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Implementing Sure Start local programmes: An in-depth study

SureStart



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Implementing Sure Start Local Programmes: An In-Depth Study

Prepared for the Sure Start Unit

By

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

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**A further report describing a range of SSLP services, based on case study and national survey data ('A Close Up on Services') has also been published and is available on request and on both the NESS and Sure Start websites.*

EXECUTIVE SUMMARY

INTRODUCTION

This report presents the findings of the Case Study analysis of 20 Rounds 1-4 programmes, carried out in the Implementation Module of the National Evaluation of Sure Start. The specific intention of these case studies was to complement the quantitative data collected by the National Surveys¹, by studying the implementation process of programmes as close to the ground as possible. We aimed, through analysis and synthesis of documentary and interview data to identify the key issues and related learning points for all SSLP stakeholders. The case study framework reflected the same six dimensions of programme design and delivery explored in the surveys:

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

Specific topics explored in some detail included:

- the process of involving mainstream service agencies with SSLPs
- the extent of engagement in SSLP partnerships - in terms of both initial planning activity and ongoing development - by all the relevant stakeholders.
- The extent to which SSLPs reach their target community
- Engaging parents to work with the SSLP and to use SSLP services
- reaching diverse communities
- parents views about SSLP services

METHODOLOGY

During 2002–3 a sample of 16 Round 1 and 2 SSLPs were selected and studied from the 118 programmes who responded to the National Survey. In addition, between 2003-4, a further 4 representative programmes from Rounds 3 and 4 were also selected and studied. This sample was selected on the basis of a range of considerations, including demographic variables (e.g. region, rural/urban, ethnic composition, poverty indicators); variations in the “quality ratings” that were derived from the national survey data; and other relevant programme characteristics, including lead/accountable body; proximity of other area based initiatives and/or SSLPs.

We took a four-fold approach to each of the case study areas:

- A study of relevant documentation

¹ For further detail, please see the report ‘Early Experiences of Implementing Sure Start’, DfES, 2002.

- An audit of services
- A series of observations in the programmes
- A series of in-depth interviews with a range of stakeholders

Our interview complement included 397 respondents:

- 21 Programme Managers
- 58 Senior level statutory managers
- 59 Middle level statutory managers
- 110 Front line staff members
- 45 Voluntary staff members
- 15 Chief Executives
- 77 Parents
- 12 'other'²

KEY FINDINGS

Overall, our data revealed a high level of satisfaction and enthusiasm on the part of parents, who lived in Sure Start local programme areas and who had come into contact, on either a shorter or longer term basis, with the SSLP. They appreciated a range of SSLP characteristics, including: having a voice in the shape of the programme, the absence of stigma, a range of high quality and innovative services and services which both supported their own role as parents as well as providing services for their children.

Behind these positive attitudes, our data revealed widespread, committed, resourceful staff from a range of agencies, both statutory and voluntary, who were equally enthusiastic about the Sure Start way of working as the communities with whom they were working.

However, this broadly positive picture has been achieved because of and/or in spite of a range of organisational workforce and community challenges. Our research confirms that developing and running a Sure Start local programme is a challenging task. It involves maintaining strategic relationships with mainstream agencies which have their own priorities, and which need to serve the whole community, not just those within a small geographical area. It involves knitting together a diverse staff group with different backgrounds and knowledge bases and tensions between them. It involves ensuring that children have access to services by engaging the most important gatekeepers of all: their parents.

The key issues, of which account needs to be taken in the development of children's centres fall into the following four key areas.

² 'Other' includes community members who are *not* parents – for example, a local vicar, volunteers who are not parents (e.g. grandparents).

Management and Governance

- Designing, managing and delivering SSLPs is challenging as it involves many complex tasks, including establishing and maintaining relationships with mainstream agencies, creating a team from a diverse staff group and constantly striving to reach all eligible families, particularly the more vulnerable groups.
- The role of a programme manager is multi-faceted and challenging – ‘good’ (or well liked) programme managers are supportive, flexible, approachable, motivated and understand family responsibilities. They must also have high professional standards and be sensitive to the different professional cultures represented in their programmes. They also need to maintain a constant focus on all stakeholders in the partnership. The right manager makes a difference.
- Joined up working is much easier to achieve in programmes that have pre-existing relationships with pro-active local agencies;
- There was a danger that some local agencies, while espousing very real support and enthusiasm for SSLPs, were at risk of feeling demoralised and alienated by the large differences in funding available to them and the programmes. This represented a real challenge for mainstreaming the Sure Start ethos and way of working;
- Bureaucratic arrangements and requirements (which are often conflicting within partner organisations) may inhibit effective working and decision-making.
- Early clarification of purpose and attention to implementing the partnership are very important - commitment, ownership and trust among partners appear to be important factors contributing to overall programme success.
- Similarly, clear roles and responsibilities must be in place for staff, in order to facilitate joined up working in the ground. This appears to be easier to achieve where staff are employed directly by the programme and is harder to achieve where individual services are contracted out by the SSLP;
- Front-line staff and managers widely report enthusiasm for working in multi-disciplinary teams, despite the challenges involved;
- Four areas of work emerged as crucial to ‘successful’ multi-disciplinary team working i.e. training; dealing with referrals; meeting with other staff; and co-location or otherwise;
- Training enabled workers from different disciplines to familiarise themselves with the concerns and expertise of their peers;
- Information sharing continues to pose challenges. Programmes, for the most part, are aware of these and are addressing issues such as duplication and the risk of uncoordinated visits to families. Programmes are constrained by the absence of adequate databases, the availability of appropriate hardware and software, and inevitably the Data Protection Act and differing professional practice and habits.
- One way in which SSLPs are attempting to overcome inter-professional boundaries such as these is through sharing good practice through ‘whole’ staff meetings or smaller team meetings;
- The overwhelming impression was of staff from a range of disciplines

striving to increase their accessibility, often by outreach activity. They welcomed the opportunity that co-location gave them of staying in touch with the wider programme network.

Staffing

- Staffing Sure Start local programmes is a complex task for managers. Staff from diverse backgrounds work in common teams which can be challenging both for professional staff, those drawn from the community (parents and volunteers), para-professionals and managers. A balance is needed in respect of both numbers and status between professionals and non-professional support workers.
- One of the challenges facing Programme Managers is that professionals have to re-interpret their professional role when working in multi-professional teams, and they may feel anxious that parts of their job are being done by others who do not have their qualifications. Anxiety may also result from having to work outside their “normal” professional boundaries and this can lead to tensions between staff from different professional backgrounds;
- Staff who have a foot both in SSLPs and their “home” organisation can face conflicting management pressures and loyalties. These staff may also still have statutory responsibilities from their agency of origin, which are not shared by other staff. These tensions also exist to a lesser extent with staff who are seconded to work with the programme full-time;
- Programmes faced on-going challenges in respect of generating and maintaining the right skills mix. There was no particular factor underlying this, other than the challenge of implementing a varied community-based programme with a range of different targets and services spanning health, education, special needs and family support.
- Ensuring that training structures fully address the multi-disciplinary, multi-agency, multi-cultural nature of SSLPs can be a challenge for programme managers and this type of training is largely not widely in place as yet.

Reaching families

- SSLPs are making a diverse and sustained attempt to reach all the eligible families in their areas although some approaches are more successful than others. On average, SSLPs are using 15 different approaches to reaching their communities. Outreach (formal and informal) is very important in engaging families, particularly through midwives and health visitors. SSLPs are acutely aware reaching families is an on-going, not a one-off, task.
- About three-quarters of managers in the study acknowledge that they are not *as yet* reaching the whole community, but are optimistic that they may, given time. However, they are less confident about reaching more vulnerable groups, despite their best efforts;
- Targeted outreach, targeted publicity and specific key workers appear to be crucial to identify and reach vulnerable groups. Good inter-

agency working is also crucial so that families do not slip through the net and can be referred seamlessly on to specialist services as and when required;

- Access to comprehensive databases (usually the Child Health System) varies across programmes with some SSLPs unable to access any information. This can seriously hamper not only identification of eligible families but also service delivery. Better inter-agency working would help this situation;
- How parents access services can be categorised along a 5-point continuum starting with the SSLP making initial contact with families, introducing parents to a service, parents autonomously (i.e without support) taking up that service, autonomous take-up of more than one Sure Start service, and the autonomous take-up of services other than Sure Start services. Parents may begin their engagement with the SSLP at any stage of this continuum. Therefore, consistent efforts are required on the part of SSLPs to maintain engagement by parents on each part of the continuum;
- Considerable problems are generated by *boundaries*, both those relating to geography and age which both parents and staff find unhelpful. The operation of 9-5 'office hours' services is also an issue for parents – particularly working parents and fathers;
- There is some degree of tension between the aspirations – indeed requirement – for Sure Start programmes to work in a 'flexible and friendly' style, and the more traditional characteristics of professional roles. Parents appreciate a 'friendly', non-judgemental style, but there was evidence that parents also wanted staff to maintain their professionalism in terms of sufficient specialist knowledge and also ethical considerations e.g. assurances of confidentiality.

Parental involvement

- Parents are widely contributing to the task of managing their local SSLP. However, some programmes appear to place more emphasis on wider community consultation roles for parents as opposed to direct management board involvement;
- Staff, in general, appear to be treating parents as important sources of information related to enhancing service delivery, as opposed to only service users;
- SSLPs appear to enjoy a positive image with parents, both in terms of parental engagement with the programme through meetings, consultation and (overall) contact with programme staff; as well as in their role as consumers of services;
- Reservations expressed by parents revolved around provision for minority ethnic groups and the focus on the most deprived, making it difficult for working parents to make use of services.

CONCLUSIONS – POLICY AND PRACTICE RECOMMENDATIONS

The findings we have summarised above carry both implicit and explicit messages for policy and practice. This section both echoes and further underlines the importance of the following insights.

Management of SSLPs

SSLP implementation requires an early commitment to developing clearly defined protocols in respect of the relationship between the Partnership and the lead/accountable body.

Programme managers are crucial to the development and maintenance of partnership working. Insightful and enthusiastic managers can take strategic action to maximise implementation progress for their respective programmes.

Targeting of provision poses considerable challenges to the establishment and/or maintenance of local partnerships. Both geographical and age boundaries have the potential to cause resentment for both staff and parents. The targeting of resources on the basis of these restrictions may generate tensions between mainstream agencies and the targeted initiatives. The restriction of SSLP services to children under four years poses a range of challenges particularly needing to sustain strong links with local schools.

SSLP provision entails the delivery of services by a range of professionals. Because this range will entail different levels of training, bodies of knowledge and ways of working, training is a crucial means by which programmes can achieve their aims and objectives. Training in multi-disciplinary ways of working needs to be provided for all staff.

Meeting the needs of a diverse community

The design of SSLPs poses considerable challenges for overcoming unequal access to services for minority ethnic groups. Managers in SSLPs, mainstream agencies and other community initiatives need to share knowledge and experiences. This may help minimise the risk of inadvertently overlooking need or aggravating existing tensions between ethnic groups.

The involvement of male workers can often pay dividends in terms of involving fathers from the community. Whilst the Sure Start workforce is inevitably dominated by female staff, there is a serious commitment to the inclusion of fathers and male carers.

Sure Start services should not only be delivered during office hours. More diverse delivery patterns will maximise the chances of involving working parents.

The impact of workforce issues on SSLPs

The size, capacity and quality of the children's workforce is fundamental to the achievement of SSLP objectives (The initial design of SSLPs may have overestimated the availability of an adequate "children's workforce" both in terms of numbers and skills). One specific helpful strategy may be for SSLPs in close proximity to share information about pay rates and recruitment strategies.

All staff, whether professional, para-professional or volunteer, need to understand that parents value professional expertise in many aspects of their contact with programmes but also want staff who are friendly and accessible. Simply 'being a *professional* will not, in the eyes of parents, automatically guarantee success in a Sure Start role

Engaging service users

Reaching the community is not a one-off task. A concise outreach strategy is crucial to SSLPs overall achievement and fundamental to the engagement of the community. In the case of families who have been traditionally perceived as 'hard to reach', it is even more important to find ways of attracting them to use services.

CHAPTER ONE: INTRODUCTION

1.0 Sure Start Local programmes, the subject of this report, are designed to be comprehensive, community-based projects adapted to local needs, and making maximum use of local expertise and enthusiasms. Their aim is to work with parents -to-be, parents and children, to promote the physical, intellectual and social development of babies and young children, particularly those who are disadvantaged, so they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children. Their *style* of operation is fundamental to the achievement of these overall objectives and is captured in the Seven Sure Start Principles:

- working with parents and children;
- services for everyone;
- flexible at the point of delivery;
- starting very early;
- respectful and transparent;
- community driven and professionally co-ordinated;
- outcome driven.

1.1 These seven principles underline the complexity of the implementation task faced by programmes. However, within these principles Sure Start local programmes have chosen to develop and deliver a wide range of services to children, to families and to the wider community. A central evaluation objective of the Implementation module in National Evaluation of Sure Start (NESS) has been to capture that complexity and to provide an overview of the entire implementation process, with a view to contributing feedback to the process itself, and which is capable of informing policy and practice at the level of SSLPs during, as opposed to after their implementation. In order to do so, we have collected data by three means: firstly national surveys of all Rounds 1 to 4 SSLPs; secondly a series of individual case studies, which form the subject of this report, and lastly a series of themed studies. (All published reports from NESS are held on the NESS website (www.ness.bbk.ac.uk). The National Surveys were designed to provide a detailed overview of SSLP implementation in each of the 260 programmes, which would set a national, quantitative context for subsequent phases of data collection. The survey was applied by postal questionnaire, 3 times at annual intervals in order to capture developments and changes in the programmes. As we explain below, the survey explored 6 specific dimensions of programme implementation: 1) management and governance, 2) access for families, 3) community involvement, 4) allocation of resources, 5) the quantity of services provided and 6) the quality of services provided).

1.2 Following the analysis of data collected through the survey, we were able to select a representative subset of Round 1 to 4 programmes that we studied between 2002-2004 and whose experiences constitute the subject matter of this current report.

1.3 In essence this case study report tells the story behind the quantitative data from our National Survey. The specific intention of these case studies has been to study the implementation process in programmes as close to the ground as possible. Through analysis and synthesis of the data, we have been able to identify some key issues - and by implication – a number of key learning points for all SSLP stakeholders. We wanted to throw light on some of the overarching questions and challenges that have confronted SSLPs, such as how do partnerships engage all the stakeholders in their initial planning activity? How easy is it to involve mainstream service agencies? What attracts parents to working with and using the programme? Where do Sure Start local programmes get their staff? How far have SSLPs reached their target community? How well are they working with diverse communities? How do they know whether parents find the new services relevant to their needs and circumstances?

1.4 We now provide an account of the way in which we collected our data, including a brief discussion of the advantages and disadvantages of the case study approach.

Collecting the data

1.5 At the beginning of 2002, we selected, as a case study sample, 16 Sure Start Local Programmes (SSLPs) from the 118 programmes whose activity we had already described, in quantitative terms, in the National Survey Report on Rounds 1 & 2³. Our original plan was to undertake case studies of 10 % of Rounds 1 to 4 SSLPs and therefore, to identify a further 10 programmes from Rounds 3 and 4 to comprise the total case study sample. However, in the light of the development of children's centres, based on SSLP experience; and the need to capitalise on implementation data to understand the variation in effectiveness of programmes, a decision was taken in Autumn 2004, to refocus the work of the Implementation Module. This meant that the case study analysis concluded with a first application to 16 programmes from Rounds 1 and 2 and 4 programmes from Rounds 3 and 4. The original plan to re-survey case study areas was therefore not pursued.

1.6 The sample was selected on the basis of a range of considerations, including demographic variables (e.g. region, rural/urban, ethnic composition, poverty indicators); variations in the "quality ratings" we derived from the national survey data; and other relevant programme characteristics, including lead/accountable body; proximity of other area based initiatives and/or SSLPs. A detailed account of the profile of programmes is provided at Appendix 1.

1.7 We took as our starting point for the topic areas, the same framework we had employed in the National Survey (e.g. Management and governance, staffing, access, etc.). This meant we could build on the data already

³ 'Early Experiences of Implementing Sure Start', DfES, 2002.

collected, and follow up on key individual issues, which had already emerged as important for programme stakeholders.

We took a four-fold approach to each of the case study areas:

- A study of relevant documentation
- An audit of services
- A series of observations in the programmes
- A series of in-depth interviews with a range of stakeholders

1.8 In order to identify the relevant stakeholders to be interviewed, we employed a range of strategies.

- In identifying *staff*, we approached Programme Managers who identified contact information, and in some cases, facilitated our contact with staff.
- Accessing *parents* was a more complex task and one that in reality was harder to achieve than our original methodology had assumed. We had no problem in making contact with parents who were engaged with the programme (either as members of the Management / Partnership Board or as consumers of the programme's services). However, in spite of our best efforts and the advice and cooperation of individual Programme Managers, it proved far less feasible to make contact with parents in the area who were *not* using the programme's services. Our experience echoed the challenges that programme staff have faced in terms of identifying all of the potential service users in their area. This gap may mean we have not been able to paint a full picture of every challenge faced by the programmes. As will be evident in the body of the report, we hope it may be partly counterbalanced by the frankness of the parents who we did interview. Their remarks certainly throw light on a range of issues- not only the features of the local programmes about which they were enthusiastic.
- In order to identify *managers in mainstream agencies*, we contacted the relevant 'Director', be it Social Services, Education or Health, and requested that they nominate appropriate senior and middle managers in their agencies who were most likely to be engaged with the programme (or at least in theory have responsibility for being engaged).
- The fourth group of respondents comprised representatives from both the local voluntary agencies and where appropriate, local private providers, some of them professionally qualified, others not. We made contact with this group of people following our initial interview with the Programme Manager. He or she was able to provide a list of people who would be appropriate to interview.
- The fifth and last group, which comprised a 'miscellaneous range' of individuals, including for example librarians and vicars, also emerged once the field researchers became familiar with the programmes.

1.9 Our interview complement included 397 respondents:

- 21 Programme Managers⁴
- 58 Senior level statutory managers
- 59 Middle level statutory managers
- 110 Front line staff members
- 45 Voluntary staff members
- 15 Chief Executives
- 77 Parents
- 12 'other'⁵

1.10 As we indicated above, and as is consistent with the grounded theory approach (see Glaser and Strauss, 1967; Glaser, 1998), as field workers we were careful not to be seen to be 'outlawing' any of the issues raised by respondents, particularly in light of the diversity of experiences on the part of both staff and parents within *and* across programmes.

1.11 The time frame for the fieldwork was September 2002 to summer 2004. Not surprisingly, given the pressures on programmes, the fieldwork phase took longer than envisaged and was completed by December 2004.

1.12 It should be acknowledged that while the case study approach is a central element in much contemporary evaluation literature (Katz and Pinkerton, 2003), it has both strengths and weakness (Mays and Pope, 2000; Lambert and McKeivitt, 2002). Case studies become particularly useful when intended users need to understand a problem, situation, or programme in great depth, and they can identify cases rich in needed information – rich in the sense that a great deal can be learned from a few exemplars of the phenomenon of interest. For example, much can be learned about how to improve a programme by studying drop-outs or select successes. Such case studies can provide detailed understanding of what is going on and solid grounds for making improvements (Patton, 1997; 288).

1.13 However as Patton (1997) also indicates, it is to be expected that some issues will emerge in some programmes, but not necessarily in all programmes. In order for this report to do justice to the data collected from a range of stakeholders across the local programmes, it has been inevitably been the case that in some instances we will appear to be only reporting 'one side of the story'. In other words, the fact that an issue emerges on the part of some stakeholders in some programmes does not mean that it will be an issue for stakeholders in other programmes.

1.14 One final consideration in the collection, analysis and presentation of our data was our consistent awareness of the 'boundaries' between our role as evaluators and the role of the Sure Start Unit as managers of the Sure Start local programmes and commissioners of our own independent evaluation. As we highlighted in our original methodology, we were

⁴ One programme divides its management responsibilities between three Programme Managers.

⁵ 'Other' includes community members who are *not* parents – for example, a local vicar, volunteers who are not parents (e.g. grandparents).

conscious of the need to maintain a distinction, both in our own minds and in the minds of our respondents between our evaluation activity and the on-going managerial monitoring activity of the Sure Start Unit.

Presentation of the data

1.15 Given the issues discussed above, as is the case in any type of qualitative case study research, there will be many possible ways of presenting the data. It should be borne in mind that this data was collected from 397 face to face interviews with stakeholders across the programmes. While the starting point for each of these interviews was the relevant interview schedule (developed by the research team on the basis of the quantitative data reported in the National Survey), inevitably, respondents themselves determined the key issues they wanted to highlight. For example, in some cases, demographic structure, which we had to take as a 'given', impacted on the relationships both within the local programme and between the programme and other agencies. However, in areas where the population is relatively more homogenous, issues such, as 'meeting the needs of a diverse population' through an ethnically representative staff group did not emerge as a key issue in the interviews. Similarly, inevitably, a number of our programmes were based in areas with a long-standing history of robust, collaborative relationships between mainstream agencies and the voluntary sector. This history had very different implications for the day-to-day experiences of programme managers in terms of implementing joined up working than an area with a long history of more fraught relationships. Both of these sets of issues contribute to the backdrop of SSLP implementation.

1.16 We have made a conscious decision to reflect in our case study report the implications of these diverse local scenarios and the different emphases given to a range of issues by our 397 respondents. However, at the same time, we have been concerned to locate these specific opinions within a wider overview, and to make clear, where appropriate, that they do not represent the views of all stakeholders, even in one programme, let alone across all programmes. Therefore, each chapter begins with a general overview of 'what's going on' across the case study areas. We then proceed to highlight the specific issues, which emerged in some of the programmes, but may very well not apply to all programmes.

Structure of the report

1.17 The report is intended to contribute insights to a wider learning process for practitioners and policy makers in SSLPs - *and* in other related community based initiatives, where parents, professionals, volunteers and community members come together to improve services.

1.18 As we explained above in paragraph 1.1 the structure of this report reflects the same six programme dimensions we studied in our national surveys. A key purpose of our case studies is to complement, with a qualitative dimension, this quantitative survey data, and to provide an

opportunity to discuss more complex issues such as *mainstreaming* and *partnership working*. This approach has been adopted in order to capitalise on the research design and in particular, maximise the contribution of the linkage between our National Survey data and data collected in the case study element. We believe this has helped us highlight specific implementation issues of wider relevance to the government's agenda for children's services.

1.19 Within each chapter we:

- a) Incorporate relevant quantitative survey data
- b) Report the range of views and ideas put forward by our respondents
- c) Describe, in detail where appropriate, the nature of those opinions and to throw light on individual implementation issues.
- d) Where appropriate, we include brief examples of key observations

1.20 Our study of programme documentation was integrated in the design and application of our interview schedules, and was intended to provide a contextual 'backdrop' for the interviewer/s. This data is therefore not reported separately. A *separate* report on Sure Start services is forthcoming, due to the considerable detail and length in which the services have been described.

1.21 Finally, we have provided an overview of the local context of case study areas in Appendix 1. This summarises the data we have collected within NESS on our case study areas, in terms of economic and socio-demographic profile and selected child and family outcomes including infant mortality rates; low birth weight; emergency hospitalisations; key stage maths scores; and unauthorised absences from secondary schools. Although our case study areas vary in terms of the economic and socio-demographic profile, they also manifest important similarities. Each of the five economic and socio-demographic groups of SSLP areas identified by the LCA is represented in our sample of case study areas, and we are therefore, confident that our conclusions are relevant to the overall roll-out and implementation of SSLPs.

1.22 The report is organised in the following chapters:

- Chapter Two: Programme Governance and Management
- Chapter Three: Staffing
- Chapter Four: Continuum of Access
- Chapter Five: Resources
- Chapter Six: A View from the Mainstream Agencies*
- Chapter Seven: Every Child Matters: Emerging Strategic Issues for SSLPs*
- Chapter Eight: Conclusions and Learning Points
- Appendix 1: The Local Context of Case studies

*Chapters six and seven bring together data on mainstream strategic issues which, during our fieldwork, emerged as warranting additional description, over and above the other core areas.

1.23 As we explained above, our overall intention in this report is to bring alive the issues, which we identified in our National Survey and to give a flavour of the experiences and views at the 'front line'. However, this qualitative data will be most informative if it is read in the context of other reports produced by the Implementation Module (i.e. "Early Experiences of Implementing Sure Start") and the themed studies that have been published so far (i.e. "Getting Sure Start Started", "Fathers in Sure Start Local Programmes" and "Improving the Employability of Parents in SSLPs")⁶.

⁶ These reports can be found on the NESS website: <http://www.ness.bbk.ac.uk>.

CHAPTER TWO: PROGRAMME GOVERNANCE AND MANAGEMENT

2.0 This chapter focuses on the issue of SSLP governance and management, the nature and quality of which is central to implementing the local programmes. Sure Start local programmes are one, albeit a key, example of a range of recent government initiatives, which seeks to change and improve the delivery of local services by the introduction of new ways of working, and is 'variously identified as inter-agency, inter-professional, collaborative or joined up working, joined up thinking or a whole systems or holistic approach' (Balloch and Taylor 2001). Such new approaches pose significant challenges for the tasks of management and governance (Wilkinson and Applebee 1999). At the level of the individual stakeholder they require changes in an individual's sense of ownership of goals (Matteisch and Monsey 1994) and beyond that involve significant adjustments in patterns of agency collaboration and co-operation (Pratt et al 1998; Lowndes and Skelcher 1998).

2.1 The 'style' of programme governance and management of SSLPs is therefore fundamental to their service outputs. "Getting it right" involves a diverse set of tasks for programme staff and raises a range of issues, which our interviews explored as fully as possible. We have organised this data under the following seven headings:

- Perception of the Sure Start 'ethos'
- Programme Manager characteristics and qualities
- The Sure Start Partnership
- Working in partnership
- Capitalising on diversity
- Parent involvement in management
- Learning points

Perception of the Sure Start Ethos

2.2 The Sure Start initiative has clearly defined philosophies and aims at influencing service provision at both the national and local levels. These are set out in guidance from the Sure Start Unit to all SSLPs. *Ethos* is a crucial element in any policy initiative even if, as all implementation literature suggests (Rein, 1983, Hill 1997) there will almost always be a difference between the intended ethos of programmes and design and delivery of policy on the ground. We wanted to explore the way in which key stakeholders saw/see the ethos of Sure Start. Our respondents comprised managers and front line staff within the local programmes as well as in the local voluntary and statutory sectors. Our front line staff respondents who were delivering services to families and children included social workers, health visitors and midwives, playgroup leaders, childcare providers, mental health professionals, community/parent link workers, literacy and numeracy specialists, speech and language therapists.

Senior and middle manager responses

2.3 Responses by senior and middle level managers within the three main statutory agencies (e.g. Health, Education and Social Services) indicated a variety of expectations of Sure Start. Some of the more frequently mentioned topics included:

- The advantages of the multi-disciplinary and multi-agency nature of the initiative. A Family Resource Support Manager said, *“Sure Start brings together all stakeholders of the community – parents, service providers, etc... Sure Start is the glue that brings it all together and this makes the difference”*.
- The possibility of breaking down professional boundaries through a multi-disciplinary approach. For instance, a Chair of the Early Years Development and Childcare Partnership (EYDCP) said, *“The ethos of Sure Start has helped blur professional boundaries”*. A Programme Manager pointed out *“staff are recruited who have the capacity to lay down their professional backgrounds. They are prepared to share their knowledge and vision”*.
- Sure Start concentrates on early intervention and prevention and its focus is on families at an early stage as opposed to the current and problematic statutory emphasis on risk at a later stage. As one Director of Social Services put it *“Sure Start strategically gives more attention to young people and their families.... more attention is placed on working with families, rather than just child protection”*. Some managers expressed the hope that early intervention by Sure Start will help to decrease future reliance by parents/ families on existing mainstream services. For instance, a social services manager stressed that *“Sure Start provides support for local families, so maybe these families never need to come to social services again”*.
- The focus of Sure Start is on families, not just on children. This combined with the significance of the emphasis on prevention and early intervention engenders a strong belief among many statutory managers in the philosophy of family support and on services that reflect this. An education manager saw Sure Start as *“about improving family’s lives and the lives of their children”* and that Sure Start is a *“family oriented approach”*.
- The empowerment of parents and “capacity building” in communities. Indeed, a number of respondents lay particular emphasis on the expectation that Sure Start can help build the *community* (as opposed to an emphasis on individual families and children). For instance, one senior PCT manager strongly believed that, *“Sure Start is about capacity building and empowering the people and local communities.*
- An emphasis on reducing stigma, particularly in respect of clinical services that are traditionally seen in a negative way. For example, one manager in the PCT felt that *“we can find ways to make services more accessible to the public, who view, for instance, mental health as stigmatising”*.
- The potential of Sure Start as a way of enhancing already existing

services. *“We have had a re-alignment of services recently.... [Sure Start] will strengthen our own team to enable an enhanced level of support of programmes”* [Senior Manager, Head of Early Years].

2.4 While overall expectations reflected a commitment to the Sure Start ethos, managers appreciated that a new way of thinking posed challenges: *“A lot of innovative stuff is hard to fit in with the general business of everyday”* [Senior Midwife, PCT].

- Past experiences led some to be sceptical about prospects *“wait to see if it delivers what it promises”* [Middle manager, Education].
- From a strategic point of view, initiating an extensive range of innovative services in difficult areas presents its own difficulties for borough-wide practice.

View from the Front-line

2.5 Views of front-line staff are similar overall to those of managers, both in terms of the themes, which emerged from their responses as well as the priority they allocated to respective issues.

- The prospect of providing preventative and early intervention services is one of the most frequently cited reasons that people have applied to work with Sure Start;
- Respondents cited the desire to break away from prescriptive methods of working in statutory agencies, as experienced in previous jobs. A community men’s worker commented, *“one reason I left my last job [Social Services] was there was a dictatorial attitude to childcare...it stopped being flexible and became set in stone...here [Sure Start], there is flexibility”*;
- Traditional ways of providing services were seen by some to be inadequate. One Team Leader explained, *“I had seen children arriving in school who had missed the boat already – they never catch up. I saw that levels of speech and language skills were poor. There is no support and you have to find your own way”*;
- Respondents believed Sure Start represented a way in which to provide clinical services in a positive and creative style, de-stigmatising services that are traditionally seen as inaccessible.

2.6 But again staff highlighted the challenges they faced. For example:

- Could SSLPs address diverse communities and reach those who need it the most? One Literacy and Numeracy Officer asked, *“how do you set up a programme to address so many different needs of a diverse community?”*;
- Could the gap between professional (i.e. ‘paternalistic’) expertise and “what the community wants” be closed? One health visitor posited, *“There is a conflict between what I can provide as a health visitor and what the community sees as its needs”*;
- Will programmes be able to address the most difficult cases? One

parent support coordinator expressed it this way: *“We developed interventions that were suited to the community, but these don’t really scratch the surface of parenting in the home and the unruly behaviour of children”*.

Voluntary sector responses

- 2.7 Voluntary sector workers, on the whole, saw Sure Start ideals as reflecting their own aspirations in terms of working methods and style. Some respondents however, indicated disappointment that their own efforts over a long period were insufficiently acknowledged: *“I think there is some fantastic stuff coming out of Sure Start, however it gets under my skin that all these years we’ve been doing this stuff and now Sure Start gets all the credit”* [Family Support Co-ordinator, large national voluntary agency].
- 2.8 Some concern was expressed that Sure Start (nationally) focused too much on health as opposed to ‘social issues’. *“The formal medical model has alienated the voluntary sector”* [Staff member, large national voluntary organization].
- 2.9 Some voluntary sector respondents felt they were most valued for their ability to contribute resources. A Chief Executive Officer from a national voluntary agency stated: *“I’ve learned to expect nothing for ourselves – statutory agencies always like to have us on board as long as we do it for free. My hope was that we could be involved in providing a service that would have us paid for once, and my hopes have not been fulfilled”*.
- 2.10 In summary, the general feeling from strategic level managers and front line staff is a positive one, with considerable reference being made to the benefits of: multi-agency working; breaking down barriers; the emphasis on prevention; a holistic view of families; empowerment within communities; and attention to the reduction of stigma. At the same time, those challenges associated with implementation, including addressing the needs of diverse communities and making a reality of joined-up working, were widely recognised. Voluntary sector representatives feel they already work in a ‘Sure Start kind of way’, and that they deserved more recognition. For the most part however, they were prepared to join others in the service of children, families and communities in need.
- 2.11 Thus overall, there are very positive feelings about Sure Start on the ground, among managers of statutory agencies, front line staff working in a Sure Start capacity, and the voluntary agency professionals/managers who are forging links with Sure Start. People who expressed such sentiments nevertheless acknowledged the day-to-day challenges.

The role of a Programme Manager is challenging

- 2.12 The task of managing a Sure Start local programme is a challenging one and involves a wide range of activity. This may include:

- Ensuring that services, activities and new initiatives meet local need;
- Developing and enhancing existing services by working in collaboration with those who are 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.

2.13 All of these tasks require a high degree of flexibility and determination. For some the job description of a Programme Manager involves unprecedented activities. *“I could never have imagined doing some of the things I’ve done in this job; I’ve actually commissioned a bus!”* [Programme Manager]. Finding individuals who possess all the necessary requirements to manage a project such as Sure Start presented its own challenge. *“At the beginning, we had difficulties finding the right kind of person; it takes management and negotiating skills, knowledge of finance, vision for service delivery, and political diplomacy. This is a new breed of manager”* [Head of Early Years and Chair of Partnership]. This view was also supported by findings from the Themed Analysis “Getting Sure Start Started”: *“The pool of people with the skills to manage complex local initiatives such as Sure Start is small (and growing smaller)”* (Ball, 2002).

2.14 “Getting Sure Start Started” explored the variety of tasks involved and the qualities required for a Programme Manager to be effective in delivering this initiative. Programme Managers should possess, at the very least, project planning, management and development experience. In this section however, we explore the views of staff as to the characteristics that make a “good” *staff* manager, as well as the qualities, which may be less desirable. Most of the comments from staff respondents were relatively unspecific about the virtues of Sure Start as opposed to any other managers. However, some comments could be seen to be especially relevant to Sure Start managers, who must learn to manage a diverse set of staff with new ways of working. This may mean, in some cases, that staff expect even more flexibility, openness and commitment to supporting them in their new role.

Does the Programme Manager have an influence on the programme’s ‘overall success’?

2.15 As we have explained above, the data we are reporting here is solely about Implementation. Although an integrated report across the whole of the National Evaluation will be published in early 2005, where programme characteristics will be related to child and parent level outcomes, here we are looking at programme ‘success’ in an implementation-specific way. By programme ‘success’, we mean, for example, programmes, which engage *more* rather than *fewer* parents; programmes which provide the *widest* variety of services; programmes where staff report satisfaction and commitment; and programmes which show evidence of addressing specific needs such as those for whom English is not a first language. In

addition, such programme 'success' may be reflected in local evaluations (where they have been undertaken) which report high levels of parental satisfaction – (see www.ness.bbk.ac.uk/reports for more information on local evaluations).

- 2.16 There was a clear indication that more successful programmes (see above) had programme managers who were described by our respondents in broadly similar terms. In fact the 'packages of characteristics' cited most positively are hardly surprising and are those one might expect in a competent manager in *any* organisation, and which tend to recur in the literature on good management (McClellan 2002; Harrison et al 2003). For example, these managers were described as *supportive*. Overwhelmingly, respondents felt a supportive Programme Manager was very important for a positive working environment and for professional development. *"I am happy with the support from the Programme Manager. The [Programme Managers] own team often work evenings and ...[the Programme Manager] is flexible towards our daytime work"* [Parent support worker]. A Family Resource Worker in another programme described her Programme Manager as, *"very respectful of every individual and their profession. Supportive if needed. Lovely way of working"*. Programme Managers who understand family responsibilities and are supportive of this are also rated highly by staff – as one Ethnic Minority Inclusion worker put it, *"The Programme Manager seems to understand the role of being a mum with family responsibilities"*.
- 2.17 There is no evidence to suggest male Programme Managers were seen as less family friendly than their female counterparts, although in reality, all the positive comments made by staff members about family friendly attitudes were made in respect of female Programme Managers. Given the relatively small numbers of male Programme Managers both nationally and therefore in our sample (3), it would be wrong to assume this necessarily denotes an absence of family friendliness on the part of male Programme Managers. This is not necessarily incompatible with the possibility that some of these views reflect the advantages a woman manager may be seen to bring to the management role. This is obviously a sensitive issue, given the emphasis on engaging men in SSLPs, both as staff and as people who use services. The importance attached to 'family friendly' characteristics is probably also a reflection of the female dominated composition of the SSLP workforce. Male respondents, had they been available in greater numbers, may well have prioritised other characteristics.
- 2.18 Many respondents noted that motivated (and motivational) Programme Managers were beneficial for team incentive and enthusiasm. A front line social worker felt that *"the management style is very professional, helpful and caring. It is also motivated and enthusiastic"*.
- 2.19 Staff members also like Programme Managers who are approachable. *"A good quality manager makes THE difference, someone you can talk to,*

approachable, no need to go through formal channels". [Playgroup Leader].

2.20 Staff members rate highly Programme Managers who have good listening skills, are flexible, act professionally, are good 'net workers', and are dynamic and committed. A few staff members mentioned that they appreciate a Programme Manager who comes from a background working with children. *"She came from working with children in Education and has great understanding with children – it has made all the difference with us"* [Education co-ordinator].

2.21 Staff clearly know what makes a difference to their own working environment. Local agencies also highlighted the skills and qualities necessary for a local partnership to work well. A senior co-ordinator of a local voluntary agency commented: *"The Programme Manager manages the consultation and brings everyone together. She is key to what has been created here"*. A Family Centre Co-ordinator noted enthusiastically: *"the leadership style is transactional and task oriented. Quite driven and fiery."*

2.22 By comparison with these more 'successful' programmes, a minority of programmes appeared to have managers where respondents described a different set of personal and management styles.

2.23 For example, in a programme which appeared to experience considerable difficulties in engaging other than a small group of parents, two staff respondents told us independently that they felt unsupported by their Programme Manager. For example, one of them, an Information Officer, noted that it was only possible to see the Programme Manager *"by appointment"*. In another programme, where parents reported an unwelcoming atmosphere, the Programme Manager was described as *'always being preoccupied'* with bureaucratic tasks. In this programme, a Sure Start health worker complained, *"The Programme Manager does not listen to my concerns"*. This same health worker felt there was a chasm between *"more senior"* and *"less senior"* staff members.

2.24 Other respondents felt excluded or perceived differences between the way they and fellow workers are treated. According to one Sure Start worker, *"the Programme Manager alienates some and treats others well"*. More worrying complaints related to a general lack of communication by the Programme Manager. One staff member noted that, *"the Programme Manager has been 'precious' about things – she keeps information to herself"*.

2.25 However while a picture emerged of the 'good programme manager', which would make sense in almost all organisations, there was also evidence of a particular Sure Start management issue. This derived from the need for programme managers to offer competent day to day strategic management of the overall programme- at the same time as remaining credible to the different professional staff members (e.g. health, education, social care) who comprise -or contribute to - the programme. It is an increasingly frequent challenge for managers in the new partnership initiatives, where *"multi-disciplinarity"* is a key characteristic (Hiscock & Pearson 1999; Callaghan et al 2000). A frustrated

Programme Manager put it this way:

“One of the tensions is that people still expect professional management, and I can’t manage that way. I’ve always made things clear. Staff have opportunity for clinical supervision to meet with the line managers. Some of the staff come from very prescribed management structures. Some of them have been self-managing. I didn’t like it at first, but I like it now. What we found difficult was that I expected them to develop their own work, and that was very difficult for people used to a caseload.”

2.26 Closely related to this is the identity of the professional group from which the manager her/himself derives, and it was clear that such individual professional identity carried implications for the status of the programme.

2.27 In three programme areas, respondents expressed the view that a professionally qualified Programme Manager is the key to making a ‘professional’ organisation, which *“gives the programme high status relative to other, for example, health agencies. The community knows we are not just a bunch of do-gooding women”* [Middle Manager, Education].

2.28 In summary, it is clear that staff appreciate a predictable range of qualities in Programme Managers - supportiveness; flexibility; approachability; motivation and a sympathetic approach to family responsibilities (This point is reflected in some of the discussion in Chapter Three relating to the advantages of part-time employment opportunities). They dislike Programme Managers who are uncommunicative, play ‘favourites’ or are unapproachable.

The Sure Start Partnership

2.29 In the context of this study, we use the word ‘partnership’ to denote the strategic and organisational collaborative arrangements, which agencies are forging – or not - in the process of implementing SSLPs. However, in the context of SSLPs, partnership has two connotations. On the one hand, it refers to the *Partnership Board* (i.e. the body, which oversees the evolution and activity of the SSLP). At the same time it refers to a *‘partnership way of working’* with a range of agencies. This latter sense is difficult to separate from the idea of working together. Thus, the key questions in this section are:

- What do SSLP partnerships look like?
- How are they working? (e.g. are they working in partnership with the maximum number of agencies in the area)
- Can we identify a particular partnership style(s), which appear to be associated with the more ‘active’ programmes?

What does the Partnership look like?

2.30 National Survey findings provided a description of the composition of SSLP partnerships at the early stages. In addition, findings from both the National Survey and the themed analysis “Getting Sure Start Started” illustrate

the tasks undertaken by SSLP partnerships early on.

2.31 In the National Survey (2001), we asked programmes to describe the representatives who contribute to the SSLP partnerships. We found that:

- Almost all partnerships have at least one representative from each main statutory agency (e.g. PCTs, Education and Social Services);
- Many other statutory agencies are also represented, especially Housing and Community Development;
- 56% of partnerships report the inclusion of an EYDCP representative⁷;
- Health is the statutory agency with the largest number of representatives per partnership. In this case, quantity of representatives may not equate with level of day-to-day involvement, an issue discussed in Chapter 6;
- Voluntary organisations are represented on all but 5 programmes; those without them tend to have higher levels than average of representation from the local community;
- Over 90% of partnerships include community members
- Parents contribute to the management of almost every partnership. Mothers are much more likely to be involved than fathers.

How are Partnerships working?

2.32 Partnerships face a variety of tasks, which will need to be undertaken in order to both set up and develop a SSLP. As findings from both the themed analysis on setting up programmes, and our case studies revealed, *some* of these tasks include:

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

2.33 It is useful to try and understand what appears to make partnerships 'work' – or not - as well as the barriers, which may hinder the development of an effective partnership. The remainder of this section is devoted to the exploration of some of these ideas. We adopt the following framework for exploring issues, which potentially impact on 'Partnership' working:

⁷ Findings on EYDCP representation from the 2001 National Survey showed only a 10% inclusion rate – this is likely to be explained by the fact that respondents included EYDCP representatives in their total representation from Education. In the 2002 National Survey, we included EYDCP as a category in its own right.

- Existence –or not - of collaborative historical arrangements;
- Clarity of purpose;
- Commitment to the programme and a feeling of ‘ownership’;
- Developing and maintaining trust among partners;
- Robust partnership arrangements.

Partnership history

2.34 A strong local history of collaborative working may well indicate a pre-existing understanding in the area of the need for the sort of partnership envisaged in Sure Start guidance. Conversely the absence of such collaboration may well reflect a more fragmented way of working between agencies, in which case genuine partnership working may be more difficult to establish. Clearly programmes will be starting from different points.

2.35 National survey responses to questions specifically designed to explore the issue of cross-agency collaboration indicate that one in five of our case study areas lacked existing arrangements for cross-agency collaboration (e.g. as between health, education, social services, the voluntary sector and others⁸). The remaining three-quarters of programmes, which did manifest existing cross-agency collaborative activity varied in the nature and range of existing relationships. For example:

- In one programme, health and education staff collaborate on Bookstart; and a local medical centre formed a volunteer group to support vulnerable families;
- One local area indicated the existence of local multi-professional meetings regarding families with children in need; and described the high level of attendance at social service meetings in respect of placing children on the at-risk register;
- In another area, there is a child development team that works with social workers for children with special needs; and an early intervention team with teachers, educational psychologists and speech therapists for children; and a multi-agency family centre;
- One local area has close working relationships between health visitors and social services in providing support for children and families in need; the health visitors also have links with local primary schools who are providing drop-ins;
- Another area reported a variety of close links between agencies on issues related to child protection, teenage pregnancy, children with special needs and childminding issues. In addition, a range of agencies were represented on the children’s services planning group and collaborated in providing multi-agency training/educational support.

2.36 Interviews with Programme Managers and other strategic managers yielded some positive views about existing and developing partnership work in the area. One Programme Manager proudly noted that, “*We will be able to*

⁸ In the National Survey, we only wanted to establish a context in terms of ‘linkages of any sort’ and we deliberately omitted a definition of ‘existing arrangements’. This acted as a backdrop for the detailed qualitative data we collected in the case studies and describe here.

build on the well-established inter-agency partnerships that exist within the EYDCP, and through joint health initiatives. This will greatly assist the collaborative working that is fundamental to the success of this SSLP”.

2.37 A head of Early Years and partnership member asserted, “[*this programme*] has a very creative, cross-partnership approach to reaching groups living in areas with few or no resources, and as such works well [here]”. This area was previously relatively devoid of resources and, paradoxically, this seemed to result in staff in those few agencies having good working relationships.

2.38 However, even SSLPs with the best history of collaborative working still face difficulties. “*This [Local area] is a district that prides itself on inter-agency working, but the establishment and management of Sure Start has still proved a challenge”.*

2.39 Thus, manager respondents in areas where agencies have traditionally been working collaboratively tended to voice positive outcomes and relationships. In areas where this ‘positive’ history had not been developed, programmes could be faced with some very real difficulties. A Programme Manager summed it up succinctly: “[*we*] struggle against the lack of a strong economic infrastructure, historically underdeveloped public services and a fractured, unresponsive and some might say fractious political culture from which many local people feel alienated”.

Clarity of purpose

2.40 Another aspect of partnership success relates to clarity and realism of purpose. In other words, partners need to consider whether they have sufficient common ground to work together, both in terms of a broad set of shared understanding as well as more specific aims and objectives. In addition, are the aims agreed upon by the partnership achievable and realistic? We will consider these issues in turn.

2.41 One of the messages emerging from our data is the need for all the stakeholders in the Partnership to be clear about the basis of their involvement, the parameters of their responsibilities and their relationship - both with the programme - and with each other. This applies both to service delivery and to legal and financial accountability.

2.42 The literature on comparable partnership-based initiatives points to the helpfulness of a differential rate for the negotiation of aims and objectives. There is some evidence (Glendinning et al, p 55) that establishing a broad and relatively non-prescriptive framework in the early stages enables partnership organisations to move on, with minimum disagreement, to the clarification of more specific aspirations. Data from our case studies suggests that this multi-stage process was in fact being adopted. Obviously, all SSLPs had had to make an initial, even if nominal statement, in their service delivery plans as to their respective ‘vision’ for the partnership. While we took these plans as our starting point in the case studies, we found widespread evidence that these

fairly limited statements were already being superseded. The majority of minutes of Partnership Board meetings, which we studied, painted a picture of a gradual transition from the 'general' to the 'specific'. For example, most programmes, fairly early on in their Board meetings, were beginning to express intended outcomes in terms of enhancing the numbers of parents engaging with the programme - both in terms of accessing services but also contributing to management (e.g. parent forums). This appeared to reflect a genuine shared understanding and commitment to the importance of involving parents and to be more than a 'skin-deep' or token adherence to Sure Start principles.

2.43 Furthermore, we found some evidence in the minutes of partnership board meetings, of an association between programmes who had pursued a purposive, albeit gradual, process of establishing ground rules - and those who appeared to be having the most 'success' in engaging parents. One explanation may be that the various stakeholders need time to be reassured that the incorporation of parents in management systems, a new experience for many of them, will not prejudice the stability of the partnership, particularly at the early fragile stages. These two quotes reflect different views of the same issue: *"I was really uncertain as to how some of these parents would cope in the meetings. I've seen them being really difficult at their children's schools...but the creche worker helped me see I'd only clocked them in a limited stressful situation"* [Health Visitor]. *"I've never felt able at the partnership meetings to say what I was really concerned about. The Programme Manager is so very charismatic and sometimes, I feel overwhelmed, that I've just kept my mouth shut"* [Social Worker].

2.44 It was interesting to observe that the process we describe above was at a different stage in the Rounds 1 and 2 programmes we studied, who had of course, enjoyed a longer 'life' than the small number of Rounds 3 and 4 SSLPs. While we observed what seemed a coherent transition from 'broad aims' to 'operational aspirations and goals', we found little evidence that this consensus around aims and goals could guarantee the resolution of what may be thought of as the 'thorniest challenges', which faced programmes. Top of this list must be the issue of accountability.

2.45 While we certainly found two programmes where respondents did make a link between the 'clear vision' of the partnership and current clarity around accountability, in many other programmes, there was no such virtuous circle. A senior manager in one of the two programmes cited above said, *"the programme is very organised and efficient – it has a strong vision about where it wants to get to and I see that as being crucial to our explicit agreement of where accountability lies"*.

2.46 However, other respondents cited the absence of such clarity in relation to problems around accountability. One Social Services manager said, *"There is a tension as to where overall accountability lies. PCT employs Sure Start staff and the Council is the Accountable Body. Difficult to separate out PCT objectives from wider objectives"*. The head of one local voluntary organisation remarked that, *"Sure Start is not clear about their [Sure Start and Accountable Body] respective roles"*. Local evaluation findings have revealed

similar problems: “*Fundamentally, through 2001/2002 agreement on terms of reference for the Partnership Board was not secured. This has discouraged a clear sense of roles and responsibilities and the demarcation of responsibilities for the Management Group, the Partnership and the delegations to programme management*”.

2.47 In line with Glendinning’s thesis, it would appear that taking time to establish a consensus is broadly helpful for programmes. Even if it doesn’t solve all of their accountability issues, it provides a series of sound building blocks.

2.48 In conclusion, while the building blocks of partnership are important, in reality a series of outside factors will inevitably impact on the process of getting programme services off the ground. While some programmes will have inherited robust existing relationships at a local level, others will be inheriting a history of fragmented relationships. Similarly, some programmes will have inherited more, rather than less, in the way of ‘on the ground’ services. The local demography, including cultural and religious groups, also impacts on the work of the programme, as indicated in the themed studies on Fathers and Maternity services. The Local Context Analysis report⁹ underlines the diversity of programme ‘types’, which will have a bearing on operational activities. In other words, it is the ‘where’ rather than the ‘how’, which seems to determine the speed and scale of programme outputs, in the sense of up and running services.

Commitment and ownership

2.49 Commitment and ownership at every level are essential to a successful partnership. We found considerable evidence, as touched on above, of the commitment and indeed passionate support for the programme at the level of individual staff members. Similarly we found an equal pattern of commitment at the highest organisational levels, for example, Chief Executives. While we found evidence in some programmes of strong commitment at senior levels and at the ‘grass roots’ level, in other programmes, such commitment was less visible.

2.50 There appeared to be two discernible ‘external-to-the-local-programme’ influences, with the capacity to impact positively and/or negatively on each local programme. There was a dynamic relationship between these two sets of influences and the work of the programme. Firstly, *local politicians* could play a key role, for example, in terms of pride in the programme and the generation of publicity in the local media. Secondly, the impact of *senior mainstream management*, for example Chief Executives, had a substantial influence both on the profile of local programmes within their areas, and on the morale of the programme staff, who were understandably reassured by support at the highest levels.

2.51 Overall, a robust local political culture seems, as mentioned above, to

⁹ Barnes, J et al (2003). Characteristics of Sure Start local programme areas, DfES.

be helpful to the development of a dynamic vision for the SSLP. Just under half of the programmes yielded some evidence of this commitment among local politicians and professionals at very strategic levels: *"We always know our local councillors are on our side whatever we want to do"* [Chair of the Partnership].

2.52 The role of Chief Executive appeared to be even more influential. Interviews with Chief Executives pointed consistently to the importance of both their attitude to the respective local programme/s - and of their view of the government's overall agenda for children and families.

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

2.54 However, in two other cases we found evidence of a 'committed but sceptical' attitude. *"My first impression was that the Sure Start idea was all about organisations being organisationally rather than customer-focused...I felt my responsibility as Chief Executive was to set up an independent partnership, focused on regeneration and neighbourhood renewal, and to try to help Sure Start steer away from relying on these larger battalions in order to get full community ownership"*. His view of the possible pitfalls of the Sure Start idea was reflected in another set of comments from a Chief Executive who said, *"It has been a struggle for my mainstream agency colleagues and me to forge a partnership with the programme staff. I think some of the Programme Managers fear mainstream people like me are going to be a problem. We have all worked hard to get around this mutual mistrust"*.

2.55 However, in spite of these variations in approach, there was evidence of a broadly positive overall view at the Chief Executive level; the attitude of this Chief Executive was not atypical. *"Early Years is extraordinarily important to me and what I want to do in my role, therefore I am whole-heartedly committed to Sure Start"*.

2.56 Strong support by the community and parents was crucial to the development of the programme. In three programmes, there was evidence of a very strong and vocal grass-roots community, whose members are very keen to be involved at every strategic level. Three parent/community representatives in one programme expressed this sentiment: *"My children are now too old for Sure Start, but I saw a way to maintain involvement in decisions being made in my community. I've always been involved where possible, and plan to continue as long as I have a way in"*. A Programme

Manager in another SSLP said, *“We have a lot of vocal parents here-without them, we wouldn’t be where we are now”*.

2.57 Sometimes however, the impact of “local politics” can limit the capabilities of a partnership, as highlighted in the earlier section. One Programme Manager lamented, *“Local politics has limited the ability of Sure Start to get services off the ground”*. The local politics in another case study area were described as inflexible, hindering the ability of the SSLP to get services up and off the ground. The Programme Manager of this programme noted sardonically, *“some of the parents around here are calling us ‘Can’t Start’”*. Tensions between local political groups appear to have also limited the ability of some local areas to gain access to resources and/or services.

2.58 It is difficult to draw overarching conclusions from these conflicting statements. It is a reasonable assumption that there will be local councils operating in a very positive, efficient and effective way while inevitably the reverse will be true in others. Sure Start will not be the only victim of this diversity. However, it is clear that feelings of commitment and ownership are important in boosting the confidence of the programme in delivering services to the community.

Developing and maintaining trust among partners

2.59 The need for successful partnership working is both self-evident and elusive. The development and maintenance of trust on the part of both community members including parents, is probably the basis for the most successful and enduring partnerships. At whatever level – organisational, professional, individual – mutual trust increases the chances for strong partnership. The history of joint working in many areas (as pointed out above) has been chequered and can be characterised by territorial disputes about roles and remits or claims to exclusive professional competence. Some of these themes were evident in our case study areas.

2.60 In developing ‘trust’, it is important that each partner’s contribution is equally recognised and valued. In about a quarter of programmes, we noted a commitment to partnership by all members and individuals in that they seemed to share a common respect for the community. This sense of trust and mutual respect resulted in a good atmosphere and enhanced motivation. *“Partnership between the Early Years Team, the Outreach Team and all others involved in Sure Start works really well”* (because of good communication and trust) [Early Years team member].

2.61 Some unequal partnerships were, however, identified among the case studies. The themed analysis “Getting Sure Start Started” highlighted the problematic nature of ‘unequal’ partnerships, where the partnership was weighted towards the lead partner. Our case study interviews pointed to two different approaches to the challenge of partnership. The majority (around two-thirds of programmes) appeared to be identifying, and striving to deal explicitly with, the issue of facilitating ‘equality’. *“The issue for the council is that we are bigger than everybody else and we have to be careful not to*

dominate partnerships” [Chief Executive in a programme where the council is the lead body]. A Director of Education in another programme said, *“It’s how you get the other partners to take ownership and to deliver. This is a very complicated task. My view is that we are there to facilitate and to enable others to play a key role”*.

2.62 The minority of programmes where this was not the case provided evidence of more conflictual relationships. These were reflected in the belief, on the part of several stakeholders, that one or other agency always got the lion’s share of any resources. *“Every time we plan to do anything, it’s always health that picks up most of the cash, even though, as far as we can see, they aren’t doing that much”* [Social Services worker]. One Programme Manager recounted how she constantly had to try and restrain the Director of Education from allowing himself to be seen to be monopolising resources.

2.63 These tensions, although primarily played out by staff, were also picked up on by parents. The majority of our parent respondents were clearly most enthusiastic about a ‘model of provision’, which would be genuinely wide-ranging and multidisciplinary. Sometimes, they explained, they might want to use health-type services, sometimes childcare and sometimes want to access advice and support about the task of parenting. In a minority of programmes, parents described an imbalance in what was available to them. *“I really like Sure Start and given I’ve just had my third, I have found the ante-natal stuff really helpful. But every now and again, I’d like a bit of advice about how to deal with my oldest who can be a real pain. I’m never quite sure who to ask”*. [Parent in a programme where health was the lead body]. A parent in another programme shared her experience of being on the parent forum. When commissioning services, the ideas put forward by the parent forum can sometimes be overlooked in the interests of the lead body: *“Sometimes the wants of the parents don’t get taken on board, and I’m never quite sure why”*. Similarly we found some evidence of tensions related to lack of commitment, which seemed to foster bad feelings. Parental sentiments expressed in three programmes included the following sort of idea: *“there is a feeling that there are always the same faces at meetings and the same people who don’t attend”* [Parent].

2.64 In a minority of programmes, approximately a quarter of respondents raised serious questions about both the level of parent involvement and the appropriateness of the meetings for ‘parent partners’. For example, interviews with both parents and staff in three programmes revealed that for some, the Partnership is seen to operate in a manner that discourages parental involvement. Meetings tend to be postponed, are very formal in style and are inappropriately long for some parents. *“I’ve been to two meetings but had to leave early. They were at awkward times where I had to pick up the children”* [Parent]. These factors make the meetings less accessible, especially to those with little or no experience of working in formal settings. Such issues are likely to decrease the level of trust and interest expressed by parents.

2.65 Some parents expressed their feelings of inferiority when attending meetings: *“[one partner member said...] ‘this is an xyz at the end of my name*

and I've been working in [X service] and also I've done 10 years in [Y service] and, you know, I've got medals for this that and the other.' And then it gets to your turn and you say 'Parent' and you feel like the most worthless person in the world, you know...you just think, shrinking violet".

2.66 Some staff feel unsupported by the partnership, leading to feelings of disaffection and exclusion. *"The management board does not take any interest in my work"* was a sentiment expressed by one health co-ordinator. An education learning co-ordinator remarked, *"The board is relatively detached and does not provide enough backup and support to its staff"*.

Clear and robust partnership arrangements

2.67 Given the complexity of working with so many partners, it is not surprising that partnerships may at times be hindered by what can seem cumbersome and time-consuming working arrangements. The themed analysis "Getting Sure Start Started" highlighted some of the more problematic aspects of partnership working in this respect. One main theme highlighted by our respondents was the excessive amount of time they felt it took to be involved in a partnership. Four key tasks emerged as being associated with 'partnership functioning' (i.e. attending meetings; negotiating finances; commissioning services; and monitoring activity, including paperwork).

2.68 While all stakeholders acknowledged the inevitability of these tasks, there was some resentment that not all of them were of equal significance to the successful functioning of the programme. The least popular was the task of monitoring. Programme respondents expressed some resentment at the amount of time they had to allocate for 'monitoring activity' (i.e. responding to request for information from the Sure Start Unit). In addition, we found evidence (reflected in the limited numbers of completed local evaluations) that the majority of programmes had still to commission local evaluations.

2.69 The issue of *targets* appeared to generate particular stress for programme staff. There were few apparent differences between respondents from different organisational backgrounds on this topic. Stakeholders from a range of mainstream agencies shared a common history of being subject to a range of nationally set targets. They tended to see the requirements of Sure Start as yet one more burden on themselves as already hard pressed agencies.

2.70 Indeed many mainstream stakeholders found it hard to disentangle the workload posed by Sure Start involvement from the rest of their responsibilities. They cited workforce shortages; resource shortages; and the specific challenges posed by a diverse community as undermining their ability and energy to meet the extra demands of Sure Start.

2.71 The overwhelming impression was of the existing "partnership burden" for mainstream agencies, which in some ways is only highlighted by Sure Start. It also derives from other recent and current initiatives like Single Regeneration Budget, Neighbourhood Nurseries Initiative and the impending children's

centre agenda. These new networking responsibilities clearly caused stress and extra work. However, a considerable number of respondents indicated that there were 'alleviating factors' in the context of SSLPs; notably, the (current) scale of funding is seen to have the *"potential to be the best of both worlds. Because what I have is a generous budget, no one breathing down my neck...I never feel its all down to me, I feel supported"* [Programme Manager].

2.72 Overall, in terms of the 'partnership task', independent SSLPs seemed to fare best of all with evidence of minimal bureaucratic procedures. For example, these programmes have no formal ties to an external accountable organisation, thus financial and any other decisions appear to be made more freely and flexibly because of the lack of bureaucratic bonds. A Middle Manager of the PCT comments – *"this programme is slightly different to other programmes because the lead agency is a charity and others are local authority"*. This programme is different because there is a clear and widespread feeling that the Programme has 'community ownership' and in the longer term, it will provide the best chance of financial sustainability through commercial sponsorship and bids to the appropriate National Lottery funds and other funding streams. Indeed the Programme Manager of this programme feels it is a major benefit to be independent, having given the programme a strong foundation. Decision making among the members of the partnership is not bound by any external impediments. The relatively unconstrained process for decision-making has great potential to be helpful to other aspects of programme delivery. For example, if obtaining funding for projects is not hindered by bureaucratic hold-ups, then projects and activities are likely to be set up and delivered more quickly. Although the Programme Manager clearly feels the programme has a strong foundation because of its status, it is possibly too early to observe if an independently structured programme does have more wide-ranging benefits than any other model of Sure Start.

2.73 However, the majority of programmes are not independent and it was in these more complex organisational networks that issues appeared more difficult to resolve. In summary, Partnerships can be vulnerable to a range of pressures. For example, pre-existing poor collaborative arrangements can impede current effective partnership working. In these circumstances, there is a premium on developing, almost as an antidote, shared clarity of purpose, trust, commitment and ownership.

Working in Partnership

2.74 In this section we will look at how 'local' agencies and Sure Start local programmes are working together to deliver services. We start by looking at how the multi-disciplinary teams are working. We conclude by identifying some counterproductive attitudes.

Multidisciplinary teams

2.75 Multi-disciplinary teams are seen by many of the respondents as, in principle, a good idea, and certainly one of the most exciting characteristics of Sure Start as an initiative. As highlighted earlier, one of the most frequently

cited 'positive' comments on the ethos of Sure Start was the nature of the programme as a multi-professional, multi-disciplinary initiative that helps to "*blur professional boundaries*" and break down some of the more stagnant aspects of traditional, statutory organisation working practices.

2.76 A number of respondents find multi-disciplinary working a useful way of sharing good practice. Many staff, when asked about their initial expectations of working with Sure Start, expressed very positive views about the potential for sharing good practice and the positive effects this might have on disadvantaged communities. "*I took the job because I thought Sure Start would achieve what my organisation, with its formal thresholds and rationing procedures, seems to be failing at: finding the people who fall through the cracks*" [Social Worker].

2.77 We were anxious to try and identify the main activities where staff perceived themselves, on a day-to-day basis, to be working in a multi-disciplinary way as opposed to merely 'aspiring' to a multi-disciplinary ethos. Four areas of work emerged as crucial to multi-disciplinary team working: training; dealing with referrals; meeting with other staff; and co-location or otherwise.

2.78 Training is explored at some length in Chapter 3. However, its overwhelming significance in multi-disciplinary terms, was to enable workers from different disciplines to familiarise themselves with the concerns and expertise of their peers. At best, in most programmes, it provided an opportunity to dispel and demystify negative perceptions of the role of others from a variety of disciplines. In this context, for the most part it built on the substantive training received by workers in their own agencies and the view of many respondents was that they appreciated having both sorts of training opportunity. "*I come from Social Services and inevitably much of my day to day work is concerned with child protection and I have been on several courses. But, I was really excited by the opportunity to share with colleagues in the community some of the challenges that I face and to get a handle on how they are dealing with it...*" [Social Worker]. "*Everyone expects health visitors to know about breast feeding, and I guess I do. I've had a lot of training. The training that I've been helping to organise in the Sure Start programme has been an exciting opportunity for me to look out of my own silo and learn from some of the other staff*" [Health Visitor].

2.79 By comparison, referrals posed a greater challenge. Few respondents indicated other than that this was 'work still in progress'. Programmes, for the most part, are aware of the risks of duplication, the likelihood of bombarding individual families with uncoordinated visits, and most of all, the challenges posed by information-sharing. This last topic is dealt with at length in Chapter 4, but in essence we found two challenges to the task of information sharing. The first challenge is a practical one and derives from the absence of adequate databases, the availability of appropriate hardware and software, and inevitably the constraints of the Data Protection Act. The second derives from professional practice and habits; health professionals in the programmes tended to be the least enthusiastic about sharing information, a finding

supported in other studies of partnership working. There is “a widely encountered view that it is more difficult to enter into joint working with health service providers than with other service provider. There is a set of factors ranging from the ‘medical model’ approach, incorporating at the extreme the ‘God syndrome’ exhibited by some doctors to the very distinctive agency characteristics of health authorities and NHS Trusts” (Balloch and Taylor, 2001, p 26).

2.80 One way in which SSLPs are attempting to overcome inter-professional boundaries such as these is through sharing good practice through ‘whole’ staff meetings or smaller team meetings. Staff will share their experiences with Sure Start families among the rest of the team, but they will also share practice and knowledge with other Sure Start staff from their home agencies as well. For example, two family workers from the Pre-school Learning Alliance (PLA) said that, “*we get a lot of training on how to work with children and we try to pass this onto other staff members, sometimes at meetings but more frequently when passing others in the hallway!*” Finally, some staff are sharing ‘Sure Start practice’ with their colleagues in their home agencies.

2.81 For some, their initial expectations of joint working have been fulfilled, and both personally and professionally, they feel their relationships with other staff members are good. In general, respondents were enthusiastic when they described the benefits they derived from all-staff meetings. “*These meetings help me understand what my colleagues are up to – when I know these things, I can fill in the parents I visit, if I think my colleague’s services would do them some good*” [Community Development worker]. Sharing good practice in this way has encouraged more flexibility in the way staff work. Staff learn different ways of working and might use new and fresh ideas from other professionals in their own work.

2.82 Co-location remains a constant theme in both the delivery of SSLPs and planning for future service delivery through, for example, children’s centres. We found some specific concerns on the part of health professionals as to the most economic use of their time. Some of them felt this was undermined by having to return to one base, but the general picture across the case studies was positive. The overwhelming impression was of staff from a range of disciplines striving to increase their accessibility, often by outreach activity. They welcomed the opportunity that co-location gave them of staying in touch with the wider programme network. One experience emerged on the part of a staff member whose role was to facilitate play activities in the local park. She greatly valued the opportunity that picking up the keys to the park provided for networking with other staff. She was clear that had they not been sited in the same building, she would hardly have seen them. This raises an interesting possible dynamic between ‘outreach’ and ‘co-location’. The two phenomena may be mutually reinforcing. In other words, co-location provides a supportive base from which to work in an outreaching way. This was the clear impression given by the majority of our interviewees.

2.83 The converse of this is the potential for new divisions emerging between staff and their own agency of origin. While we found evidence that

staff members were clearly doing their best to maintain maximum links between both their 'own' agencies and the programme, they themselves raised the implications of being 'outposted' for the ultimate future of mainstreaming Sure Start ideas. One health visitor described this in terms of the 'devil and the deep blue sea': while doing her best, she could see no magic solution to the tension between co-location and mainstreaming.

2.84 However, while staff members were overall positive in their views, some very specific challenges emerged in the context of *managing* a multi-disciplinary team. As one Programme Manager put it: "*One of the biggest challenges is managing a team that includes both health professionals and non-health professionals*". There are implications for staff relationships at both personal and professional levels, for community perception of how the programme is working, and for professional development and training.

2.85 Some of the more considerable hurdles for managers to overcome include long-standing differences and tensions between various professions and considerable differences in working cultures were evident in some of the case study SSLPs. One health visitor put it this way: "*I find it difficult to work with education specialists. I have only ever worked with health professionals before. There is a tension between the different work ethic of workers from within the community*". Others perceived a lack of equality in professional development – "*There is differential access to development opportunities for full-time senior and part-time community staff*" [Sure Start health worker].

2.86 Some programmes appear to be coping with these issues through sensitivity training and frequent and inclusive all-staff meetings. Where programmes work hard to implement coherent and inclusive monitoring systems, frustrations over the duplication of work appear to be minimised. This, in turn, helps ease inter-professional tensions. In one SSLP in particular, there is a widespread feeling among staff that the monitoring system is stringent and that the programme is professionally run – here, virtually none of the above-mentioned tensions were observed.

2.87 The nature of management structures can also pose problems to joined-up working. In a quarter of the case study programmes, respondents expressed dissatisfaction with what they see as 'over management'. One programme appears to have three or more tiers of management, which has the effect of confusing staff about a) who they are responsible to and b) where their loyalties should lie.

2.88 Over-management and 'too many meetings' also frustrate and impede the work of part-time staff. Many part-time staff complained about the lack of time, and how some of these meetings took half of a workday. Some of these views recur in Chapter 3.

2.89 Overall, respondents like the idea of and working in multi-disciplinary teams. There are exciting prospects for sharing good practice, working in new ways and preventing families from 'falling through the cracks'. Despite the support for cross-agency practice, respondents have also highlighted some

important hurdles to effective joint working. Tensions between staff and lack of knowledge about other work are only some of the challenges staff face.

Where other agencies are less enthusiastic

2.90 We identified a range of less helpful attitudes, which could adversely influence the working of the partnership. For example:

- There is hostility from some statutory agencies toward Sure Start, related to resource control. For instance, a Programme Manager notes that the social services agency in her local area would rather have the money and “*do their own thing*” rather than work with Sure Start. Some PCTs professionals could be extraordinarily disapproving about having to work with Sure Start;
- Some local voluntary agency staff in particular felt they were not consulted initially and are still not being included. “*We were delivering pre-school outreach before Sure Start came along. We expected to be commissioned to deliver some Sure Start services, but Sure Start chose to do it themselves*”. [Head of a national family and child care voluntary organisation]. “*I don’t feel we were involved enough – we thought it was going to be about involving existing services, but this hasn’t happened*”. [Pre-school Learning Alliance Co-ordinator].

2.91 Some operational issues have also created barriers to smooth partnership working:

- Resentment on the part of statutory professionals about perceived differences in the treatment of ‘Sure Start workers’ and statutory professionals ‘working in the Sure Start patch’. “*I am using old, decrepit baby weighing equipment – the Sure Start Midwife attached to the GP surgery however, got a new scale the first time she asked for it. That’s because the (GP) practice knows it will get money for working with Sure Start*” [Health Visitor];
- Frustration over duplicated visits and services – “*We can’t seem to get it right – parents remain confused about who is who*” [Nursery Nurse]. “*We try and keep good contact with Sure Start, as we are concerned about the rising incidence of duplicated services – this is unnecessary for everyone involved*” [Staff member of a local voluntary organisation]. For example, a Health Visitor feels uncomfortable doing post-natal contact as she feels the Health Visitors from the PCT are already doing this, leading to a duplication of work.

2.92 It is, however, recognised that this may not be solely the fault of Sure Start management and that local statutory agencies are also to blame. The same representative from a national voluntary organisation above also feels that the mainstream agencies do not give local voluntary agencies time to get actively engaged with Sure Start.

2.93 One clear advantage for programmes is the existence of relationships with pro-active local agencies, even in surrounding areas that may not be

served by Sure Start. A few examples illustrate that proactive local agencies can be a benefit to SSLPs by reaching out first. For example, a head teacher of a nursery school said, *“We got involved with the delivery plan at a later date (Round 5) but contacted the Programme Manager before then as we didn’t want to duplicate services”* [Head Teacher of a Nursery School]. One local branch of a large national voluntary organisation *“tracked down where they [Sure Start] were and made contact – it was detective work, but I made the contacts”*.

Capitalising on Diversity

2.94 The collaborative ‘strengths and tensions’ we have discussed above exist within a context, in many cases, of a diverse population, both in cultural and racial terms; and in all cases of a diverse population in gender and age. We now go on to highlight some of the implications of this diversity for programmes.

Race and ethnicity

2.95 Most SSLPs will have to give consideration to issues of race/ethnicity and culture in their communities. Even, and perhaps more particularly, in communities where there are significantly low numbers of non-white families, SSLPs will have had to think about the ways in which all community members can access their programme and activities. SSLPs will want to consider the inclusivity (or exclusivity) of their staffing structures, in order to be representative and also to facilitate access by the community. For example, a programme is more likely to reach a family whose first language is not English if they employ staff who are able to communicate with them. Even if language is not a barrier, there may be cultural issues that need considering, and programmes which employ staff who can understand these issues may be more likely to attract families who otherwise may not want to access services.

2.96 In two of the case study programmes, there are some significant concerns that emerge from staff about the perceptions of ‘minority’ staff by their colleagues, about the perceptions of staff composition by the community, and by the feelings of exclusion expressed by so-called ‘minority’ staff (particularly where white staff are the minority in the community).

2.97 One health co-ordinator, for example, would prefer more trained staff and fewer from the local community (which is over 90% Asian). Also, she feels *“there are two cultures and different approaches can be incompatible”*, implying there is a management task to be undertaken in terms of working practice among all the staff.

2.98 The Sure Start worker, who we cited above was Asian, and made her remarks about a gulf between professionals and workers in the context of a wider discussion of diversity– *“There are some real tensions between the health staff and the ‘Sure Start girls”*. Other Sure Start ‘community workers’ in this programme expressed similar sentiments about the professional divide that exists.

2.99 It should be noted that many of the case study programmes are providing ‘sensitivity training’ in order to anticipate and address such issues. However, if the problem derives from serious prejudice on the part of individuals, it is unclear how well such training programmes will solve the problem. SSLPs need to be aware of the complexity of issues of working with diverse professionals from diverse backgrounds.

Gender

2.100 Although it was not our aim to study *in-depth* the involvement of fathers and male carers within the scope of the case studies (the second themed analysis - as part of the Implementation study - focused exclusively on father involvement in SSLPs¹⁰), a number of key issues in respect of male *employees* emerged from our interviews. These have direct implications for successfully managing the professional contributions of males to a largely female workforce.

2.101 The overwhelming majority of staff members in SSLPs are female. However, men *are* recruited and *are* involved in many key ways. There are a small proportion (approximately 10%) of male Programme Managers across Rounds 1 – 4 programmes during the period of data collection (two Programme Managers from the case study programmes are male) and men are recruited by many SSLPs to act as key agents in the task of involving fathers and male carers in management and service activities. Their job titles differ from ‘father involvement worker’ to a more general designation such as ‘parent involvement worker’ or ‘parent link worker’. Men also work in drug counselling and advice capacities, employability roles and some men are delivering services in diverse areas such as social work and mental health. Few of the male workers, however, are working directly with children.

2.102 In 5 of the case studies, we collected illuminating responses from the male workers about their experiences in working with a largely female team. In three SSLPs, the responses centred on feelings of isolation that stem from being the only (or one of the few) men on the team. *“Because I am the only male worker in a female environment, I have to work hard across these roles to fit in”* [Parent link worker]. *“We need more front-line staff that are men so that men don’t feel so alone in their work”* [Parent involvement worker].

2.103 In the other two cases, the sentiments expressed by women highlighted the stress that a lack of gender diversity may potentially cause. *“Sometimes women just don’t get along and I think we’d benefit from having men on board to break some of that up”* [Midwife]. *“Some dads don’t see any role models working within the programme and this can frustrate staff who want to see more dads involved”* [Literacy and Numeracy officer].

2.104 What is clear is that men are making valuable contributions to SSLPs;

¹⁰ See published report “Fathers in Sure Start Local Programmes” for a detailed account of this topic (NESS website www.ness.bbk.ac.uk or the Sure Start website www.surestart.gov.uk).

however, there are feelings of isolation among male staff that need to be addressed. Some staff members believe that greater gender diversity would be beneficial to team working. Finally, more men working within the team may encourage the more reluctant fathers or male carers that being involved is “not so bad”.

Parent Involvement in Management

2.105 We now turn to ‘parent involvement’ and explore the nature and extent of parent involvement in management. We also attempt to describe how some SSLPs are more pro-active than others in engaging parents.

2.106 There would appear to be three broad programme styles in respect of parental involvement. Some programmes have an apparently robust culture around parent involvement; some programmes seem to be doing ‘ok’; and a minority demonstrated somewhat ambivalent attitudes (statistical analysis revealed no association between high level of parental involvement and the implementation tasks of access, outreach and joined-up working). Even if in quantitative terms we cannot at this stage in the life-course of SSLPs establish a significant association of parental involvement and programme characteristics, we think it is helpful to explore the qualitative data we collected in our case-studies as we do below.

2.107 Where such a culture appears to be robust, parents are involved and express very positive experiences in contributing to the design and shape of the local programme. This process is enhanced by strong strategic and community level commitment. Respondents in these types of programmes reported that lots of ‘early’ work occurred to get parents involved. *“We can learn lessons from Sure Start about how they encourage people who don’t normally access services to use Sure Start. Sure Start has given parents training and confidence to express their views”* [Senior Midwife, PCT].

2.108 In cases where programmes appeared to be achieving some success with parental involvement, they still struggled to get parents actively involved in the partnership board. *“Parents have been involved in the consultation process but we could do with more parents being involved in the partnership, as there are more professionals than parents involved”* [Social Services Manager].

2.109 In the third group of programmes where there was an apparent ambivalence to parental involvement, the progress was much less advanced. *“Parents struggle to be actively involved with this formal politicised management structure”*. [National Voluntary organisation representative]. A Social Services Manager says, *“Only 2-3 parents are actually engaged in shaping and developing services. This is disappointing”*.

Parent views on their involvement in management

2.110 Nearly all the parents interviewed who are represented on management boards feel that they are having a say in how the programme is

run. In some of the case study areas, and as reflecting the more 'active approach' to involving parents described above, there are highly active parents. For example, three parents represented on (the same) management board, work at least part-time (unpaid) in their capacity as board members. These parents have been traditionally active in the community, and have very close working relationships with the Programme Manager. These parents feel very strongly that their voice is heard and that they are treated as equal members of the board. They are included in every aspect of programme activity, and even attended a highly technical training for managers on the process of becoming an independent charity. This level of active involvement in all aspects of management was not widespread.

2.111 More common was the moderate level of involvement where parents attended board meetings and were involved in some aspects of management but not in others. Parents might be involved in recruitment, in deciding on service provision, or might be doing administrative activity related to the board. Quite a few of these parents were satisfied with their level of involvement; however, it was in these types of programmes where some significant tensions appeared between parents and the professionals on the board. In some cases, there appeared to be, on the one hand, encouragement to parents to contribute, but on the other hand, a certain 'line' that some professionals preferred parents did not cross. This scenario emerged very powerfully in two programmes, one in the context of recruitment and the second in terms of evaluation.

2.112 For example, one parent shared her experience of sitting on a recruitment panel but felt she was suddenly excluded from further interviews and the final decision on the basis that she did not agree with the chosen candidate and 'did not have the expertise to decide'. Another example of this was observed during a monitoring and evaluation meeting involving the Programme Manager, two members of the local evaluation team, two members of staff, the chair of the partnership board and one parent. The evaluation team were discussing how they would proceed to access parents for interviews, and gave little attention to the protests and views made by the parent attending the meeting.

2.113 Finally, in a few programmes, although parents were still represented, their actual involvement was fairly passive. These parents tended to feel intimidated by the board's professional manner and the "*jargon that is used.*" Some of these parents feel that their involvement is very time consuming and although there are crèche facilities to support parents there are no 'incentives' to come to board meetings. "*The professionals are paid to be there so why shouldn't we be.*"

2.114 All programmes include parents in some way or another. Some programmes, however, are more enthusiastic than others about the importance of the role of parents in designing and shaping the programme and this was reflected in their responses. Indeed, parent views about their own involvement reflect the overall enthusiasm of programmes to engage parents. If programmes are to be (further) successful at engaging parents in decision-

making efforts, greater attempts at fostering such a culture must occur at all levels (strategic, management, front line *and* community).

Summary

2.115 This chapter has focused on a variety of issues related to the management and governance of a SSLP. We have explored the structure and organisation of the Partnership as a specific entity; described approaches to the task of working *in* partnership; described approaches to management of staff; and identified the extent to which programmes are involving parents in management. Some of the main points are as follows:

- Strategic level managers and front-line staff generally report positive views of Sure Start and its philosophy; voluntary sector workers, though more reserved, also share positive feelings towards the initiative;
- The role of a Programme Manager is multi-faceted and challenging. Staff like supportive, flexible, approachable and motivated Programme Managers. They also like managers who understand family responsibilities. Programme Managers who are uncommunicative, play 'favourites' or are unapproachable are seen less favourably by staff. There is some variation amongst staff as to whether they *prioritise* 'friendliness and openness' or having high professional standards on the part of Programme Managers. There is no suggestion that you cannot have both, but clearly different respondents rated them differently;
- In terms of partnership working, local areas with strong histories of collaborative working seem to have smoother experiences in developing local links; early clarification of purpose, and attention to implementing the partnership, are assets for SSLPs; strong feelings of commitment, ownership and trust among partners appear to be important factors contributing to overall programme success; and clear administrative procedures within the partnership can help to maintain enthusiasm among partners about their involvement;
- Enthusiasm for the partnership agenda among individual staff members appears overall to maximise the implementation success of local programmes. This is true even where there are inflexible attitudes on the part of some stakeholders. However, negative attitudes and experiences on the part of some individual staff members can still have a discernible negative impact on the implementation process;
- Front-line staff and managers widely report enthusiasm for working in multi-disciplinary teams, despite apparent tensions between some staff;
- Tensions around ethnicity were apparent in a few programmes;
- Gender is another theme that emerged across programmes as providing a source of tension among staff; in some cases, men felt isolated, working in an environment of predominantly female staff. Some females felt this imbalance as well, and would have liked more men in the staff group;

- Local programmes vary in their ‘passivity’ or ‘proactive-ness’ in terms of involving parents in decision-making; interviews with parents reflected these differences.

2.116 We now provide a number of learning points that have emerged from this discussion.

Learning points

- Historical relationships between agencies come as a ‘given’, and may have positive or negative characteristics. However, whatever the inheritance, programmes *can* recognise this is the case and take strategic action to develop and implement their programme accordingly. At the same time they need to be aware of the potentially large amounts of time that can be spent initiating and maintaining links with local agencies;
- SSLPs need to evolve clearly defined protocols in respect of the relationship between the Partnership and the lead/accountable body. In the absence of these, Board members may find themselves confused, accountability may become muddled and relationships can begin to break down. Where there is strong leadership and clear vision, members feel confident about the future of programme direction and this will filter down to front-line staff, thereby strengthening the overall programme structure;
- The successful establishment of commitment and ownership to the programme may be at risk from pre-existing or external factors over which programme management have relatively little control. Local politics may hinder SSLP working; where local politicians and/or Chief Executives are not ‘on board’ with the Sure Start vision, there is probably a limit to what the partnership can do. Similarly, where local ‘grass roots’ organisations are few and far between, effective parent partners may be more difficult to find;
- Conflicting, long-standing bureaucratic arrangements within organisations in the area may serve to inhibit effective partnership working and decision-making. Some of this cannot be helped, as there are specific requirements from the central Sure Start Unit that must be adhered to; however, programmes may find the excessive bureaucratic ‘red-tape’ too inhibiting and may instead wish to consider an alternative model of financial accountability.
- Programme Managers need to be sensitive to the different professional cultures represented in their programmes. They should not assume that enthusiasm for joint working is of itself sufficient to evolve a united, coherent programme.
- Programmes need to have strategies for addressing potential criticism from local partners/agencies, who in some cases may view Sure Start

as a competitor rather than a partner. This is particularly the case in respect of resources, where some local agencies have felt 'left out' of and/or uninvolved in the Sure Start agenda.

- Tensions may arise in SSLPs with a very diverse racial/ethnic staff group. These must be given attention. Though these programmes are in a minority, thus far, it appears from the two case study programmes, that management has not been very pro-active in addressing the problems that have arisen.
- Programmes will need to give more thought as to how they involve male workers in a pre-dominantly female workforce. It is clear that male workers can make valuable contributions to the programme, in particular, involving other fathers. They can also help provide a more diverse working environment.
- Programmes can benefit from consistently reviewing their management structures with a view to maximising contributions by parents. Without such review, there is a chance that underlying tensions between parents and staff may be aggravated.

CHAPTER THREE: STAFFING

3.0 The calibre, quantity and deployment of staff members in SSLPs is fundamental to their success and indeed to their service delivery styles. Many of the issues which emerge in this chapter recur throughout the main body of the report in the context of discussions about access to services, use of resources, relationships between professional groups, the extent of interagency links and most clearly of all in arrangements for management and governance of programmes. However, this chapter puts the spotlight on the subject of staffing in its own right.

3.1 The staffing arrangements in Sure Start local programmes vary. Generally they comprise a mixture of staff specifically recruited to work in the programme (although their legal employer may be the programme's lead body or another agency) and staff seconded from mainstream statutory or voluntary services. Where programmes deliver their own services they tend to have a larger staff group specifically recruited to deliver Sure Start services. Where the programme contracts much of its service delivery to other organisations, the programme itself may only employ a very small core staff. Some programmes are staffed almost entirely by secondees. These differences in staffing arrangements mean that staff interviewed for this report will have different backgrounds, experience and perspectives. At one end of the spectrum are secondees whose organisations have sent them (sometimes without consultation) to work with Sure Start as part of normal job rotation. At the other end are people who have resigned from permanent jobs with other organisations to take temporary contracts with SSLPs. In between are volunteer secondees and those who have come to work in the programme from other types of work, and community members who have been recruited and trained from scratch.

3.2 This chapter focuses on six key issues which emerged around the staffing arrangements for Sure Start local programmes:

- Staffing levels and skill mix;
- Secondment arrangements;
- The appropriate combination of full-time and part-time working;
- Staff turnover;
- The need for and access to training;
- Issues around diversity.

Staffing levels and skill mix

3.3 In this section, we concentrate on the views of staff members and others on the question of whether Sure Start local programmes' staff numbers and skill mix are appropriate for delivering the level and range of services that they are committed to providing. The issue of *skill mix* relates both to the type of skill and its level. SSLPs deal with health, family support and child development issues. This means that they need staff with a variety of professional backgrounds in these fields. But they also need high levels of personal skills, particularly the ability to relate to and empathise with parents, the ability to work on their own initiative and to develop new

approaches to service delivery. Perhaps most importantly they also need to be able to use what may be high level and appropriate professional skills in a multi-disciplinary/multi-agency environment. This can be challenging for some well-qualified and experienced staff, who are used to working in an environment where everyone has a shared understanding both of the nature of the problems they are dealing with, and of the institutional structures and hierarchies that support them. Individual staff members working in SSLPs may be the only person with their particular background, and they may be working in a team where their usual professional approach and terminology are unfamiliar to the other team members. This requirement to integrate into a new team and a new way of working is welcomed enthusiastically by many staff, but others can take some time to adjust.

- 3.4 There was some slight variation *between* SSLPs and a significant variation amongst respondents *within* these SSLPs in their perceptions of the adequacy of the staffing of their programme in terms of both staff numbers and the skill mix. All of our staff interview respondents across the case study programmes appear satisfied, even enthusiastic, about working in a Sure Start capacity, as was highlighted in the previous chapter.
- 3.5 Generally, it is perceived by those at management and partner level that *most* of the required staff are now in post and that they are appropriately skilled and of a 'high calibre'. For example, several statutory managers expressed the view that the staffing was of '*high quality*' and was attracting the '*best people*' in the area. There are some exceptions among managers who feel that all the skills needed for multi-agency/multi-disciplinary working, are not yet in place. In addition, more training is needed at qualifying level, during induction, to prepare new professionals for this less traditional innovative way of working.
- 3.6 However, staff working at the front line felt that there were still skills-gaps in their teams. In two-thirds of our programmes there was a widespread view that the skills *mix* needed to be more diverse and that the overall skills *level* needed to be higher. These concerns related both to professional skills and to personal skills. This was often perceived as part of a wider problem of a general lack of social capital in Sure Start areas; both among members of the community and among the professionals who had chosen to work there.
- 3.7 Staff expressed concern that some of their colleagues did not have the necessary qualifications and/or experience to work with particularly challenging and complex families. Sometimes this appeared to reflect underlying professional tensions and insecurities. Thus, staff who had a particular area of expertise (for instance working with children with special needs) argued that this skill was lacking in some of their colleagues (including both health visitors and Sure Start home visitors). Those with a background in working with the local community (or Sure Start staff drawn from the community) often argued that professional staff needed more training in how to work with families in the community.

3.8 SSLPs vary in the approach they take to staffing the programme generally, and home visiting in particular. However, a common model is to recruit staff with a variety of backgrounds, including experienced parents and community members, and to train them to work in a befriending role, and to staff crèches and drop-ins. These Sure Start workers generally, but not always, work in teams led by someone with a professional background. This situation can sometimes lead to a range of differing and/or overlapping tensions. For example, some staff may feel resentful that an outsider, albeit professionally qualified, has come in to manage the programme. On the other hand, if there is tension it may derive from the fact that education oriented staff who provide day care are resentful of someone coming in from a health background. In addition, these tensions can be further exacerbated by differences in cultural background between the team leaders and the staff drawn from the community. Several programmes are struggling with tension around the division between highly qualified professionals and Sure Start workers, or 'support staff'. (Indeed the term 'support staff' could itself be problematic where it was used). Professional staff worry about the skills of Sure Start workers to identify and deal with some of the more complex problems confronting families, and to know when to refer families for help requiring higher-level professional skills. Health professionals in particular were unhappy at some health related activities being delegated to colleagues they saw as lacking the necessary knowledge base and experience. At the same time, Sure Start workers sometimes feel that the professional staff look down on them and do not recognise that their roots in the community strengthen their ability to fulfil their work roles.

3.9 Staff were very open with us about how challenging they found it to work in new ways. Those from a professional background (for example in health visiting, social work or early years education) sometimes found themselves trying to interpret a professional role against a backdrop of changed expectations as to how professionals should operate within a group. A small number said they had experienced conflicting relationships in both the professional and personal arenas with staff from different professions.

3.10 SSLP staff are operating in tightly knit teams within a small geographical area in which they are constantly exposed to each other and the community members. They cannot avoid each other (or indeed any members of the community). They may be isolated from others with their own particular background. (Some SSLP staff have management and accountability lines back into their home agency, but not all have this even where they have a home agency.)

3.11 Another source of tension was the difference in the service delivery approach between those with a voluntary sector background and those who came from statutory services. This seems to be associated with the variation in 'culture' of working practices. For example, some voluntary sector workers feel that, traditionally, they have been working in a 'Sure Start' kind of way. In other words, they feel they are already working on a

preventative basis, in flexible and creative ways. Voluntary workers have expressed a tension towards staff who come from financially and bureaucratically constrained statutory institutions. Their statutory 'upbringing' is seen to make them less flexible in their working style. This was particularly marked in one programme, but there was a general tendency of staff and other stakeholders with a voluntary sector background being critical of the 'appropriateness' of Sure Start staff.

3.12 More generally, in some other programmes, there were tensions between the core programme team and the professional staff who were still attached to mainstream agencies. Both health visitors and social workers felt that they did not have the luxury that Sure Start staff had of working intensively with a small number of families.

3.13 Some specific issues raised in respect of staff complements include:

- Almost half of the programme managers feel that as well as competing for staff with mainstream services, all the local Sure Start programmes are competing with each other for similar staff from a small range of qualified professionals in their local areas. In addition, Sure Start is in competition with an increasing number of other government initiatives developing around the country. Specific staff shortages that were mentioned include family support workers, community workers and health visitors.
- Some staff, who have been trained by one Sure Start local programme, have moved to another, particularly from longer-established programmes to new ones, or to other government initiatives. This was seen as positive by some, who felt the right staff come along at the right time to get things up and going and then move on. For example a play worker was cited as being very creative at establishing a system, enthusing other staff with her ideas, but then found that actually running an established service provided insufficient challenge for her and chose to move on. In another programme a health visitor was seen by others as having negotiated very sensitively with a difficult local GP, got a clinic established so that when she left, the clinic was soundly established but run by another health visitor. However, others see this 'movement' as a disadvantage. Three respondents expressed the view that such short-term attachments lead to an undesirable loss of good staff looking for better salaries and employment conditions. Moreover, those who move on because they are successful can provide examples to others, who might deduce that it is necessary to move on in order to be successful, which leads to instability within the programme.
- As a final note, it is unclear at this point to what degree and how effectively staff who leave Sure Start to work within mainstream agencies are taking what they have learnt with them and influencing mainstream service delivery.

3.14 Only in one programme were staffing levels widely perceived to be inadequate for the services that the programme was trying to deliver. In the planning stage for this programme the number of children living in the

area had been severely underestimated, with the result that the programme was trying to deliver services to almost three times as many children as it had planned for. This led to high workloads for staff, which in turn led to high turnover rates. One midwife still working in the programme felt that she was struggling: '*...as others have left: I feel it's unfortunate as it needs more than me to meet the objectives*'.

Secondment

- 3.15 SSLPs have complex staffing structures. Sure Start local programme guidance specifies that all staff contracts of employment must be with one of the partner organisations, unless the local programme is legally incorporated as an independent body (Wave 6 Guidance, see Sure Start website at <http://www.surestart.gov.uk>). However, there are differences between the contractual employer of staff (which may simply be the lead body acting on behalf of the Sure Start local programme) and the actual determination of how staff spend their time. In essence, some staff 'belong' to the SSLP (whoever their actual employer is) and some staff 'belong' to their home organisation, which has sent them to work in the Sure Start programme. It is this latter group of staff who are referred to as having been seconded. Seconded staff may work wholly within the Sure Start programme and have little or no day-to-day contact with their home agency, or they may divide their time between the SSLP and their home organisation.
- 3.16 For staff who 'belong' to the SSLP their pay, grading, terms and conditions are defined in relation to their job role with the programme. Seconded staff bring with them their pay, terms and conditions of their home organisation. Thus, a programme may contain within it staff who are doing similar jobs, but who have a variety of pay rates, holiday arrangements, training entitlements, pension arrangements and career prospects and expectations. In some cases programme staff may be paid more than Programme Managers.
- 3.17 The principle underlying secondment is that it is to the benefit of the home organisation, the member of staff involved and the Sure Start local programme. The staff member is able to contribute his or her skills, knowledge (including knowledge of the way their home service operates) and experience to the SSLP. The individual gains experience of working in a different kind of organisation, and learns new skills, particularly the ability to work in multi-disciplinary and multi-agency teams. When he or she returns to their home organisation, they are able to bring these new skills with them, to the benefit of the mainstream agency.
- 3.18 The reliance on secondment varies between SSLPs and the reactions to it are mixed. In a small number of programmes secondment was regarded with enthusiasm, and it was clearly working in accordance with the underlying principles of the model. In another small group of programmes views were almost wholly negative. Most programmes fell

between these two positions, and respondents saw both advantages and disadvantages in the model.

- 3.19 In one of our case study programmes virtually all staff were secondees, while a small number had deliberately chosen to have as few secondees as possible, as a means of ensuring that all programme staff were fully committed to the programme and what it was trying to achieve. Two programme managers expressed strong reservations about having seconded staff working in the programme: one because it represented a loss of control, and another because of the *'hurdles related to differentials in pay and contracts... It's not easy; there is a lot of tension.'*
- 3.20 Moreover, where there were problems of this kind they were not purely related to secondment. Programme Managers are generally employed by the lead body, and take on a grade, salary, terms and conditions similar to other people within the organisation with similar responsibilities. However this can work to the disadvantage of staff who belong to the programme, including managers. One Programme Manager found that: *'I took a considerable drop in salary to do this post'*.
- 3.21 Sometimes by agreement with the partner organisations another body (sometimes the accountable body) takes over the responsibility for employing staff, which can mean that new staff are appointed on different terms and conditions than existing staff. A new Programme Manager found that this had worked to her disadvantage: *'Previously this post was employed through health but since the previous employee left this post was restructured. I took over from the outreach manager, and then also became deputy manager. I feel that if the post remained within health my terms and conditions would have been better. I feel this was done as the board wanted more control over the post.'*

The advantages of secondment

- 3.22 The most important advantage of secondment as perceived by both staff, Programme Managers and other stakeholders is that it provides job security for staff, which has benefits for them and for the programmes. The programmes are able to have access to the skills and networks of professionally qualified people who would not be willing to resign from their secure jobs to take fixed-term temporary posts with the programme itself, with the consequent risk of being out of work when the contract ended. This in turn means that SSLPs have access to staff of a higher quality than they would be able to secure on direct employment terms. As one programme manager put it: *'We got professional qualified staff who otherwise wouldn't have left their jobs for us'*.
- 3.23 Staff themselves see secondment as allowing them to maintain a permanent contract with their 'parent' agency, while contributing to the national Sure Start initiative. Secondment allows them to gain new experience and to try a new way of working, while at the same time

minimising the risks to them personally of being able to resume their mainstream career.

- 3.24 In addition to the personal advantages to the staff themselves, there are also potential advantages to the organisations as well. By having staff from mainstream services working in SSLPs, the programmes have a ready-made set of links with the mainstream agency, and the agency is more likely to trust the SSLP if it sees some of its own staff working there. Both of these are good for working relationships at a day-to-day level.
- 3.25 Our fieldwork was carried out too early in the life of Sure Start local programmes for the third main potential advantage of secondment to have emerged, i.e. the return of seconded staff to their home agencies, with new skills and experience of new ways of working.

The disadvantages of secondment

- 3.26 Although secondment has clear advantages, both for programmes and for staff, there are also disadvantages.
- 3.27 Some mainstream agencies are reluctant to second staff to work in SSLPs, particularly where they are facing staff shortages. But this attitude can work to their disadvantage. We interviewed a health visitor who had wanted to be seconded from the Primary Care Trust, which would not allow it because of a serious health visitor shortage. Consequently she had resigned from the Trust to take a fixed term contract with the programme, but she had been made to feel that she had 'deserted a sinking ship'. Another programme manager found that she lost a vital member of staff when the mainstream agency refused to extend the secondment and recalled the staff member at the end of the agreed period: *'The problem arose when the secondment arrangement was not extended and we needed her!'* Sure Start local programmes can in essence be forced to take second place to mainstream agency staffing requirements without having any control over it.
- 3.28 Some seconded staff expressed concerns that they were 'out of sight and out of mind' at their home organisation, and that during their absence they might miss out on promotion and professional training opportunities. It is partly to meet this concern that some staff work part-time in the SSLP and part-time with their own organisation, so that they keep a stake in both camps. (However, there can be problems with this arrangement, which are discussed below under the issue of part-time working).
- 3.29 A different set of challenges for SSLPs and staff arises where the mainstream agency takes the initiative and seconds a staff member to work with the SSLP without consultation with the staff member concerned. We interviewed several people in this position who described themselves as *'being pushed unwillingly into taking Sure Start posts'*. Not surprisingly, they did not express very positive views about the experience.

3.30 In addition there is of course a complex set of challenges to meet in managing a variety of terms and conditions of employment, and staff may be subject to different procedures for appraisal. Several of the case study programmes were struggling to manage the secondment model. For example, in one programme, a great deal of confusion has developed around issues of supervisory meetings; 'three-way' meetings were introduced for seconded staff, leaving staff both perplexed at where their loyalties should lie and frustrated at the number of managers to whom they had to report (home agency manager, Sure Start programme manager or team manager?). Another manager said: *'it would be easier if everyone was employed by Sure Start – we would get over the differences in pay, and areas of accountability.'* As we argued in chapter two, it is clear that consistent and unambiguous rules and procedures need to be in place to avoid undue stress on staff members and programme managers.

3.31 As well as staff terms and conditions of employment, staff come with different professional codes of practice and with requirements to follow different procedures. Most of the time this does not create problems, but occasionally different approaches to confidentiality, child protection or domestic violence can bring staff members into conflict with each other.¹¹ Some programmes are struggling more than others when it comes to this complex issue (see chapter 7 for further detail on child protection policies in use in SSLPs).

Secondment: summary

3.32 Secondment can provide both benefits and challenges. It can increase inter-agency working, attract professionally qualified staff who might not have joined Sure Start under a fixed term contract and has a good retention rate. However, it can also raise issues of a) loyalty; b) differences in terms and conditions between staff doing similar jobs, c) lines of accountability, d) the ability of programmes to control the filling of posts both in terms of people and their availability. Overall, the discussions of secondment with programme managers, programme staff and other stakeholders reflected in part all of these challenges. However, it is also clear that some programmes are managing to limit the impact of these very real difficulties. An important factor in this is a recognition on the part of both Programme Managers and managers in mainstream agencies that account needs to be taken of the personal implications of secondment for staff. Even though staff may be enthusiastically committed to Sure Start and its objectives, it is unreasonable to expect them to pursue this at the expense of their own career prospects.

¹¹ Sure Start guidance recommends two alternatives: 1) defining standard policies and procedures from a partner agency and obtaining an agreement that staff employed by other bodies will at least acknowledge these, even if contractually they must follow that of their own employing agency; or 2) create a new composite policy based on those currently in use, and gain consent of the employing bodies that it is adequate for the programme.

Full-time and part-time working

- 3.33 Sure Start local programmes employ a mixture of full-time and part-time staff. As with other employers, this reflects a mixture of organisational requirements and the preferences of the staff themselves. Thus, for example, if a SSLP only runs a crèche for a limited number of sessions a week, they only need the crèche staff for those sessions. If a particular service (for example a drop-in speech and language session) only operates on one day a week, then the specialist staff who deliver it are only needed on that day.
- 3.34 The availability of part-time work is the most common form of family friendly employment arrangement across the country as a whole, and SSLPs, as employers focused on the needs of families, are not going to be exceptions to this general pattern. As far as staff themselves are concerned, the choice to work part-time reflects the standard pattern. Many women, particularly those with employed partners who have dependent children, choose to work part-time in order to combine paid work with their responsibility for their families. This pattern is particularly strong among those whose children are under secondary school age. Moreover, since the introduction of the Working Tax Credit (previously the Working Families Tax Credit) part-time working of sixteen hours a week or more has become a more attractive proposition for lone parents.
- 3.35 Thus, if SSLPs are to employ local parents in any numbers (and many, but not all, have a policy of giving priority to local parents in their recruitment), it is likely that they will have to offer part-time working in order to allow parents the opportunity to combine work and family life. This may go beyond the level of part-time working that programmes regard as desirable on operational grounds.
- 3.36 A third factor that influences the level of part-time working in SSLPs is the nature of the secondment arrangements with mainstream agencies. Some mainstream agencies insist that their seconded staff spend part of each working week in their home agency, so these staff are only available to the SSLP on a part-time basis, even where they work full-time.
- 3.37 Thus, programmes have to manage three different aspects of the full-time/part-time mix among their staff: meeting their own operational needs, meeting the needs and preferences of staff who work part-time, and managing the impact on full-time staff of the working patterns of their part-time colleagues.

Operational Issues

- 3.38 Where SSLPs only need certain types of staff for part of the day or week, it is advantageous to have staff who work part-time. Moreover, programmes which place priority on employing members of the community often find that offering part-time work maximises their ability to do so, and helps to build up trust.

- 3.39 Where a service requires scarce skills, then having someone deliver it by working part-time with the programme and part-time elsewhere can make the difference between a programme being able to deliver a service successfully, and not having a service at all. The staff themselves can benefit from the stimulus of working in two different environments, and feel that both organisations benefit from the cross-fertilisation.
- 3.40 The benefits of part-time working can come at an operational cost whether they are a deliberate reflection of SSLPs following government guidelines, or are driven by staff member preferences. Parents may not always be able to see the same person. It also means that there can be communication difficulties and problems in arranging all staff meetings and team meetings at times when all staff are present. In programmes with an emphasis on meetings as a way of ensuring that all staff share the programme's ethos and objectives, as well as a means of discussing issues and problems, this can present difficulties. Some part-time staff reported that they spent a significant proportion of their working week in meetings. Others found that they were not fully up to speed with programme developments since they did not work on the days when meetings were held.

Meeting individual preferences

- 3.41 Respondents who worked part-time found that it gave them the flexibility to organise their work around their families, particularly where they had school age children. They were able to bring up their families, making minimal use of childcare provided by others, but still have the stimulation of an outside interest. Others were working while studying and part-time work gave them time for their studies while providing financial support.
- 3.42 However, there were some disadvantages to part-time working. Part-time worker respondents in about half of the programmes mentioned their frustration at not being able to attend meetings that may have been held on their day 'out' of Sure Start. Some part-time workers felt that there are so many new developments and that things move so quickly that it is difficult to 'keep-up' when you are not in the office regularly. Others found that the routine requirements of meetings and paperwork meant that they did not have many hours during the week to engage in much face-to-face work.
- 3.43 Some of those who work part-time in SSLPs are working for the rest of the week in another organisation (usually a statutory agency or university). When it worked well these staff were able to keep in touch with developments in both organisations, and use the skills developed in one in their work with the other. Many respondents felt that having two part-time jobs offered more diversity and new challenges than having just one job.

3.44 However, it did not always work well. Some staff felt that they had divided loyalties, which could come into conflict. Sometimes colleagues in both organisations failed to recognise that they could only handle a partial workload in each. Sometimes procedures about who to inform about illness, and who should authorise holidays created unnecessary problems.

Impact on full-time staff

3.45 In some programmes there were tensions between full-time and part-time staff, with full-time staff feeling that the programme was organised around the convenience of part-time staff. Meetings had to be arranged to suit the timetable of part-timers, even if it was inconvenient for full-time staff. Where meetings were held when part-time staff were unable to attend, full-time staff found that part-timers were not always fully briefed about new developments, policies and procedures.

3.46 These observations might be regarded as irritations, rather than anything of major significance. The same cannot, however, be said for the view of full-time staff in a small number of programmes that part-time workers are not pulling their weight. Staff in these programmes believe that workloads are not evenly distributed, and part-time staff have 'less commitment to the job' than those with full-time responsibilities. Tensions of this kind do cut across effective team working.

3.47 The question of how best to manage mixed full-time and part-time teams is one faced by a large number of organisations, not just Sure Start local programmes. It does have to be addressed positively, in order to meet the needs and expectations of both full-time and part-time workers, rather than just assuming that it will resolve itself.

Staff Turnover

3.48 The issue of staff turnover is an important one for Sure Start local programmes because it has an impact both on the quality of service they are able to provide and on the relationship between the programme and local families. One of the underlying principles of Sure Start is that it is a familiar, personalised service, delivered by people who families know well and trust. High rates of turnover both mean new groups of staff have to be trained in the Sure Start way of working, teams have to be rebuilt and families have to get to know new staff.

3.49 On the other hand, programmes can benefit positively from having different people working on the development phase of a programme, and then moving on and being replaced when services are up and running. SSLPs have access to the enthusiasm of people who like the challenge of starting with a clean sheet, and also the stability and continuity of people who want to deliver a steady established service. Thus, high turnover may have a different impact at different stages in the life of the programme.

- 3.50 In mainstream statutory services typical turnover rates are around 10-15% a year or less. A turnover rate of 20% a year would be considered high (Other sectors of employment such as retailing have much higher figures than this). Turnover is expensive. Advertising, recruitment and training costs together with the time taken for new staff to get up to speed typically amount to around 10% of annual salary costs. Avoiding unnecessary turnover is therefore to the benefit of SSLPs on both operational and financial grounds.
- 3.51 There are five general 'turnover – incidence' categories in our case study SSLPs. In two programmes, a large number *and* range of staff and partners report 'high' turnover. In five programmes respondents specifically state turnover is low; in three programmes, there is a moderate level of staff turnover; respondents in five programmes did not mention turnover rates at all; and in one programme, there are conflicting views from staff and partners about turnover rates. These figures can be studied in relation to findings from the National Survey around staff recruitment and retention.
- 3.52 High turnover is not the same as having difficulties in recruitment, although they are generally related to the same underlying factors. The most important of these are usually:
- pay
 - hours of work
 - other terms and conditions
 - intrinsic interest and challenge of the work
 - workload and stress
 - general working environment
- 3.53 In essence SSLPs are competing with other organisations requiring the same skills on these factors, both in their initial recruitment of staff, and in their retention once they have joined. In our interviews with staff several issues emerged which are likely to influence turnover. Some of these were specific to individual programmes (in terms of the working environment and relationships between staff). Others reflected general shortages of particular types of skills, and SSLPs were competing for a limited pool of people, which caused inevitable difficulties.
- 3.54 Some factors were positive. SSLPs tend to score highly on the intrinsic interest and challenge of the work, and this acts as a positive motivator for both recruitment and retention. But the time limited nature of Sure Start and the fixed term nature of the jobs on offer makes them less attractive for many people than permanent contracts in statutory agencies.
- 3.55 The National Survey (2002, 2003) asked programmes to comment upon their experience with regard to recruiting staff to work for Sure Start from the local community, from statutory agencies and from voluntary

organisations. The results from these questions are shown in the table below.

Table: 3.1 Recruitment from local community, statutory agencies and voluntary agencies

	Round 1 % n=48	Round 2 % n=52	R1&2 (Total) % n=100
	Round 1 % n=48	Round 2 % n=52	R1&2 (Total) % n=100
Ease of recruitment from local community**			
Not very difficult	15	15	15
Slightly difficult	36	27	31
Moderately difficult	34	27	31
Very difficult	15	31	23
Ease of recruitment from statutory agencies**			
Not very difficult	17	13	15
Slightly difficult	36	35	35
Moderately difficult	34	32	33
Very difficult	13	20	17
Ease of recruitment from voluntary organisation**			
Not very difficult	24	9	16
Slightly difficult	59	48	53
Moderately difficult	17	32	25
Very difficult	0	11	6

** These are new variables, thus no comparison can be made with last years data

3.56 The National survey (2002, 2003) data shows that SSLPs had some problems recruiting staff from the local community, from statutory agencies and from voluntary organisations. 'Slightly difficult' and 'Moderately difficult' are the most common responses – between 25% and 53% of Rounds 1 and 2 programmes fall into these categories in all three recruitment areas. Most programmes had difficulty recruiting from the local community and from statutory agencies, while only a third did from the voluntary sector. Recruitment appears to have been easiest from voluntary organisations, which has the highest percentage (16%) for 'Not very difficult' and the lowest percentage (6%) for 'Very difficult'. Statutory agencies were the second easiest to recruit from (only 17% of responses were 'Very difficult'), followed by the local community, (23%).

3.57 National survey data from 14 of the case study SSLPs (2002, 2003) showed a range of between 1 and 42 posts vacant in the programmes. Most case study programmes were advertising these posts, but were

having delays recruiting to both new and existing posts. Problems around recruitment and retention were cited as:

- Lack of applicants for all posts, or applicants of poor quality
- Recruitment to professional posts was difficult due to a lack of appropriately trained staff in the Sure Start and surrounding area. In some cases (e.g. health visitors and midwives) local difficulties were exacerbated by national shortages and by difficulties in locating Sure Start posts within standard national grades and pay scales
- Lack of applicants for particular types of posts including home visitors and play link workers
- Competition from other SSLPs, with staff moving on to new programmes
- Bureaucratic delays meant recruits often accept other jobs; police checks took too long; there were delays from personnel department of the accountable body
- Staff on fixed-term contracts often look for new jobs before their contracts expire, as they do not want to be left without work; those anxious about the security of the funding were also inclined to leave.

3.58 One of the two 'high' turnover programmes has experienced particular problems with community workers. Both the programme manager and the staff agree that the programme has a problem with high turnover for this group. Several respondents note that many of the staff leave to go on to better paid positions – in particular, they go on to social work positions. This programme attempts to employ people from the local community for these community worker posts, but finds that many of those who apply for posts from the estate are insufficiently qualified. The Programme manager laments that '*many people on the estate apply for our jobs but are under-qualified...we ring them up to offer advice...and how to improve their career opportunities*'. This puts enormous strain on their recruitment strategy, and indeed on other staff, as posts tend to be advertised two or three times, creating a long delay between a worker leaving a post and when it is next filled.

3.59 Some of the community workers interviewed indicated both personal and professional reasons for not staying. One said, '*there is high staff turnover...as there is not enough emotional support...we need a mentor*'. The stress on remaining staff caused by filling in behind unfilled posts tends to generate a vicious circle. Stress leads to people leaving, which in turn adds to the stress on those who remain. One social worker felt that people leave because the team is '*not solid enough*'.

3.60 In the other high turnover programme, the programme manager and some strategic partners held views which conflicted with the rest of the staff and with some other partners in respect of the high turnover rate. The programme manager felt that the turnover is due to a natural progression of posts. The Chief Executive of the local council believed that Sure Start has made headway in bringing much needed additional

skills into an area of chronic skill shortage. However, others associated with the programme felt differently, and indeed rather less optimistically.

- 3.61 A Childcare Development Officer felt that some staff have left their posts because the job itself is so *'new and ambiguous'* that *'it is difficult to know what your job is going to be until you are out there working with the community'*. A Special Needs Support worker thought that the nature of working *'without boundaries'* is challenging. For example, while staff have come to expect equality across the board because they work in a multi-disciplinary team, variations in pay scales and employment terms among organisations put a strain on this *'expected'* equality. One Family Centre Co-ordinator believed that the local programme has grown too rapidly and that there is a problem with recruitment and retention *'because we don't pay very much and it is expensive to live in our area'*. Finally, the response by a Senior Manager in Education is in disagreement with the Chief Executive, in that it is felt that the skill mix has *not* been brought in effectively, and that we need *'skills to be able to work across professional boundaries and to embed consultation into practice'*.
- 3.62 Generally, those programmes with perceived low staff turnover feel that some kinds of turnover are *'natural'* and that some kinds of turnover are actually good, particularly in the early stage of setting up a programme. *'When trying to find the right skill mix, this is a natural thing.'* Programmes where turnover does not seem to be a big issue, reported they could recruit a *'skill mix'*, and a shortage of certain types of workers, seen in other areas to be a real issue, is not a problem for them.
- 3.63 Pay in relation to the local labour market seems, unsurprisingly, to be an issue in some programmes. Some newer SSLPs are paying higher rates than established programmes within the area. This makes these programmes particularly attractive to trained and experienced staff from existing programmes, who like the nature of the work.
- 3.64 Sometimes the work itself was not what people expected it would be. (Although this is likely to become less of a problem as Sure Start matures and there is wider experience of the jobs and what they entail.) One middle manager in Education explained why, in his view, staff turnover has been high. *'This is mainly due to the fact that some of them left because Sure Start was not quite what they thought it would be. There is a difficulty in developing services in a brand new way. It's a complex area – it's not for everyone'*. Similarly, one team leader felt that several staff left because they were expected to carry more - in fact too much - responsibility, than they had been used to. An Early Years Development Co-ordinator expressed the view that staff have left because they get *'bored'* during the development stages of the local programme. *'Some staff need more hours and more of a challenge. We have equal workloads now but in the past there were staff who had lost motivation'*.

- 3.65 Turnover in Sure Start local programmes is the outcome of the interaction of labour market issues – pay, terms and conditions, and job security relative to other job opportunities – and issues that are intrinsic to the programme – the kind of work in relation to the expectation, and the level of the workload. In this context too little work seems to be just as important as too much. There is also the identified issue of people moving on who like the development phase, but not the operational phase of the work.
- 3.66 In terms of the labour market factors it is important that SSLPs keep an eye on their position in the local labour market, and there is a case for all SSLPs in an area to at least exchange information about their pay rates and other terms and conditions. Programmes need to remember that for professional staff they are generally competing with statutory agencies, but for community workers they are competing with a wide range of local employers including retailing, childcare, care homes and domiciliary care for older people. Quite small pay differences can make a major difference in terms of the ability to recruit and retain these staff.
- 3.67 Some of the turnover issues that are specifically related to the nature of the programme are likely to disappear over time. As all SSLPs move out of the development phase, the remaining jobs will be largely related to the delivery of services, and the nature of them will become more widely understood within the pools from which SSLPs are recruiting. However, some of the high turnover programmes appear to have problems which are specific to the programme itself rather than to the wider labour market, and as such these are issues that can be addressed by programme management.

Training

- 3.68 Training is an important part of Sure Start local programmes' ability to deliver services. Where SSLPs are delivering new services (such as home visiting and other outreach work) all staff delivering these services have to be trained. Where staff are delivering services in new ways (such as multi-disciplinary teams and generic working) staff with a professional background need to be trained in new ways of working. In addition, all staff who are not already trained to deal with first aid, child protection and diversity issues will have to have training to cover these. Some staff will need to be trained to deal with more challenging issues such as domestic violence, and others (for example crèche workers) will need training in childcare.
- 3.69 The National Survey (2001, 2002) asked programmes about the range and nature of training provision for both members of the local community and for staff. The survey asked SSLPs whether training is provided on a mandatory or voluntary basis.
- 3.70 There is a great deal of variety among programmes with respect to specific training opportunities provided to staff. The two most widespread

training opportunities that are *mandatory* for all staff are aimed at a) Sure Start induction and b) Child Protection. Health/safety and team/capacity building are the next most common training courses, which all staff working in the programme have to do. For the most part, all other training appears to be offered *more commonly* on a voluntary rather than mandatory basis.

- 3.71 In terms of service delivery training, more than four out of five programmes provide training in both general health and mental health issues, speech and language service delivery, ante- and post-natal services and play and learning. Typically such training was mandatory for a minority of staff and voluntary for others. Around seven out of ten programmes provide training related to disability issues, and half provide childcare training.
- 3.72 Other training, to develop awareness and general skills, which are not specifically related to service delivery, include information technology (available in nine out of ten programmes), diversity awareness (half of all programmes, but usually mandatory when it is offered), aspects of management such as committee meetings (again half of all programmes). Some programmes offer staff the opportunity to take part in training offered to parents. For example, programmes offering basic skills training to parents often make this available to staff members as well. Half of all programmes offer training in stress management.
- 3.73 Case study data showed a similar pattern to the surveys. The vast majority of staff from all the case study programmes were involved in Sure Start training at some level. The majority of programmes provided training with at least an induction programme for all staff. One programme impressively provided training for all staff in equality and diversity, child protection, manual handling, infection control, health and safety, and adult support with learning. In addition in this programme all workers working with children do NVQ 3.
- 3.74 More generally, across all sixteen programmes some types of training were more widespread than others. The most common types of training were Equal Opportunities, induction, domestic violence, post-natal depression and by far the most common – child protection. Other types of training that were mentioned quite frequently by case study respondents included food hygiene, anger management, counselling, team building, health and safety, child behaviour, speech and language training, child health, listening skills, cultural awareness, smoking cessation, partnership working, communication, computing, community development, nutrition and feeding children, breast feeding training, working with children with special needs and self esteem training.
- 3.75 In our case study programmes we found that specialists from mainstream service providers, or voluntary organisations carry out most training. Occasionally training is provided directly by Sure Start staff themselves. For example, unsurprisingly, St Johns Ambulance often

carried out First Aid courses. Child protection training could be carried out by social services and in some instances by a large national voluntary childcare organisation in addition to Sure Start. Local colleges and universities were often used for training purposes as well for subjects as diverse as food hygiene, organisational change, and nurses in public health. A health visitor generally undertook breast-feeding training, and listening/counselling/therapy training was in one or two instances carried out by the local church.

- 3.76 None of the responses indicate whether staff feel the quality of Sure Start-provided training exceeds the level and quality of training as provided by mainstream agencies. In most case-study programmes however, staff, managers and those working in mainstream services regarded the training provided to Sure Start staff as being satisfactory in terms of subject areas, level, quantity and quality. The training is sufficient to enable staff to deliver services of an appropriate quality to parents, and to work in multi-disciplinary, multi-agency teams. As we discuss in Chapter 1, as with all case study research, if something is working well it is often not noticed, and not mentioned in conversations with interviewers. Thus, although problems around training were mentioned in some programmes, these were very much in the minority. But the issues raised by this small group were still important, because if training is not working well, service delivery is likely to be adversely affected.
- 3.77 Some programmes had successfully used an outside body to help understand their training needs: *'We commission our training to the local community education service, who provide a training co-ordinator whose role it is to assess training needs.'* This model ensures that the correct level and quality of training is provided. Programmes that used this model found it extremely useful as training needs could be accurately assessed by an external body and provided appropriately.
- 3.78 A slightly different approach was adopted in another programme: *'One day a month is devoted to staff training and team building'*. Another programme manager *'circulated a staff team form and staff list what training they would like.'* This model allows programmes to assess staff needs themselves and provide training accordingly. Programme managers using this approach felt that the training budget was spent in the most effective manner and was not 'wasted' by giving all the staff training they did not necessarily need. It also meant that staff needs were regularly being updated and reassessed.
- 3.79 As with all types of employment, SSLPs often find that there are tensions between the kinds of training staff need in order to deliver services, and the kind of training they want in order to improve their own career prospects. Programme managers were clear that their priority was service delivery, but recognised that staff did not always like this. As one put it: *'Sure Start resources are all about delivering services and not*

about career development and training. Staff want to do courses that are accredited and we can't afford this.'

- 3.80 This tension was reflected in some of the comments we got from staff. One member of the front line staff commented, *'the training through Sure Start is the cheap stuff'*. Another front line staff member said that *'the training is very poor and there is a lack of support. A lot of the courses are not accredited so are not recognised. The child protection was very basic.'*
- 3.81 But this reaction was not common. Many staff at all levels had very positive attitudes towards the training they received through Sure Start. One front line worker commented, *'I identify my needs and have no problem getting Sure Start to pay. I have one study day off a week which my programme manager suggested and I get paid for it.'*
- 3.82 Some programme managers had a less structured attitude towards training. *'I have pursued a strategy of letting people have the scope to learn and to make mistakes and learn from them.'* This could lead to some respondents feeling that they needed more training than they actually received, in that they had to make the mistakes first and receive the training afterwards. It also meant that staff had to recognise themselves that they had training needs, which in more structured programmes were addressed on a more systematic basis: *'I received no training when I started – my manager expected me to carve out the role myself. But I need training to focus my aims and achieve some tangible goals.'* These less structured methods of providing training appeared to be less beneficial to staff, who felt that training should at least be provided on an 'as needed' basis.
- 3.83 In a small number of programmes there appeared to be tensions around who received training. One deputy manager of services commented that she was *'Not given any training when she started. It was time to 'sink or swim'. 'Guidance was not given at all'*. Two front-line staff in one programme reported that training was restricted to senior professional full-time staff. One commented *'we received no developmental training – that was concentrated on senior, full time staff.'*
- 3.84 Dealing with the complex issue of diversity, be it ethnicity or gender, is dealt with at greater length in Chapter 2 on management, but we highlight here three examples of how these problems can impact directly on *training*. Although training in issues related to diversity and equal opportunities was commonly available to SSLP staff, some gaps were apparent. In a positive example of how training had made a difference, a crèche worker, who had previously felt uncomfortable with Asian workers who spoke Punjabi in her company, discusses how this tension had been resolved in the course of a collective training exercise.
- 3.85 However, in other instances, the need for further training is indicated. In one programme a front-line worker expressed concern that failure to

understand the culture within which families are operating can lead to inappropriate and counter-productive interventions. For instance: *'telling the husband of a domestic violence victim not to beat his wife up means she is then banned, by him, from taking part in further Sure Start activities'*. This worker felt strongly that training should be commissioned to address this issue.

- 3.86 Similarly, a middle manager in Social Services from this same programme felt that some of the tensions between the (white) professional staff and the (minority) Sure Start workers around timekeeping and workplace disciplines could usefully be addressed by training for both groups.

Summary

- 3.87 Staffing Sure Start local programmes is a complex task for managers. Programmes operate at the interface between the hierarchies of mainstream statutory services, where there are common skills, understanding and professional cultures, and workers drawn from the local community. The staff, with their diverse backgrounds, have to work in common teams to share information and to share skills. This can be unsettling and challenging both for professional staff and for those drawn from the wider community. Training is one of the keys to bridging these gaps.
- 3.88 There is also the challenge of numbers. Sure Start local programmes are new organisations starting from scratch. Initial recruitment as services build up can be quite challenging, both for professional staff and for community members. One of our case study programmes had 42 vacancies at the time the national survey took place.
- 3.89 Many programme managers were enthusiastic about the number and calibre of the staff they have working in the programme. In most of our case study programmes turnover was not an issue either, although it was a problem in a small number.
- 3.90 Secondment is an important way of filling Sure Start posts, and when it works well it is beneficial both to the programmes, giving them access to skills that they would not be able to recruit themselves, to the staff, who develop a new range of skills and networks, and to the seconding organisations which develop a stake in the programme. However, it can present management challenges where people have dual lines of accountability, particularly where they work part-time both in the SSLP and in their home organisation.
- 3.91 Programmes faced on-going challenges in respect of generating and maintaining the right skills mix. There was no particular factor underlying this, other than the challenge of implementing a community-based programme with a range of different targets, which span health, education, special needs and family support, for example. Ensuring that

training structures fully address the multi-disciplinary, multi-agency, multi-cultural nature of SSLP services can be a challenge for programme managers.

- 3.92 Sure Start local programmes tend to have quite large numbers of part-time staff. This has advantages in terms of family-friendly working arrangements for staff, but presents challenges in terms of ensuring that everyone is kept up to date without spending a disproportionate share of their time in meetings and co-ordinating with others.
- 3.93 Most programmes take a systematic approach to staff training, although the nature of the approach varies. Some use outside organisations both to diagnose training needs and to deliver courses. Others have regular training days or ask staff to identify their own needs on a regular basis. In almost all programmes there was a tension between what staff wanted in terms of career development (largely accredited courses) and what programmes needed in terms of competence in service delivery. Programme managers were clear that their responsibility was to ensure the latter rather than the former. Staff were not always happy with this. Some in programmes without a structured approach felt that they had unmet needs in terms of the skills required to do their jobs on a day-to-day basis.

Learning points

- Working in SSLPs can be challenging for both professionally qualified staff and front line workers. Professionals are having to re-interpret a professional role against a backdrop of changed expectations as to how professionals should operate within a group. It is important neither to underestimate these challenges nor to ignore them.
- A related challenge is the professional/non-professional interface. Professional staff are anxious about the idea that parts of their job can be done by staff that do not share their qualifications. They can also still carry statutory responsibilities from their agency of origin, which are not shared by other staff. Support staff are anxious that their very real skills (not least their ability to empathise with the local community and gain the trust of families) are ignored by professionally qualified colleagues. A balance is needed in respect of both numbers and status between professionals and non-professional support workers, and if teams are to work successfully they must be based on mutual respect.
- There are undoubted tensions between the staff working in the SSLP and those who remain in statutory agencies. These tensions relate to caseloads and to statutory obligations on mainstream services. This problem may ease with time as SSLPs become more settled and more widely known, and staff from both Sure Start and other agencies become more used to working together, and SSLP staff can 'carve out' their own roles within the Sure Start way of working.

- SSLPs, can contribute to labour market pressures as well as suffering from them. In some areas staff are leaving one SSLP to go and work in others with higher rates of pay. Many of the skills needed by SSLPs are in short supply both nationally and locally. SSLPs, by increasing the demand for those skills, are likely to be increasing the shortages. At the very least the programmes within easy travelling distance of each other (and at a minimum those in the same town) should share information about pay rates and recruitment strategies.
- Secondment when it works well satisfies the needs both of the staff and of the programme. However, several of the case study programmes are struggling to manage the secondment model, particularly around staff supervision and how to manage divided loyalties. SSLPs need to provide clear guidance to seconded staff about their new role both in relation to Sure Start and in relation to their host agency. Programme managers need to recognise that these staff may need greater support than other staff.
- Programmes that took a systematic and pro-active approach to training appeared to be more successful at ensuring staff had appropriate skills than those that took a more ad hoc approach. This model also ensures that training resources are used in a targeted way so that the budget is spent in the most effective manner and is not 'wasted' by providing unnecessary training. It also means that staff are less likely to miss out on training as their needs are constantly updated.

CHAPTER FOUR: THE CONTINUUM OF ACCESS

4.0 Problematic access to services is a long-standing theme in policy literature (Sanderson, 2002; Philo, et al, 1995; Kempson and Whyley, 1999). The first SSLP principle states that “*every family should get access to a range of services that will deliver better outcomes for both children and parents, meeting their needs and stretching their aspirations*”¹². It is of course, difficult to separate the question of ‘access’ from the question of ‘services’, because, by definition, when we talk about ‘access’ in the context of SSLPs, we are primarily talking about *access to a range of services*, even if some services are more intense, tangible and have a higher profile within the programme than others. The inter-relationship between programme activity to *facilitate access*, and the *provision of services* is therefore a complex one, and we have found it helpful to think in terms of a ‘continuum of access’, which we present below. It appears that the best-established programmes are actively deploying their efforts at each and every point on the continuum. In addition, they acknowledge there may be different ‘styles’ by which parents want to use services, and we found evidence of three main groups of service users/would be service users.

4.1 This chapter is therefore divided into 2 main sections. Firstly we describe our findings in respect of the *continuum of access*. Secondly we present three main *styles of parental service use*; and give appropriate examples, drawn from our case study programmes, of how these work in practice.

Continuum of access/reach

4.2 This continuum has 5 main points, which, while overlapping and not necessarily exclusive, represent the main ‘linkage’ points with parents.

- a) Making initial contact – this is the first point on the continuum and represents the first potential opportunity for programmes to engage parents. It embraces diverse efforts on the part of SSLPs, including leafleting campaigns; face-to-face outreach work; and community events organised in order to build relationships with the community.
- b) ‘Introduction’ to the service – this second point on the continuum reflects the work undertaken by Sure Start to introduce individual parents to the programme *after* a parent/carer has learned about Sure Start. It is not enough to merely inform parents that Sure Start is in the area; SSLPs need ways to attract and encourage parents to come to the service. Some parents may be reluctant, or feel that the programme is not for them. This section of the chapter will explore the ways in which programmes succeed in making a real link between parents and programme services;
- c) Autonomous take up of at least one Sure Start service – the third point on the continuum is the point at which a parent/carer makes the decision to use a service *on their own*; it may be a service, to which they were introduced by a Sure Start staff member; or it may be

¹² <http://www.surestart.gov.uk/aboutsurestart/thesurestartprinciples2/>

another service they have heard about from another parent. In this section, we will explore how services are designed to encourage parents to take up a service, once they have indicated their interest.

- d) Autonomous take up of more than one service – This point on the continuum represents the period at which a parent/carer is clearly more confident and pro-active about taking up services. It is important that programmes do not cease to focus on the parent/s at this stage, or overestimate the level of parent confidence. They need to continue to make efforts to keep them involved. We explore the ways in which programmes continue to engage parents through a wide range of services.
- e) Autonomous take up of services *other* than those provided by Sure Start - This is the point at which a parent is confident enough to look beyond the geographically targeted services of the SSLP and explore service provision in the wider area, either mainstream or independent sector provided.

How are the SSLPs reaching parents?

4.3 Having identified the different variables in an ‘access/reach strategy’ we now turn to describing what actually happens on the ground.

4.4 The first tasks on the *access continuum* involve promoting awareness of the SSLP, including the services on offer. Bound up with the task of promoting awareness is the need for SSLPs to *identify* all families with children under 4 in order to maximize the ‘reach’ of Sure Start services within the community. In this section therefore, we start by describing the various means, which SSLPs are adopting to identify all families with children under 4. Following this, we explore the ways in which SSLPs are promoting awareness of the programme, and the services which serve as the focal point for ‘selling’ Sure Start in the community.

Reaching the wider community

4.5 SSLPs harness both informal and formal means to promote and publicise their activities. Some informal means will be “opportunistic”, such as the chat in the supermarket, and not necessarily be systematic in their ‘reach’. However, SSLPs report that these are important activities in identifying local families. Formal campaigns, by contrast, are those with the explicit goal of identifying as many families as possible, or where SSLPs use formal links with other agencies and professionals to publicize activities. Data from the National Survey (2001, 2002) showed that a majority of SSLPs were implementing a wide range of strategies for promoting programme activities. On average, programmes are using 15 different methods to ‘get the word out’, and indeed, findings from our case study areas support this.

4.6 Programmes appear to have “ruled out nothing” in order to promote Sure Start in the community. Ideas include Sure Start-branded t-shirts, pens, baseball caps, balloons and other merchandise including children’s macs.

All staff members are generally required to participate in this publicity process. We found a variety of staff, including mental health professionals, community workers, and Programme Managers getting involved on a regular basis.

Outreach activity

4.7 All the case study SSLPs rely heavily upon outreach activity in order to promote awareness and identify families with children under 4. Some of this outreach activity - i.e. taking service activity out into the community - is 'informal', drawing on contributions from most if not all staff. It involves strategies for attracting parents who had not previously heard of or used Sure Start, giving them an opportunity to see how it works in an informal setting. At these events 'out in the community', staff members may try to 'sign up' parents, or hand out membership forms in a bid to identify local, eligible families. For example, SSLPs:

- disseminate leaflets and membership forms around local amenities and services such as grocery stores, nurseries and GPs;
- host 'no strings attached', 'one off' community events, such as 'fun days' (e.g. Easter Egg hunts, 'balloon days', picnics, Christmas parties and summer 'beach' parties);
- promote leisure trips for any interested community member. These trips tend to be very informal, usually free or subsidised for the parents, and seen by one programme manager as a way of "*breaking down formal barriers*".

4.8 In addition to this *informal outreach activity*, some programmes are implementing *organized outreach campaigns* to 'spread the word' and engage with a maximum number of families. This is particularly important for those considered 'hard-to-reach', where face-to-face, individual contact may be more useful in engaging with families who are unlikely to access services in any other way. For example;

- SSLPs are linking with other agencies and asking them to help promote Sure Start. This may be done 'passively', whereby a local organization allows Sure Start to disseminate leaflets on its premises or at its events. In other cases, local agencies will be more proactive and refer their own service users to Sure Start. In many areas, at least some local agencies appear happy to promote Sure Start services through their own working which acts as a good way of introducing parents to the service. One PCT senior manager noted "*the local professionals have confidence in Sure Start and are promoting it.*"
- Health visitors and midwives are significantly important to SSLPs in the process of identifying eligible families, as they visit all families with new babies and are able to promote relevant Sure Start activities, refer families and sign families up for 'membership';

- In addition to these formal networks of health visitors and midwives, SSLPs are striving to access centralised databases, such as the Child Health Trust in order to identify families in the area. (As National Survey data also indicated, this method was seen as important by SSLPs, but in reality it was not always successful as access to the data made available. Data protection policies and particular relationships with the relevant agencies in some cases hampered consistent and comprehensive access to these data sources).
- Door-knocking campaigns are another method of 'outreach' used by SSLPs, both for identifying families and generally promoting programme activities. In the majority of cases, this is carried out by designated outreach staff such as community/parent link workers, general Sure Start workers and community development teams, who will visit families identified by health visitors or through other 'lists' or referrals. In a few programmes, all Sure Start staff are involved in wide-spread campaigns once or twice a year, knocking on every door in the community to promote the programme.

Sure Start centres and other drop-in venues

4.9 Multi-purpose Sure Start Centres or 'shop front' centres constitute another route by which programmes have come to identify families in the community, albeit a less pro-active route. In these cases, parents or other members of the community are required to actively 'drop in' to see what is on offer. Generally speaking, we found that where parents did walk into these centres, they had already been made aware, from another source (e.g. health visitor or leaflet) of the existence of Sure Start and were coming in to find out more about the programme. In many of these centres (particularly the newly built 'one-stop shops'), cheerful community cafes are available for parents to sit and have coffee and meet other parents and their children, without the need to have to take-up any services.

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

Consulting the Community

4.11 Promoting awareness of Sure Start activities is closely tied into the SSLP task of community consultation. Consultation is an important means of involving the community in local decision-making and has a consistently high profile in the theoretical approaches to understanding the relationship between individual and family *need* and *use* of services.

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

4.12 It can be an effective tool in helping to design services to respond to local needs (Percy, 2000; Gilligan, R, 1999). Not only does consultation provide a mechanism for parents to suggest ways in which their needs may be met, but we have found a clear delineation between the strategy of using consultation for ‘confidence building’ purposes from more general consciousness raising exercises (not to mention using it as a strategy for finding out who is living in the community). Indeed, we have found that it is a means in this instance, of promoting the Sure Start initiative itself. National Survey data from 2001, 2002 and 2003 highlights consultation as an important and widely used method of ‘public relations’. Parent surveys and other types of consultation (e.g. ‘town hall’ meetings) help to maximise the ‘reach’ of the promotion campaign.

4.13 Consultation can, however, be undertaken in a tokenistic manner. Sure Start guidance has evolved from prescribing specific methods of consultation to encouraging a more loosely structured approach. The NESS Themed Analysis “Getting Sure Start Started” (DfES, 2002) describes some of the technical difficulties and ‘what works’; our case study findings support much of this earlier work.

4.14 Consultation is one step towards a comprehensive parent engagement strategy. *Wider* consultation refers to programme activities, which seek to maximise input by the community, and may occur through door-to-door surveys or ‘town meetings’. Parents on the whole reported that they were consulted to some degree by Sure Start management and staff.

4.15 Every case study area has to a greater or lesser degree consulted it’s community about Sure Start, although both frequency and method varied. For example:

- Parents fill out questionnaires to give feedback;
- Health visitors and other outreach workers consult parents during the course of their work;
- Feedback is given from parents at parent forums/groups;

- Some have 'open mornings' to encourage parents to come and talk about what they want from SSLPs;
- SSLPs have a notice board so parents can put up issues that are important to them;
- Have a drop in venue on school grounds or go to their homes if they prefer.

4.16 It can be seen that SSLPs feel that community consultation is not just about sending out documents for people to fill out, but it is also about engaging parents face-to-face to both promote the initiative *and* to find out what parents want and need. Staff members often make home visits in order to give parents information – for example finding out what basic skills parents already have and offering them courses, which may improve their employability. Staff members feel that parents appreciate and value being asked what they would like as it makes them feel they are worthy of consultation and not merely passive service recipients.

4.17 Consequently, SSLPs are consulting parents in an informal and friendly manner. Staff members report that they consult the community frequently and try to make parents feel a part of the scheme. A manager of a PCT commented that: *“The people you want to target are the people who wouldn't always have the motivation or enthusiasm or confidence. I think Sure Start has encouraged that. We [in health] can learn lessons about inclusion. We can be sometimes dictatorial about the services we provide without asking if they meet the needs of the public. SS reverses that emphasis.”* Communities can thus be helped to feel that they “own” the programme.

How did parents acquire their knowledge about their SSLP?

4.18 Around three-quarters of the parents we interviewed found that services were well advertised generally. Some particularly appreciated the leaflet drops to their homes, as they found this the easiest way of establishing when and where services were being delivered. However, just under a quarter of parent respondents felt that there was a *lack* of information. Some felt that information was not readily available and they didn't get to hear about what was going on until it was too late. *“I'm already isolated....it would have been useful to have been given some more information...I found out accidentally from the woman in the corner shop”* [Parent].

4.19 About a quarter of the parents interviewed found out about Sure Start services through their home visitor (e.g. midwife, health visitor or family support worker). All these parents appeared to appreciate being given information directly relevant to their own needs and requirements. *“You always think health visitors are only about weighing your baby, but they can be useful sources of other information”* [Parent]. Only a few parents that we interviewed found out about Sure Start services through local community events and/or drop in centres.

4.20 In summary, programmes are employing a wide range of informal strategies to reach the community. They are in the process of making formal links with other agencies in the area to help promote services; and all are using their outreach team to undertake this task. Sure Start Centres and drop in venues appear to be important in promoting a relaxed atmosphere where parents can meet others and feel comfortable, but few parent respondents had actively 'dropped in' unless they already had some prior knowledge of the existence of the programme. Observations in reception areas of Sure Start buildings indicated evidence of well-stocked notice boards and supplies of leaflets, although it was noticeable that few parents had picked them up. Respondents in a number of areas drew our attention to the fact that some neighbourhood sectors within the SSLP catchment area were inadvertently 'missed' by SSLPs in their leafleting campaigns.

Reaching the 'hard-to-reach'

4.21 While the strategies we have described above may work for a majority of parents in the community, they may not work for some individual groups. We have described above the 'standard' methods programmes adopt to attract those parents who will be relatively easily engaged. However, all our case study programmes flagged up the existence of a further group of parents for whom the programme knew they would have to make more purposive and/or consistent effort to reach, a task complicated by the fact that it was difficult for them to be specific about *who* is hard-to-reach. By definition, these groups are hard to define and are likely to vary from SSLP to SSLP. Such groups are likely to include some or all of the following:

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

4.22 Members of these groups may not access services for a number of reasons. For example, a family may be mistrustful of social services if they have previously experienced negative contact in respect of domestic violence. If a parent of a child with a disability has previously experienced poor quality services, they will hardly be enthusiastic about another new initiative. There may be cultural barriers, which prevent some parents from accessing services. If English is not a first language, parents/carers may feel 'left out' or that they do not have the confidence to approach SSLPs. Finally, some families may be experiencing very complex problems that might prevent them from reaching out, including for example, drug and alcohol misuse.

- 4.23 Programmes are evolving a range of outreach strategies to make *initial* contact with some of these groups. For example, where health visitors are the first point of contact for families in an SSLP, they may be assessed by the health visitor who will then refer the family on to appropriate services. In addition, the parent is likely to be accompanied to a Sure Start service by a relevant professional (e.g. a key worker, an interpreter).
- 4.24 Written publicity can be targeted on specific groups. Where there is a large enough proportion of community members who speak a particular language, leaflets may be translated into that language and posted in relevant venues. Additionally, programmes may engage the services of interpreters, making them available at Sure Start events or specific services where required – this might mean SSLPs hire providers who speak another language, or it may be that interpreters accompany Sure Start workers to events or to visit a family.
- 4.25 Maximising ‘reach’ to families with particular needs appears to be facilitated if there is a designated worker on hand who specialises in making contact with and/or addressing the issues of some hard-to-reach groups. One inner city programme was making strenuous attempts to minimise duplication of approaches. The Programme Manager was active in encouraging liaison between programme staff so that an individual family did not find themselves being ‘pursued’ by an ‘army of Sure Start workers’. Across the case study areas, there is considerable variation in the availability of dedicated workers for particular special needs or “hard-to-reach issues”. Programme Managers, where they mentioned this as a challenge, cited recruitment difficulties, predominantly as a result of the absence of appropriate staff and to a lesser extent, as a function of the relatively short life, so far, of their particular programme as the most important factor. Where key workers were not employed, we found some evidence of other members of staff being trained to deal with the issues in question.
- 4.26 In respect of both fathers and ethnic minority groups, two key areas of focus for Sure Start policy, there were generally very low levels of ‘inherited’ provision in the area. For example, only half of the case study areas had existing fathers’ groups. This may explain why our case study SSLPs had focused considerable effort in this area. Most of them had appointed key workers such as a ‘male involvement worker’ or an ‘inclusion worker’ with the remit to a) undertake home visiting activity to initially encourage fathers to participate in Sure Start and b) to set up groups and drop-in activities. A key worker will strive to contact fathers in the area and make them aware of the range of activities available. They may revolve around a ‘theme’ that will entice fathers to attend, for example, an outing to a football game or a social meeting in a pub. In other instances, more complex dimensions of masculinity will be addressed. A key worker in a Southern programme was addressing overlapping issues of drugs/alcohol and violence as well as issues related

to single dads. *“I work with some drug addicts in the centre and we are working with families having drug problems. It is very helpful where male behaviour is the issue, and I have found around here, with drugs it often is, to have a bloke like me doing it”.*

- 4.27 Where cultural issues are significantly widespread, programmes similarly appoint inclusion workers with direct responsibility for targeting this population. *“This programme has an inclusion worker...they have responded to diverse population by using local people and local skills...they provide ethnic minority training and dual language speakers.”* [Senior manager, Social Services]. One programme even has an ‘Asian liaison team’ who supports families from ethnic backgrounds. Parents found that sometimes it was harder to engage with the programme if English was their second language. They suggested that to ease language barriers with improvements to the design of leaflets and other material, such as minimal text, that would be easy to understand by parents from a non-English speaking background. It was felt this would be a good way to introduce these parents into accessing Sure Start services. Most programmes were prepared to provide interpreters where needed, but there were areas where there were families from a wide range of different ethnic minority backgrounds. In these cases an interpreter was often only provided for the “majority” minority ethnic group. There are clearly complex resource issues of finance, skills and availability. This may be an area where programmes need to explore new strategies.
- 4.28 Other groups for which SSLPs appear to be appointing key workers commonly are families experiencing domestic violence, children with special needs, teenage parents and asylum seekers and refugees. Families are referred to key workers who will then visit the family and provide targeted help where required and also encourage parents/carers to attend other universal services. SSLPs are least likely to provide key workers for parents/carers with drug problems and single mothers¹³. Partly, this may be because within the case study areas, fewer SSLPs identified drugs as a significant problem. In addition, drug-abuse services (e.g. counselling) are relatively common services, and tend to be found borough-wide, if not directly in the SSLP area.
- 4.29 Other hard-to-reach and special needs groups appear to be addressed in ad-hoc ways across programmes. Again, we can attribute this partly to the difficulties experienced in identifying who is vulnerable. There is no consistency as to how these groups are being accessed and indeed, there is some doubt as to how well they are being reached.
- 4.30 Hard to reach groups are often accessed through the route of referrals (as are the more general population of Sure Start service users). When SSLPs come across families where children have, for example, special needs, they introduce the families to local agencies (or other Sure Start

¹³ This refers to data collected via the National Survey and Case Studies in 2002/03.

workers) who can help, and in some cases other agencies will tell families about Sure Start services. This partnership working, when successful, is seen to ensure that everyone in the community has an equal chance of accessing services of importance to them.

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

4.31 We have described above the various strategies used by SSLPs to maximise their 'reach' into the community, for families in general as well as for hard-to-reach groups. However, figures from the Sure Start Unit for 2002 indicate the challenges that programmes are facing in this task. In the period of our case study data collection between September and November 2002, Round 1 programmes had seen, on at least 2 occasions, 31.9% of children in their programme area. In addition, in this same period, home visiting staff saw for the first time, a further 15.2% of children. In Round 2 programmes, a similar picture emerges, with just over 26% of children having already been seen at least twice, and a further 17% of children seen for the first time. It should be noted that these figures were collected at a relatively early stage in the lives of Rounds 1 and 2 programmes, especially in the case of Round 2 programmes.

4.32 SSLPs made clear in their interviews with us that they know that they are not reaching all individuals in the community. Some parent satisfaction surveys and other types of local evaluations indicate that some people are still not using Sure Start services, despite the levels of outreach activity, key worker targeting and leafleting. The most common response among parent respondents is continuing lack of awareness on the part of the local population of what Sure Start could provide for them. In part this appears to derive from a lack of information. We now go on to explore some of the factors, which may lie behind these figures. They range from the complications of data collection to the physical and geographical constraints of the local area.

Complications of data collection

4.33 National Survey (2002) data underlines the variety across programmes of strategies to identify new babies and new families. Fewer than three-quarters of Rounds 1 and 2 programmes are currently utilising a 'systematic' strategy, such as a centralised database (e.g. Child Health), to collect information. These strategies have so far not provided a comprehensive means to identify families, therefore SSLPs report that they are turning to additional strategies to supplement the data. These include one-off events, word of mouth and distributing a range of merchandise of which balloons are a popular feature.

4.34 The adequacy, or otherwise, of data is particularly important where children/families with special needs are concerned. These will probably be numerically small groups of families and the difficulties are

compounded when they live in rural areas. For example, the rural case study programme finds responding to its local community difficult, but in particular to special needs families because of a lack of access to a central database. A senior health manager states, *“We have a small ethnic community. It is diverse in terms of its villages, but not really in terms of cultures. I think it is responding to special needs that is the hardest. When you haven’t got a central database, it’s difficult”*. The general challenge of joint working may be compounded by the isolation experienced by rural programmes.

Can collaboration between agencies help?

4.35 Sharing information can obviously help in some circumstances, but raises new issues around confidentiality and barriers between agencies. A senior midwife at the PCT contacts all new parents using child health registers, and puts it this way: *“There needs to be plenty of publicity locally, but the way to tap into new parents is obviously using some data system. We know every new birth through child health. Through maternity services we can know every woman newly pregnant. I think there are some major issues around sharing of information and how we achieve consent from these families to share that info. We’re relying on the main services to inform - not sure how efficient it is - think there needs to be a better system.”*

4.36 Strategic-level managers feel there is not enough partnership working between mainstream agencies and SSLPs. This appears to be associated with the pre-existing relationships between local services. Issues around joined-up working (discussed earlier in this section, and in Chapter 2) present serious problems in identifying families in the local community – with particular difficulty in identifying special needs and hard to reach groups.

4.37 It is not only rural programmes that have difficulties reaching ‘hard-to-reach’ or special needs community members. For families with complex needs, joined-up working does not always become a reality. A team leader in a northern programme said, *“We have not made a lot of headway with special needs so far. Had dealings with child development centre on this, hoping to have children referred to CDC- who weren’t ‘too bad’ to be referred to us. A lot referred to them are not ‘bad enough’. Thus, it has not happened yet.”*

4.38 Sometimes agencies blamed each other for deficits in collaboration. *“The hard-to-reach families are not being reached; this needs partnership working, as we are already working with these families!”* [Middle manager, Social Services].

4.39 Three programmes, however, illustrate examples of good partnership working; they have pre-existing close working relationships with mainstream services that had been developed over time. One senior social services manager said that, *“everything is geared up to a scheme*

owned as one – users don't have to give their name six times as it's one integrated system. Names are held on Sure Start data base in their office, we are then all trying to get to the families."

4.40 Clearly, owning a 'common scheme' could have unexpected extra advantages such as minimising barriers for minority ethnic groups. A social worker in one programme emphasises the issue of joint working; *"ethnic minority workers are left to "deal" with families from different cultures, rather than more joint working with team members where inclusion is everyone's responsibility. Need more work together."*

Making initial contact: Section Summary

4.41 This section on 'Making initial contact' has a) described how SSLPs are promoting Sure Start activities in the community and b) set out in what ways and how far SSLPs are 'reaching' families in their communities. Our data provides clear evidence of a diverse and reasonably sustained attempt to reach all the relevant parents in the respective SSLP areas. We have listed the strategies in place, and given examples of particular approaches. Programmes have identified that different approaches are more successful in reaching certain types of parents. Some strategies are clearly more geared toward children actually being born within the SSLP, while others will be of relevance to new families who already have children and move into the SSLP area.

4.42 While it is impossible at this stage to draw an authoritative numerical conclusion about *success in reach*, our data points to the following picture being (at least at this stage of programme implementation) a reasonably accurate one.

- a) About three-quarters of managers acknowledge that they are not as yet reaching the whole community, but indicate that they are optimistic that they can succeed in reaching nearly everyone, given time;
- b) At the same time, only one manager sees themselves as being "nearly there"; and finally,
- c) Some individual groups are described by respondents as being particularly hard to reach, e.g. those where English is not a first language, and here staff are clearly less than confident that this picture will necessarily change, despite their best efforts.

4.43 In other words it is a mixed picture - it cannot be said that all families are as yet being reached.

Introducing parents to a 'service'

4.44 We have described the tasks undertaken by SSLPs in order to promote awareness of Sure Start; and to make initial contact with families in the area. Ideally the next stage will be for parents who are interested in using SSLP services to take a "first step across the service threshold". This is a crucial stage in what might be thought of as the *service*

experience. There are some key issues for SSLPs to consider at this stage, in order to facilitate service use, such as the degree of comfort provided by Sure Start venues and facilities. We go on to explore some of the ways in which SSLPs are striving to make the programme inviting.

Buildings and physical access

4.45 Sure Start buildings must be capable of housing services effectively and safely, and it must be possible for parents to get to them easily. This is one meaning of ‘pram-pushing distance’. They must also be accessible, comfortable and acceptable to all parents. There are significant variations in the way respondents feel about the overall success of venues for delivering services. New buildings and established re-furbished buildings both have advantages and disadvantages, which will be discussed in detail below.

4.46 There was wide variation in the stage of capital works across all of the case study areas. Four programmes had already moved into a brand new purpose-built centre. Four programmes were in various stages of a capital works project (e.g. waiting for the construction to be completed or waiting on construction to begin). The rest of the programmes were housed in recently re-furbished buildings (or buildings currently undergoing refurbishment). In all but two of these programmes, re-furbishing had yet to begin.

Re-furbished buildings and multi-venue sites

4.47 Not all SSLPs are building new premises – some have previously been used as family centres or schools, whereas others are shared with other organisations. In these cases, programmes have had to re-furbish their sites in order to make buildings safer and appropriate for children and families to use. In some cases, one building has proved insufficient and additional premises have been sought.

4.48 Re-furbished ‘old’ buildings have many advantages over new Sure Start Centres. Some families may well have been using existing venues for many years and appreciate the familiarity provided and may not appreciate new Centres.

4.49 Re-furbished buildings that are connected to other organisations and/or services may also provide a sense of ‘joined-up-ness’ that a freestanding Sure Start Centre may not. Re-furbishing old buildings can also be seen as an economic use of resources.

4.50 There were some very positive responses in respect of established venues for delivering services. Staff and managers liked the improvements that re-furbished buildings were delivering. For example, *“The building has been transformed and it is very welcoming with its café. A lot of users were not aware they were in fact using Sure Start”* [Middle manager, Education]. Some parents expressed positive views also,

emphasising the fact that they liked bringing their children to a place that they had once spent time as children themselves. One parent likes taking her child to a mother-toddler group at the local church hall because *“it still has the feel of being ‘our’ community”*.

4.51 However, respondents in three programmes noted some practical problems, which created significant barriers to accessing the older buildings and services. Overcrowding in old buildings was one of the most frequently mentioned problems by staff and parents. For parents, overcrowded buildings mean real discomfort for them when they have bags and prams to carry and store. Several parents raised this issue: *“The building is a bit impractical when you plan on opening your doors to all the parents in a community – where does everyone put their stuff so that its safe and out of the way?”*

4.52 On the other hand, safety and stigma issues may be associated with old buildings. As data from the National Survey supports, programme managers and staff are concerned about the safety of the locations where older established buildings are located. One Programme Manager said of their new Centre: *“All the aims for the children are the same- where the family centre is some parents wouldn’t come - the area was very rough – bit of a stigma to do with social services in area – there were fire bombs / shootings/stabbings in the street. The new Sure Start building is in another area which parents will be happy to access (on a main road) with nice housing in the area.”*

New buildings

4.53 While not necessarily solving every problem, in general, new Sure Start buildings are well received by staff, managers and the community. Bright and airy centres built specifically with children in mind become ‘jewels in the crown’ of the delivery of Sure Start services. The usual goal in mind is to have a ‘one-stop shop’ where parents/carers can access various professionals and services easily. Most of these new buildings have a café attached, special rooms built for parents to have quiet times or to meet with other parents, special soft-play areas for children, and large rooms where children can participate in anything from arts and crafts to reading and taking naps. These new buildings tend to solve some of the problems experienced with older re-furnished venues. For instance, there is less overcrowding; more space for parents/carers to leave their prams; and easier access to a reception or office area. However, some existing problems may remain. Others may be added by ‘new’ building itself. These can include the ‘new’ location, which may take some getting used to and a lack of transport. Sometimes the implicit assumption, not always helpfully, will be made that the ‘attractiveness’ of a new building can compensate for focused and sustained outreach work.

4.54 In two programmes (one with a new building, the other waiting on construction to complete), some front line staff members feel that the new building was constructed at the expense of the outreach activity. One

front line education worker commented, *“The Sure Start programme needs to take Sure Start out into the community and not expect all people to use the Sure Start building.”*

4.55 In other cases, travelling to a new centre may be a problem but this is also compounded by the loss of an old building that parents liked. A front line social services worker from a different area said: *“I thought more families would use the Sure Start building. A lot of hard to reach families from the old family centre were lost because the old family centre had three members of staff and was very intimate. They have stopped using the centre.”*

4.56 Programmes need to be sensitive to problems of access. For example, one case study area is comprised of some relatively rural areas isolated from other parts by a large hill. After learning about the difficulties parents experienced in reaching their new building, one programme decided to re-focus their attention on outreach by setting up a play bus to take facilities to people’s doorsteps. This proved to be very popular.

Community Cafes

4.57 Community cafés are a popular trend in SSLPs. Nearly all case study programmes either have or plan to have in place community cafes. They are built in a central location and have kitchens, serve anything from light refreshments to hot meals and have a public seating area. They serve a multitude of purposes, functioning simultaneously as a catering service, employment opportunity, venue for courses such as ‘cooking on a budget’ and they also function as a social meeting place. Parents and other members of the community can drop in just to have a cup of coffee and a chat.

Support for accessing venues

4.58 Transport and childcare also emerge as areas of concern among respondents. National Survey data shows that a majority of SSLPs are providing (or are prepared to provide) transport to services. In all case study areas, transport is usually provided in an ad-hoc way, particularly when parents are attending meetings such as management meetings and parent forums. Some parents can walk easily to venues, but where this is not the case, there are two general ways by which programmes provide transport; 1) some programmes have access to a vehicle (perhaps a van or a car used for Sure Start purposes – in one case, they used a play bus to usher parents to meetings!), and/ or 2) alternatively, some programmes pay taxi expenses, or provide a subsidised taxi.

4.59 Respondents (across management, staff and parents) in at least half of the case studies revealed that they are keen to improve access to services and encourage more people to attend not only meetings, but services, by providing more regular transport. For example, a Middle

PCT manager stated: *“Looking at the aims of our Sure Start delivery plan, it asks things like - we provide services, but do we provide childcare? No. We provide a health service, but if we look at how people access it - do we actually look at the reasons why people don't access our services. Some of that might be round childcare provision - lack of transport to hospital - where we conduct clinics.”* In several programme areas, the catchment area is actually divided into very distinct neighbourhood areas with significant barriers to accessing all available venues from which SSLPs are delivering services (e.g. Sure Start centres, local church halls, Family Centres, etc.). A number of parents expressed the view that local transport is not convenient, and that they would appreciate a greater effort on the part of the programme to either provide services more locally accessible to them, or to improve the transport strategy.

4.60 Although lack of adequate childcare for working parents was mentioned often, parents, in general, appear very happy with the level of childcare provided in terms of accessing services or attending meetings. Parents in all the case study areas expressed their appreciation of the availability of crèches when they wanted to access other services. In a few cases, however, parents appeared less than satisfied with the qualifications of the crèche workers or childcare providers, particularly when the crèche workers were not employed by a statutory agency.

Age and boundary restrictions for service access

4.61 Some of the most widespread concerns for parents across programmes relate to restrictions of age (i.e. 0-4 years), geographical boundaries (closed catchment areas) and access (i.e. out-of-hours restrictions).

4.62 Age restrictions concern parents for a number of reasons. They worry about ‘what will happen’ to their children when they reach school age. *“The biggest mistake the government made was setting an age limit. It should have been to school age.”* Another parent commented *“I was using the child psychologist but when my child reached four they referred me on to non-Sure Start services, with a waiting list.”* A particular concern for one parent was that children with specific special needs may not have them identified until they get older. It is, of course, at this point that Sure Start has to withdraw its support.

4.63 Parents also find the restriction in age a particular problem if they have older - as well as younger - children, as they are unable to access the services for all of their family: *“My older child feels a bit left out and upset when he sees his younger brother going to all sorts of parties”*.

4.64 Parents also feel unhappy about restricted boundaries, which means that some parents can use all the Sure Start services and some cannot. Responses included laments that their friends in other areas cannot use similar services, or they cannot use them together. *“It makes me feel guilty that my child is put first as I live in the area. I wanted to take my*

child out to let somebody else use the crèche but they wouldn't let me."
Another parent found the boundaries unfair: *"I feel it is not fair that one small area is given lots of money and lots of services and others get nothing."*

- 4.65** Another complaint by some parents centres on the unavailability of out-of-hours services. National Survey data highlights the lack of services provided at weekends and in evenings. While, as the employability study illustrates, this might be fine for parents who don't work, working parents can feel somewhat excluded and that services are not relevant to their needs. This has also been highlighted as a major issue for fathers, probably most likely to be employed, as reported in the themed study "Fathers in Sure Start Local Programmes".
- 4.66** Another restriction highlighted by parents is 'waiting lists'. Waiting lists can, of course, be indications of the popularity of some Sure Start services. This is supported by the views of some frontline staff who suggest that Sure Start's popularity means oversubscribed drop-in sessions: *"There are targets for reducing both the time spent and number of families on the waiting list for support"*.
- 4.67 Waiting lists can however, be indications of insufficient staffing allocated to particular services. In one programme, the small number of family support workers means that waiting lists for their parent respite service are long. Parents have found this frustrating. *"Sometimes all I need is 15 minutes to myself, but I can't seem to find it. Maybe I won't need it when they can get to me next week"*. The staff also agree: *"We don't have enough hours in the day to do what we do. Sometimes all a parent needs is some time to themselves, so they won't do anything drastic"* [Family Support Worker].
- 4.68 A primary challenge for all SSLPs is involving fathers. It is difficult to involve fathers in participating in activities with their children or contributing to the management of the programme for a variety of reasons. Some of these reasons relate explicitly to gender differences. For example, parents have expressed the view that Sure Start is very female-orientated and few fathers feel confident enough to use it. *"The fathers see all us women going into Sure Start and get intimidated, they think it is a women thing."* Chapter Three on staffing also highlighted the difficulties faced by male staff members who work as community workers or father workers, and the intimidation they feel in being surrounded by mostly female staff.
- 4.69 A few of the fathers have acknowledged that programmes are setting up men's groups on a Saturday or in the evening to encourage more men to use the programme but feel that the involvement of men to Sure Start will take some time.
- 4.70 Access can therefore be restricted by a range of factors. Programmes will not be able to address national Sure Start Unit restrictions on

geographical boundaries and/or age. However, other issues may be more amenable to response, including reducing waiting times and changing opening hours. Other issues may represent long-term challenges, such as changing attitudes around the role of fathers in the parenting task.

Maintaining the confidence of parents and carers

4.71 “A key aspect of a community-based open-access policy is ensuring that parents and children **want to come**” (Statham, 1994). This finding in respect of open-access services for young children underlines the importance of creating a welcoming environment for parents, where they feel comfortable using the services and have confidence in the professionals providing them. In many ways, this is part of the on-going process, the beginning of which we described in our section on ‘making initial contact’. The maintenance of parental confidence may well be associated with the extent to which they felt genuinely ‘consulted’ at the outset of their contact with the programme.

4.72 Several themes emerged in respect of both *gaining* and *maintaining* the confidence of parents in SSLPs. These include:

- Staff and management concern with ‘image’ – friendly and qualified
- Parent concern with qualifications and confidentiality

These themes are closely associated with ‘trust’ in an SSLP, which is an important aspect of maintaining the involvement of parents/carers in any aspect of Sure Start.

Perceptions of Sure Start staff and management

4.73 In nearly half of the case study areas, we identified some degree of tension between the desire of programmes to be perceived as a ‘community or family friend’ (i.e. having relaxed and friendly attitudes – the Sure Start ‘style’ of working) and the desire of programmes to project ‘expert’ attitudes.

4.74 For example, programme staff in general were likely to assume that *parents prefer* a more easy-going style of working. There was a widespread belief that parents felt able to visit Sure Start without fear of the judgement that they may receive elsewhere. Some of these attitudes may indeed stem from their own experiences of working with parents. For example, one social worker felt relief that “*People don’t have the same fear of social workers when they are associated with Sure Start.*” In this context, the prevailing perception among staff is that families fear social services because of child protection concerns; and that the preventative nature of Sure Start means that often, the harder-to-reach families are more likely to use Sure Start rather than alternative sources of help.

- 4.75 However, other staff were optimistic that a 'relaxed and friendly' image was not incompatible with delivering a professional-expert service. They cited parental views to this effect. These staff were unhappy about what sometimes seemed a dichotomy between, on the one hand, 'relaxed and friendly' and on the other, professionally skilled. Some respondents, as pointed out in Chapter 3, believe that parents want to interact with an agency that exudes a 'professional' image; one that employs professionals/experts in their field of knowledge. A middle manager in Education noted that a 'professional' Programme Manager is the key to making a 'professional' organisation, which *"gives the programme high status relative to other, for example, health agencies. The community will know we are not just a bunch of do-gooding women"*. This was clearly an issue for health visitors in at least three programmes. During one focus group, a health visitor declared broadly that *"parents don't want to waste their time with a person who doesn't know very much; when they have a problem, they want someone who knows what they're doing to sort it out"*.
- 4.76 A minority of staff had more difficulty in reconciling these two sets of qualities. Some staff members felt they were being asked to surrender their 'professional authority' when, for example, they were required to take turns welcoming families at the reception desk. While a few professionals felt this was useful in de-stigmatising the service they provided (e.g. mental health professionals, in two programmes), others were annoyed at having to allocate time out of their busy schedules to 'greet people'. In one programme, some respondents felt this was a *'cheap form of admin labour'*.

Parent perception of the programme - qualifications and confidentiality

- 4.77 Parents generally liked the 'friendly' and 'relaxed' staff with whom they interacted. For instance, parents in more than half the programmes expressed the view that staff members are *"welcoming, friendly, supportive and helpful. They don't talk down to us."* However, the issue of 'trust' also emerges quite clearly for parents where confidentiality and professional qualifications are concerned.
- 4.78 In a minority of programmes parents feel that although staff are friendly, they lack sufficient qualifications. Staff identities that seem to attract the most criticism about lack of qualifications are community workers and crèche workers. Several parents indicated that they would prefer the programme to contract in crèche workers from local mainstream services, rather than hire local community members, as they perceive the former to be better trained, qualified and monitored. Issues related to 'skill mix' are discussed in further detail in Chapter Three.
- 4.79 In addition to concerns about qualified professionals, parents also expressed significant concern, or feel they know very little about, the confidentiality policies set up by local programmes. A large proportion of parents trusted that the information they gave Sure Start staff was kept confidential, though few were able to describe what the policies were.

“They (the staff) are all very discreet”. Parents noted that confidentiality was not verbally assured but “felt” it was an unwritten agreement due *“to the relationship we have with the staff”*. Another parent said that confidentiality *“is an unwritten agreement”*.

- 4.80 Some parents, however, would prefer to see a statement about confidentiality put in writing. In only one programme did parents consistently report that confidentiality is assured, both verbally and in written form. *“In every activity, confidentiality has always been talked about”*.
- 4.81 There seem to be four broad sets of views on the part of parents in respect of their experiences with staff about confidentiality. The first group are those parents who are very trusting of Sure Start staff, despite having little knowledge of programme policy on confidentiality. These parents have not experienced breaches in confidentiality, nor do they know any other parents who have.
- 4.82 The second group (about 4 parents in different programmes) represent examples of parents who feel betrayed by a breach of confidence among staff members. For example, one parent described how she discovered that her counsellor had broken confidence and discussed her ‘problems’. She lodged a complaint, which then set her apart as a ‘problem’. *“I had a problem with management and had consequently been labelled a problem”*.
- 4.83 The third group of parents had not experienced a breach in confidentiality personally, though they knew about other cases where this happened and as a result did not trust the staff. A parent in another programme commented, *“Some staff members exude trustworthiness and some regardless of what they say, do not. I have examples of breaches of confidentiality and consequently do not trust a lot of the staff.”*
- 4.84 Finally, there are some parents who simply do not trust anyone, regardless of the existence – or not - of a strong policy on confidentiality. *“I don’t trust anyone in general and would be careful about what I say to Sure Start staff.”* In some cases, this was due to a general distrust of individuals. However, others questioned the ‘professionalism’ of Sure Start workers; *“they are not qualified enough”*. This parent’s view, in particular, pointed to a lack of professionalism: *“They are all friendly people, but not very professional”*.
- 4.85 In summary, perceptions of ‘trust’ differ quite widely between staff/managers and parents. Staff and managers are likely to worry most about the “image” projected to the community in respect of the ‘friendliness’ and/or ‘professionalism’ of the programme. Many staff members however, assumed that parents automatically like the ‘friendly’ image projected by Sure Start to the exclusion of concerns with professional skills, whereas others believe that parents really appreciate professionalism over friendliness. This was expressed most clearly

where staff were required in some way to break down barriers between themselves and parents. Not one staff member or manager referred to the issue of confidentiality in the context of improving trust among service users. This is an interesting finding, because data from the National Survey suggests that programmes are taking this issue seriously; that 85 % of Rounds 1 and 2 programmes are providing both written and verbal assurances of confidentiality.

- 4.86 For parents however, 'friendliness' and professionalism are not mutually opposing concepts. They clearly appreciate friendly staff, but their trust is closely connected to professional qualifications – parents appear to implicitly trust those that they feel are qualified and/or expert (whether or not they know they are). That trust is diminished where staff qualifications are suspect or where breaches in confidentiality occur. Perhaps more worrying is the general lack of consistent and transparent assurance of confidentiality given to parents, either verbally or in written form, on the part of programme staff.

Introducing the service: Summary

- 4.87 In this section, we described the ways in which SSLPs are introducing parents to Sure Start after they have found out about it. We discussed the ways in which programmes are making their facilities a welcoming and comfortable place for parents, the support being provided to parents to make service take-up easier and how programmes are dealing with issues of confidentiality. Now, we turn to 'take up' of services and explore the ways in which programmes are designing services of relevance to parents.

Autonomous take-up of Sure Start services

- 4.88 The third and fourth points on the continuum, at which 'reach' begins to be a very visible reality, are the actual take up of service/s once a parent has been engaged through the earlier processes. It is at this stage that the question of 'service relevance' is crucial. The 'menu' of services to be found in most SSLPs (see our separate report on Services for a fuller account of these) will include a range of services, which address different issues/points in time in the context of family experiences. For example, breastfeeding will be an issue where there is a young child; play opportunities loom large in the lives of toddlers; for a mother whose children are in sight of starting school, training and career advice may well be on her agenda. There is therefore no pre-ordained package of services that will meet everybody's needs and the most responsive programmes will be providing a mix of services from which individual service users can select as, and when, they deem necessary. For some parents, to only use one service at a point in time may reflect their lack of awareness of those other services, which could be useful to them. On the other hand, for another parent to only use one service may constitute an informed and discerning choice that this is, at that stage in the

parenting process, what he or she needs.

4.89 It is therefore important for programmes to ensure that within each respective service, information/encouragement about other services is provided. This information can, if appropriate, act to 'open the door' to other services on offer. In the following section, we provide some varied examples of services and describe how they can function as a source of access to other services and advice.

4.90 Services take a range of forms, and while there is no proscribed set of individual service packages in any given SSLP, there are service 'areas' that programmes must provide. These are: 1) outreach and home visiting, 2) support to families and children, 3) community health, and 4) good quality play, learning and childcare. In addition to these, programmes are required to pay attention to families and children with particular needs, which may include disability services, interpreting, etc. Most services serve more than one function.

Family Support Services

4.91 Family support comes in a variety of forms. Moreover, SSLPs have multiple strategies for providing most services, tailored to the needs of parents/carers in order to promote and encourage access to services by reluctant parents/families. At the most general level, for instance, SSLPs provide drop-in sessions, organise support groups, parenting sessions and courses that are intended to have wide applicability for parents in the community. At another level, SSLPs are also providing services in a targeted way to meet the needs of particular families.

4.92 For all parents, services include information services such as benefits claims, money advice and relationship counselling. These types of services tend to be 'bought in' by existing local services, which facilitate closer links between both the SSLP and local services, and between the community, the SSLP and local services. SSLPs are linking closely with other local services such as leisure centres, swimming pools and organisations providing leisure courses such as arts and crafts and DIY. SSLPs are promoting better access to local services by working in partnership, including subsidising membership fees for Sure Start families, providing funding for new services, and offering the Sure Start Centre as a physical base for the provision of drop in sessions and courses.

4.93 Crèche sessions are offered during almost all of these activities. The sessions are short in nature (usually no longer than an hour – usually for 30 minutes). A few programmes, however, have plans to provide 'flexible' crèches for families, which are all-day crèche facilities, one in the evening and one on Saturdays. These are planned to be available for all the parents who drop in to the activities provided, including parent and toddler groups or courses.

- 4.94 These widely available support services are signposted at Sure Start venues and other local services and information about them is disseminated to local families at Sure Start events and by Sure Start outreach workers. Many of them are provided at Sure Start Centres. It is widely recognised that local families like to have a central 'focal' point where community activities take place, where they can meet other parents, their children can meet other children, and where they feel comfortable and welcome. In the case of the multipurpose Centres, staff are co-located and effectively provide a 'one-stop shop'.
- 4.95 At the 'targeted' level, SSLPs are developing different strategies to promote better access for families with particular needs or parents who are reluctant to take up services. Support is also being provided for certain specific groups, such as fathers, grandparents and teenage parents. Support groups can bring together people who feel isolated or unsupported and can provide appropriate advice and advocacy. In order to meet the range of general as well as specific need, programmes report they are providing individualised support packages for parents, and where appropriate, specific outreach in the home. Specific provision includes the following;
- Training staff in specific support areas, such as British Sign Language (BSL); basic skills and confidence; befriending; domestic violence; cultural sensitivity;
 - Establishing links with existing local services, panels, or agencies working on a specific issue, like domestic violence;
 - Providing alternative communication such as video tapes, large print materials and materials translated into relevant community languages;
 - Employing special needs workers to target specific community problems/issues.

Community Health Services

- 4.96 Services to meet health needs mirror the three levels we have described above, i.e. 'exploiting universal services' for the benefit of children and parents; supplementing these where necessary; and providing individualised routes to services for those who need them. Typically, the range of health services on offer will include the following:
- Traditional statutory services (e.g. GPs, health visiting, pharmacies, and midwifery);
 - Health promotion services (e.g. smoking cessation, nutrition and breastfeeding);
 - Pregnancy services (e.g. family planning clinics, ante-natal clinics);
 - Special needs services (e.g. for parents and children);
 - Other health-related services (e.g. counselling, alternative health, child development services).

Good quality play, learning and childcare

4.97 The provision of good quality play, learning and childcare represents a slightly different way of approaching service configuration from the three levels we have described above. These services are central to the Sure Start ethos and by comparison with the services above, are directed very specifically at *children as individuals*. All the other services in the programme area are intended to be *child focused*, and this group of services has an even greater emphasis on child development. It is therefore inappropriate to think in terms of universal and/or targeted provision, as by definition the intention is for SSLPs to maximise and equalise the quality of provision across the board. All children would benefit from high quality play learning and childcare, providing of course, that service design takes account of special circumstances, including special needs, cultural diversity and age of child.

Autonomous take up of services beyond Sure Start

4.98 We have referred in the preceding section to the concept of an 'open door' between SSLP services. It is also desirable that the programme's own services are delivered in such a way that they can act as a 'conduit' to services *beyond the area*. These services may be provided by mainstream and/or independent agencies. This issue will become even more important in the future when SSLPs, Neighbourhood Nurseries and Early Excellence Centres combine under the umbrella of children's centres, which will serve the bottom 20% of the most deprived wards in the country, and are planned to number 2,500 by 2008. It is already important to be able to facilitate access to services at some distance from the child's home. Especially, for example, in the context of rural programmes, whose location at the very least, poses challenges to the way in which services are delivered. The single rural programme in our case study had responded to this challenge by, for example, exploiting the use of mobile toy libraries in a range of imaginative ways, such as transporting people to services.

4.99 Areas varied considerably in terms of the availability and comprehensiveness of mainstream services in the wider area. As we know from the Local Context Analysis, pockets of material deprivation can exist within otherwise affluent and sometimes well-provided-for council boundaries. At the same time, SSLPs may, even if they are not surrounded by a diverse range of services, be within travelling distance of specialised services, which may be of relevance to the developmental needs of some children. In both these scenarios, SSLP objectives will have been met, if the parents can be empowered to explore services beyond the Sure Start boundary, which they otherwise would not have considered.

4.100 The following examples, by no means exclusive, exemplify some of the circumstances where SSLPs have succeeded in facilitating such wider access. Children's Health Clinics and Child Development Centres are

reported to be inherited by most areas, although many of them are not directly within the catchment area, but within the wider borough or ward areas. Sure Start SSLPs can flag up the existence of these other services, and vice versa.

4.101 In addition to developing better links, three programmes are providing their own 'in-house' services, such as baby clinics run by the health visiting team. They are located in Sure Start Centres or Family Centres and provide a venue for baby check ups and for other activities such as post-natal depression support groups, breastfeeding support groups and drop-ins, parent craft classes, and safety equipment loan schemes.

Three Parental styles of service use

4.102 No matter how imaginative and extensive the range of programme services on offer, not all parents will engage with the programme on an equally active basis. Although some parents will have no problem in visiting the programme and engaging in service take-up of their own accord, there may be other parents who are more reluctant to do so for a variety of reasons. These may include parents for whom English is not a first language, and who may feel hesitant about visiting the programme if they are unsure about their ability to communicate effectively. Parents with a child who has a disability may be similarly deterred. For all such circumstances, SSLPs need to design different strategies for engaging parents and families, who, our case study data suggests, are likely to manifest three broad styles of service use.

Parents who 'autonomously' take up services (autonomous)

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

Two case examples:

4.104 Mrs B, a woman in her 30s with two children aged 2 and 3 attended the community consultation meetings held during the SSLP set up process and decided to join the parent forum. She was an active participant in community activities prior to the arrival of Sure Start and she felt that her views and knowledge of the community were important in the shaping of future services. She built up a good understanding of what services were /would be on offer and took a decision to go to both the Parenting class and IT skills group.

4.105 Ms C, a woman in her 20s had recently moved into the Sure Start area with a 2 year old son and was told by the Housing association that she was moving to an area, which delivered Sure Start services. Shortly afterwards she received a leaflet through her door, showing the times and

dates of Sure Start services and telling her she was eligible to attend – she attended the smoking cessation group and was informed by the Sure Start worker about nursery classes that she could utilise in order to fit in with her part time working.

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

4.106 Some parents however, may be reluctant to access their local services because of feelings of isolation that may stem from different circumstances. These may include cultural or language barriers, status as a single parent or suffering from a mental or physical illness. In addition, they may have previously experienced a negative encounter with other mainstream services. Whatever the case, SSLPs are likely to have a strategy in place to provide encouragement in the form of an advocate or 'befriender', who can introduce reluctant parents to other parents and to other staff and services, until they begin to access services more proactively.

Two case study examples:

4.107 A Sure Start midwife provided a new birth visit to a new mother and recommended that she attend a baby massage class that the midwife ran at the nearby Sure Start centre. She gave the mother a leaflet about the service and explained how to get there. She also pointed out that a woman who lived in the next road attended the class and undertook to ask this neighbour to call around on her way to the class so that the two of them could walk there together.

4.108 A Somali mother of a 3 year old did not speak any English – a friend of hers told the SSLP worker that she wanted to attend a healthy eating class aimed at Somali women but felt shy about attending due to her lack of English speaking skills. Sure Start provided an interpreter to visit her home and tell her about the service and then accompany her to the class.

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

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

many programmes, the use of a targeted outreach strategy can be vital.

Two case examples:

4.110 A health visitor in one SSLP found that many parents in the area lacked self-esteem and confidence and were not prepared to access services outside of the home. She found that even getting them to the point where they would leave the house was far from simple. One parent had concentration problems, which meant she could not get a job. The health visitor encouraged her to accept counselling sessions in her home and gradually managed to build up her self-confidence so that she was eventually able to sign up for an NVQ.

4.111 A Community Education Co-ordinator in one SSLP found it very difficult to encourage parents to go on literacy courses. She came up with the idea of 'take a better photo' to attract parents in the first instance. This 'course' was designed to encourage parents to take better photos while at the same time promoted the improvement of writing skills (label your photos and make comments). She found that one parent in particular was never very interested in any of the courses, not even the 'photo course'. She did finally attend, but when others were reading or writing, she started to feed her child, etc. They found that she was dyslexic, and very sensitively, and in complete confidence made appropriate help available. The parent was confident enough to accept this help, and this boosted her confidence and aspirations. She subsequently applied for a post at the job centre.

Summary

4.112 This chapter has explored the way in which programmes succeed – or not – in *reaching* their target population. We have described the way in which access is facilitated along a 5-point continuum of activity, which starts with the promotion of services and finishes with the day-to-day and consistent efforts of programmes to maintain the engagement of parents with services. We identified the personal circumstances, which can make individual community members hard to reach, and have provided an overview of the innovative ways in which programmes are delivering services. Having discussed the way in which parents perceive various staff styles, i.e. friendly, accessible, skilled and professionally qualified, we offer a typology of parental styles of service use, i.e. autonomous, facilitated and conditional.

Learning points

- In order to maximise access to services by children and parents in the local community, programme staff have to think in the long term. Achieving 'reach' can never be a one-off task.
- Parents are discerning consumers of services and do not, as is sometimes assumed, have stereotypical (negative) views about

professionally qualified staff and stereotypical (positive) views about being a friendly person. They want staff members who combine, where appropriate, both sets of characteristics. Sometimes professional expertise is essential but this does not mean they do not value it being delivered by a sensitive, friendly and accessible individual.

- Programmes need to develop a consistent and uniform policy on confidentiality, and secondly, raise awareness among their staff as to the importance both of providing clear assurances to the parents and families they work with. This is particularly important where programme staff themselves live within the community.
- Parents want to be able to access services easily, have a safe space to keep their things, and not feel overcrowded in Sure Start buildings. While new capital works projects may be capable of solving some of these problems posed by older established buildings, they may in fact raise other concerns related to the comfort parents get from buildings that have been in the area for a long time.
- New buildings are not necessarily a panacea for all problems. Both new and old venues may equally suffer from the problem of location. Any building is going to pose some problems for some parents living in the community. Providing transport and reliable childcare at Sure Start venues may ease the concerns of these parents.
- SSLPs currently operate against a set of key restrictions – in particular, age and boundary - which militate against easy access to services. Policy makers need to look again at the relevance of these boundary restrictions.
- Although SSLPs generally have adequate resources overall, some services are under-resourced and there are waiting lists for them. SSLPs need to ensure that they have systems in place to reallocate resources from under-used services towards those, which are under pressure. Sometimes this will mean that they will need to renegotiate service contracts or convince board members.

CHAPTER FIVE: RESOURCES

- 5.0 The issue of resources is relevant to the evaluation of the implementation of Sure Start in two different ways. The first question is whether SSLPs are offering value for money in terms of following the principles of efficiency, economy and effectiveness in their operations. The second is whether the arrival of Sure Start in an area has meant a reduction in the resources available to other activities funded by mainstream agencies, primarily local authorities and health trusts.
- 5.1 Although the case studies were structured to provide evidence on both of these questions, resource issues were not the main emphasis of any of the interviews with stakeholders. This means that they were not necessarily covered in depth, and therefore the answers provided can only be regarded as suggestive rather than definitive.
- 5.2 The evidence on both questions is generally positive. There is very little suggestion that other funding has been cut back in response to the arrival of Sure Start. On the contrary, particularly with early education and childcare, the resources available from mainstream services are increasing as well. The only exceptions to this general picture are preschool playgroups, whose position has become more fragile. This issue is discussed further below.
- 5.3 On the question of the use of resources by Sure Start programmes, there is a strong consensus that the programmes are well resourced and are not constrained from doing what they want to do by lack of money. There are some concerns about how resource-intensive partnership working is, both for SSLPs themselves and for partner agencies. There are also a few suggestions that because programmes are well resourced they sometimes spend money in ways that respondents feel is unwise.
- 5.4 There is one exception to this otherwise positive picture. One of the sixteen programmes included in the case studies was experiencing difficulty with the adequacy of its resources. This programme had drawn up its bid for funds on the basis of an estimate of the number of children aged 0-4 living in the Sure Start area which proved, once the programme had been established, to be less than 40 % of the true level. The programme therefore had to spread its services over a much larger number of children than it had expected or planned for. This was proving very challenging and frustrating.

Strategic issues

Partnership working

- 5.5 Both Sure Start programmes and partner agencies believed that the resource intensity of partnerships working was generally underestimated. Sure Start programmes themselves found that the need to take the members of the partnership with them and to comply with multiple

finance procedures led to delays in starting projects, especially capital projects. Partners' recruitment procedures also led to delays in the appointment of staff.

- 5.6 Partner agencies are beginning to have difficulty finding the time to devote to involvement with the partnership. In one area: *"A large proportion of the resources and time in the [local authority] children's unit go on Sure Start work."* [Head of early years].
- 5.7 In one area the chair of the Sure Start local programme partnership felt it was embarrassing when those from mainstream agencies failed to attend when parents made the effort to do so. Agencies whose involvement with Sure Start is relatively minor are beginning to withdraw from active participation in partnership because of the resources involved. In one area the Children's Information Service has pulled out altogether. In two areas the library service has stopped sending a representative to meetings because they feel that they can make better use of the librarian's time to the benefit of the whole community by her being available in the library.
- 5.8 Some agencies recognise the dilemma:

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

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

Mainstreaming

- 5.9 Many respondents believed that mainstreaming would not be possible across the board without additional resources. *"Mainstreaming Sure Start is going to be very difficult. The workers employed have been fantastic and have proved their worth; however, with the council's budget reduction we would have problems keeping them on."* [Local authority chief executive].
- 5.10 Some thought that the Sure Start approach to early education and childcare could and probably would be mainstreamed, as this was the direction that policy and funding was going in anyway. However, respondents generally felt that it was unlikely that more marginal services such as debt and benefit advice would be mainstreamed.
- 5.11 Some respondents, particularly those operating at a more strategic level, recognised that mainstreaming would not involve replication, as some Sure Start spending would be shown not to be effective.

“Sure Start is a well-resourced initiative, and they have flexibility to spend their money. We, however, need to have an evaluation to see the benefit of the scheme.” [Local authority chief executive]

“The things that work will get picked up; the things that don’t will not. Not everything has the desired outcome.” [Chair of Partnership]

“Yes, I think it will be mainstreamed. What is key is central government’s continued commitment and the need to require statutory services to deliver in this manner.” [Deputy director of education]

Local dominance

- 5.12 Some respondents worried about the dominance of Sure Start. The availability, accessibility and strong resource base of Sure Start would mean that new voluntary and community initiatives were unlikely to get off the ground in future in Sure Start programme areas. Instead they would concentrate their efforts in areas, which do not have SSLPs. This would mean that when Sure Start came to an end there would be no community base to fall back on.

“Sure Start needs to hold onto valuing small voluntary agencies.”
Director local voluntary organisation for children with special needs

- 5.13 There is also some concern about the concentration of resources in new centres and whether this will crowd out other local opportunities in the future:

“My biggest concern is money. [Centre] took a lot of money to build. I just hope there is money for continuing off-site improvements.”
Voluntary organisation community co-ordinator

Substitution and displacement

- 5.14 There were few suggestions from our informants that mainstream services were being cut back in response to the arrival of Sure Start. In some cases workloads in mainstream services had increased as a result of earlier identification of problems and referrals from Sure Start programmes on issues such as child protection and special needs.
- 5.15 The only notable exceptions to this general picture are preschool playgroups. Playgroups, although almost all voluntary, are essentially a part of mainstream provision of early years education. In rural areas playgroups are often the only early education providers and in urban areas they are often the most accessible geographically. But although they are existing services, and therefore not strictly eligible for Sure Start funding, their funding is piecemeal and discretionary. It is rare for their funding from mainstream agencies to be sufficient to cover all their costs. Most have to rely on additional fundraising and on charges to parents.

- 5.16 In recent years playgroups have had two important further financial challenges. The first is competition for three and four year old children from other providers, particularly nursery classes in primary schools. The second is the introduction of the national minimum wage, which has significantly increased their costs. As a consequence, many playgroups are financially fragile.
- 5.17 In some Sure Start local programme areas the arrival of Sure Start has directly led to the death of the playgroup. This can happen in two ways. One is via direct competition for children. Sure Start programmes have introduced opportunities to integrate the early education offered by playgroups with full day care and playgroup numbers have ceased to be viable. Moreover, Sure Start offers new purpose built premises and new high quality equipment. Some Sure Start programmes have managed to find creative ways to support existing playgroups by offering them premises or by paying for improved provision for children with special needs, for example. But many programmes have taken the view that as a pre-existing service playgroups are not eligible for any support from Sure Start.
- 5.18 The second way is via the loss of non-statutory funding. For playgroups which have no secure funding from other sources the lack of access to Sure Start funding is proving critical. Voluntary organisations and the national lottery that might previously have provided funding argue that a Sure Start local programme area is no longer under-resourced in terms of early years provision, and there are groups in other areas which are now a higher priority for funding.

Operational issues

Sure Start resource levels

- 5.19 Those working within SSLPs were generally impressed and pleased with the level of resources they had available.

“We are well resourced and we have the luxury of being able to experiment with new ideas.” [Sure Start outreach employment and training officer]

“I have more resources, time and do not have the pressure of crisis management.” [Family services co-ordinator]

“Sure Start has given me the opportunity to try new things as the money is better.” [Sure Start programme manager]

- 5.20 Many respondents from mainstream agencies were envious of the resources available to SSLPs compared with their own budgets. *“The resources available via Sure Start are phenomenally high.”* [Primary Care

Trust manager]. *“Sure Start is really well resourced and has lots of equipment.”* [EYDCP childcare development worker].

5.21 Parents on the whole were positive about the new resources: *“Local nurseries are not as colourful or as up to date with play equipment.”* [Parent].

5.22 This was less of an issue with those from early education and childcare as their budgets were also increasing. However, respondents from social services in all our case study areas felt it particularly strongly. As one put it:

“We are struggling. We need a new family centre and they have had lots of money and it’s for a very small number of people.” [Social services team manager for children and families services]

5.23 Some health visitors also raised similar concerns: *“Money available for normal health visiting is a nightmare.”* [Health visitor].

5.24 Not all respondents thought that more resources made for a better service: *“They have lots of money so the quality is better than the old family centre. However, it doesn’t have the same atmosphere.”* [Parent].

Over-resourced?

5.25 A few respondents suggested that SSLPs might be over-resourced. There were suggestions that equipment and facilities were not always used:

“The equipment for childcare area is fantastic. The special needs equipment is not used as much as I would like.” [Sure Start childcare team leader]

5.26 Some respondents clearly felt that because SSLPs are well resourced they are not as careful as they might be about how they spend the money. One local head teacher suggested that money had been “thrown at things”.

“Money that has been given to Sure Start is vast, and one would expect miraculous change. However, this change has been overestimated.” [Home Start organiser]

5.27 Another commented that Sure Start money was not always well-targeted: *“There are families in this area who do not need the level of support Sure Start are offering here, but they come because it is cheap. They live in private housing, drive here and use the crèche and this is preventing other needy families from coming here.”* [Sure Start family centre manager].

5.28 Sometimes Sure Start programmes duplicate the efforts of others:

“We work with Book Start and give packs to all babies in close liaison with health visitors and midwives. Sure Start have developed their own pack, which they give three months after ours are given out. ... There was no liaison with us at all.” [Library manager]

5.29 While those who expressed concern about excess resources were by no means a minority of respondents, they have a sufficiently diverse range of perspectives and cover a sufficiently large number of programme areas to suggest that resource constraints are not sufficiently strong to provide an automatic discipline in terms of priority setting.

Boundaries

5.30 There are some concerns at a local level about the concentration of resources on younger children and on those from a restricted geographical area. *“I feel that it is not fair that one small area is given lots of money and lots of services and others get nothing”* [Parent]

5.31 In one of our case study areas a voluntary organisation dealing with families of all ages was taking the lead in the delivery of the Sure Start programme and those involved felt particularly anxious that the limits of Sure Start meant that families with older children were not getting the same service. But more generally staff found it difficult to turn away parents who had been involved in Sure Start once their children turned four.

“The problem is having all these resources pumped into one very small geographical area. Some miss out over the road.” [Chair of Partnership]

5.32 SSLP staff admit that they actually provide support for families who do not strictly qualify. One speech and language therapist was still seeing children who had moved out of the area, and children over four who lived in the area but whose needs were not yet being met by mainstream special needs provision.

Practical issues

Underspensing

5.33 Underspensing is common in SSLPs. Respondents who discussed this attributed it to difficulty in recruiting staff, to the bureaucracy of accountable bodies (with primary care trusts mentioned particularly frequently), and to the delays inherent in extensive community consultation and partnership working. *“We have never been fully staffed, so always have an underspend”* [Sure Start Programme Finance Manager].

Finance bureaucracy

5.34 A recurring theme from programme managers and finance managers is the bureaucracy associated with finance. Sure Start local programmes are often having to comply with the financial and procurement procedures of a number of different organisations: the accountable body, the Sure Start Unit, the lead body and co-funding organisations. One programme has lost some of its services because the service provider was unable to cope with the cash flow problems resulting from the delays in payment. Another had difficulties with the accountable body over where their new building should be sited and what should go on in it.

5.35 The case study SSLPs that were independent charitable companies mentioned that this was advantageous in terms of dealing with bureaucracy.

5.36 In many programmes staff are actually employed by their parent agencies, which also leads to complexity for programme finance managers. As one put it:

“Invoices have to go through different avenues. Different agencies have different accounting systems and staffing and wages belong to different agencies with different systems. It is a minefield.” [Sure Start Programme Finance Manager]

Key issues from this chapter

5.37 As far as resources are concerned a fairly consistent picture emerges from Sure Start local programmes:

- They generally have enough money to do the kind of things they want to do. (Only one of our case study programmes did not have adequate resources, and that had made a serious error in estimating the number of children it was required to cater for.)
- There are some suggestions, mainly from parents and from mainstream agencies, but occasionally from within programmes themselves, that if they had less money they might be more careful about what they spend it on. Sure Start local programmes can appear to be spending money on inessentials when mainstream services and existing facilities are struggling to find the money to pay for essentials such as new baby weighing scales.
- Most Sure Start local programmes are spending below their budgeted allocations. Difficulties in recruiting staff, delays caused by bureaucracy in accountable and lead bodies and the time consuming nature of community consultation means that most programmes are under spending.
- There is no evidence that mainstream services are cutting back on their resources in Sure Start areas. Early years services are getting more money overall. Mainstream health services are still being delivered to the same level as before Sure Start.

- Partnership working is resource-intensive, both for Sure Start local programmes and for mainstream agencies and other stakeholders. For SSLPs themselves this adds to overhead costs. For other agencies it can lead to a withdrawal from active involvement with the programme, especially in areas where there are several SSLPs, or a downgrading of representation to a more junior level.
- Sure Start could not be replicated as it stands without additional funding. However, the programme is experimental, and not everything that SSLPs do is likely to be found to be both successful in terms of encouraging take up, and effective in terms of making a difference to the lives of children and families.
- The disparity of resources available to children eligible for Sure Start in terms of age and location, and the resources available to older children and those living outside the area is obvious to both groups and is often regarded as divisive.

Learning Points

- The generally positive views of Sure Start local programmes are tempered by the disparity of the resources available to families with children of the right age living in the Sure Start area and the resources available to other families. Given the degree of continuing underspend, it might be possible to make Sure Start less divisive by allowing SSLPs more discretion to spend a limited proportion of their budgets on older children and those from outside the area.
- It is inevitable that Sure Start local programmes with lower levels of resource per head (such as our case study programme that had underestimated the number of children in the area) will provide a different range of services from those available in the majority of well-resourced programmes. It is perhaps worth looking more closely at these under-resourced programmes to see what lessons, if any, can be learned about how to deliver a cheaper, more restrictive Sure Start that can be more readily mainstreamed.
- Partnership working is resource-intensive, particularly for mainstream agencies in areas where there are several Sure Start programmes and also other area-based initiatives. It is unlikely that this approach to service delivery is sustainable in the long-term as the opportunity costs are high.

CHAPTER SIX: A VIEW FROM THE MAINSTREAM AGENCIES

Introduction

- 6.0 The focus of this chapter is on the relationship between Sure Start local programmes and the providers of mainstream services used by children and families. It is written from the perspective of these other agencies and discusses both the contribution these agencies make to the development and operation of SSLPs, and also their perceptions of the part SSLPs play in delivering services to families within the area. It builds on the overview of the activities being undertaken by mainstream services which is found in chapter 2.
- 6.1 SSLPs are expected to work alongside and in collaboration with existing mainstream services to re-shape the services currently being delivered and to encourage and support the development of new ones in each of the five core service areas. The most important mainstream agencies that SSLPs work with are Health (mainly, but not only, Primary Care Trusts), Education (mainly with an emphasis on early years services) and Social Services. In some areas other statutory services such as libraries, housing and leisure services are also involved.
- 6.2 As each successive wave of guidance from the Sure Start Unit makes clear, this end can only be achieved through a number of sub-objectives such as creation and development of close collaborative partnerships with these mainstream statutory agencies. The emphasis throughout the guidance is on the *“development of mechanisms which allow a wide range of partners to be involved in a way in which they can make an effective contribution”* (Third Wave Guidance, December 1999, p6). The contribution of local mainstream agencies is clearly central to the potential success of SSLPs. Therefore, any satisfactory account of the experience of each SSLP will depend on a parallel understanding of the views, circumstances and resources of each mainstream agency at both local and indeed national levels.
- 6.3 The collaborative arrangements at a local level have been made more complicated by the fact that since 2000, all three services have themselves been subject to considerable organisational and operational change. More recently, during the period in which these case study interviews were actually being undertaken, announcement was made of proposed further substantial reorganisation in both the Laming Report (DH 2003) and the Green Paper, ‘Every Child Matters’ (DfES 2003).
- 6.4 We undertook interviews with a sample of respondents composed as follows:
- Senior health managers
 - Middle level health managers
 - Senior education managers
 - Middle level education managers

- Senior social services managers
 - Middle level social services managers
- 6.5 As we explained above, these interviews were conducted in a particular phase of programme development, for the most part, early on in the lives of programmes we were studying. The views they expressed should be taken as initial expressions of their vision. As also explained at the outset of this report, our original intention was to revisit these case study programmes and capture the progress they have made. Inevitably, the data presented here can only, in the light of the changes to our methodology, paint 'part of the picture'.
- 6.6 In essence we sought to elicit information from interviewees about the part played by their agency in the development and delivery of Sure Start local programmes, and to capture their opinions across a broad range of issues relating to their work. These included their views of the Sure Start initiative overall, as well as the current challenges they face within their own agencies.
- 6.7 There were differences between the three mainstream agencies in their attitudes towards Sure Start local programmes, to their own role in the initiative and to the role that the other agencies played. There was warm and positive support for the ideas underlying Sure Start in all three agencies, but views of the actual implementation and of relationships with the programmes themselves were more mixed. Those working in education were almost unanimously positive. Those working in health were generally positive, but some regarded Sure Start as irrelevant to their own work, and others found the community-based approach difficult compared with the professional knowledge based approach that they were used to. In social services there was virtually unanimous enthusiasm for the emphasis in Sure Start local programmes on prevention and early intervention. This was in a context where social services departments were having to concentrate on their statutory child protection duties. There were some reservations about the inability of social workers to refer families to Sure Start for preventative services where they would benefit from them, but lived just outside the boundaries. There were also some concerns about the failure of SSLPs to take existing family centres into account in their planning.
- 6.8 The chapter looks separately at each of the three service areas, and separately identifies strategic issues and operational issues.

The contribution to SSLPs by local education departments

- 6.9 In recent years, many local authorities have changed the configuration of the organisation of their education services. Some have retained the traditional local education authority model, covering all aspects of education from early years through to sixteen (with some including adult education as well). Some have integrated education, leisure and library services under a single umbrella. More recently, authorities have started

to integrate education and children's social services, but none of the SSLPs among our case studies had done this at the time we visited them. In all areas the policy for and provision of early years services, including both education and childcare, has been developed under a partnership model, generally under the umbrella of the education service. However, at the time of our fieldwork, the organisation of these services (formerly Early Years Development and Childcare Partnerships) was often still relatively autonomous.

6.10 These organisational differences meant that our senior interviewees in mainstream education services had a varying set of responsibilities. Our middle level interviewees were generally responsible for early years education (sometimes with childcare responsibilities as well). Our front-line interviewees were generally nursery or head teachers.

6.11 The main education-provided element in SSLPs is of course Early Years services, including childcare. However the focus of the work of SSLPs is to ensure that children are ready for school at the age of four or five on the basis of having maximised their social and intellectual abilities. Therefore, this section on education contributions will have 2 parts:

- a) Early Years services
- b) School-related issues

6.12 We go on to look at the *strategic* issues and the *operational* issues for both these groups separately. This is because on a day-to-day basis, some issues are relatively independent of each other, a fact which was borne out by the responses to our interviews. However, this independence does not apply to other aspects of the education contribution to Sure Start, which is why later in this chapter, we revert to considering the data jointly under the headings of a) resources, b) partnership working, c) staff shortages, d) service delivery capacity, and e) library participation.

Strategic issues related to early years services

6.13 Early Years Partnerships (and their successor organisations in local authorities, which come under the new wider Sure Start banner) provide funding support for a wide variety of service providers. Thus the mainstream early years services, both early education services and the daycare services which previously came under the auspices of social services, have already changed their mode of working and are developing an integrated partnership-based approach. In essence, early years services in local authorities are service purchasers and developers. They have collaborative working relationships with a wide range of providers, including child minders, voluntary playgroups and private nurseries as well as local authority day nurseries, nursery schools and nursery classes. Sure Start local programmes act both as providers and as collaborators.

- 6.14 Each early years service has had a number of important tasks which it has had to deliver alongside the development of SSLPs. These are:
- a free part-time early education place for all four-year olds whose parents wish them to have one (and all three-year olds by April 2004);
 - an increase in the number of childcare places available in the area (for school aged children as well as under-fours);
 - The establishment of a children's information service to improve parents' access to information about available childcare;
 - the development of a local strategy for the recruitment and retention of an expanded childcare workforce (including child minders).
- 6.15 Early years services in disadvantaged areas have also had access to funding from other central initiatives supporting the National Childcare Strategy. The most important of these include funding for the development of childminder networks, childminder start-up grants to cover the cost of equipment and alterations, and the Neighbourhood Nurseries Initiative. Thus, unlike other mainstream services, early years services have been expanding simultaneously with the development of SSLPs, and SSLPs and early years services have been able to collaborate on the development of new services. This has been particularly important in terms of developing childminder networks and planning and building Neighbourhood Nurseries, which often involve joint ventures between SSLPs and early years services.
- 6.16 The relationships and funding streams involved are two-way and mutually supportive. Sure Start Programme Managers often sit on early years partnership boards, while someone from the Early Years Partnership often sits on the Sure Start board. This means that Sure Start experience can be brought to bear on the development of early years services throughout the area.
- 6.17 Because in many areas mainstream early years services are starting from a low level yet are also expanding, as Sure Start services develop they effectively become part of the mainstream, and SSLP services contribute towards the overall childcare and early education targets for the area. From the point of view of the planning of early years services across the authority as a whole, SSLPs have the decided advantage for mainstream services that they contribute towards their targets of improving childcare provision in disadvantaged areas.
- 6.18 But this also means that the pressure to deliver new services across the whole local authority area means that that there is a temptation for early years services to assume that SSLP areas, which have their own resources for early education and childcare, can look after themselves, leaving the mainstream services to be established in other parts of the town. Local authority areas increasingly have three or more SSLPs operating within them. Some county Local Education Authorities have more than ten. Overall, early years services face the task of ensuring there is collaboration and co-ordination between the different SSLPs as

to what services they are providing, and with the overall planning and delivery of services to the other areas within the authority. In this task Sure Start has sometimes provided the catalyst for early years services generally to scrutinise the way they do things. One head of early years said: *“I would like to start a Sure Start forum with a view to mainstreaming services”*.

Strategic issues for schools

- 6.19 We know that SSLPs are succeeding in making more links with nurseries than they currently are with schools. However, education respondents at all levels saw education services as being one of the key beneficiaries from SSLPs. They reflected, in terms of their own priorities, the idea of Sure Start being a means of ensuring that children are ready for school when they start aged four or five. They saw the potential for Sure Start to deliver improvements in reception classes so that they are likely to be happier, more stable and more productive places for all the children in them, and for the staff who work in them. In addition, if children are better equipped to learn, they are more likely to fulfil their long-term potential. Respondents saw Sure Start as a means of enabling mainstream education services to do their job better. As one informant put it simply: *“I think Sure Start is brilliant.”* [Middle manager education]. Another said: *“It has exceeded all my expectations”* [Deputy Director of Education]. A head teacher commented: *“Just the sort of thing we need here in this catchment area”* [Primary school head teacher].
- 6.20 A more considered view was: *“The emphasis on education and learning and preparing children for that through Sure Start helps us deliver a national [education] agenda by putting into an area where they are much needed. ... It is important to care for children from when they are born to getting them through preschool and nursery so they can later get the most out of the school environment and come out the other end informed, articulate citizens, who contribute and don't feel excluded”* [Chief Executive].
- 6.21 Or, as a Director of Education put it: *“Ideally I would like to develop it right across the borough. I hope some of it will be self-sustainable. ... I hope there will be an opportunity to extend it with wider catchment areas and a wider spread”* [Director of Education].
- 6.22 An education manager responsible for special needs and psychology services suggested that mainstream psychology services might benefit from the Sure Start approach: *“I would like to see how we could mainstream psychologists who work for the [education] service by working in the community rather than waiting for referrals to come in.”* [Education area manager for special needs and psychology service].

Operational Issue for Early Years

- 6.23 Generally, the development of early years education places took place in

mainstream nursery classes in primary schools. In this, Sure Start areas did not differ from the rest of the local authority area. There are very few private nursery providers either in or adjacent to SSLP areas, not least because these are low-income areas, and private providers need parents to be able to pay their fees.

- 6.24 However, this very universality was a potential handicap, in that SSLPs did not always perceive a need to integrate what they were doing for children in the area with the mainstream nursery classes. A teacher in an Early Excellence Centre said: *“A lot of the children in the centre come from the Sure Start area, but we are not involved in deciding which services will be provided for them.”*
- 6.25 This was echoed by the head teacher of a nursery school serving another SSLP area, who in the end took the initiative to make contact with the programme herself as nobody from Sure Start had been in touch with her: *“At first I worried about what Sure Start would mean for nursery education. I wasn’t sure what Sure Start was for and whether what we were doing was going to be replicated. I contacted the programme manager as we didn’t want to duplicate services”* [Head teacher nursery school].
- 6.26 The emphasis by SSLPs on developing childcare places was on building on this foundation offered by mainstream nursery classes. Thus, where primary schools had spare accommodation (which was quite common), SSLPs sometimes took over a room next to an existing nursery class to provide wrap-around care for some of the nursery children, alongside sessional care for other children (for example those whose parents were doing training or who wanted respite care). This approach allowed SSLPs to meet their objectives while reducing the level of risk they were exposed to in terms of developing services for which there might not be sufficient demand.
- 6.27 Several of our case study SSLPs were involved in planning Neighbourhood Nursery provision either in or adjacent to their areas. However, at the time of our fieldwork none of these nurseries had actually become operational. To some extent this might reflect the challenge of getting new early years and childcare services in place alongside Sure Start services. In at least one of our case study areas the potential providers had been unable to cope with the combined demands: *“Joining up Sure Start with Neighbourhood Nurseries has been a mixed blessing. The theory is wonderful but finding an external provider is difficult - almost impossible now we have a department of decision makers.”* [Deputy Director of Education].
- 6.28 However, another programme illustrates the process operating more smoothly: *“We have a Neighbourhood Nursery being built onto our building and we will be delivering full day care. Sure Start are looking to purchase places. The rest of the money will come from fees from parents. We are very involved with the local Sure Start. They are*

offering other services to our parents in our building.” [Head teacher nursery school].

- 6.29 In one programme, staff from existing nurseries have been seconded part-time to work with the SSLP and remain part-time with their parent organisation as a means of getting Sure Start childcare in place relatively quickly. This approach also facilitates networking and cross-fertilisation of ideas, although it sometimes presents the kind of management challenge discussed in chapter 3.
- 6.30 Other programmes had been actively involved in the development of childminder networks. Some, but not all, of our case study programmes had collaborated with early years partnerships in the provision of training for childcare work.
- 6.31 We found evidence of some tension between a third of our case study SSLPs and some of the voluntary preschool playgroups and playgroup networks in the SSLP areas. One factor underlying this was the absence for voluntary playgroups of secure sources of funding; they are therefore on a fundraising treadmill. However, Sure Start funding rules mean funds cannot be provided just for the continuation of existing services. SSLPs can only support expanded or restructured services. (Although one of our case study programmes does in fact appear to be funding a pre-existing playgroup, with the only change being the appearance of the Sure Start logo on sweatshirts).
- 6.32 One network representative said: *“I was sad at the beginning because I thought the ethos was to work with existing services. I don’t think they did that. ... There is an “us” and “them” relationship. ... They seem to have set up their own provision rather than support some of the existing services”* [Playgroup network representative].
- 6.33 A respondent in another area reported that a playgroup was offered new premises by Sure Start but that this was conditional on extending the hours so that they provided full-time care. However, the playgroup’s other funding was insufficient for them to extend their hours, as they have to maintain statutory staffing ratios and pay the national minimum wage. It was difficult to find a solution, which satisfied both parties, and the playgroup organisers appeared to be strongly committed to their original structure and felt threatened. Another area had managed successfully to introduce such an arrangement. The playgroup has moved into the Sure Start building and used Sure Start equipment, but receives no other funding. However, even this group expected to have a funding problem next year when its current National Lottery funding of £1,500 a year runs out.

Operational issues/ Schools

- 6.34 Many SSLPs have established successful relationships with primary schools, and have started delivering services from them. Schools have

been willing to offer the use of spare classrooms to Sure Start, and many new Sure Start buildings are on school sites even where they are not actually extensions of the school itself. However, in other areas, there are few links between the SSLP and local primary schools. Where there are links they are confined to those which have nursery classes, which provide services for children under four who live in the programme area.

- 6.35 It is noticeable, however, that even where there are links, the services are generally perceived both by the Sure Start local programme and by the school as not belonging to the school. The schools act as hosts, but do not have either ownership of or responsibility for the Sure Start services. The relationship is more akin to that between landlord and tenant than it that between partners or collaborators. In many ways, the relationship between the programme and the school is similar to that between schools and voluntary after-school clubs. Thus, as one generally supportive head teacher put it: *“We supply our building for some of their activities. I have a nursery classroom that is not being used any more, so the Sure Start pre-nursery meet in there”* [Primary school head teacher].
- 6.36 Sometimes the SSLP’s initial approach has upset schools: *“Sure Start did not approach the school very well and upset the stakeholders”* [School governor].
- 6.37 However, we did find one example of a very successful integrated relationship with a primary school. The SSLP had set up a “Welcome to nursery” programme for children who would be joining the nursery class: *“This has been superb. Those parents and children who have attended the six sessions move into the nursery more smoothly”* [Deputy head primary school].
- 6.38 The same school has Sure Start speech and language services, someone coming in to do story time and has had funding for a new outdoor play area. In another programme Sure Start have provided additional funding for special needs provision in the nursery class and more nursery places. They have provided classroom assistance, staff time and funding.

Overarching themes across both early years services and schools

(i) Resources

- 6.39 Interestingly, (and in contrast with health and social services, see below) the issue that was rarely raised by education respondents was that of resources. One of the few exceptions was a nursery school head teacher who said: *“To be honest, an awful lot of money has gone into Sure Start, where we in education have to scratch for every penny! And we are also much more accountable for every penny”* [Nursery school head teacher].

6.40 However, the issue was scarcely touched on by other respondents. This is probably because resources for mainstream early years education and childcare have been increasing during the time that SSLPs have been developing their services. In particular, the introduction of funding for nursery education places for all three-year olds as well as four year olds means that children from all parts of a local authority area have access to early years education. Thus, with education services the issue of the exclusivity of Sure Start services and their targeting within limited geographical areas (a problem raised by respondents in health and social services) has not been a source of friction. There was, however, a sense that if Sure Start were to be successful in delivering this agenda then the approach should be mainstreamed and available to all the children who might benefit from it. As one informant put it: *“We’ve always said, if you walk into an infants’ school you can spot the children who will be in the juvenile courts in seven or eight years, and often it’s not their fault. It’s the result of what has happened to them in the previous three to four years. So really, it’s always been clear that you only have an impact if you do something in those early years. So it’s got to be mainstreamed. We’ve got to have the resources so it can be”* [Assistant Chief Executive].

(ii) Partnership working

6.41 Education staff found that working with multiple partnerships could sometimes be a challenge. Early years and childcare have their own partnerships involving the local education authority, private and voluntary providers of early education and childcare, and often with involvement from other organisations such as the Learning and Skills Council. Thus, to the extent that they are involved in Sure Start partnerships as well, education managers were having to deal with the complexity of different styles and relationships. Early years partnerships are focused on the delivery of a particular set of targets, and tend to take a top-down approach. Providers are involved, but not consumers. Sure Start partnerships by contrast are involved in the delivery of a range of services, and a central tenet of the approach is to be parent-led. As one education senior manager put it: *“We underestimated the challenge of multi-agency working. I’m very experienced, but Sure Start is something different. ... It has been sticky at times due to the personalities involved.”* [Head of Early Years]. Another said: *“Partnership is hard. Differences in language and protocol make it difficult. People were suspicious about the local authority and schools”* [Head of early years].

6.42 This could be linked with the suggestion in another area that education staff were not well equipped with the special characteristics required to work across professional boundaries: *“We have not got the right skills yet. These are skills to be able to work across professional boundaries and embed consultation into practice and only a few people have them.”* [Head of Early Years]. This was echoed by another respondent who reflected that there was scepticism within her own department about the idea of services being community-led: *“People ask ‘Do the community*

really know what they need?” [Head of Early Years].

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

(iii) Staff shortages

- 6.44 One problem that has emerged in a number of areas is the shortage of appropriately trained and qualified staff to meet the needs of both SSLPs and the mainstream services. Some respondents argued that the size of the professional pool is not large enough nationally to meet current demands, and that mainstreaming will not be possible until this is solved. In most areas there were training opportunities for people who wanted to work in childcare (as part of the national childcare recruitment campaign). In any case, the training period for childcare workers is relatively short (at least to the basic NVQ II level). However, some specialist professionals who work within the education service, especially speech and language therapists, educational psychologists and physiotherapists for pupils with special needs were all reported to be in short supply by most of our case study programmes.

(iv) Working with libraries

- 6.45 Several case study programmes have initiatives to promote library use and book use more generally. This is part of programmes' efforts to improve the cognitive development of children living in the area, and is thus part of the overall education package. Librarians were generally enthusiastic about these initiatives. *“We have had a lot of people come and join the library because of Sure Start”* [Librarian]. *“One of the best things is getting parents who wouldn't normally do so to come into a library, to share books with their children.”* [Area library manager].
- 6.46 However, some librarians found that in spite of their initial enthusiasm things have not always worked as well as they might at an operational level. One reason for this may be that promoting library use, while important, is not one of the Sure Start core service areas. Thus, for librarians much of the agenda of Sure Start partnership meetings will not be relevant to them, and they start to feel that this is not the most effective way of spending their time. One former board member put it starkly: *“We are busy looking after fourteen libraries and seventy schools. Spending a whole morning at a meeting when [discussion of] the library takes up only five minutes can't be justified”* [Area library manager]. Two librarians in other areas concurred: *“There should be a*

more realistic overview about how much time Sure Start costs” [Head librarian]. “I think there are too many meetings. ... Some people are not there so things you think are sorted come up again. ... I find that really difficult because with the library we have a meeting, we decide what we’re going to do, then we go off and do it” [Area library manager].

Education: summary

- 6.47 Education services are generally positive about Sure Start and what it has to offer. There is a strong interest in mainstreaming on the part of senior managers in the education service and close collaborative working with early years and childcare services. It is important to remember that the focus of the interviews, which we undertook was as much on the *philosophy* and *attitudes* expressed by respondents as to collaborative working as on the *enumeration of activities* that they were undertaking (a fuller account of the activities undertaken is provided in a separate report on services at Annex 2 and have already been addressed in our first report on the National Survey data).
- 6.48 It is quite difficult to draw definitive conclusions as to how far close working and collaboration is becoming a reality. This final judgement will need to wait until the integrated report, which will be forthcoming in early 2005, and will draw together quantitative survey data and qualitative interview data from the case studies and from the themed studies (as above). However, we can at this stage infer from the National Survey data in respect of Early Years and School issues that slow progress is being made.
- 6.49 Any reservations expressed tended to be around staff shortage (not necessarily seen as caused, but not necessarily helped, by Sure Start); and the need to take account of differing professional viewpoints. Apart from this, the main reservations are from playgroups, which have been badly affected by Sure Start funding rules, and libraries, where the efforts of librarians do not always appear to have been recognised by programmes.

The contribution to SSLPs by the health sector

6.50 Since the establishment of Rounds 1 and 2 SSLPs, there have been major changes in the delivery of health services: chiefly, the setting up of Primary Care Trusts (PCTs) as both commissioning and provider organisations. Community health services are provided by PCTs. These include many but not all health visitors. Other services are provided by acute trusts (most midwives), mental health trusts (community psychiatric nurses – CPNs) and general practitioners who work for the NHS via independent contracts.

Strategic issues

6.50 By far the majority of our respondents who came from health service backgrounds, including those serving as chairs of Sure Start partnerships, viewed Sure Start very positively. They particularly appreciated its role in prevention and early intervention, as opposed to what they saw as the mainstream position in which health and social services provide mainly crisis intervention: *“This is the way I was trained to work – prevention and early intervention”* [Chair of Partnership and head of PCT Children’s services]. There was often a passionate commitment to Sure Start as a way of increasing resources in areas of need locally: *“Seems like a brilliant initiative. I’ve always lived in deprived areas and always wondered why there was no intervention”* [Nursery Nurse]. Some strategic issues were mentioned more frequently than others; the challenges of partnership working, the unfamiliarity of working outside the traditional professional model and resources were the three most commonly raised.

(i) **Partnership working**

6.51 From non-health agencies, there was common enthusiasm that Sure Start brought health into a working partnership with them in community services for the first time, and that this enabled a ‘whole child’ approach: *“The relationship between agencies before Sure Start was here was already quite good. However, Sure Start provides the only example of everyone working together in a team. This is being used as an example of how it can be done, with social services, health and education working together”* [Co-ordinator of voluntary sector organisation]. Another respondent said: *“The best thing about Sure Start is its multi-agency approach with a one-stop shop, giving access to a number of professionals under one roof”* [Influential local informant].

6.52 However, the difficulty of working in partnership was universally acknowledged at strategic and operational levels. There was clear recognition that others’ strategic directions may not be the same as yours that they might have different agendas and that this can lead to conflict. If there is not a cohesive approach, things can go off on a tangent: *“We’re three years down the line and we’ve not got this sorted –*

it is what they had in mind but it never happened. Now we've got funding issues."

- 6.53 In about a quarter of the case studies, a considerable degree of separation of the health service agenda appears to remain at decision-making levels: *"The PCT is not supportive of Sure Start at a senior level; they do not regard themselves as active partners"* [Programme Manager]. In these programmes the health services approach to Sure Start is essentially about whether Sure Start can contribute directly to their existing agenda and priorities. If it cannot do so, their interest in collaboration is limited. There is no sense of what the health services are able to bring to the partnership in terms of contributing to the well-being of children and families.
- 6.54 In addition, GPs are conspicuous by their absence in the replies of our interviewees. While on the one hand they are very powerful stakeholders in PCTs and obviously their statutory duties mean they are in regular contact with families who have babies and young children, as far as we can see, they manifest little involvement in SSLPs. We found no example among our case studies of a GP being actively involved with the programme. Collaboration was generally limited to allowing Sure Start to place leaflets in the surgery.
- 6.55 Many health respondents reported that the challenge and the amount of time for developing a true partnership had been underestimated: *"It can take a whole generation to work it through to be accepted as a whole service"* [Health visitor]. It was often difficult to develop an understanding of the different roles and responsibilities within the Partnership and to engender the trust that is needed between agencies: *"There is a problem with partnership working in that the pay scales are all different for different staff of different agencies. They have different terms and conditions, and there are also professional boundaries in terms of information sharing"* [Under 5's manager, PCT].
- 6.56 It was found that programme managers from a health background effectively acted as an interpreter between mainstream service agendas and the Sure Start vision. This is against a context of a surprising lack of knowledge of even what Sure Start is - within the health service and among the general public.

(ii) ***Breaking down traditional models***

- 6.57 There was some wariness among health professionals about the challenge Sure Start offers to the standard medical model. Sure Start focuses on prevention rather than treatment, and it encourages the empowerment of the individual rather than the professional. The standard approach among health professionals has been the converse of this. Professionals diagnose departures from the norm, and prescribe actions to return the patient to within normal bounds of health or behaviour. The Sure Start approach effectively disempowers the

professional. Moreover, in some cases it challenges the very basis of professional intervention, implicitly suggesting that a friendly, empathetic and egalitarian approach is likely to be more effective than a professional-patient one.

- 6.58 A Minority of SSLPs were seen to embrace the medical model *“Sure Start is very focused on health rather than social issues. The formal medical model has alienated the voluntary sector”* [Head of Family Welfare Association]. One Programme Manager from a non-health background reported a commonly held view: *“Managers in the health trust still don’t understand that you don’t always need highly skilled professionals to reach targets. The delivery plan was very much written by health professionals. So I inherited a poorly designed hospital model with every specialist under the sun”*. However, most programmes were challenging the professional-led top-down approach.
- 6.59 Considerable tension affecting PCT commissioning of services, recruitment and manpower planning was widely reported between the need for experienced and highly skilled professional staff (across many disciplines, e.g. dieticians) to deliver SSLPs effectively and a focus on the work that could well be carried out by others. *“My view is that the Sure Start posts are about capacity building and empowering people and local communities. They’re not necessarily about delivering local services”* [Children’s senior manager, PCT]. *“One big difference in the statutory services is that they don’t have to explain and justify everything – but we have to! The health service is worried about cancer and heart disease and we’re going on about child development”*; *“There is fear and resentment. We are seen as a threat: new and glossy with huge resources”* [Programme manager].
- 6.60 It was also reported that, *within* the health service, lines of communication between health visitors who were involved with Sure Start and the PCT were one-way, with the Sure Start health visitor unable to influence the top-down instructions. However, several health service decision-makers commented upon the value of what they had learnt from involving community representatives in decision-making, and that although this was often very difficult to achieve, it had successfully challenged the ‘medical model’. *“I believe it’s become much less of a health model – I didn’t think it would, and it’s the biggest achievement”* [Programme manager from a non-health background].
- 6.61 Many commented that during the life of the programme they had learnt a great deal about what kind of work was needed to support seriously disadvantaged families and how to modify and develop traditional health discipline skills: *“The next big hurdle is we’ve got to see it in a very different way to having more health visitors. Parents can be trained. It isn’t just about professionalising the practice. It’s about professionals realising they can let go of some things. It’s linked to sustainability”* [Programme manager].

(iii) Funding

6.62 Mainstream agencies in our case study programmes expressed disappointment that there had been no money from Sure Start for them, for example, where mainstream PCT services (especially antenatal) have no interpreters: *“There was a lot of resentment from health visitors, midwives and social workers who felt that the money put into Sure Start should have gone into their own service. We have had to spend a huge amount of time working through these issues”* [Chair of Partnership, local community representative].

6.63 And on the ground: *“Some colleagues in health are envious because of the extra resources in Sure Start, such as assistants and bilingual link workers”* [Senior physiotherapist].

Operational issues

(i) Multidisciplinary working between health services and Sure Start

6.64 Widespread enthusiasm for multidisciplinary working was reported. Working together generated lots of energy and made a significant difference to the speed with which child and family difficulties were picked up and worked with: *“The speech therapist in Sure Start can pick up kids right away; they wait a year in a statutory agency; the physio is doing work with special needs in their homes”* [Community paediatrician]. *“I can give a better service in Sure Start than in Health because I liaise better within families and other agencies and everything is in the same area. I can get a lot more done in my hours”* [Senior physiotherapist].

6.65 Although many saw Sure Start as a way to bring in new ideas and new approaches, many instances of role confusion were reported: *“In the beginning there was a lack of clarity in working with other agencies. Which is doing the initial assessment for example: health visitors or social services? I don’t feel the health visitors have the skill mix to do it and we want to be separate from social workers”* [Health visitor].

6.66 Role confusion may be reinforced by differing management ideas and styles, in that most health professionals working with Sure Start have dual management from the programme and their local Trust. This issue is discussed in more detail in Chapter 3 on staffing issues. However, the reorganisation of the NHS has made life even more complicated for health professionals working with Sure Start: *“One of the big problems in health is that you have a lot of different professionals, now doubly complicated in that we have a PCT and an acute trust. We’re all managed by different people”* [senior midwife, PCT]. As one health visitor put it: *“The work I do for Sure Start is far broader. It is insignificant sometimes that I am a health visitor”*.

- 6.67 However, not all health professionals take this approach. It was reported by many staff in Sure Start programmes that health professionals are not flexible and willing to work outside their traditional role or in an integrated way with others: *“Midwives and health visitors work well as a team but there are professional (not personal) differences with community workers”* [Health visitor]. *“There are major differences between professionals and support workers, with differential access to development opportunities, although personal relationships are good”* [Sure Start health worker]. The following quote from a parent support worker is not an isolated view: *“Health visitors think they are a cut above the rest and do not regard community workers as pulling their weight”*. But a programme manager from a non-health background recognised that *“It is very difficult for people used to a case load to work differently (they feel as if they’re doing nothing) because they come from a very highly structured health trust”*.
- 6.68 When multi-disciplinary activity works well, midwives and health visitors – through home visits as universal service providers – facilitate the access of parents to many of the Sure Start services in a manner that is non-stigmatising. For example, the nine-month health check is used by the book worker to encourage parents to join the libraries.

(iv) Staff recruitment

- 6.69 We found contrasting reports as to the ease with which it is possible to attract health staff to work in SSLPs and whether there were knock-on effects in the mainstream health services where SSLPs were successful. Often, there was no difficulty as these staff regarded Sure Start as a marvellous opportunity to work in ways that had always appealed to them. But in periods of a national staff shortage crisis, it could be difficult to get people out of secure jobs: *“We have got three vacancies in the health team which are very difficult to fill.”* [Programme manager]. Many interviewees discussed the good (maintaining links with own colleagues and local mainstream services) and bad (tension between different ways of doing things in the different organisations) aspects of having seconded posts with Sure Start. These issues are explored in more detail in Chapter 3.
- 6.70 A variety of attitudes were expressed towards health work and workers in Sure Start: *“To have a true consultation you have to have a hands-on approach; direct contact is needed. That’s the beauty of Sure Start which has midwives who make contact, for example”* [Chair of Partnership].
- 6.71 Many staff were very clear as to what had attracted them: *“Now I feel I can give people time. There is an unhurried fun atmosphere. In practice it’s about befriending parents”* [Midwife who worked for many years in statutory services before]. They also appreciated being able to share their skills *“We need to give a service to people who don’t know they need it. As a professional doorknocker for years, I can get in better than*

anyone. I feel that all the Sure Starts - when they begin - should do training on how to approach households” [Midwife].

- 6.72 Another midwife feels that Sure Start is better to work for than the health trust because *“I have better hours, it’s more relaxed and I have more time to do things. I don’t have to work in set and restrictive clinics and I have a lot more access to better resources. The only drawback is that there is a lot of paper work.”*

(iii) Tensions between health professionals at the local level

- 6.73 A number of health service respondents pointed to the problems they had encountered, especially in making referrals, with erstwhile health colleagues in the area. This was largely because mainstream services are not restricted by geographical boundaries. A psychotherapist reported that mainstream grass roots workers were feeling disempowered in relation to those in Sure Start, who can be truly empowering and put families first. Before the Sure Start programme was set up, GPs and health visitors could offer very little therapeutic support to families in desperate need. But once established the programmes were very restrictive in which families could be helped, which was frustrating. GP respondents also expressed this opinion.

- 6.74 Sometimes people in mainstream services felt sidelined by the SSLP. A mainstream health visitor working from a GP practice reported her sense of isolation from the SSLP (also expressed by others). She felt that she had not been given a chance to work with the programme and had not been made to feel welcome.

- 6.75 Some respondents recognised that they had changed their own way of working, but that this was not always true of colleagues:
“The people you want to target are the people who wouldn’t always have the motivation or enthusiasm or confidence. I think Sure Start has encouraged that. We can sometimes be dictatorial about the services we provide without asking if they meet the needs of the public. Sure Start reverses that emphasis” [Senior midwife, PCT]. However, a parents’ group told a health visitor: *“We don’t mind coming to things that Sure Start staff are involved in, but we don’t want professionals doing things for us”.* And: *“Some families are very suspicious of professionals; some flitted because professionals seemed too interested in them, although they are now coming to parties etc and groups” [Speech & language therapist].* *“I feel parents cringe sometimes because of the way we talk about them. I heard a member of the team talking about how wonderful it was that a child had eaten a kiwifruit. It was condescending. Saying about a child eating fruit in front of the parents. You have to put yourself in the parents’ place. It made me realise how far I have moved on from the old way of working that some of my old colleagues still have” [Chair of Partnership and head of PCT Children’s Services].*

Health: conclusion

- 6.76 The relationship between SSLPs and mainstream health services varies between programmes at both strategic and operational levels. One consistent feature, however, is the lack of involvement by GPs, and the limited liaison between GP-based health visitors and health professionals working in Sure Start.
- 6.77 Otherwise, the nature of the relationship reflects the willingness of health service staff to abandon both a narrow focus on their own targets and priorities and the medical model of service delivery. (The main exception to this was in the relatively small number of cases where the SSLP has itself adopted a form of medical model). Moreover, where at a strategic level PCTs embrace the idea of services which are aimed at early intervention and prevention, professional staff at an operational level can feel threatened by a sense of disempowerment when families (or patients from their perspective) are put in the lead in determining their own needs. Even those who were determined to put the medical model behind them could find it challenging to reconcile different professional agendas and styles of working. Moreover, the maintenance of a collaborative relationship with the mainstream agency could be stressful for health staff espousing a new way of working.
- 6.78 For the most part, many health service staff feel very positively indeed towards the Sure Start ethos, and see it as chiming with a style of working which many of them had already been working towards. Sure Start had given it a new impetus. Ironically, it may well be this sympathy, which heightens the sense of resentment that some staff hold towards what they see as inequitable funding as between their own agency/ies and SSLPs. Suddenly, large amounts of money are available for some areas of work, whereas they have been trying to do the same thing on the cheap.
- 6.79 There are some clear messages to be drawn from all of these issues. They demonstrate that multi-disciplinary working, even where it is an appropriate concept, needs to be based on clarity of roles and a level playing field as regards conditions of employment; as well as respect for both individual workers *and* their professional value systems. Sure Start has, so far, supported a vital period of learning in the complexity and change that are inherent in effective approaches to improving the health – in its broadest sense - of those most in need.

The contribution to SSLPs by Social Services Departments

Strategic issues

- 6.80 We asked all our social services respondents for their overall views of Sure Start in terms of ethos, and their replies fell into three broad categories. The overwhelming majority of respondents held very positive views of Sure Start, while at one end a very small minority was sceptical

or indeed hostile, and at the other another small minority appeared to be almost detached and/or ignorant about Sure Start as a national initiative.

(i) Inter-agency working

6.81 For the majority of respondents who held positive views, the key attraction for them was the potential Sure Start offers for inter-agency collaboration. They saw this as opening the door to area-wide collaboration in order to develop the preventive services to which the majority of them were highly, if not passionately committed:
“I see it (Sure Start) as helping us find partners to better achieve an area wide preventive input” [Middle manager]. *“For me it was a wonderful opportunity when Sure Start first arrived, I saw it as a golden opportunity for social services to work in partnership and to work with Sure Start in early intervention and befriending activity”* [Senior manager]. *“I feel very, very positive! I am really positive about it as a vehicle for developing an early intervention and prevention strategy for our area”* [Middle manager].

6.82 The sorts of caveats mentioned by the smaller number who were somewhat less convinced about the benefits of inter-agency work, included what they saw as change – for the worse - since the ‘halcyon’ early phase: *“Our social services Family Centre was involved with the consultation group and initially agencies were very motivated and attended meetings.... now this is not the case - I thought it was an avenue to start partnership working and to give young children the best start possible – now I’m not so sure”* [Family Centre manager]. She went on to explain that this frustration derived from the rigid application of geographical boundaries, which the local programme seemed committed to maintaining: the Family Centre which was located outside the boundary, although it served families living in the area, was not being included within the range of services that were being commissioned.

6.83 Some social services respondents felt that inter-agency working was not a reality, and that health issues dominated within their local SSLPs. In one programme it was a particularly strongly held view: *“The main emphasis is on health, including ante- natal care and feeding practices”* [Middle manager].

6.84 A front line worker in the same programme expressed the view that *“emphasising a formal medical model alienates other agencies, both voluntary and statutory”*. (It is worth noting that in no programme, including this one, did health respondents suggest that other mainstream services were dominating the partnerships).

(ii) The tension between child protection and preventive work

6.85 By far and away the most important problematic issue for respondents at all levels in Social Services is what they see as the difficulty of reconciling the demands of *child protection* and *prevention*, in spite of the

fact that almost without exception, they were committed to maintaining a balance between the two, and recognised that prevention could alleviate some of the child protection pressure they were under. Almost all of our managers saw the existing primary legislative responsibility of Social Services for child protection as exerting a powerful influence on their involvement in Sure Start. This theme permeated their views of all the other individual challenges they faced. In the most pessimistic cases this was seen as an entrenched problem, which against their every best effort, was almost impossible to resolve. The following were typical of the ideas expressed: *“Child protection is the responsibility of the local authority. I feel that some people who provide support to families hold back in reporting issues to social services, and this makes things even more difficult for us”* [Middle manager]. *“I am coming from a statutory organisation which with the best will in the world is over-ridden by reactive crisis about child protection, not prevention.”* [Middle manager]

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

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

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

Operational issues

6.86 The current emphasis in social services on child protection affects both strategic decision-making and day-to-day operations. Although there is a clear professional recognition that more preventative work with families should reduce the long-term need for child protection interventions, in terms of organisational pressures, social workers often find themselves being forced to prioritise *child protection* over preventive and/or longer term work with families. Thus, social services’ respondents’ responses to Sure Start are likely to be influenced by genuine worries about their statutory responsibilities and the fear that Sure Start staff working with families may not be sufficiently alert to child protection concerns (or may be unwilling to endanger their relationship with families by raising these issues). Thus, social workers could easily come to feel that spending time engaging with Sure Start is time that they could otherwise be spending in support of children whose lives and well being are thought to be in danger.

6.87 Finally, a number of key operational issues appeared to concern respondents. These included access to, and sharing of, information; targets; resources; the value of being able to draw on existing networks; and the difficulties caused by Sure Start geographic boundaries.

(i) Information

6.88 Social services respondents who were not directly involved in partnership meetings did not always feel they knew enough about Sure Start. About a quarter of our respondents felt that they did not have access to adequate information about the initiative. At the same time, inadequate dissemination of information about Sure Start to the local community by local programmes about Sure Start was an issue for a minority of respondents. About a fifth of our respondents indicated they would have appreciated more information being made easily available to people with whom they came into contact.

6.89 One interviewee in a Round 1 programme area said *“We never had a clear idea what Sure Start actually does.... it doesn't seem to fit with what we do here ...in fact we said in our team we'd never go as it would look like we had a problem and need help.”* [Front-line social worker].

6.90 A manager in another area said, *“We have a very positive view of what we think Sure Start is supposed to be doing, and we think it fits our objectives, particularly around early intervention and the multi agency approach...we would have welcomed more detail which would help us plan better”.*

(ii) Targets

6.91 Hardly surprisingly, the issue of targets recurred as a source of tension in several of our interviews. Agencies are more likely to collaborate with other initiatives if they believe that both organisations efforts are contributing towards meeting the same targets. The majority of Social Services staff with whom we spoke were very familiar with a plethora of targets within their own agency, and had mixed feelings about the impact they had on existing work. One middle manager spoke critically of the way in which he thought the Social Services targets for adoption had hampered the emphasis which he wanted to see put on early intervention. There was some evidence of envy on the part of Social Services staff that Sure Start targets prioritised the sorts of activity they wanted to do more of. Thus, Sure Start targets were seen as giving credit to preventive work and early intervention, whereas their own targets were more reactive, and focused on child protection and the needs of looked after children.

6.92 In fact, the one Sure Start target which was directly relevant to social services – the reduction in the number of children re-registered on child protection registers – was seen as particularly problematic because of the very small geographical areas involved. There might only be one or two families with a child on the child protection register, so re-registrations

could easily be 50 % or more. Social workers were concerned that Sure Start local programmes might try and avoid expressing concern about a family because of the risk of breaching this target. Social services, on the other hand, wanted to be sure that families from different areas were being treated consistently.

6.93 However the majority of Social Services managers saw the positive potential of the right targets to drive policy in a constructive way: *“The right targets can make people feel successful. Outcomes are important, you need to give people ownership of the targets.... this is especially important in the long term. But there is also a danger of seeing targets in their own right instead of as proxy measures and the means to an end...”* [Senior Manager]. *“Every activity has stringent planning and monitoring, review and evaluation in the light of targets. The ethos is excellent – great to see it all develop. It’s meeting what it sets out to do....”* [Middle manager].

(iii) Resources

6.94 We found a constantly recurring lament about resources, in some cases bordering on outright anger. SSLPs were seen as having been funded at a level, which enabled them to undertake a range of high quality and wide-ranging and imaginative activity. They were also able to work in a pro-active manner by comparison with Social Services staff. For them, the lower level of funding was a key factor in their more reactive and limited role. *“Sure Start has dedicated skilled workers who have plenty of time. They have plenty of space in their building and we are envious of their budget.”* [Senior manager].

6.95 The disparity in resources was not restricted to the amount of money per se. Several respondents regretted that existing preventive services had not been integrated into Sure Start and extended. Family Centres were the most frequently mentioned of the services that could be seen to come within this ‘Cinderella’ category: *“We were disappointed that resources were not made available to our existing family centre, which everyone knows has been doing a very good job engaging hard-to-reach families”* [Front line family support worker]. *“Why build another family centre 300 yards from this existing family centre?”* [Front line worker].

6.96 In some areas social services staff believed that Sure Start had been poaching staff away from them, at a time when they were struggling to keep posts filled: *“Sure Start has poached staff - they can recruit the best social workers because the salaries are so much better...it is demoralising for those of us who are left”* [Front line worker]. *“Sure Start has grown too rapidly - it has gone up to peak performance, while at the same time, we have a problem with recruitment as we don’t pay as much as them and it is very expensive to live round here...”* [Front line worker].

(iv) The value of mutual links/knowledge

6.97 A central objective of the Sure Start initiative, reiterated in each wave of programme guidance, was to encourage and facilitate the efforts of mainstream agencies to work together to provide better services for children and families. We found examples in several programme areas of robust attempts to break barriers between the agencies and to create a more comfortable way of working. We found that different positive approaches were being adopted in different areas, but they had in common an attempt to maximise mutual understanding and respect between programme and mainstream agency staff.

6.98 For example, in one SSLP a Sure Start worker spent time on attachment to Social Services and used that experience to share with other Sure Start staff her increased understanding of social workers' role. In another SSLP the front line worker commented on the helpfulness of the programme manager having a social work qualification in terms of enhancing cooperation on complex cases; *"where there are very complex family problems we both have a clearer idea as to what services will be appropriate - we are not starting from the very beginning..."*.

6.99 In one SSLP the front line worker stressed the helpfulness, in her day-to-day work, of the very close collaborative links that had been negotiated between the SSLP and Social Services managers at the very highest level. She commented: *"this makes my job much easier - I can do my very best for the families without feeling pulled between two organisations - and know that I have the backing of the people at the top."*

6.100 One front line social worker expressed the view that she and her colleagues would like to have a better system for liaising about the different 'levels' of family with whom they work, and had hoped to be able to refer their families with less complex needs to Sure Start – *"We really want to develop joined-up working! I had been led to believe there would be a lot of crossing over of roles - this has not happened, but we are still hanging on in there..."*.

(v) Boundaries

6.101 By far the dominant negative issue in terms of working with Sure Start, and the one frequently raised by Social Services staff at all levels, is the issue of geographical boundaries for the programmes. Social services staff - like their health colleagues - are required to provide services for all the families in the area. Inevitably, there will be individual families with very high levels of need that also live outside the boundaries of Sure Start areas. Social workers who are used to prioritising on the basis of need/risk often feel frustrated by the fact that SSLPs have to prioritise by geographical area.

6.102 The following are typical of the views widely expressed; *"----- is very deprived and suitable but there are issues around targeted locations and*

we are not picking up all in the 20% of deprivation and need...there is a narrowness of catchment area....” [Front line worker]. “----- is very deprived and there are several Sure Starts being set up in the most disadvantaged areas identified, but there are small pockets all over the borough and a lot of families are not able to access the services because they are not in a Sure Start area; my staff find this very frustrating and unfair.” [Senior manager]. “We would love to be able to refer our families but they are living in the wrong place!” [Front line worker].

6.103 Sometimes there was a feeling that Sure Start staff may actually “benefit “from the impact of the boundaries. In one case both the front line worker and the middle manager had expressed frustration at the “*post-code rigidity of Sure Start boundaries - it seems we can’t refer most of our families, but we are not entirely sure; we think it is to do with Sure Start not feeling confident about child protection issues.*“

Social services: conclusion

6.104 Overall, where relationships between Sure Start and Social Services are concerned, we found a rather mixed picture. While there is little or no doubt that at every level substantial enthusiasm exists on the part of many social services staff to make a success of implementing the aims and objectives of Sure Start, there were countervailing pressures which diluted the impact of this enthusiasm. For the most part these related to five, in many cases inter-linked, key issues:

- a) The dominant role of child protection responsibility, imposed by external forces rather than sought by the departments themselves, which meant that staff in social services did not always have the time to find out about Sure Start, to make links, and to build collaborative relationships.
- b) The fact that opportunities had not been taken to build on existing successful provision, particularly existing Family Centres
- c) The restrictions on the use of Sure Start local programme services by **all** members of a local community; and
- d) The disparity between the amounts of money allocated to SSLPs programmes and the money available to Social Services in order to undertake early/preventive work.

6.105 In conclusion, our evidence points to the fact that the enthusiasm of Social Services staff could probably be sustained and extended with some adjustments at local and national levels. For example, planning by local programmes needs to take account of the community level work with children and their families which social services already undertake. It needs to consider the geographical location of existing service sites within existing children’s services and ensure that these are included within Sure Start local programme boundaries. At the national level, funding streams for social services need to acknowledge the family support work, which they have been undertaking and are anxious to maintain.

Overarching themes across all mainstream agencies

- 6.106 A constellation of common issues emerges from the data across each of the three agencies. We briefly outline them here.
- 6.107 Multi-agency working is challenging for all those involved in it. It cuts across individual organisations' own priorities and targets. It challenges ways of doing things and the nature of the relationships that professionals have with parents and families. Those who are whole-heartedly committed to the process can be seen by their parent organisations to have switched their loyalties. Ensuring that the collaboration works to the benefit of both organisations has to be a continuing rather than a one-off process. These are all difficult factors to keep in balance.
- 6.108 In the case of two of the three mainstream agencies considered in this chapter (health and education), multi-agency working has had to take place against the background of organisational change within the mainstream service organisations. Moreover, social services departments are now facing reorganisation of their own following the publication of the Green Paper *Every Child Matters*.
- 6.109 Having shared, or at least complementary, objectives and targets clearly helps. Collaboration is more likely to be genuine, at both strategic and operational levels, if everyone is seen to be working towards the same desired outcomes. But where shared objectives are not present, staff in mainstream services are likely to be wary about committing time and effort to work which does not contribute directly to their own organisation's targets.

Multidisciplinary working

- 6.110 Perhaps paradoxically, multi-disciplinary working was seen positively by almost all our respondents. When separated from the issues of institutional loyalty, there was almost universal recognition that no single profession had all the answers, and that bringing a range of skills together to bear on the problems facing families and communities was beneficial both for the families and for the staff themselves, who benefited from the sharing of expertise. As we describe above, professionals tend to see this as a good way of breaking down professional barriers and becoming more creative in delivery local services. The following quote encapsulates the sentiments expressed: *"The way we work is very different. We work in a multidisciplinary way and staff have been recruited who have the capacity to lay down their professional backgrounds. These people are prepared to share their knowledge and training and have a shared vision."*
- 6.111 One important task, particularly for Programme Managers who want to make a reality of multidisciplinary working, is having access to knowledge about a range of different professions. One programme manager said, *"I have a considerable amount to learn about the fields of knowledge and*

service disciplines involved in Sure Start: Its like I'm learning a foreign language".

Mainstreaming

- 6.112 A key Sure Start objective is to mainstream the Sure Start approach into local statutory services. Our interviewees indicated that they were actively seeking to achieve 'mainstreaming'. SSLPs feel that by *not* mainstreaming, they stand to lose potential for change in the long term, lose potential for social and economic development, lose out on future funding streams and overall lose the opportunity to enhance local services for families with children under four. A typical example was provided by a Partnership Chair who said, *"We are trying to mainstream health visiting. Instead of having a health visitor in five Sure Starts, we're trying to get mainstream health visitors to take on that Sure Start philosophy"*.
- 6.113 However, we encountered various problem issues raised across the mainstream services, most of which stemmed from tensions around professional boundaries. As one health visitor put it, *"The work I do for Sure Start is far broader. It is insignificant sometimes that I am a health visitor."* This respondent recognised that in Sure Start she was operating within a different framework and was using both her professional skills, but also other skills and approaches. However, it does not always work like this, and professional staff from mainstream agencies are widely reported by many staff in SSLPs to be too inflexible in their approach to their work, and unwilling to work 'outside' their traditional role or in an integrated way with others.
- 6.114 Sometimes the striving for mainstreaming was complicated by a perceived stigma associated with the mainstream services, and a desire on the part of Sure Start staff to emphasise that they were different. One programme manager told us: *"The outreach team felt that they did not want to be part of statutory services as they felt there was stigma attached to this. I had to make it clear to them that the health visiting service was really fundamental to Sure Start in terms of getting access to parents and that we were working in disadvantaged areas so social workers have to have a role. We have done a lot of group and team days to discuss how we can work together to mainstream Sure Start"*.
- 6.115 The other overwhelming challenge to mainstreaming is the level of resources available. This issue in many ways has the capacity to overshadow others and is certainly a key issue in the roll-out of the government's current and future agenda for children's services.
- 6.116 An enduring theme in research and evaluation studies, as well as government inspections of provision, has been the limited resources allocated to what has been variously termed 'family support' and 'preventive services' as opposed to 'risk-oriented child protection services' (see Schorr, 1992; Audit Commission 1994; Aldgate and

Tunstill, 1995) This issue is also highlighted in the Laming report, Every Child Matters and in the Green Paper.

- 6.117 There have long been tensions between statutory and voluntary sector agencies as to the criteria by which financial resources are deployed, a topic which recurred in views expressed by our mainstream respondents. Social work respondents were particularly bitter at what they saw as significant sums of money to which they could never aspire. A number commented to the effect *“they were prevented by resource shortfalls from carrying out the work they had entered the social work profession to do”*. Although unsubstantiated, one social worker summed up her feelings: *“our Section 17 annual budget is what the local programme spends every day!”*
- 6.118 Clearly one of the reasons that SSLPs are able to work intensively and supportively with families is the very considerable funding, which allows them to do so. The question of resources has of course been addressed in Chapter 5, which reports data from the cost effectiveness module of NESS.
- 6.119 Staffing levels in SSLPs are such that staff have time to spend getting to know families and listening to them. In addition, they do not face the prioritisation of child protection work over supportive work, which characterises most social services departments (Tunstill and Aldgate, 2000; Thoburn et al, 2000a). Whereas social workers are required to target their time towards more complex child protection cases, SSLP resources permit staff to devote long periods of time to individual families. Health visitors in mainstream agencies have large caseloads and a set of statutory responsibilities, which cross the age boundary of 4 and mean they can never, more widely, deliver the ‘intensive Sure Start services’. In many cases they are the primary link between families and possibly distant GP surgeries, and even further distant hospital services. The national shortage of midwives for example, militates against the sensitive and consistent relationships that Sure Start midwives can build up with mothers in the Sure Start area. The common link in these is funding to facilitate intensive staffing.
- 6.120 However, funding permits resources that are not just about staff. Sure Start programmes exemplify the enhanced level of provision, which money makes possible. High level of funding means accessible, attractive publicity material, the production of Sure Start ‘logo-ed’ merchandise, and access to taxi services. We found programmes had routine access to taxi fares to families who wanted transport. It provides money to take families to the seaside and to theme parks for high quality leisure experiences. It makes possible interpretation and translation services and time for staff to provide practical and time-consuming support by assisting families with form filling and battling on their behalf with bureaucratic obstacles. Above all, it makes possible high levels of day care provision if parents want it.

6.121 The reality is that mainstream agencies lack the resources to enable them to take these approaches even if, as has often been suggested (Carpenter et al, 2003), the restriction on resources for early intervention by mainstream services is ultimately a false economy. It is difficult to see how, in the absence of pro-rata levels of funding, the essence of the SSLP approach can be replicated on a national basis. In the context of the new children's centres, obviously the question of funding including any perceived tapering of SSLP level funds, is likely to be an issue, close to the hearts of planners and practitioners.

Information gathering and sharing

6.122 Finally, there was a major issue for all programmes about the gathering and sharing of accurate information about families in their areas. We found there was widespread concern about all aspects of information gathering ranging from knowing who is living in the area, knowing who was using services and sharing information about families where there might be some cause for concern. Information Issues fell into three categories: a) consent being given by families, b) reluctance on the part of individual agencies to pass on the information and c) data deficits. *"There are some major issues around sharing of information and how we achieve consent from these families to share that information. We're relying on the main service to inform; not sure how efficient it is. There needs to be a better system"* [senior midwife, PCT].

6.123 In respect of consent for example, a health visitor said: *"There has been an expectation from Sure Start that we'll let them know all about our families in the Sure Start area – and we can't do that. We will give postcodes but we can't give any more in-depth without parental consent, but this puts Sure Start staff under pressure in working towards the targets"*.

6.124 A Programme Manager described agency reluctance to pass on information as 'gate keeping': *"There is gate keeping by other agencies of names of children and families in the area. It is taken back to the PCT and Social Services; it's a concern"*.

6.125 This was echoed by a Partnership Chair: *"We have problems at times with information sharing and there being relevant information with other agencies related to Sure Start targets, e.g. with child protection agencies. Also, wanting to get postnatal depression down, it's how much we can give with shared protocols. It just seems a complete waste of time to have each body obtaining this information separately. And we have to sit down as individual Sure Starts to sort this out. Now we're going to get together with all the Sure Starts across the county to put together some strategies"* [Chair of Partnership].

6.126 But probably the most important issue occurred in the programmes where data was altogether absent. *"Some baseline information is difficult to find and official information conflicts with the experience of people on*

the ground, e.g. on teenage pregnancy, and there is a lack of data on asylum seekers” [Programme manager].

Prospects for collaboration in the longer term

- 6.127 Two broad pictures emerge from the mainstream agencies. There is considerable enthusiasm for the higher priority, additional impetus and contribution of services on the ground to the development of children in their early years. This comes over particularly strongly from the education service, where respondents expect to see a positive impact as Sure Start children start to go through school and where Sure Start is making an important contribution to the LEA-wide development of additional childcare places. In other words, Sure Start’s objectives and targets coincide with those of the LEA, and this is an important aid to partnership working.
- 6.128 With social services and health service respondents there is more wariness about committing themselves to working in a collaborative multi-disciplinary way, for which many feel themselves to be ill equipped. Front-line staff in health and social services are used to having managers who are fellow professionals, with whom they share a common language, training and ethos. Training for health professions and social work equips people to work in these structured environments, with their strong professional supervision and the sense that the members of the team all work in the same way. Sure Start can be very difficult in this respect. People use different terminology and have a different perception of their relationship with families. Moreover, people who have been used to relying on their professional qualifications and status as their way of maintaining their confidence in themselves and their work, can also find it difficult to work in an environment where professional boundaries (and implicitly therefore those qualifications and status) are being challenged.
- 6.129 But health and social services respondents are also under greater resource pressures than those working in early years education. The introduction of funding for all three and four-year old children to receive nursery education means that children in Sure Start areas are not seen as receiving services at the expense of other equally deprived children. But both social services and health service respondents are facing queues and rationing for children living outside Sure Start areas, and Sure Start has served to undermine their sense that they are achieving the best they can for the families with whom they are working. They feel that Sure Start is not always working to the same priorities as they are, and are anxious that sometimes Sure Start families have lower level needs met, while families in other areas are not having their higher levels of need addressed. This creates inevitable tensions.
- 6.130 However, those working in mainstream agencies are overwhelmingly positive about the Sure Start approach, particularly towards the idea of early intervention, open access and non-stigmatising service provision. Many would like to be able to engage in more preventative work

themselves. Mainstreaming does not face an insuperable obstacle in terms of attitudes, but resources remain a challenge.

CHAPTER SEVEN: Every Child Matters - Emerging strategic issues for SSLPs

Introduction

- 7.0 Sure Start is a central element in the government's agenda for children with its emphasis on the achievement of better outcomes for children, parents and communities, through joined up working between agencies and professional groups. This centrality along with its multi-disciplinary, cross-departmental and cross sector structure means that the work of SSLPs helps implement that agenda at local level. It will itself, at the same time, be likely to be shaped or influenced by parallel developments. Since the start of the National Evaluation of Sure Start, several key policy developments have taken place, which are very likely to have an impact on the implementation of SSLPs. These for the most part derive from the broad agenda of Every Child Matters, the Green Paper produced in 2003, (DfES) and Every Child Matters: The Next Steps (DfES 2004). These lay out government's response to the findings and recommendations of the Laming Enquiry into the death of Victoria Climbié (Department of Health 2003).
- 7.1 This chapter provides an overview of the main issues that emerged from our case study interviews with programme managers, in response to questions about the actual or likely impact on SSLPs of some of the strategic changes set in train by the Green Paper. Time constraints prevented us exploring all of the possible aspects. However the issues raised by respondents related to issues along the continuum between *prevention* and *child protection*, the need for which is of course a basic premise of the Green Paper. The issues raised fell into two main categories: the proposal for children's centres; and the proposed new approach to child protection. Responses related to both specific *organisational matters* and more general changes *in the locus of responsibility/accountability* (e.g. the new stress on local authority responsibility through Directors of Children's Services). These views are of considerable relevance to the implementation of the Green Paper strategic agenda, and provide a useful indication of some strategic challenges that currently face SSLPs. These data were collected in the summer of 2003, therefore the views represent a snapshot and will not have taken account of the developments in the 'changing agenda' since then.
- 7.2 This chapter starts by providing a very brief resume of elements in the Green Paper, which are of key relevance to SSLPs, before presenting the views of our programme managers under two main headings, Meeting the Challenge of children's centres; and Meeting the Challenges for Child Protection.

Sure Start and the Green Paper

- 7.3 There is a symmetry between Sure Start and many aspects of the Green Paper, in terms of the mutual stress on improving outcomes through early intervention and effective protection; and supporting parents and carers. Similarly the Sure Start stress on joined-up and partnership working is echoed in the new requirement in the Green Paper for councils to establish Children's Trusts which will bring together health, education and social services. In the same vein, the proposed children's centres are intended to integrate care, education, health and family support to better meet the needs of families in all of the 20% most disadvantaged wards in England (the intention is there will be 2,500 by 2008). The centres are planned to incorporate all SSLPs, virtually all Early Excellence Centres and many Neighbourhood Nurseries. They will develop, demonstrate and disseminate models of excellence in the delivery of centre-based integrated multi-agency services that bring together teachers, social workers and specialist education and health staff in multi agency teams.
- 7.4 The Green Paper also introduces a range of new approaches to child protection. These include the appointment of Directors of Children's Services in every local authority with the statutory responsibilities of the Chief Education Officer and the Social Services Director. Area child protection committees that currently coordinate agencies involved in protecting children will be replaced by new statutory bodies known as local children's safeguarding boards. At the same time all children will be given a unique ID number to facilitate the identification and tracking of children at risk.

The strategic impact of the Green Paper policy developments

Meeting the challenge of children's centres

- 7.5 In respect of children's centres and the relationship between SSLPs and the work formerly done by Early Years Development and Childcare Partnerships (EYDCP), Programme Managers were generally enthusiastic and supportive of the principles underlying children's centres, but had some reservations about the impact on non-centre based Sure Start services. They were also concerned about the shift from a community-based partnership governance arrangement to one where the local authority is firmly in control. In the short-term, managers faced pressure both to manage their existing programmes and to be involved in the development of new services. Issues described in the following sections relate to both the internal as well as the broader developmental agenda around children's centres.

Benefits to Families and Children

- 7.6 Around a third of managers saw the new developments as a natural and positive progression, which were 'strategically a good idea' and would enable greater numbers of children in need from wider geographical areas to benefit from improved services for children. For example, one programme manager, who acknowledged the vision and support of dynamic leadership at the Local Authority level, viewed these developments as rolling out good practice initiatives and overseeing improved access and services for children in rural communities. *"Children's centres are the future of Sure Start... comforting to know there is commitment"*.
- 7.7 Overall, the majority of Programme Managers considered the initiatives to be strategically sound, but some mentioned the challenges at the operational level. One manager emphasised that local evaluations of all interventions were crucial in influencing the development of services for children in the community. She was clear that evaluation was necessary in order to identify any threats to *existing* services posed by the rolling out of *new* services and interventions.

Loss of community focus

- 7.8 While the developments were perceived as an important and welcome step in the mainstreaming agenda by a majority of managers (*"a step in the right direction for services for children and families"*), many programme managers were disappointed at a lack of consultation with the local communities about the proposed development of children's centres. Managers were anxious that the notion of *"localisation of services could be lost"* and that mainstream agencies were failing to learn from the local programme experiences. These concerns had two parts. The first was the emphasis of children's centres on centre-based services. Programme Managers felt this represented a potential threat to the outreach and home-based services that SSLPs had developed. The second was the issue of governance in that children's centres would be the responsibility of local authorities rather than partnerships with active participation of parents. For one manager these initiatives were: *"all about who will govern. ...Partnership working at the local level has now gone out of the window because it's the Local Authorities who will make decisions about children's centres ... this hurried process allows people to have their agendas met rather than what is best for local wards"*. Another said: *"I cannot see how parents will continue to have ownership of the programme when the area is too large"*.
- 7.9 In one large urban area the model that had been proposed was the opposite of what the local communities and agencies had wanted. Their response has been to write a joint-children's strategy document to try and influence the direction that had been proposed by the local authority.

7.10 For others however there was a general feeling of confusion around an initiative that had been promoted to them as simplifying and clarifying services, and in their view in reality was in danger of fracturing existing services. One manager felt the new initiative *“took away the ethos of Sure Start”* describing it now as a juggling act and a juggling of services.

7.11 The managers themselves felt that they had an obligation to try and inform and ideally involve their local partnership boards in the local authority-wide discussions in which they were involved, but this was often difficult. They could find themselves *“spinning too many plates simultaneously”*. One manager reported trying to keep the local governance and partnership boards linked into what was happening on the bigger stage, describing the process as quite exciting but often overwhelming in having both to manage a programme and to take forward the process of change to a wider system. Moreover, as another manager said, *“Our members of partnership boards have day time jobs. This is their voluntary contribution. They can’t just drop everything to attend a local authority meeting during the day often at short notice”*.

Initiative Overload

7.12 Some managers found the changes in respect of children’s centres frustrating in that they diverted effort and resources into changing systems and structures. *“I wish that someone in Government had had the grand vision from the start, as all systems needed to be changed and often local authorities didn’t have systems in place to deal with this degree of change.”* Another declared: *“It’s like turning a huge ship around, we’re like a small tug in the middle of huge waves and I can’t get my small boat on course.”*

7.13 In many cases programme managers had found themselves heavily involved in discussions at local level about how the new policy might be implemented locally. They found themselves confronted with *“endless calls to attend endless meetings with different stakeholders”*. Several respondents commented that unless they were at the negotiating table there was a real danger of being overlooked. For all of the programme managers this had meant heavier and increasingly diverse workloads, and one or two commented that their job descriptions had altered beyond all recognition. Changes were frequently described as overwhelming and came on top of setting up and settling into new buildings and establishing a wide range of new services. Typical comments were:

- *“initiative overload”*
- *“too much, too fast, at short notice”*
- *“overwhelming and utterly exhausting at times”*.
- *“Never enough time, never enough time to consolidate what we’ve already got before they*
- *“roll the next initiative at us over the hill – they keep changing the goalposts”*

Delivery challenges

7.14 Overall, programme managers emphasised that this was an exciting and forward thinking initiative, and welcomed the moves to be “*re-branded as children’s centres*”. They thought the real challenge was to develop a meaningful exit strategy for what used to be a Sure Start service together with the models developed, and transfer and extend this package to the mainstream. Several of them would have welcomed more advice about this.

7.15 Several managers commented on the challenges, which the new systems would pose in three key areas:

- the task of data collection;
- managing new and different systems;
- the perceived lack of money attached to children’s centres.

7.16 All three were seen to pose threats to the quality of services, the scope of local programmes and to the undertaking of relevant evaluations.

7.17 Several managers commented on the lack of well-trained locally available staff and in particular the difficulties they were already experiencing in attracting staff to very poorly paid childcare worker positions. They feared that the new developments would aggravate these problems. “*So we’ll have a beautiful building but won’t be able to staff it properly*”.

Lack of clarity over budgets

7.18 Several Programme Managers were worried about confusion over budgets. There were concerns about the complexity of new mechanisms for funding, and some managers wondered if the Sure Start allocation had to fund the roll out of children’s centres as well. Was the children’s centres initiative a way of “*rolling Sure Start programmes out on the cheap*” asked one manager?

7.19 One manager felt that existing clear financial management arrangements had been muddled. Another, who was very positive and welcomed the initiative, argued that clarity was needed around management structures, services to be delivered and the funding base associated with the new building, which would become a children’s centre.

Insufficient information and support

7.20 Some of the fears expressed by Programme Managers might have been alleviated by more information and support. Several managers cited the lack of guidance from the Sure Start Unit around the new initiatives. “*Its just not been thought through properly at the Sure Start and Government level*”.

7.21 Programme Managers felt that regional Sure Start teams were switching to a less hands-on support role for SSLPs just when managers felt they needed more feedback and support. One manager reported that it felt as though they were providing information to the Sure Start regional unit but it was going into a “*vacuum - we are last year’s news*”. This was demotivating both in terms of current programmes and their activities and also in terms of taking forward the new policies. Two managers wanted to be able to talk the new initiatives through with an outside mentor.

Meeting the challenges for Child Protection

7.22 The second broad set of challenges for SSLPs arise from the more specific area of child protection and the associated developments in terms of Children’s Trusts and increased emphasis on tracking vulnerable children and families and sharing information between the relevant agencies. The Green Paper, Every Child Matters, stresses the importance of early intervention and preventive work with families, two key principles of Sure Start. But it also stresses the importance of record keeping, of tracking children and of cross-referral between agencies. An overview of current SSLP activity in the area of child protection is provided in our separate report on services, but programme managers pointed to some overarching concerns, which they saw as being likely to impact on their work within the post-Green Paper child protection systems.

Tensions between preventive and protective roles

7.23 Responses to our questions on child protection tended to be less specific than around the children’s centres. Many respondents were uncertain as to how the changes in child protection work might affect their programmes. More than half of all programme managers interviewed described the tension inherent in expectations of them regarding their relationships with Social Services. Programme Managers saw their role as working at the early preventive end and not at the “reactive crisis model end of the continuum” where Social Services were perceived to be located. Several managers felt that social workers should be “patch based” rather than centrally located with a “case load”. This would facilitate referral and lines of accountability and improve their relationships with communities.

7.24 Almost all programmes took steps to actively distance themselves from perceived pressure from social services to take on aspects of their work. All managers wanted explicit lines of accountability, referral mechanisms and roles and responsibilities to be clearly defined within and between different agencies. *“Sure Start is seen as a friendly agency.... People don’t see Sure Start as Social Services...[There are] negative perceptions of social services within the area, but even seconded staff from social services are not perceived as “the Social” in the community”.*

- 7.25 They were anxious to maintain their current capacity for preventive work, and highlighted the impact this had for positive family outcomes. *“Sure Start has more time to spend with families so the preventive work has improved”*. *“Often a community member comes in with someone and says ‘My friend needs help’, and we are able to provide services and help the family, even if its just taking the twins for a walk so the Mum has time to be with her older child”*.
- 7.26 All the Programme Managers we spoke to reported occasions on which they had been able to intervene and prevent a child from being placed on the at risk register. In other cases, where it had been felt that social services had to be drawn in and involved, the process had been managed in consultation with the families and workers concerned, and they were anxious to maintain this role.

Workforce shortages

- 7.27 Some respondents frequently stressed the need to solve social work staff shortages if the new Child Protection agenda was to have a real chance of being properly implemented. In three areas severe staff shortages in social services caused concern to programme managers, who saw it as restricting the ability of social services to input to working committees and case management meetings. Two programmes reported the inability of social services to take up and address the issues in respect of families in need that were continually referred to them. These programmes, as did many others, intervened early and put in packages of care via family and outreach workers, who received line management, support and supervision from health and other agencies, either within Sure Start or in agencies linked or seconded to programmes. For two programmes it was difficult to persuade social services to lower what was described as *too high a threshold on child protection measures*, and one programme was currently engaged in a research project aimed at encouraging social services to look at early preventive work.

Training and support of outreach, family workers and other staff

- 7.28 In order to respond to the Green Paper, all Programme Managers described the continuing need for supervision and support for their outreach and family workers around domestic violence, child neglect and protection work. All managers highlighted the continuing need for access to ongoing, quality assured training in child protection issues, including domestic violence and child neglect. For many programmes regular compulsory updates on child protection were in place as part of their management system. Most programmes currently provided training on child protection, the Human Rights Act and children, and parenting skills programmes for their local parents and communities. A number of respondents cited instances where such awareness of child protection issues amongst the community had increased the likelihood that a

community member would ask outreach staff to “pop in and make sure a parent or family was OK”.

Record keeping and information sharing

7.29 Many respondents indicated their existing awareness of the importance of accurate written case records and reports, and envisaged the new child protection systems as further underlining the need for excellent record keeping. Programme workers drawn from local Sure Start communities often had particular training needs in respect of written and detailed case notes, assessment records and action planning. These would need to be borne in mind when the new systems were introduced. There were particular issues for programmes who were serving multicultural and multi-ethnic communities where not everyone had English as a first language. Managers who faced this problem recognised that it would require a continuing input from line managers in terms of supervision; a higher level of skills training; and regular case management meetings.

7.30 Managers also highlighted their concerns that different agencies currently have different styles of record keeping and record storage, which hamper easy access to stored information on families in need. *“Lack of a common data base and linkages is a big problem and hampers the exchange of information”.*

Conclusion

7.31 The relationship between Sure Start local programmes and the intended future shape of children’s services is an important one for all the stakeholders involved. As can be seen from the description of Sure Start activity provided in this as well as earlier chapters of this report there is a close fit between the aims and objectives of SSLPS and the principles and intended outcomes of Every Child Matters.

7.32 There are four key groups of challenges, which this new policy agenda has been seen to raise for SSLPs.

- 1) Coping with the risk of a diminishing stress on community input and control into decisions about policy and planning. This is exemplified by the stress on centre-based services and the enhanced responsibilities of local authorities as opposed to SSLPs.
- 2) Dealing with the additional work entailed by the new agenda with the need for change in the existing structures and partnerships. It will be very important for the new structures, regardless of the constituent agencies, to take on board lessons that have been learned in the roll out of Sure Start. These relate to engaging parents; consulting with communities; the need to be transparent about the respective roles and responsibilities of stakeholders in any partnership.
- 3) Coping with the effect of major resource deficits in the local authority, especially staffing, which can impact on the current level of SSLP work.

- 4) Maintaining the current focus on early intervention and prevention in the face of changes to the existing child protection system.
- 5) There is some evidence of an emerging tension between the role of health and of local authorities in SSLPs. It would be a shame, to say the least, if the more robust role of Local Authorities were to be 'exploited' by some of the less pro-active or enthusiastic PCTs as a reason for not continuing to be a central player.

CHAPTER EIGHT: CONCLUSIONS AND LEARNING POINTS

- 8.0 This report has focused on the implementation of Sure Start Local Programmes. As we indicated in Chapter 6, even since the commissioning of this evaluation, government policy for services for children and families has continued to develop, and the local programmes under our current 'evaluation microscope' will themselves be ultimately incorporated in the newly emerging children's centres. However the underpinning knowledge and value base of both SSLPs and children's centres remains relatively unchanged, as do the issues and challenges which are likely to face policy makers and practitioners in delivering such services. The questions we set out to explore in our case studies are therefore likely to have relevance beyond SSLPs to the continuing children's service agenda and to the planning and delivery of children's centres.
- 8.1 This chapter is divided into two sections. Firstly we provide a summary of our main findings across all of the themes, which have emerged from our data analysis. These themes are crucial to the successful implementation of SSLPs. Taken together, they constitute a three if not four-dimensional picture of the 'real life' day-to-day experiences in SSLPs, which we present in this report. They take account of the perceptions of parents, of programme staff, of staff in mainstream agencies and of community members more generally.
- 8.2 Secondly, we identify two over-arching topics, which are fundamental to the implementation of the government's agenda for children's services both in SSLP terms and in the context of the forthcoming children's centres. These topics are firstly, *partnership working*, which reflects the government's emphasis on joined-up working between different agencies as well as different professional groups - and secondly, the general *enhancement of families and community services*, with the aim of improving outcomes for children.

An overview of programme development 2002-2004

- 8.3 The programmes we have described in this report constitute a representative sub-set of the programmes in Rounds 1 to 4, so we can assume that the issues raised and the experiences described have relevance to all SSLPs. There is overwhelming evidence of widespread enthusiasm for the over arching concepts enshrined in the original Sure Start initiative. This enthusiasm manifests itself on the part of the majority of stakeholders in these programmes. By stakeholders we mean programme staff, staff in mainstream agencies, staff in voluntary agencies, community members and of course, central to the whole endeavour, parents with children under 4. With this set of positive views as a backdrop, we now identify some key points in respect of the programme dimensions.

Management and Governance

- Joined up working is much easier to achieve in programmes that have pre-existing relationships with pro-active local agencies;
- Clear roles and responsibilities must be in place for staff, in order to facilitate joined up working in the ground. This appears to be easier to achieve where staff belong to the programme, and is harder to achieve where individual services are contracted out by the SSLP;
- Some implementation tasks obviously proved especially tough, and we found a number of operational oversights, or in some cases deficits. The former included the failure to capitalise and/or build on previous provision, for example, a number of Family Centres and voluntary sector providers of early years services such as playgroups were cited as being excluded. In other cases there was resentment at charismatic individuals who while robustly leading the initiative at local level had failed to engage the other staff who felt more like 'foot soldiers' and were not quite as enthusiastically 'on board with the grand plan'. In many other cases there had been insufficient sensitivity to the different needs of individual groups, who included for example working parents and children with special needs;
- Designing, managing and delivering services for a diverse population proved complex for some programmes, whether it involved making appropriate provision for ethnic minority families or managing staff who come from a range of minority ethnic groups;
- There was a danger that mainstream services, while espousing very real support and enthusiasm for SSLPs, were at risk of feeling demoralised and alienated by the very big differences in funding stream available to them and the programmes. This represents a real challenge for mainstreaming the Sure Start ethos and way of working;
- There was fairly widespread uncertainty about the relationship between Partnerships and the lead/accountable bodies, with several respondents anxious for a clearer demarcation of rules and responsibilities;
- Programmes that had deliberately developed in a slow and steady manner appeared to be doing better on most dimensions than programmes that had grown quickly. However, where the delays in implementation were not a matter of choice programmes were struggling to maintain the enthusiasm and commitment of the community, which made engaging parents in service use more difficult.

Staffing

- One of the challenges facing Programme Managers is that there are often long-standing tensions between staff from different professional backgrounds;
- Staff who are seconded to work in SSLP's from their home agencies have a foot both in SSLPs and their home organisation, and thus can face conflicting management pressures and loyalties. These tensions also exist to a lesser extent with staff who are seconded to work with

- the programme full-time;
- Another problem with secondment is that programme managers do not have control over the timing of staff moves, and may not have a choice over who comes to work with the programme;
- In terms of staff perceptions, some workers definitely prefer the flexibility, the variety, and the security which secondment gives them. On the other hand, for some staff, the reverse is true and they cited specific concerns such as conflicting loyalties and losing opportunities for professional development and/or promotion in their host agencies;
- Many programme managers have expressed the enthusiastic belief that they have the 'right sort of staff' on board. However, the staff themselves worry about the de-professionalisation of some tasks, and professional staff worry that parts of their role are being de-skilled;
- Programmes faced on-going challenges in respect of generating and maintaining the right skills mix. There was no particular factor underlying this, other than the challenge of implementing a community-based programme with a range of different targets, which span health, education, special needs and family support. The view of some respondents is that currently, training structures across most professions do not as yet focus to any substantial degree on working within a multi-disciplinary organisation;
- Where overall training approaches are concerned, we found no one dominant model – rather, the training on offer varies from programme to programme. The most common foci of training were child protection, domestic violence and Equal Opportunities, but we found examples of many other subjects being addressed;
- Staff attitudes towards training were generally positive, although some front line workers felt that more training was needed; in other cases some staff were seen as being given preferential access to training; and in others the quality of training was viewed as questionable. Some programme managers had very positive and structured attitudes towards training – others felt that training was not necessary – often to the displeasure of the staff.

Access for families

- Access is facilitated along a 5-point continuum of activity. This starts with making initial contact, introduction to the service, autonomous take-up of at least one Sure Start service, autonomous take-up of more than one service, and autonomous take-up of services other than that provided by Sure Start. Consistent efforts are required on the part of SSLPs to maintain engagement by parents on each part of the continuum;
- We identified a three-fold typology of parents: 1) autonomous parents, who are generally confident in using their own initiative to access services; 2) 'facilitated' parents, who with some support and encouragement will do the same; and 3) a third group of parents whose personal circumstances mean that their engagement with services is 'conditional' on specific additional support;

- Firstly, it is clear that considerable problems are generated by *boundaries*, both those relating to geography and age. We found evidence of frustration and resentment on the part of families in the community that their friends across the road could not use the programme if they were on the 'wrong side' of the road. Staff in mainstream agencies beyond the SSLP area were frustrated they could not refer 'their' families. Children growing up and passing the age of 4 clearly posed real problems both for parents and for staff who were keen to provide a service which would facilitate optimum development throughout childhood, as well as early on. The problem was particularly acute for children with special needs, who may not get a place at school until they are well beyond their fourth birthday.
- There is some degree of tension between the aspiration – indeed requirement – for Sure Start programmes to work in a 'flexible and friendly' style, and the more traditional characteristics of professional roles. Parents certainly appreciate a 'friendly' style and find it to be non-judgemental. However, we found evidence that parents also wanted to be sure that staff had sufficient knowledge of child health and development to back up their work and they also valued appropriate reassurance about confidentiality, which was seen as an intrinsic part of the professional role. Problems could emerge when insufficient care was taken to provide adequate assurance of standards in both these respects. While our data failed to provide a detailed prescription for the perfect programme manager, almost all respondents highlighted the value of enthusiasm, motivation, dynamism and flexibility- at the same time as professionalism and friendliness.
- Although still a challenge in reaching all potential Sure Start 'consumers', outreach work is a very important component for programmes in reaching families in the community and maintaining their engagement with the programme and its services;
- Physical access to some Sure Start venues appears problematic because of distance or waiting times and some respondents have drawn attention to the inadequacy of some buildings. However, new Sure Start Centres are opening, which will address at least some of these problems;
- Some programmes interpret family well-being broadly and are more pro-active about addressing particular problems such as drug and alcohol use, whereas other programmes appear to take a slightly more passive approach.

Parental involvement

- Parents are widely contributing to the task of management among SSLPs. However, some programmes express greater enthusiasm for involving them on the management board than others. Some programmes appear to place more emphasis on their involvement in management, while other programmes rest that emphasis on wider community consultation roles as opposed to direct management board involvement. In general, programmes taking parent participation in management seriously and also provide a good deal of support for

- parents who are board members;
- Staff, in general, appear to be treating parents with respect as opposed to 'mere service users';
- SSLPs appear to enjoy a positive image with parents, both in terms of parental engagement with the programme through meetings, consultation and (overall) contact with programme staff; as well as in their role as consumers of services;
- The most negative views expressed by a number of the parents derived from the "boundary restrictions" both geographical, but most importantly, around age of the child. The latter could have very problematic consequences for parents, who faced the withdrawal of services when their child turned four;
- The lesser reservations expressed by parents revolved around provision for minority ethnic groups, the focus on the most deprived making it difficult for working parents to make use of services, and the displacement of popular pre-existing services, particularly family centres.

Conclusion

Lessons learned about partnership working and the enhancement of family support services

- 8.4 The design and introduction in 2000 of (initially) 260 Sure Start Local Programmes took explicit account of a broad empirical and professional knowledge base around the needs of children and families, including child development, the place of day care; the impact of poverty, and the effectiveness of family support services. In this sense the Sure Start initiative could be said to be 'evidence based' (Glass, 1999). However the government has sought to extend the evidence base of a range of interventions, including SSLPs, by commissioning national evaluations into many of its policies.
- 8.5 The following discussion seeks to explore the relationship between our own findings and aspects of existing knowledge about 'partnership' in the context of support services for children and families. In other words what, if any, further insights can be derived from our data?
- 8.6 There is an increasing body of research and evaluation findings relevant to SSLPs, about the effectiveness of services which are concerned with the early prevention of problems and the provision of multi-agency support for children and families (Quinton, 2004; Statham, 2000 a/b). While much of this literature has tended to be descriptive, rather than to focus on outcomes, research points to a range of advantages for children *and* families of providing services such as: high quality early education and day care services (Sylva and Colman in Buchanan and Hudson, 1998); (Zoritch et al. 1999) parenting programmes (Barlow and Parsons, 2002; Smith, 1996a) befriending and support by trained home visitors (Roberts, 1996; Johnson and Molloy, 1995) non-stigmatising services through family

centres and school based intervention (Smith, 1996b; Pugh and Statham, forthcoming).

8.7 However in addition to data on specific services there is emerging evidence of the importance of a range of policy and practice characteristics, which transcend individual projects. These include targeted support within a framework of universal services; a clear rationale for how the service will help; building on strengths as well as tackling weaknesses; an integrated whole family approach; joined up working; partnership with parents (see Buchanan and Hudson, 1998; Katz and Pinkerton, 2003; Statham, 2000b). One common link between many of these aspirations is the need to *work in partnership*. This partnership needs to include the various public and voluntary sector agencies, but also parents and the wider community. 'Partnership working' is itself an emerging area for empirical and theoretical study (Balloch and Taylor, 2001; Glendinning et al., 2002). We are beginning to be much clearer about the principles that underpin successful partnerships and the obstacles to them, which Balloch and Taylor (2001) have characterised as follows:

- structural
- procedural
- financial
- professional & cultural
- status and legitimacy.

8.8 SSLPs provide a context for exploring all of these, given that their activities were intended to overcome such hazards. For example, at the structural level, they can be seen as trying to address the "fragmentation of service responsibilities across agency boundaries, both within and between sectors", (Balloch and Taylor, 2001). At the professional level the expectations of those who designed the SSLP initiative, would probably include programmes being able to reconcile differences in ideologies and values. Few of the barriers to co-ordination, which have been consistently highlighted by commentators, would have been entirely absent from SSLP areas at the outset of the SSLP initiative.

SSLPs and the management of partnerships

8.9 The task of managing a successful partnership is undoubtedly challenging. Studies have pointed to the fact that multi-agency working introduces mixed agendas that can impede progression (Alcock et al., 1995); the benefits of engaging partners at an early stage in strategy development to overcome the boundaries of relationships between the statutory and voluntary sector (Balloch and Taylor, 2001; p.66); and the dangers of partnership meetings becoming no more than talking shops and leaving participating agencies and individuals disempowered and at risk of 'partnership-fatigue' (Hastings, 1996; Lowndes et al, 1997). In addition, as Glendinning et al. (2002) have underlined "the extent to which local agencies have a prior record of successful partnership working has been identified as a crucial determinant of the scale and pace of their future

achievements - in short success breeds success' (p53). Our own findings provide support for this. Firstly there was something of an 'inheritance-lottery' for programmes in this respect. However while not able to choose 'what' they inherited - in terms of staff, services or relationships - we found managers were crucial in being able - or not - to recognise that this was the case. Insightful and enthusiastic managers could, if they wanted to, take strategic action to maximise implementation progress for their respective programmes.

- 8.10 Inevitably the experiences of SSLP stakeholders differed both within and between individual SSLPs. Moreover, SSLPs face a complex task in building the programme partnerships which are intended to create, drive, sustain and develop a range of services for children and their parents.
- 8.11 It was clear that SSLP implementation benefited from a commitment to developing clearly defined protocols in respect of the relationship between the Partnership and the lead/accountable body. In the absence of these, board members could find themselves confused, accountability might become muddled and relationships risk beginning to break down. Where there was strong leadership and clear vision, members felt confident about the future of programme direction and this filtered down to front-line staff, thereby strengthening the overall programme structure.
- 8.12 For programme managers in our case studies, the task of successful management was – and is – a multi-faceted one. They needed to maintain a constant focus on all of the stakeholders in the partnership, whether in the context of time management; staff management; setting a good example to others by cutting through bureaucratic red tape; and when all else failed being prepared to conduct a 'charm offensive' on reluctant local agencies. In other words, the right manager made a difference.
- 8.13 *Targeting of provision*, whatever the criteria for such targeting, poses considerable, and as yet largely unacknowledged additional challenges, for the establishment and/or maintenance, of local partnerships. The two key criteria in SSLPs are of course geography and age, and both have the potential to undermine partnerships. For example, targeting of resources on the basis of geography, as is the case in SSLPs, will almost inevitably generate tensions between mainstream agencies and the targeted initiatives. The former are likely to have a responsibility to the total population and have access to a proportionately much lower level of funding.
- 8.14 The targeting of resources by age group posed equally serious if different challenges. For example the restriction of SSLP services to children under four years posed a range of challenges in respect of partnerships with other agencies. The transition from *not being at school* to *being at school* faced programme managers with the need to sustain links with local schools, which overcame any tension generated by the fact that in the SSLP children are eligible for substantially enhanced services, while once in the out-of-the-area general school population they may well

be eligible for relatively less. Those children, who do not go to school when they are first eligible to do so, for whatever reason, are in particular limbo.

8.15 The third partnership issue on which SSLP experiences throw particular light is the multi-professional one. SSLP provision entails the delivery of services, within a relatively small area, by a range of professionals, whose training will have been at different levels, and entailed different bodies of knowledge and ways of working, so it is hardly surprising they could hold differing views about working with children and families. Some of the social workers we interviewed worked in local authority departments, which had developed very rigid thresholds as to 'child in need' provision. In this organisational environment some social work staff have ceased to prioritise preventative work with families. At the same time staff with an education background were sometimes reluctant to engage too closely with child protection concerns. In addition staff who had chosen to work with children and families in voluntary sector organisations often had considerable and relatively sophisticated 'preventive' experience in family work, and felt their expertise was insufficiently acknowledged. The management challenges entailed in reconciling differences between such groups is therefore considerable, and can, in addition, be influenced by the professional identity in question, i.e. health, education, or social work, of the manager. While we found no real association between the individual professional identity and successful implementation style, it was clear that the right personal attributes did make a difference.

8.16 The experience and views of our respondents highlighted the very complex organisational and individual issues involved in successful partnership working. At the same time they underscored Statham's arguments about the overall lack of training for maintaining partnerships as well as managing change within them (Statham, 2000 a/b). There are clear implications for remedying the paucity of 'multi-agency working training' on professional qualifying courses, probably essential to begin to develop any viable common frameworks and approaches to the assessment of children's needs, including the forthcoming Integrated Children's System.

Meeting the needs of a diverse community

8.17 The demographic and socio-economic characteristics of SSLP areas mean that programmes face a very considerable challenge in ensuring that the design and delivery of services takes sufficient account of the needs of minority ethnic groups. Programmes are not well served by the available knowledge base in this regard. As Thoburn et al. (2000b) conclude, in a review of research on child welfare services for children of minority ethnic origin, "a start has barely been made on providing descriptive data on the use made of family support services by the different minority ethnic groups" (p23). We know from studies about service usage that African, African Caribbean families and mixed parentage families where one parent is African or African Caribbean, are more likely to be referred for, or take up, family support services. However, as yet little is known as to why

Bangladeshi, Pakistani, Indian and especially Chinese and other East Asian families are under-represented.

8.18 The design of SSLPs poses considerable challenges for overcoming unequal access to services for minority ethnic groups. Because programmes with significant populations of minority ethnic families are few and far between, managers in SSLPS or other community initiatives will need to keep this aspect of their work firmly in the foreground- and to liaise and consult with managers in other (not necessarily adjacent) programmes with ethnically similar populations. Sharing knowledge and experiences may minimise the risk of inadvertently overlooking need or aggravating existing tensions between ethnic groups. The future successful delivery of Sure Start style services will only be achieved if serious attention is paid to ethnic and cultural issues, even if there is no local 'critical mass' of one minority ethnic group.

8.19 Diversity is often used as a short hand for ethnicity, and our data on SSLPs underlines the need for planners of services for children and families to take comparable account of the diversity of family structures, which have implications for children and family services. By diversity of family structures we mean the existence of single and two parent families, as well as family norms, including employment patterns *within* families.

8.20 There are two lessons to be learned here. Firstly, the particular characteristics of the workforce (explored at greater length in the next section) play a part. Whilst the Sure Start workforce is inevitably dominated by female staff, there is a serious commitment to the inclusion of fathers and male carers which, in order to realise, requires careful planning and thought. The involvement of male workers can often pay dividends in terms of involving fathers from the community. Where there were male staff in post we found fathers were rather more likely to use, or consider using, the services on offer.

8.21 In the same vein, Programme Managers need to consider the needs of working parents. Sure Start services, despite all consideration of the involvement of fathers and working mothers, are still primarily delivered during the hours of a 'normal working day' (i.e. 9 – 5). This continues to foster the notion that the services are irrelevant to working parents, and SSLPs should consider the effect this has on the perception of Sure Start in the community; Programme Managers must consider the needs of working parents. The government's agenda for children makes clear that 'good parenting' can be delivered both by parents who work and parents who stay at home. It is however, important that parents of both types feel entitled to seek out and access services in the community, which may support their parenting role whether they live in a Sure Start area or not.

The impact of workforce issues on SSLPs

8.22 Our data points to the fact that the initial design of SSLPs may have overestimated the availability of an adequate "children's workforce" and

made few concessions to recruitment shortages and issues of burn-out; as well as the related issues of having the right skills mix; and addressing training shortfalls. Several respondents from different mainstream agencies cited their increasing concern that 'there are only so many people to go round' and that they were fearful the superior employment rewards of SSLPs would erode their own staffing complements. They already faced serious shortages in terms of midwives, social workers, and health visitors, and so inevitably SSLPS faced their own challenges. Five case study programmes cited problems recruiting health visitors and four cited difficulties finding social workers. In addition, and perhaps more surprisingly programmes also had problems in recruiting to SSLP-designed 'new' posts such as a family support/health co-ordinator.

8.23 However, our data raises a further issue beyond bald numbers, in relationship to "having the right sort of person " on board, a phrase, which recurred frequently in conversations with staff and community members. The government's vision, which underpinned the design of SSLPs - i.e. the delivery of a range of services in a multi-disciplinary and flexible manner, throws into sharp relief the implications of attitudes, which those who use services hold about *professionals*. This is a thorny issue in most current service planning debates, and involves complex notions of autonomy, choice, confidentiality, and independence (Goss and Miller, 1995; Means et al. 1997). In the context of services for children in the community, additional complications can arise from the legislative duty for their protection, which is laid in differing degrees, on individual workers in different agencies. This is one reason for suspicion, if not fear on the part of parents in respect of both social workers and health visitors. However an increasing body of evidence has identified the service delivery characteristics which parents do appreciate, including feeling that they remain in control (Ghate and Hazel, 2002) and feeling respected and not stigmatised (Macleod and Nelson, 2000). The views expressed by community members in respect of staff demolished some of the stereotypical views about 'professionals', which are often attributed to service users. Parents were clear that they valued professional expertise in many aspects of their contact with the programmes, even if they also valued sensitivity and accessibility: simply being friendly and accessible was, as parents made clear, not always all they needed. Conversely simply being a *professional* will not, in the eyes of parents, automatically guarantee success in a Sure Start role. These views applied in parental perceptions of all the relevant professionals.

8.24 These attitudes have relevance to the Government's agenda for the childcare workforce in terms of the optimum role/quantity of professional expertise, and of course for the configuration of services. For the professional contribution to have the greatest positive impact, "sign-posting systems" need to be set up, as SSLPs have done, and careful thought given by professionals as to how they engage users. Professional workers need sensitive and robust help and support in order to meet the Sure Start challenge and deliver on their statutory responsibilities, especially given that their professional skills are often in short supply in local areas and

programmes need to guard against burn-out and disillusionment for their staff.

- 8.25 Secondment, as a staffing model, raises complex issues and Programme Managers need to be pro-active as well as reactive to the challenges at both agency and individual level. Inevitably, these issues about mode of working will impact on children's centres as well as SSLPs.

The best way to engage service users

- 8.26 The preceding section has pointed to some of the most effective working styles that individual staff can adopt in order to engage service users. In some ways the most important aspect of the SSLP vision is the stress on overcoming the barriers to access that have bedevilled the delivery of services for children and families over a very long period. These have included a range of organisational, psychological and physical/material constraints, such as the impact of rationing and thresholds; stigma; culturally inappropriate services; building design; and geography. We conclude from our case study data that the only way to make in-roads on any or all of the myriad of disincentives to service use, is to think in terms of an on-going engagement process, or continuum.

- 8.27 The idea of a one-off effort being successful in engaging families for a sustained period of time is highly unrealistic. Research already points to the factors which impact on *engagement*, some of which we touched on above. In the case of families who have been traditionally perceived as 'hard to reach' then it is even more important to find ways of attracting them to services. As Statham (2004) concludes, it is most likely that vulnerable families will maintain attendance if the intervention in question allows them to discuss their general life concerns, in addition to any difficulties they may have with managing their child. She argues that this suggests the need for an approach that is holistic and uses *outreach* to understand local issues and circumstances.

- 8.28 This view certainly coincides with our findings that of all the services that programmes deliver, outreach is crucial to their overall achievement and fundamental to the engagement of the community. It can deliver a range of benefits, whether it is simply providing information or engaging hard-to-reach groups. Our three types of service user, described in Chapter 4, carry implications both for the centrality and design of outreach services. While the families we describe as '*autonomous*' may well be keen and / or able to use the range of programme services as long as they have adequate knowledge about availability, both the other groups need 'more'. Our 'facilitated' and our 'conditional ' groups both underline the importance of outreach, *and* the principles and structures which are needed to underpin it. For example, the potential service users who we refer to as 'facilitated' underline the creative/sensitive use of offers of transport and the role of the key worker. The key worker can develop a holistic view of the family's situation, needs and preferences, and take account of all these when introducing the family into the programme. To

respond to the needs of the parents we have described as 'conditional' similarly means providing a key worker who can deliver services in the home in the first instance but also requires a whole-programme commitment to leaving the service user *in control*. The readiness to provide home based, as opposed to centre based services is ultimately a function of staff values, even though it clearly requires an adequate staffing complement.

8.29 Our research confirms that developing and running a Sure Start local programme is a challenging task. It involves maintaining strategic relationships with mainstream agencies which have their own priorities, and which need to serve the whole community, not just those within a small geographical area. It involves knitting together a diverse staff group with different backgrounds and knowledge bases and tensions between them. It involves ensuring that children have access to services by engaging the most important gatekeepers of all: their parents. Where parents are involved with SSLPs and their services they are generally enthusiastic. A greater challenge is to attract their initial interest and to encourage and support their ongoing relationship. Once fully committed – and this can take persistent effort on the part of outreach staff – parents are the best ambassadors for SSLPs within their communities. This in turn makes it more likely that children within the community will have the opportunity to use the services from which they are likely to benefit.

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APPENDIX 1: LOCAL CONTEXT OF THE CASE STUDIES¹⁴

General Overview

Sure Start local programme areas are located primarily within the 20% most deprived wards in England (Indices of Multiple Deprivation, IMD 2000) and experience high levels of social and economic disadvantage relative to the national average. Although all local programme areas are relatively deprived, there is great variation between local programme areas in terms of socio-demographic and economic characteristics and indicators of child health and development. These area level differences have relevance both for evaluating the particular needs of an area and for evaluating the impact of various services. The Local Context Analysis (LCA) module of NESS has described the socio-demographic characteristics and child outcomes for each Round 1-4 local programme area¹⁵ (Barnes et al., June 2003). Here, some of these data are used to demonstrate similarities and differences between 16 Round 1 and 2 local programme areas chosen to be Implementation case studies.

Socio-demographic and economic characteristics of programmes samples

Table 1 shows the characteristics of each grouping of local programme areas. In order to maintain confidentiality of our case study areas, we have renamed SSLPs simply as “SSLP A through P”. They can be matched with the listed programmes in Tables 1 and 2. Where programme areas have a characteristic additional to or untypical of their group, it is listed in the programme characteristic column. The terms ‘average’, ‘high’ and ‘low’ are used to describe case study programme areas relative to the mean for that indicator for SSLPs in Rounds 1-4; averages for SSLP areas are worse than national averages (Barnes et al., June 2003).

SSLP A, B and C are in the ‘less concentrated deprivation’ group. Economic deprivation, the proportion of people from ethnic minority backgrounds and the percentage of births to lone mothers are lower in these areas than in other local programme areas. However, unlike other areas in this category, SSLP A has a high percentage of births to mothers under 18 years old.

SSLPs D through I are identified as a ‘typical’ group. These areas tend to have a low proportion of the population from ethnic minorities and average levels of economic deprivation for SSLP areas. The percentages of births to lone mothers and mothers under 18 are average for this group, although some of the case study areas have scores that more distant to the Sure Start mean. SSLP E is a rural case study programme. SSLPs H and I have a

¹⁴ This Chapter was contributed by Dr. Kate Broomfield of the Local Context Analysis Module of NESS, with many thanks from the Implementation Team.

¹⁵ All data used in LCA analyses refer to the fiscal year 2000 to 2001, apart from Office of National Statistics birth and mortality data (which are calendar year 2000) and data on schools (which are for the school year September 2000 to July 2001).

comparatively high percentage of births to lone mothers and SSLP F has a lower than average percentage of births to mothers under the age of 18. This same programme also has higher levels of economic deprivation than the other areas in this group.

SSLP J and K are in the ‘most deprived’ group and experience high levels of economic deprivation. SSLP K has a higher percentage of the population from ethnic minority backgrounds than typical for the group.

SSLPs L, M and N are in the group labelled ‘large family units’. These areas have a low proportion of the population over 60 and a high percentage of the population from Indian sub-continent ethnic backgrounds. There are low percentages of children in workless households, births to lone mothers, and births to mothers under 18 years compared to other SSLPs areas.

Finally, SSLPs O and P are in the group labelled ‘ethnically diverse’. These programme areas have a high proportion of the population from ethnic backgrounds (especially black populations) and a low percentage of births to mothers under the age of 18 years. Economic deprivation in this group is average for SSLPs; however, SSLP P has a comparatively high level of deprivation.

Table 1: Economic and socio-demographic characteristics for the Round 1 and 2 Implementation Case Study areas.

Programme Area	SSLP Group	Group Characteristics	Specific Characteristics
SSLP A	Less concentrated deprivation	Average-high proportion over 60 Less than 10% non-white population Low % children in workless households High % economically active Low % adults on Income Support Low-average births to lone mothers Low adult limiting long-term illness	High % births to mothers under 18
SSLP B			Average % economically active
SSLP C			
SSLP D	Typical	Less than 15% non-white population Average % children in workless households Average % economically active Average % adults on Income Support Average % births to lone mothers and mothers under 18	
SSLP E			Rural Higher % births to mothers <18
SSLP F			High % children in workless households, High % adults on IS, Low % births <18
SSLP G			

Programme Area	SSLP Group	Group Characteristics	Specific Characteristics
SSLP H			High % births to lone mothers
SSLP I			High % births to lone mothers
SSLP J	Most deprived	Low % non-white population High % children in workless households High % adults on Income Support High % adults with long-term limiting illness High % births to lone mothers and mothers under 18	Average % births to lone mothers
SSLP K			28% non-white population, Average % adults with long-term limiting illness
SSLP L	Large family units	Low proportion over 60 yrs. High % population Indian sub-continent ethnic background Lower % children in workless households Lower % adults economically active High % adults with long-term limiting illness Lower % births to lone mothers or mothers under 18	61% population Indian sub-cont., Low % adults with limiting long term illness
SSLP M			13% population Indian sub-cont., Average % adults econ. active
SSLP N			54% population Indian sub-cont.
SSLP O	Ethnically diverse	25%+ population non-white Average % children in workless households Average-high % adults on Income Support Low % births to lone mothers or mothers under 18	High % children in workless households, High % births to lone mothers
SSLP P			

NB: High, medium and low, as described in the third and fourth columns are relative to *SSLP groups*, rather than England overall.

Community level child and family outcomes

Table 2 shows the level of each indicator for the case study areas relative to the average for Round 1-4 programme areas. Please note that a 'high' rating for health outcomes represents poor health, whilst a 'high' rating for education outcomes represents better achievement.

Although there is some similarity between area outcomes within the social-demographic groupings discussed above, there are also within group differences. Some programme areas show quite uniform patterns across the indicators. For example, SSLP 'C' has average levels of six indicators, SSLP 'E' has comparatively good outcomes for both health and school achievement whilst SSLP 'L' has comparatively poor outcomes on several indicators. For other programme areas, there are better outcomes for particular types of indicators. SSLP 'H' has comparatively good rates on child health indicators but comparatively poor school achievement, whilst SSLP 'G' has poorer health outcomes but better school achievement than the average for SSLPs. Most programme areas show more unique patterns of outcomes however.

Table 2: Child outcomes for the Round 1 and 2 case study areas, relative to the average for all Sure Start local programme areas in Rounds 1 to 4.

SSLP	Infant mortality	Low birth weight	Emergency hospitalisations	Key Stage 1 level 2+ writing	Key Stage 1 level 2+ maths	GCSEs A*-C grade	Staying on after 16	Un-authorised absences from secondary school	Permanent exclusions from secondary school
A	HIGH	High	LOW	LOW	LOW	Average	Average	High	Average
B	LOW	LOW	High	HIGH	HIGH	HIGH	High	Low	LOW
C	Average	Average	HIGH	Average	Average	Average	Average	Low	High
D	Average	Low	Average	Average	HIGH	HIGH	Average	Average	Average
E	Low	LOW	Average	HIGH	HIGH	HIGH	Average	LOW	LOW
F	HIGH	Average	Average	LOW	LOW	Average	Low	Low	Average
G	LOW	HIGH	HIGH	Average	HIGH	High	Average	HIGH	Average
H	Low	Low	LOW	Low	Low	LOW	High	Average	Average
I	LOW	Low	Average	High	HIGH	Low	LOW	Average	Average
J	HIGH	Low	Low	LOW	LOW	LOW	LOW	HIGH	Average
K	Average	Average	Low	LOW	LOW	Low	Average	HIGH	Average
L	HIGH	HIGH	Average	Low	LOW	LOW	HIGH	HIGH	Low
M	HIGH	HIGH	Average	LOW	LOW	HIGH	HIGH	Average	Average
N	Average	High	HIGH	LOW	LOW	Low	Low	Average	Average
O	Low	High	LOW	Average	Average	Average	Average	HIGH	Average
P	HIGH	Average	Average	Average	High	Average	Average	High	HIGH

Note about data: Infant mortality and low birth weight data refer to calendar year 2000; hospitalisations refer to fiscal year 2000 to 2001; all school above refer to school year September 2000 to July 2001.

Conclusions

Although there is variation between the areas in terms of the economic and socio-demographic profile, we have also been able to identify similarities between local programme areas. Each of the five economic and socio-demographic groups of SSLP areas identified by the LCA is represented in the sample of 16 Round 1 and 2 Implementation case study areas. Thus there is scope to look at how these 'types' of local area may have been relevant to the development and implementation of services for children and families. It will be of note to examine how relatively similar areas have responded to developing services.

In addition to the demographic and economic characteristics of the areas, there is variability between the programme areas on the basis of selected child and family outcomes. Inevitably, these variations may have had implications for service development. However, we are confident that the range of and will also need to be examined in the analysis of the case study material.

PART TWO – ‘A Close Up on Services’ is available separately on the Sure Start and NESS Website (www.surestart.gov.uk; www.ness.bbk.ac.uk).

This report describes in detail the services provided by the Sure Start local programmes included in the in-depth case study analysis.

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