*, *leadership* and *ethos*. Hence the effects for individual ratings need to be considered in relation to the overall effects of the ratings of implementation proficiency, with higher proficiency in general predicting better outcomes.

4.1.3 The finding that *empowerment* is related to two of the eight dimensions of effectiveness for SSLPs, in particular 2 of the 5 parenting measures, 9-month-old maternal acceptance (i.e. less slapping, scolding, physical restraint) and 3-year-old home learning environment implies that strengthening SSLP activities that are relevant to the rating of *empowerment* may well be a means of improving their effectiveness in influencing parenting. Should this be the case then it is likely to lead to better outcomes for children because maternal acceptance has been found to predict better child outcomes in several countries (e.g. Caldwell & Bradley, 1984), and the home learning environment has also been shown to be positively related to better child outcomes, having controlled for other background characteristics, in longitudinal studies in England (Melhuish et al., 2001) and Northern Ireland (Melhuish et al., 2005). Note that the criteria for high ratings of *empowerment* refer to actual procedures being in place for increasing parent and staff participation and collaboration, and hence require concrete action by SSLPs rather than merely having appropriate attitudes. The SSLP characteristics that go with *empowerment* include references to local community groups and individual users being involved in the planning and delivery of services as volunteers; user representation on the board; training offered to both paid and voluntary staff; a strategic balance of voluntary and paid staff; clearly defined exit strategies for users; services to include self-help groups; whole programme away-days; evidence that staff and users constitute a learning community; and evidence of mutual respect for all parties (See Appendix 5, Item 4).

4.1.4 The results also indicated a positive effect for the dimension *identification of users* on the 3-year-old child outcome, non-verbal cognitive scores. The SSLP characteristics that go with *identification of users* include references to strategies for identifying potential users; information exchange and shared record keeping systems by professionals; location and support of children with disabilities or additional needs; and links between agencies to locate new families moving into the SSLP area. This is the only child outcome identified as significantly related to dimensions of implementation proficiency. We may speculate that identifying and targeting potential users in a systematic and cross-agency way may be having an impact on young children's opportunities for developmentally enhancing experiences that affect children's non-verbal cognition. Possibly efficient identification of families with a young child leads to more efficient targeting and/or delivery of appropriate services. If such speculation is justified we might expect these attainments to be extended to other aspects of cognitive/language attainments as children are followed in the longitudinal study. This finding concerning *identification of users* may have relevance to supporting the more vulnerable and often hard-to-reach members of the community.

4.1.5 The 18 ratings provide information on the overall implementation characteristics of SSLPs. Another perspective upon SSLP implementation variability is to consider the different emphases upon service provision as reflected by the information available on the numbers of different types of services and staff. This study looked at the various categories of services and staffing within SSLPs and

looked at relationships with child and parenting outcomes. The analyses of the relationships between SSLP services and staffing and the SSLP effectiveness scores for 9-month and 3-year-old outcomes yielded significant results only for 3-year-old parenting outcomes. It is likely that 9-month-old outcomes and child outcomes may be more difficult to influence.

4.1.6 Lower levels of negative parenting were present in those SSLPs that had higher levels of inherited parent-focussed services. While this effect cannot be ascribed to the activities of SSLPs (as these services pre-date SSLPs), the finding does indicate a possible favourable outcome resulting from higher levels of a particular kind of services. The other 3-year-old parenting outcome that was associated with levels of services or staffing was maternal acceptance. This aspect of parenting was found to be higher in SSLP areas than non-SSLP areas (NESS Research Team, 2005) as summarised earlier. The analyses in this report indicated that higher levels of improved child-focussed services and a higher proportion of health-related staff in SSLP areas were both independently associated with higher maternal acceptance. The finding with respect to proportion of health-related staff may be linked to the finding in the NESS impact study (NESS 2005) of better outcomes being associated with health-led SSLPs. The possibility that such a favourable effect upon parenting may be influenced by these aspects of service provision may well be helpful in the future planning of services.

4.1.7 The Impact Study (NESS Research Team, 2005) produced evidence indicating considerable variation in child and parenting outcomes for different SSLP areas. The findings of this Programme Variability Study indicate a limited degree of linkage between the processes by which SSLPs were implemented and variation in child and parenting outcomes. Though the relationships are not strong it is encouraging that those programme areas that score higher on ratings of implementation proficiency also score higher on child and parenting outcomes. It is also encouraging to find that significant relationships between processes of implementation and impact outcomes are all positive (higher implementation proficiency linked with better outcomes), which is consistent with a view that they are more than chance findings in that if significant findings were being generated by chance then some of the findings would be expected to be negative. Thus these findings, though limited, are consistent with the view that Sure Start Local Programmes are having an effect, and any effects, though small, are in the desired direction.

4.1.8 Possible reasons for the links between implementation and impact may be discerned. For example, it makes sense that efforts to empower parents and make them feel more valued, confident and capable will filter through to their activities as parents and may improve maternal acceptance of the child at 9 months, and also the home learning environment parents provide for 3-year-olds. Similarly speculative common sense explanations can be advanced with regard to the findings for 3-year-olds that greater inherited parent-focussed services are related to less negative parenting and improved child-focussed services are related to improved maternal acceptance. With regard to the finding that maternal acceptance for 3-year-olds is associated with the proportion of health staff working in the SSLP there are also possible explanations. Health practitioners were already working with established systems for families with young children prior to Sure Start and they could 'hit the ground running' when the programme provided resources to improve services.

Findings of the NESS Cost Effectiveness module (Meadows et al., forthcoming, 2005) indicate that SSLPs led by health agencies became operational more quickly than those led by other agencies. It makes sense that services that were implemented earlier by health staff (health visitors) with expertise in working with birth to three-year-olds and their families in Sure Start areas were able to offer targeted treatment from birth and were therefore more likely to have a positive impact on parents, and in the long run their children. It will be important to be able to capitalise on these gains as children engage with pre-school services.

4.1.9 The fact that the effects of the Sure Start intervention detected at this stage are slight might be regarded as disappointing, but this reflects the difficulties of getting a complex programme implemented quickly. The NESS Cost Effectiveness evaluation (Meadows, forthcoming, 2005) indicates that it takes around 3 years for a programme to approach full capacity in service delivery, while it had been anticipated at the onset of the Sure Start initiative that programme set-up would be considerably quicker than this. The Programme Variability study indicates some limited link between SSLPs' implementation and outcomes for children and families. Ratings of implementation proficiency have discriminated between the most and least effective programmes. To understand more clearly how different aspects of SSLPs are related to outcomes will require a closer scrutiny of SSLPs using case study methods guided by the evidence from this study, in order to determine what combinations of ingredients are more important than others in promoting positive outcomes for parents, children and their communities. Such case studies are currently being planned.

4.2 Key Findings

4.2.1 Links between the processes of SSLP implementation and impact on children and families living in SSLP areas can be detected.

4.2.2 Changes that might be attributed to SSLP implementation are small but positive, and all significant results relate an aspect of better implementation with a beneficial outcome, particularly for parents.

4.2.3 SSLPs rating highly on implementation proficiency – both on what they do and how they are doing it – are most likely to have positive effects on parents and children. This means that SSLPs that are implementing their programme in a manner that reflects the basic principles of the Sure Start initiative are more likely to achieve better outcomes for both parents and children.

4.2.4 Some specific aspects of implementation are related to some positive child and parenting outcomes.

For families with a 9 months old:

- More *empowerment* by SSLPs was related to higher maternal acceptance;

For families with a 3-year-old:

- Better *identification of users* by SSLPs was related to higher non-verbal cognitive scores;
- Stronger *ethos* and higher overall ratings of programme implementation (which are essentially the same measure) were related to more maternal acceptance;

- More *empowerment* was related to a more stimulating home learning environment;
- Having more inherited parent-focussed services was related to less negative parenting (e.g. harsh discipline);
- Improved child-focussed services were related to higher maternal acceptance;
- Having a greater proportion of staff that are health-related was associated with higher maternal acceptance.

4.2.5 There is logic in the nature of the links – e.g. SSLPs empowering parents being linked with increased maternal acceptance of the child’s behaviour and a better home learning environment for 3-year-olds. However the effects for individual ratings need to be considered in relation to the overall effects of the ratings of implementation proficiency, with higher proficiency predicting better outcomes.

4.2.6 Health services appear central to the success of early intervention and should continue to be a key element in the delivery of children’s services.

4.2.7 Where SSLPs are proficient, they are proficient overall in their whole approach. The integration of a range of services and their proficient delivery in a participative and empowering way all appear to be important. The overall proficiency with which the SSLP is implemented has a bearing on its effectiveness. This is an important message for the design of children's services delivered by Children's Centres.

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APPENDICES

Appendix 1

Programme Variability Study

GUIDANCE FOR EVIDENCE COLLECTION

General notes:

- Put enough information in the notes to decipher meaning.
- If a quotation is used, please make that clear.
- If you are providing an opinion, please make that clear.
- Consider the guidance notes carefully. Sometimes it is hard to decide which question a statement should go under. When in doubt, put it under both.

1. SSLP has a well-articulated vision that is relevant to the community.

What we're looking for here is an indication that thought was given to the vision in reflecting the local community and that staff are signed up to it.

Please transcribe the vision as it appears in the material. Note that it may also be called the aims, objectives or purpose.

Sources:

- Compare to central Sure Start Unit vision
- Delivery plan
- Publicity material
- Sure Start website
- Interviews
- Case studies

2. SSLP Partnership Board includes a balanced representation of local organizations, local education authority, social services, local NHS, voluntary and community organizations, and local parents.

This question relates to the relative distribution of representatives on the Partnership Board, and their level of seniority within their organizations (if this information is available). It also looks at efforts made to reflect the make-up of the local community within the board, as well as whether arrangements are made to make parent involvement possible (e.g., training, crèche, etc).

Please make sure to write down the number of representatives from each area (health, education, etc.).

Sources:

- National Survey
- Delivery plan
- Interviews

3. The Partnership is functional

This question concerns several different aspects of functionality:

- the relationship between board members, as well as with the PM (e.g., conflict, vested interests, etc.);
- level of commitment to partnership (e.g., attendance, advocating for outside board, provide favours such as data or space, etc.);
- building on strengths in previous partnership systems that may have existed in the area (e.g., EYDCP, SRB, etc.).

Interviews with PDOs, EYOs and Chairs are often the best source of information about the partnership relationship.

Sources:

- Interviews
- National Survey
- Delivery plans/ any updates
- Annual Reports
- Organisational charts

4. SSLP has an intention to empower users and service providers.

This question focuses on efforts made by the to involve users in the running of the SS, and provide opportunities for development to service providers. Things that may be noteworthy are the balance between volunteers and paid staff, are parents involved in decision making, are there exit strategies for users, services run by users, away days, staff development opportunities (including community development training, evidence of mutual respect, etc).

Note that you would find evidence of community development training in the National Survey, section 3.5, under “other”.

Sources:

- National Survey
- Annual reports
- Publicity and other literature produced by SSLP
- Case studies

5. Communication systems reflect and respect the characteristics and languages of the host communities

This question has several components including:

- visibility of the programme to the community (do they have a highly visible location? do they include publicity that is both specialized as well as for the general community? do they use innovative methods of reaching wider audience?);
- does the publicity reflect the community (e.g., languages, pictures) – this must necessarily include a recognition of what the significant issues in the area are (see National Survey);
- do they consider the needs of non-typical users (e.g., blind, travellers, asylum seekers, etc). Make sure to note their response to National Survey 4.2, which asks why they may not have translated materials into different dominant languages.

Sources:

- Interviews
- National Survey
- Local context analysis
- Delivery plan
- Publicity
- Building signage

6. SSLP has effective leadership/management.

This question concerns the Senior Management Team. The kinds of things that are of interest here are:

- Turnover rates for programme manager
 - Is there a spread of responsibility so that programme won't collapse if PM changes?
 - Relationships between PM, management team, partnership board
 - How do people describe the PM's leadership
- Interviews can provide some good information on these questions. Other good sources are organizational charts (to see spread of responsibility) and annual reports. See also Section 2.1 of the National Survey for info on how many PMs there have been, how long have they stayed, is the programme an independent organization?

Sources:

- National Survey
- Interviews
- Interviews
- Organisational charts
- Annual reports

7. Multi-agency team work is established in the SSLP

This question concerns the extent of multi-agency teamwork within the SS. That is, is there a balance of representation across agencies within the team, is there shared staff training, do they undertake joint strategic planning, are they co-located within same building?

For this question, make sure to write down how many FTE (full-time equivalent) staff represent each area (health, education, etc.).

Sources:

- National Survey
- Interviews
- Delivery Plans
- Case studies
- Organisational charts
- Annual reports
- Themed studies

8. There are clear pathways for users to follow in accessing specialist services.

This question probes the systems in place for users to access specialist services. Do they have multiple pathways and how systematic are they, does the programme monitor time delays in access and do they have a guaranteed response time, do they have a key worker system.

Please note down whether there is or is not a key worker system, as found in National Survey Section 1.2.

Sources:

- National Survey
- Publicity material
- Interviews
- Themed and Case studies
- Annual reports
- Evaluations

9. Staff turnover is low.

This question looks at whether there is inappropriately high turnover, which may indicate problems. It includes consideration of whether there are systems in place to recruit, train and retain staff. Do staff seem happy to work there?

Sources:

- National Survey
- Interviews
- Annual reports
- Evaluations
- Case studies and themed studies

10. SSLP takes account of and acts upon evaluation findings.

This question looks at whether they are doing evaluations and actually using the findings from these as feedback into the planning process.

The NESS website has some of the SSLP evaluation reports posted. Also, you can contact the local support evaluation officer in the appropriate region to see their opinions on how the programme is doing with respect to evaluation.

Sources:

- Interview NESS staff to see if the SSLP has a good system and has made any changes based on evaluation findings.
- National Survey
- Annual report budget lines

11. SSLP has strategies for identification of users.

This question looks at the systems in place to identify users. Do they appear to be mostly ad hoc or is there evidence of a central database and systematic record keeping? Are there attempts to locate children with disabilities or other special needs?

Sources:

- National Survey
- EYO & Chair interviews
- Case studies
- Publicity
- Delivery plan

12. SSLP is showing a realistic and improving reach of children in the area.

In order to get a better understanding of the significance of reach figures in each area, it was felt that the irregularities/swings aspect of this question would be better dealt with by a central analysis of reach figures. Please continue to report reach figures as reported on Excel files.

Source:

- Reach figures

13. SSLP is aware of reach and has strategies to improve and sustain use of services over time.

This question looks at strategies to access hard-to-reach groups, and other users. Also, do they have particularly innovative or creative ways of keeping track of users (e.g., membership schemes that involve parents and children). This question requires some evidence of an understanding of what the issues in the area may be.

Sources:

- National Survey
- EYO & Chair interviews
- Case studies
- Publicity
- Delivery plan
- Annual report

14. SSLP service delivery reflects a balance of support, health and play & childcare.

This question relates to balance in the focus of services. Please note the instructions for the relevant sections in the National/Telephone Survey below. Write down the number of services and any other relevant comments.

Sources:

- National Survey

15. SSLP service delivery reflects a balance between a focus on children, family and the community.

This question is similar to #14, but requires the counts to be broken down in a different way. Take a look at the coding scheme for all of the services listed in the National Survey, Section 1.2, question 5. Use this as a guide for counting the services for children, family/parents, and the community.

Source:

- National Survey (see coding key)

16. SSLP shows innovative features.

This question is interested in whether the programme is merely replicating traditional service delivery models, or whether there are attempts to be innovative in service delivery.

When responding, please make sure whenever possible to describe or list the innovative service/feature.

Sources:

- EYO and Chair interviews
- National Survey
- Publicity
- Delivery plan
- Annual report
- Case studies

17. Services accommodate the needs and preferences of a wide range of users.

This question looks at efforts made to make the programme easily useable and accessible by a wide range of people. This encompasses physical location, operating hours, accommodation for special needs, etc. Often publicity is the best source for venues, times and accessibility.

Sources:

- Publicity
- National Survey
- EYO and Chair interviews
- Case studies

18. Overall, the SSLP has a welcoming and inclusive ethos.

This question concerns how successful the programme has been in avoiding bureaucratic language, producing welcoming publicity, moving welcome into the wider community, etc.

Make sure to include your general impressions or opinions in this question. After reviewing the material, what are your impressions? Is this a place you would want to visit?

Sources:

- Overall sense from all the material that you've covered
- Case studies (esp. buildings)

Appendix 2

PROGRAMME VARIABILITY WITHIN SSLPs – Telephone interview schedule for Programme Development Officers, Early Years Officers and Chairs

Name Region Prog No & Name.....

I agree to take part in a telephone interview. I understand that the information I provide will be held in confidence and if material from the interview is presented/ published, neither I nor the SSLPs discussed will be identified by name.

To be ticked by interviewer

The interview consists of five sections. I will be asking you about your views of the effectiveness of aspects of this particular SSLP within their local context.

SECTION ONE - LOCAL CONTEXT

1. What are the most significant characteristics of the community served by the SSLP? (For example geography, ethnicity, unemployment, health, family structures, child development delay)

Details:

.....
.....

2. Would you describe the community as cohesive?

Yes.... No.... Don't know....

Reasons?

.....
.....

3. Would you describe the SSLP area as

Very deprived... Deprived... Somewhat deprived...

4. Do you know what service provision for families with young children was like before Sure Start? (i.e. was there a lack of child care?) Yes/No

Summary

.....
.....

5. Has this programme been successful in filling in the gaps? Yes/No

In what ways?

.....
.....

SECTION TWO - BELIEFS AND VALUES

1. In your opinion, does the SSLP have a clear vision?

Yes.... No....



What is it?

.....

2. Is the vision communicated effectively to users?

Very effective... Effective.... Not very effective..



How?

.....

3. Do you think that this vision been achieved?

Yes.... No.... Other.... _____

SECTION THREE - ORGANISATION AND MANAGEMENT

1. Would you describe the current or most recent Programme Manager’s leadership of the SSLP as

Strong.... Satisfactory.... Weak....

Is there anything relevant about the style of the Sure Start Programme Manager you would like to add?

2. Can you tell me a bit about the partnership board. What are some of the positive and negative aspects?

Positive	Negative
----------	----------

3. What about the multi-agency teamwork in this programme? Would you describe it as

Effective.... Not effective....

↓ Why? ↓ Why?

SECTION FOUR - SERVICE DELIVERY

1. In terms of service delivery, what’s working and what isn’t?

.....

2. In your opinion, how successful is this programme at reaching target populations?

.....

SECTION FIVE - SPACE AND BUILDINGS

1. Are the buildings/spaces used to deliver this programme’s services appropriate?

Yes.... No.... Don’t know....

In what way?

2. How ‘visible’ is the SSLP in the area? (outward and visible signs of Sure Start’s existence in the community)

Not Visible.... Visible... Very Visible.... In what way?

.....

Bearing in mind everything we’ve spoken about, do you think this programme is likely to be overall

Effective.... Not Effective...

So, is the impact of the programme for the benefit of

Children.... Adults.... Community....

Thank you very much for participating in this interview.

Additional questions in the EYO interview schedule:

- How would you describe the manager's leadership style? Strong, Authoritarian, team-building, relaxed or weak?

Additional questions in the Chair interview schedule:

- How would you describe your working relationship with the Programme Manager?

Additional questions in both EYO and Chair interview schedules:

- Have local infrastructures influenced the effectiveness/ineffectiveness of the SSLP?
- Have local politics influenced the effectiveness/ineffectiveness of the SSLP?
- Has the SSLP tapped into local community, political, professional links to good effect?
- Can you name agencies in the SSLP that have created any problems for joined up working?
- Is the staffing in the SSLP stable? What are particular problems?
- How would you rate staff training/development at single and inter agency levels?
- Is the balance of services right?
- Are there groups not being reached?
- Would you describe systems for identification of users as effective or not effective?
- Would you describe systems for encouraging parents to keep using services as effective or not effective?
- Would you describe the SSLP as responsive to the community?
- Can you identify any exceptional/innovative features of service delivery?
- What hours are SSLP service available?

Appendix 3

Shortened National Survey

PROGRAMME NAME	PROGRAMME NUMBER

SECTION 1: SERVICES

CORE SERVICES STAFFING

1. Relating to a) the numbers of staff and
 b) the full-time equivalent of staff (FTE) in each of **four core service areas** :
 - a. outreach and home visiting,
 - b. support to families,
 - c. health,
 - d. play, learning and childcare. We realise that many of your

Staff may cross-cut some/ all of these core services, but consider **each core service area**, how many people are **funded from Sure Start**, how many are funded from other sources, and how many are **volunteers**, even if they work in other elements of the programme as well.

	Staff funded by Sure Start		Staff funded from other sources		Volunteers working with Sure Start	
	Total number	FTE equivalent	Total number	FTE equivalent	Total number	FTE equivalent
Outreach & Home Visiting scheme						
Support to Families core service area						
Health core service area						
Good Quality Play, Learning & Childcare core service area						

2. Are there currently any staff vacancies in any of the core service areas?

Yes _____

3. If yes, how many posts are currently **vacant**?

In which core service area are vacant posts most likely to be? cook

4. If there are vacant posts in the Sure Start programme, what are the reasons. Tick any/ all boxes that apply.

A new post is being advertised currently _____

Delay/ problems recruiting to a new post _____

Delay/ problems recruiting to an existing post _____

What difficulties have there been in recruiting/ retaining particular posts? (Please specify here) Poor pay for qualified cooks, they prefer to work through agency to earn more money

INHERITED, IMPROVED & NEW SERVICES

5. Use the tables to record answers about the services offered by the programme.

- Is the service listed on the left available in Sure Start community? Put YES or NO in column **a**.
- Has the Sure Start Programme enhanced or reshaped the service in some way. Describe any improvements briefly in column **b**.
- Has the Programme developed a whole new service? Give brief details in column **c**.

Type of service	A Service provided in the Sure Start community?	B Has the SSLP improved it?	C Has a new service been developed?	Type of service	A Service provided in the Sure Start community?	B has the SSLP improved it?	C Has a whole new service been developed?	Type of service	A Service provided in the Sure Start community	B Has the SSLP improved it?	C Has a whole new service been developed?
SUPPORT –RELATED SERVICES				SUPPORT –RELATED SERVICES				HEALTH – RELATED SERVICES			
Family centres run by a voluntary agency				Credit unions				GP Surgeries			
Family centres run by a statutory agency				Swop shop for children's clothes, school uniforms, etc				Health visiting services			
Home visiting schemes/ outreach work (e.g. Home-Start or Newpin)				Grandparents' group				Community midwife services			
Welfare rights advice centres				Fathers' group				Community health workers			
Housing advice centres/ agencies				Parenting programmes				Health promotion services related to smoking cessation			

Money advice centres/ agencies				Support centres/ agencies for teenage parents				Health promotion services related to healthy eating/ nutritional advice			
Relationship counselling schemes				Telephone help line(s)				Breastfeeding promotion services/ advice/ support			
Leisure activities for parents (e.g. swimming, art classes)				Drop-in sessions with separate crèche / playgroup				Child health clinics			
HEALTH – RELATED SERVICES				HEALTH – RELATED SERVICES				HEALTH – RELATED SERVICES			
Family planning services, including emergency contraception				Special provision for disabled children				Self-help groups			
Counselling services				A register or database of disabled children in the area				Home safety equipment loan scheme			
Pharmacy/ Chemist shops				Specific post-natal depression services				Alternative health practitioners			
Specialist services for children with particular needs				Ante natal clinics							

Specialist services for parents with particular needs (e.g. speech & language therapy, psychological services, physiotherapy)				Well women clinics							
Child development centre/team ⁶				Outpatient clinic- psychiatric							
Portage services				Outpatient clinic – other				Nursery classes			
PLAY AND CHILDCARE –RELATED SERVICES				PLAY AND CHILDCARE –RELATED SERVICES				PLAY AND CHILDCARE –RELATED SERVICES			
Nursery schools				Breakfast clubs				Training for childminders			
Primary schools				Libraries				Adventure playgrounds			
Secondary schools				Toy libraries				Scrapstores			
Childminders				Child speech & language development services				Book start schemes			

Childminding network				Services for children with physical development difficulties				Reading schemes <i>other than</i> Book start			
Day nurseries				Services for children with socio-emotional difficulties				Junior sports schemes (including gymnastics)			
Full time day care sessions/ or centres				Parent & Toddler groups				Swimming pools			
Pre-school play groups				Outside/ outdoor play areas				Tumble tots group			
Summer play schemes				Crèche sessions				Other relevant services (please specify)			
After school clubs				Soft play areas							

CHILD & FAMILY IDENTIFICATION STRATEGIES

6. What systems are being used to identify families and children in the Sure Start area? Put Yes or No in each column and where YES, give a brief description.

Does the SSLP have a way to:	<u>a. Discover where Sure Start families live</u>	<u>b. Discover when new babies are born in the area</u>	<u>c. Discover when new families with children 0-3 years move into the area</u>

7. Is the SSLP informed if any children move into the area with disabilities or special educational needs?

Yes _____ No _____

8. Does the Programme currently have in place a system/ strategy for monitoring whether children under 4 are receiving routine health checks?

Yes _____ No _____

9. If yes, what system is in place for making contact with the parents of children who are not attending health checks? (Tick any/ all that apply)

Routine local services (Health Visitors) send re-appointment notices to parents to reschedule _____

Sure Start worker/ team routinely visit families and follow up on appointments made _____

Sure Start programme / worker sends re-appointment notices to parents to reschedule _____

Other (Please specify) _____

Health Visitors routinely visit families and follow up on appointments made _____

OUTREACH & HOME-VISITING –SPECIFIC SERVICES

10. Do **outreach staff** meet regularly with **other staff** working in all the other Sure Start services?

Yes _____ No _____

11. Is there a key worker system in the outreach team?

Yes _____ No _____

12. Do you provide an expanded home visiting service, that is, a service beyond the mainstream statutory health visiting service?

Yes _____ No _____

13. From how many sites in the community are outreach services delivered? _____

SUPPORT TO FAMILIES & CHILDREN – SPECIFIC SERVICES

14. What kind of special provision exists in the Programme for children with special needs or disabilities and their families? (e.g. portage, toy library, etc...). Please tick any / all that apply below.

Portage _____

Toy library _____

Respite sessions _____

Extra home visits/ support _____

Clinical psychologist/ Educational psychologist	_____	Extension of speech & language therapy / support	_____
Crèche / daycare/ childminding provision	_____	Family support/ advocacy	_____
Special support worker for 1:1 or group session	_____	Therapeutic activities for parents (e.g. art classes, craft)	_____
Mobile play unit	_____	Special parents/ support groups	_____
Key worker system	_____	Links with voluntary organisations	_____
Equipment loan schemes	_____	Transport	_____
Inclusive childcare/ play/ exercise opportunities	_____	Multi sensory room/ equipment	_____
Extra trained staff (i.e. nursery nurse, S&L therapists, special needs worker)	_____	Special language programmes (e.g. Makaton)	_____
Other (please specify)	_____	We are currently developing our special needs provision	_____

15. Before Sure Start, were any arrangements in place for cross-agency collaboration (between health, education, social services, the voluntary sector and others) in respect of provision for children and families *within* the Sure Start area, even if they have extended beyond it?

Yes _____ No _____

SECTION 2: PROGRAMME GOVERNANCE AND MANAGEMENT

OVERALL MANAGEMENT STRUCTURE

16. How many Managers have there been in the SSLP? Please list with the approximate length of time each was in post:

Manager (e.g. No. 1 etc)	Time in post

17. What was the start date of the first Programme Manager? _____

18. How many people in total formally contribute to the management board of Sure Start, including parent-users? As well as the total, please ask how many representatives are from each of the agencies/groups.

	Number of representatives
TOTAL number of members contributing to management board of programme	
Statutory sector Education EYDCP Health Social Services Other local authority depts. (e.g. housing, community development. <i>Please specify.</i>)	
Voluntary sector	
Private sector	
Parent-users – female	
Parent-users – male	
Members of local community (e.g. parish councillors, general members of the public)	
Other Community Members – local activists/faith groups etc	

19. From what sector does the chair of the partnership come from?
Tick all that apply

Statutory	_____	Voluntary	_____	Private	_____
Community	_____	Parent-user	_____	Independent	_____
Elected member	_____	Other	_____		

20. Is the Sure Start programme constituted as an independent organisation/ legal entity? Planned? (*When*)

Yes _____ No _____

ETHNIC MONITORING AND COMPOSITION OF THE LOCAL COMMUNITY

21. How does the programme monitor the ethnic profile of local community members involved in the management of Sure Start?

No system	_____	Informal, visual observation	_____
Follows Sure Start Unit monitoring format (i.e. census categories)	_____	Other formal agency monitoring system	_____
By way of membership/ registration forms	_____	Other (<i>please specify</i>)	_____

22. Indicate the ethnic composition (i.e. count) of the **community members (including parents)** in the Sure Start area involved in the management of Sure Start. This means parents who may sit on the management / Partnership board or who may be actively involved in a parents' panel or forum.

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British	White and Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	Any other ethnic background
Any other White ethnic background	White and Asian	Bangladeshi	Any other Black ethnic background	
	Any other mixed ethnic background	Any other Asian ethnic background		

MANAGEMENT AND STEERING GROUP MEETINGS

23. Is there a forum, stakeholder group, subgroup or other means through which parents contribute to the management of the programme, **in addition to management/ partnership board?**

Parents network meet once a week and form working parties for particular projects.

24. How often does this group meet annually?

Never

Rarely (1 to 4 times per year) yes

Occasionally (5 to 6 times per year)

Frequently (more than 6 times per year)

25. How many parents attended the most recent meeting? _____

26. How does programme ensure that parents on the management board are representative of parents in the area? *(Please tick all that apply)*

No system in place	_____	Election of representatives	_____
Quota system	_____	Parent involvement worker/ street committee co-ordinators recruit members	_____
Elect <i>neighbourhood</i> representatives	_____	Parents volunteer through community events/ general membership	_____
Survey	_____	Rotation system	_____
Consultation with community leaders/members	_____ _____	Other (please specify)	_____ _____

SECTION 3: STAFFING

STAFF EMPLOYMENT STATUS

32 How many people work in the SSLP central management team? (SSLP Manager, back-up staff etc.)

TOTAL number of full time, part time and sessional staff In central team	
---	--

MONITORING STAFF ETHNICITY

33 How does the programme monitor the ethnic profile of staff **directly** employed on the Sure Start programme:

No system	_____	Informal, visual observation	_____
Follows Sure Start Unit monitoring format (census categories)	_____	Other formal agency monitoring system	_____
Staff employment records	_____	Ad hoc surveys	_____
By way of membership/registration forms	_____	Other (<i>please specify</i>)	_____

34 Please indicate the ethnic composition (i.e. count) of those staff directly involved on Sure Start (**excluding programme management**). Please use the categories in the box below when making your choices.

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British	White and Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	Any other ethnic background
Any other White ethnic background	White and Asian	Bangladeshi	Any other Black ethnic background	
	Any other mixed ethnic background	Any other Asian ethnic background		

	White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
Total number of staff directly employed on Sure Start (excluding management)					
Staff employed directly on Sure Start who are members of the local community (include all members of the local community whether they are parents or not)					
Other people working on the Sure Start programme but who are not under contract to the Sure Start programme					

STAFF MEETINGS

35 How often do **all** Sure Start staff meet **together**?

- Never _____
- Rarely (1 to 4 times per year) _____
- Occasionally (5 to 6 times per year) _____
- Frequently (more than 6 times per year) _____

36 How many people, on average, attend **whole staff** meetings? _____

TRAINING OPPORTUNITIES/ PROVISION

37 In box 'A' below, there is a list of training activities that an SSLP may provide for individuals associated with the programme.

Please indicate with a tick in column 'B' if training is offered to members of the local community **who are not paid staff members of Sure Start**.

In column 'C', please tick where training is offered to staff employed by Sure Start and/ or different statutory or voluntary agencies who work directly or in association with the programme.

<u>A. Training activities</u>	<u>B. Is training provided for members of the local community (including parents and volunteers?)</u>	<u>C. Is training provided for staff employed either directly for or in association with Sure Start?</u>
Induction /Introduction to Sure Start		
Health & Safety (including first aid & fire safety)		
Team / capacity building		
Assertiveness/ confidence building		
Enabling partnership/ management board membership (including policy, procedure, constitution, legal, financial issues)		
Forming committees / forums		
Project management (e.g. establishing a play group)		
Recruitment & selection (including how to interview)		
Communication skills/ group working		
Monitoring & evaluation (including research methods)		
Computers/ IT training		
Childcare /childminder training		
Child protection training		
Training related to diversity awareness (e.g. race, culture, gender, sexuality, disability)		
Basic skills/ literacy training		
Speech & language techniques training (e.g. development, assessment, or monitoring techniques)		
Health related training (e.g. smoking cessation, HIV awareness)		
Training related to disability (e.g. portage)		
Training related to ante / post natal issues (breast feeding, bonding with children)		
Mental health related training (e.g. counselling for post natal depression etc.)		
Play & learning techniques (e.g. story sacks, effective learning)		
Stress management (i.e. – yoga)		
Other – please specify		

SECTION 4: ACCESS TO SURE START SERVICES

38 Are there arrangements in place for interpretation services for parents who need them? Yes _____ No _____

39 How are parents or carers with special needs identified? **(Please tick all that apply)**

Through network of local voluntary sector providers _____ Outreach / home visiting strategy _____

Local parent network (personal referrals/ word of mouth) _____ Employ special needs worker with responsibility for identifying community needs _____

Working with local statutory agencies _____

Other (please specify) _____

40 When are Sure Start services available? Please indicate the number of hours each day, and the number of days per week in the appropriate spaces below.

Number of hours each day _____ Number of days per week _____

41 Are there evening activities?

42 Is there help available for parents at night?

BUILDINGS AND PREMISES USED BY SURE START

43 How many buildings, IN TOTAL, are used for the delivery of Sure Start services? (Please include any buildings which house Sure Start management and administration)	
44 How many buildings are used for Sure Start alone?	
45 How many buildings are shared with other services?	

THANK YOU FOR YOUR TIME!

Appendix 4

Programme Variability Study Rating Scale Evidence Tables

Rate each item as low, good or high after following the guidance notes carefully.
If you can find no evidence to link with a statement, please state 'no evidence available' (or N.E.A. for short).

Region: _____

SSLP name: _____ Number: _____

Example of an evidence table for 1 of the 18 ratings.

1. SSLP has a well-articulated vision that is relevant to the community.

Source	Evidence	Rating

For each of the 18 ratings similar evidence tables were constructed in order to guide the ratings on each of the 18 dimensions.

Appendix 5

Programme Variability Study Rating Scales

Rate each item after following the guidance notes carefully

1	2	3	4	5	6	7
Inadequate		Minimal	Satisfactory	Good		Excellent

1. SSLP has a well-articulated vision that is relevant to the community. (Please include the vision statement if you can find it)

- 1) No evidence of vision in documentation, interviewees cannot state vision
- 2) Token statement and no evidence of sign-up and responsiveness to local communities
- 3) Muddled statement of vision, one that is not widely known/shared
- 4) Written statement, known by staff and users, that expresses some sense of local need
- 5) Further evidence of either parents or workers being signed up to the vision
- 6) Increased level of sign-up and responsiveness to local communities
- 7) Statements from staff/parents/others that express the vision and shared commitment to it.

Sources:

- Compare to central Sure Start Unit vision
- Delivery plan
- Publicity material
- Sure Start website
- Interviews
- Case studies

2. SSLP Partnership Board includes a balanced representation of local organizations, local education authority, social services, local NHS, voluntary and community organizations, and local parents.

- 1) No evidence of balance in board membership/references to board
- 2) Board has two or more significant gaps
- 3) Board with one significant gap (only one voluntary agency, no parents, no health)
- 4) Board includes balanced representation of a manageable size
- 5) As 4) plus training for parents to participate/contribute to board decision-making
- 6) As 5) plus evidence of an effort made to reflect the make-up of the local community (ethnicity, gender, etc.) within the board
- 7) As 6) plus explicit statements of value of board (i.e. 'great board!') and evidence of senior representation from agencies

Sources:

- Delivery plan
- National Survey
- Interviews
- Board minutes

3. The Partnership is functional

- 1) Conflict or tensions exist; the partnership is in disarray; concerns are expressed about the partnership; vested interests disrupt partnership; breakdown in relationship between PM and partnership
- 2) Domination of partnership by one party
- 3) Lurches along; intermittent conflict; partnership functions at low level (e.g. erratic poor attendance, lack of commitment) and possible domination by one partner
- 4) Evidence that tensions, vested interests are acknowledged but reconciled; building on existing strengths
- 5) Internal management is functioning well
- 6) Some evidence of relationship between partners beyond what is for the benefit of the SSLP
- 7) Partnership actively supports PM, cooperates internally; reconciles vested interests; pulls in other partnerships; is an active advocate outside the board (e.g. does Health programme willingly, share stats, exchange favours with other partners i.e. not charging rent for premises)

Sources:

- Delivery plans/ any updates - evidence of previous local authority integrated service
- National Survey
- Annual Reports
- Minutes of meetings
- Organisational charts
- Interviews

4. SSLP has an intention to empower users and service providers.

- 1) No sense that users are involved at all in service planning or delivery; over professionalization of staffing (e.g. over-dominance of highly qualified professionals such as clinical psychologists, S&L therapists)
- 2) Token mention of parents but services dominated by professionals
- 3) Parents involved in some voluntary work; users on the board
- 4) Shows evidence of moving towards blurring the distinction between staff and users and working towards balance of voluntary and paid staff; community volunteers do outreach & home visiting; community volunteers provide support for families; training also offered to volunteers
- 5) Has a balance of voluntary and paid staff; clearly defined exit strategies for users; built in features to develop local peoples' involvement; services include self-help groups, or other services run by users
- 6) Has whole programme away days; staff development; SSLP includes services for additional community groups (e.g. grandparents, prisoners, teenagers); there is community development training for staff
- 7) Shows evidence that staff are part of a learning community (e.g. there are opportunities for change in staff roles and responsibilities, access to professional development); evidence of mutual respect for contributions of all parties

Sources:

- National Survey
- Annual reports
- Publicity and other literature produced by SSLP
- Case studies

5. Communication systems reflect and respect the characteristics and languages of the host communities

- 1) Visibility of programme in the area is low; no acknowledgement of diversity or characteristics of the community
- 2) Poor attempt to make programme visible
- 3) Publicity in the main (dominant) languages of the community (or acknowledges why this may not be possible)
- 4) Publicity that reflects and respects the characteristics of the community (e.g., pictures with people from cultural backgrounds of the communities); the public face of the SSLP reflects and respects the characteristics of the community; visible public face (e.g. shop on the high street, centrally placed site, recognisable face)
- 5) Significant profile in area; evidence that both targeted (e.g. brochure for families with special needs children) and generic (e.g. posters on activities) communications are designed to reach the wider community
- 6) Creative ways of meeting language needs; evidence that the community is routinely involved in the development of the signage for buildings and/or publicity material rather than in token decisions (e.g. colour of carpets/walls)
- 7) Evidence of considering the needs of those who cannot read or have other needs; sensitivity to differentiating materials and signage for frequently excluded groups (e.g. travellers, asylum seekers, blind, those with learning difficulties); high profile in general community – innovative methods of reaching wide audience (e.g. ad in local cinema, signs on buses/fire engine, articles in local paper)

Sources:

- Interviews – provide information on local context, visibility
- National Survey
- Local context analysis – provide information on local context
- Delivery plan – does it discuss context of community and make plans for it?
- Publicity and Building signage

6. SSLP has effective leadership/management.

- 1) There is no evidence of leadership
- 2) Evidence of inappropriate/frequent changes in leadership that are disturbing the performance of SSLP; little thought given to spread of responsibility within the Senior Management Team. PM reported as unsatisfactory, partnership does not get on with PM, partnership members in conflict
- 3) Evidence of weaknesses in leadership/senior management team (including partnership)
- 4) Lines of management/accountability are clearly defined in documentation (organisation diagram, annual report, etc); evidence of satisfactory leadership that has been sustained
- 5) Spread of responsibility amongst stable SMT; there is strong leadership (knowledge of field and how to manage people) that is sustainable
- 6) Frequent references from staff, local authority officers, and users to the high quality of leadership (PM and SMT); evidence of strategies to address conflicts
- 7) Inspirational leadership shared across Senior Management Team; leadership capable of promoting shared vision throughout workforce

Sources:

- National Survey
- Interviews
- Delivery plan
- Organisational charts
- Annual reports

7. Multi-agency team work is established in the SSLP

- 1) No evidence of multi-agency teamwork
- 2) Imbalance in core and peripheral team structures across agencies; lack of commitment to integrate agencies in service delivery; no shared staff training
- 3) Balance in core and peripheral team structures in agencies/service delivery systems
- 4) Multi-agency teamwork is well established; evidence of some shared staff training
- 5) Evidence of joint strategic planning across agencies (e.g. get together to do joint planning); multi-agency teamwork is commended; regular joint training
- 6) Co-location (in same building), even if only certain times of the week, where possible
- 7) Multi-agency teamwork extends beyond boundaries of SSLP

Sources:

- National Survey
- Interviews
- Delivery Plans
- Case studies
- Organisational charts
- Annual reports
- Themed studies

8. There are clear pathways for users to follow in accessing specialist services.

- 1) No systematic arrangement for users to access services; ad hoc arrangements for users to reach specialist services
- 2) Unacceptable/erratic time delays in getting specialist support to children/families at points of need
- 3) Key worker system to ensure users can access help at point of need
- 4) Flexible systems for accessing specialist services (e.g. drop-in, self referral)
- 5) Key worker system with responsibility for coordinating assessment, diagnosis and self- or staff-referrals; working to common assessment/record keeping tool
- 6) Sensitivity to need for non-stigmatised systems for accessing specialist services and sharing confidential information
- 7) Guaranteed response time; proven systems for routinely sharing specialist knowledge among all workers; all SSLP workers have an understanding of appropriateness of referring users beyond generic to specialist help (where and how)

Sources:

- National Survey
- Publicity material
- Interviews

- Themed and Case studies
- Annual reports
- Evaluations

9. Staff turnover is low

- 1) Chaotic and erratic staffing and/or turnover in staff
- 2) Interviewees report that staff turnover is high because of difficulties within the SSLP
- 3) Reported problematic vacancies in staffing
- 4) Has acceptable levels of turnover for the area (e.g. some geographical and discipline areas may have issues related to local skill shortages, maternity leaves)
- 5) Staff stability
- 6) Evidence of strategies for recruiting and retaining staff (e.g., targeted training for individual staff development)
- 7) Evidence of high levels of job satisfaction amongst wide range of SSLP staff and volunteers

Sources:

- National Survey – Section 1.1, questions 2-4
- Interviews
- Annual reports
- Evaluations
- Case studies and themed studies

10. SSLP takes account of and acts upon evaluation findings.

- 1) Doesn't do evaluation
- 2) Limited use of evaluation budget; confuses monitoring with evaluation
- 3) Has commissioned regular evaluations but not responded to them; has an in-house evaluation system of some sort; evidence of using evaluation budget for evaluation at an expected or reasonable level; appear to understand the difference between monitoring and evaluation
- 4) Evidence of responding in short term to evaluation findings
- 5) Either staff or parents participate in evaluation process,
- 6) Uses evaluation data over time to feed into long term strategic planning
- 7) Well developed understanding of long-term evaluation processes and their application to service improvement

Sources:

- evaluation reports
- Interview NESS support staff
- Annual report budget lines
- National Survey

11. SSLP has strategies for identification of users.

- 1) No system in place to identify users
- 2) Ad hoc systems only
- 3) Some strategies for identifying new users; staff report on potential new users
- 4) Centralised database and/or:
 - a) attempts at information exchange about user needs with other agencies;
 - b) attempts to locate and support children with disabilities or special educational needs
- 5) Systemising of record keeping; referral of users and their needs; actions around information exchange about special needs
- 6) Evidence of systematic and routine exchanges of information between professionals about potential users: new babies, families moving into the area, etc; links with housing
- 7) Regular systematic contact with all families in neighbourhood by SSLP staff in order to identify new users as well as user needs; has achieved balance between need to monitor and support users

Sources:

- National Survey
- EYO & Chair interviews
- Case studies
- Publicity
- Delivery plan

12. SSLP is showing a realistic and improving reach of children in the area.

- 1) Under 10%
- 2) 10-15%
- 3) 16-24%
- 4) Regular, consistent, and increasing reach that is around the average SSLP reach of 25%
- 5) 100% reach of new babies + regular consistent, and increasing reach of 26-50%
- 6) as 5) plus reach of 51-79%
- 7) as 6) plus reach of 80%+

Source:

- Reach figures

13. SSLP is aware of reach and has strategies to improve/sustain use of services over time.

- 1) No evidence of strategy to identify users including hard-to-reach groups; no acknowledgement of reach being an issue
- 2) Some acknowledgement of concern about improving reach; no evidence of action
- 3) Evidence of minimal strategies to maintain and improve reach (e.g., only have health visitors to reach users); regular monitoring of use
- 4) Identified workers for most key issues; systems to identify the take-up of services
- 5) Membership card system routinely interrogated for patterns of use; identified workers for all relevant key issues; monitors time between service request and response
- 6) Creative registration process systems for increasing/retaining membership use that involve parents and children
- 7) Innovative approaches to sustaining family take-up of services and reaching-out to new constituencies

Sources:

- National Survey,
- EYO & Chair interviews
- Case studies
- Publicity
- Delivery plan
- Annual report

14. Service delivery reflects the guidance requirements for the provision of core services in support, health, and play & childcare

- 1) Absence of any services in any one of the core service areas
- 2) Evidence of sustaining inherited levels of service without reshaping them to vision
- 3) Evidence of response to core requirements and efforts to redress imbalances in services
- 4) As 3) plus tailoring services to specific needs of the community
- 5) Increasing signs of flexibility in tailoring services to meet local needs
- 6) Resourcefulness and imaginative approaches to modifying and extending services
- 7) As 6 plus including services in the area that enhance SSLP provision in an innovative way (e.g. co-opting local ABI to enable extension of SSLP services beyond pre-defined)

Sources:

- National Survey

15. SSLP service delivery reflects intention to target children, parents & families and the community

- 1) Absence of any services covering any one of the target groups
- 2) Evidence of sustaining inherited levels of services without reshaping them to target any one of the target groups
- 3) Evidence of adjusting focus of services to target the target groups
- 4) As 3) plus evidence of tailoring services to specific needs of groups
- 5) Increasing signs of flexibility in tailoring services to target groups
- 6) Resourceful and imaginative approaches to modifying and extending services to a special target group (e.g. robust special needs set ups)
- 7) As 6) plus more than one specialised target group

Source:

- National Survey (see answer key)

16. SSLP shows innovative features.

- 1) Replicating traditional service delivery models
- 2) Some indication of trying to reshape delivery models
- 3) Creative features within standard services
- 4) At least one innovative service
- 5) More than one innovative service
- 6) Range of innovative features in more than one service
- 7) A range of innovative features including surprising services; innovation evident in both nature of service and delivery mechanisms

Sources:

- EYO and Chair interviews
- National Survey
- Publicity
- Delivery plan
- Annual report
- Case studies

17. Services accommodate the needs and preferences of a wide range of users.

- 1) Any evidence of difficulty in access
- 2) Operates school hours only and reduces services during holidays
- 3) Open working hours in range of accessible venues
- 4) Evidence of attempting to extend accessibility and availability (e.g. phone, delivering services in the evening)
- 5) Strategic mix of venues (e.g. using libraries, shops, leisure facilities), variety of access points (e.g. mobile units) and flexible times
- 6) Providers and users involved in identifying varieties of preferences and needs which have been accommodated including weekends, evenings, school holidays
- 7) Contact available 24 hours. 365 days a year

Sources:

- National Survey
- Publicity
- EYO and Chair interviews
- Case studies

18. Overall, the SSLP has a welcoming and inclusive ethos.

- 1) Minimal materials
- 2) Bureaucratic language; over-reliance on commercially produced standard leaflets
- 3) Publicity appears to be friendly and welcoming (e.g. languages and more pictures vs. words)
- 4) Shows evidence of awareness of need to be welcoming
- 5) Evidence of moving welcome beyond boundaries of building into community beyond
- 6) Level of sensitivity – evidence of targeting materials for particular groups; sensitivity to how different groups are portrayed (e.g. men and babies); high levels of cultural sensitivity
- 7) Attention paid to welcoming wide range of users within the community using innovative features; refers to the local community for advice about ethos and materials

Sources:

- Overall sense from all the material that you've covered
- Case studies (esp. buildings)
- Publicity

Appendix 6

Framework for 4-way classification of services as family, parent, child or community focussed

Type of service	Coding	Type of service	Coding	Type of service	Coding
SUPPORT –RELATED SERVICES		SUPPORT –RELATED SERVICES		HEALTH – RELATED SERVICES	
Family centres run by a voluntary agency	FAMILY	Credit unions	COMMUNITY	GP Surgeries	COMMUNITY
Family centres run by a statutory agency	FAMILY	Swop shop for children’s clothes, school uniforms, etc	FAMILY	Health visiting services	FAMILY
Home visiting schemes/ outreach work (e.g. Home-Start or Newpin)	FAMILY	Grandparents’ group	FAMILY	Community midwife services	FAMILY
Welfare rights advice centres	COMMUNITY	Fathers’ group	PARENTS	Community health workers	COMMUNITY
Housing advice centres/ agencies	COMMUNITY	Parenting programmes	FAMILY	Health promotion services related to smoking	PARENTS

				cessation	
Money advice centres/ agencies	COMMUNITY	Support centres/ agencies for teenage parents	PARENTS	Health promotion services related to healthy eating/ nutritional advice	FAMILY
Relationship counselling schemes	FAMILY	Telephone help line(s)	PARENTS	Breastfeeding promotion services/ advice/ support	CHILD
Leisure activities for parents (e.g. swimming, art classes)	PARENTS	Drop-in sessions with separate crèche / playgroup	PARENTS	Child health clinics	CHILD
Type of service	Coding	Type of service	Coding	Type of service	Coding
HEALTH – RELATED SERVICES		HEALTH – RELATED SERVICES		HEALTH – RELATED SERVICES	
Family planning services, including emergency contraception	FAMILY	Special provision for disabled children	CHILD	Self-help groups	COMMUNITY
	FAMILY	A register or database	CHILD	Home safety	FAMILY

Counselling services		of disabled children in the area		equipment loan scheme	
Pharmacy/ Chemist shops	COMMUNITY	Specific post-natal depression services	PARENTS	Alternative health practitioners	COMMUNITY
Specialist services for children with particular needs (e.g. speech & language therapy)	CHILD	Ante natal clinics	PARENTS	PLAY AND CHILDCARE –RELATED SERVICES	
Specialist services for parents with particular needs (e.g. speech & language therapy, psychological services, physiotherapy)	PARENTS	Well women clinics	PARENTS	Nursery schools	CHILD
Child development centre/ team ⁷	CHILD	Outpatient clinic- psychiatric	COMMUNITY	Primary schools	COMMUNITY
Portage services	CHILD	Outpatient clinic – other	COMMUNITY	Nursery classes	CHILD
Type of service	Coding	Type of service	Coding	Type of service	Coding
PLAY AND CHILDCARE –RELATED SERVICES		PLAY AND CHILDCARE –RELATED SERVICES		PLAY AND CHILDCARE –RELATED SERVICES	

Secondary schools	COMMUNITY	Services for children with physical development difficulties	CHILD	Swimming pools	COMMUNITY
Childminders	CHILD	Services for children with socio-emotional difficulties	CHILD	Tumble tots group	CHILD
Childminding network	COMMUNITY	Parent & Toddler groups	FAMILY	Other relevant services (please specify)	
Day nurseries	CHILD	Outside/ outdoor play areas	CHILD		
Full time day care sessions/ or centres	CHILD	Crèche sessions	FAMILY		
Pre-school play groups	CHILD	Soft play areas	CHILD		
Summer play schemes	COMMUNITY	Training for childminders	COMMUNITY		
After school clubs	COMMUNITY	Adventure playgrounds	COMMUNITY		
Breakfast clubs	COMMUNITY	Scrapstores	COMMUNITY		
Libraries	COMMUNITY	Book start schemes	CHILD		
Toy libraries	FAMILY	Reading schemes <i>other than Book start</i>	CHILD		
Child speech & language development services	CHILD	Junior sports schemes (including gymnastics)	CHILD		

Appendix 7

Child and Parenting Outcome Variables

Child Cognitive Ability	
Verbal ability*	Language expression and comprehension abilities (subscales of British Ability Scales)
Non-verbal ability*	Spatial and number skills (subscales of British Ability Scales)
Social and Emotional	
Child social competence*	A construct of ‘pro-social’ (shows concern for others, shares, liked by others) and ‘independence’ (works things out for self, chooses activities for self, persists with difficult tasks)
Parenting/Family Functioning	
Maternal Acceptance	This a rating of how the mother relates to the child made by a researcher carrying out a home visit. The rating summarises these characteristics: not observing scolding/derogating, spanking, physically restraining.
Negative parenting *	A construct of: ‘Parent/child conflict’ (parent-child struggles, child easily angry with parent, conflict with discipline), ‘Parent/child closeness’ (affectionate relationship, child seeks comfort, child shares feelings), ‘Harsh Discipline’ (frequency of (reported) swearing, threatening, smacking, slapping child), and ‘Home chaos’ (disorganized, noisy, lacking regular routine)
Home Learning Environment*	Learning opportunities provided in home; child read to, taken to library, engaged in play with letters/numbers, taught songs/rhymes
Home chaos **	Disorganized, noisy, lacking regular routine

* Denotes outcomes for the 3 year old group only ** Denotes outcomes for the 9 month old group only

These 7 outcome variables derive from the measures described below.

CHILD COGNITIVE ABILITY

For 3-year-olds trained researchers administered the British Ability Scales* (BAS). The 4 subscales used were Block-building, Picture Similarities, Verbal Comprehension and Picture Naming. These 4 subscales were used to produce a measure of verbal ability and a measure of non-verbal ability.

* Elliot, C., with Smith, P. and McCulloch, K. (1996), *British Ability Scales Second Edition (BAS II)*. Windsor: NFER-Nelson Publishing Company Limited.

CHILD SOCIAL COMPETENCE AND BEHAVIOUR PROBLEMS

For 3-year olds, mothers’ report of child behaviour using an extended version of the Strengths and Difficulties Questionnaire* yielded two summary scores: *Social competence* reflected prosocial behaviour (see below; items 1, 4, 9, 17, 20) (alpha = 0.61) and independence (items 27, 30, 33, 36, 39) (alpha = 0.61).

For the next section please answer on the basis of your child’s behaviour over the last 6 months. For each question, please say whether the statement is not true, somewhat true or certainly true of your child

- 1 shows concern for other peoples feelings
 (1) Not true (2) Somewhat true (3) Certainly true
- 2 is restless, overactive and cannot stay still for long
 3 often complains of headaches, stomach-aches or sickness
 4 is happy to share with other children (treats, toys, pencils etc)
 5 often has temper tantrums or hot tempers
 6 tends to play alone, is rather solitary
 7 generally obeys, usually does what adults ask
 8 has many worries, often seems worried
 9 is helpful if someone is hurt, upset or feeling ill
 10 can't sit still, is constantly fidgeting or squirming
 11 has at least one good friend
 12 often fights with other children or bullies them
 13 is often unhappy, tearful, or down-hearted
 14 is generally liked by other children
 15 is easily distracted, attention wanders
 16 is nervous or clingy in new situations, easily loses confidence
 17 is kind to younger children
 18 often argues with adults
 19 is picked on or bullied by other children
 20 often volunteers to help others (parents, teachers, other children)
 21 can stop and think things over before acting
 22 can be spiteful towards others
 23 gets on better with adults than with other children
 24 has many fears, is easily scared
 25 sees tasks through to the end, has good attention span
 26 is calm and easy going
 27 likes to work things out for self; seeks help only when has to, or as a last resort
 28 shows wide mood swings
 29 can work or play easily with others
 30 does not need much help with tasks
 31 gets over excited
 32 says 'please' and 'thank you' when reminded
 33 chooses activities on their own
 34 is easily frustrated
 35 gets over being upset quickly
 36 persists in the face of difficult tasks
 37 waits his/her turn in games or activities
 38 cooperates with requests
 39 can move to a new activity after finishing a task
 40 is impulsive, acts without thinking

*Goodman R. The strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry* 1997; **38 (5)**: 581–586. (supplemented with items used in the EPPE study).

PARENTING/FAMILY FUNCTIONING

OBSERVATION OF PARENTING: ACCEPTANCE* (alphas = 0.95)

Scolds: In this item all remarks must be made to the child; that is, the mother must tell the child that he is a bad boy and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit, the item should be scored '2'

- (1) Did not scold
- (2) Scolded

Physical Restraint: In a younger child the mother might be apt to hold the child in her lap even though the child struggles to get down. An older child might be placed in a chair to keep him/her out of the way, or he/she might be jerked back for handling items on a table or pulled away if he/she tried to climb on the interviewer's lap

- (1) Did not use restraint
- (2) Restrained

Slap/Spank: This item goes and in hand with the previous question. In this item the slaps and spanks must be in anger or as a reprimand for some wrong doing. An affectionate pat on the bottom as the mother sends the child out to play does not mean the item should receive a '2'

- (1) Did not slap or spank
- (2) Slapped or spanked

*Caldwell, B. M., & Bradley, R. H. (1984) Home Observation for Measurement of the Environment. Little Rock, Arkansas: University of Arkansas at Little Rock.

PARENT-CHILD CONFLICT (First 6)/CLOSENESS* (alphas = 0.78/0.70)

“Child’s name” and I always seem to be struggling with each other

- (1) Definitely does not apply
- (2) Not really
- (3) Neutral, not sure
- (4) Applies sometimes
- (5) Definitely applies

“Child’s name” easily becomes angry at me

“Child’s name” remains angry or is resistant after being disciplined

Dealing with “child’s name” drains my energy

When “child’s name” wakes up in a bad mood, I know we're in for a long and difficult day

“Child’s name”'s feelings towards me can be unpredictable or can change suddenly

I share an affectionate, warm relationship with “child’s name”

If upset, “child’s name” will seek comfort from me

“Child’s name” is uncomfortable with physical affection or touch from me

“Child’s name” values his/her relationship with me

When I praise “child’s name”, he/she beams with pride

“Child’s name” spontaneously shares information about himself/herself

It is easy to be in tune with what “child’s name” is feeling

“Child’s name” is sneaky or manipulative with me

“Child’s name” openly shares his/her feelings and experiences with me

* Pianta R C. *The Student-Teacher Relationship Scale* 2001 Odessa FL: PAR.

HOME-LEARNING ENVIRONMENT* (alpha = 0.64)

How often does someone at home read to ...

- (1) occasionally or less than once a week,
- (2) once a week,
- (3) several times a week,
- (4) once a day,
- (5) or more than once a day?

How often does someone at home take ...to the library?

- (1) on special occasions,
- (2) once a month,
- (3) once a fortnight,
- (4) or once a week?

How often does someone at home teach ...a sport, dance or physical activities?

- (1) occasionally or less than once a week
- (2) 1-2 days per week
- (3) 3 times a week
- (4) 4 times a week
- (5) 5 times a week
- (6) 6 times a week
- (7) 7 times a week

How often does someone play with letters at home with...?

How often does someone teach ...the ABC or the alphabet?

How often does someone at home try to teach ... numbers?

How often has someone taught... songs, poems or nursery rhymes?

* Melhuish, E. C., Sylva, K., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2001). *The Effective Provision of Pre-school Education Project, Technical Paper 7: Social/behavioural and cognitive development at 3-4 years in relation to family background*. London: Institute of Education/DfES.

CHAOS* (alpha = 0.68)

Its really disorganised in our home

- (1) Strongly agree
- (2) Agree
- (3) Neither agree or disagree
- (4) Disagree
- (5) Strongly disagree

You can't hear yourself think in our home

The atmosphere in our home is calm

First thing in the day, we have a regular routine at home

*Matheny A P, Wachs T, Ludwig J L, Phillips K. Bringing order out of chaos: Psychometric characteristics of the Confusion, Hubbub and Order Scale. *Journal of Applied Developmental Psychology* 1995; **16**: 429–444.

HARSH DISCIPLINE* (alpha = 0.78)

Children often do things wrong, disobey, or make their parents angry. We would like to know what you have done when your child(ren) did something wrong or made you upset or angry.

The next questions are about things you might have done in the past year. For each one please answer how often you have done it in the past year.

Sent ... to their room

- (0) This never happened
- (1) Once in the past year
- (2) Twice in the past year
- (3) 3-5 times in the past year
- (4) 6-10 times in the past year
- (5) 11-20 times in the past year
- (6) More than 20 times in the past year
- (9) Not in the past year, but it did happen before

Shouted, yelled or screamed at...

Smacked ... on the bottom with your bare hand

Swore or cursed at ...

Threatened to smack or hit ... but did not actually do it

Slapped ... on the hand, arm or leg

Took away something ... liked, would not let ... do something they wanted, or required them to remain at home

Called ... dumb or lazy or some other name like that

* Straus M A, Hamby S, Finkelhor D, Moore D, Runyan D. Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse & Neglect* 1998; **22**: 249–270.

Appendix 8 Factor analysis of the 18 ratings of SSLP implementation proficiency

FACTOR STRUCTURE OF 18 RATINGS (Oblique Rotation)

	Component		
	1	2	3
vision	.667	-.047	.208
Partnership composition	.502	-.536	.376
Partnership functioning	.660	-.381	.167
Empowerment	.696	-.363	-.006
Communication	.664	-.094	-.390
Leadership	.743	-.231	-.009
Multi-Agency	.677	-.226	-.128
Pathways	.583	.386	-.197
Staff turnover	.538	.351	.095
Use evaluation	.585	.369	.111
Identify users	.636	.351	.201
Reach	.438	.223	.615
Reach strategies	.733	.279	.174
Services quantity	.711	.051	-.278
Services delivery	.708	.087	-.343
Services innovation	.688	-.005	-.052
Services flexibility	.667	-.112	.019
Ethos	.786	.022	-.185
Eigenvalue	7.72	1.36	1.12
% variance explained	42.9	7.6	6.2

The factor loadings show that 17 of the 18 ratings load most heavily, and above 0.5, on the first component (factor). Reach is the exception that loads most heavily on component 3, while still retaining a moderately high loading (0.438) on component 1.

Appendix 9 Discriminant Analysis Results on Randomly Selected Halves of Sample of 150 SSLPs

9-MONTH COMPLETE DATA: FIRST HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	27	11	38
Top 50%	6	31	37
Column Total	33	42	75

Observed value (H_o) = sum of main diagonal values = 27+31 = 58

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2 / 75) + (37^2 / 75) = 37.5$

Z = 4.73 (p<0.01)

Improvement of discrimination over chance

I = $[(H_o - H_e) / (N - H_e)] \times 100 = 54.7\%$

9-MONTH COMPLETE DATA: SECOND HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	26	12	38
Top 50%	9	28	37
Column Total	35	40	75

Observed value (H_o) = sum of main diagonal values = 26+28 = 54

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2 / 75) + (37^2 / 75) = 37.5$

Z = 3.81 (p<0.01)

Improvement of discrimination over chance

I = $[(H_o - H_e) / (N - H_e)] \times 100 = 44\%$

9-MONTH IMPUTED-DATA: FIRST HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	28	10	38
Top 50%	8	29	37
Column Total	36	39	75

Observed value (H_o) = sum of main diagonal values = 28+29 = 57

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2/75) + (37^2/75) = 37.5$

$Z = 4.5$ ($p < 0.01$)

Improvement of discrimination over chance

$I = [(H_o - H_e) / (N - H_e)] \times 100 = 52\%$

9-MONTH IMPUTED-DATA: SECOND HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	26	12	38
Top 50%	12	25	37
Column Total	38	37	75

Observed value (H_o) = sum of main diagonal values = 26+25 = 51

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2/75) + (37^2/75) = 37.5$

$Z = 3.12$ ($p < 0.01$)

Improvement of discrimination over chance

$I = [(H_o - H_e) / (N - H_e)] \times 100 = 36\%$

36 MONTH COMPETE DATA: FIRST HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	27	11	38
Top 50%	12	25	37
Column Total	39	36	75

Observed value (H_o) = sum of main diagonal values = 27+25 = 52

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2 / 75) + (37^2 / 75) = 37.5$

Z = 3.35 (p<0.01)

Improvement of discrimination over chance

I = $[(H_o - H_e) / (N - H_e)] \times 100 = 38.7\%$

36 MONTH COMPETE DATA: SECOND HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	31	7	38
Top 50%	8	29	37
Column Total	39	36	75

Observed value (H_o) = sum of main diagonal values = 31+29 = 60

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (37^2 / 75) + (38^2 / 75) = 37.5$

Z = 5.2 (p<0.01)

Improvement of discrimination over chance

I = $[(H_o - H_e) / (N - H_e)] \times 100 = 60\%$

36 MONTH IMPUTED DATA: FIRST HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	30	8	38
Top 50%	10	27	37
Column Total	40	35	75

Observed value (H_o) = sum of main diagonal values = 30+27 = 57

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2 / 75) + (37^2 / 75) = 37.5$

Z = 4.5 (p<0.01)

Improvement of discrimination over chance
 $I = [(H_o - H_e) / (N - H_e)] \times 100 = 52\%$

36 MONTH IMPUTED DATA: SECOND HALF

top 50% vs. bottom 50%

Observed	Predicted by DF		Row Total
	Bottom 50%	Top 50%	
Bottom 50%	33	5	38
Top 50%	10	27	37
Column Total	43	32	75

Observed value (H_o) = sum of main diagonal values = 33+27 = 60

Expected value (H_e) = $\sum \{(\text{row total}^2) / N\} = (38^2 / 75) + (37^2 / 75) = 37.5$

Z = 5.2 (p<0.01)

Improvement of discrimination over chance
 $I = [(H_o - H_e) / (N - H_e)] \times 100 = 60\%$

Summary of Discriminant Analyses: Percentage increases over chance

Age	Outcome type	Data type	First half (n=75)	Second half (n=75)	Full sample (n=150)
9 months	All	Complete	54.7%***	44%***	38.7%***
		Imputed	52%***	36%**	32%***
3 years	All	Complete	38.7%***	60%***	26.7%**
		Imputed	52%***	60%***	34.7%***
3 years	Parent	Complete	33.3%**	36%**	29.3%***
		Imputed	52%***	30.7%**	33.3%***
3 years	Child	Complete	49.3%***	33.3%**	25.3%**
		Imputed	49.3%***	38.7%***	20%*

* p<.05; ** p<.01; ***p<.001

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