

November 2005

## National evaluation report



# Implementing Sure Start Local Programmes: An Integrated Overview of the First Four Years

**SureStart**

Report 10



Evidence  
& research

---

***Implementing Sure Start Local  
Programmes: An Integrated Overview  
of the First Four Years***

---

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

© Queen's Printer and Controller of HMSO 2005  
ISBN 1 84478 498 3



**The following members of the NESS Implementation Team contributed to this report:**

Main authors	Department and institutional affiliation
Prof. Jane Tunstill (Director of Implementation Module)	Department of Health and Social Care, Royal Holloway, London University
Pamela Meadows (Director of Cost Effectiveness Module)	National Institute of Economic & Social Research
Sofie Akhurst (Research Officer)	Institute for the Study of Children, Families & Social Issues, Birkbeck
Debra Allnock (Research Officer)	Institute for the Study of Children, Families & Social Issues, Birkbeck
Judi Chrysanthou (Research Officer)	Institute for the Study of Children, Families & Social Issues, Birkbeck
Claudia Garbers (Research Officer)	Institute for the Study of Children, Families & Social Issues, Birkbeck
Anita Morley (Research Officer)	Institute for the Study of Children, Families & Social Issues, Birkbeck

**The National Evaluation of Sure Start Team is based at the Institute for the Study of Children, Families & Social Issues, Birkbeck, University of London, 7 Bedford Square, London, WC1B 3RA**

**Core Team**

Professor Edward Melhuish, Institute for the study of Children, Families & Social Issues, Birkbeck (Executive Director)

Professor Jay Belsky, Institute for the Study of Children, Families & Social Issues, Birkbeck (Research Director)

Dr Alistair Leyland, MRC Social & Public Health Sciences Unit, University of Glasgow (Statistician)

**Impact Module**

Professor Edward Melhuish, Institute for the Study of Children, Families & Social Issues, Birkbeck (Director)

Professor Angela Anning, Department of Education, University of Leeds (Investigator)

**Implementation Module**

Professor Jane Tunstill, Department of Health & Social Care, Royal Holloway, University of London (Director)

Mog Ball (Investigator)

Pamela Meadows, National Institute of Economic & Social Research (Investigator)

Professor Sir David Hall, Sheffield University

**Cost Effectiveness Module**

Pamela Meadows, National Institute of Economic & Social Research (Director)

**Local Context Analysis Module**

Prof Jacqueline Barnes, Institute for the Study of Children, Families & Social Issues, Birkbeck (Director)

Dr Martin Frost, Birkbeck (Investigator)

Beverley Botting, Office of National Statistics (Investigator)

**Support to Local Programmes on Local Evaluation Module**

Prof Jacqueline Barnes, Institute for the Study of Children, Families & Social Issues, Birkbeck  
(Director)

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

## TABLE OF CONTENTS

<b>1. CHAPTER ONE: INTRODUCTION</b>	1
1.1 Sure Start Local Programmes	1
1.2 The Implementation Module	2
1.3 The Evolving Policy Context for SSLPs	4
1.4 SSLP Implementation Evaluation and the emerging policy agenda: what is the link?	6
1.5 Structure of the report	7
<b>2. CHAPTER TWO: THE CONTINUUM OF ACCESS</b>	
2.1 Introduction	9
2.2 Introduction to the continuum of access	9
2.3 Three styles of parental service use	10
2.4 Making initial contact	12
2.5 Introducing parents to the 'service'	24
2.6 Autonomous take up of Sure Start services	29
2.7 Autonomous take up of services beyond Sure Start	34
2.8 Learning points	37
<b>3. CHAPTER THREE: WORKING TOGETHER: TRANSCENDING ORGANISATIONAL AND PROFESSIONAL BOUNDARIES</b>	
3.1 Introduction	39
3.2 The strategic network: stakeholders and tasks	39
3.3 Understanding multi-disciplinary working	53
3.4 Learning points	69
<b>4. CHAPTER FOUR: A NEW APPROACH TO SERVICE DELIVERY FOR CHILDREN AND PARENTS</b>	
4.1 Introduction	71
4.2 Creating a new network of service delivery	73
4.3 Getting the right balance between outreach and centre-based provision	74
4.4 Getting the right mix of group and individually based services	81
4.5 Meeting the needs of fathers	87
4.6 Setting a timetable that meets the needs of the community	89
4.7 The role of high quality, accessible childcare	90
4.8 The contribution of training to staff quality and community development	97
4.9 Learning points	101
<b>5. CHAPTER FIVE: COST-EFFECTIVENESS OF IMPLEMENTATION</b>	
5.1 Introduction	104
5.2 Speed of development systems	104
5.3 Expenditure per child	105
5.4 Economies of scale	106
5.5 Expenditure on different service areas	107
5.6 Additional resources	108
5.7 Adequacy of resources	108
5.8 Learning points	109

**6. CHAPTER SIX: OVERVIEW, DISCUSSION OF FINDINGS AND POLICY  
RECOMMENDATIONS**

6.1 Introduction	111
6.2 Summary of key points	113
6.3 What factors impact on the design and delivery of good quality services in SSLPs?	116
6.4 Practical factors	117
6.5 Relational factors	118
6.6 Cultural, contextual and situational factors	119
6.7 Strategic/structural factors	120
6.8 Key policy recommendations	123

<b>REFERENCES</b>	126
-------------------	-----

# **1. CHAPTER ONE: INTRODUCTION**

## **1.1 Sure Start Local Programmes**

- 1.1.1 Sure Start Local Programmes (SSLPs) form a cornerstone of the UK Government's drive to tackle child poverty and social exclusion. They are located in neighbourhoods where a high proportion of children are living in poverty and where the programmes should be able to promote child, family and community development by pioneering new ways of working to improve services.
- 1.1.2 SSLPs aim to improve the health and well-being of families and children from pregnancy onwards, so children are ready to flourish when they go to school. It is a programme, which aims to achieve better outcomes for children, parents and communities by
- Increasing the availability of childcare for all children;
  - Improving health and emotional development for young children;
  - And supporting parents as parents and in their aspirations towards employment.
- 1.1.3 All 524 local programmes in England are now operational, helping up to 400,000 children living in disadvantaged areas - including a third of under 4s living in poverty. Scotland, Wales and Northern Ireland have their own Sure Start programmes.
- 1.1.4 In the latter part of the twentieth century evidence was accumulating as to the effectiveness of various intervention programmes for young children in disadvantaged families. Some small-scale interventions were evaluated by randomised control trials as in the case of the Abecedarian project (Ramey et al., 2000), the High/Scope Perry Preschool Project (Schweinhart et al., 1993) and evaluations of home visiting (Olds, 1997). Others were evaluated by quasi-experimental methods as with the large-scale Head Start project (Barnett, 1995; Kresh, 1998). Despite some weaknesses in the evidence for large-scale interventions, the accumulating evidence of the benefits of early intervention was very influential in the planning and launch of the Sure Start programme (Glass, 1999; Glass, 2003), now known as Sure Start Local Programmes.
- 1.1.5 SSLPs are designed to be comprehensive, community-based projects adapted to local needs, and making maximum use of local expertise and enthusiasms. Such a focus on local autonomy can capitalise on shared concerns of people for their community (Oliver et al., 1998). The issue of whether preventative interventions should be targeted or universal in application is dealt with by Sure Start, by targeting distinct geographic areas of disadvantage and making the services universal within those areas. This should combine the advantages of economy associated with targeted interventions with the absence of stigma associated with universal provision. This initiative represents a unique approach to early intervention for children 0-4, their families, and communities.

1.1.6 The aim of Sure Start is stated as: “To work with parents-to-be, parents and children, to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.”

1.1.7 Rather than providing a specific service, SSLPs involve changes to existing services. These changes might include filling gaps in existing services as well as providing existing or traditional services in new and innovative ways. Improved services and community functioning are presumed to lead to enhanced family and community functioning that in turn enhance child development. This approach raises the following questions guiding the National Evaluation of Sure Start (NESS), a government-funded research project designed to address the conditions under which and the processes by which SSLPs foster child, family and community well being:

1. Do existing services change? (How and, if so, for which populations and under what conditions?)
2. Are delivered services improved? (How, and if so, for which populations and under what conditions?)
3. Do children, families, and communities benefit? (How, and if so, for which populations and under what conditions?)

1.1.8 NESS addresses these questions through four core research components: (1) Implementation evaluation that considers how programmes are operating and changing, (2) Impact evaluation that considers effects of SSLPs upon children and families; (3) Local context analysis that considers communities as units of analysis and how they function and change over time; and (4) Cost-benefit analysis that examines economic return on investment of the SSLPs. The NESS team also provides technical support through its Support for Local Programmes to smaller scale evaluations being conducted by local Sure Start programmes themselves.

## **1.2 The Implementation Module**

1.2.1 The focus of the Implementation Module, whose findings are synthesised in this report, has been on the first two of the three questions posed above. We set out to systematically collect a wide range of quantitative and qualitative data, with the overall aim of understanding both the challenges faced by and the achievements of the first 260 SSLPs<sup>1</sup>. This report is intended to provide a concise but rounded account of the implementation of the first 260 SSLPs between 2000 and 2004. It paints a broad picture of positive changes to services at the local level. However several important factors, including methodological constraints such as the lack of some data; the rate of wider policy changes; and the diversity of SSLPs themselves mean we have not been able to answer all the elements of our original questions

---

<sup>1</sup> There is now a total of 524 SSLPs in existence following the 2000 Spending Review.

in full. For example, as this report shows, while we have been able to provide a broad overview of the development of Rounds 1 to 4 SSLPs up until 2004, it is difficult to draw final conclusions as to developments that can be attributed solely to SSLP activity. In other words, it is possible that some services may - or may not - have come about as a result of Sure Start.

1.2.2 Specifically we set out to:

- Describe the full range of programme approaches to service design and delivery;
- To provide comparative data on local programmes for use by the cost effectiveness evaluation;
- To provide an evidence-base for the whole variety of aspects of Sure Start implementation that can be used by local programmes to assess and refine their own practice;
- To produce an assessment of potential programme quality, derived from a rating of quality indicators, to provide a sampling frame of local programme areas for study within the Impact evaluation;
- To assess the extent to which the programme has met participants needs;
- To feed information on outputs at the programme level into the Impact study.

1.2.3 In addition to these specific aims, the overarching focus of the Implementation module has been on six dimensions of programme design and delivery:

- Management and co-ordination
- Access for families to SSLP provision and services
- Community involvement
- Allocation of resources
- The quantity of services provided by the SSLPs
- The quality of services provided by the SSLPs

1.2.4 The data presented in this integrated report straddles each of these six dimensions, and brings together three sets of data drawn from the three linked research elements of the Implementation study:

- a) Quantitative data from the National Survey of all 260 programmes, which is able to provide a national level context for subsequent study of implementation at individual programme level. Our survey of programmes was applied three times at annual intervals to Rounds 1 & 2 programmes; and twice at an annual interval to Rounds 3 & 4. Data from the first application to Round 1 & 2 programmes was reported earlier in Tunstill, J; Meadows, P; Allnock, D; McLeod, A (2002), Early Experiences of Implementing Sure Start, 2002.

- b) Qualitative data from our in-depth case study exploration of a representative sub-set of sixteen Round 1 & 2 programmes and four Round 3 & 4 programmes between the years 2003 and 2004. This phase has involved documentary analysis; a set of site observations undertaken in the programmes themselves; and a series of interviews with a wide range of SSLP stakeholders. Our findings have been published in two volumes: Tunstill J et al.<sup>2</sup> and Allnock D, et al.<sup>3</sup>.
- c) Qualitative data from the five themed studies already undertaken - their function is to facilitate the in-depth study of specific topics:
  - Ball, M (2002) Getting Sure Start Started. (Early Sure Start Study\*)
  - Lloyd, N; Lewis, C (2003) Father Involvement in SSLPs. (Fathers Study\*)
  - Meadows P & Garbers, C (2004) Improving the employability of parents in Sure Start local programmes. (Employability Study\*)
  - Kurtz, Z (forthcoming, 2005) Maternity Services Provision in SSLPs (Maternity Study\*)
  - Anning A; Chesworth, E; Spurling, L; Partinoudi, K (2005) The Quality of Early Learning, Play and Childcare Services in Sure Start Local Programmes. (Early Years Study\*)
  - Ball,M; Niven, L (forthcoming, 2005) The Buildings Used in Sure Start Local Programmes. DfES (Buildings Study\*)

\*For simplicity, these abbreviated names will be used when referring to the studies throughout the report, and neither will we cite the dates.

- 1.2.5 In some cases these studies drew on existing data from (a) and (b) and in all cases, as appropriate, they involved the collection of supplementary data.

### **1.3 The Evolving Policy Context for SSLPs**

- 1.3.1 The period between 2001 and 2004, which spans the data collection stage of this report has been characterised by a series of major policy developments in respect of the government's agenda for children and families. The speed and scale of the changes have simultaneously underlined the centrality of SSLPs to the emerging government agenda for children's services, and at the same time have posed an additional challenge to their implementation. Indeed even the key terminology has evolved: whereas in 1999, the term "Sure Start" was synonymous with the local programmes, which we have been studying, since the 2002 Spending Review, the term Sure Start now covers the following:

---

<sup>2</sup> Meadows, P; Allnock, D; Akhurst, S and Garbers, C, Implementing Sure Start local programmes: An in-depth study. DfES 2005.

<sup>3</sup> Tunstill, J; Meadows, P; Akhurst, S; Garbers, C; Chrysanthou, J; and Morley, A. Implementing Sure Start local programmes: An in-depth study, Part 2: a Close up on Services. DfES 2005.

- early education and child care services (including individual programmes such as SSLPs; Neighbourhood Nurseries; Early Excellence Centres) for children up to 14 (and 16 if the child has special educational needs) and their families;
  - Out of school services through Extended Schools;
  - Promoting the integration of services for children to improve outcomes for all children, especially those who are the most disadvantaged.
- 1.3.2 The 260 SSLPs, whose activity is the subject of NESS, were the product of the 1998 Comprehensive Spending Review. Spending Reviews set firm and fixed three-year departmental expenditure limits and define the key improvements that the public can expect from these resources. "Successive Spending Reviews have targeted resources at the Government's priorities, have matched these resources with reforms, and have set ambitious targets for improvements in key services" ([http://www.hmtreasury.gov.uk/spending\\_review/spend\\_index.cfm](http://www.hmtreasury.gov.uk/spending_review/spend_index.cfm)).
- 1.3.3 The 1998 cross cutting review looked at services for young children from a starting point of increasing government concerns that, 'current provision of services appeared in many cases to be failing those in greatest need'. Additionally, evidence from programmes such as Head Start indicated that 'comprehensive early years programmes could make a difference to children's lives' (Glass, 1999). The review proposed the establishment of the first round of local programmes, to be based in the most disadvantaged areas of each local authority. They would work with parents and parents-to-be in order to improve children's life chances, through better access to: family support; advice on nurturing; health services; early learning. The Sure Start Unit, a cross departmental unit, overseen by a ministerial steering group drawn from around ten departments, provided a central infrastructure, which oversaw the eventual commissioning of 524 local programmes. Detailed guidance was issued as to how they should operate to improve the health and well-being of families and children from before birth to four, so children are ready to flourish when they go to school.
- 1.3.4 Since 2001, a range of important national developments have either taken place - or been proposed - within the overall policy context within which SSLPs operate.
- 1.3.5 The most important of these are the plans for children's centres. The children's centres concept was developed in the run up to the 2002 spending review settlement and promoted in the Inter-departmental Childcare Review published in November 2002. The review concluded that the weight of evidence supported a rationale for investment in good quality integrated childcare for disadvantaged pre-school children.

- 1.3.6 The 2002 Spending Review provides funds to support the (then) long-term vision of establishing children's centres for pre-school children in the 20% most disadvantaged wards in England. From the start the majority of SSLPs were to become children's centres. As part of the government's commitment to reducing funding streams, the funding for children's centres is brought together with some of the money for new Neighbourhood Nursery places into a single resource of £435m.
- 1.3.7 In February 2003, the DfES produced their children's centre guidance - 'Developing integrated services for young children and their families' - which was circulated to local authorities who were asked to submit their strategic plans for developing children's centres by October 2003. Local authorities were given targets for reaching children with children's centre services, and creating new full day care places, and by January 2004, 67 settings had been 'early designated' as children's centres, in other words models for the way the network will develop around the country.
- 1.3.8 In December 2004, government published a Ten-Year Strategy for Child Care (HM Treasury, 2004). This strategy is intended to achieve both choice and flexibility so that parents can have greater choice about balancing work and family life, as well as ensure the availability for all families with children under 14 who need it, of affordable, flexible high quality child care places. Every family will have easy access to integrated services through children's centres in their local community, which will offer information, health, family support, childcare and other services for parents and children. It is intended that 2,500 children's centres will be in place by 2008 and 3,500 by 2010.

#### **1.4 SSLP Implementation Evaluation and the emerging policy agenda: what is the link?**

- 1.4.1 What are the implications of this emerging policy context for the role of SSLPs, and more especially for the data we present in the following chapters?
- 1.4.2 In April 2004, SSLPs were told that, along with Early Excellence Centres, they had, 'laid the foundation stones for integrated, child and family-focused services... the best practice established in the local programmes signals the way for all children's services and we want local authorities to use this learning. By embedding SSLPs in the local authority's strategic vision for the delivery of children's services in your area we will ensure that the additional children's centres funding will build on what you have already started and improve mainstream services for all families across a wider area...' (DfES letter to SSLPs April 2004).
- 1.4.3 Given the emphasis on the "Sure Start approach" in the shape of future policy, and specifically within the new system of children's centres, we believe that the implementation data collected in our study will continue

to have very considerable and current relevance to policy makers and practitioners. The challenges faced by SSLPs are likely to be very similar to the ones, which will confront the stakeholders in children's centres. These include: putting the child at the heart of the policy/practice agenda; constructing and sustaining partnerships with stakeholders in the local community; designing and delivering quality services for children and their families; facilitating access to services for all families including those with the most complex needs; and successfully addressing the needs of a diverse community.

- 1.4.4 We hope therefore that the account of the work of the 260 SSLPs, which we present in this report, will be of use to policy makers, planners and practitioners as they address the new policy agenda. Even if the policy-terminology has changed as we explained above, the aspirations of government for children and their families, and the principles, which underpin them have remained consistent.

- Working with parents and children
- Services for everyone
- Flexible at the point of delivery
- Starting very early
- Respectful and transparent
- Community driven and professionally co-ordinated
- Outcome driven.

## 1.5 Structure of the report

- 1.5.1 The specific structure of the report reflects our main interim conclusions about both the implementation process and the outputs of SSLPs. Our analysis, based on a) our six programme dimensions and b) the seven Sure Start principles, has produced three overarching themes, which we believe encapsulate the particular achievements and challenges of SSLPs. These three themes, explored in the following chapters, are:

- The paramount importance of facilitating access and engaging the community;
- The experience of working together in a way that transcends organisational and professional boundaries;
- Designing and implementing a new approach to service delivery for children and families.

- 1.5.2 These themes incorporate government aspirations for the work of SSLPs, as set out in successive waves of guidance and targets along with government's overall vision for the future reshaping of services for very young children and their families.

- 1.5.3 Each of our three main chapters paints a picture of the ways in which programmes are implementing these principles, and where relevant,

we indicate and explain any tensions we have identified between aims and achievements.

- 1.5.4 Chapter Two, The Continuum of Access, provides an overview of the way in which SSLPs have undertaken the task of engaging the community. We describe the way they have sought to establish a profile in the community through, for example, consultation and outreach; and the range of methods deployed for identifying eligible Sure Start families, including the most vulnerable or potentially vulnerable groups.
- 1.5.5 Chapter Three, Working Together: transcending organisational and professional boundaries, does as the title suggests. We describe the work undertaken by SSLPs to ‘create the right network’, by establishing relationships at every level; and then look at how they strive to ‘exploit’ that network to make a reality of multi-disciplinary working; and we look at how programmes deal with staffing and training issues.
- 1.5.6 Chapter Four, A New Approach to Service Delivery for Children and Parents, describes the way in which Sure Start principles have been applied to service planning, including the relationship between group-based and individually-based services; the role of childcare as a means to other services; the relative roles of centre-based and outreach service delivery; and we highlight key service challenges, such as addressing the needs of fathers.
- 1.5.7 The issues dealt with in Chapter Five include a) the ability of SSLPs to put staff and systems into place to enable them to spend money on delivering services; b) the scale of resources used in delivering SSLP services and the variability in resources per child aged 0-4; and c) the patterns of spending on different services.
- 1.5.8 Finally, in Chapter Six, we provide a summary overview and explanation of those factors which appear to be associated with more - and indeed less – “successful implementation styles” in a form, which we hope will have general relevance for those responsible for delivering future services on the basis of the “Sure Start Approach”. We conclude, drawing on the data we have collected, by identifying 12 recommendations for the nature of future policy, with a view to harnessing the experiences, attitudes, challenges and achievements of the programmes whose inception and early years form the subject matter of this report.

## **2. CHAPTER TWO: THE CONTINUUM OF ACCESS**

### **2.1 Introduction**

- 2.1.1 The engagement and involvement of the community and in particular of parents in the community is one of the key objectives for SSLPs. The ways in which this engagement and involvement is to be achieved varies throughout the various elements of implementation requirements for SSLPs. To succeed in the task of engaging the community and sustaining that engagement requires continuous and consistent effort, even after the programme has become fully operational. At the heart of this engagement will be the issue of access to services.
- 2.1.2 Problematic access to services is a long-standing theme in policy literature (see Sanderson, 2002; Philo, et al., 1995; Kempson and Whyley, 1999). Our implementation findings confirm that this challenge is acknowledged by SSLPs overall, a fact reflected by a range of our data. In this chapter, we draw on the quantitative context of our survey data in respect of ‘access-oriented activity’ and explore the way in which this effort at programme level is impacting - or not – on individual parents. We have found it helpful to think in terms of a ‘continuum of access’, which we will present below. ‘Successful SSLPs’ reflect the reality that ‘reach’ is not a one-off event and this continuum also reflects the fact that to successfully engage or reach parents, effort has to be put into a *range of tasks* and be sustained over an open-ended timetable. Furthermore, we identified three different ‘styles’ by which parents want to use services: autonomous, facilitated and conditional (it should, of course, be borne in mind that not all parents will need the same level of services). By providing examples throughout our discussion of the continuum, we show how the differing styles of parental service use fit in with our 5-point scale. We conclude with a summary of our main findings and provide a series of learning points for further consideration.

### **2.2 Introduction to the Continuum Of Access/Reach**

- 2.2.1 The continuum of access we have developed has 5 main points, which, while overlapping and not necessarily exclusive, represent the main ‘linkage’ points with parents. In some cases, as we describe, the *initiative* will lie within the programme: in other cases, contact may be initiated by an ‘external agency’.
- a) Making initial contact – this is the first point on the continuum. Consultation in the area represents the first potential opportunity for programmes to engage with the community. The initial phase of consultation may entail a range of strategies including leafleting campaigns; face-to-face outreach work; and community events organised in order to build relationships with the community and ascertain their needs about the services they would like. At a slightly later stage, initial contact with individual parents may entail

signposting to the SSLP by a mainstream or local voluntary agency. For example, a mainstream maternity service would make contact with a parent when a pregnant woman ‘books’ her first appointment with a GP and signpost her to the SSLP.

- b) ‘Introduction’ to the service – this second point on the continuum reflects the work undertaken by Sure Start to introduce individual parents to the programme *after* a parent/carer has learned about Sure Start possibly through the consultation process. It is not enough to merely inform parents that Sure Start is in the area; SSLPs need ways to attract and encourage parents to come to the service. Some parents may be reluctant, or feel that the programme is not for them. This section of the chapter will explore the ways in which programmes succeed in making a real link between parents and programme services.
- c) Autonomous take up of at least one Sure Start service – the third point on the continuum is the point at which a parent/carer makes the decision to use a service *on their own*. It may be a service, to which they were introduced by a Sure Start staff member; or it may be another service they have heard about from another parent. In this section, we will explore how services are designed to encourage parents to take up a service, once they have indicated their interest.
- d) Autonomous take up of more than one service – This point on the continuum represents the period at which a parent/carer is clearly more confident and pro-active about taking up services. It is important that programmes do not cease to focus on the parent/s at this stage, or overestimate the level of parental confidence. They need to continue to make efforts to keep them involved. We explore the ways in which programmes continue to engage parents through a wide range of services.
- e) Autonomous take up of services other than those provided by Sure Start - This is the point at which a parent is confident enough to look beyond the geographically targeted services of the SSLP and explore service provision in the wider area, either mainstream or independent sector provided.

## 2.3 Three parental styles of service use

- 2.3.1 Data on ‘reach’ and responses in the National Survey indicate the fact that no matter how imaginative and extensive the range of programme services on offer, not all parents will engage with the programme on an equally active basis. Not all parents require the same level of services, and hence, there may be some parents who use services more frequently and intensely than others at any given time. Although some parents will have no problem in visiting the programme and engaging in service take-up of their own accord, there may be other parents who are more reluctant to do so for a variety of reasons. These include parents for whom English is not a first language, and who may feel hesitant about visiting the programme if they are unsure about their ability to communicate and be understood. Parents with a child who has a disability may also lack initial confidence in the programme’s

ability to respond to their needs. For all such circumstances, SSLPs need to design different strategies for engaging parents and families. Our case study data suggests parents are likely to manifest three broad styles of service use.

**(i) Parents who ‘autonomously’ take up services (autonomous)**

- 2.3.2 There will probably be some parents/carers who, after first learning about their local SSLP in their area, for example, from another parent; a leaflet through the letterbox; or a conversation with their health visitor, will visit the programme of their own accord, in order to access a particular service.

**(ii) Parents who may need more encouragement to take up services (facilitated)**

- 2.3.3 Some parents may be reluctant to access their local services because of feelings of isolation that may stem from a range of different circumstances. These may include cultural or language barriers, status as a single parent or suffering from a mental or physical illness. In addition, they may have experienced a negative encounter with other mainstream services. Our data indicates that SSLPs are likely to have a strategy in place to provide encouragement in the form of an advocate or ‘befriender’ who can introduce reluctant parents to other parents and to other staff and services, until they begin to access services more proactively. Other kinds of help can also make a difference to the take-up of services. These include creche facilities, transport, flexible timing, disabled access and interpreters.

**(iii) Parents who will take up services on specific individual conditions (conditional)**

- 2.3.4 There may be parents for whom the sorts of encouragement we described above will be inadequate. This is likely to derive from their own personal circumstances, which may include physical illness, psychological conditions such as depression or agoraphobia, or negative experiences such as racist abuse in the local area. In other cases, religious or cultural norms may make it difficult for a woman to leave the house alone. Such parents are therefore unlikely, whatever the level of encouragement, to go to a Sure Start Centre and *ask for a service*. However, they may still be attracted to the benefit of such services, but be keen to access them on their own terms. They may therefore set conditions such as the service being delivered to them initially in their own home. In these cases, the use of a targeted outreach strategy can be vital.

- 2.3.5 We now describe our 5-point continuum in more detail and explore how the differing styles of parental service use interact with this continuum.

## **2.4 a) Making initial contact**

- 2.4.1 The first tasks on the *access continuum* involve promoting awareness of the SSLP to members of the community. Bound up with the task of promoting awareness is the need for SSLPs to *identify* all families with children under 4 in order to maximize the ‘reach’ of Sure Start services within the community. We start by describing the various means by which SSLP’s promote awareness of the programme, including publicising the services which serve as the focal point for ‘selling’ Sure Start in the community. Following this, we describe the methods which SSLPs are adopting to identify all families with children under 4.

### **Consultation**

- 2.4.2 The requirement for community consultation is a central feature of SSLP guidance, and is intended to be an important means of involving the community in local decision-making. This reflects its consistently high profile in the theoretical approaches to understanding the relationship between individual and family *need* and *use* of services. It is an effective tool in helping to design services to respond to local needs (Percy-Smith, 2000; Gilligan, 1999).

*“To support and protect families and professionals, we must lose ourselves in the social landscape, blend in with the human terrain, and become part of the natural social systems of families and communities. At present, far too much of what we call the human service system sticks out above the natural social horizon or is out of harmony with the social scene it seeks to aid” (Garbarino and Long, 1992; p 260).*

- 2.4.3 Not only does consultation provide a mechanism for parents to suggest ways in which their needs may be met, but it can be used as a strategy for *confidence building purposes*, as well as for more general *consciousness raising*, not to mention using it as a strategy for finding out *who is living in the community*. We have found that it is a widely used means of promoting the Sure Start initiative itself. National Survey data from 2001, 2002 and 2003 highlights consultation as an important and widely used method of ‘public relations’. Surveys and other types of consultation (e.g. ‘town hall’ meetings) help to maximise the ‘reach’ of the promotion campaign.

- 2.4.4 Every case study area has consulted its community about Sure Start, although frequency and method varied, as the following examples show:

- Parent satisfaction surveys;
- Health visitors and other outreach workers consult parents during the course of their work;
- Feedback is given from parents at parent forums/groups;
- Some have ‘open mornings’ to encourage parents to come and talk about what they want from SSLPs;

- SSLPs have a notice board so parents can put up issues that are important to them;
  - Having a drop in venue on school grounds or going to families' homes if they prefer.
  - Specific consultation events
- 2.4.5 Both data from the National Survey (2002) and case study findings show that the majority of programmes are adopting at least two of these consultation strategies. They are either built into evaluation plans, or may be part of an overall monitoring scheme, collected as and when services are being delivered. Parents on the whole reported that they were consulted to some degree by Sure Start management and staff.
- 2.4.6 Some of the methods for consultation can be problematic. For example, if the aim is to maximize the views of the entire community of Sure Start families, then it is quite possible that the 'outreach' strategy may not be fully effective if not all parents are being located. If not all parents are being located, they are not being consulted, nor are they receiving promotional materials about programme activity, which will adversely affect the number of families that access Sure Start services. Additionally, consulting at 'events' will only bring in those parents who have the time and interest to show up to an event. At the same time, full-scale parent surveys cannot be conducted too frequently, due to time, money and staff restrictions. In other words, as the efforts of some SSLPs were demonstrating, having a 'rolling programme' of consultation could help programmes respond in a flexible and appropriate way to the needs of their communities. One helpful example was provided by a Round 2 programme where the manager set in train a 'phased' programme of evaluation. Initially, in order to provide a context for the exploration of specialised areas of work, she commissioned a wide ranging qualitative study of the views of all the stakeholders, including parents, programme staff, mainstream and voluntary sector staff. In the subsequent year, building on the findings of this first study, the evaluation work focused on specific topics such as early years services and outreach. The plan was to revisit the baseline data established over a four year period. By contrast, an alternative approach identified in a couple of programmes was to put the spotlight on specific services at the outset. Conversations with programme staff and parents indicated that this, more fragmented approach was ultimately of less relevance to current and forward planning.
- 2.4.7 Parents were, in general, happy with the level of consultation they received. Parents reported they had been involved with 'having a say' about how the SSLP is being run. Many of these parents are attending 'parent meetings', which have been set up to get parents' views on particular issues before the Sure Start board meets, and feedback is then given to the board. Other parents see themselves as parent representatives and many of the respondents sit on the Sure Start

board meetings themselves. “*I am a parent member on the board and all our ideas and questions are listened to and answered fully. We are all important to the programme and always being told this.*”

- 2.4.8 Consequently, we can conclude that SSLPs are consulting parents in an informal and friendly manner. Staff members reported that they were consulting the community frequently and trying to make parents feel a part of the scheme. A manager of a PCT commented that: “*The people you want to target are the people who wouldn't always have the motivation or enthusiasm or confidence. I think Sure Start has encouraged that. We [in health] can learn lessons about inclusion. We can be sometimes dictatorial about the services we provide without asking if they meet the needs of the public. SS reverses that emphasis.*” Communities can thus be helped to feel that they “own” the programme.
- 2.4.9 However, many programmes we visited reported that engaging the community is a time consuming and labour-intensive process, sometimes further challenged in some geographical areas by the lack of parental enthusiasm for the consultation process. One parent – now a committee member - described her lack of initial enthusiasm: “*I was invited to come along to one of the SS set-up meetings, and asked to give my opinion on plans. Initially I thought ‘oh here we go again’, a ‘flash in the pan’ thought, I have seen it all before. I did not like the Sure Start idea but at second glance it seemed different, and it was here to stay.*”
- 2.4.10 A further challenge for programmes is the time-consuming nature of the consultation process itself. This was demonstrated very clearly in the Buildings Study, which collated the views of people in the community about premises. In reality, there could be a very long time between consultation and seeing the actual building appear. “*We spent two years talking about buildings, about what we would be able to do and where...*” (Group of parents in a Round 1 programme).

### **How did parents acquire their knowledge about their SSLP?**

- 2.4.11 Data from the National Survey (2001, 2002) showed that a majority of SSLPs were implementing a wide range of strategies – both formal and informal - for promoting programme activities. On average they used around 17 different methods with the most popular being home visiting schemes, written publicity in public places (e.g. libraries) and door-to-door leafleting as well as social events and parent networking.
- 2.4.12 The majority of parents<sup>4</sup> we interviewed in case studies found that services were well advertised generally. Some particularly appreciated the leaflet drops to their homes, as they found this the easiest way of establishing when and where services were being delivered. However,

---

<sup>4</sup> The case-study interviewed 77 parents.

just under a quarter of parent respondents felt that there was a *lack* of information. Some felt that information was not readily available and they did not get to hear about what was going on until it was too late. “*I’m already isolated... it would have been useful to have been given some more information... I found out accidentally from the woman in the corner shop*” [Parent].

2.4.13 Many parents found out about Sure Start services through referrals from their home visitor (e.g. midwife, health visitor or family support worker) and appeared to appreciate being given information directly relevant to their own needs and requirements. “*You always think health visitors are only about weighing your baby, but they can be useful sources of other information*” [Parent]. Other sources that parents mentioned when asked how they learnt about the SSLP were the housing department of the local council, especially if they were moving to a new area; their GP; the local nursery; and being informed by other parents in the area.

### **Outreach activity**

2.4.14 National Survey data consistently underlines the central role of outreach activity in order to promote awareness and identify families with children under 4. As described above, reach, i.e. initial access and continued parental engagement with the programme, is not a one-off task, and on-going outreach work plays a central role in securing both initial access to families as well as their continuous engagement. Some of this outreach activity - i.e. taking service activity out into the community - is ‘informal’, drawing on contributions from most, if not all staff. It involves strategies for attracting parents who had not previously heard of or used Sure Start, giving them an opportunity to see how it works in an informal setting. At these events ‘out in the community’, staff members may try to ‘sign up’ parents, or hand out membership forms in a bid to identify local, eligible families. For example, SSLPs:

- disseminate leaflets and membership forms around local amenities and services such as grocery stores, nurseries and GPs;
- host ‘no strings attached’, ‘one off’ community events, such as ‘fun days’ (e.g. Easter Egg hunts, ‘balloon days’, picnics, Christmas parties and summer ‘beach’ parties). These informal social events are also a popular way of attempting to make contact with hard-to-reach groups (also see subsequent section on reaching the hard-to-reach).
- promote leisure trips for any interested community member. These trips tend to be very informal, usually free or subsidised for the parents, and seen by one programme manager as a way of “*breaking down formal barriers*”.

2.4.15 In addition to this *informal outreach activity*, some programmes are implementing *organized outreach campaigns* to ‘spread the word’ and

engage with a maximum number of families. This is particularly important for those considered ‘hard-to-reach’, where face-to-face, individual contact may be more useful in engaging with families who are unlikely to access services in any other way. For example;

- SSLPs are linking with other agencies and asking them to help promote Sure Start. This may be done ‘passively’, whereby a local organization allows Sure Start to disseminate leaflets on its premises or at its events. In other cases, local agencies will be more proactive and refer their own service users to Sure Start. In many areas, at least some local agencies appear happy to promote Sure Start services through their own working which acts as a good way of introducing parents to the service. One PCT senior manager noted “*the local professionals have confidence in Sure Start and are promoting it.*”
- Health visitors and midwives are important to SSLPs in the process of identifying eligible families, as they visit all families with new babies and are able to promote relevant Sure Start activities, refer families and sign families up for ‘membership’;
- In addition to these formal networks of health visitors and midwives, SSLPs are striving to access centralised databases, held by the PCT or local trust, which provides children’s health services such as the Child Health Trust, in order to identify families in the area. National Survey data indicated that this method was seen as important by SSLPs but in reality the information was not always accurate or readily available. Data protection policies and problematic relationships with some relevant agencies could, in some cases hamper, consistent and comprehensive access to these data sources (Given the current development of national policy in respect of a database for children, these findings may be of subsequent relevance and merit further exploration) (Cleaver et al., 2004).
- Door-knocking campaigns are another method of ‘outreach’ used by SSLPs, both for identifying families and generally promoting programme activities. In the majority of cases, this is carried out by designated outreach staff such as community/parent link workers, general Sure Start workers and community development teams, who will visit families identified by health visitors or through other ‘lists’ or referrals. In a few programmes, all Sure Start staff are involved in wide-spread campaigns once or twice a year, knocking on every door in the community to promote the programme. In addition to these ‘standard’ approaches for reaching families, programmes were undertaking more specialist initiatives to make contact with families who appeared harder to reach. This work will be described in more detail below in paragraph 2.4.18.

## **Sure Start centres and other drop-in venues**

2.4.16 Multi-purpose Sure Start Centres and more limited ‘shop front’ centres both constitute a route for identifying families in the community. For example, parents may use the centre as a popular meeting place, which also enables them to borrow toys from the toy library and possibly use a specific service such as family planning. At any one time, 30% to 40% of SSLPs are likely to be using, in addition to the existing Centre, or in lieu of a planned Centre, at least one building with a shop-front. This is a building with a shop window, obvious entrance and may be located among retail outlets. This is likely to be used as an information point, sometimes with a small drop-in facility and with a limited number of core administrative staff based there. Parents or other members of the community can drop in to these premises to see what is on offer. Generally speaking, we found that where parents did walk into either of these sorts of premises, they had already been made aware, from another source (e.g. health visitor or leaflet) of the existence of Sure Start and were coming in deliberately to find out more about the programme. In many of the Sure Start Centres, community cafes are available for parents to sit and have coffee and meet other parents and their children, without necessarily taking up other services at that point in time.

2.4.17 Drop-in venues can be used to promote programme activities, although similarly to Sure Start Centres, parents tend to find out about the venues through other sources. The exception is where an SSLP has inherited a drop-in centre, which is already used by, or is at least known, to parents. Drop-in centres tend to be provided on a routine basis (e.g. weekly for 2 hours, daily for one hour) and occur in a variety of different places (e.g. a main Sure Start Centre, a local GP surgery, a purpose-built inherited drop-in centre, an old church hall, etc...). An array of services is provided through drop-in centres, from structured activities for children, ‘information sessions’ for parents (e.g. a volunteer from the Citizen’s Advice Bureau), parent and toddler groups, and in many cases, provision of a crèche so parents/carers have an opportunity to meet other local parents.

## **Reaching the ‘hard-to-reach’**

2.4.18 We have described above the ‘standard’ methods programmes adopt to attract those parents who may be relatively more easily engaged by the programme. However, all our case study programmes flagged up the existence of a further group of parents who the programme knew they would have to make more purposive and/or consistent effort to reach. This task is complicated by the fact that it was difficult for programmes to be specific about *who* is hard-to-reach. While the general identity of these groups can be predicted on a national basis, in reality, their identity, prevalence and location are likely to vary from SSLP to SSLP. Such groups are likely to include some or all of the following:

- Parents/carers with drug and/or alcohol problems;
- Families experiencing some form of domestic violence;
- Families with children who have special needs;
- Asylum seekers and refugees;
- Mothers experiencing post-natal depression;
- Fathers/male carers;
- Families with special cultural requirements;
- Teenage parents.

2.4.19 For rather different reasons, some programmes perceive working parents as hard-to-reach: indeed, the opening hours of a majority of programmes may preclude access to the programme by such parents.

2.4.20 Members of all the groups we identify above may fail to access services for a number of reasons. For example, a family may be mistrustful of social services if they have previously experienced negative contact in respect of child protection. If a parent of a child with a disability has previously experienced unresponsive services, they will hardly be enthusiastic about yet another new initiative. There may be cultural barriers, which prevent some parents from accessing services. If English is not the language spoken at home, parents/carers may feel ‘left out’, may not have the confidence to approach SSLPs and may fail to understand what is on offer. Finally, some families may be experiencing very complex problems that might prevent them from reaching out, including for example, domestic violence or drug and alcohol misuse.

2.4.21 Data from the surveys indicates that programmes are evolving a range of outreach strategies to make *initial* contact with some of these groups. For example, where health visitors are the first point of contact for families in an SSLP, the health visitor may refer the family on to appropriate services. Along with Sure Start collaboration, they can ensure that the parent is supported in attending a service, for example, by providing an accompanying relevant worker (e.g. a key worker or an interpreter). Another way in which SSLPs encourage access is to link Sure Start services to venues and services which are already well used by the local community (e.g. a Healthy Living Centre or an Asian Women’s Group) or to set up a specific venue where a hard-to-reach community is located.

2.4.22 Written publicity can be targeted at specific groups. Where there is a large enough proportion of community members who speak a particular language, leaflets may be translated into that language and posted in relevant venues. Additionally, programmes may engage the services of interpreters, making them available at Sure Start events or specific services where required – this might mean SSLPs hiring providers who speak another language, or it may be that interpreters accompany Sure Start workers to events or to visit a family.

2.4.23 Maximising ‘reach’ to families with particular needs appears to be best facilitated if there is a designated worker on hand who specialises in making contact with and/or addressing the issues of the hard-to-reach group in question. One inner city programme was making strenuous attempts to minimise duplication of approaches. The programme manager was active in encouraging liaison between programme staff so that an individual family could not find itself being ‘pursued’ by an ‘army of Sure Start workers’. Across the case study areas, there is considerable variation in the availability of dedicated workers for particular special needs or “hard-to-reach issues” (a further discussion of staff shortage can be found in Chapter Three).

2.4.24 Typically, hard to reach groups are often accessed through the route of referrals. When SSLPs come across families where children have special needs for example, they introduce the family to specialist and/or relevant local agencies (or other Sure Start workers) who can help. In some cases other agencies will tell families about Sure Start services. At its best, we found this collaborative working could represent a vital two-way communication process between agencies but it obviously has to be based on mutual trust (we discuss this issue in more detail in Chapter Three). This *partnership working*, when successful, is seen to ensure that most people in the community have an enhanced chance of accessing those services likely to be of most relevance to them.

2.4.25 Our findings from all implementation data used in this integrated report show that some groups were more difficult to reach than others and needed extra encouragement to access services: they often included fathers and families from minority ethnic groups. Both groups are highlighted in Sure Start objectives. Relatively low levels of inherited provision of relevance to these groups in the SSLP areas aggravated the challenges. Although the National Survey data suggests that fathers have gradually increased their participation in programmes, in reality when we talk about parents, the majority of users remain mothers. Possible reasons for the slow take-up of services among fathers and ethnic minority groups are explored below.

## Fathers

2.4.26 The majority of programme staff stated that there were generally low levels of father and male carer involvement in their Sure Start programme. This may explain why many SSLPs had focused considerable effort in this area. We provide a more detailed overview of programme activity in respect of fathers in Chapter Four. The Fathers Study (2003) – carried out at the early stages of set-up - identified fathers’ preference for fun and active sessions over discussion-based ones and staff indicated that it was easier to involve fathers in outdoor, active, fun day-type activities than in indoor sessions with children or in sessions related to parenting skills. As one programme manager stated (p 21): “*When we run fun days or have big family trips, big events, dads*

*like to get involved in helping with that... they like to be the ones going up the ladders and putting the posters up. But they're not so keen on being the ones who were sat on the floor reading to the children."*

Some programmes found that they need to be creative in order to successfully engage fathers. A programme manager suggested that fathers' perceptions of their role in childcare coupled with their perceptions of the nature of parenting courses may influence whether they attend sessions or not. She said: "*If we call them a parenting course we don't get very many dads, if we call it something like 'managing your child's behaviour', then they come along. So obviously they are seeing managing bad behaviour as part of their job.*"

#### 2.4.27 The Fathers Study identified the key issues involved in father access.

Five factors appeared to differentiate the 'high priority' for fathers programmes from those who placed less priority on involving fathers. These were:

- early identification of fathers as a priority;
- programme-wide commitment to father involvement;
- strategy for involving fathers;
- provision of services specifically for dads;
- presence of a dedicated staff member (often a dads' worker) for encouraging father involvement;
- open outside standard hours, to encourage working fathers to use services.

### **Black and minority ethnic groups**

2.4.28 Addressing the needs of minority ethnic groups posed similar challenges for creative thinking on the part of the programme. Some programmes had appointed inclusion workers with direct responsibility for targeting specific populations. "*This programme has an inclusion worker...they have responded to a diverse population by using local people and local skills...they provide ethnic minority training and dual language speakers.*" [Senior manager in Social Services]. Another programme has an 'Asian liaison team', which supports families from ethnic backgrounds. Parents found that sometimes it was harder to engage with the programme if English was their second language. In some programme consultation meetings, they had suggested that improvements to the design of leaflets could be introduced in order to remove language barriers. Such improvements might include the use of minimal text. Most programmes were prepared to provide interpreters where needed, but we found an issue in respect of the 'critical mass' of a population. In other words, in some programmes, there is a substantial identified population, such as people from specific parts of Asia or the West Indies. On the other hand, in some programmes, there may be only one or two families from a particular minority ethnic group. While most programmes were prepared, in principle, to provide interpreters for significant groups of parents, in areas including families with a wide range of different minority ethnic

backgrounds, this was, in reality, much less feasible. The Maternity Study showed that in some programmes, SSLPs have funded interpreter services, often with a specific remit to work with the maternity services. At the same time, this study highlighted concerns around confidentiality, which were voiced by mothers in some specific groups. In other words, they were concerned that there would be disapproval about them discussing certain issues outside their already established community networks.

**Case example:** Two different approaches: In one SSLP where at least 20 major different languages are spoken, the programme employs a bilingual co-ordinator and uses over 30 interpreters/translators, committing 9% of its baseline budget to this service, 80% of which is used by the maternity service.

In another SSLP, 111 languages are spoken locally. Here however, there is minimal language support provided by the programme. In fact, according to the programme manager, parents specifically requested not to have interpreters at groups as they wanted the opportunity to practise English. In practice, some women rely on their friends for interpreting at groups.

2.4.29 However, we found that individual staff as well as programme provision would devise strategies in order to rise to the challenge of facilitating access to programmes for people whose first language is not English. One Health Care Assistant, who visits all new mothers, had only just used an interpreter for the first time after a year in post, when the health visitor invited her to make a joint visit to a mother who could speak no English. Normally, she said, "*I use a lot of mime*" to explain the breastfeeding issues, and she explains the Sure Start services by pointing at the pictures in the programme leaflets.

2.4.30 Challenges involved in the engagement of minority ethnic groups extend beyond the question of language alone. There are other more complex issues for programmes to deal with. We found that where programmes are situated in a pre-dominantly white community or a community from one specific minority ethnic group, the task of engaging parents is more straightforward. For example, dietary preferences can be easily identified and responded to. In addition, there may be actual tensions between some individual groups in the community, each of whom are likely to bring with them their own values and beliefs. In reality, many of these values will be associated with the *role of women* and the *nature of family*. Some programmes have responded by appointing a development worker for each group. These staff members will work alongside one another and in addition to bilingual skills will have specific remits in respect of involving 'their community' and to facilitate the engagement of that community through cultural understanding. Below are two examples as to the challenges programmes have encountered with engaging different communities and how they have resolved some of the issues.

**Case-example:**

A programme manager realised that the programme needed to appoint development workers for the culturally specific groups in the community in order to reach parents. However, at the same time, she was alert to the 'tensions' between cultures and sought to avoid these divisions, manifesting themselves within the SSLP. To get around this and in an attempt to bring different communities closer together, the programme has started to hold 'International days' for which all communities bring different types of food, etc. and they also bring together families through summer trips.

**Case-example:**

In another programme, the community development worker found that the minority ethnic group in her area was not engaging with the programme. She subsequently learnt that the women require approval from their husbands and/or mothers-in-law to take up activities. The programme has now established links with the local mosque, which encourages the use of SSLPs activities. In addition, the SSLP invites all mothers-in-law (key players within family life in this ethnic group) to make use of their services.

**How successful have programmes been in 'reaching' the maximum number of children and parents?**

2.4.31 We have described above the various strategies used by SSLPs to maximise their 'reach' into the community, for families in general as well as for hard-to-reach groups. SSLPs collect information about the proportion of eligible children seen each month during a particular quarter, but do not provide information about the proportion of children seen during an entire quarter or a year. Thus the figures will represent a mixture of regular repeat contacts with children using particular services (such as language services or childcare) on a regular basis, and occasional contacts with other children who use services less frequently.

2.4.32 Programmes starting in 1999/2000 (almost all Round 1) saw an average of 30 per cent of children each month in the three months to September 2004. Those approved in 2000/01 (mainly Round 2 but around a quarter Round 1) saw 27 per cent of children each month. Those approved in 2001/02 (mainly Rounds 3 and 4) saw an average of 23 per cent of children each month. 1999/2000 programmes saw an average of 234 children a month, 2000/01 programmes saw an average of 178 and 2001/02 programmes saw 152.

2.4.33 SSLPs have a target to visit all families with new babies during the first two months of the baby's life. Typically they visit around 80 per cent of new babies within the target period. The Maternity Services study found that although most SSLPs aimed to visit every woman identified as pregnant, only half of the programmes sampled succeeded in so doing.

2.4.34 These figures confirm the reality that establishing and maintaining *on-going* contact with families remains a challenge for many programmes. We now go on to explore the main factors, which may lie behind these figures.

2.4.35 National Survey (2002, 2003, 2004) data underlines the variety across programmes of strategies to identify new babies and new families. Fewer than three-quarters of Rounds 1 and 2 programmes are currently utilising a 'systematic' strategy, such as a centralised database (e.g. Child Health), to collect information. These strategies have so far failed to provide a comprehensive means of identifying families. As a result SSLPs reported that they are exploring additional strategies in order to supplement their data. These include one-off events, word of mouth and the distribution of a range of merchandise including Sure Start balloons.

2.4.36 Sharing information on families and children in the area with other agencies is one important way of gaining information on families who are living in the Sure Start area. The overall challenges of *working together* are discussed at length in Chapter Three but sharing information in particular raises new issues around confidentiality between agencies. As we indicated above, access to data is a sensitive topic. A Sure Start senior midwife at the PCT contacts all new parents using child health registers, and put it this way: "*There needs to be plenty of publicity locally, but the way to tap into new parents is obviously using some data system. We know every new birth through child health. Through maternity services we can know every woman who is newly pregnant. I think there are some major issues around sharing of information and how we achieve consent from these families to share that. We're relying on the main services to inform - not sure how efficient it is - think there needs to be a better system.*"

2.4.37 Similarly, a team leader in another programme said, "*We have not made a lot of headway with special needs so far. We have had dealings with the child development centre on this, and were hoping to have children referred to the child development centre who weren't 'too bad' to be referred to us...However, progress on sharing the information is just very slow.*"

2.4.38 On the other hand, some programmes stress the advantages to community members, which they believed could accrue from good practice in respect of sharing data and tended to 'down play' any potential threats to the rights of the individual. One senior social services manager described the success as follows: "*everything is geared up to a scheme owned as one – users don't have to give their name six times as it's one integrated system. Names are held on a Sure Start data base in their office, we are then all trying to get to the families.*" Another programme works closely with a GP in the area. Information on all pregnant women – provided they have given their consent – is passed on to the SSLP who will then take the initiative in

establishing contact with them rather than leave the onus on the mother. “*I was quite pleased, given all the other pressures on me at the point I got the news I was pregnant that this woman knocked on the door and was really helpful. I am not sure I would have bothered to go and find her*” (Mother of three).

## 2.5 B) Introducing parents to a ‘service’

- 2.5.1 We have described the tasks undertaken by SSLPs in order to promote awareness of Sure Start; and to make initial contact with families in the area. Ideally the next stage will be for parents who are interested in using SSLP services to take a “first step across the service threshold”. This is a crucial stage in what might be thought of as the *service experience*. SSLPs need to consider a range of issues at this stage, including psychological strategies as well material characteristics such as the degree of comfort provided by Sure Start venues. We go on to explore some of the ways in which SSLPs are striving to make the programme inviting.

### Gaining and maintaining the trust of parents and carers

- 2.5.2 “A key aspect of a community-based open-access policy is ensuring that parents and children **want** to come” (Statham, 1994). Statham underlines the importance of creating a welcoming environment for parents who are already potentially interested in using the SSLP services. As well as feeling comfortable about using services, they will need to have confidence in the professionals providing them. In many ways, this is part of an on-going process, the beginning of which we described in our section on ‘making initial contact’. Below are some examples, which illustrate how SSLPs can use creative ways to facilitate parental access to services.

- 2.5.3 One programme manager describes how the overall strategic vision of the programme filters through to operational level: “*The programme’s approach is that parents bring their kids to the Centre, and then the programme ‘entices’ the parents. There are three small venues spread across the area, deliberately attached to primary schools or nurseries. Each venue is in walking distance to residential homes, consists of a play area, and holds a parent social area and a casual classroom area. This allows a culture, which sees parents through from ante-natal to school, and is thus able to build confidence long-term... The programme’s aim is that the frontline staff engage parents, make referrals, or give tips such as point parents towards the parents development worker who will try to get parents involved. The primary concern is to build trust with parents. For this to happen, in addition to professional qualifications, we specifically look for good communication skills and networking qualities in all our staff. Our staff all have the ability to deal with people, and they know what is going on, and who to refer our clients to. The childminders or nursery nurses for example strike up a relationship with parents before birth. This builds trust and*

*confidence in parents to leave their children with them later, and there is no resistance by parents to leave their children in the care of nurses later on. The programme builds on a culture of trust.”*

- 2.5.4 Another programme manager stated: “*We only employ ‘people persons’. Simply having a list of qualifications as long as your arm won’t cut the mustard around here. When we recruited, this was one of the main criteria we looked for.*” Many other programme managers who we interviewed endorsed similar views.
- 2.5.5 The Employability Study provides a good example of how a nursery has gained parental trust. Within the area there was a feeling that “parents should not leave their children with people who were not family members”, and “people who are not family are essentially strangers and not good for children”. In order to overcome the initial barrier posed by such attitudes, the nursery arranged free sessional care. A small group of parents took advantage of this in order to free themselves to do things they wanted to, and they told their friends. Other parents looked in, saw the facility was being used to provide high quality daycare in a friendly atmosphere, so the positive word spread gradually throughout the area. Some positive spin-offs began to emerge in terms of children’s social development (for example they learned to sit and eat at a table). The children were also clearly happy to go to the nursery.
- 2.5.6 In another programme, a Somali mother of a 3 year old did not speak English. A friend told the SSLP worker that she wanted to attend a healthy eating class aimed at Somali women but felt shy about attending due to her lack of English speaking skills. Sure Start provided an interpreter to visit her home and tell her about the service and then accompany her to the class. The Maternity Study found that Sure Start maternity services attract women to ante-natal and post-natal sessions, which promote healthy eating and breast feeding by also providing activities that the women have asked for. These may include aromatherapy, baby massage and opportunities for socialising. While attending these sessions, women and their partners can become familiar with other kinds of services, such as parenting groups, especially if introduced to them informally in the welcoming environment of a Sure Start Centre.

### **Perceptions around confidentiality and professional expertise**

- 2.5.7 A further issue emerged in respect of gaining and maintaining parental trust, in the form of a complex and subtle relationship between the perceived benefits of professional expertise and status on the one hand, and an accessible and friendly way of working on the other.
- 2.5.8 Overall, programme staff were likely to assume that parents prefer an easy-going style of working combined with professional expertise. A middle manager in Education noted that a ‘professional’ programme

manager is the key to making a ‘professional’ organisation, which “gives the programme high status relative to other, for example, health agencies. The community will know we are not just a bunch of do-gooding women”. In another programme, a health visitor declared broadly that “*parents don’t want to waste their time with a person who doesn’t know very much; when they have a problem, they want someone who knows what they’re doing to sort it out*”. This theme recurs in our discussion of the role of programme managers in Chapter Three.

- 2.5.9 It was also clear that parents felt the same and expressed a similar set of views. While they liked the ‘friendly’ and ‘relaxed’ staff with whom they interacted, they also made it clear they valued access to professional knowledge and advice. Parents in different programmes expressed the view that staff members are “welcoming, friendly, supportive and helpful. They don’t talk down to us.” Other typical comments we heard were: “*The staff here are all very approachable, and if someone doesn’t have the answer, then they at least know of someone who will help you.*” “*It’s great here. People are all very approachable; they are not really like workers but more like friends. You can have a chat and you can ask them and if they don’t know, they know of someone who will know.*”
- 2.5.10 Friendliness and approachability allied to professional expertise were not, however, the only qualities that parents valued. In addition to these, the issue of ‘trust’ emerges as important. For parents, confidentiality was linked, in their mind, with professional expertise. In a minority of programmes parents feel that although staff are friendly, they lack sufficient expertise and in other programmes, parents worried about confidentiality. Staff identities that seem to attract the most criticism in respect of these issues are community workers and crèche workers. Several parents indicated that they would prefer the programme to contract-in crèche workers from local mainstream services, rather than hire local community members, as they perceive the former to be better trained, qualified and monitored. The Maternity Services study found that the role of midwives is central because of the confidence they inspire in women regarding childbirth. While ante-natal home visiting may be undertaken by others, such as family support or outreach workers, the midwife takes on responsibility for particularly vulnerable women, such as pregnant teenagers and those misusing alcohol and drugs.
- 2.5.11 In addition to concerns about qualified professionals, parents felt that they knew very little about the confidentiality policies set up by local programmes. A large proportion of parents trusted that the information they gave Sure Start staff was kept confidential, though few were able to describe what the policies were. “*They (the staff) are all very discreet*”. Parents noted that confidentiality was not verbally assured but “felt” it was an unwritten agreement due “*to the relationship we*

*have with the staff*" and some parents would prefer to see a statement about confidentiality put in writing.

## **Physical Access to Services**

- 2.5.12 As we have described above, the 'physical presence' of Sure Start within the local area is an important factor in the process of maximising service access. In the majority of cases, these shop-front and other types of Sure Start venues will have been specifically designed to be push-chair friendly and to offer easy access. However, it cannot be assumed that the totality of Sure Start buildings offer optimal access. The location of Sure Start buildings was an issue, which emerged as a determinant of parents attending – or not attending – premises which deliver Sure Start services. Inevitably, many of the buildings, which do deliver Sure Start services include mainstream venues such as hospitals, schools and town halls. They may be less user-friendly.
- 2.5.13 For example, the Maternity Services study showed that many programmes reported poor uptake of ante-natal services in the nearest hospital, usually because local transport presents difficulties, especially for mothers with other children; and because the hospital service does not cater adequately for families with particular needs, such as non-English speakers and teenage mothers. As a response to these external challenges, a strategy deployed by SSLPs was to improve access to local venues within the Sure Start locality. It was frequently reported that locality-based services mean that group sessions encourage women to make local friendships and networks. In one Sure Start midwifery service, this approach – planned jointly with HV managers - is leading to the development of locality-based work in other parts of the patch.
- 2.5.14 Thus SSLPs have adopted an outreach strategy which includes the delivery of services in numerous, non-traditional places in the community in order to entice parents to take up services: "*We haven't had the advantage of having a shop front, so we have had to try every which way, we've had to try really, really hard through outreach, and our biggest resource has been our team, our people, actually getting out there. Maybe in the long run it's actually given us an advantage*" [Programme Manager]. One health visitor reported that her way of working mixes a local drop-in with [home] visits in the geographical area plus regular attendance at Sure Start groups. This makes her services available to mothers and she is able to provide comprehensive support: "*I've done visits in the market, in McDonalds, sitting on the wall, because people won't come in. It's not a matter of me accessing them, but them accessing me where they feel comfortable.*" Access to services and buildings is discussed at greater length in Chapter Four.
- 2.5.15 National Survey data suggests that 65% of SSLPs are providing (or are at least prepared to provide) transport to services and meetings. There are two general ways programmes provide transport: SSLPs may have

access to a vehicle (perhaps a van or a car used for Sure Start purposes) or reimburse taxi expenses/provide a subsidised taxi. Our case studies identified examples in rural communities of Sure Start antenatal parentcraft sessions being regularly delivered in a number of community venues by a travelling team with a bus. In one programme, the bus was first set up in the car park of the Leisure Centre, aiming to bring the services to people's notice. In another, where the nearest hospital is 20 miles away, Sure Start has capitalised on the willingness of parents to hold groups in their own homes. In this programme, many negotiations and discussions are undertaken on the telephone, including the provision of peer support for breast-feeding. Mobile crèches are regularly used. Buses or a people carrier are also used to make services accessible, even in the inner city, where a bus with a Sure Start worker and, if necessary, an interpreter can take parents to a group event.

## **Childcare**

- 2.5.16 The provision of childcare within an SSLP context may differ from its likely role within the future context of children's centres (children's centres put a very heavy emphasis on the core offer of a childcare place, including parents outside the immediate catchment area). By comparison, in the context of an SSLP, the significance of childcare provision is also as a means to the end of accessing the wider SSLP provision/interventions. In addition, there is a very obvious *locality emphasis* within the SSLP. These interventions may be targeted at the development of the *child* or as we know from the Employability Study, be a significant component in the access to training to facilitate the development of skills and/or access to the labour market in some cases. The provision of childcare, while parents are undertaking such activities, is therefore a crucial element in the ability of parents of young children to take part in activities.
- 2.5.17 Every aspect of implementation data confirmed the fact that the majority of SSLPs were providing crèches or childminders for parents who were using services or attending management meetings/parents' forums. Where childcare was limited or not available, parents found it difficult to participate, as parent respondents in our Case Study interviews indicated. The Employability Study provided a rather sad example of a woman enrolled on a mathematics course, which entailed 3 hours teaching every week. She was obliged to leave at the end of the second hour to collect her child from the time-limited childcare provision available. Several parents in case study interviews talked apologetically about their inability to get to management board meetings because of the unavailability of childcare. However, we found examples of individual professionals attempting to overcome these deficits. For example, a health visitor consistently attempted to "smooth out" problems with antenatal appointments. She found that one woman was not attending appointments because of her childcare

commitments, so arranged for the consultant to write a letter to social services supporting her request for childcare support. Programmes could be very imaginative in responding to need once it had been expressed. The Employability Study highlighted one programme where an innovative and creative ‘package’ had been put together for one parent. This parent had recently entered the labour market. The package involved collecting children from one place, taking them to another and ensuring that at the end of the day, all three children were being looked after in a single venue from which the mother could collect them.

## 2.6 C/D) Autonomous take-up of Sure Start services

- 2.6.1 The third and fourth points on the continuum, at which ‘reach’ begins to be a very visible reality, are the actual take up of service/s once a parent has been engaged through the processes we have described above. It is at this stage that the question of ‘service relevance’ is crucial. The ‘menu’ of services to be found in most SSLPs (see our separate report on Services for a fuller account of these) will include a range of services, which address different issues/points in time in the context of family experiences. For some parents, to only use one service at a point in time may reflect their lack of awareness of those other services, which could be useful to them. On the other hand, for another parent to only use one service may constitute an informed and discerning choice that this is, at that stage in the parenting process, what she or he needs.
- 2.6.2 A child development tutor describes how parents progress: “*When they first come we get a lot of negative vibes coming out of them like ‘Oh I’m not bright enough, I’m not clever enough to do this’. We always say ‘Yes you are’, and give them a lot of confidence building exercises and they always make me laugh because part of module A is that they have to make an educational activity for a child under 5. We give them this right at the beginning and they say ‘Oh I can’t do this’ and at the end they produce some fantastic toys and activities. They have to plan what they have to do, give it to a child, make the child play with it and evaluate what’s gone on whilst the child’s played with it. They do it, and they do it very well. I haven’t had anyone yet who has not managed to do it. Their confidence has grown throughout the ten weeks so by the time they’ve completed module A they’re raring to do module B, and by the time they get to the end of module C they say ‘What other courses can we do?’*”
- 2.6.3 A female single parent with one child tells how she started to access her programme. A nursery teacher asked her to attend the parents’ voice meeting, and kept on ‘nagging’ her to go. She finally agreed but was feeling anxious, and did not really want to go. The nursery teacher accompanied her for the first meeting but once she attended, she ‘was hooked’. She then decided to attend a parenting course. On the course, she made friends with other people who were in the same ‘boat’, living as a single mother in the area.

- 2.6.4 These examples illustrate the fact that SSLPs have multiple strategies for providing most services, tailored to the needs of parents/carers in order to promote and encourage access to services by reluctant parents/families. Services take a range of forms, and while there is no proscribed set of individual service packages in any given SSLP, there are service ‘areas’ that programmes must provide. These are: 1) outreach and home visiting, 2) support to families and children, 3) community health, and 4) good quality play, learning and childcare. We discuss the different types of services in terms of access, but a more detailed account of services can be found in Chapter Four.
- 2.6.5 Most programmes stated that it is difficult to involve parents to come to the programme and then to continuously take up services. As we explained at the beginning of the chapter, while making initial contact and encouraging parents to come are considered the most difficult part of ‘access’, most programmes still reported difficulties in maintaining parental take up of services. To make services more relevant to parents in general, the majority of programmes sampled have adopted strategies, which allow parents to take ownership of the services on offer and thus secure their participation in the services. Many programmes have used questionnaires and/or informal chats with parents to find out what they want, or have established regular parents’ meetings to give parents a voice in shaping services. Programmes have then started to organise services around the ideas and wishes brought forward by parents. Where there was parental interest in a specific service but not sufficient means/or viable to run the service in question, SSLPs have looked for alternative funding streams such as working with other local mainstream services or with other SSLPs to be able to provide less frequently requested services.

### **Family Support Services**

- 2.6.6 Family support comes in a variety of forms. At the most general level, SSLPs provide drop-in sessions, organise support groups, parenting sessions and courses that are intended to have wide applicability for parents in the community. At a specialised level, SSLPs are also providing services in a targeted way to meet the needs of particular families.
- 2.6.7 Programmes are required to pay attention to families and children with particular needs, which may include disability services and interpreting, etc. There is no doubt that programmes face a diverse set of challenges in respect of tailoring services to need. National survey (2002/03) data found that the top four significant issues in Sure Start communities likely to impact on access to services are; families with literacy problems, families with mental health problems; parents under 20 years old; and parents with drug and alcohol problems. Four less prevalent issues they faced were HIV+ parents/carers, hearing-impaired parents and carers, visually impaired parents and carers and parents/carers with mobility

problems. The National Survey concluded that programmes appeared to be diverting efforts towards the particular group/s, which they saw as crucial within their community.

- 2.6.8 At the general level, services include information sessions such as benefits claims, money advice and relationship counselling. These types of services tend to be 'bought in' by existing local services, a process, which facilitates closer links between SSLPs, local services and the community. SSLPs are linking closely with other local services such as leisure centres, swimming pools and organisations providing leisure courses such as arts and crafts and DIY. SSLPs are promoting better access to local services by working in partnership, including subsidising membership fees for Sure Start families, providing funding for new services, and offering the Sure Start Centre as a physical base for the provision of drop in sessions and courses.
- 2.6.9 These widely available support services are signposted at Sure Start venues and other local services, and information about them is disseminated to local families at Sure Start events and by Sure Start outreach workers. Programmes are taking this service area very seriously, to the extent that even where they did not inherit the service in question, they themselves have established brand new services. For example; 87% of these programmes initiated home visiting schemes; 74% welfare advice; 91% leisure facilities; 93% parenting programmes. Interestingly, even in the case of telephone help lines; 41% of programmes who did not have them have set one up. Many of these are provided at Sure Start Centres. It is widely recognised that local families like to have a central 'focal' point where community activities take place, where they can meet other parents, their children can meet other children, and where they feel comfortable and welcome. In the case of the multipurpose Centres, staff are co-located and effectively provide a 'one-stop shop'.
- 2.6.10 At the specialised level, SSLPs are developing different strategies to promote better access for families with particular needs or parents who are reluctant to take up services. This is particularly illustrated by the two examples discussed earlier. Support is also being provided for certain specific groups, such as fathers, grandparents and teenage parents. For example, 80% of programmes did not inherit a grandparents group, but 20% of those have initiated one. Similarly, 38% of programmes did not inherit a father's group, but 58% of these programmes initiated one. The father's study found evidence from interviews with programme staff and parents to suggest that providing father only sessions and activities may encourage father involvement.  
*"Sure Start is welcoming for men but until they come they are not going to find out. I think they are just scared. Maybe if they had just a men's group and got them to start coming to just the males group, then gradually bring them together as one big group. It's just getting them in"* [Mother]. Support groups can bring together people who feel isolated or unsupported and can provide appropriate advice and advocacy. In order

to meet the range of general as well as specific need, programmes report they are providing individualised support packages for parents, and where appropriate, specific outreach in the home. Survey data amplified by case study data on services indicates a range of specific provision, which includes the following;

- Training staff in specific support areas, such as British Sign Language (BSL); basic skills and confidence; befriending; domestic violence; cultural sensitivity;
- Establishing links with existing local services, panels, or agencies working on a specific issue, like domestic violence;
- Providing alternative communication such as video tapes, large print materials and materials translated into relevant community languages;
- Employing special needs workers to target specific community problems/issues.

## **Community Health Services**

2.6.11 Services to meet health needs mirror the three levels we have described above, i.e. 'exploiting universal services' for the benefit of children and parents; supplementing these where necessary; and providing individualised routes to services for those who need them. Typically, the range of health services on offer will include the following:

- Traditional statutory services (e.g. GPs, health visiting, pharmacies, and midwifery); for example, 90% of programmes are enhancing local health visiting schemes; fewer programmes (46%) are enhancing GP services. This may be seen in the context that case study programmes indicated the relative reluctance of GPs to be easily engaged.
- Health promotion services (e.g. smoking cessation, promotion of good nutrition and breastfeeding); for example, 98% of programmes report the existence of a smoking cessation scheme in the area;
- Pregnancy services (e.g. family planning clinics, ante-natal clinics); while a relatively small number of SSLPs did not inherit family planning services, there is relatively robust activity around the enhancement of local services;
- Special needs services (e.g. for parents and children); the three-quarters of SSLPs, which inherited Portage, for instance, are enhancing this service;
- Other health-related services (e.g. counselling, alternative health, child development services). Elements of health service provision are being introduced by 50% of SSLPs, where these services did not exist.

2.6.12 We found courses on 'healthy eating on a budget' in most programmes. These courses are very popular among parents and often have waiting lists. The instructor is often 'bought in' from a nutritionist and held at the SSLP kitchen. While the parents cook, the children are in the crèche, usually provided by the SSLP. The meal often ends with participants and children eating lunch together. This environment

enabled parents to sit down and socialise at a meal table. At the same time it provided an opportunity for parents to feel confident enough to divulge their needs for basic skill training such as literacy and numeracy. Beyond this, some programmes have even started to provide different levels of healthy eating courses, which are accredited to allow parents to gain qualifications and apply for jobs such as nutritional assistants in hospitals or with the programme itself.

2.6.13 SSLPs have also tried out different ways of service delivery. In the study on maternity services, SSLPs found that group services provided for smoking cessation were less successful than individually focused sessions. This is why the emphasis in this area has now shifted towards working with the individual in many programmes. Breast feeding support on the other hand, seems to rely more heavily on peer support and is therefore, on the whole, delivered in groups which provide peer support and also allow mothers to meet other and socialise at the same time. The Services report shows that rather than inventing new ways of working in this area, SSLPs tend to rely on providing support through resources, such as UNICEF materials, which are already established.

### **Good quality play, learning and childcare**

2.6.14 Early learning, play and childcare accounts for a fifth of expenditure on SSLPs. The most frequently inherited play, learning and childcare services were primary schools (99%), parent and toddler groups (98%), pre-school play groups (90%), childminders (87%) and the least frequently inherited were tumble tots groups (16%), adventure playgrounds (20%), soft play areas (26%) and childminding networks (24%). A fuller account of what is obviously a key set of activities for SSLPs as demonstrated by our National Survey and Case Study data, is provided in Chapter Four, however we focus below on some key points which impact on access to services.

2.6.15 The Early Years study highlighted the importance of inherited, diverse and sometimes conflicting local notions of what constitutes 'quality' in this area. It is important to flag up, given their likely impact on access, parents' views on the characteristics that made them feel positive about using play, learning and childcare provision. Some of these things include:

- Practitioners who establish positive relationships with families to ensure that parents feel valued, trusted and welcome;
- Services that offer their children opportunities to develop relationships with other children and to acquire social skills;
- Services that offer parents the opportunity to share in their children's learning and play and to learn about new ways of supporting children's learning and play at home.

2.6.16 Early learning and play services offer parents opportunities to meet and socialise with other parents in the community (Early Years study).

Many programmes sampled in our reports stated that they encountered mistrust among parents about the idea of their children being looked after by 'strangers'. The priority for programmes here is to break down the cultural barrier that children are best cared for by friends or other family members.

2.6.17 At the strategic level of planning for buildings, many programmes have deliberately built their centre(s) close or adjacent to nursery schools or primary schools in order to allow families to come to the centre and drop off older children at school. Where this approach has not been adopted, we found parents experienced the absence of transport as a constraint on their use of services. In particular, getting older children to and from school constituted a logistical task for many parents of younger children, who might want to use the SSLP.

## **2.7 E) Autonomous take up of services beyond Sure Start**

2.7.1 We have referred in the preceding section to the aspirations of programmes to construct an 'open door' between their own services. However, our continuum extends beyond the remit of SSLP services and includes a further doorway (i.e. between SSLP services and other mainstream services). It is clearly desirable that the programme's own services are delivered in such a way that they can act as a 'conduit' to services *beyond the area*. As our survey data in respect of 'inherited' services illustrates, these services are frequently provided by mainstream and/or independent agencies (e.g. GPs, hospitals and primary schools, etc). As a typical example, Children's Health Clinics and Child Development Centres are reported in survey responses to be inherited by most areas, although as we discovered in our case study site visits, many of them are not physically located within the catchment area, but within the wider borough or ward areas.

2.7.2 The majority of programme managers with whom we spoke, were anxious to maximise the use, by community parents, of relevant services outside the SSLP boundary. They had developed a range of strategies for encouraging sometimes-reluctant parents to exploit these other services. In some cases they provided transport, in other cases they would offer to accompany a parent on an unfamiliar bus journey. In two cases they went to some lengths to ascertain who would be 'on duty' if and when the parent went so that there was a sense of a personal link between the SSLP home base and the external service. Such creative strategies are likely to become even more relevant in the future when SSLPs, Neighbourhood Nurseries and Early Excellence Centres combine under the umbrella of children's centres.

2.7.3 We found evidence of SSLPs identifying the characteristics of other organisations and/or agencies, which might constitute barriers to use by SSLP parents. These barriers might take a range of forms including overly bureaucratic procedures for entry to the service; absence of childcare; and reluctance to offer any provision out-posted into the

SSLP community (one local college of further education was particularly hide-bound by its own physical premises). The following examples indicate the range of the pro-activity of many programme managers in getting the 'best deal' for their parents.

**Case example:**

In four SSLPs, a new supermarket had opened in the lifetime of the SSLP and in each case there was an active collaboration between the supermarket's recruitment team and the SSLP or one of its partner organisations, which meant that parents were given support and encouragement in applying for the new jobs, and the SSLP generally provided childcare for people attending interviews.

**Case examples:**

A local college of further education, while publicising its courses to parents in the SSLP area, failed to recruit. The programme manager offered strategic advice to her college colleagues to the effect that their failure to provide daycare would inevitably constrain recruitment within the area. Her professional advice was made available and the college began to arrange crèche provision and up its recruitment and meet the learning needs of the parents in the SSLP area.

- 2.7.4 Some mainstream areas were more resistant to such strategies (e.g. GP surgeries).

**Case example:**

One programme sought to attract a GP into basing their practice in the SSLP. This would have hugely facilitated easy access for local parents. However, the overtures of the manager were completely rejected and in this programme, the onus of opening up access to health services remained with the manager and her staff.

- 2.7.5 Parents who autonomously take up services are likely to have the confidence and knowledge – either gained through moving along the continuum of access or through their own confidence and ability - to access services on their own initiative. Below are some examples of how parents have been helped to reach this point of the continuum, which reflects the fact that programmes are taking account of the three different styles of parental service use, which we have identified above.

- 2.7.6 A parent in her 30s with two children aged 2 and 3 attended the community consultation meetings held during the SSLP set up process and decided to join the parent forum. She was an active participant in

community activities prior to the arrival of Sure Start and she felt that her views and knowledge of the community were important in the shaping of future services. She built up a good understanding of what services were /would be on offer and took a decision to go to both the Parenting class and IT skills group.

- 2.7.7 A parent in another programme described how the process had worked for her: *"First off, I did a parenting course given by [Training Coordinator] and made friends with other people who were mums on their own in the same boat as me. I enjoyed it so much I did it again and started to help out other parents on the course. After that I began to help out at the centre, organising trips and stuff. I then went on a counselling course and [a confidence building course]. Now I'm doing a course in office administration, which lasts a year, and a computer course. I've had to do exams for the first time since I left school. I was petrified, but I managed to do it. I am also doing the Community Volunteers course shadowing [the parent participation officer] for four hours a week for a year and giving support to other parents."*
- 2.7.8 A Community Education Co-ordinator in one SSLP found it very difficult to encourage parents to go on literacy courses. She came up with the idea of 'take a better photo' to attract parents in the first instance. This 'course' was designed to encourage parents to take better photos while at the same time promoted the improvement of writing skills (label your photos and make comments. In the beginning, one parent was never very interested in any of the courses. Finally, she attended the photographic course, but when others were reading or writing, she started to feed her child, etc. The Sure Start worker noticed and they found that the parent was dyslexic. They offered her some help and she was confident enough to accept it. This really boosted the parent's confidence and aspirations. Prior to this, she always wanted a 7<sup>th</sup> child but is now planning to apply for a job at the children's centre.
- 2.7.9 The Early Years co-ordinator described another parent: *"We have a mother who has gone from not getting out of the home and having a lot of post-natal depression to actually coming a few times with her child, starting to bring her child down there on a regular basis, speaking with staff, speaking with other people. And she said to me one time, 'It's really lovely because you ask not just how my child is but how I am.' ... And she's now started to go to a gym. Even on her own and she would never go anywhere on her own. So that whole confidence thing. . . . We're talking a few years down the line for this particular parent. She's actually coming out into the world and talking to people, getting her confidence up."*
- 2.7.10 In some programmes, the library services provided routes into a range of other interests and activities for parents. For example, one mother was encouraged through her use of the toy library to visit the community library where she could access a wider range of books for her child. While there, encouraged by the literacy work in the SSLP,

she started borrowing books for her own use and after a few months, was encouraging her next door neighbour to go with her and do the same.

- 2.7.11 There was sometimes a virtuous circle, where sometimes using one service propelled parents into a linked one. For example, one parent attended a healthy eating course and was inspired her to seek out further advice on a healthy lifestyle, including accessing support for giving up smoking.

## 2.8 Learning points

2.8.1 This chapter has explored the ways in which programmes try to reach their target population. We developed a 5-point continuum of activity, ranging from making initial contact to autonomous take-up of services other than those provided by Sure Start. This continuum involves SSLP staff in a wide range of activities including the promotion of services, the delivery of good services and on-going effort to maintain the engagement of parents with services. Moreover, we identified three different styles of parental service use, all of which have implications for the appropriate activities, which need to be targeted at each point in the continuum. These broad 'principles' relate to all core SSLP service areas.

- In order to maximise access to services by children and parents in the local community, programme staff have to think in the long term. Achieving 'reach' is never a one-off task but an on-going, continuous process.
- Many parents in SSLPs may lack the confidence to initiate the take up of services themselves. Programme staff need, therefore, to devise creative/innovative and flexible strategies, which will often go beyond what is possible within mainstream services. Such effort can help parents overcome their apprehension and will be especially effective in respect of groups with more complex needs.
- Outreach activity is fundamental to these strategies, be it outreach into the home or outreach into the wider community.
- Programme staff need constantly to have in mind the possibility of sign posting parents to other services. This is an important way of facilitating access.
- Trust on the part of parents is central to the development of their subsequent engagement with the programme and needs to be worked at on a sensitive 'as needed' basis. There will be cultural and ethnic dimensions to this task.

- The process of building trust needs to take account of the fact that parents are discerning consumers of services and do not, as is sometimes assumed, have stereotypical (negative) views about professionally qualified staff and stereotypical (positive) views about being a friendly person. They want staff members who combine, where appropriate, both sets of characteristics. Sometimes professional expertise is essential but this does not mean they do not value it being delivered by a sensitive, friendly and readily available individual.
- A further dimension of trust is the need for programmes to develop a consistent and uniform policy on confidentiality, and to raise awareness among their staff as to the importance both of providing clear assurances to the parents and families they work with. This is particularly important where programme staff themselves live within the community served by the SSLP. There are additional challenges posed by the emphasis on sharing data.
- The provision of childcare is crucial in ensuring initial and continuous use of services. The existence of childcare for parents participating in courses or management meetings proved to be a determinant of parental take-up of services.
- Finally, in addition to all of the above, programmes need to remember that all parents are different, even if they may broadly conform to our three parental styles of service use. Such an approach will have the capacity to make a reality of the Sure Start principle that every family has different needs.

### **3. CHAPTER THREE: ‘WORKING TOGETHER: TRANSCENDING ORGANISATIONAL AND PROFESSIONAL BOUNDARIES’**

#### **3.1 Introduction**

3.1.1 A key objective for SSLPs is to transcend the ‘fragmentation’ and ‘silos’, which have been consistently described as constraining the delivery of services for children and families at the local level (Glendinning et al., 2002; Balloch and Taylor, 2001). Programme guidance stresses the need to develop networks in order to facilitate the holistic meeting of children’s needs. We have explored in some detail in the previous chapter the way in which SSLPs are working to initiate and support networks for parents. However, facilitating networks for parents is only one part of the challenge for programmes. To enhance local services for parents, they also need to be addressing the networks with other agencies. This chapter focuses on the tasks involved. In the context of this report, we use the word ‘partnership’ to denote the strategic and organisational collaborative arrangements, which agencies are forging - or not - in the process of implementing SSLPs. However, in the context of SSLPs, partnership has two connotations. On the one hand, it refers to the *Partnership Board* (i.e. the body, which oversees the evolution and activity of the SSLP), which operates at the strategic level. We consider this in the first half of the chapter. At the same time it refers to a ‘*partnership way of working*’ with a range of agencies. These service delivery networks are explored further in the second half of this chapter.

#### **3.2 The *strategic network*: stakeholders and tasks**

3.2.1 For many of the people we interviewed, SSLPs were seen to be central to inter-agency collaboration and partnership boards were seen as a helpful mechanism.

3.2.2 Partnership boards can be composed of representatives from many different agencies and therefore vary across all SSLPs. They typically include, but are not limited to, mainstream agencies, voluntary agencies and members of the local community. In the National Survey (2001, 2002, 2003), we asked programmes to describe the representatives who contribute to the SSLP partnerships. We found that:

- Almost all partnerships have at least one representative from each main statutory agency (e.g. PCTs, Education and Social Services);
- Many other statutory agencies are also represented, especially Housing and Community Development;
- Fifty-six percent of partnerships report the inclusion of an EYDCP representative;
- Health is the statutory agency with the largest number of

- representatives per partnership. In this case, quantity of representatives may not equate with level of day-to-day involvement;
- Voluntary organisations are represented on all but 5 programmes; those without them tend to have higher levels than average of representation from the local community;
  - Over 90% of partnerships include community members;
  - Parents contribute to the management of almost every partnership;
  - Mothers are much more likely to be involved than fathers;
  - In addition, GPs are conspicuous by the extent to which they are not mentioned in the replies of our interviewees. While on the one hand they are very powerful stakeholders in PCTs and obviously their statutory duties mean they are in regular contact with families who have babies and young children, as far as we can see, they manifest little involvement in SSLPs. We found no example among our case studies of a GP being actively involved with the programme. Collaboration was generally limited to allowing Sure Start to place leaflets in the surgery.

3.2.3 Findings from both the National Survey and the Early Sure Start Study illustrate the tasks undertaken by SSLP partnerships, which include:

- Forming a partnership;
- Appointing a lead agency;
- Writing the development plans;
- Providing strategic direction for the programme;
- Recruiting staff and establishing appropriate management arrangements;
- Ensuring that reports are regularly submitted to the Sure Start Unit;
- Ensuring that practice and learning is shared with and between partner agencies;
- Community consultation, both at the outset and through the life of the programme.

3.2.4 It is useful to try and understand what appears to make partnerships 'work' - or not - as well as the barriers, which may hinder the development of an effective partnership. We adopt the following framework for exploring issues, which potentially impact on 'Partnership' working:

- Partnership history: existence - or not - of collaborative historical arrangements;
- Clarity of purpose;
- Commitment to the programme and a feeling of 'ownership';
- Developing and maintaining trust among partners.

### **Partnership history**

3.2.5 A strong local history of collaborative working may well indicate a pre-existing understanding in the area of the need for the sort of

partnership envisaged in Sure Start guidance. Conversely, the absence of such collaboration may well reflect a more fragmented way of working between agencies, in which case genuine partnership-working may be more difficult to establish. Both our survey data and our case study responses indicated an imbalance in the services inherited at the local level. For the most part, programmes were more likely to have inherited services attached to education and health than from social services. Obviously there were variations in this trend, and clearly programmes were starting from different points, as we indicate below.

### **Case examples:**

In one programme, there was an innovative existing partnership between health and education staff who collaborated on a Bookstart scheme. This level of local collaboration was also reflected in a local GP practice, which had previously taken the lead in establishing a volunteer group to support vulnerable families.

One local area was fortunate in having a proactive social services department who sought to engage the maximum number of agencies in their children in need work as well as their local Area Child Protection Committee. These groupings had encouraged good collaborative working relationships in the area between staff from health, education and social services.

Another area reported a variety of close links between both voluntary and mainstream agencies on issues related to child protection, teenage pregnancy, children with special needs and childminding issues. In addition, a range of agencies were represented on the children's services planning group and collaborated in providing multi-agency training/educational support. From non-health agencies, there was common enthusiasm that Sure Start brought health into a working partnership with them in community services for the first time, and that this enabled a 'whole child' approach: "*The relationship between agencies before Sure Start was here was already quite good. However, Sure Start provides the only example of everyone working together in a team. This is being used as an example of how it can be done, with social services, health and education working together*" [Co-ordinator of voluntary sector organisation].

3.2.6 Interviews with programme managers and other strategic managers yielded some positive views about existing and developing partnership work in the area. One programme manager proudly noted that, "*We will be able to build on the well-established inter-agency partnerships that exist within the EYDCP, and through joint health initiatives. This will greatly assist the collaborative working that is fundamental to the success of this SSLP*".

3.2.7 A Head of Early Years and partnership member asserted, "[*this programme*] has a very creative, cross-partnership approach to

*reaching groups living in areas with few or no resources, and as such works well [here]".* This area was previously relatively devoid of resources and, paradoxically, this seemed to result in staff in those few agencies having good working relationships.

- 3.2.8 Early years services in disadvantaged areas have had access to funding from other central initiatives supporting the National Childcare Strategy. The most important of these include funding for the development of childminder networks, childminder start-up grants to cover the cost of equipment and alterations, and the Neighbourhood Nurseries Initiative. Thus, unlike other mainstream services, early years services have been expanding simultaneously with the development of SSLPs. SSLPs and early years services have been able to collaborate on the development of new services. This has been particularly important in terms of developing childminder networks and planning and building Neighbourhood Nurseries, which often involve joint ventures between SSLPs and early years services.
- 3.2.9 However, even SSLPs with the best history of collaborative working still face difficulties. "*This [Local area] is a district that prides itself on inter-agency working, but the establishment and management of Sure Start has still proved a challenge*".

### **How did areas without a history of partnership-working capitalise on Sure Start?**

- 3.2.10 It is important to acknowledge that there has not been a level playing field for each of the individual 260 Rounds 1 to 4 programmes we studied. In some cases, SSLPs were fortunate in inheriting optimum local linkages, as we described above. In other instances however, they were hard put to identify much in the way of pre-existing collaborative relationships.
- 3.2.11 For example, some respondents expressed the frustration they experienced before Sure Start about inter-agency collaboration. We found examples of isolated staff who, in pre-Sure Start days, had attempted on an individual basis, in many cases without very much success, to forge inter-agency collaborations. They saw this as opening the door to area-wide collaboration in order to develop the preventive services to which the majority of them were highly, if not passionately committed: "*I see it (Sure Start) as helping us find partners to better achieve an area wide preventive input*" [Middle manager]. "*For me it was a wonderful opportunity when Sure Start first arrived, I saw it as a golden opportunity for social services to work in partnership and to work with Sure Start in early intervention and befriending activity*" [Senior manager]. "*I feel very, very positive! I am really positive about it as a vehicle for developing an early intervention and prevention strategy for our area*" [Middle manager].

3.2.12 A contributing factor to the lack of partnership-working in some areas was the view that multi-disciplinary working itself is such a new concept in some mainstream agencies. For example, some education respondents feel that staff have not historically been well equipped with the particular characteristics required to work across professional boundaries: *"We have not got the right skills yet. These are skills to be able to work across professional boundaries and embed consultation into practice and only a few people have them."* [Head of Early Years] This was echoed by another respondent who reflected that there was scepticism within her own department about the idea of services being community-led: *"People ask 'Do the community really know what they need?'"* [Head of Early Years]. As one education senior manager put it: *"We underestimated the challenge of multi-agency working. I'm very experienced, but Sure Start is something different. ... It has been sticky at times due to the personalities involved."* [Head of Early Years]. Another said: *"Partnership is hard. Differences in language and protocol make it difficult."* [Head of early years]

3.2.13 A primary school head teacher suggested that schools in particular tended to take the view that there was only one way of doing things (theirs). Each school has tended to operate as a free-standing unit, with little by way of collaboration with neighbouring schools, and virtually no experience of collaborating with other services. Getting schools to change their way of doing things was difficult: *"Agencies need to be committed to partnership-working and have an understanding of Sure Start. We have got to be open and willing to change. Sure Start has brought the schools together."* [Head teacher primary school]

3.2.14 To understand both Sure Start history and Sure Start present, we needed to explore both inheritance and current development. In areas where this 'positive' history had not been developed, programmes could be faced with some very real difficulties. A programme manager summed it up succinctly: *"[we] struggle against the lack of a strong economic infrastructure, historically underdeveloped public services and a fractured, unresponsive, and some might say, fractious political culture from which many local people feel alienated".*

3.2.15 Despite the difficulties faced by some local areas in terms of low levels of inherited collaborative relationships, we identified a range of mechanisms/strategies, which, where they were deployed, appeared to be able to help overcome these difficulties. The common component of all of these was the commitment, ability and tenacity of the programme manager. This role was key to perceptions of partnership-working, both within the SSLP, and outside it, in partnership agencies. We found that even a 'lean' inheritance of services could be mitigated by high levels of commitment and proactive networking by the programme manager.

3.2.16 Firstly, the manager needed to alert her or his staff to the urgency of the task of building better partnerships; and having alerted them, to continue to advise and support them in responding to the challenge. Interviews with case study programme managers reflected their shared view of the need to build confidence on the part of their programme team that the construction of partnerships was a feasible goal. “*My staff said to me, they were sick to death of hearing the word partnership – it was up to me to sympathise with the business of using buzzwords like this and then provide some real short-term examples of what we might be able to do.*” [Programme manager] Another manager reported that a permanent agenda item for all the meetings held in the SSLP was partnership-working.

3.2.17 Beyond the creation of enthusiasm and confidence in the SSLP, managers reported a similar set of activities, which they were undertaking in order to facilitate networking beyond the programme team. Managers in case study programmes had routinely issued invitations to key personnel from partner agencies to visit the programme, talk about their own roles and discuss with programme staff the possibility of joint activity.

3.2.18 In addition, in several programmes, we found coffee/policy discussion meetings were being organised by managers, in collaboration with key senior staff in the partner agencies. These were used to discuss issues such as child protection referral rates; community responses to the debate about the MMR vaccine; and the impact of staff shortages in local primary schools.

3.2.19 Establishing collaborative networks is clearly a balancing act between what has been inherited and the skills and energy that the programme manager brings to the task. These ideas will be developed further in a subsequent section on the role of the programme manager.

### **How have SSLPs worked to achieve clarity of purpose?**

3.2.20 Partnership success relates to clarity and realism of purpose. In other words, partners need to consider whether they have sufficient common ground to work together, both in terms of a broad set of shared understandings as well as more specific aims and objectives. Having shared, or at least complementary, objectives and targets clearly helps. Collaboration is more likely to be genuine, at both strategic and operational levels, if everyone is seen to be working towards the same desired outcomes.

3.2.21 Many senior managers saw the positive potential of the right targets to drive policy in a constructive way: “*The right targets can make people feel successful. Outcomes are important, you need to give people ownership of the targets.... this is especially important in the long term.*” [Senior Social Services manager] In Education, similar sentiments about a clear vision were evident: “*Partnership is going*

*well and they have a clear vision of where they are and where they are going. Agencies in the partnership had previously worked separately and there was a feeling that working together was an obvious thing to do. The links with health, education and speech therapy are working well.”* [Middle manager education]

- 3.2.22 The issue of targets recurred as a source of tension in several of our interviews. Agencies are more likely to collaborate with other initiatives if they believe that the efforts of both organisations are contributing towards meeting not only *the same* targets, but that those targets are seen to be *meaningful*. Where shared objectives are not present, staff in mainstream services may be wary about committing time and effort to work which does not contribute directly to their own organisation's targets. The respondents with whom we spoke were very familiar with a plethora of targets within their own agency, and had mixed feelings about the impact they had on existing work. One middle manager spoke critically of the way in which he thought the Social Services targets for adoption had hampered the emphasis which he wanted to see put on early intervention. There was some evidence of envy on the part of Social Services staff that Sure Start targets prioritised the sorts of *preventive* activity they wanted to do more of. Thus, Sure Start targets were seen as giving credit to preventive work and early intervention, whereas their own agency targets were seen to encourage reactive work and be focused on child protection and the needs of looked after children.
- 3.2.23 We found two programmes where respondents made the link between the ‘clear vision’ of the partnership and clarity around accountability. A senior manager in one of the two programmes cited above said, “*the programme is very organised and efficient – it has a strong vision about where it wants to get to and I see that as being crucial to our explicit agreement of where accountability lies*”. However, in many other programmes, there was no such virtuous circle.
- 3.2.24 Other respondents specifically cited the absence of such clarity in relation to problems around accountability. One Social Services manager said, “*There is a tension as to where overall accountability lies. PCT employs Sure Start staff and the Council is the Accountable Body. Difficult to separate out PCT objectives from wider objectives*”. The head of one local voluntary organisation remarked that, “*Sure Start is not clear about their [Sure Start and Accountable Body] respective roles*”. Local evaluation findings have revealed similar problems: “*Fundamentally, through 2001/2002 agreement on terms of reference for the Partnership Board was not secured. This has discouraged a clear sense of roles and responsibilities and the demarcation of responsibilities for the Management Group, the Partnership and the delegations to programme management*”.
- 3.2.25 We now provide three brief examples of the way in which local programmes were incorporating individual pieces of work in a wider

strategic plan. Although innovative in their own right, it would be a mistake to see these individual events as free-standing; we found they were linked together as part of a strategic approach. For example, in the context of employability, SSLPs seek to improve the employability of parents by collaborating with other organisations. Where collaborations have proved successful, SSLPs discovered that collaborating with different organisations with shared similar objectives allows for the pulling together of resources, while at the same time reducing the workload and expense for all those involved. It means maximising outcome with limited input, and sharing useful information - such as parents' interests, and demographic characteristics - among a number of organisations. The following three extracts are taken from different programmes, the first is a meeting, which took place between various providers in order to organise the forthcoming Open Day. The second one is a planning event to organise a childcare strategy while the last one offers an account of an Early Years Co-ordinator involved in the organisation of an SSLP Open Day.

3.2.26 In one programme, the organisation of an Open Day was exploited as a key part of the strategy to engage all the possible stakeholders in the community. In addition to the very obvious potential for disseminating information about the SSLP to all the parents in the community who attended, additional specific objectives included:

- further education colleges being helped to fill their training places;
- the EYDCP having an opportunity to recruit parents onto training, thereby meeting DfES targets;
- providing an opportunity for local employers to make contact/recruit with potential employees amongst the community.

3.2.27 These short term objectives for the day were explicitly linked in the strategy to longer term objectives in line with Sure Start targets to reduce the number of children living in workless households, for example, and for the inclusion of children in the community in high quality early years provision.

3.2.28 A similar strategically planned event was organised by another SSLP. This included all the childcare providers in the area. The explicit purpose of the day was to draw up an integrated strategy concerning childcare training in the SSLP area. In order to meet other programme targets around employment and daycare use, the programme also involved presentations by a lone parent advisor, a representative from the EY Partnership, and the SSLP play and learning co-ordinator.

3.2.29 In another programme, an early years co-ordinator was involved in the organisation of the under 5's Festival, and also in the National Sure Start Month activities. In promotion of the month, all the SSLPs in the area came together to publicise their services. They also had a fathers' development worker who organised some activities, and encouraged men to go into childcare. Activities also included a games room for kids

who were looked after by their dads, and there were stalls from several providers such as the local Further Education College, the Employment Service, the Inland Revenue, and other local colleges. The Early Years Co-ordinator organised taster sessions for parents on the different areas of childcare training, and for professionals to give employment advice to parents. The idea for the Day originated through 'joined-up thinking'. After the event all parties involved got together again to discuss any feedback, and share information.

3.2.30 In these successful collaborations, all stakeholders were clear about the basis of their involvement, the parameters of their responsibilities and their relationship - both with the programme - and with each other. Despite adhering to potentially different objectives, working together allowed each partner to meet the needs and targets of their own agency while at the same time maximising output with limited resources and input.

### **The specific challenge for SSLPs of meeting Every Child Matters responsibilities for child protection**

3.2.31 SSLPs represent one important community level initiative tasked by "Every Child Matters" to contribute towards achieving five key outcomes for children. These are 1) be healthy; 2) stay safe; 3) enjoy and achieve; 4) make a positive contribution; and 5) achieve economic well being (DfES, 2004). This new outcome framework applies to the work of staff in every agency, which works with children and young people. Inevitably, its successful implementation will pose differential challenges to individual groups within the workforce, some of whom will not previously have explicitly shared responsibility with social services for 'ensuring safety from maltreatment, neglect, violence and sexual exploitation'. We know there is a long standing tension between those elements of work with children and families often defined as 'preventive' and those defined as 'protective', and that even local authority social service departments have always struggled to make a reality of integrating family support services with their child protection responsibilities (Tunstill and Aldgate, 2000). Our case study interviewees in SSLPs echoed this challenge, which was sometimes reflected in their relationship with social services departments. SSLP managers strived to strike the right balance between child protection and the task of wider preventive work with children and families and this was not always straightforward.

3.2.32 Almost all of our managers saw the existing primary legislative responsibility of Social Services for child protection as exerting a powerful influence on their involvement in Sure Start. This theme permeated their views of all the other individual challenges they faced. In the most pessimistic cases this was seen as an entrenched problem, which against their every best effort, was almost impossible to resolve. The following were typical of the ideas expressed:

*“Child protection is the responsibility of the local authority. I feel that some people who provide support to families hold back in reporting issues to social services, and this makes things even more difficult for us” [Middle manager]. “I am coming from a statutory organisation which with the best will in the world is over-ridden by reactive crisis about child protection, not prevention.” [Middle manager]*

*“The main difference between being a social worker and a Sure Start worker is that for the latter there is a lack of statutory responsibility for child protection- they can therefore be proactive and preventive, empowering rather than dictating.” [Area Director]*

*“Child protection dominates even though we are trying very hard to shift the culture - getting in first and early intervention. We know that in theory it should stop the need for putting names on the register - but we don’t have the resources to do it - the core work for social services is still fire-fighting.” [Senior manager]*

*“We very much need - and want - to look at preventive services. But because of the demands on child protection it is still very difficult for us, in social services, to prioritise that aspect.” [Middle manager]*

### **Strategic Level Commitment**

3.2.33 Existing research concerning partnership-working suggests that “an organisational commitment to partnership-working is more likely to be sustained where there is individual commitment to the venture from the most senior levels of the respective organisations” (Hudson & Hardy, 2002; p. 56). We found considerable evidence of commitment at the highest organisational levels, for example, Local Authority Chief Executives. This commitment had a substantial influence both on the profile of local programmes within their areas, and on the morale of the programme staff who were understandably reassured by support at the highest levels.

3.2.34 As one Chief Executive stated: *“I am keen to see a national framework that would give us some consistency of approach and enable us to share good practice for young children”*. This Chief Executive seemed to be very familiar with the work of his own local programmes, and was proud of what he thought they were achieving locally. Another Chief Executive, similarly closely engaged, said *“The emphasis on education and learning and preparing children …through SS helps us to deliver a national agenda by putting resources into an area where they are much needed…”*. This programmes manager was clear that she derived very helpful support, both in practice and in principle from the mainstream agencies and cited the Chief Executive’s positive approach as a factor in this.

3.2.35 The issue of strategic level commitment recurred in interviews with managers across all partner agencies and again highlighted the

potential role that SSLPs can play. The four following examples indicate the way that managers viewed the issue of strategic level commitment.

- 3.2.36 Social Service departments could demonstrate their strategic level commitment in a variety of ways: *"I'm not responsible for Sure Start: I'm a partner, but I am responsible for Family Centres and will look at the relationship between the two. As Director of Social Services I manage from start to finish. I am involved in initial process policy and seeing it through. Local partnership is trying to realise the potential of all with the agencies working in collaboration and encouraging colleagues to work closely – we are regarded as an excellent authority." "I have a good relationship with health/education/voluntary organisations- do joint work on training etc."* [Middle manager social services]
- 3.2.37 Strategic level commitment by Early Years Partnerships (and their successor organisations in local authorities, which come under the new wider Sure Start banner) was demonstrated by their funding support for a wide variety of service providers. Thus the mainstream early years services, both early education services and the daycare services which previously came under the auspices of social services, have already changed their mode of working and are developing an integrated partnership-based approach. In essence, early years services in local authorities are service purchasers and developers. They have collaborative working relationships with a wide range of providers, including child minders, voluntary playgroups and private nurseries as well as local authority day nurseries, nursery schools and nursery classes. SSLPs act both as providers and as collaborators.
- 3.2.38 Early years services in disadvantaged areas have also had access to funding from other central initiatives supporting the National Childcare Strategy. The most important of these include funding for the development of childminder networks, childminder start-up grants to cover the cost of equipment and alterations, and the Neighbourhood Nurseries Initiative. Thus, unlike other mainstream services, early years services have been expanding simultaneously with the development of SSLPs, and SSLPs and early years services have been able to collaborate on the development of new services. This has been particularly important in terms of developing childminder networks and planning and building Neighbourhood Nurseries, which often involve joint ventures between SSLPs and early years services.
- 3.2.39 The relationships and funding streams involved are two-way and mutually supportive. Sure Start programme managers often sit on early years partnership boards, while someone from the Early Years Partnership often sits on the Sure Start board. This means that Sure Start experience can be brought to bear on the development of early years services throughout the area.

3.2.40 Health service respondents, including those serving as chairs of Sure Start partnerships, viewed Sure Start very positively. They particularly appreciated its role in prevention and early intervention, as opposed to what they saw as the mainstream position in which health and social services provide mainly crisis intervention: “*This is the way I was trained to work – prevention and early intervention*” [Chair of Partnership and head of PCT Children’s services].

3.2.41 However, the difficulty of working in partnership was universally acknowledged at health’s strategic and operational levels. There was clear recognition that others’ strategic directions may not be the same as yours that they might have different agendas and that this can lead to conflict. If there is not a cohesive approach, things can go off on a tangent: “*We’re three years down the line and we’ve not got this sorted – it is what they had in mind but it never happened. Now we’ve got funding issues.*”

3.2.42 Voluntary sector workers, on the whole, saw Sure Start ideals as reflecting their own aspirations in terms of working methods and style. Some respondents however, indicated disappointment that their own such efforts over a long period were insufficiently acknowledged: “*I think there is some fantastic stuff coming out of Sure Start, however it gets under my skin that all these years we’ve been doing this stuff and now Sure Start gets all the credit*” [Family Support Coordinator, large national voluntary agency].

3.2.43 Some concern was expressed that Sure Start (nationally) focused too much on health as opposed to ‘social issues’. “*The formal medical model has alienated the voluntary sector*” [Staff member, large national voluntary organization].

3.2.44 Some voluntary sector respondents felt they were most valued for their ability to contribute resources. A Chief Executive Officer from a national voluntary agency stated: “*I’ve learned to expect nothing for ourselves – statutory agencies always like to have us on board as long as we do it for free. My hope was that we could be involved in providing a service that would have us paid for once, and my hopes have not been fulfilled*”.

3.2.45 At the end of the day, these aspirations and enthusiasms need to be managed sensitively by the programme manager who can sometimes seem to be treading a fine line between ‘hands on’ and ‘hands off’ approaches. The challenges that face programme managers in this area include a variety of barriers to strategic level commitment, which we now go on to describe.

### **Strategic level commitment: work in progress**

3.2.46 As we have described, the broad picture is one of enthusiasm at most levels of the programme and overall in partner agencies. However, our

studies identified a number of impediments, which could undermine these positive attitudes.

3.2.47 Firstly, we found that the attitude of the Chief Executive, positive or negative, was crucial. We identified some Chief Executives who manifested a ‘committed but sceptical’ attitude. *“My first impression was that the Sure Start idea was all about organisations being organisationally rather than customer-focused...I felt my responsibility as Chief Executive was to set up an independent partnership, focused on regeneration and neighbourhood renewal, and to try to help Sure Start steer away from relying on these larger battalions in order to get full community ownership”*. Although a second Chief Executive shared this same value base, she had had to overcome scepticism from the programme that she herself was on the ‘side of the community’. *“It has been a struggle for my mainstream agency colleagues and me to forge a partnership with the programme staff. I think some of the programme managers fear mainstream people like me are going to be a problem. We have all worked hard to get around this mutual mistrust”*.

3.2.48 Secondly, the specific health service agenda could sometimes itself constitute a barrier. In about a quarter of our case study programmes, a considerable degree of separation of the health service agenda appears to remain at decision-making levels: *“The PCT is not supportive of Sure Start at a senior level; they do not regard themselves as active partners”* [Programme Manager]. In these programmes the health services approach to Sure Start is essentially about whether Sure Start can contribute directly to their existing agenda and priorities. If it cannot do so, their interest in collaboration is limited. There is no sense of what the health services are able to bring to the partnership in terms of contributing to the well-being of children and families.

3.2.49 Thirdly, there was a tension between the bureaucratic burden of managing resources (including money, staff and time) and the other strategic proactive responsibilities of programmes. There was some evidence that the process of resource management could even have a demoralising effect and sap the energy of managers for the pursuit of shared strategic level commitment. Both SSLPs and partner agencies believed that the tasks around managing resources were generally underestimated. SSLPs themselves found that the need to take the members of the partnership with them and to comply with multiple finance procedures led to delays in starting projects, especially capital projects. In the same way, partners’ recruitment procedures could also lead to delays in the appointment of staff. Partner agencies are beginning to have difficulty finding the time to devote to involvement with the partnership. In one area: *“A large proportion of the resources and time in the [local authority] children’s unit go on Sure Start work.”* [Head of early years].

3.2.50 In some extreme cases, failures to rise above the burden of resource management could lead to mainstream agencies failing to attend partnership meetings. Their absence could be a disincentive to parents attending as well, and so had a doubly negative effect. In one area the chair of the Sure Start local programme partnership felt it was embarrassing when those from mainstream agencies failed to attend when parents made the effort to do so. We found some examples of agencies whose involvement with Sure Start is relatively minor, beginning to withdraw from active participation in partnership because of the resources involved. In one area the Children's Information Service has pulled out altogether. In two areas the library service has stopped sending a representative to meetings because they feel that they can make better use of the librarian's time to the benefit of the whole community by her being available in the library. Some agencies were frank about the dilemma:

*"The problem with Sure Start is the level of involvement needed from other agencies. Some agencies are involved in more than one programme and attendance at meetings and the level of commitment becomes a problem."* [EYDCP partnership support officer]

*"Because we now have five Sure Start programmes it is difficult for agencies to put senior people onto each."* [Primary care trust head of partnership and regeneration]

### **Developing and maintaining trust among partners**

3.2.51 The need for successful partnership-working is self-evident, but at the same time its achievement is elusive. The development and maintenance of trust on the part of both community members including parents, is probably the basis for the most successful and enduring partnerships. At whatever level – organisational, professional, individual – mutual trust increases the chances for strong partnership (Hardy et al., 2000; Evans & Killoran, 2000).

3.2.52 In developing 'trust', it is important that each partner's contribution is equally recognised and valued. This notion was evident in examples, which we described in the preceding section 'clarity of purpose'. All stakeholders we spoke to in these collaborations felt that they were regarded as equals, irrespective of the resources involved and that they benefited from being a part of the partnership.

3.2.53 Our data on this topic derives predominantly from the case study report and from individual themed analyses. A marked characteristic of all of this data was the frequency with which respondents gave examples about the role of health rather than other agencies, when they were talking about the difficulty of building trust between partners. It may be that there are overwhelming professional and organisational reasons for this, including the structure of health trusts, the high status of many

health professionals and the ‘medical model’, which has complicated life for many health practitioners, even before Sure Start.

3.2.54 For example, the Early Sure Start Study highlighted the problematic nature of ‘unequal’ partnerships, where the partnership was weighted towards the lead partner. Where Partnerships were not seen to be operating ‘equally’, there was a surprising unanimity among respondents about this. In one area where the Partnership was led by a Health Trust, every stakeholder interviewed considered that the Partnership was weighted towards the lead partner (even some practitioners who were employed by it.) *"It is not an equal partnership when one member takes the lead and tends to weight the decision-making in their favour. Decisions got made among small groups of professionals who then reported back to the larger group as a fait accompli. Some partners were familiar with one another before Sure Start - which eased the relationship for them, but meant that other people got left out".*

3.2.55 In another area a statutory partner observed that after the third or fourth meeting of the Partnership group it became clear the Health Authority felt that: *"they had made the bid and were angry at the intrusion of other groups."* To redress this balance, the respondent and other Partnership members had insisted that a national voluntary organisation be asked to lead the local programme. Though the Partnership remained somewhat unequal, the respondent - from another statutory agency - felt that other voices were now beginning to make themselves heard. In other words, the balance within partnerships need not be static and can be altered.

3.2.56 A further example shows that several stakeholders perceived that one or other agency ‘always got the lion’s share of any resources’. *"Every time we plan to do anything, its always health that picks up most of the cash, even though, as far as we can see, they aren’t doing that much"* [Social Services worker]. One programme manager recounted how she constantly had to try and restrain the Director of Education from allowing himself to be seen to be monopolising resources.

### **3.3 Understanding multi-disciplinary working**

3.3.1 In this section we identify two groups of challenges, which regularly confront SSLPs in their efforts to develop a system of multi-disciplinary working. Firstly, we look at challenges arising from the structure and characteristics of the workforce. Secondly, we identify and discuss some of the key issues, which arise in the context of strategic and operational activities (In reality on the ground these two sets of issues interact, but for the purpose of providing a clear overview from our data, we have separated them - albeit we acknowledge this is to some extent an artificial division).

## **Group one: Challenges arising from the structure and characteristics of the workforce**

3.3.2 As we comment above, in reality these three issues are likely to overlap, and, depending on the characteristics of inherited local resources may impact on individual programmes at different times and in different ways.

- (i) The impact of recruitment and retention challenges on service delivery
- (ii) The implications of the ‘secondment model’ on service delivery
- (iii) The implications for the service delivery network of ‘getting the right skills mix’

### **(i) The impact of recruitment and retention challenges**

3.3.3 Interviews with programme managers in our case-study research found that almost half felt that as well as competing for staff with mainstream services, all the SSLPs are competing with each other for similar staff from a small range of qualified professionals in their local areas. In addition, Sure Start is in competition with an increasing number of other government initiatives developing around the country. Specific staff shortages that were mentioned include family support workers, community workers and health visitors.

3.3.4 National survey data (2004) showed that 32% of SSLPs were experiencing delays in recruiting to new posts, and 72% of SSLPs were experiencing delays recruiting to an existing post.

3.3.5 The exact *basis* for employment could well be one of the factors implicated in this apparently high rate of recruitment delay. For example, case study respondents expressed the view that short-term attachments led to an undesirable loss of good staff looking for better salaries and employment conditions. One programme manager said, “*We are having problems filling community worker posts – many are leaving to get jobs as social workers as they are better paid positions. We often have to advertise jobs 2 or 3 times as there are not enough qualified people out there.*” Losing valuable members of staff may translate into higher workloads for remaining staff with the possible result of lower levels of job satisfaction and even higher turnover rates. As one midwife who was struggling with a heavy workload stated: ‘*Others have left the programme and I feel it needs more than me to meet the objectives*’. One programme manger commented on the difficulty of recruiting to specialised posts, meaning that these posts often went unfilled for many months. “*Previously we had had difficulties recruiting to our Childcare Development Worker post and to our Services Co-ordinator - finding people who have done this sort of multi-agency work, let alone managed it, is very difficult.*”

- 3.3.6 Some staff were not entirely lost to SSLPs as a national entity, but left a gap in individual programmes by moving jobs. For example, staff members who have been trained by one SSLP and move to another probably leave a gap behind them, even if they move from longer-established programmes to new ones, or to other government initiatives. This was seen as positive by some, who felt ‘the right staff come along at the right time to get things up and going and then move on’. For example a play worker was cited as being very creative at establishing a system, enthusing other staff with her ideas, but then found that actually running an established service provided insufficient challenge for her and chose to move on. In another programme a health visitor was seen by others as having negotiated very sensitively with a difficult local GP, and got a clinic established so that when she left, the clinic was soundly established but run by another health visitor.
- 3.3.7 Against the backdrop of these challenges, SSLPs vary in the approach they take to staffing the programme generally, and to home visiting in particular. However, a common model is to recruit staff with a variety of backgrounds, including parents and other community members, and to train them to work in a befriending role and to staff crèches and drop-ins. These Sure Start workers generally, but not always, work in teams led by someone with a professional background.
- 3.3.8 Staff expressed concern that some of their colleagues did not have the necessary qualifications and/or experience to work with particularly challenging and complex families. Sometimes this appeared to reflect underlying professional tensions and insecurities. Thus, staff who had a particular area of expertise (for instance working with children with special needs) argued that this skill was lacking in some of their colleagues (including both health visitors and Sure Start home visitors). Those with a background in working with the local community (or Sure Start staff drawn from the community) often argued that professional staff needed more training in how to work with families in the community.

## **(ii) The implications of the ‘secondment model’**

- 3.3.9 In many ways it is difficult to disaggregate individual elements from the on-going recruitment challenge. As we indicate above, the diverse basis of employment can build in both advantages and disadvantages. As in the case of short-term attachments, even longer-term secondment can also be a mixed blessing. (In some cases, staff are employed directly by the SSLP, either on a full or part time basis, but the majority of staff are working in the SSLP following their secondment by one of the partner organisations). These seconded staff may work full time within the SSLP, in which case they will have little or no day-to-day contact with their seconding agency. Alternately, they may divide their time between working in the SSLP and continuing to work in their seconding home organisation.

3.3.10 There are clear advantages to secondment, most obviously the potential for bringing in professionals from a variety of backgrounds with existing skills and experience. The programmes can access the skills and networks of professionals who would not be willing to resign from their secure jobs to take fixed-term temporary posts with the programme itself, with the consequent risk of being out of work when the contract ended. As one programme manager put it: '*We got professional qualified staff who otherwise wouldn't have left their jobs for us*'.

3.3.11 Respondents were clear there were other advantages of secondment. For example, the fact that it provided job security for staff, which has benefits for them and for the programmes. This in turn means that SSLPs have access to staff of a higher quality than they would be able to secure on direct employment terms. At the same time, by having staff from mainstream services working in SSLPs, the programmes have a ready-made set of links with the mainstream agency, and, simultaneously, the agency is more likely to trust the SSLP if it sees some of its own staff working there. Both of these are beneficial to delivering services on the ground.

3.3.12 Staff themselves see secondment as allowing them to maintain a permanent contract with their 'parent' agency, while contributing to the national Sure Start initiative. Secondment allows them to gain new experience and to try a new way of working, while at the same time minimising the risks to them personally of being able to resume their mainstream career.

3.3.13 Our fieldwork was carried out too early in the life of SSLPs to enable us to explore all of the potential advantages of secondment e.g. the return of seconded staff to their home agencies, with new skills and experience of new ways of working.

3.3.14 However, the secondment model poses a complex set of challenges, which need to be met in order to manage a variety of terms and conditions of employment. For staff that are employed by the SSLP, pay, grading, terms and conditions are defined in relation to their job role with the programme. Seconded staff bring with them the pay, terms and conditions of their home organisation. Thus, a programme may contain within it, staff who are doing similar if not identical jobs, but who have a variety of pay rates, holiday arrangements, training entitlements, pension arrangements and career prospects and expectations. Indeed, in some cases programme staff may be paid more than programme managers. These differences in employment conditions, unsurprisingly led to difficulties in establishing comfortable and collaborative relationships among staff. As one PCT representative stated: "*There is a problem with working together in that the pay scales are all different for different staff of different agencies. They have different terms and conditions, and there are also professional boundaries in terms of information sharing*".

3.3.15 Furthermore, our case-study research identified considerable confusion around management. Sometimes staff were uncertain as to who they should report to. In one case-study programme, ‘three-way’ meetings were introduced for seconded staff, leaving staff both perplexed at where their loyalties should lie and frustrated at the number of managers to whom they had to report (home agency manager, Sure Start programme manager or team manager?). In another case-study programme, a manager said: *‘it would be easier if everyone was employed by Sure Start – we would get over the differences in pay, and remove the tensions between different sets of accountability.’* It is clear that consistent and unambiguous rules and procedures need to be in place to avoid undue stress on staff members and indeed, on programme managers.

### **(iii) Getting the right skills mix**

3.3.16 Furthermore, staff working at the front line felt that there were skills-gaps in their teams. In two-thirds of our programmes there was a widespread view that the skills *mix* needed to be more diverse and that the overall skills *level* needed to be higher. These concerns related both to professional skills and to personal skills. This was often perceived as part of a wider problem of a general lack of social capital in Sure Start areas, both among members of the community; and among the professionals who had chosen to work there.

3.3.17 Our fieldwork was carried out in a period during which evidence about the quality and quantity of the childcare workforce rose up the political agenda. The challenges posed by the characteristics of the workforce were addressed in key policy documents throughout this period (Every Child Matters DfES 2003; HM Treasury 2004). Sure Start local programmes are at the heart of these policy trends, depending as they do on a wide variety of staff. Some of these workers will be highly qualified professionals such as health visitors and social workers. Other workers will bring to the programme the benefit of detailed knowledge of the community; first hand experience of parenting; and enthusiasm to harness these qualities in the interests of their own subsequent career development for themselves. Our interviews identified a central challenge for programme viability and success in the shape of ‘getting the right balance between a diverse staff group with diverse skills and experience’. In the following paragraph, we use the phrase ‘skill mix’ as short hand for this phenomenon.

3.3.18 The issue of skill mix relates both to the type of skill and to its level. SSLPs deal with health, family support and child development issues. This means that they need staff with a variety of professional backgrounds in these fields, who are able to use what are often, high level and appropriate professional skills in a multi-disciplinary/multi-agency environment. In some cases they require individuals with the ability to work on their own initiative and to develop new approaches to

service delivery. On top of all of these, in *all* cases, they need individuals with existing and potential high levels of personal skills, and the desire and ability to relate to and empathise with parents.

- 3.3.19 Getting the right quantity, identity and balance of skills constituted a key feature of day-to-day life for the programme manager. This task existed in the context of trends at the national policy level, including a) an overall national shortage of some key workers and b) the inevitable rationing of the financial resources available to programme managers in order to ‘purchase’ the staff they needed. Even if they wanted to and could demonstrate the desirability of such a strategy, they could not possibly afford to establish a programme full of expensive specialists for each and every task. In other words, the key issue for programme managers was to ‘audit’ the workforce resource available to them; to deploy specialist workers where their role was essential and their input of most value; and to undertake a general programme of workforce development in order to capitalise on the staff and community members on whom they could draw.
- 3.3.20 Strategies, which we identified included training staff in areas where no specialist worker is available; employing members of the local community to cover, where appropriate, some tasks such as befriending families; and exploring mechanisms such as job sharing, and secondment to secure vital expertise.
- 3.3.21 Capitalising on the enthusiasm and desire to develop career skills of the parents in the community, programmes have started to recruit experienced parents and community members, and are training them to work in a befriending role and to staff crèches and drop-ins. These ‘support workers’ generally work in teams led by someone with a professional background. At the same time, programme managers looked beyond the community to exploit possible resources. This might take the form of drawing on staff from voluntary agency projects nearby. Managers saw this as a cost-effective way of accessing some skills not in evidence within the programme boundary. For example, an individual programme may have a number of families from one or more minority ethnic groups speaking a number of different languages. Drawing on the support of adjacent agency/ies could input, in a low cost way, the cultural and ethnic expertise needed.
- 3.3.22 The ‘flexibility’, which the programme manager might seek to apply to these workforce issues, could elicit less than positive responses on the part of individual workers. For example, some programmes struggled with tension around the division between highly qualified professionals and ‘support staff’ who might lack the professional qualifications and experience. Some professionally qualified respondents worried about the skills of the ‘support workers’, who they thought were sometimes left to identify and deal with complex problems beyond their competence. They thought it essential that these workers were trained to be very clear about when they should refer families for help requiring

specific professional skills. Health professionals in particular were unhappy at some health-related activities being delegated to colleagues they saw as lacking in the necessary knowledge and experience base. There was inevitably another side to this tension. ‘Support workers’ sometimes felt that the professional staff ‘looked down’ on them and failed to recognise that their roots in the community enhanced their ability to fulfil their work roles. Yet again, the responsibility for sustaining this balancing act between *available and appropriate* resources fell to the programme manager.

3.3.23 Having provided this overview of workforce issues, we now explore a second set of issues at the strategic and the operational level.

### **Group two: Key issues which arise in the context of strategic and operational activities**

#### **(i) Information sharing and referrals**

3.3.24 While our first set of workforce-related issues can be seen as part of the *structure* of programmes, this next section focuses on examples of individual programme *strategy*. These include topics such as information sharing and referrals; and time-keeping. These are issues, which recur as challenges throughout the literature on multi-disciplinary working (Harrison et al., 2004). We have selected some of the key strategic potential ‘blocks’ to multi-disciplinary working, which are likely to confront programme managers and we provide some examples of how these are dealt with in the day-to-day life of the programmes.

3.3.25 Staff from different professional backgrounds came to the programme with different professional codes of practice, and with requirements to follow different procedures, including sharing information and referrals. For example, workers had different experiences and practices in dealing with confidentiality. There were differences in the extent to which they had encountered child protection and/or domestic violence. Programme managers had to find common ground between different staff and agree a shared way of working in the context of both straightforward and complex community level need. For example, some programmes had developed a referral system specific to the programme, which all members of staff, regardless of their home agencies’ policy, adhered to and shared with one another. Some programmes indicated that this was ‘work still in progress’ but had, for now, agreed on staff adhering to home agency policies in terms of referrals and confidentiality.

3.3.26 In terms of information sharing, programmes, for the most part, were aware of the risks of duplication and the likelihood of bombarding individual families with uncoordinated visits. A Nursery Nurse cited her frustration over duplicated visits and services: “*We can’t seem to get it right – parents remain confused about who is who ... and why we keep asking the same questions*”. Coincidentally, the manager in this

programme volunteered the fact that she had, in the first four months following her appointment, identified a priority set of issues, which included setting up a systematic record of *who was visiting who in any one week in the programme area*. In another programme, a health visitor told us that at the beginning of her contact with the programme, she had felt uncomfortable carrying out post-natal contact. She thought that the Health Visitors from the PCT were already doing this, and that she would be adding to the duplication of work. Her anxieties had been alleviated in the course of the routine meetings, which were set up with the specific focus of bringing together all the health staff in the programme to share information and provide mutual support with specific issues. We found instances of the programme manager being successful in enlisting the support of partner agencies to minimise this sort of duplication. Overall, programme managers were diligent in maintaining this sort of dialogue with their partners. A staff member of a local voluntary organisation provided an instance of the benefits that could accrue from this liaison: "*We try and keep good contact with Sure Start and the manager encourages us to do so - as we are concerned about the rising incidence of duplicated services - this is unnecessary for everyone involved*" [Staff member of a local voluntary organisation].

3.3.27 As we outlined in Chapter Two, some challenges derived specifically from the absence of adequate databases; the availability of appropriate hardware and software; and inevitably the constraints of the Data Protection Act. In addition, they were operating in a period of time when there was much discussion about the storing of information about individuals, including the debates about the way in which children in need would be recorded and 'tracked'. It was therefore hardly surprising that programmes continued to grapple with the task of information sharing. This was very much 'work in progress', but we found that, for the most part, programmes took every opportunity they could, e.g. joint meetings and training events, to build confidence between different professional workers. In this respect, they were only in the same position as all other mainstream agencies, but had the advantage of enhanced, face-to-face levels of contact to minimise worker anxiety. Almost all our case study programmes exploited this advantage to the hilt.

### **Working patterns**

3.3.28 Programme managers cited the fact that time keeping could become an issue for people when their previous organisational backgrounds differed. One health visitor puts it this way: "*I find it difficult to work with education specialists. I have only ever worked with health professionals before. There is a tension between the different work ethic of workers and how we think we should timetable our day*". In the employability study, a Neighbourhood Renewal worker describes his work: "*I work together with a number of other providers and agencies, and it takes some time to adapt to the working practices of other providers. I have always been able to plan my own day so that I am*

*free to be where I need to be, at the right time*". Pro-active programme managers, in the majority among our case studies, tended to deal with these issues on an individual basis and seized opportunities to praise the working styles of different professions. This might include using induction training to describe the different timetabling imperatives for workers, e.g. a community worker might have to work quite a lot of the evening; an early years worker might need to start early in the morning, but finish in the afternoon.

### **Making a reality of multi-disciplinary working: the story so far?**

- 3.3.29 In summary, two implications emerged from the above issues: one concerns the role of the programme manager; the second is specifically related to training. Both of these 'lessons' need to be borne in mind as the programmes develop in the future.
- 3.3.30 Firstly, there was clearly no substitute for a hands-on, pro-active, tactful and supportive approach on the part of the programme manager. These qualities allowed managers to foresee the next minor disagreement and to constantly plan programme work in order to circumvent unnecessary tensions. Where necessary, staff morale benefited from the programme manager being able to facilitate a 'frank exchange of views' and then move on. Programme managers are clearly playing a key part in making a reality of multi-disciplinary working. The majority of programme manager respondents were explicit about the learning curve they felt they were on. We found wide evidence of them actively seeking out knowledge about a range of different professions in order to inform the task of managing a multi-disciplinary team. One programme manager said, "*I have a considerable amount to learn about the fields of knowledge and service disciplines involved in Sure Start: its like I'm learning a foreign language*"(We provide a fuller account of the "optimum characteristics" of programme managers in the next section).
- 3.3.31 Secondly, training played an enormous part in the building of good professional working relationships (there is a fuller discussion of training 'in the round' in the context of our chapter four on devising a 'new approach to service delivery'). Training has the ability to mitigate tensions between professionals from health and social services agencies, who had come into the programme having been used to sharing a common language with their colleagues. Training sessions in the SSLPs were used to acknowledge the importance of their 'first language', and were beginning to equip them with what was effectively a 'second language' about multi-disciplinary working in a Sure Start context. In this way, training can equip people to work in new environments, while building on their existing professional identities.
- 3.3.32 Our interviews identified a very high level of commitment and enthusiasm for the concept of multi-disciplinary teams - in spite of all the potential obstacles. The majority of respondents across our various

case and themed studies highlighted it as one of the most exciting characteristics of Sure Start, either as a worker or as a member of the community. One of the most frequent descriptions by staff was of Sure Start as a multi-professional, multi-disciplinary initiative: it helps to “*blur professional boundaries*” and “*break down some of the more stagnant aspects of traditional, statutory organisation working practices*”.

3.3.33 The parents we interviewed did not couch their responses in such textbook language of multi-disciplinary professional practice! They did however describe the value to them, of the programme, in ways which clearly showed the multi-disciplinary efforts being made by staff; and which indicated the many ways in which these were beginning to bear fruit:

*“I was at my wits end with my second (child) - he has had real problems with his behaviour. I have lost track of the times I have had to go through the whole rigmarole with about eight different people. Then this Sure Start health visitor appears – and found a whole load of things to help me, which she knew about or got from the other staff. I think there might have been a social worker somewhere...what a relief not to have to keep saying the same thing to them all.”*

*“There was a summer picnic my home visitor dragged me along to . Ann (the home visitor) introduced me to this woman who said she could help me with my daughter- I am worried she never wants to play with the others.....I thought she might be a bit slow, but this woman turned out to be a toy librarian – got me going to the toy library – and things are much better”.*

3.3.34 We provide two organisational/operational case examples of multi-disciplinary working:

### **Case Example One**

In order to provide comprehensive maternity care, one SSLP brings in expertise from providers outside the Sure Start team. This involves individuals with a wide variety of knowledge and skills, from many local statutory and voluntary agencies. Such a network provides an integrated expert service to cover the many aspects of need required for effective maternity care. Outside experts deliver dedicated sessions for Sure Start pregnant women, mothers, babies and families directly; act as fast track sources for referral; or provide consultation, training and supervision to core Sure Start staff. As an example, Sure Start midwives, based in the community, are able to make very good referral links with local minority ethnic community groups, such as an Arabic Women’s Group.

### **Case Example Two**

One SSLP developed a network co-ordinated by two Sure Start midwives who provide a year-round once a week Pregnancy Brunch Club for women at any

stage of pregnancy, and to which many mothers return after their babies are born. At this, besides healthy eating and all antenatal topics, there is input from outside agencies for health care issues, welfare issues, maternal mental health (from a CPN), dental health (from the local dental service), relationships (provided by RELATE) etc. Other sessions are designed to attract attendance, such as belly dancing, relaxation classes, arts & crafts sessions, aromatherapy sessions with reduced cost oils, and baby massage. Aquanatal classes provide an opportunity for emotional support and are open to non-Sure Start mothers. The programme provides a free crèche to enable women to attend this and exercise sessions (funded by the PCT). With the PCT, Sure Start also has a new smoking cessation and smoke-free homes initiative. A men's group is run by the SSLP, which also supports weekend classes for couples run by the community midwifery team.

3.3.35 In summary our data leads us to conclude that this must be seen as 'work in progress'. However the overall picture we observed was, as we have described, a broadly positive one. There was almost universal recognition that no single profession had all the answers, and that bringing together a range of skills to bear on the problems facing families and communities was beneficial both for the families themselves, as well as for the staff, who benefited from the sharing of expertise. The following quote encapsulates the sentiments expressed: *"The way we work is very different. We work in a multi-disciplinary way and staff have been recruited who have the capacity to lay down their professional backgrounds. These people are prepared to share their knowledge and training and have a shared vision."* [Programme Manager]

### **The role of Programme Managers in strategic and service delivery networks**

3.3.36 As we have consistently highlighted above, programme managers play a crucial role. The importance of the 'manager role' is a recognised one. Thompson et al. (2002) explored the collaborative efforts of seven North Carolina counties involved in a home visitation programme for mothers. They found that all seven counties ranked strong leadership as the most important factor that facilitated collaboration. Putting together data from the Early Sure Start Study and case studies, we can offer the following recipe for being a successful programme manager. Programme managers should possess, at the very least, the following attributes:

- Experience in project planning, management and development;
- High levels of motivation;
- Excellent communication skills
- Professional credibility in at least one area;
- Personal qualities including supportiveness, flexibility and approachability;
- The readiness and capacity to be sympathetic to the pressures of family responsibilities.

- 3.3.37 Respondents from our case-study research noted that motivated (and motivational) programme managers were beneficial for team incentive and enthusiasm. A front line social worker felt that "*the management style is very professional, helpful and caring. It is also motivated and enthusiastic*". Interviews with representatives from local agencies also highlighted the skills and qualities necessary for a local partnership to work well. A senior co-ordinator of a local voluntary agency commented: "*The programme manager manages the consultation and brings everyone together. She is key to what has been created here*". A Family Centre Co-ordinator noted enthusiastically: "*the leadership style is transactional and task oriented. Quite driven and fiery.*"
- 3.3.38 We found that programme managers who are good communicators could improve collaborative working. A typical comment made was: "*A good quality manager makes THE difference, someone you can talk to, approachable, no need to go through formal channels*". [Playgroup Leader]. It is important that programme managers have "*good listening skills, are flexible, act professionally, are good 'networkers', and are dynamic and committed*" [Sure Start Home Visitor].
- 3.3.39 We found some evidence that staff appreciate a programme manager who comes from a professional background working with children. "*She came from working with children in Education and has great understanding with children – it has made all the difference with us because she can bring all of us together even though we don't all work in education*" [Education co-ordinator]. A programme manager with a professional background in a related field was also deemed important to portray a professional image to the community and other agencies. Several respondents in our case studies expressed the view that a professionally qualified programme manager is the key to making a 'professional' organisation, which "*gives the programme high status relative to other, for example, health agencies. The community knows we are not just a bunch of do-gooding women*" [Middle Manager, Education].
- 3.3.40 Although we can construct the ideal person specification for a programme manager, finding individuals who meet that specification is by no means guaranteed. "*At the beginning, we had difficulties finding the right kind of person; it takes management and negotiating skills, knowledge of finance, vision for service delivery, and political diplomacy. This is a new breed of manager*" [Head of Early Years and Chair of Partnership]. This view was also supported by findings from the Early Sure Start Study: "*The pool of people with the skills to manage complex local initiatives such as Sure Start is small (and growing smaller)*". In addition, our National Survey indicates that SSLPs are experiencing high manager turnover rates. Our data for 2003 of 172 programmes showed that around 50% of SSLPs had at least a second programme manager in place since their start-up. In mainstream statutory services typical turnover rates are around 10-15

per cent a year or less while a turnover rate of 20 per cent a year would be considered high in general.

- 3.3.41 Changing programme managers may, on the whole, be counter-productive to partnership-working. This is true, whether it arises from the fact that some managers like to work on the development phase of the programme and are less motivated by the prospect of on-going, routine work; or that they do not wish to undertake the challenge posed by collaborative working. The current research evidence (Powell et al., 2001; Thompson et al., 2002) including our own findings suggests that effective joined-up working and thus effective SSLPs require continuity in programme leadership.
- 3.3.42 The timing of our research precludes a comprehensive follow-up of the careers of programme managers after they leave the programme. We can surmise that while some managers may go off to completely different work, others will stay within the SSLP system and may go on to be a strategic manager (i.e. having managerial oversight of a group of programmes within the same Local Authority). Were this to be the case, they would obviously be taking with them the hands-on experience of running a programme, likely to be very valuable in a new extended post.
- 3.3.43 We do know from our data, that programme managers are working in a very pressured role and having to grapple with challenges, which may well deter them from on-going work with SSLPs. These include difficulties with leading staff in collaborative working arrangements and dealing with the partners at strategic level while, at the same time, operating in a dynamic political environment with ever changing goalposts.
- 3.3.44 These are exemplified by the description provided by one programme manager who described the extent of the difficulties she encounters. In addition to setting up the local programme, she sees her main role as delivering services; managing the programme on a day-to-day basis; and developing partnership-working. With the introduction of children's centres she feels she needs to keep up with the 'constantly changing goal posts' and 'working on mainstreaming'. Working for Sure Start is becoming extremely similar to working for the NHS. "*It is becoming a government department. I have had to make a lot of assurances that I was doing the work well and a good use of public money.*" "*Sure Start also gets drawn into the accountable bodies agenda.*"
- 3.3.45 Another programme manager stated: "*One of the biggest challenges is managing a team that includes both health professionals and non-health professionals. There are implications for staff relationships at both personal and professional levels, for community perception of how the programme is working, and for professional development and training.*" We found no standardised mechanism for meeting these challenges, rather, an imaginative and wide-ranging set of approaches,

which had in common the recognition and understanding of widely acknowledged deterrents to service use. “*I am so aware of all the things about big local authority departments that put people off – half the time you can’t even get into their system to see someone*” [Programme manager]. “*It’s not rocket science to be able to list what might put you off telling everybody your business*” [Programme manager]. As we know from the literature, common deterrents to accessing services include stigma, anxiety around confidentiality and anxiety about professional arrogance (Ghate, 2001; Moran et al., 2004; Edwards and Gillies, 2004).

3.3.46 Reflecting this existing knowledge base, we found a range of strategies being adopted by managers. These included a) deploying staff in imaginative ways, b) intensive use of face to face meetings and information sharing sessions, c) a strategic ‘exploitation’ of training opportunities and d) in the last analysis, where operational strategies had obviously not worked, dealing with conflict on a one-to-one basis.

3.3.47 The following two examples give a flavour of the range:

#### **Case example one**

In one programme, a system had been put in place whereby every member of staff was required to take turns in staffing the reception desk. This arrangement originally sparked a sense of resentment on the part of the health visitors and one social worker. However, the programme manager was persistent, dealt sensitively with this reluctance and after approximately three months, staff began to respond very positively. Their increasing enthusiasm for this system owed much to the positive feedback they all began to get from parents coming into the building. Far from leaving them feeling their professional skills were being undermined or overlooked, they began to enjoy working in a rather more accessible role where they routinely met a range of different people who were coming to the programme with a range of different situations.

#### **Case example two**

This example underlines the care that needs to be taken in recruiting external trainers. One programme manager had constructed a complex training timetable, which she had devised following detailed appraisal sessions with all of the workers in the programme. This enabled her to identify particular training packages, which, while meeting the needs of parents whose training experience was fairly limited, also contained material of relevance to staff with existing professional qualifications. She had single-mindedly, following extensive research, identified trainers who could be relied on to tailor their course on culture and child rearing to the different needs and priorities of these two groups. “*Its no good going for the first trainer on the list. You need to know you’re getting in someone who won’t patronise professionals or mystify parents.*” [Programme manager]

## **And finally, who is there for the manager?**

- 3.3.48 All of the description and discussion about programme implementation in our previous chapters has served to highlight the crucial role of the programme manager in taking forward the strategic development of her or his programme. We have highlighted the characteristics of managers most likely to be appreciated by community members and by staff and in several instances we have identified crucial tasks, which, ultimately, only the programme manager can undertake. In other words, we have described a role, which is challenging, to say the least and one which carries the expectations of the majority of stakeholders. It is therefore highly desirable that the programme manager has their own support system, an identified manager to whom they can turn.
- 3.3.49 Our survey and case study data points to an increase in available support for managers. At the beginning of our data collection, we found very little evidence of support being available for managers, and indeed the picture emerging from our data was of a rather beleaguered group of people, finding support on a ‘piece-meal’ basis, but lacking a structured support system. Over the three years during which we were surveying programmes, this picture changed to a much more positive one, as strategies for manager support became embedded within the Sure Start system.
- 3.3.50 The support system for programme managers has a number of building blocks, all or any of which may be in place in an individual programme. In addition, in some areas managers may well also seek out individual sources of support, for examples, managers in other local agencies.
- 3.3.51 *Firstly*, the Sure Start Unit offer advice, guidance and support, from the central DfES headquarters and through Regional Development Officers based in the regional offices of government. “*I also got support from two development officers from the Sure Start Unit who came to meetings and introduced me to new networks.*”
- 3.3.52 *Secondly*, programme managers may get support from their nominated *line manager* in their employing agency (e.g. in a Local Authority, the Head of Early Years). “*When I was programme manager here I think I had really good support, I think it was from various people especially from my line manager who was the head of Early Years at the time and who was very experienced. The local LEA understood and still understands its role as accountable body, which means they line manage me, they line manage the staff but they don't control what the staff do or what I do.*”
- 3.3.53 *Thirdly*, they may use the partnership board as a source of support, as the meetings often provided open forums for all members of staff to come together and discuss relevant issues. “*I also got good support*

*from the chairs of the partnership and the management board as well as from the team and colleagues and things”.*

3.3.54 *Fourthly, they may have a supportive network of other programme managers, who were very important in providing help and assistance from the perspective of people grappling with similar issues. “I met with formed networks of programme managers in the trailblazer phase. We used to meet up every month and share things and off load on each other and that was great so I think I had really good support.”*

3.3.55 *Lastly, and in increasing numbers, they may have access to support from colleagues who may be called *strategic or lead* officers. These are people with the responsibility for managing all of the Sure Start programmes within a Local Authority or PCT area. They are not evenly distributed across Local Authority areas. The Lead Officer provides a supervisory and support role for programme managers. “As *lead officer* I supervise 4 SSLPs in the area and I line manage all 4 programme managers. There are also deputy managers who actually line manage the teams so I’m three steps away really from the front line teams. My key roles are around how we co-ordinate and join up services across the SSLPs …though each Sure Start programme is led by a local partnership and is locally based.” The Lead Officers are predominantly drawn from previous programme managers and can therefore bring their own previous experience to the task of support. “I’m very involved with a new Sure Start programme that is being developed because even though the charity is writing the plan I’ve written four of these plans before so I’m helping them out with that.” They are also knowledgeable about the process of “rolling out” key services across the borough. “My authority has just been doing a best value review of children’s services for older children and they want to set up a similar scheme for younger children so I’m kind of helping them and then I’ll take the model to other places.”*

3.3.56 Having these posts with a brief to take a strategic overview of the needs of all programmes can be very helpful and also, protect programmes from specific difficulties, caused by role conflict between local stakeholder agencies. For example, difficulties sometimes arose when the accountable body overlooked its role as a supporter of the manager and instead focused solely on strategic decision making. “A lot of programme managers have had real difficulties because local authorities or whoever is acting as the accountable body think it means they run the programme, and they don’t – the partnership runs the programme, everyone jointly makes a decision....the accountable body holds the budget and employs core staff but doesn’t make decisions about what the Sure Start programme does, and in a lot of places the programme managers spend a lot of time fighting off managers and social services, education and health who are trying to siphon off the money to use it for something else, and so they don’t get good support from their employer.” In a situation such as the one faced by this

programme manager, having an extra layer of support in the shape of the strategic officer was crucial.

### **3.4 Learning Points:**

- There is a need for strategic level ownership – SSLPs need statutory senior managers to want to be involved and be willing to put time into partnership meetings. Front line staff are encouraged by senior level commitment.
- Having shared, or at least complementary, objectives and targets clearly helps. Collaboration is more likely to be genuine, at both strategic and operational levels, if everyone is seen to be working towards the same desired outcomes. Where shared objectives are not present, staff in mainstream services are likely to be wary about committing time and effort to work which does not necessarily contribute directly to their own organisation's targets.
- SSLPs need to evolve clearly defined protocols in respect of the relationship between the Partnership and the lead/accountable body. In the absence of these, board members may find themselves confused, accountability may become muddled and relationships can begin to break down. Where there is strong leadership and clear vision, members feel confident about the future of programme direction and this will filter down to front-line staff, thereby strengthening the overall programme structure.
- There is no one-size-fits-all model for developing and sustaining multi-disciplinary team working. It can both produce tensions between some staff and, if introduced sensitively, be the source of considerable satisfaction for staff. Over and above the personal commitment of the individual workers, because multi-disciplinary working is an indispensable facet of the SSLP strategy, the ultimate responsibility in initiating it and sustaining it in the face of adversity must lie with the programme manager.
- Programme managers need to be sensitive to the different professional cultures represented in their programmes. They should not assume that enthusiasm for joint working is of itself sufficient to evolve a united, coherent programme.
- The attitudes, abilities and motivation of programme managers are absolutely fundamental to the setting up and life-course of the SSLP.
- The burden of responsibility borne by the SSLP manager puts a premium on the availability and easy accessibility of support for this key figure. Whether this is delivered by a local strategic manager or by the regional development officer is less important than the fact that it is available to the manager when he or she needs it and on a basis of confidentiality and trust, which will enable the manager to share anxiety.

- Individual, local community based programmes such as SSLPs cannot, of themselves, overcome problems caused by a major workforce deficit: at best, they can devise creative ways of surviving it. However, the real responsibility lies with national government.
- In particular, it needs to be recognised that the workforce, which is entrusted with the role of meeting the needs of children and their families (e.g. health visitors, speech therapists, and social workers) is currently insufficient in size and in some cases insufficiently skilled (child care workers). These quantitative/qualitative deficits have the capacity to put at risk the successful implementation of community level programmes, such as SSLPs.
- Programmes need to have strategies for addressing potential criticism from local partners/agencies, who in some cases may view Sure Start as a competitor rather than a partner. This is particularly the case in respect of resources, where some local agencies have felt 'left out' of and/or uninvolved in the Sure Start agenda.

## **4. CHAPTER 4: A NEW APPROACH TO SERVICE DELIVERY FOR CHILDREN AND PARENTS**

### **4.1 Introduction**

- 4.1.1 In the final analysis, the legacy of SSLPs is likely to be judged on the basis of whether they have forged a new approach to the delivery of services for young children and their families; and one which can be applied to mainstream services, including in the context of children's centres. The Sure Start programme was borne out of widespread concern about the characteristics of pre-existing services (i.e. fragmented, patchy quality, stigmatising for parents, expensive, restricted to children seen at risk of significant harm or neglect and delivered by a work force who worked in professional silos) (Treasury, 1998). A cynic may assume that the level of funding, which has gone into SSLP areas should of itself have guaranteed a considerable improvement in quality and quantity. However, our data paints a more complex picture. Overall, there is widespread evidence of creative, innovative and indeed exciting service development, which in many cases can be seen to 'model' a new way of doing things. At the same time, as our cost effectiveness data in particular shows, money alone is not sufficient. Other professional, philosophical, practical, political, and cultural factors play a sometimes positive - sometimes negative - role. In this chapter, we try to distil the essence of these 'new' approaches to service delivery, examples of which we have found on the ground across the Implementation Module. However first, we explore the notion of 'better outcomes for children', a key Sure Start principle, to understand how this is being played out on the ground in SSLPs.

#### **Putting better outcomes for children at the heart of the service agenda**

- 4.1.2 Government has set out "a national framework...to build services around the needs of children and young people..." (DfES, 2004, p 2). Central to this agenda for change is the requirement that services for children and parents be *outcome driven*; and have as their core purpose '*better outcomes for children*'. As we have outlined in chapter one, the seventh Sure Start principle anticipates this new framework by requiring SSLPs themselves to be outcome driven. Central to our implementation data collection was the task of ascertaining to what extent stakeholders a) highlighted and prioritised this principle in their discussions and planning and b) provided evidence of its application in practice *on the ground*.
- 4.1.3 As we explained in paragraph 1.1, the intention of Sure Start services is to improve outcomes for children *and* their parents, as well as for communities. While all of the services we describe in this chapter are organised towards these ends, two groups of services in particular put the spotlight clearly on *children*. Firstly, early years provision; and

secondly, provision for children with special needs. Other aspects of SSLP provision are, by comparison, as likely to be directed towards the ‘parenting role’, as to the child per se. While the intention of these services remains to impact positively on child outcomes, inevitably, the association will be less self-evident.

- 4.1.4 For example, family support services have been described as having a capacity to impact indirectly on the welfare of children through the provision of a range of services “intended for families who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child-rearing problems, or prevent the occurrence of child maltreatment” (McCrosky and Meezan, 1998, p55).
- 4.1.5 Health services have a similar capacity to benefit children. For example, they span pre-natal and post-natal provision, including support for breastfeeding, attention to the mental health of mothers, smoking cessation and healthy eating programmes.

#### **Are programmes putting children first in theory and practice?**

- 4.1.6 The data across the studies provides a mixed picture in relation to this question. As we have just explained, in some cases the variation will derive from the actual identity of the provision e.g. early years or family support. In other cases, different SSLPs, independently of the service area in question, appear to have prioritised ***the child*** to varying degrees. In some cases respondents provided a coherent rationale for the balance they had struck between the child and/or family as the focus of their attention. There was a clear belief on the part of some practitioners that in order to capitalise on the preventative function of the SSLP, and in order to identify need at an early stage, they had to start working with the family as a whole. This was true, even if they then proceeded to focus on the child at a subsequent stage. *“The big difference is that the children that I worked with before had been identified as having developmental delay...some of the children I work with now, there is no clear diagnosis...so I can just go in, model good play, and hopefully get the whole family involved [Early Years practitioner].”*
- 4.1.7 The Early Years study provides evidence at a conceptual level, of the commitment in this service area to the achievement of optimal outcomes for children on the part of most programmes. The Early Years study found that “...they believed that children’s socio-emotional development was an important priority for services in their programmes” (2004; 45). Practitioners across the study made frequent reference to ‘children’s well-being’, ‘developing children’s self-esteem’ and ‘confidence building’.
- 4.1.8 Practitioners in many programmes spoke in terms of the theoretical link between the *provision of enjoyable shared experiences for parents and their children*, and the *development of positive outcomes for children*.

Several respondents drew attention to the fact that it was these underlying ideas that differentiated their own (i.e. Sure Start) provision from other early learning and play provision.

- 4.1.9 However, this theoretical map was not reflected in the context of early years at the service level. A group of programmes *did* demonstrate practical evidence of their theoretical thinking across most of their services, including early years. In these programmes for example, speech and language development; and preparing children for school were identified as high priority outcomes. In addition, there was evidence of innovative services being developed. These frequently related to a range of outcomes. In some programmes, literacy-based outcomes figured large - for example Bookstart and library services. In other cases, physical development outcomes were much in evidence, with a focus on exercise to benefit children's physical health. It was noticeable that in terms of developing intellectual skills, as the Early Years Study found, there was a relative lack of attention given to mathematical understanding in early years settings.
- 4.1.10 Even in the context of early years however, there appear to have been some shifts, over the period of our data collection, in the design of early learning, play and childcare services. This shift has been in the direction of a) sharing knowledge with parents, b) refocusing on the needs of the whole family and c) a move towards preventative services (Early Years Study, 2004).
- 4.1.11 By comparison, data on service areas other than early years reveals, at best, an implicit commitment to maximising child outcomes. Few of our respondents in the context of family support and health, for example, described the theoretical underpinning of their services in terms of a priority for the *child as a distinct entity*. While they clearly had a robust commitment to the Sure Start ethos, in areas such as family support and maternity services, they tended to focus on the ability of their services to encourage and enable parents to pass on benefits to their children.

## 4.2 Creating a new network of service delivery

- 4.2.1 Our data paints a picture of current SSLP services, being delivered in a way which clearly reflects the following positive characteristics:
- *Quality* (e.g. emphasis on training, access to new equipment, attractive buildings, etc.);
  - *Responsiveness* (e.g. consulting parents, striving to meet the needs of minority groups, overcoming cultural and language barriers, etc.);
  - *Flexibility* (e.g. out-of-hours services, sessional provision, delivered in your own home, etc.);
  - *Pro-activity* – in essence, this means not sitting back and waiting for the customers to come to you!

4.2.2 In order to highlight this progress, we have provided 5 examples of the way in which characteristics manifest themselves in new ways of delivering services on the ground.

- outreach and centre-based provision,
- group versus individual service provision,
- father involvement,
- operating hours and
- childcare provision.

4.2.3 We have deliberately focused on these five topics because they provide clear evidence of new ‘approaches’. These new ways of working have been adopted right through programme activity from the strategic planning stage right through to face-to-face contact with parents. For example, establishing the right balance between outreach and centre-based provision includes as a minimum, the auditing and understanding of local need, acknowledging the limitations of existing services, the establishing of agreements across various groups within the workforce and the support of individual staff out in the field. The same is obviously true for all five topics, in none of which can change be achieved at only one level, even on the part of the most enthusiastic and capable individual worker. The examples that we describe below reflect whole system change on the part of all the SSLP stakeholders.

### **4.3 Getting the right balance between outreach and centre-based provision**

#### **The Value of Outreach Provision**

4.3.1 If there is one likely indicator of quality, responsiveness, flexibility and pro-activity, it will be SSLP activity in the area of outreach and home visiting.

4.3.2 ‘Outreach and home visiting’ is a core Sure Start service area, which embraces considerable variety both in terms of *what actually happens* during a visit and *who actually provides* the visit. It is helpful to regard home visiting as a) a service in itself, b) a method of delivering other services and c) a means of facilitating and encouraging access to services delivered elsewhere. Although the way in which home visiting is provided across programmes varies, it represents a key strategy for SSLPs to contact *all* families in the area. In addition, where necessary, it can provide targeted services for families who might be vulnerable, have particular needs, and/or are ‘hard-to-reach’.

4.3.3 Outreach and Home Visiting in a Sure Start context is varied and commonly serves more than one purpose. First and foremost, home visiting is an important means of making initial contact with families, either because they have just moved into the area, or because they have had a new baby. Ninety-percent of SSLPs (National Survey, 2003) see home visiting as an essential strategy for identifying families

in these ways. Further, the Case Studies highlighted the making of initial contact as the foundation stone of home visiting schemes.

- 4.3.4 SSLPs deliver services in the home which fulfil a number of (overlapping) functions, including:
- As an extension of mainstream services (e.g. where health visitors or midwives are resourced to provide extra visits/ extra support);
  - As specific services to people who may otherwise be unable to access them (e.g. speech therapy, breastfeeding support, portage);
  - As advisory services, where meeting a family in their own home environment is an important part of the understanding of their needs;
  - As a befriending service, where the visitor's role is to act as a sympathetic friend, providing adult company and someone to talk to.
- 4.3.5 These home visiting services can be universal or targeted and they can be regular or occasional. They may involve regular visits by the same person, or visits by different people, depending on the nature of the parent/carer's need. Ultimately the parent or community member can accept or reject the offer of a home visit.
- 4.3.6 Our data led us to develop a five-fold typology in order to encapsulate the many facets of outreach activity – and it is unlikely these will be discrete categories. At the end, we present a case example, which combines all five elements. The five models are: 1) raising awareness; 2) befriending; 3) health/development services; 4) a gateway to other services; and 5) outreach provision of specialist services.

### Raising awareness

- 4.3.7 Data from across the Implementation module suggests that SSLPs place a high degree of significance on the use of home visiting by outreach workers for publicising and encouraging families to access services (Case Studies, 2004; Maternity Study, 2004; Early Years Study, 2004; Fathers Study, 2004 and Employability Study 2003). Visitors provide information and referrals to services, but do not necessarily provide expert help themselves. Rather they are acting as friendly signposts. This is an area of work that is shared across the majority of staff: almost all staff have a remit to raise awareness of Sure Start at some point in their work. Some programmes only undertake a one-off initial visit. Others, however, send their staff members door knocking across the SSLP area on a regular basis and, in this process, may often involve all of their staff.

### Befriending

- 4.3.8 Home visitors delivering this service are typically local community members. They are overwhelmingly parents, and we found little evidence that they were male parents or carers. Staff also understand the importance of taking on this type of role with some parents: “Our

*philosophy is we have a lot of isolated women, a lot of first time parents, that early support is important to them but also builds relationships, so you can lead them on to other Sure Start services later*” [Sure Start Midwife]. Their role is to befriend parents and help them link up with Sure Start services. Part of what they do is to help parents gain the confidence to come along to centre-based activities and training courses. If parents want more professional help, then the visitors can help them to access it. They may accompany them to initial visits to Sure Start centres or to other appointments.

- 4.3.9 The function of befriending was particularly highlighted by the Maternity study, where ‘Community Mothers’ provided a popular service for expectant mothers. The use of a community mothers scheme was seen as a non-threatening way to impart information on issues around pregnancy, including post-natal depression. Several local evaluations, as well as evidence from the Maternity services study suggest that this service is in high demand, requiring programmes to recruit many more parents than are currently active in this type of work. The Maternity study also provided evidence of innovation in the provision of befriending and emotional support with the use of Maternity Care Assistants (MCAs), who provide health and social care support, post-natally, in the home (e.g. cleaning, befriending and emotional support). Because parents showed a preference for help from their own community and from people who speak their own language, the programme has tried to recruit non-qualified parents to undertake a similar role to the MCAs.
- 4.3.10 The Fathers Study, without using the actual term ‘befriending’ points to the value of making one-to-one contact with potential male service users. It is noticeable that where programmes are concerned to engage fathers, they tend to use a rather different set of words. For example, even though fathers workers are in most senses acting as ‘befrienders’, this is not a word they use to describe themselves. Neither do they call themselves ‘community fathers’, whereas, as we have described above in the case of women, programmes use ‘community mothers’. More frequently, male staff describe themselves as father involvement workers and undertake activity including visiting fathers at home and discussing the services available, gently encouraging them to actively engage in the programme.

### **Health/development services**

- 4.3.11 It is by no means straightforward to entirely disentangle the extent to which, in some SSLPs, home visiting schemes are an extension of mainstream health visitor services. They are provided either by health visitors with extra time to offer longer/more visits to parents in a Sure Start area, or they may be provided by designated Sure Start health visitors (i.e. health visitors who have been seconded to Sure Start, or employed directly by the programme – and consequently will have the title ‘Sure Start Health Visitor’ or ‘Sure Start Midwife’). They

concentrate on the same things as mainstream health visitors (e.g. health, child development, child protection, breastfeeding).

4.3.12 The Maternity study provides particularly useful information about the provision of ante and post-natal services delivered to the most vulnerable families in their own homes. “Some women receive all their antenatal care at home and support in postnatal depression and breastfeeding” (Maternity Study, 2004). The aim of most SSLPs is to offer a home visit to every woman identified as pregnant; this is achieved by about half of the maternity services study programmes but in only three or four is this carried out by the Sure Start midwife. Otherwise, a universal antenatal home visit is undertaken by a variety of Sure Start workers. These include members of the community outreach team, family support workers, community mothers. Meeting the needs of mothers in SSLP areas seems to depend on collaboration between the Sure Start midwife and other midwives in the community team. Things appear to ‘work best’ if the Sure Start midwife takes primary responsibility for engaging with the relevant community members, backed up by a team of other midwives, who can then deliver mainstream antenatal care and preparation for labour.

### **Outreach as a gateway to other services**

4.3.13 A minority of programmes depend on home visiting to provide the main gateway to all their services. The great majority maintains a mix of home visiting and/or centre-based drop in. However, in the former cases, the home visitor acts as the key link between parents and the SSLP. She provides information about and access to all the services on offer in the area.

### **Outreach provision of specialist services**

4.3.14 In this approach visits to families are provided by a range of workers, including relationship counsellors, breastfeeding counsellors, portage experts, speech therapists etc. This approach, in effect, constitutes a means of providing home-based access to services, which are usually only available in clinics/centres. By providing them at home SSLPs maximise access to these services for parents who would otherwise find it difficult (physically, culturally or psychologically) to access these services on a centre basis. The following example provides an illustration of the permeable boundaries between each of these five approaches.

### **The Value of Centre-based Provision: multiple venues and ‘one-stop shops’**

4.3.15 Kisker et al. (2003, p 26) conclude in their study of Early Head Start that in the US context it is helpful to think in terms of three service delivery modes;

- centre-based programs, which provide all services to families through the centre with a minimum of 2 home visits per year to each family
- home-based programs, which provide all services to families through the home-based option;
- mixed-approach programs which provide some services through both groups.

4.3.16 In the context of SSLPs, this model makes theoretical sense and we found some examples of all three, but with a very substantially dominant role for the mixed-approach.

### **The Distribution of Premises**

4.3.17 While in theory the issue of premises should be the most tangible issue to explore, in reality the terminology can be confusing. The relationship between *building* and *site* is a rather blurred one. In this section, we explore the various models adopted by SSLPs in respect of the site/s from which they deliver their services.

4.3.18 SSLP premises comprise a variety of configurations. They may be no more than one building; they may comprise a number of buildings; they may be a mix of SSLP buildings as well as the use of parts of other organisation's premises. The most common model is that of a main Sure Start 'Centre', housing staff and delivering services, with a series of *satellite venues* offering services close to families' homes. The majority of SSLPs operate and deliver services from multiple premises across their 'patch'. The average number of such premises used by Rounds 1 and 2 SSLPs (including those buildings used solely to deliver Sure Start services *and* buildings shared with other organisations) is 8. Of these, one building is, on average, used *solely* to deliver *Sure Start* services. Rounds 3 and 4 have a slightly higher average (9) number of buildings in use. Some programmes have as few as 2 buildings in use, while some have as many as 35 (National Survey, Round 1-4, 2004).

4.3.19 Although multiple venues are typical in SSLPs, our survey data above, as well as interviews and observations from the Case studies and Buildings study, indicate that SSLPs tend to have one building that is seen by the programme as most significant for its activities. Having a visible 'flagship' building, often referred to as the 'Sure Start Centre', functions to promote and generate community interest in the SSLP, and also signifies to the local community, that Sure Start is serious, well-resourced and 'here to stay'. Centres also symbolise the multi-agency aspect of Sure Start, encouraging joined-up working and easy access to the range of available services. The other 'satellite' venues, in part, function to take services as close to the service users as possible (Case studies, 2004; Buildings Study, 2005).

4.3.20 SSLPs are in various stages of their capital works programmes. Some have already completed new buildings and refurbishments, while some

are either in the process of refurbishing old buildings or constructing new 'Sure Start Centres'. Some programmes were doing both. SSLPs are on average constructing one 'new' building specifically for Sure Start service delivery (National Survey, Rounds 1-4, 2004) and converting two old buildings. SSLPs have converted many buildings – at least 420. Some conversions have entailed major building projects, whereas others have cost very little (Buildings Study, 2005).

4.3.21 Common reasons for converting old buildings for service delivery include:

- Expense; it may be less expensive to convert some buildings;
- Time; it may be faster to convert old buildings;
- Convenience; there are often buildings already available in the area;
- Pressure; local interests may be keen to for buildings to be taken off their hands and improved;
- Accessibility; existing buildings may be in easy reach of families;
- Inherited good will; often, existing buildings, such as Family Centres, have been in use over a long period and have built up the knowledge and sometimes affection of local families (Buildings Study, 2005).

4.3.22 There is an alternative perspective in that having multiple venues runs the risk of 'diluting' the Sure Start 'brand' and diminishing the evidence of its presence in the area.

### **Shared Premises**

4.3.23 A very high percentage of SSLPs (over 80%) report that they share buildings with other organisations (National Survey, 2002, 2003, 2004). We found that the most frequent 'fellow-tenants' in shared buildings were local statutory and voluntary agencies (62%). Just under 50% of SSLPs share premises with nurseries and schools; they are least likely to share premises with libraries (28%), local religious venues (16%) and local private businesses (11%).

4.3.24 Shared premises can facilitate the joining-up of SSLP activity and local agency work. The Case Studies and Maternity Services study in particular, highlight the examples of the benefits of co-location. One case study programme deliberately built a new Sure Start Centre directly attached to a local housing agency. This creates an advantage in that Sure Start workers have contact with housing officers (and vice versa) in regard to local housing issues. The maternity services study provides evidence of the benefit of holding routine postnatal sessions at health centres in order for parents to have easy access to other sorts of support. Indeed, increasingly, Sure Start midwives and Health visitors are choosing to hold these sessions at a variety of *other community venues* to cut down the amount of travelling time for parents.

4.3.25 The Buildings Study found a number of key issues in respect of sharing premises:

- Sharing of a single building has proved easier for SSLPs when they are the dominant partner in financing and managing the building. Where they are not in this position (and even sometimes when they are) they have found their requirements over-ridden by stronger partners.
- Sharing works best where the agencies working alongside Sure Start are also working with children, and where the age-group is not too far-removed from the early years. Staff tend to have a similar outlook, are able to support one another, and there is potential for overlap between the services offered. Parents and children may move between all the services in the building at different times.
- Where there is a geographical distance between the activities of the sharing organisations, resentments may build up. In one SSLP, workers in the community trust expressed disappointment about the collaboration with the SSLP: “*we thought they were going to do more for us*”, which suggested a limited understanding of the purposes of Sure Start. There may be tensions between the actual activities offered. For example, some activities may require a relatively quiet and tranquil atmosphere to discuss complex family problems, while others may generate high levels of noise and enjoyment.
- Communal spaces in shared buildings may be dominated by the older users who are familiar with the building. Parents of young children can be intimidated and are often apologetic as children may be seen as a nuisance in these settings.

### **New Sure Start Centres – ‘One-stop shops’**

4.3.26 Many programmes have built, are in the process of building, or have plans to build a new Sure Start Centre that will house all of its services and staff under one roof. At least 215 new buildings have been constructed by Rounds 1 to 4 SSLPs (Buildings Study, 2005).

Programmes recognise that local families like to have a central ‘focal’ point where community activities take place, where they can meet other parents, their children can meet other children, and where they feel comfortable and welcome. This idea of the “one-stop shop”, housing a range of services, advice, and in some cases, outreach and home visiting teams, is attractive to SSLPs because programmes believe the multifunctional use of the building will minimise any possible sense of stigma for people using it.

4.3.27 The case studies, maternity study and building study all found important advantages in having ‘One Stop Shop’ facilities in a Sure Start Centre. Such location could promote access to health, welfare

and social support in surroundings that become familiar; which enable group work; and can encourage peer support. We found families were being encouraged to take up services, which may have initially seemed stigmatising, or at the very least off-putting, such as advice and support on mental health and domestic violence. Drop-in facilities play a particularly positive role in that they are well used by those who may be reluctant to take up appointment sessions. In addition, staff benefited by having more opportunities to collaborate with each other; and it enhanced their chances of early intervention. Having a one-stop-shop meant parents could avail themselves of support mechanisms such as the availability of crèche facilities, transport, child-minder places, and interpreters.

- 4.3.28 In summary, overall we found diversity of provision but it was a ‘purposeful diversity’. In other words, respondents across the studies described the decisions they had taken on the basis of relatively clear service rationales. This diversity therefore needs to be seen within the context of the local SSLP strategies from which it derives.

#### **4.4 Getting the right mix of group and individually based services**

- 4.4.1 SSLPs, while mindful of the guidance and regulations, which shape their activity, are actually delivering services in a range of service configurations. The clear implication of this range was one of a flexible response to local circumstances rather than an ill-thought out ad-hoc approach. For example, we found many services were provided both on a group and individually-based format.
- 4.4.2 One-to-one service provision, where it existed, tended to be more specialised and targeted, tailored to suit the needs of an individual parent, child or family. We provide some examples of service configurations in order to give a flavour of the menu on offer.
- 4.4.3 Almost all of the health services are provided on a flexible basis. For example:
- Healthy eating courses are largely group-based, and include activities such as cooking demonstrations and cooking on a budget; healthy eating advice, however, is also provided on a one-to-one basis by health visitors, midwives and nutritionists;
  - Breastfeeding sessions are generally group-based, providing advice and information to expectant mothers; this service is also provided on a one-to-one basis by health visitors and midwives;
  - Post-natal depression support groups are offered by a number of programmes, although much of this type of support is offered individually through counselling and befriending, or ‘listening’ visits. Other maternal mental-health issues are addressed as and when they arise. There was evidence that such services were driven by both the availability and the individual capacity of local workers, which in

- practice tended to mean such cases were referred on for professional assessment and diagnosis;
- Domestic violence support is provided almost exclusively on a one-to-one basis. Due to the sensitive nature of the issue, there are few examples of group-based domestic violence support provided directly by SSLPs. SSLPs more typically refer domestic violence survivors on to local mainstream or voluntary agencies;
- Smoking cessation support is provided on both a group and individually-based format; however, as the Maternity Study has found, group-based support sessions have not been as effective as individual support. A dedicated smoking cessation worker can provide advice on nicotine replacement therapy or individualised counselling.

4.4.4 Early learning, play and childcare services show a different pattern. There are some services, which by their very nature, can only be group-based, such as Parent and Toddler groups.

- Libraries, outings and parent & toddler groups are typically provided as group-based activities; for example, librarians hold reading sessions for children *and* for parents;
- Toy libraries provide services that are both aimed at groups (for example, play sessions), and can respond to individuals. For example, toy librarians give tailored advice and demonstrations to parents, showing them how to use the toys effectively with their children at home;
- Holiday play, swimming, outdoor play, soft play, tumble tots and other play groups are typically provided on a group-basis;
- Crèches and day nurseries, similarly, are provided to groups of children;

4.4.5 Finally, family support services are provided in various ways:

- Advice services are provided flexibly, generally through drop-in 'information' sessions by local advisors, or by trained Sure Start workers. At the same time, family support workers provide advice in the home to families with whom they are working with;
- Leisure activities are, by their very nature, group-based and outside the home; these are provided by local leisure services, such as swimming pools, gymnasia, exercise classes etc...

### **The Role of Group-based Services**

4.4.6 We now look at some particular advantages of group-based services. For example, they have the potential to facilitate relationship networks, thereby reducing isolation. They serve a range of functions, and rarely serve only one function at one time. These include the provision of 1) learning opportunities/experiences, 2) confidence building, 3) employability, 4) social networking and 5) specific post-natal support activities. All the SSLPs visited in the course of the case studies and

themed analyses have developed major initiatives and promote services based around group activity.

- 4.4.7 In addition to the core target area of mothers with young children, some service sessions are constituted to meet the needs of large families; others target teenage parents; yet others make special efforts to include or cater exclusively for fathers. Programmes are sensitive to the stress of parenting in poor environments, which has been well documented as heightening levels of stress for parents. It is also the case that, in the context of poor environments, parents problems tend to be overlapping, multiple and cumulative (Ghate and Hazel, 2002). If parents are living in poor housing, in isolation and possibly with few 'home comforts', there will be many advantages of 'getting out of the house'. Therefore, group based services, whether delivered formally, semi formally and informally have an important role to play.

### **Learning opportunities/experiences**

- 4.4.8 Many group-based activities are intended to provide learning opportunities related to parenting skills and are a part of the more general 'parenting support' package. With few exceptions, SSLPs have developed widespread initiatives in support of breast-feeding, appropriate weaning, healthy eating, parenting, and child management.

### **Confidence-building**

- 4.4.9 Other group-based activities are geared towards providing 'confidence building' opportunities. Programmes report that parents initially often need their confidence boosting before they are ready to contemplate or embark on local training or job opportunities. The Employability Study found two overall approaches to building confidence; 1) some SSLPs encouraged parents to take a job to boost their confidence, and 2) other SSLPs developed phased support for entry into the labour market. The first step might be a group-based activity/course such as aromatherapy, nail painting, sewing or head massage, which served to build confidence in parents that they could master new skills. Local evaluations identified increasing levels of confidence in some parents as a result of them. Similarly, the Fathers Study found that 'father's only' group activities served to help build the confidence of fathers and encourage their involvement in the parenting task and their use of parenting support services. These group activities for fathers seem to help them overcome their trepidation at entering a predominantly female environment. Some SSLPs "ease" fathers into programme involvement through 'stepping stone' activities, such as courses and the networking ability of dedicated fathers' workers.

## **Employability**

4.4.10 Group-based activities also provide learning opportunities related specifically to employability issues (i.e. basic skills, ESOL, IT, CV writing and interviewing). These courses contribute not only to improving parents' employability but also serve to boost their confidence before taking the step of applying for jobs. Local evaluations point to the positive impact on employability targets of the increasing take-up of some group based activities such as child minder and other training.

## **Social Networking**

4.4.11 Some group-based sessions are designed predominantly to encourage new parents to make friends, as the Maternity Services study highlights: "Attendance at a group is encouraged among pregnant women in order to promote friendships and peer support, and women who are shy or hesitant may be accompanied by a Sure Start worker or midwife". Indeed, by attending group activities, parents can make new friends, which is an important way of gaining informal support through other parents and also provides a useful way of finding out about other services available that parents find useful. Parents also regarded these group sessions and courses as a break away from their families and as a way of spending time with other adults pursuing an activity that related to themselves as adults rather than only as parents.

4.4.12 In some cases, we found evidence of parents 'extending their group membership' by, for example, setting up an informal group. The Maternity study highlights this, showing that once women join and become engaged in a group, often they want to continue this kind of activity, which may be supported in various ways by the SSLP. They particularly serve as a way of attracting more isolated parents to come to the centre and get involved with other activities, particularly those related to parenting skills. "In communities where husbands were hostile to their wives engaging in outside activities, these leisure classes were often seen as permissible activities" (Employability Study, p 69). (This point should be read in conjunction with some of the data in provision for minority ethnic groups. There may be particular challenges in some cultures).

## **Specific post-natal support activities**

4.4.13 In almost every case study and themed analysis SSLP, health visitors run specific postnatal support groups for all new parents, with a dual aim of health information and social networking. After a parent has attended a specified number of health visitor sessions, the health visitors try to move her/him onto other services, such as the baby clinic, which is also a social drop-in with toys and comfortable chairs. Postnatal groups variably cater for those who are clinically depressed and those found to be isolated and vulnerable. Most SSLPs run

support groups to promote mothers' well being, offer relaxation, advice and guidance on coping with stress, and baby massage; these are very popular. One Sure Start midwife works closely with the community midwifery team in offering weekend classes to couples. Aquababies encourages peer support; and a Baby Group provides what women have asked for, i.e. baby massage, and how to attend to the baby's needs and the family's needs. SSLPs go to considerable lengths to engage women in activities that will offer them emotional support and foster positive parenting.

**Case study:** One local evaluation of an urban SSLP in the North provides a snapshot of the relative advantages of providing group-based services. Both parents and staff shared a common view of their value.

- 1) The involvement of both parents and children, to facilitate the communication between everyone, including staff;
- 2) Raised confidence in parenting skills;
- 3) Raised knowledge of parenting issues around weaning, safety, post natal depression
- 4) Parents had time for themselves;
- 5) Adults increased their confidence, increased skills, working together and awareness of their own role in supporting others in the community;
- 6) Promotes family learning;
- 7) Brings parents together for support;
- 8) Raised awareness of health issues and basic hygiene for parents and carers
- 9) Encourages creative skills.

### The role of one-to-one provision

4.4.14 As we have seen above, group provision can provide tangible benefits: increasing parent confidence, skills for employability, opportunities for making friends and networking, and general learning opportunities for parents as adults. Group-based activities are not always appropriate, nor do they work well in all situations. There appear to be certain types of provision best delivered on a one-to-one basis, such as in the case of intensive support and for parents who require extra encouragement to take up services.

4.4.15 For example, in some cases, parents will be manifesting particularly high levels of need. This may take the form of an individual condition, for example, substance abuse about which the parent is ashamed, self-conscious and reluctant to discuss within a group setting. It may also be that one parent may have a complex set of needs, including their personal circumstances may be a recent bereavement, their physical health; their mental health, in addition to an acute situation arising such as pending eviction.

4.4.16 Issues around health, including mental health, provided very clear examples of how individual support has specific advantages over group

activity. For example, in the area of smoking cessation, midwives and health visitors report that many women in SSLP areas are heavy smokers, and thus heavily dependent upon nicotine. They find it difficult to withdraw and will not even consider giving up without the aid of nicotine replacement therapy (NRT). The Maternity Services study found that distributing NRT is most effective done on a one-to-one basis. The process of withdrawing from smoking appeared to be more than simply 'sticking on patch'. The majority of provision in this area is done on a one-to-one basis, with counselling support through the SSLP or referrals by midwives to a mainstream smoking cessation service. In many cases, SSLPs are setting up and funding PCT-wide smoking cessation workers in addition to training for home visitors to provide one-to-one support.

4.4.17 One further example of the benefit of one-to-one provision over group provision can be seen in the area of provision for certain communities. There is some evidence that in some cultures, one-to-one provision will be more successful than group activities, for example, where the population is primarily Asian. In this culture, post-natal depression, for example, is not recognised and therefore Asian mothers may be hesitant to admit their feelings in a group setting. In this and other programmes, Asian mothers have been specifically recruited to help support mothers feeling depressed and isolated and to help them overcome cultural disincentives to acknowledging the issue. In some SSLPs, they offer one-to-one breast-feeding support to others from their own community. One SSLP directly employs two Muslim outreach workers and interpreters, and networks with other Muslim groups that are run in conjunction with the mosque. This has enabled joint working with a difficult father so that the Sure Start midwife can support the mother. The Sure Start midwife in an African/Caribbean community includes, in her visits, discussion and advice on sensitive issues such as sickle cell anaemia.

4.4.18 Where English is not a person's first language, programmes adopt, depending on their access to such resources, a range of approaches. In some cases, staff within the programme will be bilingual and able to offer a service some minority ethnic groups. For example, one programme reported considerable reliance on the bilingual BME family support worker: "*If they know someone is from one of the countries whose languages I speak, they just phone me. It's very hard to find interpreters, but we don't have problems because there is always family around, although that is not always very helpful, for example Pakistani ladies don't want to open so much in front of their husbands*". In other cases, when interpreters are available, they may be used in conjunction with staff delivering a service on a one-to-one basis.

4.4.19 One-to-one listening visits are used across many SSLPs with the aim to draw isolated women into programme activities. For example, Health Visitors, in the course of their post natal depression assessments, will offer 'listening visits' to new mothers where required.

Listening visits provide an opportunity for new mothers to share their anxieties, uncertainties and obtain specific information from health visitors or other Sure Start workers. The Maternity Services study found that some programmes are focusing more and more on emotional learning ante-natally, training staff to be aware of the emotional needs of mothers and of mother and baby interaction.

## 4.5 Meeting the needs of fathers

- 4.5.1 Sure Start objectives, in respect of fathers, take as the starting point the importance of their contribution to the parenting task, and SSLPs are expected to find ways of engaging fathers/male carers in all aspects of programme activity, including take-up of services, involvement in a management role, and in staffing the programmes.
- 4.5.2 Implementation data on the engagement of fathers in SSLPs paints a mixed picture. Our case study respondents, both staff and parents, often alluded to the fact that although many fathers attached importance to their parenting role, they could feel discouraged from joining general programmes or services for children. Sometimes, as fathers explained, they might not think of using services because they considered them to be aimed at mothers. Sometimes they may have had specific personal resistance to being involved, because of a lack of overall confidence. At the same time there is evidence of successful strategies being used by SSLPs in getting fathers involved.
- 4.5.3 Given the low overall level of father involvement across the programmes, the Fathers Study has been of particular value, in that it has enabled the exploration of relevant issues in a depth, which has not been possible, solely from the survey and case study data. We now report on the key findings from the national survey, case studies and themed studies.

### Trends in father involvement

- 4.5.4 In general, staff in SSLPs reported low levels of father involvement in programme activities:
  - Over the course of three annual applications of the National Survey (2002) just under half of Rounds 1 and 2 SSLPs had at least one male parent on the management board, although the great majority of parents contributing to management were mothers;
  - A slightly lower number of Rounds 3 and 4 programmes reported having at least one father on the board: 30% in 2003 and 40% in 2004; [National Survey 2003-2004].
  - Very few programmes had male staff. In general men make up only 2% of the childcare workforce, but by the middle of 2003 there were 24 male managers of Rounds 1-2 SSLPs (Fathers Study).
- 4.5.5 Programmes also reported low and *differentiated* take-up of services, for example:

- Where fathers took part it was most likely to be in outdoor, active fun-type activities. However, many fathers do have ‘arm’s length’ contact with programmes, through their partners (Fathers Study).
  - Fathers are inclined to attend activities designed specifically for them. Events for fathers and children together can be a stepping-stone for fathers into a wider range of Sure Start experiences, including whole family activities([Fathers Study]).
- 4.5.6 In general, fathers felt welcomed at services provided by SSLPs, although being in a conspicuous minority among large numbers of women could be daunting, especially at first. In particular, fathers continued to come to SSLP services when they had seen a positive benefit to themselves or their children from a service. Mothers supported the idea of fathers using SSLP services and of male staff working in them. In addition, female members of staff welcomed the presence of male staff, feeling it would improve the gender balance and working environment, as well as encourage more fathers to take-up services and be involved more generally in programme activities.
- Maximising father involvement?**
- 4.5.7 The Fathers Study revealed the fact that in order to have a chance of successfully engaging fathers, programmes needed to have this objective as a key strategy ‘driver’ at the very outset. In other words they had to embed and integrate an acknowledgment of the needs of fathers and a focus on their role and preferences, at the very outset of service planning. In other words it was unlikely that ‘adding on a token nod in the direction of fathers’ would deliver the best outputs for fathers work. In these programmes there was an attempt to spread commitment in respect of fathers to *every aspect* of the programme and to everyone involved. Everyone - health visitors, midwives, crèche workers, family support workers, community workers, management board, parents, volunteers - were expected to support one another in making contact with fathers and ensuring that they knew about Sure Start activities.
- 4.5.8 For example, successful programmes made sure that positive images of fatherhood were displayed in Sure Start venues; provided services in the evenings and at weekends for working fathers; raised awareness among all staff about engaging with fathers; started a fathers’ group; advertised Sure Start in places where fathers gather – pubs, social clubs, bookmakers; consulted with fathers to make sure that activities were what they wanted.
- 4.5.9 These programmes also provided activities for fathers, or for fathers and children together, which could be a stepping stone into other Sure Start services. Among the targeted services offered are: drop-in sessions, discussion groups, coffee mornings and courses like parenting skills for fathers only.
- 4.5.10 An important form of encouragement for fathers was the presence of a member of staff dedicated to involving fathers in the programme. In some cases they had received specialist training, while in others they had been

expected to “work it out by trial and error”. Among the tasks carried out by fathers’ workers were; co-ordinating fathers’ groups; making home visits to support fathers; publicising the SSLP to fathers (including stopping them in the street to tell them about it); raising awareness about fathers’ needs among Sure Start staff; running drop-in centres for fathers where they can get support (e.g. with job-seeking, parenting advice, basic skills); advocacy and advice for fathers (on dealing with the benefits agency or social services departments, for example).

- 4.5.11 In terms of on-going policy/practice development, it appears that Fathers’ workers have helped SSLPs to expand their understanding of issues that affect fathers. This means that issues which might have been overlooked, such as: bereavement and loss, concerns about child development, anger management, feelings of isolation, post-natal depression are being addressed by the most active programmes. These examples may well be appropriate to disseminate to other less well advanced programmes.
- 4.5.12 While Sure Start guidance stresses the importance of involving fathers, other recent studies of relevance in this area (Ghate et al., 2000), have identified some tensions between the participation of men and the nature of management and service activities. Some of our respondents reflected this scepticism in their own statements. *“I find it very difficult to ensure that everyone on the management board that is a parent who has an equal say. There are a couple of fathers who do all the talking”* [Programme Manager]. *“I wouldn’t say my relationship is the most straightforward thing in my life. He can be very difficult and I rather liked being able to escape to a sort of sanctuary just for me at the centre. Now they’ve got all those blokes coming in...”* [Mother].

## **4.6 Setting a timetable that meets the needs of the community**

- 4.6.1 One key aspect of SSLP services is that they are intended to be ‘needs-led’ in the sense of reflecting, amongst other characteristics, the aspirations and preferences of community members. There is a strong emphasis on making services ‘fit’ the family and one dimension of this ‘tailored service’ approach is the time of the day within which services and/or resources are available.
- 4.6.2 We found that the majority of core service provision across SSLPs takes place during the course of a 9 to 5 day (National Survey, 2002/03/04). For example, parenting groups, information and advice sessions, play and learning sessions and courses offered by Sure Start generally take place during weekday mornings and afternoons. Some SSLPs have reported offering a few services in the evening hours and on weekends, but most service provision is offered during ‘office hours’. The exceptions are one-off leisure trips, parties and local events, which are offered widely across SSLPs at weekends.

- 4.6.3 However, while this may give an impression of services not following preferences of community members, our data shows that the majority of Sure Start service users are women who are not working. Access to service provision for them, is not therefore a problem given that most services are provided during the week, in the daytime, when mothers are, in theory, available.
- 4.6.4 However, daytime provision may be a problem for employed mothers and fathers. In one or two case study programmes, employed parents, by definition not available in the day, were described, even if rather flippantly, as 'hard-to-reach' (Case Study, 2004). The Employability Study found that programmes tended to make a fairly limited effort to collect data on numbers of such parents. For working parents, childcare provision was of course very important.

## **4.7 The role of high quality, accessible childcare**

- 4.7.1 The provision of, and access to childcare is central to the government's ten-year childcare strategy<sup>5</sup>. SSLPs can be seen to represent a microcosm of many of the challenges, which currently confront the childcare strategy. At a minimum these include:
- quality of provision
  - diversity of provision
  - affordability
  - relevance to the needs of the local population in terms of relationship with local employment opportunities
  - the potential of day care to enhance inter-agency work (e.g. childminders and social service departments)
  - the delivery of culturally appropriate services
  - accessibility to parents in terms of information, publicity and entry to services.

### **Childcare as a means to SSLP service delivery**

- 4.7.2 Good quality childcare provision has the capacity to play, simultaneously, several roles in respect of child development and the support of parental aspirations. There is an extensive literature on quality, which underlines the value of childcare to children's development (Brannen and Moss, 2003; Melhuish, 2004).

---

<sup>5</sup> Choice for Parents, the best start for children: a ten year strategy for childcare. (2004). HM Treasury: London.

4.7.3 The Early Years study took as its starting point the existing evidence-base of ‘quality’ in childcare services. Two main conclusions emerged from this study. In the first place, SSLP managers were less confident about the childcare services they were delivering as being ‘good quality’ than they were about the play and learning provision, which they had developed. However, the study also identified the main indicator of *higher* levels of quality. In essence, ‘higher quality’ appeared to depend on the programme manager giving high priority to the following considerations:

- an integrated approach to service delivery,
- maximising partnership with parents,
- accessibility,
- responsiveness and
- enhancement of resources.

4.7.4 In addition to the obvious benefit for children, daycare plays a less direct role in terms of supporting parents in a variety of roles, which will benefit their children (e.g. employment and training). It is important to note that these two sets of roles are, in many ways, overlapping but here we try to highlight the key characteristics in order to exemplify the SSLP contribution to a *new way of delivering services*.

4.7.5 For example, firstly, in some cases, parents who were in full or part-time employment depended on access to affordable day care in order to initiate and/or sustain employment. Secondly, in other cases, parents who were pursuing vocational or other training required access to a childcare place. Thirdly, alongside the obvious developmental advantages, which childcare confers on children, there were also other, sometimes implicit, family support benefits. For example, childcare could act as an important element in a family support package, tailored to the needs of a family experiencing particular, possibly short-term stress. The use of childminders to offer ‘respite childcare’ is one example and also points to the way in which other professionals such as social workers may act as the gateway to a service. Fourthly and finally, there were some key work force implications. Given that high turnover of staff is by far the biggest threat to quality cited by providers (NAO) and given that the childcare workforce is often young (i.e. 16-18), there are some mutually beneficial employment possibilities in SSLPs for parents living in the area. In this section, we look at these three different ways that childcare is promoted and utilised by programmes.

### **Childcare as ‘the service’ for working parents**

4.7.6 Childcare has the potential to remove one of the key barriers, which parents face when they wish to join the labour market. Our National Survey data highlighted the fact that childcare was in short supply in SSLP areas prior to its initiation, and where it was, was frequently unaffordable (Employability Study, 2004). The following case provides

an example of the way in which access to childcare underpins entry to the labour market.

### ***Case Example***

In one programme there is a belief that quality and affordable childcare is one of the key issues to moving parents into employment. Prior to the establishment of the Sure Start local programme there were two local authority nursery schools for three- and four-year old children, but no wrap-around care and only one childminder. There was thus no childcare provision, which was suitable for people who wanted their children cared for while they were at work.

The programme therefore established a day nursery with NNI funding with places for 27 children. The emphasis is on quality ("as good as what you would find in a more affluent area" in the programme manager's words). It is open from 8:00 am to 6:00 pm and places are only available to parents who are working, looking for jobs or on education or training courses. The places are means-tested so that the more a parent earns the higher the contribution they make, with a minimum charge of £1.20 a day. All payments have to be made within two weeks otherwise children are not allowed to come back.

- 4.7.7 Despite the potential benefit to children and their parents, the provision of formal childcare, *by SSLPs*, for working parents in SSLP areas is low (Employability Study, 2004; National Survey, 2002-2004; Early Years Study, 2004) and in this section, we explore the reasons for this trend.
- 4.7.8 Inherited provision of day nurseries and nursery classes was not widespread across SSLPs. In 2002, 50% of Rounds 1 and 2 SSLPs indicated that they had inherited day nurseries, and where they had, there was an average of 2 nurseries serving their area. A slightly higher percentage (57%) of Rounds 3 and 4 SSLPs in 2003 reported inheriting day nurseries. Both the Early Years and Employability Studies also reported low inherited levels of formal childcare for working parents.
- 4.7.9 SSLPs have had an impact on the development of childcare for working parents, but there are differential increases in respect of the different types. The highest increase in provision has been in the area of crèche provision and childminding. Clearly, the former is unlikely to meet the needs of working parents, although childminders may. Only 50% of those SSLPs with existing day nursery provision have enhanced this service, and fewer still are developing new ones (National Survey, 2003). Further, only a minority of the twenty-five employability case study programmes manifested evidence of childcare provision appropriate to the needs of working parents.

4.7.10 One possible contributing factor to such low levels of childcare for working parents is in the co-existence of Neighbourhood Nursery Initiatives (NNI) in SSLP areas. NNIs are being developed in 65% of Rounds 1 and 2 and 75% of Rounds 3 and 4 SSLPs (National Survey, 2004).

4.7.11 Such low levels of provision reflected the low demand from parents. Some of the following issues emerged from both case study and employability study programmes. Some parents were reluctant to use non-family members for childcare while they were at work. Sometimes there was a local culture shared by some parents and sometimes programme staff, 'that being a good mother was incompatible with going out to work'. In addition to this, childcare for children under school age is expensive (even with the childcare element of the Working Tax Credit), and parents who consulted benefits advisors found that they would not be better off in work after paying their residual childcare costs (Employability Study, 2004).

4.7.12 Good quality childcare for children under three which is suitable for working parents is expensive, and without subsidies is generally not affordable by parents living in Sure Start areas who might want to work. [The prevalence of lone parents in Sure Start areas who are likely to be most financially challenged by the costs of childcare is an additional important factor.] This is coupled with a reluctance to leave their children with other people and a preference for part-time jobs that fit around their children (see above).

4.7.13 The other side of this *financial* question was that existing childcare providers in some areas were often struggling to maintain viability, especially private sector providers (this situation may be reflected in the trend for a reducing number of private sector members on partnership boards) (National Survey, 2003). In some cases, this constituted a 'double jeopardy', as SSLPs were reluctant to further aggravate the problems for providers by creating 'rival day care places' which would potentially make the situation for private providers even less financially desirable.

### **Childcare as a means to supporting opportunities for parental development**

4.7.14 Childcare can play a vital role in enabling parents to engage with group-based activities and training courses both in SSLP venues and outside (e.g. local colleges). Both staff members and parents assumed that crèches were the obvious solution to their day care needs in these circumstances and indeed, "Crèches were the most common form of childcare in SSLPs which practitioners reported as enabling parents to access short courses such as Basic Skills or English as an Additional Language and parenting groups" (Early Years Study, 2004).

4.7.15 SSLPs had mostly had a lean inheritance in terms of crèche provision. In 2002, just 33% of Rounds 1 and 2 SSLPs reported inheriting crèche facilities; and in 2003, 44% of Rounds 3 and 4 SSLPs reported pre-existing crèches.

4.7.16 SSLPs are working to change this low level of provision and data from across our study points to the fact that they recognise its importance. National Survey data shows they are widely enhancing existing provision and providing new crèche services. Over 90% of the Rounds 1-4 SSLPs are enhancing existing crèche sessions in some way. The Early Years themed analysis reports a slightly lower figure at 75% - a high proportion nonetheless. Both data sources also indicate that the approximately 85% of SSLPs *without* any pre-existing crèche facilities/sessions are developing new ones.

4.7.17 The Early Years study, which included a classification of levels of provision across all childcare modes (low; moderate; high) concluded that pre-SSLPs, crèche provision was predominantly *low* or *non-existent* and post-SSLP implementation had risen to a rating of *moderate*. “This is a marked improvement and suggests that Sure Start programmes have made a considerable impact on the extent and quality of early learning, play and childcare provision in their areas” (Early Years Study, 2004). Findings from the other themed analyses also support these trends.

4.7.18 The development of crèche sessions and facilities are taking the following overall forms:

- Full time crèche facilities in new Sure Start multi-purpose centres;
- Flexible crèches at Sure Start outreach posts;
- Provision of funding for parents to take certificate courses at the local college in order to become crèche workers themselves;
- Use of crèches as ‘placements’ for local people undertaking childcare training courses;
- An increase (as crèche workers) in local employment opportunities;
- Provision of ‘mobile’ crèche facilities for activities away from Sure Start venues;

4.7.19 The activities being undertaken in order to achieve this level of enhanced provision include:

- Having more staff in post to provide crèches;
- Improving quality (e.g. increased safety levels at sessions, better training for crèche staff);
- Increasing the availability of crèche sessions during the week and weekends; and

- Improving linkages and raising the level of communication with other agencies, including encouraging them to provide crèche sessions. For example, some colleges have found that they can fill more places on mainstream courses by collaborating with Sure Start to provide childcare for training courses; and that, by so doing, they have been able to attract more students from the general population, not just from within the Sure Start local programme area. Relationships with colleges are mixed, however, with some remaining unwilling to change/modify the nature or location of their provision; or to provide crèches, which would meet the needs of Sure Start parents.

4.7.20 It can be seen that childcare provision in SSLP areas is crucial in order for parents to access training courses. This care was usually sessional, i.e. a few hours a week and parents in our case study areas reported that they felt ‘very comfortable with this.’ They explained that using crèche provision did “not conflict with how they felt they should carry out their responsibilities as ‘mothers’.” The location of the crèches on the same premises as training courses constituted an extra incentive for parents to enrol on courses.

### **Childcare as a part of a parenting support package**

4.7.21 We found evidence of some SSLPs acknowledging the role of childcare as a form of respite for those parents who may be experiencing stressful family, personal or social situations. The Early Years study reports that some SSLPs have emphasised this as a high priority in their family support packages. In a very small number of programmes the use of child minders has been one such mechanism, but, given the overall dearth of childminders in SSLPs, these examples were few and far between, even if, where they did exist, feedback was positive.

4.7.22 In addition, case studies and local evaluations both identified examples of part-time Family Support workers offering respite to parents by taking children out to local parks; or engaging them in playgroups in order for a parent to have time to attend to other needs. In some of these cases, there was usually a high demand for the service leading to long waiting lists.

### **Developing employment opportunities as a childcare worker**

4.7.23 The Employability study (2004) found that two-thirds of its programmes had recognised that they could both increase the supply of childcare **and** improve the employability of parents by supporting parents who want to train for childcare work. Furthermore, the Early Years study (2004) found that one of the main *reported aims* of childcare services in SSLPs was to release parents for employment and training. Programmes are training local parents to work both as childminders as well as to work within local nurseries and crèche facilities

## **Developing the potential of parents as childminders**

- 4.7.24 Seventy-three percent of Rounds 1 and 2 SSLPs reported *active* (i.e. current placement of child) child minders in their areas, although few programmes inherited more than 10 child minders. A similar pattern exists for Rounds 3 and 4 in 2003. The Employability and Early Years studies and the Case Studies support similar patterns of variability in SSLPs.
- 4.7.25 The Case Studies point to some success in promoting and expanding registered childminders in these SSLP areas, and some local evaluations report increasing prioritisation of expanding the number of childminders as a top childcare strategy. In addition, childminding networks are being supported and expanded by SSLPs.
- 4.7.26 A Childminding Network is a formal group of *registered* Childminders who are recruited, assessed, monitored and supported by a Network Coordinator. These networks were not inherited widely across SSLPs, as reflected in National Survey data: only 20% of Rounds 1 and 2 SSLPs reported pre-existing childminding networks, and 41% of Rounds 3 and 4 programmes reported having them. This is perhaps not surprising given that many of the Sure Start areas had few registered childminders at the inception of the programme. Little detail was afforded across the Implementation module on the process of setting up childminding networks, although a number of programmes indicated that this was a priority.
- 4.7.27 Childminding/childcare training was also relatively lean. For example, 40% of all Rounds 1-4 programmes reported pre-existing *training* for child minders. However, a number of SSLPs have recognised the importance of expanding the numbers of childminders in the area and with this in mind, are working to support and train local people interested in childminding as a route to employment. For example, 67% of SSLPs are enhancing already existing training for childminders, while the 73% of programmes without existing training are implementing new training schemes.
- 4.7.28 In the Employability Study, around half the SSLPs offered childcare training to parents, often with a view to staffing future childcare provision, but a minority of programmes had reservations about encouraging parents to enter low paid employment. Programmes often reported that parents who had trained under the auspices of Sure Start were employed in childcare settings across the wider area, not just within the programme itself (indeed, many programmes felt that this was desirable, and that parents should be working with children from outside their own immediate community, both for the experience, and for reasons of confidentiality) (Case Study, 2004; Employability Study, 2004).

4.7.29 Several of the programmes providing childcare training reported that childcare courses were often over-subscribed and they had to operate waiting lists. Around half the programmes we visited had had some parents going on to qualify at NVQ level III. Two had groups of more than fifteen working towards this level, although most had only a handful working towards level III, but had larger numbers working to level II. One parent who had achieved level II had moved on to teacher training.

4.7.30 Where programmes were not supporting childcare training themselves they generally collaborated with the EYDCP in their planning activities, and in offering work experience placements within the SSLP (Employability Study).

4.7.31 Three of the programmes we visited were involved in supportive projects providing training and work experience in childcare. These were generally organised in collaboration with other initiatives such as New Deal for Communities.

4.7.32 In some cases the relationship is more passive with the Sure Start local programme acting as a signpost to the other organisation. In others there is some tension where the providers of employment support and training are unwilling to adapt their provision to the needs of Sure Start parents. The most important of these needs are accessibility and childcare while taking part in training, job interviews or work experience. The study also found examples where other organisations do not regard it either as worthwhile or as necessary to collaborate with SSLPs.

## **4.8 The contribution of staff training to programme quality**

4.8.1 The 'Sure Start' approach aims to introduce a range of changes to conventional ways of working: indeed, changing some traditional, less helpful ways of working is part of the raison d'etre of the SSLP initiative. Top of the list of such intended changes is the development of multi-agency working, which, as we know from the literature (Harrison et al., 2003; Horwath and Shardlow, 2003), has consistently posed a substantial challenge in any setting where attempts have been made to introduce it. Other changes include the enhancement of service quality; and the facilitation of maximum access to every aspect of services for young children and their families. It is obvious that training will have a key role to play in the achievement of such objectives, alongside overall strategic planning. In other words, it is difficult to separate out well planned and delivered training from the delivery of high quality services and our data bears out the importance of training provision on the ground.

4.8.2 We found a diverse pattern of training provision. Some SSLPs had risen to the 'training challenge'. For others, it was still work in progress. Overall, the range of training being provided for both staff

members and members of the local community who volunteer within the programme, is a wide one. We now describe two specific facets of training, firstly the functions it fulfils; and secondly, an overview of the ‘typical content’ of training programmes.

#### 4.8.3 Training fulfils the following key functions:

- Enabling the introduction of services, which are either *completely* new to the area, or are, in fact, existing services intended to be delivered in a different way, and which will need to be the subject of training/ structured experience for a majority of staff. The latter type of services need not be ‘esoteric’. Home visiting provides a good example of the importance of training, given that some workers (e.g. early years workers who were used to being centre-based) had had relatively little experience of ‘reaching out to the community’, through visits to people’s homes. Similarly, even where staff were familiar with home visiting, the specific focus of an SSLP home visit meant that they could benefit from extra training and support.
- Facilitating the *mutual exchange of information* about respective disciplines and contributing to the process of *building trust* between workers from different backgrounds, and removing stereotypical perceptions.
- Encouraging networking between staff members who would not necessarily meet regularly on a face-to-face basis;
- Helping SSLPs meet the needs of ethnically diverse communities;
- Ensuring that all the workers in SSLPs have a working knowledge of Child Protection;
- Ensuring that all workers understand how to address a range of special needs on the part of children in the community;
- Equipping workers with basic knowledge around common challenging issues they may confront (e.g. domestic violence, substance abuse).
- Helping bridge any critical gaps in the capacity of the workforce, which recruitment strategies have so far failed to resolve, for example in the context of specific special needs such as visually challenged parents;
- Last but not least, the central task of engaging members of the local community initially into volunteer roles and subsequently, where appropriate, supporting their skills and career development.

### **Case example:**

In one programme, there was a clear strategy for training, which manifested itself in a range of ways, including high levels of enthusiasm expressed by individual staff, including the following two: “*I come from Social Services and inevitably much of my day to day work is concerned with child protection and I have been on several courses. But, I was really excited by the opportunity to share with colleagues in the community some of the challenges that I have to face and to get a handle on how they are dealing with it...*” [Social Worker].

“*Everyone expects health visitors to know about breast feeding, and I guess I do. I've had a lot of training. The training that I've been helping to organise in the Sure Start programme has been an exciting opportunity for me to look out of my own silo and learn from some of the other staff*” [Health Visitor].

### **Case example:**

One programme manager said: ‘*One day a month is devoted to staff training and team building*’, and ‘*I circulate a staff team form and staff list what training they would like.*’ This manager felt that her model allowed staff to assess their own needs and that this was helpful in building a sense of self-worth and enthusiasm about working in a potentially threatening multi-disciplinary environment. She argued that this approach was cost-effective as it meant that the budget was spent in an effective way and not ‘wasted’ by ‘imposing’ on all staff training they did not necessarily need or want. At the same time, this manager had a very clear picture of the skills and training mix that she needed to ‘sell’ to the staff group.

## **What is on the training menu for staff?**

4.8.4 National Survey data (2003/04) showed that there is considerable variety among programmes with respect to specific training opportunities provided to staff. The most widespread training opportunities for staff include:

- Sure Start ‘induction’ training – Mandatory in 90% of SSLPs
- Child protection training – Mandatory in 83% of SSLPs
- Health and safety training – Mandatory in 79% of SSLPs
- Team building training – Mandatory in 64% of SSLPs
- Diversity training – Mandatory in 53% of SSLPs

4.8.5 The least common training opportunities for staff members include (for which the majority are provided on a non-mandatory basis):

- Childcare training - provided in 51% of SSLPs
- Enabling partnership – provided in 50% of SSLPs
- Basic skills training - provided in 46% of SSLPs
- Project management - provided in 44% of SSLPs

- Forums – provided in 34% of SSLPs.

### **Training for members of the community**

- 4.8.6 An important objective of SSLPs is to engage parents and other members of the local community in ‘volunteer roles’ within the programme. We found a significant variation in the number of volunteers across SSLPs and this had implications for the provision of training. For example, although on average, programmes report having 27 volunteers ‘on the books’, there are some programmes with many more than this (one with 188 volunteers!). As can be seen from these diverging numbers, an approach to training which will work for 27 volunteers will not necessarily be appropriate to one with seven or eight times that number. For example, a training strategy must incorporate the needs of volunteers who may play a relatively irregular role in the programme, for example, organising festive events at Easter and Christmas, as well as those who are more intensively engaged with delivering programme services, such as being a community mother.
- 4.8.7 The training provided for volunteers was most commonly focused around the overall task of ‘confidence building’. For example, ‘assertiveness and confidence’ training is the most commonly provided training for parents, across 85% of Rounds 1 and 2 SSLPs. Training to equip parents with the skills to *contribute to* and with *an understanding* of partnerships is also a common training opportunity provided (85%). Finally, basic skills training is seen as an important confidence builder, provided in 82% of SSLPs.
- 4.8.8 Practical training to develop career skills are provided by a majority of programmes, although proportions varied. For example:
- Play and learning training (provided by 76% of SSLPs);
  - IT training (73%);
  - Childcare training (70%);
  - Child protection (62%);
  - Training to form and contribute to parent forums/panels (62%);
  - and Recruitment training (62%).
- 4.8.9 The Early Years (2005) found that the passing on of knowledge, through training, to parents was reported as a long-term process, which would play a central role in *local community development*. For example, some programmes have implemented local recruitment policies with an emphasis on training local parents to develop and deliver groups themselves, first as volunteers and then as employees within the programme as described in the themed study on employability (Meadows 2004). For these programmes, the redistribution of knowledge was crucial to long-term community

development and to the sustainability of SSLP services. The evaluation officer at one such programme observed:

*"Our early years specialist shares with our speech and language therapist and our occupational therapist a willingness to share expertise, because they acknowledge that so much of what they do is not rocket science. The ethos of this Sure Start is that those things can be shared. So really it's encouraging people to come from the community to be trained."* (Evaluation officer)

4.8.10 However, even programmes adopting such a purposive approach also identified challenges in the short term. One challenge was the potential de-skilling of professionals as they worked towards their aim of knowledge redistribution within the community. Another related issue was that of maintaining the quality of services whilst expanding the volunteer and paid workforce. A speech and language therapist was enthusiastic about the long term benefits of her SSLPs approach to the redistribution of knowledge but acknowledged:

*"One of the difficulties has been in the way that this is operating, in that we are cascading information down...because this is our model. We like to get community and parents working on the programme...We can teach them practically how you do it...we can teach them the words to say, but there are all the other things, like the professionalism, that isn't there...We are now trying to make sure that people have got the right kind of training, that they've got confidence in their own skills, but that they're not over confident and they don't think 'I know everything there is to know about speech and language'. I've found that quite difficult."* (Speech and language therapist)

4.8.11 Childcare practitioners echoed the managers' general views about staffing shortages, especially qualified staff; staff being 'skilled up' and moving on; practitioners not wanting part-time and contract workers to staff crèches; and the importance of recruiting and training from scratch staff from the local community. A typical comment from a childcare co-ordinator was: *'Because we are also skilling them up, the casual staff are ticking over nicely. But they're all looking for permanent jobs, so the retention of them is going to be a nightmare. Our worry is about maintaining the standards and the quality. Because if this batch (of volunteers) goes, we'll have to start all over again'*.

## 4.9 Learning points

4.9.1 We found widespread evidence of SSLPs, to varying degrees, modelling a *different way of delivering services*. Fundamental to this new way of doing things was a programme-wide concern with training for both staff and volunteers. The main characteristics of the new approach were an emphasis on outreach allied to a willingness to try and tailor services to the needs of the family rather than fit the family

into the shape of the services. However, there were areas in which achievement was less marked, notably, the creation of affordable day care provision and success in enthusing all parents in the area about using it. Similarly, the engagement of fathers is clearly work-in-progress.

- Outreach activity is fundamental in engaging and sustaining the engagement of members of a community. Although our data is limited to outreach by SSLPs, the significance of outreach within the programmes was so marked as to have clear relevance for all services in the community. It can be seen as a multi-purpose strategy for reaching and engaging families and can be used to do all or any of the following: 1) raise awareness; 2) befriend parents; 3) provide health/development services; 4) be a gateway to other services; and 5) provide outreach of specialist services.
- SSLP experience has shown that having one 'flagship', multi-purpose Sure Start Centre functions to encourage and facilitate joined-up working and provide a very visible symbol of the existence of Sure Start. Having a flagship venue does not preclude exploiting the positive potential of satellite venues in the area, which can be useful for taking some services 'closer to the community'.
- Although both *outreach* activity and *centre-based* provision have their own particular usefulness and importance, careful thought needs to be given to the balance struck between the two methods. The approach taken by an SSLP must have a coherent rationale, which is grounded within the local community and service context.
- Similarly, there is no perfect template as to the balance between *group-based* and *one-to-one based* services. Both have their own advantages and individual local strategies need to take account of geographic and practical realities in the area in deciding whether to prioritise a range of group-based venues, set up a central, singular venue and/or deliver services on a combination of all these models;
- Engaging fathers has been difficult but it may be that some programmes have overlooked the need to 'win the hearts and minds' of female users of services as well as pursue the engagement of the men. Possible conflicts have to be acknowledged;
- The time table for service provision within an agency should reflect the lifestyles and preferences of the people with whom it works. In the case of SSLPs, the fact that they overwhelmingly provide the majority of their services during a '9 to 5' workday has met the needs of the local population in which a majority of which are mothers who are at home with their children. However, subgroups within the SSLP populations, such as fathers and working parents, did not fall into this category and, although in the minority, were clearly disadvantaged by what seemed to them to be limited time tables. Therefore, SSLPs

should be constantly alert to the changing circumstances of local parents, and in order to avoid the risk of employed mothers and fathers 'missing out' on Sure Start services, consider ways to provide a wider range of services in the evenings and on weekends.

- Childcare provision in SSLPs, like outreach activity, is a multi-purpose service, going beyond merely providing childcare for working parents. At one end of the spectrum, there is evidence that parents appreciate a planned entry into the labour market, which they may not want to embark on until their children are of school age: this provision enables them to do this. It is thus an important vehicle for implementing the overall range of choices, which the NCS introduces and can be used, in addition to providing high quality full time, part time and sessional day care for children, in a range of other ways. These might include:
  - 1) supporting a range of opportunities for parental skill or career development;
  - 2) as one element of a general parent support package; parents appreciate the ability to have a break from the parenting task and be sustained in their own role as adults by being able to undertake training, go to aromatherapy sessions and indeed have opportunities to meet other mothers;
  - 3) and/or as a way of developing specific opportunities for parents in the community to become childcare workers.
- Training has a key role to play in achieving the objectives set for SSLPs to deliver services in a new way. In order for programmes to optimise both the quality and quantity of their services, they need a coherent training strategy, which, while it may have some common core elements, can benefit from being tailored to the needs of specific areas as well. Programme managers can play a crucial role in helping the programme team, both staff and volunteers, to take advantage of all the learning opportunities on offer.

## **5. CHAPTER FIVE: COST-EFFECTIVENESS OF IMPLEMENTATION**

### **5.1 Introduction**

5.1.1 The full evaluation of the cost-effectiveness of Sure Start local programmes is dependent on the availability of outcome data from the impact module. The emphasis hitherto has therefore been on the analysis of expenditure data. The key issues have been:

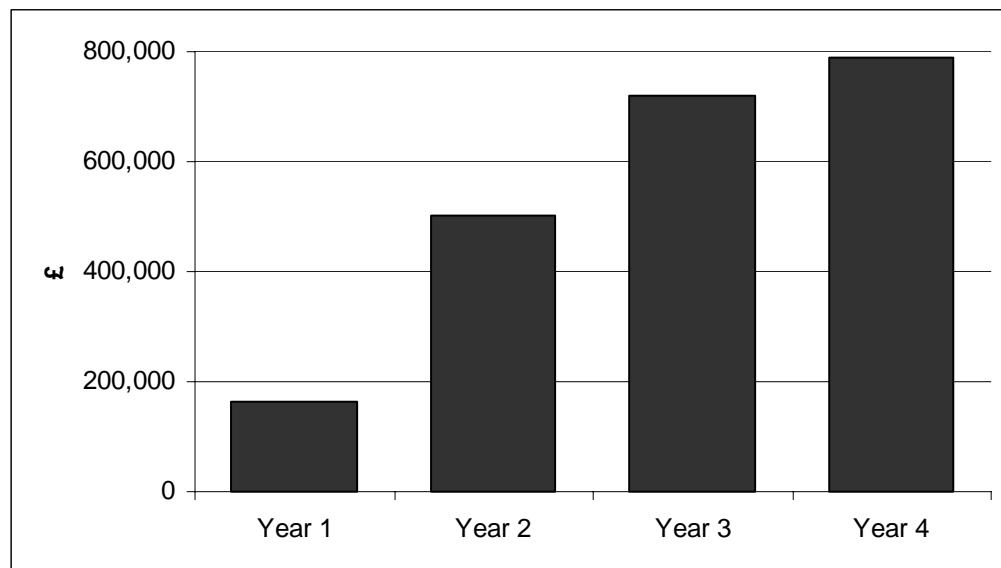
- The ability of SSLPs to put staff and systems into place to enable them to spend money on delivering services
- The scale of resources used in delivering SSLP services and the variability in resources per child aged 0-4
- The patterns of spending on different services

### **5.2 Speed of development of systems**

5.2.1 Most SSLPs do not reach their fully operational level of expenditure until they have been running for around two to three years. On average the second year expenditure is three times that in the first year. Third year expenditure is 40 per cent greater than that in the second year. Around 10 per cent of programmes are not fully operational until their fourth year. This is illustrated in Figure 1. On average SSLPs spend around £800,000 a year when they are fully operational. Some spend up to £1½ million a year by their third year, while a small number have still not reached £100,000.

5.2.2 These differences in the scale of resources partly reflect differences in the number of children living in the area (see below). But to a large extent they reflect differences in the level and range of services they are offering. There is no standard package of Sure Start local programme services. Rather, each programme has chosen to develop and deliver a different set of services and to resource them at different levels.

**Figure 1: Average Sure Start local programme expenditure by operating year (current prices)\***



\* excluding Year 1 expenditure by programmes which had their first year of operation in 1999/2000

### 5.3 Expenditure per child

- 5.3.1 In their third operational year, SSLPs spend on average around £1,000 per child under four living in the area. However, there is a large range around the average. Some programmes offer a more limited group of services and others offer a wider variety. The minimum expenditure per child is around £400 and the maximum is nearly £3,000.
- 5.3.2 One possible explanation for this disparity might be differences in the range and type of mainstream and voluntary sector services that were in place before the advent of Sure Start. However, we have been unable to find any relationship between the level of pre-existing services and expenditure per head by the Sure Start local programme. Rather, they appear to reflect different choices about which services to offer and at what level.
- 5.3.3 The programmes, which are spending more per child are delivering services to a slightly higher proportion of the children living in the area than those which spend less, but the relationship, although statistically significant, is not strong. On average the programmes for which there is expenditure information for 2002/03 saw 22.1 per cent of eligible children per month in the autumn quarter of 2003. The range was large (from zero to 77.9 per cent). Every extra £100 per child improves the proportion of children reached by 0.6 percentage points. Thus, increasing expenditure per child from £700 to £1,000 could be expected to increase the proportion of children seen in any month by just under two percentage points. By contrast, every twelve-month

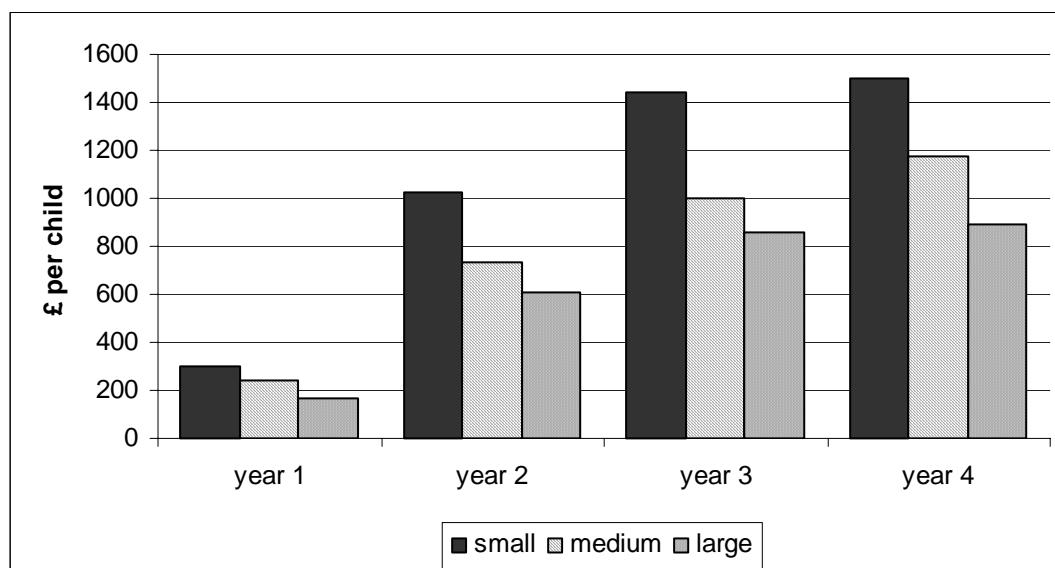
increase in programme age adds 6.5 percentage points to the proportion of children seen in any particular month.

- 5.3.4 SSLPs are not expected to deliver services to all children every month. Rather they are expected to be in touch with all eligible children and to deliver services to those who come forward for them. Programmes also use different methods of measuring contact with families, particularly where services are contracted out. Differences between programmes in the proportion of children reached will therefore reflect differences in need for services, differences in counting methods and differences in the willingness of families to use services as well as differences in the level of services that are being delivered. Thus reach data need to be treated with some caution.

## 5.4 Economies of scale

- 5.4.1 However, another possible explanation for the large variation in expenditure per child aged 0-4, and the limited impact on the proportion of children receiving services, is the issue of economies of scale. Sure Start local programmes are intended to cover areas, which are both within walking distance and represent relatively natural communities. Sometimes they encompass more than one natural community, but the emphasis is very much on a small-scale local area. But this is likely to lead to inefficiencies, both in fixed costs - every programme, whatever its size needs an office, a programme manager and a board - and in the costs of delivering particular activities. Programmes with fewer children living in the area are likely to find that the sizes of groups for individual activities are smaller than the groups for the same activities in areas with larger numbers of children. This increases the unit cost of delivering those activities.

**Figure 2: Expenditure per child aged 0-4 by number of children living in the programme area**



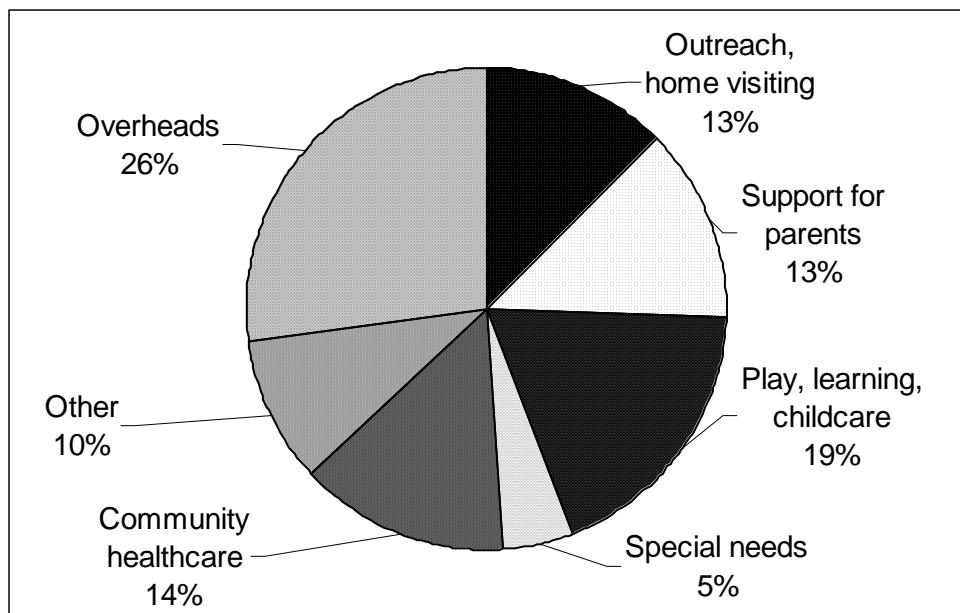
- 5.4.2 This is illustrated in Figure 2. Large programmes (that is those with 800 or more children aged 0-4) spend around £800 per child by the third and fourth years of operation. Medium-sized ones (that is those with between 600 and 799 children) spend just under £1,000 while small programmes (those with fewer than 600 children) spend around £1,400 per child.
- 5.4.3 These differences in expenditure per child reflect both differences in overhead costs per child and differences in service expenditure per child, which is consistent with the idea that group sizes are lower in smaller programmes. Non-service costs (management and administration, development and evaluation) range from an average of just over £200 per child in large programmes to around £400 per child in small ones.

## **5.5 Expenditure on different service areas**

- 5.5.1 Sure Start local programmes' financial returns record their expenditure under different categories of expenditure. These are:
- Outreach and home visiting
  - Support for parents
  - Play, learning and childcare
  - Community healthcare
  - Special needs support
- 5.5.2 To some extent it is a matter of judgement as to which heading to use to record the expenditure relating to a particular service. Is a drop-in play session a respite for parents or play, learning and childcare for the children? Is a visit by a Sure Start worker to provide a friendly ear for a parent part of support for parents or part of outreach and home visiting? Different programmes will make slightly different judgements about which heading to use. Thus, differences between programmes in their expenditure on different services may reflect differences in classification rather than differences in the services that are actually being delivered. Many services cover more than one heading, and programmes will pursue different policies about their allocation between headings.
- 5.5.3 Figure 3 shows the breakdown of expenditure into categories in the third operational year. Expenditure on play, learning and childcare amounted to around a fifth of all SSLP expenditure. Healthcare and outreach and home visiting each accounted for around a seventh, and support for parents slightly less. There was some variation in priorities among programmes with different types of lead body. Education-led

programmes give greater priority to healthcare, while voluntary and community led programmes give relatively low priority to outreach and home visiting, and greater priority to support for parents.

**Figure 3: Proportion of Sure Start local programme expenditure on different categories of services**



## 5.6 Additional resources

- 5.6.1 Four out of ten SSLPs receive funding for their operating costs from other sources in addition to what they receive from the Sure Start Unit. These resources range from very small amounts to £500,000 or more. £50,000 would be a more typical amount involved, or around 5 per cent of total programme expenditure. The additional funds come from a variety of sources: from mainstream partner agencies, from other Government initiatives, from the European Social Fund, the national lottery and from charitable trusts. A few programmes receive business sponsorship, but the amounts are usually less than £5,000.
- 5.6.2 In addition most programmes receive some resources in kind from partner agencies in the form of premises, human resources support, IT support, accounting services or legal services from partner agencies. Sometimes there is a partial charge for these services or a charge for some services but not for others. However, around a quarter of programmes receive all or most of these support services free of charge.

## **5.7 Adequacy of resources**

- 5.7.1 We do not have quantitative information about the adequacy of the resources available to SSLPs. However, we do have qualitative data from the NESS implementation case studies. A strong consensus emerged from almost all the informants in the NESS implantation module case study programmes that SSLPs are well resourced and are not constrained from doing what they want to do by lack of money. This view was largely shared by programme managers and staff, as well as by external stakeholders. The only exception to this general picture was one programme, which had seriously underestimated the number of children in the area.
- 5.7.2 Mainstream agencies, particularly health and social services, are particularly conscious of the higher level of resources available to children living in Sure Start areas. Much of this concern relates to the disparity of resources available to the children eligible for Sure Start compared with the resources available to deprived children living outside the boundary or those who are aged five or more.
- 5.7.3 Because SSLP resources are not always tightly constrained, there are sometimes concerns expressed both by staff working in mainstream agencies, by parents and other community stakeholders, but also sometimes by SSLP staff themselves, that services continue to be delivered even though take-up is low or drop-out or non-attendance high. In other words, programmes have a sufficiently high level of resource available that they are not always as careful as they might be about critically reviewing the way they spend them. However, until we have more outcome information, it will not be possible to judge whether programmes that are spending more money are achieving better outcomes than those that are spending less.

## **5.8 Learning points**

5.81. A summary of the key issues in this chapter are as follows:

- Most Sure Start local programmes believe that the resources they have available are sufficient to enable them to develop and deliver their services. It was exceptional for SSLPs to say that resource constraints were preventing them from doing something they wanted to do.
- Two-thirds of Sure Start local programmes receive cash from sources other than their Sure Start grant. On average those receiving additional sums receive around £50,000 a year.
- Most Sure Start local programmes have the use of some premises for which they do not pay, particularly libraries, schools and clinics.

- A recurrent theme among case study interviewees were the disparities in the resources available to SSLPs and those available to mainstream services, particularly, but not exclusively, health and social services.
- Partnership working is resource intensive for all those involved, not least for mainstream agencies. This is a particular problem in areas where there are several SSLPs and mainstream agencies are expected to collaborate separately with each other.

5.82. From these, the following learning points have emerged for policy and practice:

- The disparity between the resources available to children eligible for Sure Start local programme services and other children raises equity issues in the eyes of professionals in mainstream services and in the eyes of parents and other local stakeholders. This has implications for the development of services with restricted eligibility in the future, but is also a factor in securing the active and enthusiastic collaboration of those working in mainstream services. This will be less of an issue with children's centres where services will be available to a wider range of children.
- What can be feasible in a small-scale programme may not always be replicable on a larger scale. Mainstream agencies can put the resources into partnerships where they impose limited demands, but once they are confronted with having to deal with a number of different partnerships this engagement becomes more disruptive. Similarly providing free premises and support services becomes more problematic for larger-scale initiatives.

## **6. CHAPTER SIX: OVERVIEW, DISCUSSION OF FINDINGS AND POLICY IMPLICATIONS**

### **6.1 Introduction**

- 6.1.1 This report has painted a picture of the implementation of the first 260 SSLPs over a five-year period between 1999 and 2004. By looking at the process of implementation as well as the service *out-puts delivered*, we have sought to provide insights about the implementation of SSLPs, which may be of relevance to the emerging government policy and practice agenda for young children and their families.
- 6.1.2 Although increasing emphasis is now placed on an evidence-based approach to service design (Walter et al. 2004), there is relatively little data available on complex community programmes such as Sure Start by comparison with specific services such as early years provision (Statham 2000; Melhuish 2003). At the same time research has tended to emphasise programme *outcomes*, rather than attempt to identify the characteristics of successful *implementation*. In other words while we know, for example, about the importance of adult-child interaction that is responsive, affectionate and readily available and well trained staff committed to work with the children, fewer insights are available about how services get to that point. As Moran comments, “there is surprisingly little robust research on what makes for effective implementation, and very few properly-designed experiments have been conducted, and those only in the United States” (Moran et al., 2004; p95).
- 6.1.3 Examples of implementation-focussed evaluation, of clear relevance to Sure Start, include Early Head Start (Kisker et al., 2003) and Smart Start (Thompson et al., 2002). They have highlighted the impact on programme quality of differing programme approaches, and indeed, differing time scales.
- 6.1.4 Before we go on to present and discuss our data on implementation, two issues should be acknowledged. Firstly, it should be noted that *outcomes* of SSLPs for individual children, their families and communities, will not be fully understood for some time (Impact Study, 2004). Work is still in progress to identify the characteristics of effective programmes, i.e. effective in the sense of child and parent level outcomes. Secondly, changes in government policy should be taken into account. For example the new partnerships between agencies, currently being constructed to facilitate the roll out of children’s centres, are likely to overlap with SSLP networks. Another case is the National Childcare Strategy, which puts a specific spotlight on the need to prioritise day care provision, whereas of course in the context of SSLPs this is one of five core service areas.

6.1.5 Implementation data can inevitably tell only one part of the SSLP ‘story’. It is quite possible, though at this stage we cannot know, that programme characteristics, which have been described positively in *this report*, will subsequently, in the context of child-level outcome data, not be found to have a positive association. However, this data remains relevant to the measurement of individual outcomes. As Moran et al. (2004, p94) comment, “process issues, (aspects of the delivery and implementation of a parenting support service) form the critical, but sometimes hidden, backdrop to any assessment of an intervention’s effectiveness”. Therefore, our data will be crucial in understanding future child and community-level outcomes. It will also be of specific relevance to policy makers, especially in the light of plans for children’s centres; and government’s aspirations for the delivery of an enhanced level of high quality and accessible services for all children and their families.

6.1.6 As the data presented in the previous three chapters has demonstrated, we have no shortage of *descriptive data* available to us, in respect of the approaches, activities and attitudes of the key stakeholders in the first Rounds 1-4 SSLPs. However, at this half-way stage of the overall six-year National Evaluation timetable, our identification of apparently ‘successful implementation approaches’ can only be made on the basis of a number of implementation outputs, rather than as the characteristics of programmes ‘categorically known’ to be associated with positive ‘individual-level outcomes’. Such implementation outputs include the following:

- Responsiveness to the local community (e.g. consultation with the community);
- Apparent achievement in maximising ‘reach’;
- Diversity and commitment on the part of partnership members;
- The sustaining of partnerships;
- A range of services;
- Good quality services;
- Flexibility of delivery;
- Pro-activity (i.e. having a robust outreach strategy).

6.1.7 We now provide a resume of the data we have collected of relevance to these outputs. There are three inter-related sections:

- a) A summary of key points from each of the previous chapters;
- b) What factors impact on the design and delivery of good quality services in SSLPs?;
- c) Key policy recommendations.

## 6.2 Summary of key points

### Maximising access

- In order to maximise access to services by children and parents in the local community, programme staff have to ‘think in the long term’. Achieving ‘reach’ is never a one-off task but an on-going, continuous process.
- Many parents in SSLPs may lack the confidence to initiate the take up of services themselves. Programme staff need, therefore, to devise a range of creative/innovative and flexible strategies, which will often go beyond what is possible on the part of mainstream services. Such efforts can help parents overcome their apprehension, and will be especially effective in respect of groups with more complex needs.
- Outreach activity is fundamental to these strategies, be it outreach into the home; or outreach into the wider community.
- Programme staff need constantly to have in mind, the possibility of “sign posting” parents to other services. This is an important way of facilitating access across the programme.
- *Trust* on the part of parents is central to the development of their subsequent engagement with the programme, and its building needs to be worked on constantly; as well as on an ‘as needed’ and sensitive approach. There will also be cultural and ethnic dimensions to this task.
- The process of trust-building needs to take account of the fact that parents are discerning consumers of services and do not, as is sometimes assumed, have stereotypical (negative) views about ‘professionals’ and stereotypical (positive) views about being a ‘friendly person.’ They want staff members who combine, where appropriate, both sets of characteristics. Sometimes professional expertise is essential but this does not mean parents do not value it being delivered by a sensitive, friendly and accessible individual.
- A further dimension of trust is the need for programmes to develop a consistent and uniform policy on confidentiality; and secondly, to raise awareness among their staff as to the importance both of constantly providing clear assurances to the parents and families with whom they work. This is particularly important where programme staff themselves live within the boundary of the SSLP/community.
- The provision of childcare is crucial in ensuring initial and continuous use of services on the part of parents. The existence of childcare for parents participating in courses or management meetings proved to be a key determinant of parental take-up of services.
- Finally, in addition to all of the above, programmes need to remember that all parents are different, even if they may overall broadly conform to our three parental styles of service use. Such open-mindedness of approach will enhance the capacity of SSLPs to make a reality of the Sure Start principle that *every family has different needs*.

## **Working together**

- Programmes have demonstrated widespread commitment to the idea of working together, both in the context of organisational and professional groups.
- The nature of pre-existing collaborative relationships has had an inevitable impact on the extent to which programmes have been successful in working together – we have found that *inheritance matters*.
- High levels of funding have clearly been very influential in encouraging other organisations to work in partnership with SSLPs.
- Some mainstream services, e.g. social services and GPs, have experienced greater challenges than others in working together, and the origins of these challenges differ. In some cases they may derive from differing professional cultures, such as the traditional independence/autonomy and relatively high status of GPs. In others, specific legislative imperatives such as the child protection responsibilities of social workers, have inadvertently militated against the construction of a set of shared priorities.
- Clarity of purpose was a key factor in facilitating progress in working together.
- While a high level of commitment on the part of senior managers was helpful, its absence does not necessarily mean that front line staff are less committed to working together.
- The generation of a ‘sense of equity and mutual respect’ between organisations of all types and sizes is helpful in sustaining day-to-day partnership.
- The role of programme managers appears to be crucial to the holding-together of programme partnerships; and making collaborative service delivery successful; for example, motivated programme managers were beneficial for team incentive and enthusiasm among front line staff; programme managers who were good communicators could improve collaborative working.
- Staff appear to value the importance of their programme manager having a professional qualification.
- There is a relatively high turnover of programme managers, driven by a range of reasons and this turnover may undermine the robustness with which the programme manager’s ‘lead visionary role’ is carried out; as well as the sustaining of partnerships.
- The majority of programmes have experienced extra stress and challenges as a result of the concurrent policy roll-out of new initiatives and structures, such as children’s centres.

## **A new approach to service delivery?**

- There may, in any early years provision, be an understandable and probably inevitable tension between the development and delivery of services targeted at *the child*, i.e. *the child at the centre of services* and the development and delivery of services to *support the family*, (a unit

of which the child is of course part). Programmes sometimes seemed to find the latter focus more straightforward, possibly in part because of the greater ability of adults to articulate their own needs. On the other hand, as parents are often the key to the programme making contact with the child in the first place (even in the context of outreach) it was clearly important for the programme to spend time and effort on engaging the adult as a first stage in identifying/meeting the children's needs; and subsequently ensuring such on-going engagement.

- Outreach is fundamental to service delivery at every point along our continuum of access to services. The amount and financial cost of the work involved should not be underestimated.
- Outreach, in an SSLP context, is a multi-faceted concept which spans activities including: raising awareness; befriending; exploiting existing - for example - health visiting services; as a gateway to other services; and the provision of specialist services in people's own homes.
- There is no one-size-fits-all prescription as to the balance to be struck between the provision of services across *multiple venues* and the provision of services in "*one-stop shops*." For some areas the best option will be a selection of venues, for others a one-stop shop, and the latter certainly had some clear advantages for both staff and parents. However serious thought needs to be given to the most appropriate model in the respective area in question: for some areas the best option will be a selection of venues - for others a one-stop shop.
- Delivering services via *groups* can achieve more than one end; i.e. the delivery of the service in question, as well as creating opportunities for socialising, likely to lead to increased confidence and the making of personal networks for parents. Group based services are highly relevant in minimising levels of parental isolation in the area.
- One-to-one provision is appropriate in cases where intensive support is required, or where some parents/carers may require extra encouragement to access certain services.
- Father involvement in SSLPs is low, as compared with that of mothers. In all areas (e.g. management and take up of services), respondents report that few fathers get involved; and where they do, their involvement is differentiated along gender lines.
- Programmes approach father involvement differently, with some programmes being pro- active, while others remain passive; where SSLPs employ father involvement workers and place fathers high on the strategic agenda, success rates in engaging fathers in the community are higher.
- In spite of the desirability of services being provided beyond 9-5 on weekdays, in order to respond to the needs of the community for support, advice and social opportunities, the majority of SSLPs were still providing their services within these 'office hours'. However, some programmes are beginning to make services available in the evenings and weekends to accommodate working parents. We found this to be a low priority issue, since many of the parents who wish to use SSLP services are mothers who are not working when their children are very young.

- In addition to a focus on child development, in an SSLP context, childcare plays four additional specific roles; a) as a service for working parents, b) as a means of supporting opportunities for parental development, c) as part of a family support package (e.g. providing respite for parents) and d) as training and support opportunities for people wishing to enter childcare as employment;

6.2.4 We now explore some of the implementation factors, which have been instrumental in the achievement of the above outputs. In making these suggested connections, we have, where appropriate, taken account of research in the broad area of implementing child and family services, even though this is a relatively limited body of research.

### **6.3 What factors impact on the design and delivery of good quality services in SSLPs?**

6.3.1 As we explained above, we cannot, on the basis of the data we have presented, draw definitive conclusions about the relationship between programme implementation characteristics and child and family level outcomes. However, we have sought to identify and summarise those characteristics of the SSLP implementation process, which appear to result in overall “programme quality”, and in particular, high quality services. Moran et al. (2004), drawing on the work of Forehand and Kotchick (2002), identify a group of five factors, which they argue can influence effective implementation in the context of family support services. These factors include:

- Practical
- Relational
- Cultural/Contextual
- Strategic
- Structural

6.3.2 We have found this a highly relevant typology, which has helped us understand and synthesise the range of data we have collected within our six programme dimensions. In addition it reflects the same sorts of implementation issues raised by Early Head Start and Smart Start (*op cit*). Indeed they are echoed in the context of Community Schools in Scotland in a study of multidisciplinary team working (Wilson and Pirrie, 2000). We therefore present our own data within the same five-fold framework.

### **6.4 Practical Factors**

6.4.1 The practical factors identified by a number of implementation researchers (Moran et al., 2004; Roker and Richardson, 2002; Ghate et al., 2000) include a range of concrete factors “which can, if put in place, contribute to the ease with which services can both get and keep parents” (Moran et al. 2004, p96). SSLPs reflect the importance of

these characteristics, as their strategies embrace time-tabling, i.e. making services available beyond 9-5; geographical location, i.e. close to those who will use the services; provision of childcare; and the use of attractive premises.

### **Childcare**

- 6.4.2 Childcare is central to the participation of parents in both management and service usage in SSLPs. The fact that most programmes have created a plethora of childcare provision has had a discernible impact on parental participation. This finding would be compatible with the conclusions of Forehand and Kotchick (2002) who highlighted the difficulty, for parents with more than one child, to be in a position where they can use services *outside their own home*. At the same time, the value of such day care provision only underlines the need for programmes to deliver it over a very flexible daily, and indeed "seasonal" time table (i.e. not just 9-5, and not only within school terms).
- 6.4.3 However, it is not necessarily the case that access to childcare facilities has led to the emergence of some forms of 'parental behaviour' originally intended by SSLP policy makers. In particular, there is no automatic relationship between having access to childcare facilities and joining the workforce on a full or part-time basis. A tension may indeed persist between *welfare to work*, achieving *child level positive outcomes*; and *supporting parenting*. Childcare is, however, for parents in SSLP areas, a very obvious and facilitative 'doorway' to benefit from training opportunities, which may, in the fullness of time, enable parents to enter the labour market in a role they themselves choose.

### **Opening hours**

- 6.4.4 The issue of opening hours is itself a key determinant of access for each of the target groups of SSLPs (i.e. working parents and parents who are not currently employed). These different 'employment roles' span both genders. In other words, if programmes are going to maximise the engagement of fathers as well as mothers, the issue of opening hours is one key practical strategy they need to address.

### **Transport**

- 6.4.5 The provision of transport can make a positive difference to attendance and participation, a principle most clearly demonstrated in dispersed areas, of which rural programmes would be only one extreme. However, even 'non-rural areas,' where parents often face a daily battle with transport systems, busy roads, unsafe areas in the communities, which may have high vandalism rates, etc. may need to explore the potential contribution of providing transport to and from the programme. Thompson et al. (2002) comment that programmes which

emphasise home visiting may sometimes overlook the importance of transport. SSLPs have, overall, avoided this oversight and have responded sensitively and appropriately to the transport needs of families, including imaginative strategies such as maximising the functions of playbuses and, if necessary, hiring taxis.

## 6.5 Relational Factors

- 6.5.1 Such factors, which acknowledge that ‘relationships lie at the heart of all forms of social support’ (Moran et al., 2004, p97), include staffing issues; as well as the way in which individual staff members relate to / engage with parents and deliver the services.

### Staffing

- 6.5.2 The SSLP staff group, whatever the basis of their contracts (e.g. staff employed directly by the SSLP, secondment, etc.) is at the heart of the programme’s ability to deliver and, perhaps as importantly be seen to deliver, a service which will meet the needs of children and families in the area. Having the right ‘skill mix’ of appropriately qualified staff has had a major impact on parental perceptions. Where parents trusted the professionals, as well as the non-professional workers attached to them, we found high levels of satisfaction with service delivery. As we know from other research (Kisker et al., 2004), if the services provided relate to needs expressed by parents, then they will be used. In order to provide this responsive ‘menu’, the nature and the quality of the staff group is crucial. Some programmes had succeeded in recruiting a staff group, which was more, rather than less diverse in terms of gender and ethnicity. These programmes appeared to be in a stronger position than programmes who had less ‘recruitment success’, when it came to engaging with the community and being able to provide a range of community-sensitive mix of services. There was some evidence of a ‘virtuous circle’ whereby programmes that had already achieved a greater degree of such staff diversity could build on this in subsequent recruitment phases.

### Trust

- 6.5.3 A match between *need* and *service*, based on the perceived commitment of programmes to take adequate account of the former, relates to the issue of trust. There is a consistent pattern in the research, summarised by Moran et al. (2004) that the ability of individual staff members to form constructive relationships is central. We found that the trust of parents in programmes was facilitated by both a ‘friendly approach’ (i.e. not being talked down to), which they much appreciated but at the same time they valued the professional expertise that Sure Start workers provided.
- 6.5.4 A further and less obvious building block of trust in SSLPs was a perceived relationship between the input of parent representatives on

the management board and the fine-tuning of service delivery in the areas. In the few programmes where parents reported feeling that their presence was tokenistic and their input ignored, this seemed to have a negative knock on effect to overall trust in the programme. Parents needed to know that “the message was going to be passed on”.

### **The Role of the Programme Manager**

- 6.5.5. The role of the programme manager exemplifies, in a very high profile way, the points outlined above. There is a consistent theme in relevant research (Thompson et al. 2002; Wilson et al. 1996; Wilson and Pirrie, 2000) that the role of a project manager is central to the achievements of the project. Wilson and Pirrie (2000) talk about the role of the ‘player manager’, being central to team vision and the achievement of tangible benefits. Kisker et al. (2002 p xxiv) found that “when leadership changes occurred, they sometimes set back or stalled programme progress”. Thompson et al. (2002) stress the importance of strong leadership. These themes were reflected in our findings, in particular, programme staff were very articulate about the issues and parents had a very sophisticated perception as to the managerial styles they appreciated (e.g. approachable, friendly and non-hierarchical) and yet at the same time knowledgeable, with a sense of passion about what they were doing.

## **6.6 Cultural, contextual and situational factors**

- 6.6.1 In line with much current policy in respect of children and their families, for example the introduction of the Integrated Children’s System (previously the Common Framework for the Assessment of Children in Need) (Department of Health et al, 2000), Moran et al. (2004) stress the impact of ‘the ecological context of parenting’. This will include, in the SSLP context, the impact of gender, ethnicity and overall living circumstances.

### **Ecological sensitivity**

- 6.6.2 By definition, as the data collected by the Local Context Analysis module of NESS confirms, the location of SSLPs means that they will be situated in populations likely to have high levels of poverty, unemployment, poor housing and lone parents. In addition, though less predictable, the populations will be ethnically diverse, although in most cases, there will not necessarily be a ‘critical mass’ of one particular ethnic group. These demographic realities underpin the design of programmes in theory, and our data demonstrates that they inform the delivery of services in practice.
- 6.6.3 In the majority of programmes, the range of services includes elements of specific relevance to the socio-economic characteristics of the SSLP area, such as housing advice, welfare rights advice, and the provision of skills and training for employment opportunities. In addition,

services include enhanced level of provision for specific need, through, for example, collaboration with mental health agencies and domestic violence projects. Furthermore, programmes are responding to these cultural and contextual circumstances in two ways: a) by collaborative working with appropriate specialist agencies (e.g. Citizen's Advice Bureau, JobCentres etc. and b) by employing workers with a specific remit to target groups such as minority ethnic group families or fathers.

### 'Matching' workers to parents

- 6.6.4 Moran et al. (2004) concluded that individual worker style could transcend personal characteristics such as gender identity, in terms of keeping and engaging parents. By comparison, we found that strategies such as employing men and attempting to reflect the minority ethnic group identity of the area elicited high levels of satisfaction on the part of parents; and as far as we could see, were likely to underpin continuing engagement with the programme. This may, for example, mean that a health visitor from an Asian cultural background would have the knowledge and understanding that within Asian parenting norms, having your baby in the same bed as you is seen as very good parenting (Dwivedi, 1995).
- 6.6.5 Finally, interpreting capacity in programmes is crucial to the engagement of the most apprehensive potential users of services. Ideally, interpreting capacity would be embedded in the workers themselves rather than brought in 'externally'. We know from other studies (e.g. Quereshi et al., 2000), that the issue of interpreting can raise anxieties on the part of parents about both confidentiality and clarity of role.

## 6.7 Strategic / structural factors

- 6.7.1 While Moran et al. (2004) are right to identify the importance of structural as well as strategic issues, in the specific context of SSLPs, these two dimensions are in reality difficult to separate, as can be seen: **a) strategic:** These factors include the aspects of service delivery, which focus on issues such as maximising attendance and minimising 'drop-out'. It includes the initial tasks, which programmes face in order to identify eligible families living within the area; to identify children born within the programme area; engaging hard-to-reach users; and ensuring that consistent effort is deployed to keep them engaged. However, by definition when we talk about 'strategic', we mean something over and above a group of 'independent' activities. In other words, we mean that a programme needs to have a strategic overview in which these disparate and indeed very positive activities can be integrated; **b) structural:** These factors include the format or mode of provision as well as the content of the intervention. The location of SSLPs in the most deprived areas in the country ensures that structural issues will have a major bearing on the appropriateness, popularity and usage of services designed to support parenting. A

further aspect of *structural significance*, in addition to poverty and deprivation is the potential tension between the needs and rights of the parent and the needs and rights of the child. This is a well-rehearsed tension in much of the literature on family support, most recently summarised by Quinton (2004).

6.7.2 As we made clear at the beginning of this chapter, the methodological design of NESS means we are not in a position to draw definitive conclusions about the association between our programme characteristics and ultimate child-level outcomes. At the same time, previous research points to the importance for child and family outcomes of the way in which programmes are designed and delivered, especially to the attitude of staff. Quinton (2004) argues that child and family programmes, which operate on a basis of partnership with parents and pay attention to the structural realities of their lives, have a higher degree of success in engaging them. However, he is also clear that, on the basis of *entitlement*, let alone *effectiveness*, even were this not the case, parents deserve to be treated as partners and with respect. We now go on to describe some of the approaches SSLPs are adopting to make a reality of these ideas and in particular to implement the seven Sure Start principles.

- Working with parents and children
- Services for everyone
- Flexible at the point of delivery
- Starting very early
- Respectful and transparent
- Community driven and professionally co-ordinated
- Outcome driven.

### **An integrated strategy of outreach and centre-based services**

6.7.3 It is well-established in the literature (e.g. Szykula, 1984; Prinz and Miller, 1994) that one-to-one support by specially trained workers aide in the overcoming of a range of barriers to service use. Our data suggests that SSLPs recognise the importance of outreach workers, particularly for *facilitated* and *conditional* parents, in engaging and keeping these parents engaged. In all of the studies cited in our report, outreach is the most significant strategy used by programmes at every single point on the continuum of access: from the initial task of identifying parents all the way through to helping parents utilise services outside of Sure Start. In terms of contributing to programme targets, we found it to be a very positive strategy.

6.7.4 However, at the same time, we cannot underestimate the importance of centre and group-based activities in engaging and maintaining parent involvement at specific points on the continuum. Programmes have found that offering informal, innovative 'short' sessions and courses have the advantage of building parent confidence and at the same time offer easily accessible participation, which can fit in with

their parenting responsibilities. For example, fun activities such as open days and trips to local sites are non-threatening strategies with the aim to encourage parents to attend, especially the hard-to-reach families, who can be more difficult to identify and engage. Fun trips are also a way of getting parents involved in other aspects of the programme and can help to maintain their involvement over a longer period of time. Finally, these centre-based or group activities offer parents the possibility of making friendships with other parents in the area and of extending their social networks.

- 6.7.5 Some parents lack the confidence to attend group-based activities, which they might find intimidating. Programmes have therefore recognised this and implemented a strategy of befriending, or providing a support worker to accompany a parent for the first time to a session, which will be held ‘in the centre’.

### **Maintaining a sense of parental autonomy**

- 6.7.6 Programmes face considerable challenges in maintaining the engagement of parents. We have found a range of positive responses, which appear to encourage on-going attendance. Programmes have indicated that they recognise that parents are reluctant to commit themselves to long-term courses and have therefore adopted a ‘stepping-stone’ strategy in the form of the provision of taster sessions. This strategy allows parents to experience what it is like to attend a service, as well as offering the opportunity to gain confidence to go on longer courses or sessions that run over a longer period of time. By ensuring that parents do not feel ‘taken-over’ and threatened, programmes have found one way of maximising attendance and minimising drop out.

### **Specific incentivisation strategies**

- 6.7.7 Having established a sense of parental autonomy and motivation, in order to encourage further take-up of services, programmes have a range of strategies including, for example, offering certificates, holding a raffle or providing healthy lunches when parents are on courses or using services. In addition, selection of venue is crucial, and attendance appears to be best supported by venues within easy reach of where parents live. It is also important, and harks back to our earlier point about parental autonomy, that the decision about new or refurbished buildings takes account of the views of parents and respects any existing community-level loyalty to existing venues. This may mean in one programme that parents, if their views are heard, will appreciate the ‘respectful’ creation of a high quality and new attractive building. However, the converse is that in another programme, ‘respecting’ the views of parents will mean not terminating the use of a Family Centre, for example, which has been popular with parents in the area for a considerable period.

- 6.7.8 We might also link this back to our earlier point about the need for a respectful approach towards parents. This will in part entail meeting their needs and preferences as *adults*, over and above supporting their role as *parents*. For example, programmes are providing aromatherapy, nail art, salsa dancing, sewing courses, art and crafts and yoga. While none of these are officially ‘gender specific’, programmes are also providing attractive opportunities may be most likely to appeal to men, such as football, DIY and car mechanics.
- 6.7.9 The theoretical base for such provision, while, limited in terms of empirical evidence, is quite clear. As Prinz and Miller (1994) conclude, “focussing on parenting to the exclusion of other family and adult concerns can drive some families out of treatment”. In addition as Forehand & Kotchick (2002) argue, “Parents cannot fully engage in parent training unless their other basic needs have been adequately addressed’. This argument is a particularly relevant one in the context of the deprived socio-economic circumstances, which characterise SSLP areas. Furthermore, a group of studies (Kazdin and Wassell, 1999; Webster-Stratton, 1992) points to the fact that “those who drop out early have greater background levels of socio-economic disadvantage and life stress”.

## 6.8 Key Policy Recommendations

- 6.8.1 The starting point for identifying appropriate policy recommendations must be an acknowledgement of a set of overarching tensions, which have consistently impacted on policy choices in the area of local and national provision for children and families. These include;
- selectivity versus universality;
  - locally expressed need versus centrally determined need;
  - the needs and rights of children versus the needs and rights of parents; and
  - *evidence-based* versus *entitlement-based* services.

- 6.8.2 The following list cannot be expected to solve these dilemmas but it is based on an understanding of their possible implications.

### Targeting and boundaries

- The balance between targeted and universal services is arguably the most enduring debate within the social policy context over the last fifty years. There is a fine line between, on the one hand, acknowledging specific need/s and tailoring services to meet it; and, on the other, ring-fencing services in a way, which will deter even the groups for whom such services have been designed. Government’s plans for SSLPs have located them firmly in the eye of this particular storm, by stressing area deprivation – i.e. geography and age (pre-school) - as defining the programmes’ boundary. Programme’s experiences point to the overall advantages - both for individual children and families - as well as for

the optimum management of resources, of delivering services for children and families on a universal basis. Designing services with restrictive ‘boundaries’ on the basis of either geography or age raises very serious problems for children and families such as: a) failing to meet the needs of children across their developmental life course, b) failing to maximise access to services,) and c) increasing the risk of a sense of stigma, which we know can deter people who need services from using them. Our findings are compatible with current policy in respect of children’s centres and Extended Schools. Area boundaries can have potential disadvantages, including the exclusion of potentially appropriate existing services such as family centres, sometimes located just outside an SSLP boundary. Removing such boundaries can rationalise the deployment of some workers who are in short supply; and it can husband scarce resources through maximising the scale of inter-agency collaboration.

## **Workforce**

- It needs to be recognised that the workforce, which is entrusted with the role of meeting the needs of children and their families (e.g. health visitors, speech therapists, and social workers) is currently insufficient in size and in some cases insufficiently skilled (child care workers). These quantitative/qualitative deficits have the capacity to put at real risk the successful implementation of community level programmes, such as SSLPs, and indeed the national roll out of children’s centres.
- There needs to be a clear acknowledgement of the value to parents of a range of professional workers who, on the one hand, maintain their own professional identity and expertise, but at the same time will have acquired, in the course of their training, a core set of skills. These include networking, engaging with parents and other agencies and an understanding of the wider service system within which they operate.
- Gender and ethnicity of workers are important factors in the extent to which communities engage with the programmes. While it is desirable that the professional workforce for children’s services, as far as possible, reflects demographic trends, especially ethnicity and gender, this may well be an unrealistic objective so that imaginative strategies will need to be explored.
- Remedyng the gender imbalance in the childcare and indeed social care workforce requires a sustained, long-term strategy across society. Opening up educational and training opportunities; removing barriers in the form of existing pay levels; and addressing the perceived low status of such work need to be addressed at government level

## **Maximising the chances of working together**

- Purposeful thought should be given to the identification within all the mainstream agencies of specific key areas of provision, which can enhance the potential within each respective agency of collaborating

with other agencies. Such services need to have *permeable* rather than *fixed* boundaries. For example, childminders are in a position, if encouraged, to work in a flexible child-focused way in collaboration with social services departments as part of a family support or a child protection package. Similarly the employment, location and career development of health visitors need to take account of their similar potential role as *joiners-up of services* (e.g. between housing departments and health services, between *child* health services and *adult* health services and between social services and health in the context for example, of domestic violence concerns).

- Data protection policies and problematic relationships with some relevant agencies can, in some cases hamper consistent and comprehensive access to data sources. Given the current development of national policy in respect of a database for children, our findings merit further exploration of their consequences for working together in small, local areas.

### **Engaging with the community**

- The commitment inherent in SSLPs to robust consultation has been an important element in the positive profile of SSLPs and can play a vital role in the design and delivery of local services. It is a useful tool in the building up of community awareness and ownership of services.
- Reach is not a one-off task and sustained effort needs to be deployed from the point of initial contact right through to service-use. This is a message of relevance to many different staff groups who work with children and families and transcends the remit of SSLPs.
- Outreach is fundamental to engaging all those members of the community who may benefit from services. A reduction in the capacity of local services to undertake outreach activity can only have a negative effect on their ability to attract and engage parents, a hazard, which is particularly serious given the current scale of change at the local level (i.e. children's centres, Children's Trusts).
- Very serious thought needs to be given to the design and delivery of services in geographical areas within which there is no 'critical mass' of one particular minority ethnic group. In the absence of specific strategies, there is a much reduced likelihood of participation from such groups. Guidance would be helpful to encourage staff within discrete local boundaries to seek collaborators in nearby geographic areas with a similar minority ethnic group population.

## References

- Balloch, S. and Taylor, M. (2002) *Partnership Working; policy and practice*. Bristol: The Policy Press.
- Barnett W.S. (1995) Long Term Effects of Early Childhood Programmes on Cognitive and School Outcomes. *The Future of Children: Long Term Outcomes of Early Childhood Programmes*, 5 (3), 94-114.
- Brannen, J and Moss, P (eds) (2003). *Rethinking Children's Care*. Buckingham, Open University Press.
- Cleaver, H, Barnes, J and Bliss, D and Cleaver, D. (2004). Developing Information Sharing and Assessment Systems. DfES.
- Department of Health (2000). Common Framework for the Assessment of Children in Need.
- Dwivedi, Kedar Nath, in Kedar Nath Dwivedi (ed). 1995. *Meeting the Needs of Ethnic Minority Children: A Handbook for Professionals*. London: Jessica Kingsley Publishers, Ltd.
- Edwards, R and Gillies, V. (2004). *Support in Parenting: Values and Consensus concerning who to turn to* in Journal of Social Policy Vol 33 no 4 pp 627-647.
- Evans, D. and Killoran, A. (2000) 'Tackling health inequalities through partnership working', *Critical Public Health*, vol. 10, pp 449-62
- Forehand, R. and Kotchick, B. (2002). Behavioral Parent Training: Current Challenges and Potential Solutions. *Journal of Child and Family Studies*, 11, 377-384.
- Garbarino, J and Long, F. (1992). In *Children and Families in the Social Environment*. J Garbarino and Associates. New York: Aldine Publishers.
- Ghate, D (2001) Family violence and violence against children: a research review. *Children and Society*. 14, 395-403.
- Ghate, D & Hazel, N (2002) *Parenting in Poor environments: stress, support and coping*. London: Jessica Kingsley
- Ghate, D., Shaw, C., & Hazel, N. (2000). *Fathers and Family Centres: Engaging fathers in preventative services*. York: Joseph Rowntree Foundation.
- Gilligan, R. (1999). 'Children's own social networks and network members:

- Key resources in helping children at risk'. In M. Hill (ed) Effective Ways of Helping Children. London: Jessica Kingsley.
- Glass, N. (1999) 'Sure Start: the development of an early intervention programme for young people in the United Kingdom'. Children and Society. 13, no. 4, pp.257-264.
- Glass, N (2003) Sure Start Five Years On: The early years of an early years programme. <http://www.city.ac.uk/barts/evenst/2003/06-jun/presentation-files/frame.htm>
- Glendinning, C., Powell, M. and Rummery, K. (2002) *Partnerships, new labour and the governance of welfare*. Bristol: The Policy Press.
- Hardy, B., Hudson, B. and Waddington, E. (2000) *What makes a good partnership?* Leeds: Nuffield Institute for Health
- Harrison, R., Mann, G., Murphy, M., Taylor, A., and Thompson, N. (2003). *Partnership made painless: a joined-up guide to working together.* Lyme Regis: Russell House Publishing.
- Horwath, J., and Shardlow, S. (2003) Making links across specialisms. Lyme Regis: Russell House Publishing.
- Hudson, B. and Hardy, B. "What is a 'successful' partnership and how can it be measured" in C. Glendinning, M. Powell, and K. Rummery, (Eds) Partnerships, new labour and the governance of welfare (2002). Bristol: Policy Press
- (2003) 'Assessing strategic Partnership: The partnerships assessment tool' [www.integratedcarenetwork.gov.uk](http://www.integratedcarenetwork.gov.uk), accessed October 2004
- Kazdin, A.E. and Wassell, G. (1999). Barriers to treatment participation and therapeutic change among children referred for conduct disorder. *Journal of Clinical Child Psychology*, 28, 160-172.
- Kempson, E. and Whyley, C. (1999) *Kept Out or Opted Out? Understanding and Combating Financial Exclusion*. Bristol: The Policy Press.
- Kisker, E, Love, J, Paulsell, D and?? (2003). *Pathways to Quality and Full Implementation in Early Years Programs?* United States: United States Department of Health and Human Services.
- Kresh, E. (1998) *The Effects of Head Start: What Do We Know?* National Head Start Association Research Quarterly, 1,(4): 112-123
- McCrosky, J and Meezan, W. (1998). 'Family-centred services; approaches and effectiveness'. *Protecting Children from Abuse and Neglect*, 8, 1, pp 54-71.

- Melhuish, E (2004). *Child Benefits; The importance of investing in quality childcare*. Daycare Trust.
- Melhuish, E. (2003). A Literature Review of the Impact of Early Years Provision on Young Children, With Emphasis Given to Children from Disadvantaged Backgrounds. UK National Audit Office.
- Moran, P, Ghate, D, van de Merwe, A. (2004). What Works in Parenting Support? A Review of the International Evidence. London: HMSO.
- Harrison, R, Mann G, Murphy,M, Taylor, A and Thompson, N. (2004) *Partnership Made Painless: A joined-up guide to working together*. Lyme Regis: Russell House Publishing.
- Olds, D.L. (1997) The Prenatal Early Infancy Project: Preventing child abuse in the context of promoting maternal and child health. In D.A.Wolfe, R.J. McMahon, & R.DeV.Peters (eds) *Child Abuse:New directions in prevention and treatment across the lifespan.*(pp130-156) Thousand Oaks, CA:Sage
- Oliver, C., Smith, M., Barker, S.(1998) Effectiveness of Early Interventions. In *Treasury Supporting Papers, Cross Departmental Review of provision for Young Children*.
- Percy-Smith, J (ed). (2000). *Policy Responses to Social Exclusion: Towards Inclusion?* Berkshire: Open University Press.
- Philo, C., McCormick, J. and CPAG (1995) 'Poor Places' and beyond: summary findings and policy implications, in C. Philo (ed.) *Off the Map: The Social Geography of Poverty in the UK*. London: Child Poverty Action Group.
- Powell, M., Exworthy, M. and Berney, L. (2001). 'Playing the game of partnership', in R. Sykes, C. Bochel and N. Ellison (eds) *Social Policy Review 13* Bristol: The Policy Press and the SPA, pp 39-62.
- Prinz, R.J. and Miller, G.E. (1994). Family-based treatment for childhood antisocial behaviour: Experimental influences on dropout and engagement. *Journal of Consulting and Clinical Psychology*, 62. 645-650.
- Qureshi, J, Berridge D, and Wendman, H. (2000). *Where to Turn: Family Support for South Asian Communities*. London MCB; Joseph Rowntree Foundation.
- Quinton, D. (2004). *Supporting Parents: messages from research*. London: Jessica Kingsley Publishers.
- Ramey, C.T., Campbell, F.A., Burchinal, M., Skinner, M.L., Gardner, D.M., &

- Ramey, S.L. (2000) Persistent Effects of Early Childhood Education on High-risk Children and their Mothers. *Applied Developmental Science*, 4 (1), 2-14
- Roker, D. and Richardson, H. (2002) Innovations in parenting support: An evaluation of the YMCA's 'parenting teenagers' initiative. *Children and Society*, 16, 143-153.
- Sanderson, I. 'Access to Services' in J. Percy-Smith. (2002). *Policy Responses to Social Exclusion: towards inclusion?* Maidenhead: Open University Press.
- Schweinhart,I.J.,Barnes,H.V.,Weikart,D.P. (1993) *Significant benefits: The High Scope/Perry Preschool Study through age 27.* Ypsilanti,MI:HighScope Press
- Statham D (2000a) 'Guest editorial: partnership between health and social care' *Health and Social Care in the Community*. Vol 8, no 2, pp87-9
- Statham, J (1994) *Childcare in the Community: the provision of open access services for young children in Family Centres*. London: Save the Children.
- Statham, J. (2000). *Outcomes and Effectiveness of Family Support Services*. London: Institute of Education.
- Szykula, S.A. (1984). Reducing dropouts from youth-relevant treatment services: The comprehensive referral pursuit and maintenance approach. *Children and Youth Services Review*, 6, 37-46.
- Thompson, D, Socolar, R, Brown, L and Haggerty, J. (2002). Interagency Collaboration in Seven North Carolina Counties. *Journal of Public Health Management Practice* 8(5), 55-64.
- Treasury (2004). Choice for parents, the best start for children: a ten year strategy for childcare. London: HM Treasury. Available at  
[www.hmtreasury.gov.uk/media/426/F1/pbr04childcare\\_480upd050105.pdf](http://www.hmtreasury.gov.uk/media/426/F1/pbr04childcare_480upd050105.pdf)
- Tunstill, J and Aldgate, J. (2000). Services for children in need from policy to practice. TSO: London.
- Walter, I, Nutley, S, Percy-Smith, McNeish, D and Frost, S. (2004). Improving the Use of Research in Social Care Practice. London; Social Care Institute for Excellence.
- Webster-Stratton, C. (1992). Individually administered videotape parent training: "Who Benefits?" *Cognitive Therapy and Research* 16, 31-52.

Wilson, V., Finnigan, J., Pirrie, A. and Mcfall, E. (1996). *Encouraging Learning: Lessons from Scottish Health Care Organisations*. Edinburgh: SCRE.

Wilson, V and Pirrie, A. (2000). Multidisciplinary Teamworking: Indicators of Good Practice. *SCRE Spotlights*. Edinburgh: The Scottish Council for Research in Education.

**Copies of this publication can be obtained from:**

DfES Publications, PO Box 5050, Sherwood Park, Annesley,  
Nottingham, NG15 0DJ; Tel 0845 6022260; Fax 0845 6033360;  
Textphone 0845 6055560; E-mail <mailto:dfes@prolog.uk.com>

**Please quote reference: NESS/2005/FR/010**

**© Queen's Printer and Controller of HMSO 2005**

**ISBN 1 84478 498 3**