



National Evaluation



Getting Sure Start Started

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National Evaluation of Sure Start (NESS)

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Executive Summary

The study

The report describes a five-month research study, carried out as part of the Implementation module of the National Evaluation of Sure Start (NESS), which looked at the experience of local Sure Start areas in designing and setting up their programmes. It examines what Sure Start guidance required them to do, how the instructions were interpreted, and describes the responses of a selection of Sure Start partnerships, employees and users to the guidance.

Information for the study was collected from the Sure Start Unit, by documentation search and interview; and from Sure Start programmes in twelve areas from rounds 1-4. Areas were chosen to reflect local authorities with more than one programme and variations in leadership. Again, the main source of information was document search and interview. The purpose of the study was to provide qualitative material to supplement the quantitative findings of the national survey of Sure Start carried out by the Implementation Module of NESS¹.

Origins of Sure Start

The report covers the period from the announcement by the Chancellor of £452 million available for 250 programmes for 0-3 year olds, made in July 1998, to the commencement of the 4th round of programmes in September 2001. It concludes that the principles and content of the programme have remained consistent over this period.

While Sure Start programme areas were selected according to the DETR's Index of Local Deprivation (Rounds 1-3) and the Index of Multiple Deprivation (Round 4), some less needy areas were invited to participate in Round 1 because they offered good practice on which to build, had capacity to get a programme started quickly, helped to give a spread of programmes across England, or a spread of different types of area, or linked with other Government initiatives to tackle deprivation. There were some adjustments to the definition of a Sure Start area from round to round. There was a slight variation in the recommendation of the number of 0-3 year olds in each programme, with numbers in Round 1 (400 - 1000) being higher than other Rounds (400-800).

Support for local planning

To help them design a local Sure Start programme, local areas received written Guidance, publications on specific, relevant subjects, a regular newsletter, and could visit a web-site where these and other materials were available. Each area had an adviser, employed by the Sure Start Unit but working as their friend. Existing networks, like the Government Offices for the Regions and the Social Service Inspectorate also offered help. In May 2000 Regional Development Officers were appointed and have since expanded into substantial Regional Teams. Sure Start Unit staff were directly available to local partnerships.

Funding was made available to local planners to help them consult in the Sure Start area and to enable them to buy in extra help in designing and writing the plan. There was evidence that despite this up-front money, the task of designing a Delivery Plan

¹ *Early Experiences of Implementing Sure Start* (July 2002), by NESS Implementation Team

was onerous, especially for the individual who wrote the plan (and who coordinated contributions to it). Plan writers were almost always associated with, or employed by, the organisation or agency leading the local partnership.

Local experience of programme requirements

Partnerships

Guidance required programmes to be planned and run by partnerships of parents, local people, voluntary and community organisations, representatives from health local government and others involved in improving services for young children and families. Guidance on the membership of the partnership varied only slightly from round to round. Every partnership was to have a lead partner acceptable to the members, and an accountable body to receive Sure Start monies on behalf of the partnership.

Local areas reported that invitations to join Sure Start partnerships were not always widely disseminated. Some voluntary and community organisations had to demand to be included. Most partnerships include parents, but numbers vary considerably, from partnerships where they are predominant to those, more commonly, where there are two or three parents. The size of local partnerships varies widely; larger partnerships do not necessarily mean higher representation from parents and the community.

There was evidence of difficulty in involving parents in partnerships. Reasons for this include:

- the bureaucratic nature of partnership business;
- use of jargon;
- feeling among parents that professional agencies make decisions amongst themselves or in other meetings;
- community divisions which meant that some parents excluded themselves;

Reported activities which had increased involvement were:

- separate groups for parents;
- formal procedures for conveying the views and decisions from a parent s group to the management group operating on behalf of the partnership;
- a parent chairing the partnership or management group;
- training for parents to help them to participate;

Once the delivery plan had been drawn up, the appointment of a parents worker had resulted in increased levels of participation in management. Partnership members recognise the importance of parental contribution at this level but often fail to adapt their own behaviour to make it easier for them.

Partnerships draw statutory representatives from different levels in agencies, some including senior staff, but most are represented by practitioners. Both statutory and voluntary representatives noted the considerable extra burden that planning and early implementation imposed. This is difficult for some voluntary organisations where capacity and spare resources was often most limited. Lead partners were not chosen by formal processes, rather they often emerged during the planning stage. However, there was evidence that the balance of power could change during the planning and development process, and in some cases partnerships had invited an

outside body (like a national voluntary organisation). Nevertheless, lead partners often felt that their task of leading a partnership was onerous, despite the fact that they had considerable power to dictate the contents of the programme.

Statutory partners could dominate partnerships. This complaint was levelled mostly frequently at health representatives. Agencies did not always provide information necessary for delivery plans and could be obstructive when elements of the plan displeased them. There were also signs that some were not honouring the commitment to maintain levels of expenditure on services in the Sure Start area. Some programmes remain dominated by statutory partners, but others are developing high levels of family involvement. Members of partnerships observed that statutory agencies were motivated by the money. Statutory representatives working in the field clearly understood the terms on which Sure Start funding was available. Partnerships felt more guidance is needed on the legal status of Sure Start partnerships, their membership and liabilities, and the relationship between the partnership and programme employees.

Selecting Sure Start areas

Local areas often saw the planning phase as a competitive bidding process (although it was made clear that this was not so). Some areas established planning mechanisms months before receiving an invitation to develop a programme and had chosen the potential area. Such areas had advanced more rapidly as a result.

Programme areas emerged in all areas, rather than being chosen by a formal process. This generally happened before the involvement of parents and the choice was sometimes made by the lead partner alone.

There was no evidence that geographical areas chosen were unsuitable for the development and delivery of Sure Start core services as envisaged in the guidance, but not all made sense as neighbourhoods. Some areas had more coherence than others, and this was often associated with the style of the programme, for example, where the lead partner was a community-based organisation the link between neighbourhood and Sure Start was closest. However, there were signs in other areas that Sure Start was having some effect on perceptions of neighbourhood identity (again, where the programme was explicitly community-run).

Consultation and parental involvement

Local partnerships are required to consult about the content of the Sure Start programme, at all stages of the planning process, and throughout the implementation and delivery of the plan. Levels of consultation varied significantly at the development stage. Some statutory agencies have found it difficult to surrender sufficient control to give local people a sense of ownership of the programme. Staff with community development experience had made a difference. Parental involvement was often discouraged by a tendency of some parents to dominate, low expectation that anything will occur as a result of an initiative, difficulties in making contact with particular groups of families and the focus of some programmes on service-delivery rather than involvement. All programmes had made considerable efforts to publicise the planned programme. There is evidence that partnerships in the later rounds — 3 and 4 — had learned from the experience of earlier rounds that community events with entertainment and publicity, were an effective way to raise awareness. Outside consultants, used in some areas to conduct consultations were not considered good value for money, since an important outcome of consultation was to bring parents into direct contact with the developing Sure Start programme

itself.

Early consultation events did little more than make contact and produce wish-lists . In a rural area there was poor attendance at such events, because of transport difficulties. An area with a developed community infrastructure already had groups to which parents contributed and in this area they wrote the plan, and all parents were able to approve it before it was submitted to the Sure Start Unit.

Local partnerships have all carried out consultation exercises, but they vary in the extent to which they are committed to responding to the results. In an area where parents felt they were fully involved they noted that they had been asked about building design, resources, staff recruitment; they have developed skills as they have gone along, though they went through a mentoring process to enable them to interview staff. However, these parents pointed out that it had been important for them that their contribution was properly valued and appreciated, because they were volunteers. Other local programmes have not yet developed this level of involvement and have simply focused on the delivery of services.

Sure Start managers and personnel

The appointment of a programme manager was made during the planning stage by many partnerships, thus making capacity available for completing the plan. The availability of Sure Start funding pre-programme approval helped areas to do this, though lead partners had been willing to take responsibility for staff, using their own contractual arrangements. As Sure Start areas proliferated it was harder to find suitable candidates for these jobs. Partnerships found that they were only able to specify the skills needed once the manager was in post. Candidates had come from social care areas, including early years work, but some experience of setting up projects and management was important.

There are contradictions in the manager's role, especially the need to serve the partnership and to develop the plan in accordance with consultation with the community. This had led to difficulties in several areas studied and a crisis in one, where the manager had become exposed, with no source of support. Links between programme managers are a way to provide this extra support.

Managers express the wish for more direct support from the Sure Start Unit, especially in situations where they are in confrontation with the partnership. But this would not be appropriate, since the partnership is the body responsible for the whole local programme. Partnerships need clearer guidance not only on their status, but also on their responsibilities to Sure Start core staff. Managers can feel overwhelmed by the escalating responsibilities as programmes develop and irritated by the amount of bureaucracy in the programme. There is a shortage of trained, qualified personnel in some areas, which has made their Sure Start programmes slow to get going. Staff may be recruited from other parts of the local authority area, creating resentments where skills are short.

Premises for delivering Sure Start services

Planning capital developments has taken longer than anticipated in many programmes and several have had insufficient bases from which to deliver services. Many obstacles have arisen once implementation has begun.

Baseline data collection

In all the areas examined there had been difficulties in procuring the data required for the delivery plan, even though most of it should have been available from agencies represented on the partnership. This was exacerbated by the fact that most Sure Start areas are not coterminous with other administrative boundaries, for example, wards. The Sure Start Unit had proved flexible and helpful where partnerships were having difficulties.

Financial planning

Specialist financial advice was required at the planning stage and in establishing the programme. This was often available from a member of the partnership. Different models of employment and service delivery have been developed, based on various combinations of direct delivery and commissioning from contractors (who may be statutory or voluntary agencies, locally, regionally or nationally-based). Tensions can arise when members of the partnership are also bidding to deliver services, or are hoping to extend their services with Sure Start funding. It is in these circumstances that the quality of consultation and its influence on planning and management decisions is most important.

From plan into programme

The planning framework involved setting quarterly and yearly milestones. Programmes report varied success in meeting these. Targets could be missed for the following reasons:

- recruitment difficulties;
- limited premises;
- lengthy consultation processes;
- no implementation strategy in place;
- limited strategic capacity in Sure Start management (including among managers);
- uncertainties about programme governance and accountability;
- resistance from practitioners;
- unworkable elements in delivery plans;
- setting up services takes longer than planners anticipate, especially when managed by partnerships;
- tensions between partners;
- the development of multi-agency relationships takes time.

Programmes which got going quickest concentrated on building on existing good practice (so those Round 1 areas which had this in place moved most quickly).

Conclusion

The most significant factor in the successful implementation of a local Sure Start area is the nature of the partnership. Where members have been prepared to contribute materially to the design and setting up of a programme, and to sublimate the interests of their own agency, organisation or interests to the expressed needs of families in the locality, and where capacity has been recruited to advance this design and set-up, remarkable progress has been possible. But even in such best case situations, unforeseen events and obstacles have been thrown up. Despite clear guidance, helpful central support (though with some overload of bureaucratic demands), and flexibility of resourcing, the establishment of fully functioning Sure Start programmes has been more time-consuming and difficult than partnerships had

initially expected.

Introduction

This report describes the findings of a short research study into how the Sure Start programme was established in England. The study examined the new programme from two points of view: the design and commissioning of the programme by central government and the development of the central requirements into activities, by local people and agencies. The report is divided into two parts that address these two aspects of the programme.

The results of the research study illuminate the experience of local Sure Start areas, which has been investigated in a more comprehensive and quantitative manner by the national survey of Sure Start programmes. It is useful to consider this report in conjunction with reports on the national survey. It should be noted that evidence for this study was gathered from a sample of local programmes drawn from the four first rounds, whereas the national survey reports deal separately with rounds one and two, then rounds three and four.

The National Sure Start Programme

Chapter 1 - Origins

Announcing the details of the Comprehensive Spending Review to the House of Commons on 14th July 1998, the Chancellor of the Exchequer introduced the plan for a Sure Start programme

to bring together quality services for the under-3s and their parents — nursery, childcare and playgroup provision, and pre-natal and other health services. One new feature will be to extend to parents the offer of counselling and help to prepare their children for learning and for school. (Treasury, July 1998a)

Sure Start would create 250 local programmes within the term of the Parliament, and the Government had made £452 million available over the following three years to enable this to happen.

At the outset of the Cross-Departmental Review of Provision for Young Children which had collected the evidence on which the plan for Sure Start was based, the Minister of State at the Department of Health was quoted as saying:

We want services to be flexible and responsive to the needs of each child so that everyone can get the best possible start in life. If Government departments work together, not only can we give best value to the children but we can also get value for money by cutting the costs of crime and unemployment which can so easily follow if children do not get help at an early age. (Treasury, January 1998)

The Review had involved eleven Government Departments, the Social Exclusion Unit and the Number 10 Policy Unit, with a Steering Group of Ministers from all the Departments. It had gathered information through meetings with pressure groups, representatives of service providers and service users, written submissions, papers commissioned from experts, and a series of open seminars. Visits had been paid to projects, which offered services to young children and families.

The result was a final report, which noted that disadvantage among young children, was increasing, that this could result in difficulties for these children in later life and that the earlier intervention was undertaken, the more likelihood there was that poor outcomes could be prevented. The report noted also that current services were uncoordinated and patchy, that children under 4 often missed out on services, which tended to concentrate on later age groups, and that the quality of services varied from area to area. There were, nevertheless, examples of good practice that could inform a new programme aimed at this age group. Among the report's recommendations was a change of approach to the design and delivery of local services: these should be jointly planned by all relevant bodies, both within the local authority and outside it. (Treasury, July 1998 b).

The central unit to administer the new Sure Start programme was cross-departmental, run by a ministerial steering group which represented 10 Government Departments with an interest in children and families. The group was chaired by the Minister for Public Health and the new unit was physically based in the Department for Education and Employment (DfEE), later the Department for Education and Skills (DfES). It was rapidly established through secondments from relevant departments, with some consultancy expertise from the voluntary sector. Few of its officers were spending all their time on Sure Start - some were available for one or two days a

week only - and on this small group fell the early responsibility for initiating the design of a programme to carry forward the recommendations of the Cross Departmental Spending Review.

The embryonic Sure Start Unit advertised for a Head, whose appointment was announced at the end of December 1998 (Sure Start Unit 1998), and began to work on the principles against which local Programmes would be developed and the core services which they would need to contain. In November 1998 a conference was held in London for 250 people who had experience of early years work, to discuss what the programme would look like. By this time public announcements were more specific about the contents of a local programme: home visits for all families with newborn children to tell them about the services and support available: health, education and childcare services, toy libraries, toddler groups and family nurturing schemes. Presentations to the conference by Ministers emphasised the freshness of the approach:

Sure Start is a completely new way of working for central Government, as well as in communities. It will act as the glue that will bind together a range of local services for families. It is based on the best evidence and experience of what works to give children and families the very best chance to thrive. (DfEE, November 1998)

Good practice was cited at the conference to illustrate how local Programmes might develop. This showed that a variety of approaches that were possible.

Chapter 2 - Principles and content of the programme

After the conference, Unit staff prepared a booklet of printed guidance for local programmes. This stated the key principles within which they were expected to work. Sure Start services must:

- co-ordinate, streamline and add value to existing services in the Sure Start area, including signposting to existing services;
- involve parents;
- avoid stigma;
- ensure lasting support by linking effectively with services for older children;
- be culturally appropriate and sensitive to particular needs;
- be designed to achieve specific objectives which relate to Sure Start's overall objectives;
- promote accessibility for all local families.

There have been slight adjustments to this set of principles since this first guidance, the most notable of which is a change in the last, which now reads:

promote the participation of all local families in the design and working of the programme

This principle was nevertheless implicit throughout the first guidance document and was continually emphasised by the Unit in presentations about the programme.

The first guidance also outlined the core services which all local programmes were expected to provide:

- outreach and home visiting
- support for families and parents
- support for good quality play, learning and childcare experiences for children
- primary and community health care and advice about child health and development and family health
- support for people with special needs, including help getting access to specialised services.

Again, except for minor amendments this direction has remained the same for the development of the first 250 local programmes.

Chapter 3 - Selection of programme areas

The Unit was working towards having some local Sure Start programmes underway by March 1999. It was decided that unlike other centrally funded, locally- delivered initiatives, programme areas would not be chosen on a competitive basis. As well as being time-consuming, competitive bidding presents drawbacks. Bids that are unsuccessful involve a great deal of wasted effort. Local areas can be set against one another in rivalry for funding, which is divisive. The Sure Start approach was to assure local areas that they would receive resources providing plans were drawn up to meet the criteria specified in the guidance. It was hoped that better planning, and greater enthusiasm, would result if local people felt assured that they would receive resources to put the plan into action.

The Index of Local Deprivation (ILD), which was then produced by the Department of the Environment and the Regions (DETR), and is a source of information about deprived areas, was used as a basis of selection for the first three rounds of local Sure Start programmes. The index is produced at three levels: local authority district, ward and enumeration district. At district level there are twelve indicators of local deprivation. (DETR, 1998) To these were added two child-focused indicators: low birth weight and levels of teenage pregnancy. IMD 2000 was used to choose round 4 districts.

Unit staff, in consultation with DETR, compiled a list of local authority districts that registered most highly on the deprivation index. The Sure Start Unit did not specify the exact localities where programmes were to be focused. Instead it invited the selected local districts to take part in the programme and asked them to choose the exact locality of the Sure Start area based on local considerations and expressed criteria. Only local people knew the state of existing service provision, the patterns of local need, and what constituted the natural parameters of the kind of neighbourhood that would benefit from a programme. The invitation was sent to the Social Services Department, the Education Authority, health authorities and trusts, voluntary organisations and other potentially interested parties, like the police and library services, in each district.

Local Sure Start programmes were to be rolled out in four rounds of 60+ programmes each. The districts identified for the first round were called trailblazers, were chosen on the basis of need (as demonstrated by the ILD), and also because:

- they offered existing and varied good practice on which to build;
- they had the capacity to get a programme up and running quickly;
- they gave a good spread around England;
- they gave a spread of different types of area;
- they linked with other Government initiatives to tackle deprivation.

In other words, programmes developed in the trailblazer round were intended to be exemplary, offering examples of different ways in which the Sure Start principles could be applied and the services developed. By choosing areas where good practice was an important criterion, the Unit was vulnerable to the criticism that the first programmes were not all in the most needy areas. However, later rounds of programmes were to follow, and it was intended that programme areas where there was existing good practice would be able to build upon this practice and thus become operational quickly. As the name suggests, the trailblazer round of Sure Start was a test for the guidance, the criteria and the new way of approaching the planning and implementation of services.

Some advice on choosing a Sure Start area was given to trailblazer districts. They were to be small, so that people could access services on foot, and they were to make sense to the local community. This advice drew directly on the research papers produced for the Cross Departmental Review of provision for young children, particularly a review of the effectiveness of early interventions that had been prepared for it. This had noted that interventions, which have high levels of community involvement, are able to draw upon and stimulate the shared concern of local people for each other and for their environment. (Oliver, C., Smith, M. and Barker, S. 1998). It also reflected Government concern with

pockets of intense deprivation where the problems of unemployment and crime are acute and hopelessly tangled up with poor health, housing and education. (Social Exclusion Unit, 1998)

This first guidance for trailblazers did not specify how many children from 0-3 years might live in a Sure Start area. In meetings to support the development of local plans this question was regularly raised and Unit staff and others began to quote figures of 350 — 800 children. In the guidance for second round programmes numbers were provided - local programmes should include between 500 and 1000 children under four. The experience of the trailblazers had shown that it was difficult to find suitable areas with less than 500 children under 4, and that larger areas, with over 900 children in them, were likely to be difficult to manage. In the guidance for third and fourth round programmes the figures were changed: areas should include between 400 and 800 children under four.

There have been a number of minor adaptations to guidance in the light of the experience of each planning round, but the basic instructions for the planning of local Sure Start programmes have remained consistent from round to round.

Chapter 4 - The National Evaluation of Sure Start

Early in 2001, when local areas for four rounds of local programmes had been identified, and where plans had been approved, or were soon to be approved, for all 260, a national evaluation was commissioned. The design of the evaluation project is an integrated one, led by a study of the impact of the programme on children living in Sure Start programme areas, and supplemented by studies of the areas themselves, the implementation of the programme and its cost-effectiveness. (Birkbeck College, 2000)

The implementation of Sure Start is complex. Because local programmes offer a range of services, which can be combined and delivered in a variety of ways, the intervention may be designed, and may develop, rather differently in each local area. In an effort to understand this complex picture, the National Evaluation of Sure Start includes an Implementation Module which itself contains three integrated elements: a national survey of local Sure Start programmes, conducted by questionnaire and collecting quantitative data from programmes annually; case studies of representative programmes; and a series of themed studies, examining interesting aspects of the Sure Start approach, using largely qualitative research methods. A minimum of twelve separate themes will be studied during the course of the National Evaluation, the subjects taken from four areas: the needs of particular groups of children and families; the efficacy of particular types of service; the role and impact of different kinds of organisation, and interesting questions raised by the Sure Start approach.

The subject of the first themed study falls into the latter category. It examines the way Sure Start has been designed and established by local partnerships, looks at the nature of these collaborations, the support they have had from the Sure Start Unit, the development of delivery plans and the early experience of implementing the Sure Start approach. This subject was chosen because:

- it provides a background to the Sure Start programme to which other elements of the National Evaluation, especially elements of the Implementation Evaluation, can be related
- it would still be fresh in the minds of those involved in designing local Programmes, so that information could be gathered soon after the occurrence of critical events, (not all of which had been recorded)
- a systematic descriptive record of the process of setting up Sure Start would be of value, not least because the process has unusual aspects compared to other past and current central government initiatives
- it would enable local partnerships and staff to express their views on all aspects of the early experience of setting up Sure Start, reinforcing the role of the National Evaluation as an objective study, collecting evidence from all stakeholders
- it would be easy to carry out quickly, since much of the evidence was archived at the Sure Start Unit, in the Guidance or in local records, or was easily accessible through interviews with personnel who were still working in local areas
- the Sure Start Unit intimated that such a study would be a useful element in the Implementation study.

The research for this themed study was carried out by members of the NESS research team between October 2001 and January 2002. Details of the research methodology are given in the introduction to the presentation of the findings from the

fieldwork carried out in local programmes. Firstly this report summarises what local areas were required to do to plan a Sure Start programme.

Chapter 5 - Development of the new programme

Partnerships

Local Sure Start programmes were to be planned and run by partnerships of people and agencies, including voluntary and community organisations, local parents practitioners from health, local government, education and others interested in improving services for young children and families

Partnership working is at the heart of Sure Start. (Sure Start Unit, 1999, 2000)

A considerable literature, dating from the early 1970s in some cases, had shown that lack of coordination of the wide range of provision for children and families was detrimental to the effectiveness of services. (See, for example, Pugh, G. 1988). A partnership approach, where all those with an interest in providing services worked together to plan across a local authority area, was by now established as a way to combat this tendency. Partnership approaches had been used for many centrally funded, area-based initiatives to tackle matters like community safety, regeneration, unemployment and training. Particularly relevant were those for Children's Services Plans, which were led by local authority Social Services Departments but devised by partnerships representing Local Education Authorities, Health Trusts and voluntary organisations, and for Early Years Development Plans, which were designed from 1997 by Early Years Development Partnerships (EYDPs) which became Early Years and Childcare Development Partnerships (EYDCPs) from April 1999.

The latter are convened by the local authority and must ensure that the interest of a long list of groups are represented on them: the Education Department, the Social Services Department, Leisure Services (with an interest in play and recreation); District Councils where relevant; maintained schools, local employers, private sector providers of care and education for 0-4 year olds; private sector providers of out-of-school care; voluntary sector providers of pre-school and out-of-school services; local children's information services; further education colleges; health trusts; childminders, diocesan authorities, special education needs groups, Employment Service and New Deal Partnership and parents.

The list of possible members of a Sure Start partnership included the EYDCP and many of the representatives on it noted above. Others members suggested in the Guidance were those local partnerships that were planning and delivering a range of central government programmes. These were highly likely to be operating in the districts chosen for Sure Start, since they were also selecting areas using the ILD. They included New Deal for Communities, Single Regeneration Budget (SRB) areas, Education Action Zones (EAZs) and Health Action Zones (HAZs).

In later guidance the possible membership of the Sure Start partnership was described in a less representative way. Partnerships *bring together everyone who is concerned with children in the local community. This means all the relevant public sector professionals: for example, health visitors, doctors, parenting advisers, child minders, play group workers and early years teachers. It includes private and voluntary sector workers too (for example, from a private nursery or a local voluntary organisation). And it includes community organisations and local people, especially parents.* (Sure Start, 1999)

In this second description the representative nature of participation in the Sure Start partnership takes second place to the link with the local area. But representation remained important, because existing services were being delivered in Sure Start

areas by the agencies and organisations, which were represented on the partnership, and there were many implications for them in the development.

Each Sure Start partnership was to have a lead partner. This was practically important for the Sure Start Unit, which needed somebody with whom to liaise over the development of the programme. How the lead partner was chosen was left to the local partnership. In the examples given in the guidance the lead partners emerge fully formed from the partnership with no further details about what this role might mean for them. Partnerships were also required to name an accountable body, which might be the same as the lead partner, or might be a different agency. The sole requirement was that the accountable body be in a position to receive Sure Start monies on behalf of the partnership and to pass these on.

Money

At first, in the trailblazer phase, Sure Start partnerships were asked to plan Programmes of re-configured and new services for the Sure Start area that would cost between £100,000 and £1,000,000 per year for three years. Some of this expenditure was to be on capital projects, though the balance between capital and revenue expenditure was not specified. For later rounds of Sure Start the amounts of money that would be available for a local programme were tied to the numbers of children in it: by round four the guidance notes that the maximum annual grant for a programme at its peak with 800 children under 4, would be £750,000, with a maximum of £825,000 being available for capital expenditure.

Partnerships were also asked to find out how much money was already being spent on services for young children and families in the area, who was spending it and what it was being spent on. Since the agencies that were already providing such services were represented on the partnerships, this gave partners a task: to provide information about what they were doing and how much it was costing. It was made clear in the guidance for every round of programmes that Sure Start monies were additional, and not to be used to displace money already being spent on services in the Sure Start area. Partners were required to include a commitment to this principle in the Sure Start plan.

The amount of time for which Sure Start money would be available (and for which Sure Start services should be planned) was somewhat equivocal in the guidance for trailblazers. This made it clear that the funding available was for three years, up to 2002, but partnerships were strongly encouraged to feel that they would not be left high and dry subsequently. They should plan their programmes *over longer timescales than the Government's normal three year expenditure planning period.* (Sure Start 1998)

For later rounds the timescales for planning were described in more detail in guidance. Partnerships were asked to produce plans where the financial contribution from Sure Start would be at its peak in the third year of operation and would reduce gradually over subsequent years, tapering to nothing as the responsibility for funding services was assumed into mainstream funding. In the guidance for fourth round programmes there is more detail about what can be expected in the longer-term. The plan should include a profile *showing how the programme will get up to full capacity, and then assume flat funding for full capacity resources for three years.* (Sure Start, 2001). After this period, the partnership should plan for a steady decline in Sure Start funding. This aspect of the plan is of particular significance for those partnership members who represent statutory sector agencies, since maintenance of successful services in the long-term is likely to involve those agencies.

As planning in the first round got underway, it became clear that partnerships were hampered by a lack of independent resources. Partnership members, especially lead partners, might be expected (and did prove willing) to provide in-kind support to get the planning process underway: meeting facilities, administrative support, staff time and so on. However, some requirements in the guidance had high cost implications, notably the importance of consultation with parents and the wider community. The Sure Start Unit made available small up-front amounts to be used for this purpose, beginning with £10,000 at the second stage of planning for trailblazers, increasing to a maximum of £20,000 for this and for *building the partnership* for second round programmes (Sure Start 1999). Third and fourth round programmes could apply for up to £20,000 at two stages to support the planning process: a sum that was separate from the Sure Start grant. In addition, an advance of £50,000 of capital was available to enable areas to embark quickly on a visible development to encourage interest and confidence in the programme in local areas. Such advances had been available to partnerships in earlier rounds on application, now they were a formal element in the planning process.

The small changes that occurred from round to round in the Sure Start planning guidance exemplify the learning curve on which the central unit was operating. Recalling this process an official said:

From March 1999 until the end of the year there was a gradual shift in the Sure Start Unit. At first, when people called with a question we would enter into a discussion with them on matters like the size of a catchment area, how money should be routed, how parents could be involved. They knew that there wasn't a right answer; that we were in the same state of ignorance as they were. By the end of 1999 it became clear that we had to become a source of right answers as well (Source: Interview, Sure Start Unit).

Involving parents

The role of parents in the Sure Start programme was heavily underlined in the Sure Start principles and had emerged strongly from the What Works? papers produced for the Cross-Departmental Review. *Projects are more likely to be successful if they promote the involvement of local people in their planning and implementation.* (Oliver, C., Smith, M. and Barker, S. 1998) The aim should be to develop programmes where local people, parents and others, become active participants rather than passive recipients of services. This evidence has permeated the Guidance for all Sure Start rounds: local partnerships must involve local parents, and the services that are designed should be a response to the needs of local parents, and be constantly measured against their experience.

In fact, consultation with parents (and other users) is required by guidance to legislation like the Children Act 1989 and the NHS Community Care Act, 1990. Although reports suggest that it has often been conducted in a somewhat tokenistic way (Qaiyoom, R. 1993), it has frequently been cited as an element of successful, responsive services (Statham, J. 1994; Joseph Rowntree Foundation 1997; Ferri, E and Saunders, A. 1991). Its importance in the planning and implementation of public services has been reinforced by a project based at the Cabinet Office that has been developing protocols and codes of practice for consultation for some time (Cabinet Office, 2000).

Illustrations have been given in all Sure Start guidance to help partnerships understand the way in which the principle of participation by families in the design

and working of the programme could be applied. *Once a potential catchment area has been identified meetings should take place in the chosen area. Consultation arrangements such as public meetings and advertising can take place to help engage support from the wider community and recruit parents and local groups to the partnership.* (Sure Start, 1999) The example of this process in the guidance for second round programmes describes a (fictional) area with an existing voluntary sector project leading the partnership: *Consultation with families who use the existing project and at a family fun day suggests money advice as another local priority. It also identifies two parents willing to join the Sure Start partnership alongside representatives of the voluntary organisation, the local authority, the health authority, the primary care group, the residents association and a local playgroup* (Sure Start, 1999). Although such examples were intended only to illustrate possibilities, they had the potential to establish a model for parental involvement — that having two parents on the partnership was the requirement, for example.

In order to avoid this tendency to model involvement arrangements, later guidance provided a looser framework for promoting parental and community involvement, with advice on general style, and examples of alternative ways to do it. The approach needed to be creative, flexible, supportive, honest, informative and well-prepared: *be open and honest about Sure Start's objectives and targets and the limits of what it can and cannot achieve. Difficulties and possible tensions with existing services should be acknowledged and discussed* (Sure Start 2001). By this stage the examples of engaging the community are taken from programmes that are *already up and running* and the emphasis is on local areas putting together approaches from a range of ideas.

Involving the voluntary sector

Until the announcement of the Sure Start programme, the statutory obligation to provide services for young children in the early years and their families was limited. There are requirements under the Children Act 1989 for local authorities to provide services for children in need ; to inspect daycare services and to provide protection for children at risk. Health Authorities were required to provide child health surveillance and support before, during and after pregnancy. Education authorities had no statutory obligations to this age group, although after the reduction of the school entry age to 4 years, and the development of local management for schools, some links between schools and early years services developed, especially in rural areas. The EYDCPs were based in local Education Authorities.

The voluntary sector has always been extremely active in the early years field. The Sure Start Unit recognized the expertise available from the sector in its appointment of an adviser from the National Council for Voluntary Childcare Organisations and in the setting up of a forum called Friends of Sure Start , composed of voluntary organisations and academic specialists in the field. The guidance for all Sure Start rounds makes it clear that the voluntary sector must be represented on the Partnership.

The voluntary organisations likely to be involved in a Sure Start partnership vary in their structure. They may specialise in early years work, in work with children of all ages, in work with families, or in work with particular types of children, families or communities. They may be national, regional, local or community-based. Among the structural models are:

- nationally-based organisations which run projects in localities
- national organisations which act as umbrella bodies for independent local

- organisations
- regional organisations which run projects in localities
- regional organisations which act as umbrella bodies for independent local organisations
- local voluntary organisations.

A voluntary organisation is managed by a non-paid management committee/board of trustees, and it thus includes a level of local participation. In addition, many local voluntary organisations have a high level of involvement of users and community members in their activities — self-help groups, for example, or groups that actively recruit and use volunteers. The Sure Start guidance did not make a distinction between the different types of voluntary organisation that might be represented on the partnership. There is a considerable difference between, say, a national children's voluntary organisation which offers different kinds of services to a wide age-group, often delivered by professionally qualified practitioners, and a self-help group set up in a locality for the parents of children with special needs.

Working to targets

The Sure Start Programme works to a Public Service Agreement (PSA) with Government that spells out aims, objectives and a number of targets for the national programme. The overall responsibility for achieving the PSA lies with the Minister for Public Health and the Secretary of State for Education and Skills. Local areas are expected to plan work over a three year period that will meet these PSA targets locally. Local programmes also have a number of Service Delivery Agreement (SDA) targets, each of which contributes to the PSA targets, to meet. Some extra resources were made available to them for this purpose. Local Programmes can also set local targets, based on local priorities. They are expected to include baseline information for each target in the Sure Start delivery plan, and to collect monitoring information to show how far targets have been reached.

There were changes in the PSA and SDA targets between rounds 3 and 4 as Government moved into a new spending period. The first three rounds of programmes were required to adjust their own plans to the new targets over the following nine months. Some extra resources were made available to them for this purpose. The adjustments in these requirements could be considered confusing, especially in areas where more than one Sure Start programme has been set up, since some personnel in these areas may have contributed to planning Sure Start Programmes with changed targets.

Collecting the baseline information from which target achievement can be measured is a central element of the local Sure Start planning process. This was likely to be a complicated task for local partnerships, since data is not necessarily available on some of the target subjects. Where it is available, it may not be specific to the Sure Start programme area. And those who hold the data must be prepared to make it available in a usable form to the Sure Start partnership. Again, this part of the planning process offered a test of the commitment of partners, since the agencies from which they come are often the source of this information.

Support for the local planning process

The Sure Start Unit offered local partnerships a range of support in order to help them produce a Sure Start delivery plan, on which the basis for the Sure Start programme could be agreed and monies released for the programme to get started.

The range included:

Written materials

Besides the general Guidance for each round of the programme, and a Delivering Sure Start file of more detailed information on what the Delivery Plan should contain, the Sure Start Unit has produced a series of reports on specific subjects of relevance to planning a local programme. Among these is a Guide to Evidence-based Practice that gives outline descriptions of established services which have been evaluated positively, and which could be replicated in Sure Start programme areas. (Much of this good practice was occurring in areas that were selected for the trailblazer round of Sure Start). Other publications include a guide to Working with Family Diversity developed for the Unit by three organisations which support lone-parent families, step families, and reconstituted families; guidance on involving minority ethnic children and families; promoting speech and language development; and advice on working with the media. The Sure Start Unit produces a regular newsletter containing descriptions of local programme practice and more general advice on approaches, and occasional papers are commissioned on subjects like good ideas for consulting with parents. There is a Sure Start web site on which these materials are available.

Sure Start Advisers

In order to supplement the capacity of the Sure Start Unit to support local partnerships in the Trailblazer round, when the Unit had a handful of staff, a number of independent advisers were recruited or seconded to work with local areas as they drew up their delivery plans. The advisers were from mixed backgrounds but generally offered a knowledge of early years work, service coordination experience, community involvement and partnership planning. They were encouraged to draw on one another's skills in their work with programme areas.

Advisers continued to be used in each Sure Start planning round, although the actual personnel changed and a small number only have advised local programmes in every round. Most advisers worked with two or three programmes in each round. Their role was as a friend to the partnership, helping in the interpretation of guidance and its application to local circumstances, finding out information needed by the partnership, and pointing the planning group in the direction of good practice. However, the Sure Start Unit was able to use the Advisers as a source of information about progress in the areas, and they were required to produce reports for the Sure Start Unit commenting on matters like the solidity of the partnership, the relevance of the planning to local need, and the level of local community involvement. Local partnerships were not obliged to work closely with the Adviser if they felt they did not need help, but they were given a number of days of Adviser time to use as they wished. This approach to offering support through Advisers has since been taken up by other central Government funding programmes.

Existing networks

Support was offered to local partnerships by existing networks: the NHS Executive, with eight regional offices; the Social Services Inspectorate, in four Social Care Regions, and the nine Government Offices for the Regions. An officer for Sure Start was appointed in each of the latter (with two in London), and support meetings and conferences, often addressed by Sure Start Unit staff and experts on various aspects of Sure Start, were organised for each Round.

Sure Start Regional Teams

In May 2000 the Sure Start Unit appointed ten Regional Development Officers (RDOs) based in each of the nine Government Offices for the Regions, with two in

the London region. The role of the RDOs was to monitor, support and assist programmes in implementing their plans once they had been approved. There was thus a clear distinction between the role of Advisers and RDOs in the timing of their support. A review of this regional structure, which reported in March 2001, recommended its expansion with the creation of regional teams in each Government Office, to be led by Regional Managers (RMs) and to include a varying number of staff, depending on the size of the region and the number of Sure Start programmes in it. In total there were to be 59 posts, 50 of which had been filled by November 2001, and the remainder (in London) to which appointments were made by February 2002.

Sure Start Central Unit Staff

Prior to the appointment of RDOs, direct support was available to local partnerships from the central unit. Telephone numbers for staff were given in the guidance, and individuals took responsibility for a number of programmes each, attending regional conferences and visiting local partnerships in some cases. By the time the third round of programmes were being announced, the Sure Start Unit had developed into a fully staffed structure, with conventional sections and teams of staff. The style of communication with local programmes was still accessible and informal, however.

From plan to implementation

Local partnerships were given a timetable for the production of the Sure Start delivery plan. The plan was the basis for the approval of the Sure Start programme and the release of funds for implementation. The original timetable for trailblazer programmes allowed two and a half months for the total process. This proved too short a time and partnerships were asked to produce further details over the following six months. The deadline for final submission was flexible, with some areas submitting plans more quickly than others. The Sure Start Unit accepted this variability, based on the evidence from the outline proposals about how much needed to be done to complete the plan.

This established a pattern for subsequent rounds of Sure Start planning: a first, outline proposal for the plan, on which direct feedback could be given by the Sure Start Unit, and a final, detailed plan on which the funding agreement between the Local partnership and the Sure Start Unit was based. The approximate time allowed for the planning process was five months, though this tended to be longer for the trailblazer programmes and could be more for any individual programme if longer was required. Also, not all delivery plans were approved immediately, and partnerships could be asked to provide more information, which extended the planning process.

The Sure Start Unit were anxious for local partnerships to see planning and implementation as a continuous process and were willing, for example, to accept gaps in required baseline information providing partnerships explained when and they planned to fill such gaps.

Table 1. Timetable for Four Rounds of Sure Start Programmes

Round No.	Date for Confirmation of Interest	First Programmes begin
1 (Trailblazer)	Early February 1999	September 1999
2	Early January 2000	June 2000
3	Early September 2000	March 2001
4	Late February 2001	September 2001

Because of the flexibility allowed and the inevitable staggering of decision-making on Delivery Plans, it is hard to be categorical about the exact amount of time available to local partnerships to develop their plans, but the average time taken tended to be around five months from confirmation of interest to delivery of the plan for assessment by the Sure Start Unit.

The Experience of Local Programmes

This section of the report will address the questions of how local areas responded to the invitation to develop a local Sure Start Programme. Was it easy to understand the requirements? Why did individuals and agencies become active in the planning process? What difficulties did they encounter? These were the sort of questions which could only be answered by people in Sure Start Programme areas.

Chapter 6 - Researching Local Experience

The research study team investigated what it was like to for local areas to plan Sure Start Programmes and to move from the plan into action - to get Sure Start going. As part of the National Evaluation of Sure Start (NESS) it adds descriptive detail to the findings of the national survey conducted by the Implementation module of NESS. Any quantitative findings cited are taken from the first national survey of rounds 1 and 2 of Sure Start, unless otherwise attributed.

Sources of information for the study

Information was collected in two phases. The first focused on information about the central programme, how it was set up and what it required of local areas. The second concentrated on the areas themselves.

Phase 1

- documentation produced by the Sure Start Unit for local partnerships;
- internal documentation from the Sure Start Unit, (some of which is classified and was used as a back-up source only);
- interviews with staff in the Sure Start Unit;
- interviews with staff from Government Offices, NHS Executive, Social Services Inspectorate;
- interviews with Sure Start advisers.

Phase 2

- documentation produced by local Sure Start partnerships, (including outline plans, delivery plans, Terms of Reference, protocols, internal papers and reports;
- interviews in twelve Sure Start areas with:
 - partnership members;
 - staff;
 - services users;
 - other stakeholders e.g. Organisations working under contract to local programme; elected members; staff in linked area based initiatives like an SRB programme, for example.

Selection of local sites for study

The twelve fieldwork sites represented the four Sure Start rounds. Work began in three Programmes from each round, but one fourth round programme withdrew once the research study was underway and was replaced by a second round programme. Thus the 12 sites were divided as follows:

- 3 from round 1 (trailblazer round)
- 4 from round 2
- 3 from round 3
- 2 from round 4.

Areas were also chosen to reflect authorities with more than one programme in the area, (e.g. the second of four programmes) and variations in the lead partner. Local programmes studied were led by education, health, local authority, national charity and local community organisation.

Programmes were approached to obtain consent for involvement in the study, and it was at this stage that the adjustment to the representation was made. Because round 4 programmes had only just received approval of their delivery plans as the field work began, in October 2001, they had less to report than previous rounds on the experience of getting services up and running, therefore the bias towards the earlier programmes was considered justified by the research team. Additional material about specific aspects of the start-up process were collected from a further 10 local programmes. In these areas, one or two key personnel were interviewed and smaller amounts of back-up documentation were collected. For example, the programme manager and one member of the partnership were interviewed in a London programme where the partnership had encountered difficulties and has been re-structured. All programmes were assured of confidentiality if they participated in the study. In consequence, no programme is identified in this report, although some local description is given where this is essential to put evidence into context.

NESS Personnel

All the information collection and fieldwork for this study was carried out by members of the research team of the Implementation module of NESS. Regional research officers liaised with and conducted interviews in the selected local programmes. They used interview schedules which specified areas of enquiry: the partnership, consultation, support and starting up services. These schedules allowed some room for exploration and the pursuit of interesting experience, when this was raised. Researchers were encouraged to investigate the whole story and to triangulate evidence where possible (see Appendix A).

Timetable

The study took place between October 2001 and February 2002. At this time, some first round programmes had been operational for up to two years, while fourth round programmes were just beginning to set up services

The findings of the research study are presented chronologically, starting with respondents' early understanding of what a Sure Start programme meant, prior to receipt of guidance. Issues explored include forming a partnership, choosing the area, consultation, planning, staffing and implementing the programme.

Chapter 7 - Before Sure Start Planning Began

Members of Sure Start partnerships and practitioners in Sure Start Programme areas knew of Sure Start before their areas were invited to develop plans. Those involved in the planning of later rounds had more detailed knowledge of the Sure Start process than those in the Trailblazer round. A member of one round 3 partnership said that the initiative was *all over the newspapers*, and others had seen articles in professional journals or looked for information on the Internet. By rounds 3 and 4, many individuals had some knowledge of Sure Start Programmes that had begun in nearby areas, and had even visited these in some cases.

Early discussions

Comments from several areas suggest that although respondents had an understanding of the programme framework, they were not familiar with the planning process and saw themselves as bidding for Sure Start monies. This understanding affected their attitude at the beginning of the planning process, as they expected to devise a plan that would be in competition with other plans. In some areas there was a preliminary attempt to design a Sure Start programme before any invitation was received from the Sure Start Unit. In these cases respondents describe early discussions about the form of the local Sure Start programme and were disappointed when no invitation to develop a local programme was received.

We failed in our second round bid, but got it in the third round. (Partnership member, Round 3 programme)

Observations like this, from those involved in partnerships, and made some time after the event, indicate a misunderstanding of the relationship between the Sure Start Unit and local partnerships, which can colour comments about that relationship. But preliminary work, both to identify potential Sure Start areas and to develop a wide partnership, gave those areas a head start when the invitation to submit a delivery plan arrived: they had done considerable thinking already. For example, a health official who was already part of a joint strategy group for children in the Authority remembered that the group had begun to speculate whether the area would be named by the Sure Start Unit. In preparation, the Chief Education Officer had found funding for a local forum, at which an established Sure Start area made a presentation, and there was some discussion about where a Sure Start programme would be developed locally. Four local areas were considered and some baseline information was collected, reports on all of them suggested that two would be most suitable.

At that stage there was no consultation with local people — we didn't want to raise false expectations.

Chapter 8 - Sure Start Partnerships

Forming a partnership

Once the invitation was received by relevant agencies in a local area, the next step was for the agencies to pass the message around their own staff and other potential partners. The extent and method of dissemination varied from area to area. Although at this stage no lead partner would have been chosen, where an agency was particularly active in involving others in the partnership, it often went on to assume the lead role. So, for example, in a local programme where the Education Authority disseminated the invitation, held the initial meeting on its premises and went on to lead the partnership, the majority of non-statutory partnership members report that they first heard of the Sure Start invitation from head-teachers, Early Years Unit staff and community educators. Similarly, where a Health Authority took the lead, partners from non-statutory agencies and the community report that they learned about Sure Start from health personnel, especially health visitors.

Voluntary Sector

Some voluntary organisations were not included in initial invitations, often, it appears from ignorance of their existence or that the work they were doing did not first appear to be relevant. This was less likely to occur where Social Services Departments made initial arrangements, and there is some evidence that Social Services staff were able to use long established links with the voluntary sector to broaden partnerships. There are also accounts of exclusion. In one area the director of a local voluntary organisation working directly with families reported that there was little information available about the Sure Start proposal. She called the Health Authority to enquire about attending a forum on the subject and was told that this was not an open forum.

There seemed to be a lack of understanding of the Sure Start principles. I felt that the statutory agencies were very interested in this new avenue of money, but that they had no understanding of how to go about using it. (Director, locally-based voluntary organisation, later Sure Start manager)

Eventually in this, as in other areas where there were problems of this sort, the voluntary organisation was able to join the local partnership, but by the time it did so some important decisions had already been made.

Characteristics of Sure Start partnerships

Data available from the first application of the national survey to rounds 1 and 2 programme managers provided an overview of representatives of members of Sure Start partnerships. The position is summarised in the Table below, taken from the report on the national survey.

Table 2. Overview of representation in management in Sure Start

	Round 1 N=55		Round 2 N=63		Total (R 1&2) N=118	
	%	Median ^a	%	Median	%	Median (range)
Representatives (at least one) from the statutory sector						
Health	96	3.0	98	3.0	98	3.0 (1-21)
Social Services	86	1.0	94	1.0	96	1.0 (1-7)
Education	89	3.0	96	2.0	92	2.0 (1-14)
Other Statutory Agencies	65	2.0	70	1.0	68	1.0 (1-14)
Representatives (at least one) from other sectors						
Voluntary Sector	94	3.0	97	3.0	96	3.0 (1-20)
Local Community	96	5.0	95	5.0	95	5.0 (1-37)
Private Sector	28	0.0	23	0.0	25	0.0 (1-5)
Parent representatives (at least one)						
Parents (total)	100	5.0	98	5.0	99	5.0 (1-40)
Parents of children 3+	91	3.0	82	2.0	87	3.0 (1-25)
Parents of children 0-2	85	2.0	79	2.0	82	2.0 (1-25)
Fathers (total)	44	0.0	45	0.0	44	0.0 (1-7)

The data show that:

- almost all partnerships have at least one representative from each main statutory agency;
- many other statutory agencies are also represented, especially Housing and Community Development;
- only 10% of partnerships report the inclusion of an EYDCP representative (though this representative may have been included under the Education category);
- Health is the statutory agency with the larger numbers of representatives per partnership;
- voluntary organisations are represented on all but five programmes but 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. They are much more likely to be mothers than fathers.

Size

Examination of partnership lists in delivery plans shows a wide variation in the size of partnerships. In the twelve areas where local programmes have been examined in detail these variations were reflected as follows:

Partnership	No. of members
A	90
B	50
C	49
D	46
E	36
F	35
G	33
H	32
I	25
J	18
K	17
L	17

Larger partnerships

Partnerships with larger numbers do not necessarily have a wider representation of agencies, organisations or local parents. The partnership at A above, with 90 members, includes 22 who are employed in what can broadly be called Health services including managers (a member of the Joint Commissioning Team in the Primary Care Trust, the Director of Public Health), mental health workers, health visitors and general practitioners. This partnership does not identify any members of the partnership as parents, though a smaller partnership board of twelve members includes three local parents, all of whom have other functions. One, for example, is the secretary of the Area Regeneration Committee; another is the Director of the Race Equality Council. Larger partnerships are not necessarily larger because they include more parents.

Medium-sized

More typical are partnerships of less than half this size: B — H above. Of the 33 partners listed in the plan for Area G, 9 come from Health agencies, 6 from Education (including the head teachers of four local schools) 6 from Social Services, 2 from the local authority (Community Development and the EYDCP representative) and 10 from the voluntary sector. Once again, however, there are no parents listed. A planned management group, to be formed from the partnership, is described in the delivery plan. This will have ten members, including 2 who will be co-opted, but the constitution of this group does not say whether or not these members will be parents.

Smaller partnerships

The final cluster of partnerships is those with less than 20 members. If we look at the membership of K as listed in the delivery plan, there are 5 partners listed as parents. Other membership can be divided into:

Health agencies: 4
Social Services: 1
Education: 3

Local Authority: 1
Voluntary Sector: 3

(Of course, the Social Services Department is run by the Local Authority, but is listed here in a separate category, since the Local Authority staff come from a partnership department which is part of the Chief Executive's Office in this Authority. This distinction occurs at other points in the discussion of partnership.)

In this example parents comprise the largest single group on the partnership. This area also planned a smaller management board, to run the programme, which would have 14 members, 3 of whom would be elected parent representatives and 3 community organisation representatives drawn from play groups, community groups and so on. The lead partner in this Sure Start partnership is a national voluntary organisation.

Participation

The larger the partnership, then, the more likely it is to have several representatives from the same set of agencies as a smaller partnership. As planning got underway, smaller groups were formed from the main partnership to respond to the requirements of the Sure Start guidance. In those areas that had already involved large numbers in the partnership, working groups to examine particular aspects of the plan were formed from the partnership members. Smaller partnerships tended to recruit or co-opt members for this purpose, sometimes holding a community meeting, and explaining the tasks for a specific set of working groups. These commonly reflected the five core Sure Start services, but there were many other subjects: buildings, play areas, staffing, finance, transport, needs of minority groups were among those developed in the study areas.

Parent representatives

Besides comments from the voluntary sector already explored, many respondents commented on the composition of partnerships and smaller partnership boards. A parent and a library manager in Area D, where the partnership listed 46 members, noted that regular attendance was nearer thirty members, and that everybody had a chance to speak and were listened to. In this area crèche facilities were provided at each partnership meeting and the meetings were held between 10.30am and 12.00pm, which was a suitable time for many parents. In some areas the low representation of parents on the planning partnership was intentional. In a round four programme a partnership member from a regeneration project recalled that the early interest from parents came from people who also had some professional role, and it was felt that these parents were not representative of parents in the community. Therefore it was decided to found a group for parents only, at which they would receive training and support in participating in meetings, and from which parent representatives would be elected to the partnership. In retrospect this respondent felt that parents should have contributed to partnership thinking earlier in the process;

I don't think parents were equal to it until their own network was formed so we ended up getting input from parents rather too late in the process, and when we did invite them to contribute there was a good deal of tension in the atmosphere.

The assumption that parents would not be able to contribute at first was widespread.

Unequal partnerships

Where partnerships are not seen to be operating equally, there was a surprising unanimity among respondents about this. For example, in one area where the partnership is 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 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.

In this area, parents reported that much of the business in the partnership went over their heads, that professionals had a habit of using jargon, and that they themselves lacked confidence to speak because they didn't want to look stupid. Now a parent worker has been appointed to redress the balance. This suggests that the partnership at least recognised the problem and attended to it (on the advice of the Sure Start Unit's RDO).

However, in getting this local Sure Start going, parents lost enthusiasm because of the actions of the partnership. A parent and worker in a small local voluntary organisation described her feelings:

The most difficult part of the planning process was knowing that no matter what was said, the agenda was already written. A small group on the partnership made all the decisions. The delivery plan was written by the Health Authority, and the partnership just went through it afterwards, and said what was and what wasn't possible and what needed re-writing.

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. The balance within partnerships is dynamic and can alter, or be altered.

Using a pre-existing partnerships

In another example, a third round programme with a partnership of 25 members used an existing partnership to plan and manage Sure Start. The existing partnership had been founded in 1998 to lead regeneration in a local area and to develop community involvement. It was already managing a Single Regeneration Budget (SRB 5) programme, and had aims that were broadly compatible with the aims of Sure Start. A minority of members had links to early years services and the partnership was unusual in having a high representation of elected members of the local authority: seven councillors.

A parent, who was one of three invited to join the partnership as it developed the Sure Start plan, felt that she was not an ideal representative, having recently moved to the area and not being well-established. She was the only parent representative;

The partnership selected the parents. The two local parents on the partnership board are not typical, myself and one other: we moved into the area recently, are both graduates. That's why we were chosen. We are articulate and middle class like the other members, so they find us easy to relate to.

Even so this respondent had found it difficult to be heard at the partnership meetings;

I would find out stuff and take it to meetings and it didn't get taken up. This is one reason why people don't want to be involved. And people living here are used to not having what they have asked for.

The Chair of the partnership in this area felt that the partnership had worked well, had *put in a bid with very, very tight time schedules, had done it very quickly and addressed a lot of the objectives*. A statutory member of the same partnership reported, however, that the use of the SRB partnership structure had been inappropriate.

It made difficulties, because there is a very different philosophy in SRB — it is very much slower. Sure Start wanted results.

This respondent considered that arduous planning processes were introduced as a result of this link, which were in danger of holding up the Sure Start plan. He felt that speed was important if the interest of local parents in the proposed programme was to be caught and sustained.

Balanced towards parents

Finally, a second round programme with a small partnership of 17 people, has a parent Chair and seven parent representatives. In this area there was a consensus that the partnership had been open and balanced from the outset. The role of the Sure Start Adviser was cited here;

She held open meetings, introduced people, told everyone what Sure Start was and gave us the ethos. Professional members and voluntary groups said they wanted a parent to Chair the partnership. I got to be it!

However, one respondent observed that some agency representatives did not attend partnership meetings regularly. Another, from a statutory agency, felt that parents *haven't yet developed the skills to make decisions and truly be part of the decisions*. He felt it would take five years before they had developed such skills. Parents themselves were not aware of any skills deficit.

Composition

Representatives from statutory agencies on partnerships are drawn from different tiers of the agency hierarchy. This may be the reason why some partnerships are weighted toward health personnel: there are multiple sources from which interested personnel may come. Several partnerships are cross-hierarchical, often with senior staff from Social Services Departments and Education Authorities participating alongside practitioners: for example, in one area an Assistant Director, Children and Families, from a Social Services Department, and an Assistant Director, Community Education, sit on a Partnership with GP-practice-based health visitors as the Health representatives. In some areas like this it was observed that more senior staff did not always attend the partnership as frequently as those working on the ground in the chosen area. This was not by any means a universal observation, however, and

some senior staff played and continue to play a very committed role to partnerships. The involvement of staff from higher levels was slightly more likely among trailblazer and round 2 programmes than later rounds of Sure Start.

Responsibilities and status

In the planning stages, it was important that partnership members attended meetings regularly and as individuals. This was not a situation where other representatives could easily substitute. However, professional staff could be quite wary of this individual status, especially when the future development of the Sure Start partnership was raised. The potential for partnerships to become independent bodies, operating as voluntary organisations or community businesses with local shareholders was mentioned in Sure Start guidance as a possibility for the future. Some professionals felt that they would not want to assume that kind of responsibility, and that their role on the partnership was moving from a professional to a private one.

The issue of status was also raised by respondents when asked about the time commitment demanded by Sure Start partnerships. Staff from statutory agencies noted that Sure Start planning was an extra task, was not covered by job descriptions and had to be fitted in with other work. Some small voluntary organisations also found the demand difficult to manage, and some reported that they had been unable to participate consistently because they did not have the personnel to do so. The demands were particularly burdensome in local areas where there was more than one partnership in operation. Organisations in contact with or representing minority ethnic groups reported finding themselves in constant demand to contribute to planning for initiatives and with no resources to help them meet the demand.

Representation

For voluntary organisations there was also a problem of status. Individual organisations could not represent the whole sector, but this was not always understood by other partnership members. In addition, the partnership was to be the mechanism to plan and manage large new resources, some of which would go to voluntary organisations. In this situation all organisations were rivals, to a degree, and in some areas this caused discomfort. In one Trailblazer programme the chair of a local voluntary organisation said,

I went to meetings for a while, but (another voluntary organisation) had its foot in the door and it looked as though they were going to get the funding. It didn't seem worth the effort, really.

The Sure Start guidance had been based on the hope that local rivalries and the focus on resources would be put aside in the interests of children and families. The evidence suggests that it was put aside, to some degree, but that the demands of partnership membership fell heavily on more fragile organisations, some of which dropped out.

Choosing a Lead Partner

The lead partner was chosen because it had the personnel and time to do the delivery plan and cope with the extra work. (Partnership member, round 2 programme)

In all the local programmes visited, representatives of lead partners and other

Partnership members agreed that the role of lead partner was more demanding than had at first been anticipated. This demand affected which organisation was chosen to lead. Some agencies offered to second staff and provide back-up resources from the outset; others did so as the demand of the task became apparent, others assumed the leadership role almost by default. The results of the national survey by NESS show the distribution of leadership across agencies and voluntary organisations for the first two rounds of local programmes:

Table 3. Lead Partner in Round 1 and 2 Programmes

Lead Partner	Percentage of Round 1 and 2 Programmes
Community/voluntary organisation	20%
Education authority/Early Years Unit	20%
Health Trust	15%
Social Services	16%
Local Authority (other than Social Services)	30%

Although the actual source of the leadership by local authorities varied according to local structures, it is safe to assume that local authority staff involved were not, prior to their involvement in Sure Start, delivering services directly to families. They were more likely to have been involved in the planning and writing of plans for local areas, and to have skills in the management of information, financial and service planning. In some cases these staff were situated in Chief Executives Departments, in others in partnership or Community Development departments. Other statutory agencies had staff with experience of strategic planning, too, and larger voluntary agencies could also offer this experience. Less likely to have it were locally based voluntary agencies. Where these took the leadership role the main tasks tended to fall to the organisation's chief executive.

Assumption of leadership

In none of the twelve field study areas had the leadership of the partnership been decided by a published process. In one area, where an agreement between partners was in the process of being drawn up, it was assumed that the lead agency would continue in this role during the life of the partnership and no process for choosing a lead partner was included in the agreement.

In another Sure Start programme examined, the original lead partner, a Social Services department, invited a large national voluntary organisation to take on the leadership role because it did not have the capacity to support the Partnership during the setting up stage. In another, where a local voluntary organisation had fought to take over leadership from the Education Authority, and had succeeded, the Chief Executive of the voluntary organisation noted;

We felt that that what we were doing was what Sure Start was all about, and the original lead agreed. We had not anticipated how much work it was going to be, but we did get good support from all partners, and I think they supported us more than they would have supported the Education Authority.

A demanding role

In another area with a local voluntary organisation, which specialised in family work, in the lead, the Sure Start Adviser reported that the organisation's capacity was insufficient for the job but that other partners tended to abandon it to the struggle. The dynamic of partnerships in this situation clearly owed something to the history of relationships in local areas. In one of the areas where Social Services had handed over the lead to a national voluntary organisation, the Assistant Director who had introduced this idea felt that all partners would work better with an outsider holding the ring. In another, the Social Services lead had invited a voluntary organisation to Chair the partnership. The manager of the voluntary organisation concerned had agreed to this role on the understanding that her organisation would be involved in

the provision of Sure Start services. Once the delivery plan was submitted the organisation received *a nominal sum for chairing the executive group of the partnership (£4000)* .

Lack of capacity led some partnerships to employ a consultant to write the delivery plan. In an area where the Education Authority was in the lead, the spur for this was a visit from a member of staff of the Sure Start Unit, who felt that progress towards completing a delivery plan was slow. The Chair of the partnership, an Assistant Director of Education, described how the consultant took the work that had already been carried out in consultation with the community and *turned this into a business plan, with costings* . A member of a Chief Executive's department explained how the role which she shared with other staff from the department was *making the decisions of the partnership work as a planning document. They knew what was wanted, but not how to write a plan* . In another area, the Sure Start adviser was described as writing the plan in collaboration with the lead partner.

Bringing in expertise to help write the plan did not always meet with the approval of partnership members. In particular, where this help came from partnerships already existing in the area, there was opposition to the style of the intervention. In several areas help was offered by from Single Regeneration Budget staff. A voluntary sector partner in one of these reported;

Once we were into the planning process the SRB partner introduced a finance person. He turned up at a meeting unannounced and made people feel uneasy. He told the partnership that the bids for Sure Start money would have to be more structured, and it was felt by many members that this didn't fit with the initial discussions.

In another area a very similar account was given of the impact of financial support personnel from an SRB partnership.

Supportive partnerships

However, in an area where the lead partner was a community forum, which had been involved in regeneration partnerships, respondents reported that the Sure Start planning was able to draw on support from other partnerships with which there was an existing relationship;

The partnership members were familiar with each other before the official planning began. People had already been drawn together under the aegis of the family support strategy for the area. This meant that the core team included the expertise you needed to draw up a strategy.

In this case the lead partner was able to draw on help from other agencies in writing the plan. The process was not without its problems, however;

The whole process was very intensive and was also held up for two weeks by objections from the council and the health authority. The Social Services Director refused to sign the document. As a result there had to be extensive re-wording of the plan, although the overall content was the same. The objectors were simply trying to make a point.

So even where support was available from statutory agency staff, there could be difficulties at other levels in the agency. In this case the lead partner felt that the point being made was to do with the voluntary status of the Sure Start programme

leadership.

Although respondents in some areas suggested that considerable power to dictate the contents of the local Sure Start programme accrued to the partnership leader, there is evidence that the demands of leadership and the development of a partnership that included community representation, could change this balance of power during the course of the planning. Several interviewees described the relationship between lead and other partners as a fluid situation, which moved from trust to tension at different stages in the planning process.

Chapter 9 - Choosing the Sure Start Area

In rather the same way as the lead partner, Sure Start Programme areas emerged in most of the twelve areas studied. Interviewees in them locate the choice of area in a period prior to the formation of the Sure Start partnership;

A sub-group of the EYDCP dealt with Sure Start at first, and decided on the Area and the lead partner (the area) was chosen because it scored high on the index of deprivation and is a distinct area of the borough. (Partnership member, round 2 programme)

Some programme areas were not so obvious. A second round programme, led by a community organisation and based on an existing partnership, planned an area that fitted the boundaries of that community. It was too large. The community organisation, however, works in the whole area and the necessity of developing Sure Start in a limited part of it was uncomfortable. Although considerable consultation had been conducted in this Sure Start area, it was felt to be inappropriate to invite parents to contribute to the choice of area, because that would mean that some were bound to be disappointed.

In a fourth round area the local authority sent invitations to all local organisations working with children to say that seven areas had been selected as potential Sure Start Programmes, and convened a meeting where groups of statutory and voluntary sector staff examined each and decided on an area which was;

supported by an SRB partnership, so well-organised in terms of infra-structure. This can make a BIG difference. (Partnership member, voluntary sector, round 4 programme)

Boundary decisions

Parents reported that when they became involved in consultation or Sure Start partnerships, the area *was already cut and dried*. Partnership members explained that since the criteria for choosing areas was the level of deprivation, there was some delicacy about involving parents in the discussion: they felt sensitive about labelling people because they lived in a poor area. However, the Sure Start Guidance required that areas should also contain a particular number of children from 0-3 and make sense as a neighbourhood. There is some evidence that areas did not always make sense, especially if they were to contain sufficient children. Anomalies were described in the areas visited: two communities with no natural links being put together to create one Sure Start area with sufficient numbers of children in it; an area based on a single local authority ward (although some respondents said that this was potentially a community, if more sense of community could be injected into it by Sure Start); a rural programme working in several villages (but which see themselves as linked and will be more so by Sure Start); an area which includes high deprivation levels and better-off families. At the same time some natural communities fitted the prescription exactly: *It s a community with high deprivation, natural boundaries and the right number of children*.

Although the exact boundaries of less natural communities provided a cause for what one respondent called *wrangling* on some partnerships, consensus tended to be reached quickly, often after some consultation with the Sure Start Unit. Boundaries could be drawn to include existing services, which would contribute to the Sure Start plan: a family centre, or the headquarters of a voluntary organisation. In some areas a few streets which were known to house young families were added to

a larger, more natural community, because there more children could be included without over-extending the area. Choice of area was geared to including as many families as possible. This consideration applied to every programme round, although the association between numbers of children and Sure Start grant was not established until the third round.

Difficult choices

Although the idea of developing Sure Start Programmes as neighbourhood initiatives was innovative, it did not raise major difficulties in eleven of the twelve areas visited. Where it could have done so, because there was more than one candidate, the prospect of a further programme in the local authority in the future, helped to prevent dissent. (And, as we have seen, other areas often got discussions underway in anticipation of an invitation to participate in a later Sure Start round).

However, in one area, a smaller town, the choice of area proved difficult. The most socially deprived area was not chosen because it was already the subject of a central government initiative. The search for a Sure Start area was based at first on ward boundaries. Local councillors collected information about their wards and made cases for the funding to be used in them. An effort to make the decision by a council vote was quashed. A statutory partner described the eventual process as

poring over maps to bring in deprived areas of the town, an area with a high minority ethnic population and a travellers site — even though this created a peculiar shape After the area has been chosen there was dispute by some councillors but someone read them the Sure Start rules .

In this area it was unlikely that a further Sure Start programme would be possible.

The main difficulty raised by respondents about the Sure Start area choice was the fact that adjacent areas had to be left out because of numbers. It was pointed out in several areas that families living near Sure Start Programmes might well cross boundaries to use them, and that it would be difficult to prevent this. In one area parents noted that if this happened, it would show that Sure Start services were succeeding: currently nobody from elsewhere wanted to come into a stigmatised area.

Although Sure Start areas were not chosen after consultation with parents, most were given a name after the consultation process had begun, and naming the Sure Start area was a focus of early discussion with parents.

Chapter 10 - Consultation with Parents

The Sure Start guidance emphasised the importance of consultation with parents as well as requiring the representation of parents on the partnership. In all areas studied this aspect of the Sure Start planning process was seen as extremely important. A distinction was made in questions between the impact of the consultation on the Delivery Plan, and on the implementation of services.

Purpose of consultation

From the point of view of local partnerships, consultation with parents was considered to have several purposes:

- to raise awareness of Sure Start and the need for participation in it among parents of young children
- to understand what was like to live in the Sure Start neighbourhood
- to collect information about existing experience of services, to discover where these are appropriate/adequate and where changes were needed or new services required
- to develop a base of interest in Sure Start from which parents could be recruited to help in the planning and implementation of the programme
- to monitor programme development as experienced by parents

Conducting consultation

Major issues for partnerships in conducting consultation were:

- time and expertise to carry it out
- reaching a sufficient proportion of parents
- reaching certain groups within the parent-population considered hard-to-reach (including parents with basic skills difficulties, parents with disabilities, parents from minority ethnic groups)
- making the link between general consultation and recruitment to the partnership and planning groups

Resources for consultation

Capacity to carry out effective consultation varied. Partnerships led by voluntary organisations, or with substantial representation from the voluntary sector, and those with EYDCP leadership (or strong presence on the partnership), already had previous experience of carrying out consultation. The Sure Start Unit made resources available for consultation, and by round 2 the importance of starting it early was widely understood. There is evidence that partnerships in later rounds (rounds 3 and 4), learned from the experience of the earlier rounds that community events, with entertainment and publicity, were an effective way to raise awareness and develop enthusiasm. None of the areas visited had employed outside organisations to conduct consultation exercises for them, although this was done by some partnerships. Lack of capacity and the need for speed were given as the reasons for not doing so. One partnership that had done this felt that the exercise had not been good value for money, however, as the consultants were unfamiliar with the area and the survey did not deliver new knowledge.

Timing of consultation

In most areas there was no contact with parents until the confirmation of interest had been submitted to the Sure Start Unit. The exceptions were areas with an existing consultative infrastructure, and where the partnership leader was a community-based organisation.

In a typical pattern, in a trailblazer area, no contact was made with parents until the partnership, lead agency (lead partner) and the Sure Start area had been selected. Consultation with parents was then begun to discuss the content of the Sure Start programme. Several members of the partnership offered facilities for this, for example, buildings, staff time and publicity. Food, entertainment and activities for children were advertised. Practitioners in the area were asked to come with at least one parent with whom they were in contact. The programme was outlined in short speeches, then practitioners talked to small groups of parents about their experience of bringing up small children in the area, and what improvements they would like to see.

Mechanisms for consultation

A second round programme developed a series of smaller events in the Sure Start area, and aimed to recruit parents to small planning groups to discuss specific aspects of the delivery plan. Partnership members paid visits to local daycare sites, clinics and schools to make presentations about the proposed programme and discuss what it might offer. In this and other programmes short survey forms were used to collect information from the parents. Such surveys produced wish-lists which were re-visited by partnerships and parents as the planning process got underway. Some areas reported that surveys designed and carried out by parents themselves were particularly useful, especially for revising the early ideas that had been put forward for inclusion in delivery plans.

The early consultations were less productive of ideas than many partnerships had anticipated. At larger events, with lots of activity and entertainment, it was not possible to discuss plans in detail. Survey wish-lists often contained elements that could not be met within the terms of reference of Sure Start. However, such events were able to establish the name of the programme, and the child and family focus, on which partnerships could build. Respondents report that early consultation events were successful in that local people knew that Sure Start was coming, and they often attracted large numbers of parents and children. Events that were based on adult meetings tended to attract fewer numbers. Respondents reported up to 200 families at fun events, less than 10 at business-type meetings. In those areas where there were play workers, creative publicity for Sure Start included things like balloons, T-shirts and posters, and discussion with parents about the local image of the programme. These areas often developed a local logo.

What helped consultation — and what hindered it

In some areas there were no early public events. A member of a trailblazer partnership regrets this;

A rural community has particular difficulty in involving parents. There are no cars to transport them, the local minibus does not take children's buggies.

In this area only one parent had come to the first Sure Start meeting, but *it's all pointless to people early on, when nothing is happening.* Efforts were made to get

parents to join the partnership, but they complained of not being comfortable there and of not understanding the discussions.

A completely different picture is given by an area that has an existing community consultation infrastructure, with neighbourhood forums and a local authority community development department, which led the partnership. In this area there were events for parents as soon as the confirmation of interest had been made. The delivery plan was partly written by parents and drafts were circulated widely among the local population before the document was submitted to the Sure Start Unit.

Developing consultation structures

In a trailblazer area, once the Sure Start manager had been appointed (and after the delivery plan had been accepted by the Sure Start Unit), a parents consultative group was set up. This reviewed the proposals put forward for the Delivery Plan. One of these, from the Health Authority, earmarked a large amount of Sure Start funding for health-related activities. Although the parents panel did not dispute this aspect of the delivery plan, it was able to review the expenditure after a year and to challenge its application: in the panel's experience the planned services were not effective. This panel now meets once a month and has a say where Sure Start money is spent. It reviews proposals from service providers and current projects to ensure that they are meeting needs.

Parent Forums

In several areas, separate forums for parents were established once consultation events had produced enough people who were interested in the Sure Start plan. Such groups looked at the papers produced by the partnership, contributed members to working groups developing parts of the plan and some members to the partnership. In none of the areas visited was there a formal system for electing parents from the forum to the partnership, though there were plans to develop these in some places. For example, a round 2 programme has produced Terms of Reference for the partnership that includes three places on the management Committee for parents nominated by the Parents Forum. In this case there are no formal arrangements for the Forum to scrutinise partnership decisions, as described in the example of the Parents Board.

Parent Chairs

In 3 of the 12 programmes examined, the partnership is chaired by a parent. Responses to the NESS national survey of round 1 and 2 programmes show that approximately 10% have a parent chair and that up to 30% rotate the chair, which means that where parents are partnership members, they will become the chair eventually. In the following account, a parent chair describes the consultation processes which led to this position;

- heard of Sure Start from a leaflet put through the door by a health visitor;
- attended meeting, felt negative, but liked being asked 'What do you want?' and agreed to join a parents group on the board;
- meetings to consult more widely with parents about what would be in the delivery plan (these meetings have continued since the plan was approved);
- shares chairmanship with one other parent who has some experience of committees.
- Experienced chair has now resigned, leaving task to this parent, feels main success of the partnership has been *seeing parents really involved*.

This chair doesn't *use the terminology unless I have to. Keeping it simple — you need to so that other parents get involved, that's why. It's important that more parents are involved, so we have to address them as well as professionals.* (Chair of partnership, round 2 programme).

Support for parent managers

Although several respondents noted that parents needed support to participate in programme management at this level, there was no evidence that any training in governance had been offered in the programme areas studied. One respondent noted that parents needed support; the parents' meeting offered a crèche and that parents who wished to could claim expenses for childcare at home. A group of parents, who had been on a committee to consider Sure Start buildings, had enjoyed and learned from a visit to another programme to look at building development. This group disarmingly admitted that the most difficult part of participation for them was *not knowing exactly what Sure Start is!* Visiting an operational programme had helped them understand what it could be.

In the majority of the local programmes studied, parents had been involved in the appointment of the Sure Start manager and other staff.

Reaching parents

Although all the Sure Start areas studied felt that progress had been made in reaching and involving parents, there were concerns about groups who were difficult to reach. In the early years field in the past there has been an assumption that the principle carer will be the mother and the term 'parent' has tended to refer to the mother only. This tendency may have alienated fathers from the Sure Start process. There are fewer fathers than mothers represented on Sure Start partnerships and very few fathers had attended consultation events in the areas studied.

A programme in an area with a diverse population (and with a partnership of members who are very aware of the need to reach all communities), has found that some cultural groups have not responded to a variety of consultation approaches. Afro-Caribbean parents had not attended events, and the partnership had targeted evangelical churches in an attempt to reach them. This had proved unproductive: people who used these churches came from outside the Sure Start programme area. Because it seemed that Afro-Caribbean mothers might be working, and therefore unable to attend weekday events, a special event was held at the weekend, *to get over the working mother problem*. Although there was a large turnout for this event, most of the participants came from the Asian community. Baseline data has shown that there are Somali and Bengali parents in the area who are also not being reached. Programme staff are nevertheless aware that consultation is not reaching all relevant families and continue to make efforts to do so. They feel, too, that not enough men are being consulted.

Another comment from a diverse area was about the care needed in observing cultural rules. A worker had organised consultation events and had found that some members of the Muslim community had been offended by certain types of music that had been played. Although she had been able to locate advice from the Sure Start team, she remained wary about upsetting people and *putting them off Sure Start*.

Consultation fatigue

In a round 4 programme, a parent representative on the partnership described the stages of consultation to which she had contributed. She noted that there had been so much consultation that the community was becoming tired of it. She felt that this was because there appeared to be a long wait between consulting the community and *putting the findings into action: so far there has been two years of planning without any implementation.* This is an area where there had been a long period of anticipation before the Sure Start invitation was eventually received. It is difficult to maintain the trust of parents if they see no results from consultation. In this area the whole parent community had become somewhat hard to reach as a result.

Though there had been limitations to the reach of consultation in the setting up stages of local programmes, continued attention was being paid to it in most. Local programmes have appointed workers to support parents and to continue the consultation process. In these programme areas the consultation was becoming more targeted and the staff were knowledgeable about what was working and what needed revision.

Successful outcomes

The indications are that while partnerships have received advice and encouragement on the involvement of families and the community in programme design and development, the commitment of their response varies. All carried out, and continue to carry out, exercises in consultation. The commitment is shown by the extent to which parents are able to make decisions about the content and processes of the programme. A health practitioner in a round 2 programme summarised its success in reaching parents in this way;

Parents can truly participate in the programme. They have their own forum and are part of the management board. There are an equal number of parents and professionals on the board. Consultation and contact with parents has guided the programme's decisions. They have had a direct input into things like boundaries and the delivery plan. They have a say in recruitment from the director downwards.

In this area a group of parents confirmed that they could participate fully: they had been consulted about building design, resources and recruitment of staff and they have picked up skills as they have gone along. They have been through a mentoring process as part of the interviewing panel for staff. But they wanted to point out that their contribution needed to be valued properly; that they need to be appreciated for the effort they put in and the time they give. They were volunteers, and gave their time for free. Sometimes Sure Start staff needed to be reminded of this.

Chapter 11 - Sure Start Managers

Timing of appointment

The partnerships had all appointed a manager for the Sure Start programme. In some cases this appointment had pre-dated the completion of the Delivery Plan and the new manager had been involved in drawing up the plan. Encouragement for early appointment had come from the Sure Start Unit, and the pre-approval monies that were made available for rounds 3 and 4 could be used to cover recruitment costs. In all the areas visited, a member of the Sure Start partnership — usually the lead partner — had taken responsibility for employing the manager initially, using the contractual arrangements (and salary scales) of the agency or organisation.

Recruitment

In a round 3 area where the lead partner is the Social Services department, the respondent from that department felt that the most difficult element of setting up a programme had been recruiting the manager. There were several different considerations: the need for day-to-day management; the need to work with a partnership and to involve parents; community links, to develop a strategy for the programme in the future; knowledge of work with early years children and families. Other respondents felt that knowledge of early years work was less important than project development and management skills.

In this round 3 programme a short-term appointment had been made so that there would be extra capacity to complete the Delivery Plan. The person appointed had previously worked in a local nursery in the area and was not appointed as manager after six months, despite applying for the post. In this area, and it was not the only one, the partnership found that different skills were necessary for writing the Delivery Plan and for implementing it.

In another round 3 area, the programme manager recruited from the voluntary sector felt that it was an advantage to approach the area *untainted* by the process of forming the partnership and writing the delivery plan. But she felt that her job would have been easier if she had been in post from the outline approval stage of the plan.

Interpreting the delivery plan

But this view was not universal. The programme manager in a round 2 programme who had come from a health background and had experience of planning a trailblazer programme, commented on the two experiences. She felt that the problem with the planning process was the diversity of the tasks involved and the coordination of the organisations on the partnership. The planning process had been a *huge leap* for many partnership members. In her role as manager she finds difficulties in implementing a programme that is someone else's vision. She feels she should have been part of the writing process. In another round 3 area the programme manager, formerly a social worker, had been recruited after the completion of the delivery plan. She was not well acquainted with Sure Start guidance and had discovered that the local targets set in the plan were based on national objectives only after some months in post.

The programme manager in a trailblazer programme, who had previously worked in education, did not take up the post until six months after the delivery plan had been approved by the Sure Start Unit. She was told by the partnership: *We trust you to get on with it* and felt uncertain how to interpret the delivery plan. This had been

written by a consultant, and she found it difficult to distinguish *what was local and what was government-driven*. This manager had found considerable support from other trailblazer programme managers in the region, with whom she meets regularly.

Need for flexibility

The manager of a round 2 programme where the partnership is community-based and dominated by parents, had already worked in the Sure Start area as a community neighbourhood worker, and had run consultations with parents. She was familiar with the plan, but had not written it;

The plan changed significantly once I came into post Staffing levels changed we needed to resource infrastructure, so we employed core staff we hadn't originally looked at some things hadn't been thought through in detail, we had to do that.

In this case the programme manager feels it was an advantage to have some flexibility in the plan because it needed to change in the light of further consultation and once the reality of making things happened began. She felt that one of the virtues of the Sure Start guidance was that it allowed such changes to occur.

Background of programme managers

Partners commented on the difficulty of recruiting suitable managers. Only after managers were in post did partnership members feel they understood what skills were necessary to do the job. Partners in several areas felt that knowledge of early years work was less important than an ability to get projects up and running and to *make things happen*. Partnerships had made their own person specification, feeling their way, and they were limited by the kind of applicants who responded.

Programmes in rounds 3 and 4 observed that there were fewer suitable candidates available since the earlier rounds had creamed off good candidates. In three quarters of the areas visited, however, the Sure Start manager had either come directly from the area or from nearby. All had worked for agencies of the type represented on local Sure Start partnerships. Elsewhere, however, there are examples of programme managers who have transferred their skills, especially from the social housing sector.

Job description

To begin with there was no established job description for a Sure Start manager, and partnerships chose an appropriate salary band according to the salary scales of the employing lead partner. With each round of Sure Start programmes there has been a consolidation of practice in this area.

The job description used as an example here is taken from a round 3 programme. The Health Trust in the area had already participated as a lead partner in a round 2 programme, and the partnership inherited the job description and salary scale and point: HA66. The purpose of the Sure Start manager's job is described as:

To effect the development, implementation and management of the — Sure Start programme in accordance with its overall aims and objectives, both locally and nationally. To ensure that the delivery of services is undertaken with full community involvement in a coordinated and innovative way, linking fully with the local authority Early Years and Childcare Strategy.

Tasks listed included the development of policies and procedures to *support the management* of the Sure Start project, including the development, in partnership with the local community and the Sure Start partnership, of the service delivery plan. The appointment in this area was made after the plan had been submitted, but the job description recognised that the plan would need continued work, not least to complete the baseline data. However, the description does not make clear the management chain of the local programme. The Sure Start manager, though employed by the Health Authority, is responsible to the Sure Start partnership. This structure is clarified by a diagram in the delivery plan.

Managers under pressure

There is some evidence that lack of clarity about the position of the Sure Start manager can cause difficulties. The arrival of a manager was a relief for many Sure Start partnerships, in that they had some capacity to advance the project. But the manager's task was both to serve the partnership and to develop its plan in accordance with the results of consultation with the community. These requirements have led to contradictory demands for some programme managers — particularly where the partnership is dominated by an individual member. There were signs of this dilemma in several of the areas studied, but it had become problematic in one only. When this occurs, the programme manager can be somewhat exposed, with no obvious management support of his or her own. In the longer-established programmes links have been made between programme managers, and many have found support systems within partnerships. The problem is well known in the voluntary sector, where programme managers are accustomed to working with voluntary boards of trustees. Management support can be purchased in these situations, but it is also common for the project manager to lead the board rather more conspicuously than occurs in the statutory sectors. In some Sure Start programmes this pattern is beginning to emerge, with more trust and commitment being placed in the manager by the partnership than would be usual for a statutory employee on these salary bands to experience. Where this trust is not forthcoming, programme managers can feel frustrated.

It is very difficult to come into an area and to have this role of guiding everyone without a background in every professional area. You are between everybody — the members of the partnership, the partnership and the parents, different groups of parents. Sometimes you wonder where your authority is coming from. I suppose it is the Sure Start money if you can, you need to get it from the community, but it takes time to build up trust. Right now I feel quite disempowered. (Programme manager, round 3 programme)

Managers Tasks

Other tasks outlined in Sure Start manager job descriptions include:

- ensuring services, activities and new initiatives meet local need;
- developing and enhancing existing services by working in collaboration with those already supporting children and families;
- managing Sure Start staff and project workers;
- managing Sure Start buildings;
- continuing consultation and development of projects with the local community.

Implied in these tasks is the overall need to re-configure existing services and get new ones up and running. Sure Start managers reported that this often took rather

longer than they and the partnership had anticipated, but that once things started to happen, the programme gained momentum — and they gained credibility.

A partnership member in a round 2 programme described how the first Sure Start manager had had problems. A second manager was seconded from a Community Development department;

She understands how to do it, doesn't come across as knowing it all, but creates a presence, a buzz.

Chapter 12 - Difficult Elements of the Planning Process

Base-line data collection

There was agreement in all areas that the most problematic element in the planning process was the collection of baseline data required by the guidance to be included in the delivery plan. By round 2 a clear definition of each piece of data required was available, with help on likely sources. These included the Social Services department, for information about the number of children re-registered on the child protection register; the Local Education Authority, for information about children with speech and language development delay at the age of 4; and the Health Trust, or health practitioners, about the percentage of women with post-natal depression — among other pieces of required data.

All areas report difficulties with obtaining this data. Most of it should have been available from agencies represented on the partnership. In one area the programme manager, critical of the expectations of the Sure Start Unit about this data, described it as living in a fantasy world;

they don't realise that local authorities don't collect certain types of data .

A community worker, on another partnership, said,

We just didn't have that detailed information — trying to get it quickly was difficult .

Where is the information held?

The problems were various. One, common to most areas, was that the Sure Start neighbourhood was often not ward-based so data was not available for the specific neighbourhood. Partnerships struggled with this. But they also struggled with discovering where any data was held, and then getting access to it. A partner in a round 2 area said

Getting hold of the actual data was difficult. Social Services were protective about theirs. The Health Authority couldn't find theirs! They had to sort it manually to find what we needed.

A Chair of a partnership knew that the plan when submitted did not contain data on the existing situation on several fronts, but felt that it was simply a matter of time before the figures would be completed. In this area the plan was to use the Sure Start outreach staff to collect data on house-to-house visits. In other areas, health visitors were asked to administer survey forms on home visits to collect the required information.

There could be problems with lack of cooperation from agency staff who did have access to data. The message that the agency was working in a Sure Start partnership was not always conveyed to its staff. This was handled best where partnerships included more senior representatives from statutory agencies who had the authority to ask for results. It also worked well in those areas where a coordinating local authority department had experience of writing plans and knew where information was held. But the difficulties of finding neighbourhood information remained even where there was this expertise. A community development manager, who had previous experience in working on an SRB bid, noted that much of the information required had to be collected was not available from established sources. It was only possible to collect it all once some programme staff had been appointed.

Financial planning

Sure Start plans should include costings for services already delivered in the Sure Start area. Similar difficulties were encountered in obtaining these as in obtaining baseline information on targets. Agencies found it difficult to cost existing services; those who held the information were not always willing to share it.

Partnerships needed financial advice, which was generally provided by the accountable body or the lead partner. In an area led by a smaller voluntary organisation, extra help was purchased from an independent financial expert. The development of tables for use in the delivery plan helped to clarify the kind of information that was required by the Unit, and from round 2 onwards those dealing with financial sections report that they knew what information they needed to find, but sometimes had difficulties in finding it. Some trailblazer programmes had more difficulty in understanding what was required, but found the Sure Start Unit flexible in responding to crucial omissions.

Varied models

The task of costing the new services was usually in the hands of working groups planning specific aspects of the programme. Some local partnerships handled this by a bidding process: the working group on special needs identified the existing services families were receiving, assessed their usefulness in consultation with users, identified what else families needed and created tenders for the delivery of the new services. In others, many of the new services were to be delivered directly by the programme, and staff were employed by it. Most Sure Start programmes use a combination of these two approaches.

Where bids were invited there was the possibility of disappointment for the bidder — especially when the agency was also a member of the Sure Start partnership. A voluntary organisation *produced a small proposal for inclusion in the delivery plan, but it didn't end up in the plan*. Financial planning involved a tension for all partnerships: agencies on the partnership had expectations of delivering services for Sure Start money. This was most acute for the voluntary sector, for whom the demands of partnership were greatest, and who had the most to lose if they were not asked to contribute to service delivery. As one organisation expressed it, *We were dependent on Sure Start for our continued survival*. Research into the reaction of voluntary organisation to the trailblazer round of Sure Start suggests that in most cases the amount that organisations thought they were likely to earn as deliverers of Sure Start programmes would not offset the amount they had given freely to partnerships (NCVCCO 1999).

The costing for capital projects was particularly difficult in some areas, since it could involve transactions like the purchase of land. In many, the details of capital expenditure were agreed after the approval of the delivery plan. This aspect of planning has taken far longer than anticipated, especially where new Sure Start buildings are involved.

Chapter 13 - Making Sure Start Happen

The most difficult part of the planning process has been interpreting the delivery plan into service provision. A great deal is known of the rhetoric and intentions of the plan, but not much is known about its precise implementation. (Programme manager, round 2 programme).

Working to milestones

The planning framework contained milestones set by each programme, and though these provide a basis for implementation, they have been easier to write than to work to for some partnerships. In the round 2 programme where the manager quoted above works, respondents quote one service only as having been easy to implement. A breast-feeding initiative has met with very speedy success. Prior to Sure Start, breast-feeding rates had been 17% in the first two weeks after birth, now they had reached 80%, and one hospital was reporting 100%. *This success has been achieved through professional training, rewards and support groups.*

The success of this service, with its clear baseline data and measurable outputs, is contrasted by a member of the Sure Start core staff team (a parent worker) with other services.

The goals that have been set seem to be vague. The aims do not connect with the people already working in the area covered. Programme workers feel no ownership of the plan.

These feelings persist despite the existence in this area of a framework for moving from the delivery plan into action that broke down the programme into a series of phases. This into action aspect of the plan had fallen behind its original targets, mainly because of difficulties in the recruitment of Sure Start staff. Other programmes reported that there was no strategy in place to implement the plan because nobody on the partnership had had the time to produce one. Some Sure Start managers did so when they came into post, but not all had the experience or strategic skills to do this.

Recruiting staff

Recruitment difficulties have hampered more than half of the programmes studied. Partners complain that Sure Start has poached trained staff, and in some programmes it has not been possible to make appointments. Speech and language specialists, midwives and health visitors have proved especially hard to come by. Where this has happened, the planned services have been re-visited and different approaches designed, but this results in a time lag in the introduction of services, and the time lag can have an impact on community commitment.

Demands for specific skills are high; there aren't enough skilled people to go round — and we couldn't recruit people because there were no buildings to put them in. (Partners, round 2 programme).

Building on existing provision

The easiest services to get going were drop-in centres, often based on existing parent and toddler groups and services like libraries. The programmes which established services quickly were those that started by building on existing provision, and therefore those trailblazer areas which already had examples of good practice in

them tended to move most quickly. One respondent, a partnership member, pointed out that while statutory agencies could have had services operating fast, the partnership was concerned that parents felt in control of the process, and this slowed it down. The dilemma here was that parents needed to see that things were happening, in order to sustain their interest and involvement — but their interest and involvement meant that extra time was needed to set up the services.

Concerns about accountability

A partnership member from a trailblazer programme, no longer on the partnership, said, *Governance was the big issue and slowed everything up*. In this area an executive group from the partnership had been formed, and there were uncertainties about responsibility between the larger and smaller group. Representatives were concerned about accountability, given the amount of money with which they were dealing. Eventually this situation was unlocked when the lead partner (Social Services) was changed and a voluntary organisation was invited to lead the partnership. It was felt that the reputation of the statutory agency was hindering programme development. The change proved effective and the voluntary organisation were able to develop a plan of action for use by the Sure Start manager.

Resistance

Practitioners working in Sure Start areas may resist changes. In one area it was reported by several respondents that a health visitor had been unwilling to change practice. (There is currently a general change in the focus of health visitors, lead by the Department of Health. This requires them to spend less time on child health surveillance and more on their public health role. Although this coordinates with the preventive thrust of Sure Start, it is a considerable change for some practitioners.) The Chair of the partnership board in this programme noted that one individual with this attitude could jeopardise the whole programme. The Sure Start manager had been seriously affected by the difficulties that arose. This practitioner no longer works in the programme.

In another example, the premises of a voluntary playgroup was included in the delivery plan as a focus for development into a daycare facility. The playgroup manager had opposed this development once implementation began, and would not agree to offering extra facilities despite receiving investment to extend the playgroup. There had been a lack of clarity in the delivery plan about the exact role of the playgroup leader, which was thrown into relief when the service was to be implemented. It was interesting to hear the views of this playgroup leader, who had attended Sure Start partnership meetings during the planning stages:

The main obstacle for me was I was told that as the playgroup was an existing facility I couldn't have any money from Sure Start for the playgroup. But the thinking was that it could change and offer day care provision it would then have had funding. I didn't want this, I have had the playgroup for over 20 years and like it the way it is. The hours would have been extended along with the provision. It was a real battle, but it was worth fighting as I got my way. We have gained by having a new playgroup facility in the Sure Start centre. They use it in the afternoons for activities which don't involve me or get in the way.

Unworkable plans

Parts of delivery plans have proved difficult to implement. A health professional, member of a trailblazer partnership, felt that the plan had been seen as rigid.

We thought we were following the rules — we thought we had too. Now I think we could have negotiated some changes but we didn't know at the time that this was possible.

One part of the Sure Start area had no base for services and no provision for them in the plan. The absence of building bases for staff, including the core Sure Start team, have caused problems — it is reported from one area that in the early days staff were working from their cars. *The playbus arrived, it cost lots of money, but we forgot to budget for a driver and assumed the playworker would have an HGV licence.*

A delivery plan included a shop-front information and advice centre for parents. The cost of renovations for the chosen building proved to be greater than its value and the whole project was suddenly too expensive for the budget. A building identified as suitable for services simply lacked the right feel for Sure Start: families did not like to use it, so an alternative is needed. Finding building land in an accessible place for families was harder than planners envisaged in several areas, and the time taken to negotiate planning permission, to consult over building design and to plan a building has been greater than partnerships anticipated.

The time it takes

The experience in all the programmes studied suggested that the time it took to set up the core and delivery services was always longer than had been anticipated. The fact that there are a range of interests on Sure Start partnerships, which have to reach agreement about the details of implementation, and that these have to be decided in consultation with parents and the community, added time to every development. Yet it was important to have services operating, to reassure parents that Sure Start had arrived and was going to be an active programme. A respondent noted that community consultation could become unbalanced, with discussions about small details taking too much time, and insufficient attention to important implementation questions, which might then have to be left until a further meeting.

It is a lot of extra anxiety, getting all of the parties to agree that all the points in the Plan are all right, are what they all want. That's very time-consuming.

In an allied point, a respondent in the same partnership felt that the transition into Sure Start of staff from many different backgrounds had been more complex than expected, and it had taken longer than expected to prepare staff for team-working. This interviewee confirmed that the management of relationships between the Sure Start team and the lead partner was complicated, tense, and was beginning to spill over into the community. Another source, responsible for finance in the same Programme, explained that the lead partner in this programme controlled all financial procedures, including petty cash, which could hold up proceedings.

The most difficult part of the implementation process has been dealing with the lead body. It has held this Programme up.

Chapter 14 - Programme views of support from the Sure Start Unit.

Interviewees were asked about the support they had received for the planning and implementation stages. Comments were made about the written materials, including the guidance, about Sure Start advisers, Sure Start regional staff and direct contact with the Sure Start Unit. Responses have been clustered into those from partnership members (including parents), those from lead partners and those from Sure Start programme managers.

Partnership members

- The majority who had seen the Sure Start guidance considered it useful. One respondent said

It was fine compared with other guidance — clear without being too descriptive and leaving a fair amount of scope for initiative and innovation.

- Parents had not always seen the guidance, and some who had felt that it was aimed at statutory agencies and *contained too much jargon*. Some areas had produced re-written versions of sections of guidance for display.
- The main omission noted was a lack of guidance on the governance of the Sure Start programme. There was confusion about the responsibilities of lead partners, accountable bodies and partnership members. Further information was needed about the legal status of the partnership.
- There were too many targets and the information required for monitoring them was sometimes ambiguous. There were problems in coordinating targets with other initiatives, like Neighbourhood Nurseries. And there were also problems of coordinating procedures in partnerships where the lead partner's procedures did not fit smoothly with those of Sure Start. (This was noted particularly in a programme where the lead partner was a national voluntary organisation).
- Direct contact with the Sure Start Unit had produced conflicting information from two staff about the appropriate size of the area. (This was in a trailblazer programme.)
- Time allowed for producing the delivery plan was too short.
- *Sure Start is a good thing but in danger of being ruined because the Sure Start Unit want too many details from us.*
- Sure Start Advisers pre-approval had been very good in eleven cases, *useless* in one.
- Respondents felt that the Sure Start Unit was unsure of what Sure Start areas would design, and have since changed their expectations, which means that programmes themselves have had to change to fit.
- More contact was needed with other programmes at a more advanced stage of development, with feedback about their experience.
- A number of partners had not read the full guidance, including the Chair of the

partnership in one area: (not a parent Chair).

Lead partners

The majority had a good direct working relationship with the Sure Start Unit. There were exceptions, however, including a voluntary organisation which described the relationship with the Unit as *bad — they had little understanding of regional affairs and we felt they were working against us rather than with us*. (However, there were signs in this area that the lead partner was dominating the partnership, which may have accounted for the difficulties that were experienced. The same respondent reported that better relationships were now developing with Sure Start Regional Development staff.)

Although most respondents had found the guidance clear and specific, one respondent felt it *very infuriating*. Some parts were clear and helpful, in her view, but the charts and matrices were large and unwieldy, and there was too much detail on some aspects of the programme, too little on others.

For example, the section on Food, Fun and Families is too large and patronising, yet there is not enough explaining the relationship between the accountable body and the management board of the programme.

The respondent felt that partnerships needed far more guidance on their legal status, and how this could be established between partners.

In a multi-cultural area a respondent felt that the timescale for planning had ignored the impossibility of conducting consultation with the community during Ramadan. *The timescale was unrealistic, the pressure to deliver awful*. This partnership felt penalised because of the large Asian community in the area, and considered the Sure Start Unit lacked sensitivity to multi-cultural concerns.

Again, Sure Start advisors were rated as helpful by most areas, though one lead partner reported that the Advisor did not know the answers to questions and *was always having to go away and find out*.

Support from staff in Government Regional Offices had been valued. The Government Office for the North East was mentioned as particularly helpful.

Sure Start programme managers

Responses from programme managers were somewhat less positive. The majority found the guidance good: *It's the Bible* and liked the way it was organised into themes.

There was less enthusiasm for the monitoring and finance forms that have to be returned regularly to the Sure Start Unit. *They are unclear and always changing. The instructions are hard to follow and the disk version is too complex to use*. These comments refer to requirements for data about the operational programme, and may indicate a period beyond the programme set-up which this study has been examining.

Where programme managers were critical of the Sure Start guidance, their comments were about lack of authority in recommendations for action. There were two positions here: a sense that the *balance between interfering and allowing freedom* (Manager, round 2 programme) had been achieved, or that it had not.

Some managers, (and partnerships), had been looking for clearer direction at the development stage. In contrast, once programmes were running, several managers (but not partners) felt that the requirement for information from local programmes was excessive. *The awful bureaucracy is ever increasing There is a problem with the Sure Start Unit s expectation that everything is quantifiable.* Managers mention the time-scale for outputs to be delivered, and which they feel is unrealistic.

There were gaps in the help that would have been useful from the Unit. Managers wished that the Sure Start Unit had developed and provided a standard database for programmes; they needed more help on matters like data protection and the legal status of programmes. Is a local Sure Start a legal entity? Will the partnership be liable if the programme is sued?

Comments on the support available from Regional Development staff were mixed. Several managers welcomed their arrival, but others saw their role as merely to monitor. A trailblazer manager felt that the regional staff were inexperienced and *all they seem to do is request documents and hurry programmes along*.

In two instances where programme managers had had difficulty with the partnership, they had invoked the Sure Start guidance, or sought advice from the Sure Start Unit, but had found that this did not carry weight with the partnership. For example, in an area where partnership members wanted a Sure Start building to be shared with other services, the manager had taken advice from the Sure Start Unit, who agreed that the proposal was unsuitable as a Sure Start building. The partnership were nevertheless intending to proceed with the shared building. Situations like this are ongoing, and may well be resolved through negotiation, but programme managers who found themselves exposed in this way felt that they had been upholding the principles of Sure Start and that nobody had supported them.

Far and away the most valued support had been received from other programme managers. A round 3 programme was supported by the programme manager of a trailblazer, for five days of mentoring

We had a lot more than five days. We were on the phone to her for hours at night. She would say, No, that won t work , she made very helpful suggestions.

Although valued support of this type was often quoted as being better than the help available from the Sure Start Unit, in fact the Unit facilitated such networking and had relied upon it developing.

Chapter 15 — Conclusions

Local areas, invited by the Sure Start Unit from early 1999 onwards to plan and deliver Sure Start programmes have been able to design programmes to the principles, and with the core ingredients required, and, with some time lags, to get them into operation. It has been easier to do this in local authorities where there was already some coordination of services for children and families, and where existing relationships between relevant statutory departments, the voluntary sector and the community were collaborative and consultative. It was most straightforward where such areas had good practice on which to build.

Where coordination has started from scratch, it has been necessary to develop processes as well as a Sure Start programme. The supposition that agencies, organisations and families would be willing to do this in order to give young children a good start, has been borne out: a large amount of unpaid resource has contributed to the planning and early implementation of local programmes. The scale of the finance available to each area has been a help in galvanising this enthusiasm: local practitioners and people feel that something significant can emerge. The focus has also helped. It is difficult to quarrel with the goal of improving the life-chances of small children. The leadership of the Sure Start Unit has generally succeeded in conveying this message. The conclusions below may appear to highlight difficulties, but difficulties have been inevitable given the complexity of the planning and early implementation process.

There have been some key factors that have inhibited or advanced the process. These are examined below.

Local Sure Start partnerships

The relationship between partners is central to the establishment of functioning Sure Start programmes. In some areas one or more partners have dominated the partnership at the outset, and assumed that the programme will be based largely on their services rather than on evidence from users. There are signs of shift in such partnerships during the planning process, but in these areas plans have proved harder to make and get underway. Partners did not provide information for the delivery plan and could be obstructive to one another when elements of the plan were not what they wanted. Fairly typical was the Education Authority, which led the working group on Sure Start buildings, and, contrary to the preferences of parents, produced a capital plan at the last minute involving Sure Start extensions to primary schools. Capital developments were often the place where partnerships broke down.

There were also some signs that the commitment of partners to current levels of expenditure on services were not always honoured. The commitment is to the Sure Start area, but some areas reported that services to families outside Sure Start areas were being closed. If these reports are true (and even if they are not) the trust of Sure Start staff and local families in the partnership may be undermined by such closures.

There are still programmes that are largely dominated by statutory partners and where the community contribution is minimal and token. These are becoming more conspicuous as local programmes with a high level of family participation develop. Of the dozen programmes examined for this study, three were led by dysfunctional partnerships, four had high levels of community ownership, and five fell somewhere in between, but with signs of increasing community involvement.

There is an urgent need for more guidance about the legal status of Sure Start partnerships, their membership and liabilities, and the relationship between the partnership and programme employees. Some local programmes, though none visited for this study, have established themselves as independent entities: companies limited by guarantee with the partnership as a management board. Uncertainty about the exact status of partnerships and members is not conducive to confidence between partners, and between the partnership and the Sure Start manager.

Despite guidance on the involvement of the voluntary sector in Sure Start partnerships, voluntary organisations are under-represented and may be under-used by programmes. The distinction between national organisations, brought in to manage local programmes in some areas, and represented on many partnerships, and locally-based, volunteer-using, self-help and community initiatives is not understood by some partnerships. Where such organisations have an intermediary structure, they have been able to represent members to partnerships, but it should not be necessary for voluntary groups to feel they have to *muscle in* to be a part of local planning. Voluntary organisations have often contributed freely to Sure Start planning to the detriment of their services. Some have reported that this has resulted in a reduction in their funding, since the manager's time has been spent on Sure Start business rather than fund-raising.

Sure Start has raised many issues for voluntary organisations. A report produced for the Sure Start Unit when the trailblazer stage was underway noted in particular that some were uncomfortable with elements of delivery plans but had been unable to influence these

On this subject the partnership is not equal. The statutory partners decided they needed to convert a huge building, a huge capital spend. It answers their needs rather than those of families in the area, but we were not equipped to stand up to them. Voluntary organisations feel intimidated when the talk moves on to capital expenditure and building plans. (NCVCCO, 1999)

Parents on partnerships can also be intimidated. There are heartening signs that parents are gaining confidence as they contribute to partnerships, and that partnership business is being conducted in a more accessible way for them. But parents still report that they cannot understand what is going on, too often, and Sure Start managers have found that partnership members may go through the motions of listening, but do not always act on what they hear from parents. The contribution of parents to the running of the local Sure Start programme is the most distinguishing characteristic of partnerships. Where they dominate, the local programme has zest and energy. A fieldworker, commenting on a programme of this type, noted;

The Sure Start programme has made great inroads in reaching the various communities, including some which did not speak to one another. Parents are taking great pride in this — as I witnessed at a meeting of the parents' group. Up to seventy parents, including dads, from the various communities came. The programme manager popped her head round the door, but confidently left them to it. I was impressed by the activity and enthusiasm.

Consultation

Levels of consultation were extremely varied in the development stage of programmes. Some statutory partners, though paying lip service to the idea, have been uncomfortable with the amount of control they must surrender in order to give

local people a sense of ownership . Again, in areas where this approach was already understood, the Sure Start plans and early implementation have been quicker and easier. Where they were not established, consultation has taken time, and started rather slowly.

The place of consultation in planning and delivery can be affected by the presence of one member of staff with a background in community development. This does not have to be the programme manager;

One worker ate, lived and breathed Sure Start, and has had a real impact on bringing in and involving parents She is well-liked, a local lass with pots of energy.
(Fieldworker s report)

But it has been difficult to develop this level of involvement in every area. Among the problems have been the tendency of some parents to dominate, to the exclusion of others; low expectation in some communities about any changes actually occurring as a result of Government initiatives; difficulties in reaching certain groups of families. Although some Sure Start programmes have been creative in the support they offer and the head of steam they have created to encourage involvement, others are simply focused on services and have not established a local profile. Evidence collected through case-studies for the Implementation Study of NESS will provide further insight into the difference these approaches make on the take-up and effectiveness of services. The more participatory approach would appear to follow Sure Start principles more closely. Two respondents noted that the Sure Start Unit did not have any mechanism itself for consulting parents at a central level.

Sure Start managers

Getting Sure Start going has fallen very heavily on local Sure Start programme managers. Their organisational position is an uncomfortable one, though this can be disguised by a functional partnership. Managers are accountable to the partnership, though because they are usually employed by one partner, it may seem that they are accountable to this partner alone. Many of them feel that they are accountable primarily to parents, and that their prime task is to consult with parents, convey the results to the partnership, and ensure that the plan is responsive to them. In several areas, including three investigated for this study, the Sure Start manager had represented parents views which were over-ruled by partners. Sure Start managers also feel that they are accountable to the Sure Start Unit for the delivery of the programme. In fact, the partnership is responsible for this, but it is clear that some managers do not feel fully supported by their partnerships and are exposed as a result.

While several managers expressed the wish for more direct support from the Sure Start Unit, especially in situations where they are in confrontation with the partnership over aspects of implementation, this would not be appropriate since the partnership is the responsible body. Partnerships need clearer guidance not only on their status, but also on their responsibilities to Sure Start core staff.

Partly because of uncertainties about role and responsibilities, and partly because there is a great deal to do, Sure Start managers can feel beleaguered. The demands about which they complain are less to do with setting up the local programme (where the light touch of the Sure Start Unit is recognised and appreciated) and more to do with growing demands for information once the programme is operational. These concerns fall beyond the remit of this study, but they have coloured the comments of managers, some of whom feel increasingly irritated by the amount of bureaucracy in

the programme.

Personnel

There is a shortage of trained, qualified personnel in some Sure Start service areas. This has meant that some commissioned services have been slow to get going. It has also meant that staff have been poached from other parts of the local authority area, which can prove uncomfortable for partners who have responsibilities across the whole authority. Programmes have been able to attract staff because of the Sure Start approach: *This is my dream job*, said a midwife in an interview, but there are not enough speech therapists and health visitors to fill all the vacancies.

Premises

Several programmes do not have sufficient bases from which to deliver services. Planning was over-optimistic about the kind of places which might be used. Several plans suggested shop-front premises and found that though empty, these were not so easy to rent/convert/buy. Many delivery plans did not include details about the spending of capital monies, only an outline of what was proposed. Enormous obstacles have been encountered in some areas. An architect who had contributed to the delivery plan had included costs for a new building. After looking at various sites it was eventually decided to convert an existing building. The architect emphasised the importance of consultation at every stage of this process — and at every stage of the design. This will take a great deal of time and a Sure Start programme which began in 2000 is unlikely to have a building until the end of 2002 (if all goes well).

This area has had a comparatively easy time. Others have found land, or buildings, and proceeded some way along the consultation and development road before discovering problems. In one area a building to be leased from a church was found to be legally unusable for certain activities. The church had been represented on the partnership but the problem was not revealed until plans had been commissioned and consultation was underway. Even more complex issues have arisen over buildings to be developed in partnership with other initiatives, like SRB. Consultation with different groups in the community can mean conflicting preferences. Until buildings are available, some services have to be delivered in less than ideal ways.

Learning from experience

There are signs that more recent rounds of Sure Start have been able to draw on the experience of trailblazer and round 2 programmes. Sure Start managers and staff want more opportunities to visit and be visited. *Sure Start Unit staff should come here and see what we are doing*, said one worker. The links between Sure Start managers are important and need to be extended and supported. Regional events, conferences and the newsletter are important to staff, (though one manager felt that it was not sufficiently diverse and tended to highlight white British areas).

Partnership members and managers are anxious that expectations of programmes should be realistic. Although most have managed to set themselves up in time-frames which were considered very tight, respondents emphasise that services will take time to deliver Sure Start targets. Several noted that recent guidance acknowledged that programmes would need time to deliver at full throttle, and hoped this meant *a more relaxed approach towards targets*.

A Lead Partner felt that working with the Sure Start Unit had been easier as time

went on;

The Sure Start Unit is going through a learning process itself. It was refreshing: this was not a competition, and the Unit helped us and were supportive. It felt as though we were doing it together.

References

- The Treasury (July 1998a) *Press release, Comprehensive Spending Review announcement.*
- The Treasury (July 1998b) *Cross Departmental Review of Provision for Young Children*
- DFEE (November 1998) *Press Release, Appointment of Head, Sure Start Unit*
- DfEE (November 1998) *Press Release, Sure Start Conference*
- DETR (1998) *Index of Local Deprivation*
- Sure Start Unit (1998) *Guide for Trailblazer Programmes*
- Sure Start Unit (1999) *Guide for Second Wave Programmes*
- Sure Start Unit (2000) *Guide for Third Wave Programmes*
- Sure Start Unit (2001) *Guide for Fourth Wave Programmes*
- Social Exclusion Unit (1998) *Bringing Britain Together: a national strategy for neighbourhood renewal*
- Birkbeck College, (August 2000) *National Evaluation of Sure Start: A proposal to the Sure Start Unit*
- National Evaluation of Sure Start (April 2002) *Report on the First Application of the National Survey in the Implementation Module*
- Pugh, G. (1988) *Services for Under Fives: Developing a Co-ordinated Approach.* National Children's Bureau. London
- Oliver, C., Smith, M., Barker, S. (1998) *Effectiveness of Early Interventions* in Treasury Supporting Papers, Cross Departmental Review of Provision for Young Children
- Qaiyoom, R. (1993) *Empty Vessels, Hollow Sounds* Sia. London
- Ferri, E. and Sanders, A. (1991) *Parents, Professionals and Pre-school Centres.* NCB/Barnardos. London
- Statham, J. (1994) *Childcare in the Community: the provision of community based open access services for young children in family centres.* Save the Children. London
- Moore, N. et al (1998) *People and Public Services* London, Cabinet Office, Office for Public Management and Acumen
- NCVCCO (1999) *Sure Start and the Voluntary Sector*

Appendix A

Getting Sure Start Started: Notes for field researchers

Introduction

The thematic evaluations are designed to reach those aspects of Sure Start implementation which have been highlighted through the national survey of all local programmes or which suggest themselves through consultation with the field, advisory group members and other experts, and the Sure Start Unit. They are intended to cover issues that cannot be explored in full through the detailed research in the local case study programmes.

Although the subjects of thematic evaluations will come within four main selection areas - the needs of particular groups of children and families; the efficacy of specific types of service; the role of different kinds of provider and aspects of policy and practice already recognized as problematic in service design and delivery — the first theme will depart from this scheme. It will examine the way Sure Start has been designed and established by local partnerships, looking at the nature of these collaborations, the support they have had from the Sure Start Unit, the way Sure Start areas have been chosen, the development of plans and the early experience of implementing the Sure Start approach.

This subject has been chosen for the first thematic evaluation because:

- it will provide a background to the Sure Start programme to which other
- elements of the National Evaluation, especially elements of the Implementation evaluation, can be related;
- local programmes are still involved in this process, which means that participants can be interviewed soon after the occurrence of critical events, while memories remain fresh;
- there is no systematic descriptive record of the process of setting up Sure Start, which has some unusual aspects as compared to past and current central government initiatives;
- because local programmes are still involved in this process, they feel that NESS will be undertaking an exploration which is of immediate use to them, and will enable partnerships and staff to express their views on all aspects of the early experience of setting-up Sure Start;
- it is comparatively easy to do, since much of the evidence is archived at the Sure Start Unit, in the guidance or in local records; or easily accessible through local illustrations collected through interview;
- the Sure Start Unit has intimated that such a study would be a useful element of the Implementation evaluation.

All thematic evaluations will be conducted within a similar framework, which will include:

- location of the Theme in the context of existing research and practice;
- document search;
- review of data from the national survey and case studies, where it is relevant to the theme;
- collaboration with the Local Context Analysis in the selection of local Sure Start programmes to illustrate the subject of the theme, with the aim of exploring the widest possible variety of local experience;
- face-to-face and group interviews with key personnel in local

programmes;

- face-to-face and group interviews with stakeholders, including parents and local people, both linked with and outside local programmes;
- face-to-face interviews with informed respondents based elsewhere; reports on the evaluation.

How Getting Sure Start Started themed study will follow this framework is described below.

Methodology

The study will examine the development of the central mechanism and local Programmes in tandem, since these reflect one another. This element of the study will address:

Sure Start Central	Sure Start Local
Cross-departmental	Multi-agency partnership
Choice of local authority	Choice of Sure Start programme area
Consultation	Consultation
Role of voluntary sector	Role of voluntary sector

The role of Guidance and how this has been implemented will be examined using the published documents as the framework for the investigation. Changes in guidance between Sure Start waves will be identified, the experience of local partnerships in planning using the various requirements and explanations for variations will be explored. Other support processes, like the role of Sure Start advisers, central unit staff and written materials, and relationships with bodies like the NHS Executive, the Social Services Inspectorate and Government Regional Offices will be investigated.

The central focus of the study will be the way in which local partnerships have moved from designing the programme to making it happen. How long has this taken? How easy has it been? How far have they got? Have plans been changed? In particular the research will try to discover how far relationships — between agencies, local people, the Sure Start Unit and others — have contributed to progress — and what the nature of these relationships has been.

Document search

There are written sources for this study produced by the central Sure Start Unit and by local programmes. Some analysis has already been conducted by staff from the Implementation Study, in particular a study of the changes that have occurred in the Sure Start guidance. Besides a limited amount of document work to establish the historic context of Sure Start, the evaluation will explore the creation and development of local partnerships through an examination of minutes and working papers, using these especially to find out how implementation post-delivery plan has proceeded. In addition there are specialist papers on matters like the role of the voluntary sector in the early stages of Sure Start and its impact upon them, and central reports on local programme development, by Sure Start Unit staff and by local programme advisers.

Data from the national survey, Local Context Analysis and case studies

In order to select the local Sure Start programmes for further research about start-up, the Implementation team will use several sources of information.

For examples from rounds 1 and 2, data from the national survey will be subjected to cluster analysis to identify the common and unusual patterns of programme governance and management. Selection here will be based on the first 22 questions in the survey. This source will be cross-referenced with delivery plans.

For examples from rounds 3 and 4, information from delivery plans will be trawled. Particular attention will be paid to areas where there is more than one local programme.

Information about the size and nature of Sure Start neighbourhoods will be available from the Local Context Analysis.

Research in the first fifteen case study areas will be underway at the same time as the work on this theme. Some of the same issues about start-up will be incorporated in the case study design, and in some cases these may represent the variables that have been chosen as a basis for selection. For example, local programmes with lead partners or accountable bodies from health, education, social services, local and national voluntary sectors, and others will need to be represented.

It is anticipated that between 12 and 15 local programmes, including those being case studied, will be visited to collect data for the Theme.

Face-to-face Interviews

The programme of interviews will be with:

- Staff in the Sure Start Unit, including the Head of the Unit, and Heads of Departments like Operations, Training and Communications who have been with the Unit since the beginning of the Programme.
- A sample of staff in Government Regional Offices who were responsible for liaison with the first Programme waves, and of Regional Development staff, elected for their associations with local Programmes chosen for investigation.
- A sample of staff from the SSI and NHS Executive.
- A sample of Sure Start advisers, linked with the programmes chosen for further investigation.

In selected local programmes:

- Members of the partnership
- Chair of the partnership
- Sure Start manager
- Any specialist staff employed to assist programme design (eg, architects, financial advisers etc)
- Managers in statutory agencies not personally on partnership
- Managers in voluntary agencies not personally on partnership
- Members of any stakeholder forum
- Members of planning working groups
- Selected core staff.
- Parents.

The number and pattern of interviewees will vary depending on the nature of the local programme and the particular circumstances surrounding set-up. For example, in

some areas more than one neighbourhood was put forward in the Trailblazer round. In a situation like this it may be necessary to interview several staff in statutory departments to ascertain how the matter was resolved.

The workings of the local partnership are important to an understanding of the set-up stage. It will be necessary to explore the relationship between individuals on the partnership (many of whom have previous or complementary experience of working together in other settings), and between departments, to fully appreciate the foundations on which the programme have been laid.

All interviews will be conducted according to a schedule which will include questions on the following:

- How the Sure Start area was chosen
- How the partnership was set up
- How consultation was carried out at the planning stage
- The ingredients of the plan: why were they chosen?
- How baseline information was obtained
- Setting objectives and targets
- Links with statutory agencies
- Role of Sure Start Unit, guidance and support
- Role of other parties, including Sure Start adviser
- Appointment of manager and lines of accountability
- Structure of services
- Order and timescale of service development

Although these are the areas of investigation, it is likely that the interviewers will pursue those which prove most illuminating in each area: e.g. What makes a partnership work well — if it appears to be doing so.

Interviews will be conducted by researchers from the Implementation Evaluation: regional staff will be responsible for interviews with local programmes in their regions, assisted by the central team, who will also be responsible for interviews with Sure Start Unit staff.

The information collection will begin in the second week of October 2001, once the data on rounds one and two from the national survey have been analysed.

Theme 1: Getting Sure Start Started

Purpose of the Study of Local Experience

To answer the following questions:

About the PARTNERSHIP

- what is a local partnership and how does it work?
- is the size and membership of a partnership significant to its workings?
- how did local partnerships respond to the SSU invitation to express interest;
 - to selecting the SS area;
 - to collecting baseline data;
 - to drawing up a delivery plan;
 - to implementing the delivery plan?
- what are the relationships between partnership members, have these changed, what are the strengths/difficulties?

About CONSULTATION

- how does the partnership understand the consultation requirement in Sure Start?
- were parents consulted about:
 - the selection of the SS area;
 - baseline information;
 - elements in the delivery plan;
 - implementing the delivery plan?
- is there a plan for maintaining or changing levels and methods of consultation as the programme proceeds, and why?
- what mechanisms are there to ensure a continued influence of consultation on the operation of the programme?

About GUIDANCE and SUPPORT

- were the planning instructions from the Sure Start Unit practical and usable?
- which bits work and which bits don't?
- what kind of other support was received and how useful was it?
- how useful is the role of the independent adviser?
- what other sources of advice were there, and how useful were they?

About STARTING SERVICES

- what processes were developed to get things up and running?
- where is the best place to begin and why?
- was the delivery plan OK, or has it been changed and/or adapted?
- was there a timetable and was it possible to keep to it?
- what has been learned? What should be done differently in future?

These questions are meant to be a starting point. Other questions will arise from the information collection and should be added to this list, or these questions modified as a result. Let's see this as a working document to which everybody can contribute.

INTERVIEW SCHEDULE

- How did you first hear about Sure Start?
 - [Involved in the Expression of Interest? Involved in choosing the area? Involved in Delivery Planning?]

- How was the partnership formed?
- Is it a partnership of equal members?
[Evidence? Any paper protocols etc)
- Were partnership members already familiar with one another?
- How was the Sure Start Area chosen?
[Was there a process?]
- What kind of consultation was carried out?
- Could parents truly contribute to the design of the local programme?
[Give an example of something that resulted from their contribution]
- How were decisions made about programme content?
[Was there a process?]
- How did you find out about what was already operating in the area?
- What did the Adviser do?
- What were the pros and cons of the Sure Start guidance?
- What was the most difficult part of the planning process?
- Who wrote the delivery plan?
- Is the plan easy to implement?
- Was there a framework for moving from the plan into action?
[Did it work? Pros and cons?]
- What part of the plan did you start with?
- What have been the most successful aspects of the process for you?
- What have been the most difficult aspects?
- Anything else you would like to say? [Essential question]

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