

LOCAL CONTEXT ANALYSIS METHODOLOGY

1. Background and strategy

(i) Introduction

Sure Start is an area based initiative, concentrating on relatively small, disadvantaged neighbourhoods. Underpinning all other aspects of the evaluation there needs to be a detailed picture of what the neighbourhoods are like, how they are experienced by residents, and to what extent there is variability between neighbourhoods, interpreted in the context of the implementation, impact, and cost effectiveness of Sure Start. Accurate information about social conditions at the local level provides a powerful tool for helping local and national initiatives to pinpoint problems and target solutions. The local community context analysis provides the backdrop against which Sure Start is put into place and documents change over time in the Sure Start and control communities. It addresses the following core questions:

1. Has Sure Start reached those it was intended for, i.e. the poorest children and families?
2. What is the relationship between Sure Start neighbourhoods and national or other disadvantaged area benchmarks?
3. Are there differences between Sure Start local programme areas?
4. How can the multiple indicators used to characterize the programme areas be grouped to form area typologies or profiles?
5. Do community profiles and comparisons change over time?
6. Can changes be related to variable implementation of Sure Start and to the impact on children and families?

The methods used to document these background characteristics have been designed to be as cost effective as possible while at the same time incorporating a broad range of indicators. With this in mind, and knowing that some data are more readily accessible than others, it is important to understand why we may collect some relatively expensive data because theoretically they have great relevance to Sure Start. Information that appears to have lesser face validity could in fact be important in explaining change, or no change, in communities.

For instance, some aspects of communities may be evidently important (e.g. levels of economic hardship) but it is important to bear in mind the complex interrelationship between services and outcomes. Thus, to understand about child health

and welfare one may need to describe the services and background characteristics in a much broader range of domains. This is well illustrated by an example of how reduction in city services, in this case closure of fire stations, led to profound changes in a range of health and welfare indicators. In New York's South Bronx in the late 70s there was a policy of 'planned shrinkage' of services which resulted in the closure of a number of fire stations. This resulted, not surprisingly, in many more fires burning out of control, with more damage and ultimately to more abandoned buildings. These abandoned buildings attracted criminal activity such as drug sales, the reduction in habitable residential units led to overcrowding and to even more house fires, which increased the speed with which the neighbourhood deteriorated. Formal and informal networks in the community were then weakened as some residents moved away to nearby middle-class communities leaving the remaining residents under considerable strain and adding to problems in surrounding neighbourhoods. Wallace (1989, 1990) was able to link these closures and migration patterns to an increase in homelessness, homicide, substance addiction, suicide, AIDS, and low birth weight babies in areas where residents had previously been functioning more effectively.

(ii) Profiling communities

Deprived areas may share some common characteristics but will also have variability. Using cluster analytic techniques, initial typologies of Sure Start local programme areas have been produced. Each area's relative strengths and weaknesses will be studied over time. For example it is possible that Sure Start is more difficult to implement in an area with a large number of elderly residents in addition to many families with young children. Similarly, there may be implementation problems in areas with high levels of unemployment, or in areas where the primary schools have consistently low achievement scores and high rates of exclusion in conjunction with a high proportion of single parent families. Within-programme-area variability may be of even more interest than between-programme variability and this is now the subject of investigation using the census 2001 data.

(iii) Timing

Administrative data relevant to the 260 Sure Start local programme areas and the 50 control (to-be-Sure Start) areas included in the longitudinal study are summarised annually, starting with the fiscal year 2000/2001 (or calendar year 2000 if fiscal year data are not available). Thus the first report (on 2000/2001) was available in December 2002, the second report (on 2001/2002) in December 2003 and so on until year 6, available in December 2007. The second year of programme area description incorporates the 2001 census data (reports available on the NESS and Sure Start websites).

(iv) Theory – the relevance of community to parenting and child well-being

The sweep of the data to be included in the Local Context Analysis is as broad as resources permit, but strongly guided by theory. Aspects of the community are increasingly being used to explain differences in parenting behaviour and the

consequences of parenting as demonstrated by child development outcomes. While much of the research is exploratory, using untested methodologies, and the mechanisms by which the community may influence parenting are unclear, what is evident is that major alterations in community characteristics can have far-reaching implications for the health and well being of residents. In addition some community characteristics do have (at least cross-sectional) associations with child and family outcomes.

Sure Start principles rely heavily on the concept of neighbourhood and on the attendant community theory. In the first instance, there is an assumption that specific community boundaries can be drawn and that they make sense to both residents and to professionals and others providing services for families. Secondly, Sure Start programmes are required to elicit involvement from local residents, which will be influenced by the extent to which residents recognise and relate to the programme area. Thirdly, Sure Start aims to integrate services in new ways, cutting across old professional and agency boundaries, encouraging them to identify needs from each community in ways that may differ considerably between communities.

There are important methodological issues to consider in relation to how to describe the Sure Start communities and in how to document change, taking into account change within each community and comparisons between communities.

1. Defining areas

Communities and neighbourhoods provide the places and the contexts for children to develop. There is widespread agreement that communities have an impact on families and that in some cases community change is desirable and achievable. Nevertheless, the development of relevant and sensitive indicators poses numerous conceptual and methodological challenges, including in particular the question of what is meant by the terms community and neighbourhood (Coulton, 1995). There is little theoretical agreement about the nature of a 'community' or whether it is synonymous with a 'neighbourhood'. Definitions of one sometimes include the other and the distinction between each is unclear (Chaskin, 1997). For instance the U.S. Advisory Board on Child Abuse and Neglect (1990) used the following definition of a neighbourhood: 'a small geographic unit consensually identified as a single community'.

The size of a territorial community may be defined by administrative demands, political expedient, or historical accident and can indeed vary widely in scale: from a few streets to an area as large as a nation, or even a nation group (e.g. the European Community). The most common scale however in the literature is local, either a few adjacent streets, a neighbourhood (usually between 3,000 and 10,000 residents) or a small town or district in a city (up to 75,000 residents). Whether boundaries are statistical, political or phenomenological some areas are well defined, often by barriers such as major roads, rivers, large buildings while other are amorphous. Some have names that are widely used and understood by residents and outsiders while other exist only in the eyes of the census or the local political parties. Still others exist according to residents' experiences.

Evidence from the USA suggests that individual definitions of personal neighbourhoods are fairly small and more limited than the concept of community. In a study of Chicago communities (Sampson et al., 1997) residents were asked if their neighbourhood had a name, and to indicate its boundaries on a map. Almost three quarters (70%) named their neighbourhood and the average size was 30 city blocks, equivalent to a population of approximately 7,500 people, termed in this study a 'neighbourhood cluster' and significantly smaller than the 77 traditional Chicago communities with populations of 39,000 on average.

The National Strategy Action Plan for neighbourhood renewal (SEU, 2001) acknowledged that "there is no exact definition of what makes a neighbourhood. Local perceptions of neighbourhoods may be defined by natural dividing lines such as roads and rivers, changes in housing design or tenure, or the sense of community generated around centres such as schools, shops, or transport links (p13)." Sure Start is a neighbourhood-based initiative and each Sure Start programme area has incorporated the thinking reflected by the SEU report to define the programme area in detail on a map. Thus programme areas have geographic or territorial reality, but less is known about other realities. For instance, apart from the team contributing to the development plan, does the defined area have relevance with respect to other local people, services, circumstances and the environment? Equally important, does the defined area have any reality, or clear relationship to administrative boundaries used by local services such as education, health, social services, police or local politicians. The make-up of the programme planning group and the process by which this area was defined may have important implications not only for the ease by which administrative data can be obtained but also for the manner by which the programme is perceived locally.

The clarity of a community, the extent to which a community has meaning or identity to residents may indeed be one of its most important characteristics that needs to be assessed. For example one would expect that social cohesion and neighbourhood attachment may be lower and social isolation greater in areas that are not clearly identifiable to residents. Ways in which residents define (or do not contemplate) their community require more investigation and in particular ways that they define the social and affective aspects.

2. What is relevant about communities?

Poverty

The influence of individual/family poverty has received much attention at the individual household level but more recently interest has been re-directed to ways in which neighbourhood poverty influences families and child development (Jencks & Mayer, 1990). Focus on family poverty has been criticised because deprivation is caused not only by insufficient personal resources but also by unsatisfactory community resources such as dilapidated schools, remotely sited shops or poor public transport which reinforce and perpetuate household poverty (Robson, 1995). In addition, the influence of poverty is to a certain extent dependent on the circumstances of neighbours.

Official definitions of family poverty are based on absolute formulae, but it has been pointed out that the definition needs to be relative. Bradley and Whiteside-Mansell (1997) note that:

“Being poor when all around you are poor and when living in a culture where material goods are given only moderate value means one thing. Being poor when many around you are not poor and when material possessions are highly valued means quite another.” (p.15)

It could be argued that better outcomes are more likely if there are affluent neighbours, while others suggest that it engender feelings of anomie, dejection and failure in those who have few resources. Some studies are now trying to clarify this, but it remains open to debate. Wilson has speculated about this in his conceptualisation of the ‘underclass’ (Wilson, 1987). The difference between being a poor individual, or living in a family that is defined as poor, and being poor in a poor neighbourhood has been Wilson’s ongoing theme with particular reference to disadvantage suffered by minority families. He notes for example (1991) that the proportion of poor families in the USA who live in poor ‘ghettos’ varies by race. While 21% of black poor and 16 % of Hispanic poor live in poor neighbourhoods, only 2% of poor white families live in ghettos. His conception of the ‘underclass’ links family deprivation with the collapse of employment opportunities, the lack of good quality public services, the exodus of the black middle-classes to the suburbs and the counter-attractions of a delinquent subculture in communities with few legitimate opportunities. Thus there needs to be a way of understanding the double experience, of living in poverty and of living surrounded by poverty.

Jencks and Mayer have summarised theoretical models of the relevance of poverty to families and children. Collective socialisation highlights the importance of role models in the community, either the indigenous population (local parents, friends, relative) or institutional adults (teachers, police officers), who may socialise towards antisocial behaviour rather than socially acceptable success depending on the local social norms and the extent of anomie. Competition theory is the most closely linked with poverty and emphasises the importance of resources and the potential impact if neighbours have to challenge each other for those resources. This increases the likelihood that an ‘under-class’ will emerge, composed of residents with the fewest resources (Wilson, 1987). Finally relative deprivation theory proposes that individuals judge their position in society in relation to neighbours. Those with few resources are likely to be demoralised if neighbours appear to be more affluent while in uniformly deprived communities, residents may gain strength if there is social cohesion. In fact families experiencing personal poverty in relatively affluent communities may be at particular disadvantage if they are subject to negative labelling by their more affluent peers.

Poverty has been linked not only with general family stress but also with specific aspects of parenting and in particular with abuse and neglect. When families experience persistent poverty they are much more likely to live in economically deprived neighbourhoods, experiencing high levels of stress as they cope with unsafe conditions

(McLloyd, 1990). While there is a considerable amount of evidence to link family poverty with higher rates of child maltreatment (Gelles, 1992), reporting rates are strongly influenced by social class and deprivation. In recent years attention has been directed away from family poverty to the impact of community poverty.

Most of the evidence is from the USA. In Spokane, Washington, 43% of the variance in Child Protective Services reports between neighbourhoods was accounted for by average income in the community (Deccio, Horner & Wilson, 1994). Similarly, a recent examination of child abuse cases in Chicago over a period of seven years to children born from 1982 to 1988 found conclusive evidence that the extent of community poverty was significantly associated with child sexual abuse, physical abuse and neglect (Lee & Goerge, 1999). The communities in question were the Chicago Community Areas, with an average population of 39,000. Using a regression model that took into account maternal age, child sex, birth order, race, birth year and region, the extent of community poverty had a similar effect to maternal age. For instance neglect and sexual abuse quadrupled in those communities with 40% or more families living in poverty compared with areas where the rate was lower than 10% and physical abuse was more than three times as likely to occur in those communities.

The level of community poverty, and affluence, is also associated with child developmental outcomes. Again in the USA, the presence of affluent neighbours in poor neighbourhoods was related to better child outcome, in terms of higher intellectual attainment, for a sample of low birth weight infants followed up to the age of three (Brooks Gunn et al., 1993). However, it remains an open question as to whether the effect is truly a community/neighbourhood influence, or whether the change is at the family or child level. It is possible that the impact of affluent neighbours occurs at primarily the community level in terms of greater support for local institutions, which improves the chances of many children in the neighbourhood (competition)? It could also be at the parental level in that parents learned the parenting strategies of affluent neighbours (collective socialisation) or that some parents strive to give their children more support, although others may be demoralised (relative deprivation)? Or do children themselves alter their behaviour or their motivation?

Social Capital

With the current emphasis in the UK on social exclusion it has been argued that this brings a shift in focus from poverty, a distributional issue, to that of relational issues such as inadequate social participation, lack of social integration and lack of power (Room, 1998). In the USA this aspect of the community has been labelled “social capital”, emerging as one of the most popular exports from the sociological realm into a wide range of literature concerned with families and children (Coleman, 1988, 1993), with dire warnings of what will become of a society that lacks this attribute (Putnam, 1993; 1995).

The essence of social capital is the potential for support that is accrued by relationships and participation in groups, the ability of actors to secure benefits by virtue of membership in social networks or other social structures. Social networks are

conceptualised as if they were investment strategies, allowing the members of groups to claim at some later date the resources available among their contacts, from the accumulation of obligations. It is the ability to obtain resources rather than their acquisition that constitutes social capital.

Social capital can occur at any level of social aggregation, including the relationships that occur with a community, the ways in which community members can access other forms of capital, and the time and effort that parents spend on their children. Wilson (1987) posited that members of the underclass do not have sustained contact with individuals and institutions that represent mainstream society, or with friends and relatives in more stable areas of the city or suburbs. The same has been argued with regard to the UK (6, 1997). Housing policies concentrate low-income families together, and place them on the same training schemes, thus reducing the likelihood that they can develop social contacts and networks in the wider society.

One of the basis tenets of Sure Start is that there should be participation, from planning onwards, by members of the local community, serving both to enhance the quality and relevance of services but also to increase the likelihood of community members gaining skills and contributing more to the community in general. Thus levels of local participation are key to understanding the local community context.

Social disorganisation and informal control

It has been established in a number of studies that community social disorganisation is related to higher levels of delinquency, and that it is a more important indicator than the extent of poverty or occupational status of residents. Sampson and Groves (1989) in their analysis of the British Crime Survey found that communities with fewer friendship networks, less unofficial supervision of children and lower community involvement had higher rates of delinquency and crime. While neighbourhood SES had an effect on delinquency rates this was greatly reduced when the effect of low supervision of youth was taken into account. It has also been associated with parenting problems and specifically child abuse (Sampson, 1992).

Coulton, Korbin, Su (1999) have identified key aspects of community informal social control were relevant to rates of child abuse in addition to structural characteristics of the community such as impoverishment. These other factors associated with more maltreatment included: concern from residents that children would verbally or physically retaliate or use weapons or even burn down their residence if they intervened with neighbourhood children; the presence of higher levels of crime, drug trafficking, teenage mothers and delinquency; residential population instability; and fewer institutions.

Thus, as is highlighted in the Cost Effectiveness progress report, knowledge of levels of local crime, and in particular juvenile crime, and the perceptions of residents about disorder among local children, may have a significant impact on the capacity for Sure Start to have an impact on children and families.

Health

The Bronx fire station closure study (Wallace, 1989) demonstrated that health indicators can be outcomes of environmental characteristics such as poor housing, inadequate services and high crime levels, but they may also be thought of as explanatory variables, in relation to why individuals or families access (or do not access) services. There is recent evidence from the UK that, after adjusting for individual level socio-economic status, there is evidence for modest neighbourhood effects on health indicators such as mortality and chronic disease (Pickett & Pearl, 2001).

(v) Constructs covered in Local Context Analysis

While the theoretical review above shows that a range of community characteristics are important, the LCA analysis is limited in the extent to which information can be obtained about the specific Sure Start local programme area populations. Thus we have very little information relevant to social capital and nothing on personal definitions of 'community'. The following domains are included in the evaluation:

Demographics

Ethnic groups; proportion of the population who are children; proportion of mothers that are under 18 years; proportion lone mothers; population increase/loss.

Deprivation

Proportion of households in poverty; proportion of households workless; proportion of adults in receipt of income support; proportion of children 0-3 in workless households; children 0-3 and 4-17 in income support households; housing conditions.

Economic Profile

Industrial and occupational structure; qualification profile; labour force; adults receiving job seeker's allowance; children in households receiving job seeker's (IB & CB) allowance; participation of young people in education and training post-16.

Crime & Disorder

Rates of burglary from dwellings and from other buildings; vehicle crime; violence against the person; drug offences; criminal damage; exclusion from schools; unauthorised absence from school; local perceptions of danger and disorder; observations of physical/social incivilities in the community; vacant & boarded up housing.

Adult Health

Adults (18-40 and 41-64) with incapacity or severe disablement, or receiving invalid care or disability living allowance; elderly (65+) receiving attendance allowance. Long-term limiting illness (age and sex standardized).

Child Health & Development

Rates of infant mortality; low birthweight; immunisation uptake; emergency hospital admissions (gastroenteritis, respiratory infections, severe injuries); vision, hearing language or locomotion problems.

School readiness and Achievement

Children (0-17 years) identified and/or statemented with special needs; Achievement test scores at KS1, KS2 and GCSE.

Child welfare

Children on the at-risk register; child protection referrals; Section 47 investigations; looked after children from families living in Sure Start area.

Provision of local services

Availability of services specifically for parents and children 0-3 (e.g. play groups; nursery schools, toy library; parent reading initiative; child care); services for all/older children and families (e.g. GP surgeries; child health clinic; library; childminders; swimming pool).

Geographical Access to services for 0-3 year olds and their families

Access for families with children 0 to 3 years to health resources/services (e.g. GP surgeries, child health clinic, nursery schools, playgroup); access to other community resources (e.g. swimming pool, library).

(vi) Types of data

The Local Community Context relies on two major sources of data: existing administrative databases and local social observations. A limited amount of information is available from face to face interviews with families.

1. Existing data

Physical/structural and demographic characteristics of a community can be assessed objectively with reference to existing databases and much of the local context is constructed from these kinds of data. The local context analysis generates most of the area-specific information by applying the specific area definitions of each Sure Start programme to a variety of local and national databases.

The census data are used to describe small areas such as enumeration districts, and output areas but have several limitations, the most pertinent of which is that they are usually collected every ten years, which means that they are not useful as indicators of change resulting from the implementation of Sure Start. Nor are they necessarily representative of baseline. At the start of the evaluation the last census was in 1991 and urban areas characterised by social disadvantage are likely to be socially disorganised and volatile, changing in character within the space of one or two years. Missing data may be spread unevenly, with more in lower-income, minority neighbourhoods, leading to differential reliability of census indicators (White, 1987). In addition, respondents who have completed census forms will have done so in a socially acceptable manner, not including any residents of the household who do not have official status or any income and resources that have been acquired illegally.

Other administrative databases can provide relevant indicators, in particular on crime, health and deprivation as indicated by receipt of benefits. Health, housing, education and crime statistics have the advantage in comparison with census data in that they are collected annually, and therefore provide a more immediate description of the community, and one that can be sensitive to quite subtle variations over time.

2. Observations

Observations of a community can also be more structured and systematic, involving less participation and less time. They can measure neighbourhood units considerably smaller than those described by administrative data, allowing for more flexibility and precision in defining a neighbourhood or community. Interviewers conducting the Impact Evaluation interviews complete a short observation schedule after each interview and a complete longer observations in a sample of streets in the areas included in the impact study.

2. METHODOLOGY

(i) Defining the Sure Start areas for data collection

1. Digitising Sure Start Programme Boundaries

An important task within the Local Context Analysis has been to translate the boundaries of the Sure Start programme Areas into a digital form that allows the identification of individual addresses that fall within the boundaries or the identification of the unit postcodes which make up the areas. The method which has been used by South East Regional Research Laboratory (Birkbeck) to derive lists of constituent postcodes is through the Post Code Address File (PAF) which provides centroids for each unit postcode referenced by the national grid. Traditionally, these centroids have been determined by taking the location of the first address to receive deliveries within the postcode and ‘fixing’ it to the south west corner of the 100 metre national grid square in which it falls. As part of the government’s current attempts to improve the quality of local statistics the resolution in PAF has been improved. From the first new release of PAF in 2001 the grid square size which is used falls to as little as 1 metre in urban areas. We are using the more accurate version of PAF to determine the constituent lists of post codes within programme areas.

The accuracy of this allocation process was tested against a selection of Round 1 and 2 programme areas digitised by Ordnance Survey. The selection of postcodes within these areas appears to have been based on use of Address Point information which provides grid references of individual properties to the nearest 1 metre and circumvents the use of the post code centroids. This approach is not being used in the current study because of the substantial costs involved in acquiring Address Point data for the range of areas needed to cover all of the round three and four programmes.

2. The Stability of Sure Start Programme Boundaries

The stability of Sure Start programme area boundaries is critical for many parts of the evaluation methodology. Accurate identification of the families receiving support from Sure Start is the foundation of the impact studies while all parts of the local context studies require the areas monitored to be as stable as possible. Digitised boundaries were used to estimate local populations used as denominators in many parts of the evaluation. Some changes take place in Sure Start local programme areas. Thus the decision was made to freeze the digitized boundaries for the purposes of the national evaluation. This took place in November 2002 for Rounds 1 and 2 and February 2003 for Rounds 3-5.

3. Estimating populations for Sure Start programme areas

In almost all cases Sure Start programme areas do not correspond to existing administrative boundaries such as electoral wards. It is for this reason that Sure Start programmes have been asked to define their area geographically by drawing the boundaries on a map. GIS methods were used to define a set of postcodes which correspond to each programme area. The postcodes are then used by the DWP, HES, ONS and others to extract information from existing routine databases on individuals with corresponding postcodes. In most cases, the counts extracted from these routine databases only provide a numerator and NESS must seek appropriate denominators in order to convert the counts into rates or proportions.

Denominators

Until the 2001 census data became available, NESS used the population estimates for 1998 wards to obtain population denominators. These ward populations were derived by the Oxford group responsible for the IMD and correspond to the following groups:

- Total population
- Children <16
- Total 16-59 year olds (working age)
- 16-59 year olds who are economically active
- Persons aged 60 and over
- Persons of pensionable age (females 60+, males 65+)

The ward-level populations were apportioned to Sure Start areas based on the proportion of households in each ward over-lapping the target programme area. While this approach only provides approximate estimates, it produced reasonable population counts which were validated with 2001 census data. In addition to this, a more accurate count of children is obtained annually from the DWP who are providing NESS with estimates for all Sure Start areas of children aged 0-17 in single year age bands

(ii) Administrative data by source

1. The Indices of Multiple Deprivation, 2000 and 2004

The issue of boundary position applies to using domains from the IMD 2000 and the IMD 2004 as snapshots of local conditions within Sure Start programme areas. While they are not designed to relate directly to the particular problems of young children, they provide one way in which the conditions within the Sure Start areas can be related to the

rest of the country. To work around the problem that the IMD 2000 was available only for wards when the majority of the Sure Start programme areas do not follow ward boundaries, weighted average ranks were calculated for the programme areas in which the ranks of all wards which overlap with programme areas were used, weighted by the proportion of programme area households (identified from PAF) that fall within them.

The move to an Output Area base makes the IMD 2004 easier to use for profiling Sure Start Programme Areas. These small building blocks are also used to link the information available from the 2001 Census to Sure Start areas and form an improved basis for integrating the results of subsequent IMDs should they become available at this spatial scale.

2. The 2001 Census of Population

Publication of the results of the 2001 Census part of the way through the evaluation project provides a unique opportunity to establish profiles of the programme areas that can be used in comparing them with one another and with other benchmarks. Census tabulations are particularly useful in establishing

- the nature of household/family structures in each programme area
- residents occupational structure
- the ethnic composition of local communities
- an overall measure of local living conditions
- demographic profiles of the programme areas
- estimates of the flux of migration passing through the areas.

3. The Department for Work and Pensions

The level of deprivation in each area can be estimated on the basis of the receipt of a range of benefits. The specification for information on benefits is based on the assumption that the LCA needs to know about disability, poverty and unemployment of adults in families with Sure Start children (0-3), adults in families with older children (4-17), adults likely to be parents of young children (18-40) and other adults (41-64 and 65 plus) in each local area. The Sure Start Unit is obtaining from DWP the number and proportion of children aged 0, 1, 2, and 3 in workless households, using as the baseline the numbers of children those identified on the Child Benefit lists. In conjunction with this contract additional data are being obtained for NESS and the Local community context regarding (by year group) the numbers of children 0-17 in each programme area, numbers of adults receiving benefits that indicate disabling physical or mental health problems and benefits that indicate poverty and unemployment. The data are obtained annually, based on scanning DWP data at the end of April.

To assess adult health in the Programme areas, information is obtained from the DWP by the LCA on adults (11-40 and 41-64) in receipt of incapacity benefit, severe disablement allowance, invalid care allowance and disability living allowance, and older adults (65+) receiving attendance allowance.

4. The Office for National Statistics – Child Health Unit

ONS birth and infant death registration statistics files are used to provide data to the National Evaluation of Sure Start on the following: births to mothers aged under eighteen years, births to lone mothers (outside marriage with no father present at birth registration), low birthweight babies (<2,500g) and perinatal mortality (stillbirths and deaths in the first week, and first year of life).

Child health data are held on local computerised data systems which provide an important source of information for describing child health and well-being in communities. In addition more than 90% of GP surgeries have computerised records, most of which link up with local hospitals and child health clinics. However, not all these systems link up effectively and problems are exacerbated by the use of different identifiers in systems, and the absence of maternal identifiers in child health systems. Child health systems have become fragmented as many regional computer centres have been outsourced to private companies. A number of Community Trusts are trying to integrate both their financial information, health planning and patient based records in one computer system. (Systems include: ACT child health; PIMS; RICHs; Total Care Child Health; Swift Child Health; Peak; Priority Health Connection; Servelec Child Health; Comwise. Inhouse systems are run by many NHS trusts.

The Child Health Team have contacted the child health suppliers throughout England. They established the extent of agreement in the coverage of each child health system, which may include modules regarding birth information, the six week check, immunisations, subsequent developmental checks at 18 and 36 months, and additional information such as the identification of special needs. They have examined the comparability between systems and developed ways to collate information from different software packages.

5. NHS Hospitals

Reducing emergency admissions of children aged up to 12 months for gastro-enteritis, lower respiratory infection and severe injury was a Sure Start target in 1999-2000. For the 2001-02 – 2003-04 PSA period the age range was increased to 0-3 and the target became a Service Delivery Agreement Target. The Sure Start Unit has arranged with the Department of Health for Hospital Episode Statistics to be collated annually for each Sure Start programme area, indicating the numbers of children (age 0-3) admitted as emergencies to hospital with these conditions.

6. Labour market and poverty databases

The growth or decline of job opportunities available to residents of the programme areas is assessed by using Annual Census of Employment records in which the performance of each programme area can be compared against regional and national benchmarks and between programmes. Employment levels were measured for full time

and part time employment for males and for females are classified by the nine broad industry groups of the 1992 Standard Industrial Classification.

We describe the Industrial structure of each community using data obtained from NOMIS. Specifically we obtain the participation rates by age group (16-20; 21-24; 25-34; 35-49; 50-64), male/female rates of employment and unemployment, and ethnic groups in the labour force. The methodological issue pertaining to employment and unemployment concerns the size of the local labour market.

7. Police departments

The following information is sought annually from police departments: rate of burglary in dwellings and in other buildings; vehicle crime; violence against the person; criminal damage; and drug offences. If and where police data are not recorded within GIS systems or at the postcode level, other methods of accessing the data have been used such as digitizing their beat areas.

8. Schools

A number of indicators of academic achievement of children resident in Sure Start local programme areas are collected from the DfES national pupil database. An annual postal questionnaire to primary schools with pupils resident in SSLP areas collect information about violence between pupils, parents and teachers and other disturbances on school premises.

9. Social service departments

Data are collected on referrals to social services, numbers of children subject to section 47 enquiries and those on the child protection register, new registrations and re-registrations and the number of looked after children.

10. Local Service lists

Determining access to key services (e.g. GP surgeries, schools, libraries) is clearly an important part of the local context analysis. Our information is based on national lists of GP surgeries, schools, post offices and other services. Lists are verified through website search. Access for families with children 0-3 is mapped, using the child benefit data to identify relevant families. All services are identified within the GIS used to identify programme areas so that household access may be estimated using lists of households with eligible children identified by postcode. Distances between households and services are approximated by straight lines.

11. Interviews with area residents

Families in the areas chosen for the impact study are asked about their perceptions of the community, whether they are afraid to go out after dark, whether they believe there are problems with vandalism and drugs in the local area.

12. Observations of communities

Interviewers conducting the Impact Evaluation interviews routinely conduct a short form of the Neighbourhood Observation Schedule (Barnes McGuire, 1997) and also conduct observations using the full Neighbourhood Observation instrument. This measure is derived from the Block Environment Inventory (BEI), created by Taylor and colleagues in Baltimore, USA for use in their investigations of fear of crime and perceptions of social disorder (Perkins, Meeks, & Taylor, 1992; Taylor, 1987). The modified form of the BEI was developed to represent those features of the neighbourhood that have most relevance to families with children (Barnes McGuire 1997). It has validity when compared with interview responses.

Reports of the first two years of Local Context Analysis work are available at:

2000/1

<http://www.ness.bbk.ac.uk/documents/activities/lca/127.pdf> or

http://www.surestart.gov.uk/_doc/index.cfm?Document=328

2001/2

<http://www.ness.bbk.ac.uk/documents/Activities/LCA/399.pdf> or

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