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Centre for Social Work and Social Policy
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'Trailblazing' Hailsham East Sure Start 1999-2002: an initial local evaluation

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'Trailblazing' Hailsham East Sure Start 1999-2002: an initial local evaluation.

Executive Summary

1. Introduction

1.1 An initial local evaluation of the Hailsham East Sure Start programme was undertaken, between January 2001 and March 2002, by researchers from the University of Sussex, Centre for Social Work and Social Policy.

1.2 This brief Executive Summary details the methods, findings and recommendations of the evaluation. A full report of the research, under the title above, is available from the University on request.

2. Sure Start and the initial local evaluation

2.1 Sure Start is a 'top down/bottom up' transitional programme, which attempts to combine two very different approaches to tackling family poverty and unequal opportunity for children and parents. The programme is driven from the 'top down' by central government, through funding, objectives and targets. The aim is to reshape and improve existing local services through partnerships of local statutory, voluntary and community organisations. Specific child development outcomes are intended.

2.2 From the 'bottom up' parents and local residents who benefit from additionally funded services must be enabled as equal partners to play a central role in the design and delivery of the programme. It is anticipated that the programme will be sustained when central government funding reduces partly as a result of the enhanced capacity of parents and residents as partners to take up responsibility as joint owners of the programme.

2.3 Sure Start is a transitional programme because it is intended to act as a catalyst in the process of making existing services more effective rather than as a substitute for, or complement to, those services.

2.4 The establishment of a Sure Start 'trailblazer' programme posed four challenges – of *community partnership* and *service delivery* on the one hand and of *service participation* and *family impact* on the other.

2.5 The initial local evaluation explored the extent to which these challenges had been met in Hailsham East by the end of the 'trailblazer' period in March 2002. Monitoring data collected by the programme and other documentation was analysed. Semi-structured interviews were conducted individually with 27 parents (almost invariably mothers) who were the primary carers of 30 out of a larger representative sample of children eligible for Sure Start services. Further interviews were held with 34 local professionals and other people who either worked with the programme or had a stake in its progress. A number of meetings were attended.

2.6 Two recommendations arise from the initial evaluation method itself:

Recommendation 1
In order to improve its utility in local planning we *recommend* that *the programme data system be redesigned* to incorporate fuller details on child, family and household characteristics to the extent that parents wish to share these details. The primary focus of the system should shift from the administrative task of completing returns to the Sure Start Unit to the strategic task of tracking and developing participation.

Recommendation 2
In relation to the next stage of local evaluation we *recommend* that the Partnership Board establish *a performance management and programme evaluation sub group* with a brief to consider the strategic recommendations made in this initial report, and to ensure that managerial and capacity building goals are addressed equally in the next phase of the evaluation process.

3. Achieving local leadership and service change – the partnership and service delivery challenges

3.1 The community partnership challenge has two aspects. In the first place the 'top down' requirements of central government, its objectives, targets and spending specifications, had to be managed in a way that built on and integrated existing community-based commitments, traditions and services. Secondly this process had to result in the formation of effective partnership arrangements and structures which created a sense of joint ownership of the programme for all its stakeholders.

3.2 The evaluation found, in respect of the first aspect, that the injection of substantial new funding into the neighbourhood created a hiatus in local partnership working. Tensions between differing aspirations for community and service development and local regeneration were exposed. Formal arrangements for accommodating differences were being put in place by the end of the 'trailblazing' period, especially in relation to the management of the Hailsham East Community Centre, but mutual trust between stakeholders were still to be restored.

3.3 In respect of the establishment of effective partnership arrangements the finding is that the model adopted is relatively well suited to formal executive decision-making for day-to-day programme implementation, although there are out-standing issues of accountability to be considered. It is much less effective in fostering wider participation, motivating key partners and developing the kind of networks that will be necessary to secure flexibility and sustainability of programme development into the future.

3.4 Five recommendations arise from these findings on partnership working:

Recommendation 3
In order that the balance is restored between the pressure for 'top down' managerial implementation and the need for a 'bottom up' sense of common ownership and purpose we *recommend* that the Sure Start Co-ordinator together with the Trust Co-ordinator inaugurate *a programme of joint team building* to include all paid and voluntary staff

working at the Centre. Consideration should be given to the involvement of an external facilitator.

Recommendation 4

In the light of the unclear nature of the political accountability of local politicians on the Board we *recommend* that *meetings be made more open to public participation and account*. In particular decisions taken by the Board about Sure Start service development should be reported fully in the Hailsham East Community Newsletter.

Recommendation 5

In order to give clearer focus and better effect to parent representation we *recommend* that the *Board formally seek advice from Hearsay* about how it might make its proceedings more accessible. This should include an invitation to *Hearsay* to specify the financial and other resources it needs to support training and group development as necessary.

Recommendation 6

In order to restore the participation in partnership working of local professionals and programme staff we *recommend* that *Board proceedings be formally linked to both Sure Start team and stakeholder meetings* through a direct reporting function by the Co-ordinator in the first case and a professional representative in the second.

Recommendation 7

In order to increase the capacity of the Partnership to reshape and sustain changes to mainstream children's services we *recommend* that formal arrangements be established with senior managers in health, education, early years and social services for their *full representation on the Board*. This process should be undertaken in collaboration with the other Sure Start programmes in the county in order to maximise their strategic impact and minimise the risks of responsibility for programme sustainability falling between various stools. *A whole county approach* is necessary so long as statutory responsibility remains at that tier of local government.

3.5 The service delivery challenge involves partnership building itself, programme development and team leadership.

3.6 The evaluation found that the primary objective of the programme, which is to reshape and improve existing services, has only partially been realised. There have been a number of positive achievements in service provision. For example, service design has facilitated the adaptation as well as the extension of some mainstream services-mainly in health care. It has also filled gaps in early education, childcare and first line family support. However in these cases the services tend to run in parallel with local mainstream provision. The Child Care Centre, in particular, has had a dislocating impact on the local day care sector.

3.7 A community development and inter-agency networking approach to service provision is of crucial importance if 'bottom up' commitments about making professional services more accessible and responsive are to have an impact in the service agencies.

3.8 The programme has retained its original focus on support for parenting rather than on support for employment. Additional services for enabling parents' employability are undeveloped beyond the, important, provision of day care.

3.9 Team leadership needs to shift from the co-ordination of diverse service providers to the proactive management of the 'open team' now established by the programme. More robust arrangements for defining the boundary of Sure Start service networks are required. Lines of reporting and responsibility across the network need formalising.

3.10   Three recommendations are made in relation to service delivery:

Recommendation 8
In the light of the potentially dislocating impact of the way the Child Care Centre has been established we *recommend* that the Director, as a matter of urgency, collaborate with the Early Years Development and Childcare Partnership Co-ordinator on a *new child care audit of Hailsham East.*

Recommendation 9
In order to produce the shift necessary to the achievement of this objective we *recommend* that the Director, in collaboration with the Employment Service and local further education providers, *Hearsay,* the Community Trust and the EYDCP Development Officer, develop *a strategy for maximising training and employment opportunities* for parents of Sure Start age children and beyond.

Recommendation 10
In relation to the aim of consolidating open team working we *recommend* that the Co-ordinator *review arrangements for team meetings and staff training and development.* The review should also result in more formal networking arrangements between programme staff and other local professionals. The approach of the Community Health Worker should be used as a model.

4. Achieving social inclusion – the service participation and family impact challenges

4.1 There are mixed messages from central government about exactly which children and parents are expected to participate in and benefit from Sure Start funded services. Monitoring figures reported to the Sure Start Unit give only aggregate snapshot information about participation and contact rates. Information collected on children does not allow for effective ethnic monitoring.

4.2 The main finding was that a fairly robust monthly participation rate of around 40% of eligible children masks patterns of variable use of services by individual children. Between 25-30% of local children are regular and intensive users of services and they take up the large majority of service contacts.

4.3 Hailsham East Sure Start provides a family support service, mainly to mothers as primary carers, which consists of day care provision for their children and home based support through the Home Visiting service. Community health care and specialist services are less often used.

4.4 One additional recommendation is made about data collection:

Recommendation 11

In order to facilitate sensitivity and responsiveness in service provision to all members of the local community we *recommend* that a *system of ethnic monitoring* be put in place and used methodically as part of routine data collection.

4.5 The evaluation uncovered a number of factors that helped or hindered participation in the programme. Limited knowledge and uncertain understanding of what was on offer combined with either adequate social support or a lack of personal confidence in making contact inhibited involvement. There was also a fairly pervasive fear that participation in a neighbourhood-based programme would undermine and stigmatise rather than help parents. People are very wary about putting themselves in situations that might expose them as inadequate parents.

4.6 Where caution was overcome it was because of the quality and cost of programme services and activities and the personal attention and care given by staff. The flexible nature of services available to help share the responsibility for bringing up young children was a central attraction.

4.7 The programme was used because it provided opportunities for children to extend their social life and skills in a high quality environment staffed by welcoming and competent people. It was much less attractive when the emphasis was on improving parenting, which could feel patronising and threatening.

4.8 On the evidence of the parent interviews those people using the programme intensively were more likely to be single parents (almost invariably mothers) on low incomes from benefits who live in rented accommodation.

4.9 A main conclusion is that the programme should maintain its open access policy whilst improving the targeting of services and opportunities within what is offered to individual children.

4.10 A further recommendation is made in relation to participation:

Recommendation 12

We *recommend* that the Co-ordinator, in consultation with the Board, stakeholders, Trust and Sure Start staff team, initiate *a review of options* for a system of *'equal opportunity planning'* for children. This should involve specific consideration of instituting a *child membership system* for the programme that would provide an enhanced focus for publicity and family involvement.

4.11 The evidence for the impact of the programme on children and families comes from parents' accounts and some statistical information. There are very positive evaluations by parents of aspects of the programme alongside more cautious estimations of others.

4.12 The programme is positively evaluated for the impact it has on the social development of children. Parents benefit from the breaks they get from constant, often isolated, care-taking. They can see their young children coping successfully with separation from them whilst learning personal and social skills.

4.13 Parents also gain reassurance from the fact that the programme is available when they need it. As a result people feel a good deal more optimistic about life and the future in Hailsham East.

4.14 The programme is less well evaluated in respect of its direct impact on parenting itself with parents being far more cautious in identifying benefits in this respect.

4.15 When the programme is reviewed in relation to the four Sure Start objectives both its overall strengths and limitations can be estimated.

4.16 The first two objectives concern the improvement of the social and emotional development of the children. Official rates of child protection registration in Hailsham East are already low whilst other indicators of child well-being, for example, smoking in pregnancy, remain quite high. Central targets are not always helpful to strategic planning but they do indicate that the programme is not yet meeting its early intervention aims in a coherent way.

4.17 Four recommendations are made in respect of improved interventions in this area:

Recommendation 13
In relation to child protection we *recommend* that the Team Leader, in association with other local Sure Start programmes, *convene a child safety and protection working group*. This group should include multi-agency ACPC representatives.

Recommendation 14
In relation to health equality and health promotion we *recommend* that the Community Health Worker take the lead in developing *a health equalities and family support strategy* for Hailsham East. This strategy should be informed by and in turn influence both the public health objectives of the Eastbourne Downs Primary Care Trust and the family support aims of the new county-wide Children and Young People's Strategic Plan and the revised Family Support Policy. The explicit objective should be to use such a strategy as a pilot for a PCT-wide approach.

Recommendation 15
We also *recommend* that the Home Visiting Project Co-ordinator lead *a review of the roles and tasks of the Home Visitors* as part of this strategy. The review should be designed to reconsider the balance to be struck between open-ended friendly visiting aimed at all parents and intensive, targeted intervention aimed only at a few.

Recommendation 16
In order to enhance the parent-led orientation to family support a further *recommendation* is that *a wider diversity of sources of information* on child health and parenting is provided by the programme. This should include on-line facilities for parents.

4.18 The third objective has to do with improving children's ability to learn and the speech and language figures for Hailsham East show a low, if slightly improving, rate of achievement by children on arrival at school. The programme should continue to prioritise the provision of opportunities for children to develop language skills. The isolation of key programme staff, such as Home Visitors, from wider developments in the early years field needs remedying.

4.19 A recommendation is made to this effect:

Recommendation 17
In order to broaden the impact of the programme in respect of early learning opportunities and direct intervention we *recommend* that the Co-ordinator *establish a forum for the early years community in Hailsham*. This forum should be explicitly linked to the Early Years Development and Childcare Partnership and be inclusive of all local provider interests.

4.20 The fourth and final Sure Start objective is that of strengthening families and communities in order to build capacity for sustaining the programme. The main aim is to help parents back into work. Much less progress has been made in this latter respect because few resources have been devoted to the task. No staff member holds nominated responsibility for this area of work, which is not yet receiving any priority. A lead now needs to be given.

4.21 A final recommendation addresses this issue:

Recommendation 18
Finally we *recommend* that the programme should equip itself to provide information and advocacy for parents to better support choice and control over routes that might be taken back to training and paid work. In this respect particular consideration needs to be paid to making the Centre and its facilities more attractive to men who, the evaluation has confirmed, are largely peripheral to Sure Start. This is because it is mothers mainly who do the direct care-taking at home and female staff who share the responsibility at the Centre.

5. Conclusion

5.1 The overall conclusion about Hailsham East Sure Start is that the programme has taken root in the neighbourhood, where it is increasingly trusted and valued by local parents. The services based on the new day care facilities within the Hailsham East Community Centre, supported by the outreach visiting, provide an important opportunity for parents to share the responsibility for children and their social development.

5.2 Effective arrangements for local partnership working and for the sustained reshaping and improvement of mainstream services in the area are still emerging and now require a more strategic and inclusive approach. In particular mechanisms need to be put into place that maximise the participation and responsibility of mainstream agencies for service integration into the future whilst supporting parent and resident influence in decision-making about programme shape and focus.

5.3 In order that Sure Start programmes, such as the one in Hailsham East, are not to be left stranded in wider local and regional debates about the future shape, governance and management of health, child welfare and development and family and community support services they need to form their own lobby. Many of the recommendations of the report seek to broaden the context in which the programme operates. It is important now that programmes begin to develop a collective approach if the centre of gravity of services is to really start to shift towards integrated early intervention.

Introduction to the Report

In this report we present the findings of an initial local evaluation of Hailsham East Sure Start programme covering the period since its inception in 1999 to March 2002. The study was undertaken during the final year of this period in which the programme in Hailsham, along with nearly 60 other 'trailblazers' for Sure Start nationally, was meant to establish new ways of working with children and parents living in areas of significant deprivation.

The report provides a brief account of the nature of Sure Start as a new policy initiative to tackle social exclusion and inequality of opportunity for children and parents in selected areas. The evaluation methods are described and the findings of the research are reported and discussed in the light of the aims and objectives set for the programme. Recommendations for improvements to and development of the programme are made throughout the report.

The process of undertaking the study has been rewarding because it has enabled us to get some sense of the potential for integrated early intervention services for children and families, not only in Hailsham East itself, but also in East Sussex and beyond. We completed our task feeling encouraged by the work being done in Hailsham because in many ways it was clearly having positive effects for children, parents (mothers mainly) and for family life more generally in the area.

However we also take away a sense of frustration with the manner in which central government embarked upon this flagship, anti-poverty initiative and with the local mainstream agency response. Too much was expected by ministers in the first place in their haste to get things up and running in new ways. These new ways, we suspect, were as much to do with mistrust of local authorities and conventional ways of funding and managing mainstream services as they were with empowering local people. Rhetoric about shifts in power soon become the reality of increased responsibility.

Arguably most, but not all, of these service agencies have responded in kind and have remained cautious to commit themselves to the type of involvement in Sure Start that is necessary to its ultimate success. At the end of the evaluation period, the trail having been blazed, the programme was more not less reliant on direction and support from the central Sure Start Unit than it had been at the outset. Money set aside to equalise opportunity for poorer children in Hailsham was still going unspent because the institutional capacity of a small programme to establish itself in some isolation from the mainstream was, and remains, limited.

The report is presented in three parts. In the first we describe the distinctive nature of Sure Start as a partnership initiative before outlining the methods used in the evaluation. In the second we report findings about the progress made by the programme in respect of establishing effective joint ownership arrangements and in relation to the main task thereby of reshaping and improving services. In the third part we explore whether, in what ways and why children and parents are, and are not, participating in the programme. We end by discussing the impact of participation on children and parents.

Part 1 Sure Start and the initial local evaluation

This Part of the report has two sections in which the main features of Sure Start are described and the role of national and local evaluation is explained.

In the first section *1.1 Sure Start – a 'top down/bottom up' transitional programme* we outline the aims and objectives of Sure Start and set out the targets expected to be achieved by each local programme.

We describe Sure Start as a 'top down/bottom up' programme because it tries to combine two very different approaches to tackling family poverty and unequal opportunity for children and parents. The different aspects of these approaches are discussed.

The programme is described as transitional because the requirement is not simply to set up and run a new directly funded community-based project but to do this in a way that reshapes and improves existing local services. Sure Start is a catalyst of change in mainstream services not just a complement to them.

We identify four sets of challenges this innovative model poses for local programmes – the *community partnership* and *service delivery* challenges and the *service participation* and *family impact* challenges. The main elements of each are outlined here. The rest of the report considers them individually in greater detail and discusses, in the light of the evaluation findings, the way Hailsham East Sure Start has responded to each of these challenges.

In the second section *1.2 The local evaluation in Hailsham East 1999-2002* we briefly describe the role of monitoring and evaluation in Sure Start both nationally and locally and the difficulties arising for 'trailblazers' in this respect because of the protracted process of confirming systems, objectives and baselines. We then go on to outline the methods we have used in our own study which provides an initial and independent review of local progress. We end by setting out the strengths and limitations of the approach to evaluation we have adopted.

We make **two recommendations;**

Recommendation 1

In order to improve its utility in local planning we *recommend* that *the programme data system be redesigned* to incorporate fuller details on child, family and household characteristics to the extent that parents wish to share these details. The primary focus of the system should shift from the administrative task of completing returns to the Sure Start Unit to the strategic task of tracking and developing participation.

Recommendation 2

In relation to the next stage of local evaluation we *recommend* that the Partnership Board establish *a performance management and programme evaluation sub group* with a brief to consider the strategic recommendations made in this initial report, and to ensure that managerial and capacity building goals are addressed equally in the next phase of the evaluation process.

1.1 Sure Start – a 'top down/bottom up' transitional programme

Introduction

This section of the Report outlines the aims and objectives of Sure Start and the targets expected to be achieved both nationally and locally. We describe the main aspects of the new approach to services for children of 0-3 years and explain what the government was hoping to achieve by setting it up in the way it did.

We describe Sure Start as a *'top down/bottom up' transitional programme* because it tries to combine two very different approaches to tackling family poverty and health and educational inequality for children and parents. From the 'top down' central government provides direct funding of Sure Start and requires each programme to meet national performance targets set out by Whitehall. However from the 'bottom up' the programmes are expected to be run by local parents and residents themselves as well as by professionals so that Sure Start meets wider community needs.

By transitional we mean that the programme as a directly funded community-based project has no permanent future. Sure Start is a not an initiative to establish a series of self-standing agencies whose work will complement existing services for children, families and communities. Instead it has a far more ambitious objective which is to set up and run services and activities in a way that acts as a catalyst of change in those existing agencies. These include the mainstream statutory agencies who need to play a central role in enabling the process whereby services are reshaped and improved as a result of the work done by Sure Start. This includes taking on responsibility for sustaining the new integrated services when central government direct funding tapers away.

Sure Start claims to be particularly innovative in its approach to local leadership of service development and change. Rather than just bringing existing service agencies and professionals together to co-ordinate their work the expectation is that the new partnership will involve parents too. The demand for effective parental participation has become stronger through the 'trailblazing' period as the capacity-building aspects of central government policies have been increasingly emphasised.

Hence, at the outset the main concern was on *integrating separate services* for young children and their parents in areas of deprivation. The vision set out by David Blunkett and Tessa Jowell in the Foreward to the guide for Sure Start trailblazers had a distinctive focus on what was called a 'joined up' approach to service delivery:

'Providers of services and support will work together in new ways that cut across old professional and agency boundaries and focus more successfully on family and community needs......Sure Start will work with parents to help them nurture their children and stimulate their physical, social and intellectual development.'

(DfEE 1999a:2)

From this perspective parents are seen primarily as service users. It was of course the case that, along with other local people, parents had to be involved in the development of Sure Start

services and had to be represented on the Partnership Board established for the purpose. However the main concern at the outset was with establishing what the leading Treasury official of the time called 'partnerships of statutory agencies and voluntary groups' (Glass 1999:257). This interest in service co-ordination was characteristic of most of the area-based initiatives launched by central government at the time where joining up and targeting professional and voluntary agency resources on the most deprived areas was the primary objective in the attempt to tackle social exclusion and child poverty.

A second perspective which sees parents and other local people as resources to be drawn on in local neighbourhood-based partnerships, rather than just users of services provided by them, became increasingly heavily emphasised by the government as Sure Start funds were made available. Speaking to Sure Start parents and practitioners at the second annual Sure Start conference in July 2000, when the Hailsham East programme was just getting underway, David Blunkett cautioned of the dangers in professional-led partnerships for renewal:

'There is lots of talk about the grand strategies of neighbourhood renewal from government, from local authorities, and in many areas what are now being called local strategic partnerships. A word of warning – those local strategic partnerships should not and must not simply become professionals with different hats on reinventing the old top down programmes of the past. Community means neighbourhood. It means building where people are at. It means involving them......Real partnership is building from the people who whose lives are most affected by this programme. It is building them into the solution. It is ensuring the skills, the qualities, the commitment of professionals are moulded into and are part of that process. By doing so we can make it work for all of us, but it does mean taking risks, it means us (central government) listening and it means us putting what clout we have behind those of you who are making it work.' (Blunkett D 2000)

As a result of this increased emphasis on parents as *partners as well as service users*, when Blunkett and Yvette Cooper (who had taken over from Tessa Jowell as Public Health Minister) wrote the Foreword to the guide for fourth wave programmes, the focus had changed:

'Children living in poor areas deserve the highest quality childcare, their parents deserve accessible and sensible advice and support, their communities deserve to be recognised for their strengths. Sure Start programmes work as a genuine partnership of parents, community organisations (large and small) and government (local and central). This partnership spans planning and delivery, throughout the life of a programme.......By working together in partnership, parents, voluntary and statutory agencies, local service providers and central government can make a real difference to the lives and prospects of young children and their families.' (DfEE 2001:2).

We argue that this expectation that parents would design and deliver Sure Start as well as use its services creates tensions that have to be resolved if programmes are to succeed in their aims. We describe in outline here what these are and then look in detail at the way they have affected the 'trailblazer' stage in Hailsham East in the next four sections of the report.

Sure Start from the 'top down'

From the 'top down' perspective the aim of Sure Start is to *bring agencies together to reshape services to improve the quality of parenting in deprived areas* so children make better progress. The emphasis here is on central government direction of local professional partnerships to confront parent and community needs and problems.

The ***aim*** set out for Sure Start by the Treasury in the initial Public Service Agreement with the DfEE puts improved parenting at the heart of the programme:

The aim of Sure Start: trailblazer, second and third wave programmes

To work with parents and children to promote the physical, intellectual and social development of pre-school children – particularly those who are disadvantaged – to ensure they are ready to thrive when they get to school.

1999-2002 Public Service Agreement

This aim was amplified and extended following the central government Spending Review 2000. This second aim has applied to programmes since April 2001.

The aim of Sure Start: fourth and fifth wave programmes

To work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children

2001-2004 Public Service Agreement

The main purpose of Sure Start was to play a central role in the policy of ending child poverty and inequalities of education and health by tackling what central government calls 'social exclusion'. The Sure Start 'trailblazer' areas were chosen because they were amongst the most deprived neighbourhoods in the country. The 'cycle of disadvantage' was said to operate, in particular, in these areas. Parents were seen as vulnerable because of a combination of lack of money through unemployment, isolation from family and social support networks because of the breakdown of traditional family life and inadequate services provided by the main professional agencies such as education, health and social services. Particularly vulnerable were those parents (especially teenage mothers) with poor educational and health experiences themselves. A lack of confidence and skills in parenting prevailed. As a result children were not getting a decent start

in life. Instead of thriving at school and achieving success into the future they had delayed social and emotional development, poor health and fell behind in their early learning.

Although social exclusion and child disadvantage was said to result from unemployment and low income as well as unsupported parenting the main aim of Sure Start from the beginning was to work with people as parents first and to target the most vulnerable parents in the area.

The *objectives* of Sure Start reinforce this focus on supporting parenting in order to achieve better child welfare outcomes and therefore increase opportunities for the next generation to escape social exclusion and deprivation. This emphasis is over-riding in the 1999-2002 Public Service Agreement and guidance to 'trailblazer' and other early local programmes in the second and third wave of development. However the concern with the impact of unemployment and low income on child poverty and unequal opportunities re-asserts itself in later guidance following amendments to the Sure Start objectives by the 2000 Spending Review. Here local people are seen as workers as well as parents.

The *changing objectives and targets* set for local programmes are listed below:

Objective 1: improving social and emotional development

In particular by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties

Targets 1999-2002

> **:** parenting support and information available for all parents
> **:** a 10% reduction in children re-registered on a child protection register
> **:** agreed and implemented culturally sensitive ways of identifying, caring for and supporting mothers with post-natal depression

Targets 2001-2004

Public Service Agreement
> **:** *to reduce the proportion of children aged 0-3 who are re-registered within the space of 12 months on the CPR by 20% by 2004*

Service Delivery Agreements
> **:** agreed and implemented culturally sensitive ways.......(as above)
> **:** 100% of families with young children to have been contacted by local programmes within the first 2 months of birth

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It can be seen here that the focus on universal contact with children born in the Sure Start area has been tightened up and that the emphasis on child protection as the main measure of success has been retained and strengthened. Additionally there is continued concern that services are provided in a way that does not exclude or discriminate against minority parents.

Objective 2: improving health

In particular, by supporting parents in caring for their children to promote healthy development before and after birth

Targets 1999-2002

    : a 5% reduction in proportion of low birth-weight babies
    : a 10% reduction in children admitted to hospital as an emergency
       during their first year of life with gastro-enteritis, a respiratory infection,
       or a severe injury

Targets 2001-2004

Public Service Agreement
    : *to achieve by 2004 a 10% reduction in mothers who smoke in pregnancy*

Service Delivery Agreement
    : parenting support and information available to all parents (as above)
    : to give guidance on breast-feeding, hygiene and safety
    : a 10% reduction in children admitted to hospital.......(as above)

It can be seen here that the initial emphasis on early intervention has been reinforced by a new Public Service Agreement target focused on the ante-natal period.

Objective 3: improving the ability to learn (1999-2002)

In particular by encouraging stimulating and enjoyable play, improving language skills and through early identification and support of children with learning difficulties (1999-2002)

Targets 1999-2002

    : at least 90% of children with normal speech and language development
       at 18 months and 3 years
    : 100% of children to have access to good quality play and early learning
       opportunities

Objective 3: improving children's ability to learn (2001-2004)

In particular by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs (2001-2004)

Targets 2001-2004

 Public Service Agreement
> **:** *to achieve by 2004 for children aged 0-3 a reduction of 5% points in the number of children with speech and language problems requiring specialist intervention by the age of 4 years*

Service Delivery Agreement
> **:** all children to have access to good quality play......(see above)
> **:** increased use of libraries by parents with young children

In this case the objective itself has been developed to include a specific reference to a variety of child care settings and a fuller definition of special needs. This strengthens the original focus on the importance of stimulating play and learning for improving cognitive development. On the other hand the new Public Service Agreement target for speech improvement is rather more modest.

Objective 4: strengthening families and communities

In particular by enhancing families' opportunities for involvement in the community and improving the sensitivity of existing services to local needs (1999-2002)

Targets 1999-2002
> **:** 75% of families report personal evidence of an improvement in the quality of services providing family support
> **:** all programmes to have parent representation on the programme board

The biggest change of focus has been in the specification of this objective as can be seen by
comparing the two boxes. The emphasis has changed from involving parents in the programme
and making services responsive to one of explicitly requiring programmes to build the capacity
of parents themselves to sustain Sure Start into the future. In association with this the focus, as
we said earlier, is as much on people as workers as on them as parents.

It should also be noted from these tables that the initial guidance to local programmes did not
distinguish between what central government required Sure Start to achieve nationally (the
Public Service Agreement targets) and what Sure Start itself expected the programmes to deliver
locally in order that these national targets might be reached (the Service Delivery Targets). The
2001-2004 targets embody this distinction.

The aim, objectives and targets for Sure Start are all set by central government so it can ensure
that different local programmes each contribute to the same national goals for ending child
poverty. Funding is released only when the programme can show how its plans to reshape local
services will ensure the Sure Start objectives and targets will be achieved.

The concern to provide *central control and direction for local programmes* was strongly
reaffirmed at the end of the initial evaluation period when the Sure Start Unit issued in January
2002 a *Sure Start Risk Assessment and Risk Management Framework.* This is mechanism which
seeks to guarantee that programmes are managing and assuring the work done locally against a
common and prescribed set of expectations. The *Framework* is mainly an additional monitoring

system to help Sure Start national and regional officials, on behalf of central government, to gauge the overall progress of the programme locally and nationally (see Section 1.2 below). However it also provides a new set of targets or benchmarks which specify more precisely how services should be delivered and managed in order that they are most likely to meet the four main objectives and especially their service delivery targets.

The nine categories of the *Framework* are as follows;

Sure Start Risk Assessment and Risk management Framework

: child protection

: parent and community involvement and participation

: productivity

: finance

: governance and partnership working

: personnel management

: capital

: working with diversity

: health and safety

As a result of the continuous development and elaboration of the aims, objectives, targets and benchmarks by the Sure Start Unit, and the requirement that local programmes account for their progress each time the focus changes, 'trailblazer' programmes in particular such as Hailsham East have been made acutely aware that Sure Start is firmly directed from above.

Aspects of this 'top down' approach to tackling social exclusion and disadvantage are also a central part of the way local Sure Start programmes are required to provide the support to parents and children demanded in the national objectives. The ***service principles*** which have had to be adopted in Hailsham East and elsewhere are strongly focused on making existing services provided by mainstream agencies, including voluntary organisations, more effective. These principles combine the need for Sure Start to work closely with local providers of statutory and other services for young children and their families to reshape those services in ways that make them more responsive and hence effective.

In this respect local programmes are constantly reminded by the Sure Start Unit and the regional advisor that the ultimate goal is to change mainstream services in ways that can be sustained by

the agencies that provide them rather than to simply set up new and parallel services. In this way local programmes are being recruited to the wider government objective of reforming public services.

The key *service development principles* are described below:

Key service principles

: co-ordinate, streamline and add value to existing services in the Sure Start area

: involve parents, grandparents and other carers in ways that build on their strengths

: avoid stigma by ensuring that all local families are able to use Sure Start

: ensure lasting support by linking Sure Start to services for older children

: be culturally appropriate and sensitive to particular needs

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

'We want all families living in Sure Start areas catchment areas to have access to a co-ordinated set of services that genuinely meet their needs and deliver the Public Service Agreement targets' (DfEE 2001)

With its main focus on co-ordinating and improving existing services Sure Start is one further example, amongst many, of an area-based initiative targeted on an identified problem which demands local agencies and professionals work in partnership to 'join-up' their services more effectively, and do so by involving service users more actively. In this case central government listed a number of statutory professional agencies that had to be involved in 'partnership working' in Sure Start. These included the mainstream health bodies, local authorities and their existing partnership and planning groups such as Health Improvement and Early Years and Development Partnerships and Children's Services Planning groups.

The new *Framework* has reiterated the central intention that Sure Start act as a catalyst for mainstream agency change by its insistence that senior officers of service provider agencies, who can themselves make decisions on behalf of their agencies, be represented on the local Partnership Board.

In order to put these principles of partnership working into practice programmes had to deliver themselves, or provide access to, a number of *core services* which were distinctive to the Sure Start model of combining high quality interventions with increased participation.

> **Sure Start Core Services**
>
> **: outreach, befriending and social support**
>   Sure Start programmes have to be 'resourceful friends' for families, offering
>   practical , help, friendship and reassurance and helping to establish
>   networks of mutual support. Ante-natal contact then home visiting at 2 months
>   then at 18 and 24 months is central in linking parents into local services.
>
> **: support for play, learning and childcare**
>   Sure Start sees parents as their children's first educators who need support in
>   this role through drop-ins, toy libraries, music groups, playbus etc.
>
> **: primary and community healthcare**
> Sure Start is expected to improve access to help and advice about child and family
> health by funding the extension and enhancement of existing services. These
>
> include what is offered by health visitors, GPs, midwives and other health
> professionals.
>
> **: access to specialised services**
>   Sure Start has to identify special needs early and link children and families to
>   specialised services. This is intended to prevent problems escalating.

Programmes were also invited to consider providing **additional services** which widened the advice and support available to parents. Programmes have in particular to report what they are spending on the following additional services and activities:

> **Sure Start additional services**
>
> **: action on teenage pregnancy**
>   The focus here is on reducing the number of teenage pregnancies
> **: relevant crime prevention and reduction**
>   This includes follow-up work with children and links with services for older
>   children
> **: improvements to parents' employability**
>   There is an increasing emphasis of helping parents into employment

All these objectives, targets, principles and methods of working are set out from the 'top down' by central government to ensure an increased number of vulnerable children and parents in deprived areas get access to good quality services as early as possible and participate actively in them. In this respect Sure Start can be most simply described as a new way of providing early years child care services more effectively in Hailsham East. In order to break the cycle of

disadvantage in the area the Sure Start programme has to involve various professionals and others in working together to support people in bringing up their own children more effectively both as parents and workers by reshaping, co-ordinating and improving local services.

However this is only half the story because Sure Start is a much more ambitious programme than is suggested by this *service provision approach to social inclusion.*

Sure Start from the 'bottom up'

The 'bottom up' commitment in Sure Start is to *put local parents and other residents themselves at the heart of the process of running and reshaping services.* The emphasis here is on parents and community as partners with strengths and achievements to be built on and not just as disadvantaged service users with extra needs.

Sure Start hopes to contribute to ending child poverty and neighbourhood deprivation by stimulating new ways of running and supporting services in the long term as well as providing extra funds to set up those services in the short term. From this perspective local parents and other residents are seen as people who should be expected to participate, alongside the professionals who work in the area, in designing, cultivating and developing these services as well as simply using them for themselves and their children. Sure Start should be organised in ways that give the community a sense of ownership of the direction and success of the programme at the same time as entitlement as consumers to what is offered.

From the 'bottom up' it is local people as well as the professionals who take the leadership role in tackling social exclusion by their involvement in the decision – making and running of the reshaped and joined-up services facilitated by Sure Start funding. Objective 4 (above) makes it clear that Sure Start is not just concerned with supporting parents in bringing up their own individual children more successfully but that it is also expected to enable these strengthened families, in turn, to contribute to a stronger community more generally in Hailsham East. This will mean the community itself will have greater capacity to sustain the programme and its services into the future when central government money runs out.

Again the new *Framework* makes this clear by demanding that the arrangements for programme governance and partnership working involve parents in strategic management and decision-making.

This is a *community capacity-building approach to social inclusion.* As such it is very similar to the model of neighbourhood regeneration being promoted in New Deal for Communities areas. The main emphasis in this approach is on the use of work as a way out of poverty and exclusion rather than simply on improving parenting. Sure Start suggests that there are two ways families and communities can be strengthened by work. In the first place paid work improves family income and therefore widens opportunities for parents and children. This is why programmes have to consider providing additional services for parents designed to support them in getting jobs, for example by skills training and help in preparing for employment. In this respect the child care facilities provided by Sure Start, especially nursery places funded directly

or by bursary but also creches and childminding, are for supporting parents as workers as well as encouraging children as early learners.

The second way that work as well as direct parenting is supported in Sure Start is through participation in the running of the programme. This is both on a day-to-day basis through helping paid staff run activities such as play-days and groups and also in relation to the running of the programme as a whole as a member of the Partnership Board. This is voluntary not paid work in both cases and the two kinds of work might look rather different when compared. However the emphasis on people as workers as well as parents is common because the intention, from the 'bottom up' perspective, is to see parents as partners in running Sure Start, that is people who will want to have a right to a say about how things are done in their area but also who will have an interest in and sense of responsibility for keeping the programme going. Voluntary working with the programme in these ways could also be used to develop skills for paid employment later.

This 'capacity-building' aspect is of course only really a 'bottom up' approach if the parents in question actually want to get involved as partners in sharing the running of the programme in these ways. In this respect perhaps the 'bottom up' element of Sure Start (securing parental involvement as partners and stakeholders) is as much an indication of central government policy requirements as is the 'top down' demand for professionals and agencies to join up their services on the ground. In order to ensure the capacity-building objective is seen itself as an element of the service programmes have to allocate funds for development work designed to *'build community involvement in services'*.

Undertaken individually these partnership aspects of Sure Start would be difficult enough to achieve. When they are put together they pose a significant set of challenges.

Facing both ways simultaneously

This 'top down/bottom up' approach is very tricky to manage successfully. The track record of professionals and their agencies working effectively together themselves is not greatly encouraging although partnership working in the child care and child and family health care fields is now proliferating. Indeed it might be expected that Sure Start would be just one more demand on agencies already embroiled in Health Improvement, Children and Young People's Strategic, Early Years Development and Childcare, Children's Fund, Local Strategic and other Partnerships. Nor are there are any route maps for widening professional partnerships to include lead roles for the people who are meant to benefit from them as users.

Furthermore the transitional and transformative nature of the partnership process in Sure Start is hardly a straightforward enterprise for the partners to embark upon. Central government rhetoric from on high about Sure Start as an opportunity and asset for local people, residents and professionals alike, translates quite quickly on the ground into concerns about risk and liability once careful consideration is given to the actual local capacity available to sustain the substantial financial and managerial commitments.

In these circumstances we think Sure Start programmes are faced with *four sets of significant challenges* in their attempt to tackle child poverty and educational and health inequalities as a result of the model of social inclusion chosen for the task.

In order to meet the requirement to achieve national targets for improved service use and better child development outcomes Hailsham East Sure Start confronts what we call *service participation* and *family impact* challenges. The programme will only be effective in reaching its 'top down' objectives of boosting parenting and work skills and practices in 'disadvantaged' neighbourhoods by co-ordinating and improving services if children and families actually make use of those services. The service participation challenge will be met if local parents are aware of the services being provided and see them as relevant to their needs and expectations and easy to use. The family impact challenge demands, in turn, that participation can be shown to have a beneficial effect in relation to the child development and family well-being aims and objectives of Sure Start.

Two additional sets of challenges follow from the requirement of Sure Start that it is a new form of partnership working as much as an improved range of effective services. The transformation in the local ownership of integrated partnership working demanded from the 'bottom up' orientation poses what we call *community partnership* and *service delivery* challenges. Community partnership involves the formation of a local partnership which is sufficiently well constituted to be accountable for the power and responsibilities it holds and management arrangements which are robust enough to ensure the programme holds different local interests together and keeps them focused on meeting the Sure Start objectives. These are particularly significant demands in Hailsham East because these objectives have been inserted into the larger area regeneration initiative in the district. The service delivery challenge concerns the actual implementation of service change itself within this innovative context. Genuine local leadership in reshaping services is the central goal.

Finally the overall requirement is to meet these challenges in a way that enables change to be sustained.

Trailblazing the Sure Start 'top down/bottom up' working in Hailsham East

In needs also to be recognised, when thinking about how these challenges have been confronted in Hailsham East in the first three years, that Sure Start nationally provided no settled blue-print to guide local development. Indeed the Sure Start philosophy, its aims, objectives and performance targets and its own national and regional organisation and personnel arrangements were themselves being established during the 'trailblazing' period. This process continues. It provides shifting sands on which the innovative new structures have to be constructed.

In evaluating the extent to which Hailsham East Sure Start has achieved the objectives set for the programme and made progress as anticipated in the initial 'trailblazing' period the effect of these shifts needs to be noted. In particular it is necessary to bear in mind that the programme and its initial Delivery Plan (October 1999) was written in accordance with the original 1999-2002 Public Service Agreement targets. With the revision of these, following the Spending Review

2000, a new Delivery Plan for the period 2001-2004 had to be produced which addressed the new requirements. And we have now seen the introduction of the new *Framework.*

1.2 The local evaluation in Hailsham East 1999-2002

Introduction

In this section of the report the arrangements established for the monitoring and evaluation of Sure Start both nationally and locally are described and the methods chosen for the local evaluation in Hailsham East are briefly explained. Both the strengths of the local evaluation design and its shortcomings are outlined.

Monitoring the performance of local programmes

Consistent with the intention that Sure Start should lead to an increase in the take-up of local services and an improvement in their effectiveness, programmes have been required from the outset, to routinely collect information both on the numbers of children and families participating and on the progress made towards achieving delivery and impact targets. Programmes monitor participation in Sure Start services on a monthly basis and they report progress towards the achievement of local and national outcome targets on a quarterly and then annual basis. In addition monthly and annual financial monitoring is required.

There have been ***three main problems*** for 'trailblazers' in achieving these tasks.

First, when the initial programmes were set up in 1999/2000 the monitoring arrangements were in their infancy and data collection systems were not established. Early guidance to programmes was extremely vague and technical issues, such as data protection protocols, were being tackled as they arose. As a result programmes like Hailsham East have developed their capacity to accurately monitor ***participation*** only as the programme itself became established.

Second, in order to measure ***impact,*** programmes have been expected to establish baseline information on the outcomes achieved by services prior to the delivery of Sure Start. This information would also be used to guide decisions about annual targets that each programme had discretion to set locally so long as they could show that by the specified end date (March 2002 originally in the case of 'trailblazers') the national targets had been achieved. However this information itself has not always been available, at least in the form prescribed by Sure Start. Hence the original Delivery Plan for Hailsham East provided an extremely unreliable guide to the estimation of progress because so few baseline measures were secured.

Third, as we have seen, the goalposts fixed by Sure Start itself have been changed midway through the 'trailblazer' period. The original Public Service Agreement targets themselves were published in 1998 following the government's Comprehensive Spending Review and intended to be achieved by 2002. They were then revised in 2000 and the new targets were set for 2004. Up-dated Delivery Plans had to be produced for 2001/02 and beyond. Finally, although the new *Risk Assessment and Risk Management Framework* does not alter the revised Public Service Agreement or Service Delivery Agreement targets, it does add a new tranche of benchmarks that must be met in response to an attempt, by Sure Start centrally, to ensure programmes are sufficiently robust to achieve the service delivery objectives.

In the event the Hailsham East programme has successfully established an adequate, if unsophisticated database, to record participation and revised Delivery Plans, with more comprehensive baselines and local progress targets, have been approved by the Unit. Nonetheless the protracted and continuing process of confirming both the national objectives and targets and the local baseline measurements has made the process of monitoring itself, and the local evaluation which relies on it, a constant challenge.

Local and national evaluation

Arrangements for evaluating Sure Start nationally and locally have also taken time to become consolidated. It is important to see the two as separate processes although they are expected to complement each other.

The initial **national evaluation** of Sure Start (NESS), led by researchers at Birkbeck College in London, commenced in January 2001. It is concerned with the short, medium and long term outcomes of Sure Start for children, families and communities. The focus is on *what* works, for *whom, how* it works and *why*. It is also designed to assess the cost-effectiveness of the programme. The main research questions are 'what difference did Sure Start make to the children in it and which activities made the most difference'. All 260 programmes set up in the first four waves, including 'trailblazers' like Hailsham East, are involved in this evaluation in one way or another. A second national evaluation is planned for fifth and sixth wave programmes.

By contrast **local evaluation** of individual programmes, carried out by programmes themselves and their evaluators, are concerned with understanding how well their services are performing, what progress is being made in meeting objectives and targets and what changes should be made as a result. The main research questions are 'what are we doing and how well are we doing it'. This necessitates the linking of monitoring information with a review of service delivery for individual activities and for the programme as a whole. The value for money of the services should also be a consideration. Each programme has to provide an in-depth evaluation report that critically considers the achievements and progress of the programme over the first three years. For 'trailblazers' like Hailsham East the initial guidance (Sure Start Unit 2000) anticipated that this report would cover the period to March 2002.

In the event later guidance (Sure Start Unit 2001) has confirmed that the three year period for 'trailblazers' should carry forward to 2003. Additionally, although the primary objective of local evaluation remains the same the more recent guidance puts greater emphasis on the cost-effectiveness of services and on cross-cutting processes such as partnership working, community and parental involvement, access to services and service quality. These issues are all central to the new *Framework* and indicate the national concern about the management and assurance of programmes.

The University research questions and methods

The University of Sussex, Centre for Social Work and Social Policy was commissioned to undertake the initial local evaluation in January 2001. The evaluation itself started in March 2001. By asking University researchers to do this work the local programme could combine its own in-house monitoring and evaluation of each Sure Start service and activity with an independent overview of progress as a whole.

The University research has focused on ***four key questions*** that need to be answered in order to assess the progress made by Sure Start in Hailsham East up to the end of the 'trailblazing' period in March 2002:

- ***Is Sure Start locally led?***

  This question addresses the *'partnership challenge'* identified in the previous section.

- ***Have services been reshaped and improved by Sure Start?***

  This question addresses the *'service delivery challenge'* identified above

- ***Do children and parents participate in Sure Start services?***

  The extent to which the *'participation challenge'* has been met is the focus of this question

- ***Does Sure Start have a positive effect?***

  Here the concern is with what we have called the *'impact challenge'*

In order to consider these questions we selected *a range of methods of enquiry* broadly consistent with a 'realistic evaluation' approach (Pawson and Tilley 1999). The objective of this approach is to establish first what is sometimes called the 'intervention logic' of the programme being evaluated, that is the way the programme itself expects to achieve the outcomes it sets for the people who are supposed to benefit from it. The research task is to gather evidence to test the success of the programme against its own assumptions of how things should change.

In fact we have had to take a very pragmatic approach to the research. This is mainly because the 'trailblazing' role assigned to Hailsham East Sure Start has meant that the shape and focus of the programme was emerging through the actual process of setting it up. An enduring perception through to the conclusion of our work was that nobody, however closely involved in Sure Start they might have been, had really got a full grasp of what the programme was and what it was supposed to achieve. This makes the task of evaluating some aspects of the programme, for

example the impact it has had, much more difficult than others, for example the way it has been established and implemented.

The discussion and recommendations of this report are, then, based on data gathered through the use of the following methods.

Monitoring information

The strong central command and control approach to performance management and programme accountability instituted by the Sure Start Unit has helped the evaluation by providing standardised information on a routine basis. We have used the monitoring returns sent up to the Unit each month as the basis for our analysis of rates and patterns of child participation and service contact, largely in respect of the sample of children we identified for particular study (see below).

In Hailsham East the monitoring and reporting of service planning, financial accounting and programme activity is well-managed and this has helped enormously. Additionally we commissioned SoftSmart, the consultants retained by the programme to advise on data collection, storage and retrieval, to establish a separate data base for our sample. In both cases this has provided access to anonymous aggregate and individual data on participation and contact rates for children eligible to use the programme. We have made much use of this information in our attempts to answer our third research question concerning the 'participation challenge'.

However despite the utility of this statistical data base, which is the main source of information central government has to make the claims it does about numbers of children affected by Sure Start nationally, there are significant limitations to the system as it stands for local performance assessment and management. We discuss some of these in Section 3.1 (below) but at this stage want to note the need for the programme to further improve its information collection and analysis capacity so we make our first recommendation here.

Recommendation 1

In order to improve its utility in local planning we ***recommend*** that ***the programme data system be redesigned*** to incorporate fuller details on child, family and household characteristics to the extent that parents wish to share these details. The primary focus of the system should shift from the administrative task of completing returns to the Unit to the strategic task of tracking and developing participation.

Interviews

A second source of evidence for the evaluation has come from semi-structured interviews with three different groups of people involved with the programme. We have spoken individually with approximately 64 people involved in the programme either as parents, Sure Start practitioners or

others with a stake in its progress. In many cases we saw people twice. We also conducted a couple of group interviews – with the *Hearsay* parents forum and the Home Visitors.

- *Parents of children eligible to use Sure Start.*

Rather than opportunistically talk to parents who were using particular programme services and activities the decision was made to select for interview two representative groups of parents with young children living in the Sure Start area. Parents of all children born between 1 October 1998 and 27 February 1999 and 1 October 2000 and 27 February 2001 were identified from birth record data held by the Eastbourne and District Community Health Trust. Parents were provided, by local Health Visitors, Sure Start staff or post, with a short leaflet, *Helpful Services in Hailsham East,* and invited to participate in the study. No identifying details of parents or children were known to the research team until parents completed and returned to the University a tear-off slip consenting to their involvement in the evaluation. At no point in the evaluation have records been released to researchers which identify parents and children. This includes those held both by Sure Start and by its commissioned services.

Parents who agreed to participate in the study following the first invitation were interviewed in private, and in confidence, in a location of their choosing. This was almost invariably in their own home. A semi-structured interview schedule was used and the main aim was to establish parent experiences and expectations of local support services including Sure Start itself. Interviews were tape-recorded and subsequently transcribed to aid analysis. This round of interviews took place between April and June 2001.

A subsequent invitation to participate for parents in the original groups was sent out in November 2001 with the intention of following up those who had been interviewed in the Spring and encouraging others who had declined earlier to get involved. A second semi-structured interview was conducted with a more specific focus on parents' experiences of Sure Start and its impact on them and their families. These interviews took place in January and February 2002.

In total 58 live births were initially identified to parents living in Hailsham East within the two periods in question. It is not possible to say how many of these children had moved out of the area by the time the evaluation invites were sent out or how many other children in the selected age ranges moved in. In the course of the evaluation we identified three children who had moved out since the first interview and two others who had moved in. By combining information from Sure Start records and from our own interviews we identified 54 children in total who were by virtue of their age eligible for Sure Start.

THE HAILSHAM COHORT AND INTERVIEW SAMPLE

	58	

Children

28 Newborn	←	54	→	**26**

Children Identified for Interview

15	←	30	→	**15**

Children/Households
Interviews held in 2002

13 Newborn	←	27/24	→	**14**
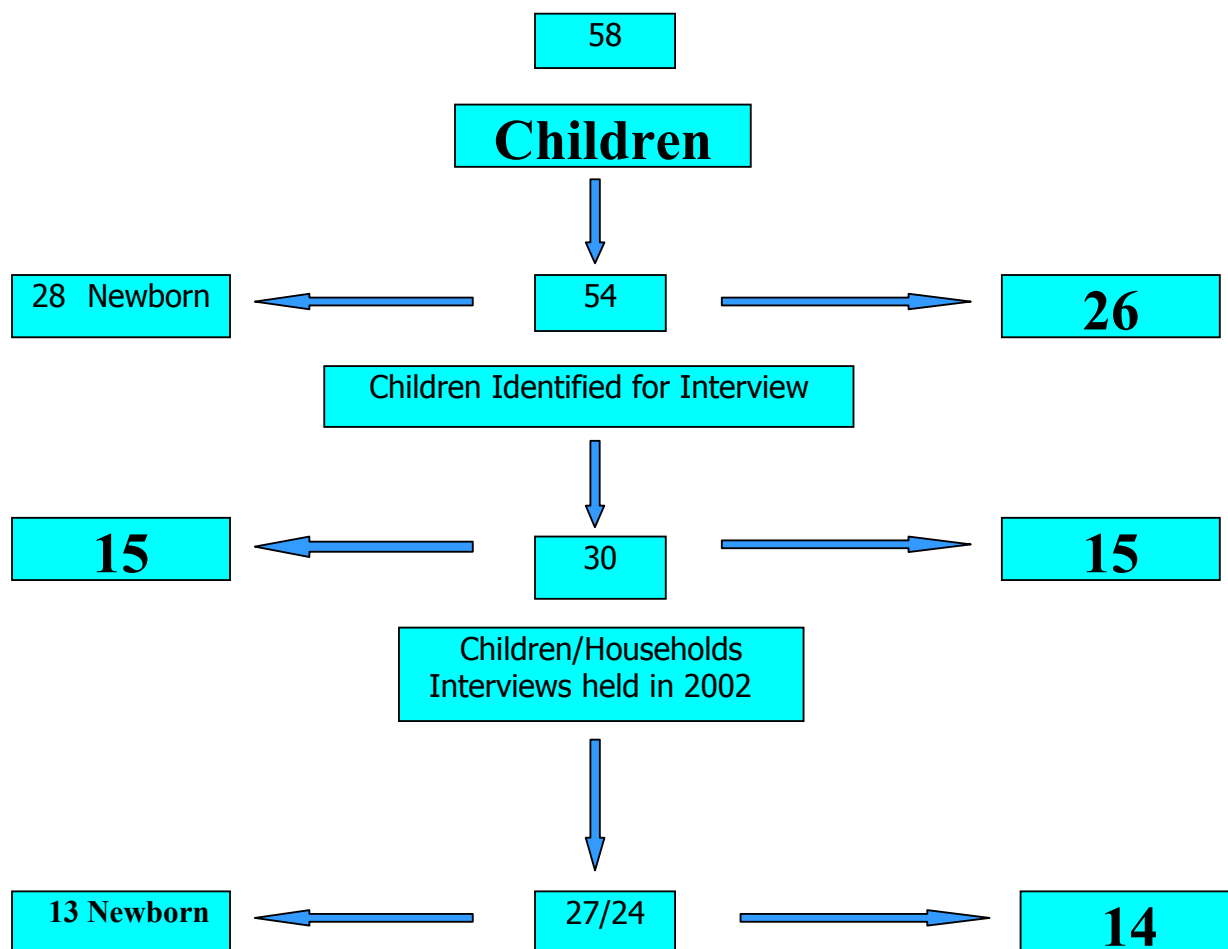
The *children* were divided almost equally between boys (24) and girls (26) in the total group and exactly so in the interview sample (15/15) newborn/toddler split. Most of those whose parents were interviewed were of white British origin although 3 were of mixed ethnicity and 1 was Irish. Given the significant presence of an established Traveller community in Hailsham East we hoped children from these families would be included in the sample. In the end we saw only 1 parent who identified themselves with that community.

The *parents* we interviewed were often caring for their children on their own. 14 of the 30 households were headed by a single parent, in all but 1 case, by women. In the case of couple household, most (9) were marital partnerships. There were no same-sex relationships represented in the sample. In most cases (23), the sample children were being brought up with siblings.

The *household* income of 13 of the families came from paid employment In 15 cases, parents had to manage on state benefits. In only 6 families, were both parents in work, and of those, none of the mothers were working full-time.

The *household* income of 9 of the families came from the paid employment of one parent, usually the father (8). In 18 cases, parents had to manage, or supplement their small incomes with state benefits. 17% of the homes were privately owned by families, where 67% of cases, both parents worked .

- *Sure Start Practitioners*

We interviewed 22 separate practitioners formally during the evaluation period, many of whom were seen twice. In addition we had numerous informal conversations on matters of fact and detail about the programme and how it was run.

The aim of these interviews was to establish the dimensions of the programme and how it was being developed as well as to try and make sense of the ways in which practitioners, including the Implementation Manager/Director and Team Leader, were hoping to achieve programme objectives.

- *Other stakeholders*

The idea that a range of people occupying different roles would have a 'stake' in Sure Start was at the heart of government expectations about how programmes would be set up, developed and ultimately taken over by local people. We interviewed 12 people who were selected as being representative in some way of stakeholder interests in the current and future success of the programme. These included mainstream agency managers who were originally required to be partners both in the design of the programme and its Delivery Plan and in the longer term process of contributing to its sustainability, local people and professionals who had a track record of community-based development of children's services in the area and parents actively involved in Sure Start itself as members of *Hearsay*.

Our main concern here was to understand the way the programme had been instigated and developed and to make sense of nature of the varying interests the different stakeholders had in the programme and its future. This aspect of the evaluation took on particular significance as it became apparent that questions about ownership of Sure Start and about responsibility for its sustainability were those preoccupying potential stakeholders the most. As a result we take a good deal of space in this report to discuss what we have called the 'partnership challenge'.

- *Documentary evidence*

We were helpfully given access to a fairly full range of documentation on the programme and gathered more general material from the Sure Start national website. Local documentation included minutes of various meetings, for example of the Partnership Board and *Hearsay*, as well as Delivery Plans, annual reports, financial returns, newsletters, leaflets and the like.

- *Attendance at meetings*

We attended a number of Sure Start meetings during the research period to enable information on day-to-day issues to be gathered.

The strengths and weaknesses of the initial local evaluation method

The decision was made originally to commission an independent evaluation, such as can be provided by a University, partly because the programme was required to account for its overall progress in the 'trailblazing' period, partly because internal capacity was limited at the time and partly because a substantial underspend in 1999-2000 freed up sufficient resources for the task.

The benefits of independence are familiar – outside researchers are more likely to be able to maintain an impartial stance from which to gather information and assess its relevance and significance. This can be particularly important in the early stages where there are contested perspectives on what the programme ought to look like and how it ought to be run. Where the focus is on providing an end-point opinion on the overall characteristics and progress of a programme an external view can carry some authority. We have tried to be helpful in these respects.

On the other hand, however, there are constant pressures on programmes, and especially on their managers, to respond operationally to changing circumstances and demands both internal and external. In this situation it is important to have regular and continuous access to information and feedback in order to make pragmatic decisions about particular aspects of the running of the programme. This is especially important once a programme is fully operational, its shape and focus is established and the concern is with adaptation and improvement in quality. This is a performance management approach to evaluation.

Furthermore, where a main of the aim of the programme is to build the skills of its participants and equip them to play a bigger role in the running of the programme the emphasis shifts from the need to produce a summative assessment from the outside of what has been achieved and

what needs to be changed to the establishment of a formative process of evaluation and development that is woven into the way the programme operates and which feels as though it increases the sense of control of the main stakeholders, in this case the parents as well as the professionals, over what should be valued. This is a capacity building approach to evaluation. There may or may not be a facilitative role for independent evaluators in this case.

Recommendation 2

In relation to the next stage of local evaluation we *recommend* that the Partnership Board establish *a performance management and programme evaluation sub group* with a brief to consider the strategic recommendations made in this initial report and to ensure that managerial and capacity building goals are addressed equally in the next phase of the evaluation process.

Part 2   Achieving local leadership and service change – the partnership and service delivery challenges

This part of the report has two sections in which we explore the extent to which effective local leadership of Sure Start and service change has been established in the 'trailblazing' phase.

In the first section *2.1 Has effective joint ownership been achieved?* we discuss how what we call the 'community partnership challenge' has been confronted. There are two elements to this.

First the programme had to be established in a way that ensured Sure Start, as a new programme funded and controlled from the 'top down' by central government, was built upon and integrated with existing community-based commitments, traditions and services. Second this process has to result in the formation of effective partnership arrangements and structures which create a sense of joint ownership of the programme for all its stakeholders.   These must be sufficiently robust to enable the programme to be sustained in the longer term.

Our *main findings* are that

The injection into the Hailsham East Ward of substantial Sure Start funding created *a hiatus in local partnership working*. Tensions between differing aspirations for community and service development and local regeneration were exposed by the process of change to accommodate the new Sure Start and SRB agendas. By the end of the 'trailblazing' period in March 2002 whilst formal arrangements for accommodating differences, especially over responsibility for the Community Centre, had started to be put in place mutual trust between different stakeholders had yet to be established.

The *structure and processes of the formal partnership arrangements* established in Hailsham East are *not yet maximising opportunities for the achievement of the kind of joint ownership necessary to lead service change*. The model adopted is relatively well suited to formal executive decision-making in relation to day-to-day programme implementation, although there are issues of accountability to be further considered. It is much less effective in fostering wider participation, (re) motivating key partners and developing the kind of networks that will be necessary to secure flexibility and sustainability of programme development into the future.

We make *five* recommendations:

Recommendation 3

In order that the balance is restored between the pressure for 'top down' managerial implementation and the need for a 'bottom up' sense of common ownership and purpose we *recommend* that the Sure Start Co-ordinator together with the Trust Co-ordinator inaugurate *a programme of joint team building* to include all paid and voluntary staff working at the Centre. Consideration should be given to the involvement of an external facilitator.

Recommendation 4

In the light of the unclear nature of the political accountability of local politicians on the Board we *recommend* that ***meetings be made more open to public participation and account***. In particular decisions taken by the Board about Sure Start service development should be reported fully in the Hailsham East Community Newsletter.

Recommendation 5

In order to give clearer focus and better effect to parent representation we ***recommend*** that the ***Board formally seek advice from Hearsay*** about how it might make its proceedings more accessible. This should include an invitation to *Hearsay* to specify the financial and other resources it needs to support training and group development as necessary.

Recommendation 6

In order to restore the participation in partnership working of local professionals and programme staff we ***recommend*** that ***Board proceedings be formally linked to both Sure Start team and stakeholder meetings*** through a direct reporting function by the Co-ordinator in the first case and a professional representative in the second.

Recommendation 7

In order to increase the capacity of the Partnership to reshape and sustain changes to mainstream children's services we ***recommend*** that formal arrangements be established with senior managers in health, education, early years and social services for their ***full representation on the Board***. This process should be undertaken in collaboration with the other Sure Start programmes in the county in order to maximise their strategic impact and minimise the risks of responsibility for programme sustainability falling between various stools. *A whole county approach* is necessary so long as statutory responsibility remains at that tier of local government.

In the second section *2.2 Have services been reshaped and improved by Sure Start?* we describe what we think are the main dimensions of 'the service delivery challenge' which involve partnership building itself, programme development and team leadership. The report then describes the configuration of services set up by March 2002 and critically assesses the implications of the strategy adopted.

Our *main findings* are that:

The *primary objective* of Sure Start as a programme, which is to *reshape and improve existing services*, has only *partially been realised* at the end of the 'trailblazer' period although *significant developments* have taken place. Whilst there is evidence that service design has facilitated the adaptation as well as the extension of some mainstream services (mainly in health care) there is also evidence that, whilst it has filled gaps in other areas (mainly in early education/child care and first level family support), the resulting services tend to operate in parallel with the mainstream. The Child Care Centre, in particular has had a dislocating impact on the local day care sector.

A main conclusion is that *a community development and inter-agency networking approach to service development* is of crucial importance if 'bottom up' commitments about making professional services more accessible and responsive are to have an impact in the service agencies. This is despite a continual underspend on the revenue budget.

It is also the case that the programme, established at a time when Sure Start was concerned most with parenting not employment support, has retained this original focus almost exclusively. This means the *additional services for supporting parents' employability* which are expected to be increasingly central to the programme still *remain largely undeveloped.*

Additionally it is now crucial that the Sure Start team leader role be focused on proactive management on an *open team model* rather than just on co-ordination of diverse service providers. For this to be successful more robust arrangements for defining the boundary of the Sure Start service delivery network and formalising lines of reporting and responsibility across the network are essential. These will then underpin the wider representation of service delivery interests and knowledge recommended above. Meanwhile newly developing and innovative practice approaches within the programme now need *professional direction from the Co-ordinator.*

We make **three** additional recommendations

Recommendation 8

In the light of the potentially dislocating impact of the way the Child Care Centre has been established we *recommend* that the Director, as a matter of urgency, collaborate with the Early Years Development and Childcare Partnership Co-ordinator on a *new child care audit of Hailsham East.*

Recommendation 9

In order to produce the shift necessary to the achievement of this objective we *recommend* that the Director, in collaboration with the Employment Service and local further education providers, *Hearsay,* the Community Trust and the EYDCP Development Officer, develop *a strategy for maximising training and employment opportunities* for parents of Sure Start age children and beyond.

Recommendation 10

In relation to the aim of consolidating open team working we *recommend* that the Co-ordinator *review arrangements for team meetings and staff training and development.* The review should also result in more formal networking arrangements between programme staff and other local professionals. The approach of the Community Health Worker should be used as a model.

2.1 Has effective joint ownership been achieved?

Introduction - meeting the 'community partnership' challenge in Hailsham East

Local Sure Start partnerships began from the 'top down' with the announcement by central government in 1998 that significant amounts of new money were to be released to local groups in selected districts in order to improve services and tackle social exclusion. However these groups had to have their roots firmly established in existing community-based activities and services for children and families.

This approach to funding Sure Start programmes immediately created a new form of central – local partnership in the chosen neighbourhoods. The requirement that local groups or partnerships had to exist separately from statutory agencies and voluntary organisations and had to directly involve parents and other local people at a community level meant that a strong new connection was forged between central government and local people. This was what David Blunkett meant when he said government was putting its 'clout' behind those people. At the same time, however, the existing statutory agencies and voluntary organisations also had to be included in the new partnership groups because it was their services that had to be changed.

In this way Sure Start is a three-way partnership between different types of stakeholders. At central level there is the government (represented by the Sure Start Unit in London and the Advisor from the Regional Government Office) and at the local level there are the parents and other residents in the Sure Start area, who will both benefit from and contribute to the programme, and the professional agencies (statutory and voluntary) providing relevant services in and beyond that area.

The partnership challenge in this situation is twofold. In line with the 'bottom up' principle of starting with local strengths and building local capacity Sure Start aims, objectives and practice requirements have to be combined and integrated with existing community-based commitments, traditions and services. The initial test of success here is the extent to which this process leaves the existing local stakeholders, especially residents and community-based workers, feeling that their interests and aspirations have been taken into account in the formation of the new partnership.

In turn this process has to result in the formation of effective partnership arrangements and structures which create a sense of joint ownership of the programme for all its stakeholders. The longer term test of success here is the extent to which partners take responsibility for, and play their part in, ensuring Sure Start objectives are met and feel they have sufficient power and influence to do so effectively. It is particularly important here to remember that the primary goal of the programme is to work with existing services to pilot new ways of working which can be sustained in the future.

Integrating Sure Start in Hailsham East

Prior to the successful local bid for Sure Start and SRB funding in Hailsham East there had been a long-standing tradition of community-based partnership working in the area. This reached back to the early 1990s when concerns about public order and community safety, especially on the Town Harm estate within the Ward, brought people together to try and tackle perceived problems. The Town Farm Working Group which steered the process represented a ***community development approach*** to local partnership working. Estate residents combined with local professionals from the statutory service agencies and with ward councillors in response to highly publicised anxieties about anti-social behaviour on Town Farm. There was shared interest here in sorting the problem out on the ground as someone centrally involved at the time recalls:

' I think everyone was quite clear in what they wanted to see happen. This was about community work and they wanted to be involved in it and were all hoping that it would actually ease workloads.....so there was at this point a kind of common goal I think which brought everyone together'.

These initial efforts were innovative because they did indeed combine residents, politicians and professionals in a joint endeavour and they were also small-scale and modestly, indeed unpredictably, resourced. This was actually consistent with the main aim of the Working Group which was to breakdown suspicion and antagonism between estate residents and local services in order to engage people in the process of restoring community safety and cohesion. The central objective in achieving this aim was to establish facilities on the estate where activities and services could be provided locally. These were intended as much for older residents and teenagers as for parents with young children.

There had also been an historic aspiration for the building of a community centre to realise these goals and the Town Farm Community House provided by Wealden District Council and staffed through statutory agency and other grants was seen as a first step in this direction. The community development approach employed from the mid 1990s embodied an assumption that the informal Working Group partnership would in due course give way to an autonomous organisation which would take on local leadership and control of a new community centre. The Town Farm Community Trust was established in 1999 for this purpose.

The approach also emphasised the importance of personal relationships to build trust and to 'empower' local people. Individual health, social services and education professionals working in the area at the time, in association with the Community House, recall this period with affection as one of optimism that this direct personal and informal approach to community empowerment would succeed, especially if it were to be better funded. In the first instance it was precisely this aspiration for 'bottom up' working for change that was valued by Sure Start centrally when it was seeking proposals for 'trailblazers' of the new programme. The initial engagement with Sure Start was between the DfEE and Town Farm-based community workers.

A second strand of partnership working in Hailsham, with which Sure Start had to be amalgamated, was represented by the more recent, town-wide ***regeneration approach*** to local development. The emphasis here was less on personal empowerment through street-level

community work on one estate and more on economic and social development through improved infrastructures across the town and district. From 1995 this strategic effort was lead by a forum that eventually became constituted as the Hailsham Revitalisation Partnership. This body of local politicians, senior officers in economic development, environment, housing and police and business representatives and pressure groups took the lead on bids for SRB money.

The two approaches, neighbourhood-level community development and town-wide regeneration, came together in the bid for SRB 5. This was invited in September 1998, completed a year later and focused on Hailsham East ward. The regeneration agenda brought local politicians together with senior council officers at Town and District level responsible for economic and social development as a whole. The SRB 5 bid, with its focus on Hailsham East, connected this agenda with existing community development activities in Town Farm not least because successful SRB bids, as much as those for Sure Start funding itself, depended on the prior existence of neighbourhood level initiatives involving local people. The Government of the South East officials who made a local visit early in the process were particularly impressed, it was reported, with the Community House.

If the community development and regeneration approaches to partnership working and their proponents were central in the instigation of Sure Start in Hailsham East a third constituency was perhaps somewhat less in evidence. Sure Start is primarily about the co-ordination of direct services for children and families provided by health bodies, education and social service departments and voluntary organisations. Representation from what might be called a ***multi-agency children's services approach*** in the establishment of the Sure Start partnership was arguably more mixed.

Whilst local teachers, social and community workers and health workers individually played a leading role in the Town Farm developments their employing agencies and especially the senior managers in them had little tradition of working together in the area. From a local (estate, town, district) point of view the absence of a strategic county council interest typified the way Hailsham got overlooked, *'because it's in the middle of Wealden which is perceived as a well-off district'*.

The health trusts and, latterly, the Primary Care Group were seen by some to be equally cautious of strategic involvement in local area-based initiatives of early intervention despite contributing originally, through joint finance with social services, to the temporary funding of the Co-ordinator post at the Community House. One person very well placed to express a view said, *'health didn't want to be involved. That was the unofficial line but they didn't want me to go to meetings.....they didn't want to put any money into 'early years' at that time'*.

Sure Start and 'van loads of money'

When partnership working in Hailsham East was small in scale and slow in development latent tensions between people and agencies with different stakes and interests in collaboration were obscured. Once the kind of money arrived that would actually fund the visions set out in the bids these differences were rapidly exposed. Instead of central government money from SRB and Sure Start contributing to the consolidation and enhancement of existing traditions of partnership

working it disrupted them. Additionally the 'top down' demands resulting from the massive funding influx threatened to overwhelm the capacity of the 'bottom up' institutions and arrangements to cope with the changes required by them.

In truth it was something of a shock that so many, of what were really quite speculative bids both for SRB and Sure Start projects, were funded. From the perspective of locally-based people the money could be seen as a *'double-edged sword'* which created new structural problems in that *'the building (Community Centre) wouldn't be here if it wasn't for Sure Start funding. But then we wouldn't have got the Sure Start funding if it hadn't been for the House and the work that had been done in the community prior to that'*. The initial community partnership challenge was to contain if not reconcile the different interests and manage the process of readjustment in joint working.

In the event the challenge has proved serious and sustained. The evidence of the evaluation is that the way the new demands created by Sure Start and SRB are amalgamated with and developed on from existing collaborative traditions is as important as the form the new partnership structures should take. It is apparent that the original sense of common purpose that connected local community development and regeneration approaches, and the respect and trust on which it had been established, dissipated in 2000 and 2001 as people on the ground who had taken lead roles in steering the process found themselves and their commitments potentially displaced.

The depth of feeling of both anger and loss expressed by people, locally-based and long involved in the work needed to bring plans for funding to fruition, was notable in the early stage of the evaluation and has persisted. It derives from a sense that hard-won community aspirations were being subordinated to new external interests and agendas and that control over the process of integrating Sure Start with local plans, especially for community ownership of the Centre, was being lost. In turn proponents of the wider regeneration agenda have had to work hard to keep this vision centre-stage by satisfying both Sure Start Unit demands that its interests are protected and mollifying Community Trust concerns about their loss of control.

It is clear though that original locally-based community developers feel most displaced. From their perspective the distinctive virtues of the community development tradition have been submerged by pragmatic managerial concerns that the new Sure Start programme and SRB projects are implemented efficiently, and are seen to be done so, and by Sure Start Unit demands that it gets value for the capital invested in the Community Centre.

Informal and collegiate working practices evolved over years and based on the voluntary contribution of time, commitment and extensive local knowledge at both executive and day-to-day practice levels were initially overwhelmed by the new requirements of formal partnership working. Caution born of experience about the alienation of local residents through the parachuting in of health and welfare professionals seemed to go unheeded with the appointment of a small army of outsiders to paid Sure Start posts, most of whom would take up space in the Community Centre originally intended to be set aside for residents and their activities:

'from the residents' point of view.....this is the thing we bought, we didn't want it to be a Sure Start family centre, we didn't want it to be a glorified office block, we wanted it to be a 'whole community' Community Centre which everyone is going to feel comfortable to use and feel happy about going to'

Most troubling for people though has been the experience, which persisted through most of the 'trailblazing' period, of disempowerment felt as a result of the way the new partnership disciplines and practices are played out. Much of this first resulted from the burden of the new financial and managerial responsibilities for running the Community Centre that had to be borne by a Community Trust with limited experience. From being *'big fish in a small pond'* people suddenly felt like *'little fish in a very big pond that is ever increasing'*.

The speed and insistence with which hugely increased responsibilities had to be adopted left people feeling *'swamped'*. Rather than local people seeing central government, through Sure Start, as a new partner in community development they felt undermined, *'you can see that it is a case really of the government working at one speed and the community working at another and it's not never the twain shall meet but it's the government actually accepting the fact that the community doesn't work as quickly as they do'*. A sense emerged early on that central command and control was really driving agendas. A long-standing community activist said, *'what you've got is this lot from Sure Start coming in with a van load of money and this is what you're going to get and this is the way we're going to do it'*

This view has persisted as the Sure Start Unit has apparently become increasingly anxious about the need for programmes to perform effectively and deliver observable outcomes. As someone said, *'it doesn't feel good to be held to ransom'* by a *'dictatorial'* Sure Start Unit.

The tensions exposed by the money and the demands it brought have been played out formally in Hailsham East Partnership Board. Despite the involvement of the original community development stakeholders and the Town Farm Community Trust (reconstituted as the Hailsham East Community Trust) the Board has not always been experienced as a congenial or effective forum for resolving problems posed by the demands of the Sure Start Unit over the use of the Centre.

Various people spoke to us about feeling *'bullied'* and *'manipulated'* and of *'verbal attacks'* and *'criticism'* as it became apparent that *'the suits'* were coming in to take things over. The formality of meetings and the *'abruptness'* of some of the proceedings dismayed people and there was a perceived lack of support from the external professionals for locally-based lay people. Rather than reinforcing the long-standing community development tradition that had provided the attraction to SRB and Sure Start funders the arrival of the money and the demands it brought with it *'overwhelmed'* customary practice. Rather than capacity being built by the process it was at felt to be undermined.

Instead of exemplifying the joined-up community-based partnership envisaged by government ministers the Board became the setting in which contrasting objectives for local service development were pitted against one another. As one observer explained, *'the Board say well actually you (the Trust) don't necessarily speak for the Hailsham East residents anyway; we*

speak for Hailsham generally and Hailsham East in particular and there are a range of viewpoints so the Board is a legitimate entity and the Trust has to live with the fact that the Board is there and is using central government funds in a way it feels most appropriate for the benefit of competing demands within the community'. These competing demands were played out mainly in the battle for control over the Community Centre which, in the words of another observer, *'became a monster taking over people's minds and time'.*

At first it seemed that everyone's interests would be equally served by Sure Start funding of the Community Centre yet at the end of the 'trailblazing' period in March 2002 few people were satisfied by what had been achieved. From the local community development perspective there had been an *'ambush'.* Local residents and locally-based workers, represented by their own independent organisation in the form of the Hailsham East Community Trust, had expected to be able to make use of the Sure Start money they had attracted through their work to consolidate local ownership and control of the new Community Centre. Instead they felt that managerial control itself had been taken out of their hands because of the demands of the Sure Start Unit and Partnership Board.

This process was continuing at the time of writing. An initial attempt at a resolution left the Trust with retained control of the management of the Centre whilst the Board confirmed its position in the driving seat by redefining the Centre as a service to be purchased and a Service Level Agreement was set up to this effect. Subsequently any remaining doubt about where the ultimate power to determine local service arrangements lay was dispelled with the insistence by the Sure Start Unit that the Board itself take over the direct management of the Centre from the Trust.

From facilitating to implementation – 'losing the momentum for involving people'

The removal of control over the Community Centre by Sure Start and its transfer from the original community representatives to the Partnership Board ensures that financial accountability for government funding is directly secured. This may well be the appropriate resolution in formal terms and other researchers have shown that difficult shifts in focus have to be made when partnerships are established. Lowndes and Skelcher (1998) speak about the lifecycle of partnerships with fluid membership and relatively indistinct boundaries in the early stages followed by closure and formality in the mid stage. They note a return to networking later on as mutual commitments have to be reinvigorated.

However the evidence of the evaluation is that the move to formality and accountability, which includes the shift of control of the Centre to a new local body, has happened in a way that has compromised mutual trust en route. This has not just occurred in relation to questions of programme governance. We were surprised in this respect by the prevalence on the ground of puzzlement, exasperation and some anger as the implementation process during 2000 and 2001 left first the existing community development workers and then Sure Start staff themselves feeling a sense of division and exclusion.

Perhaps understandably at first from the local community development perspective there was a strong feeling experienced of intrusion, *'suddenly it was new people coming in and trying to pick*

up something that they hadn't written (the Delivery Plan)....there wasn't that full understanding and there wasn't that history of working in the community'.

Motives were questioned, *'we know what everyone is doing and everyone's working to the same goal and sometimes it has felt like people have come along not because they believe in community development but because they've seen a career opportunity'.* A *'them and us'* divide was created between the original residents and practitioners and the incoming professionals. Morale was affected as people saw the money going to new Sure Start posts whilst many Trust activities continued to rely on part-time and voluntary workers whose own jobs and roles seemed suddenly to be less assured as a result of the success in winning huge amounts of new funding rather than more secure.

This could feel disrespectful, as if the message was being given that not only were Sure Start staff now in charge but also that nothing of much worth was in place locally. Some of the new Sure Start professionals themselves confirmed that, in their view, *'there wasn't anything going on, we had to start from scratch....there wasn't something that was happening we could build on'.* This impression itself added to the pressure on the incomers to get things up and running as soon as possible in order to meet the Sure Start Unit targets for service delivery.

People who had felt a strong sense of involvement in originally designing Sure Start and SRB for their area and had a clear commitment to changing and improving services suddenly felt excluded, *'closed off'* and side-lined. Some felt they were now being seen as part of the problem in the area which newcomers from outside were being brought in to sort out.

The move to the Community Centre in June 2001 might have provided the opportunity for the building of a common identity around the new facilities and people at the time were hopeful. However the continued battle over who actually ran the Centre and how the space and time now available was to be allocated between the competing demands of Sure Start and the Trust impeded this process of reconciliation. Early attempts to bring together locally-based community development workers and volunteers with incoming Sure Start practitioners to create some kind of joint team identity amongst workers in the Centre seemed to founder. One person spoke about continuing conflict between Sure Start staff and locally-based community development workers, *'mirroring, in some ways, the broader tensions between the Trust and the Partnership Board'.* By the end of the 'trailblazing' period people on the ground were still routinely referring to the sense of *'them and us'* that had been created at the outset.

This situation was greatly exacerbated by the widespread experience of communication, not only amongst different staff groups but also between practitioners in general and the Board and its officers, being *'haphazard'* and creating *'turmoil'* where *'orders from above conflict with orders from below'.* In the absence of staff representation on the Board (see below) people generally had very little sense of what was really happening in relation either to the direction and future of services or to who was in control of the process. This left a sense of suspicion and unease.

Yet there is a desire on the ground to improve the situation, *'the issues get hidden and things are still unresolved and nothing actually moves on until it's resolved. So you just go round and round these circles......you could do with an honesty day where people just sat down and said,*

'right let's talk about some of these things. Sit down, let's sort out these issues, move forward from this and get on with it'. That's what I'd love to see happen'.

It maybe that the interests of the Sure Start Unit, in getting value for their capital spend on the Community Centre, and of the Partnership Board and its advisors, in getting the programme up and running, has meant that the formal procedures for implementation of official requirements have perhaps been given more attention than the informal processes necessary to help people as individuals through the difficult transition to 'top down/bottom up' working. There is certainly a widespread perception on the ground and elsewhere that those responsible for running the programme have, as one observer put it, *'lost the momentum for involving people'* in the effort to be seen to be implementing a well-managed organisation.

In *summary* the evaluation finding is that the first element of the 'community partnership' challenge, the amalgamation of new partnership requirements with existing 'bottom up' commitments, remains unfinished business. Rather than Sure Start money consolidating and extending a common purpose for community-level partnership working it has exposed the fact that rather different agendas exist. Management arrangements focused on implementation from the 'top down', to satisfy accountabilities to central government and to the new Board, have displaced those focused on community development, inter-organisational networking and personal support. The shift in focus is understandable but relationships of trust and mutual endeavour necessary to the success of the programme as community partnership have been compromised in the process.

Recommendation 3

> In order that the balance is restored between the pressure for 'top down' managerial implementation and the need for a 'bottom up' sense of common ownership and purpose we *recommend* that the Sure Start Team Leader together with the Trust Co-ordinator inaugurate *a programme of joint team building* to include all paid and voluntary staff working at the Centre. Consideration should be given to the involvement of an external facilitator.

In this section we have explored the difficult process of amalgamating the 'top down' demands that came with Sure Start funding with existing 'bottom up' traditions and practices for managing community-based activities in Hailsham East. We have touched only briefly on the establishment of the Hailsham East Partnership Board in what we have said so far and on the questions of representation and communication. We now turn to a fuller analysis of the extent to which this process has resulted in the formation of effective partnership arrangements and structures which create a sense of joint ownership of the programme for all its stakeholders

Forming partnership structures for joint local ownership of Sure Start

The original guide for Sure Start 'trailblazers' (DfEE 1999a) provided no blue-print for partnership arrangements and structures. Later guidance (DfEE 1999b) proposed that partnerships could either be incorporated as not-for-profit companies and/or charities or form themselves as a management board through a legally-binding agreement. Whatever arrangement was preferred locally in each case central government required two things only of partnerships – that there should be robust systems of financial and managerial accountability for spending and performance and that the partners should include statutory service agencies and local parents.

This was consistent with the combination of what has been called 'vertical' and 'horizontal' types of integrated working (Newman 2001) demanded in recent policy. Thinking vertically the Sure Start stakeholders who needed to work as partners were, from the top, the government itself through the Sure Start Unit and its Regional Advisor and, from the bottom, local parents and other residents. Between them were existing democratically elected local government bodies. At the horizontal level were the service agencies themselves whether statutory, voluntary or private. Any successful partnership arrangement would need to involve these very different groups and interests. This had to be done in ways which made them each feel both a sense of power and influence, through having a voice in decision-making, and a sense of responsibility in ensuring the programme was established effectively in the short term and put on a secure basis for the future.

The challenge involved in actually putting this kind of partnership into practice is not lessened by the mixed messages coming from central government. On the one hand Sure Start guidance stresses the need for a partnership to be constituted as a 'clear legal personality' (DfEE 1999b:26) and emphasises the importance of formal financial and managerial accountability. On the other hand David Blunkett (2002:8), has recently renewed his earlier populist call for *'funding, resourcing and backing action on the ground'* in cautioning against use of the *'overworked concept'* of partnership:

'I am slightly tentative about anything that creates new bureaucratic structures......we have agencies that have to be regulated, we have strategies that have to be supported, we have structures that have to be manned and womanned by people who should be doing a job of work rather than spending all their time in meetings.'

In truth the Sure Start vision of partnership, in line with the 'top down/bottom up' approach of the programme itself, faces both ways at once. In order to get new money directly to local people so they can influence and control how it is spent, rather than give it to professional agencies in traditional terms as a grant, a separate legal partnership body is needed. However as it is these very agencies whose work is to be reshaped by the way the money is spent, who have the capacity to be accountable in the short term for this money and who may need to provide continuation funding in the long term when time-limited Sure Start finances taper away, they must also remain equally involved as partners.

Until a programme partnership, if it does, decides to become incorporated as an independent body it must nominate an agency as its accountable body. Initially advice to 'trailblazers' about

running their programmes were couched mainly in managerial terms. Partnerships were advised to 'appoint a responsible board to manage the programme...(and)...designate a senior management contact who will take responsibility for their organisation's role in implementing the programme' (DfEE 1999a:18). They were then advised to appoint a lead partner, who would chair the board, as well as an accountable body (DfEE 1999b). However as the emphasis turned increasingly to local capacity-building and parent/resident leadership of partnerships later guidance reduced the status of the lead body to one of facilitating the establishment of the partnership rather than one of chairing the board itself (DfEE 2001).

Most recently still, with the introduction centrally of the *Sure Start Risk Assessment and Risk Management Framework,* renewed attention has been placed on the fact that programmes themselves are temporary and transitional arrangements for stimulating change in mainstream agencies. Once again the requirement that these agencies have a principal management role in the partnership has been emphasised.

How has the Hailsham East Community Partnership responded to the potentially divergent demands of securing formal accountability upwards (for spending and performance) and flexible responsive downwards (to enhance local capacity) whilst maximising the participation of the mainstream service agencies for children and families?

The Hailsham East Community Partnership

As a joint SRB and Sure Start board the Hailsham East Community Partnership was seen as innovative when it was established in late 1999. Apart from the pragmatic decision to streamline and consolidate existing parallel steering and working groups there were three main principles offered in support of the constitution adopted for the new Board:

- Partner representation was designed to separate policy and decision-making from service delivery so that *'those responsible for delivering services in the locality would not be on the Partnership but would effectively be answerable to it'* (Hailsham SRB Round 5 Working Team 1999a)
- Board membership was established in a way that ensured the maintenance of the *'strong community participation and representation'*, which had been one of the key factors in the success of the SRB and Sure Start bids
- Political involvement was a central consideration *'to move matters forward and to ensure political accountability'* (Hailsham SRB Round 5 Working Team 1999b)

These principles have produced a Partnership Board which is strongly grounded in what might be called formal local representation at town as well as ward level. The community development constituency was recognised and Hailsham East area residents interests were represented directly with each Resident Association and the Town Farm (later Hailsham East) Community Trust nominating members. They were also indirectly represented by their three ward councillors at County, District and Town Council level. This constituted almost one half of the membership of the Board.

Wider town and district interests were represented by members nominated by the local federations of voluntary organisations and small businesses and the Hailsham Revitalisation Partnership. Through local councillor and pressure group membership a Hailsham-wide regeneration perspective was maintained. Other community representation was achieved by offering Marshlands School and Hailsham Community College places on the Board. The final two places were held by representatives of Sussex Police Authority and Eastbourne Downs Primary Care Group.

Missing from a Board whose membership was constituted on principles of formal local representation were not only the mainstream children and family provider agencies (social services and education in particular) but also the users of Sure Start services, the parents of young children in the area. The emphasis on local political clout for the Board combined with a very traditional committee structure, which split formal representatives of local residents and groups (Members) and professional officers of service agencies (Advisors) places constraints on the new kind of partnership working anticipated for Sure Start.

Thinking **vertically** the intention of central government to create what David Blunkett called 'a real partnership...building from the lives of people who are most affected by this programme' (op cit) was at first seriously impeded by the approach adopted. Local parents may have been formally represented as residents on the Board by politicians and the residents Association but they were not involved as service users in this model. The Sure Start Unit Internal Audit in

February 2001 drew specific attention to the need for guidance on direct parental participation to be heeded and this led to attendance of parents as members from June 2001.

The need for direct participation by local parents to be achieved on order from above exposes the inherent tensions between conventional ideas about representation and new approaches to local governance. In particular it sets up a possible tension between those who see Sure Start as one means amongst many of progressing the town and district regeneration agenda and the Sure Start Unit with its more specific concern to focus on early childhood intervention and on building the capacity of local parents.

Thinking *horizontally* the participation of mainstream children and family service agencies was provided for by Advisor status. In fact there were in effect two rather different kinds of advisor to the Board. In the first place the accountable bodies for SRB (Wealden District Council) and Sure Start (East Sussex County Council) needed to advise the Board either directly through attendance of responsible officers or through the Implementation Manager (later Director) who, whilst employed by Wealden District Council, was supervised jointly by both agencies. Second there were service agency advisors from social services, education, police, health, housing, economic development and from the Community Trust itself.

Unlike Sure Start parent representatives, who finally achieved membership and voting rights, service agency participants on the Board derive what power and responsibility they have from their individual statutory role and area of professional expertise. However a decision taken by the Board early in 2001 to include these advisors by invite only further restricted the opportunity for them to act formally as partners on a regular basis whilst emphasising their subordinate role. On the evidence of our interviews this demotion of the professionals, especially those from countywide agencies like social services and education, was as much to do with the concern that the town and district level regeneration agenda remained in the lead as with any worry that local people would be crowded out by outside *'suits'*. The member/advisor split actually reinforced the procedural formality of meetings.

The following diagram shows the structure of the Hailsham East Community Partnership

Figure 2: The Hailsham East Community Partnership

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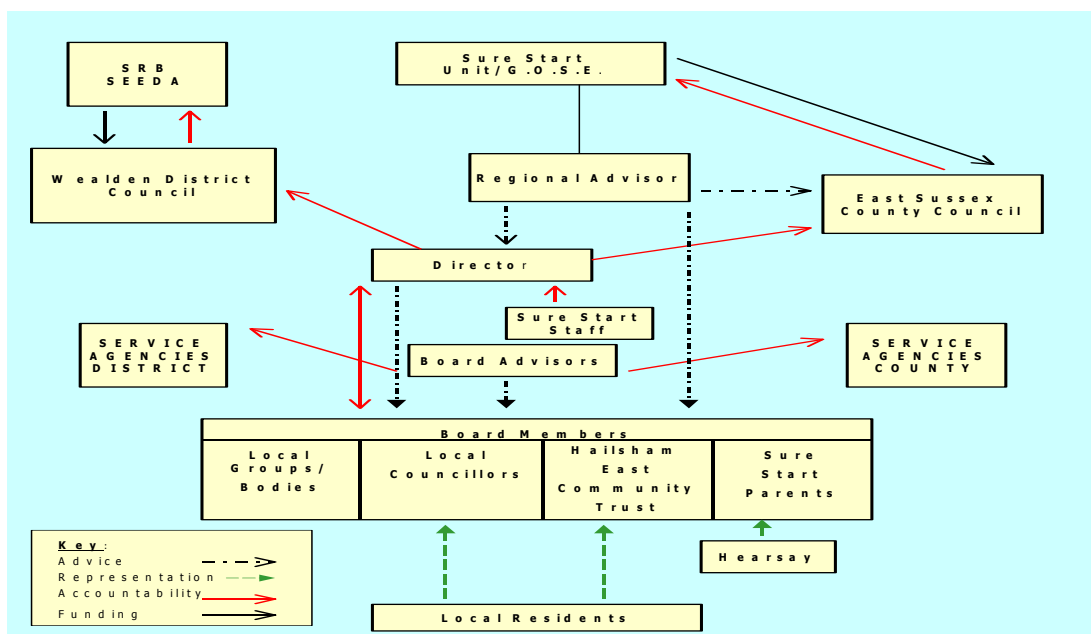
Organisational charts only tell half the story in complex 'network forms of governance' (Newman 2001:108). Effective joint ownership by different interests in any partnership is achieved by a process of informal networking as well as by the bureaucratic structures set up formally. Partnerships are evolving arrangements which should expect to develop their own individual customs and practices and which should be based on realism about the competition, bargaining and conflict that occurs in all joint working (Hudson et al 1999).

We have already shown, in the first part of this section of the report, how the arrival of unprecedented new funding rapidly produced unexpected demands on people and exposed conflicting interests that needed negotiating. Partnership arrangements put in place at this stage of a new programme, whilst having to respond to the immediate need to implement effectively services which meet the targets set from the top, also must heed the strategic requirement to facilitate and foster participation over the longer term. The pressure to establish an efficient and accountable decision-making body has to be achieved in a way that maintains and enhances the active involvement of the people who will be needed to sustain the programme and enable it to adapt as external demands change.

A helpful way of thinking about the achievement of effective joint ownership of this sort is to consider the extent to which the arrangements for participation give a sense of both power and responsibility to respective partners. The traditional view in policy and research is to identify some partners, usually the professionals, as having too much power and others, usually service users, as having too little. The conventional aim is to shift power from the former to the latter.

Our evaluation however shows this to be only half the story because it tends to neglect the effect of redistributing power on the responsibilities exercised by different partners. For example if professional partners have their power reduced they also might expect to forego any responsibilities that went with that power. Equally if service users are empowered through participation in consultation and decision-making they could find themselves being expected to take on significant new responsibilities. Only when power and responsibility are equally distributed amongst partners, we argue, can it be said that joint ownership is achieved.

In the discussion which follows of the effect of the partnership arrangements established in Hailsham East we identify both *empowerment deficits and responsibility deficits* which we think result from the model of participation on which they are based.

Participation in the Partnership Board

An examination of the participation rate of Board members and of advisors as defined by their actual attendance at meetings is an instructive way to start this analysis as the table below demonstrates:

Figure 3: Hailsham East Community Partnership Board Attendance Jan 2000 – Feb 2002

Members/ *Advisors*	**Possible attendances**	**Actual attendances**	**Percentage attendance**
Councillors (3)	60	57	95%
Interest groups and local bodies (5)	100	71	71%
HECT/RA (4)	80	57	71%
Police/PCG (2)	40	7	17%
Sure Start parents (1 from June 2001) (2 from Nov 2001)	11	9	88%
Total Members	**291**	**201**	**69%**
District level/Econ. Development and Housing (2)	*40*	*25*	*67%*
District level/PCG (1)	*20*	*2*	*10%*
County level /SSD and LEA (2)	*40*	*17*	*42%*
County level/Police (1)	*20*	*5*	*25%*
TFCT/HECT (1)	*20*	*9*	*45%*
Total Advisors	***140***	***53***	***38%***

Note: these figures account for 20 of the 22 meetings held in this period.

At one end of a continuum the participation through attendance of **local councillors** is remarkable. Clearly the main original aim to give political direction and leadership to the Partnership is working. For most of the period in question the Chair of the Board was also taken by one of the councillors and the style of proceedings reflects a very traditional local government approach. Councillors themselves appear at ease and confident in the meetings and clear about their authority and responsibility. One advisor to the Board celebrated the fact that the Board were *'very clear that they have a lot of responsibility'* and that they made decisions appropriately by considering options advised by the Implementation Manager/Director. The consistent attendance and participation by experienced locally elected representatives is apparently a strong guarantor of responsible decision-making.

It is less certain, of course, how elected councillor members are really politically accountable for the decisions they take as intended when Board proceedings are wholly separate from formal council business. By this we mean that neither the decisions taken by the Board in relation to the specific child and family focused service developments of Sure Start nor those taken in relation to the wider regeneration objectives of SRB have to be ratified by the councils and their committees to which the councillor representatives are politically accountable.

Other researchers in this field have noted how accountability in partnerships is seen in terms of project and programme management rather than democratic answerability to the community and electorate (Stewart 2000). It could be argued that the Board is constituted for exactly this purpose but if the aim is to have a strong political lead then there ought arguably to be a way that councillors can be called to account for the power they wield. It was, appropriately, a Sure Start parent representative who pointed out at a Board meeting early in 2002 that a proposed decision to keep voting records secret would mean local residents, on whose behalf the Partnership claimed to be operating, would not be able to see which member supported what policy.

Recommendation 4

> In the light of the unclear nature of the political accountability of local politicians on the Board we **recommend** that **meetings be made more open to public participation and account**. In particular decisions taken by the Board about Sure Start service development should be reported fully in the Hailsham East Community Newsletter.

Sure Start also demands individual participation by **parents** as representatives in order that direct accountability to the users of the services is achieved. Despite their earlier exclusion from direct participation once eligible to attend, Figure 3 shows a clear commitment by active parents to take up their membership entitlement. In this way they join the local councillors as highly responsible participants. Like those councillors they too claim to be representing local residents in Hailsham East (in this case parents of young children) and the same question arises about who they are actually speaking for and how those people in turn can ensure their voice is conveyed by their representatives.

Sure Start itself is not altogether clear about whether it expects parent members of the Board to solely be representatives of the wider constituency of eligible parents in the area, making sure that the services provided by the Partnership are responsive to local needs, or to be there additionally in their own right as people who have been empowered and therefore have sufficient capacity in terms of confidence, time and skill to take on the much larger community responsibility for sustaining the Sure Start programme beyond the time when the government funding ends.

There is a danger here that the two separate kinds of representation expected of parents, which puts them in a different category to all other Board members because only they are present as Sure Start service users, can get confused. The parents who contributed to the evaluation were clear in their own minds that their main role was to speak for parents as users of the services and to make sure more generally that the elected members of the Board and the professional advisors knew what people in the local community wanted.

As service user representatives the two parents on the Board speak for the other parents involved in Sure Start through the *Hearsay* group. This group, open to all parents of young children in the area, first met as the Parents Forum in March 2001. It became known as *Hearsay* soon after and has met regularly, currently on a fortnightly cycle. Supported by a professional worker from the Sure Start team *Hearsay* has been attended by over 20 different parents to date. Between 3 and 9 parents come to each meeting and there is something of a core group at any one time, currently around 6 people, who are regular participants and who form the committee set up by the group. Two of these are the Board representatives elected by the whole group and they report back after each Board meeting.

The group's own description of itself shows that parents see *Hearsay* as a forum for bringing parents together to share views on local needs and have those views put to the Board by the representatives:

'We are all parents who live in the area and we meet fortnightly to discuss issues affecting our community and we are represented on the Partnership Board, so we really can make a difference! Every parents voice is important and we would love to see some new faces so please do come along.....' (Hailsham East Community Partnership 2002:2)

Parents in the *Hearsay* group are currently much more cautious about any suggestion that they themselves should take more direct responsibility for running services despite the advice they were given by the Sure Start Regional Advisor that they should be thinking about how they were planning to provide, with others, for the future of services in the Community Centre.

Currently a distinction is being made here between the demand that as parents they should be given the right to a say in how services and activities are being run locally by Sure Start and be given proper opportunities to make their voices heard on the one hand and the expectation, on the other, that it is the people who are '*paid to provide the service and who have the professional skills and training*' who should carry the final responsibility for the programme. As one parent said, '*we're about tweaking it'*. Making use of opportunities for effective participation as service

users and local residents is seen as distinct from having obligations to actually provide the service.

In this way parents are distancing themselves from the other local representatives of the community on the Board, such as the councillors, who themselves take on this responsibility voluntarily. It will be important for further consideration to be given to these differing views of the responsibilities than can be expected from unpaid community work if the assumption develops that parents themselves are to find more time to devote to meetings concerned with sustaining services. One local resident, herself of Traveller origin, who had long experience of being invited to 'represent the community' in various forums, had come to the view that, *'the professionals don't really understand the pressures'* involved in taking on this responsibility. She talked about the considerable amount of time demanded and of the difficulties in having a real say and influence when the process of deliberation and decision-making in formal, bureaucratic meetings was so alien. The value in being involved for her was the access it gave to information about what was going on which could be passed on more widely. Her own experience had led her to conclude that local people ought to be paid for their time if professionals were going to make claims about the community development benefits that resulted.

Barriers to and caution about full participation

It may be the case that there are simply barriers to full participation at this level that could be dismantled and that then parents would feel more willing to take on increasing amounts of direct responsibility. As well as payment it is certainly the case that basic considerations such as timing of meetings and the provision of creche facilities, increases participation. In this respect Sure Start in Hailsham East has been able to support attendance. It is also likely that people are underestimating their capability, having gained some experience, to take leadership roles. There is a good deal of research evidence that supports the common-sense assumption that people will feel more confident and committed if they are supported in the process of involvement and community leadership (Taylor 2000).

However it may also be the case that Sure Start parents are wise to be cautious about the extent of the responsibilities they might find themselves having to take on with increased participation. After all the main reason they are involved in the first place is because they have young children who are simply using Sure Start services and activities and doing so for a fairly brief period of their childhood. It is a big leap, however confident people feel in their own capabilities, from participation on a short term day-to-day basis alongside their children and having a say about how the service should best be organised to suit family needs to giving up very scarce free time to volunteer to help run the service itself on behalf of others. This applies whether the unpaid time is in the form of voluntary work in support of the paid staff or as a member of a Board.

Indeed as we discuss more fully when we look at what parents told us about getting involved with Sure Start as individual service users (see section 3.1 below) there should be no assumption made that just because the government needs to lump everyone together due to the fact that they live in a 'deprived' neighbourhood all the parents in that area have the same view about where the responsibility lies for making sure local children have access to and use good quality

services. Parents who get involved first as users of Sure Start services, then as active members of *Hearsay*, see themselves as taking responsibility for their own children in these ways. This does not however mean they automatically feel they have wider responsibilities for parents who are not themselves getting involved. On the evidence of what active parents told us people get caught in two minds about this.

So, for example, parents explained how difficult they had first found it getting involved in coming to the Centre and using Sure Start services because of the risk of being seen as a bad parent and being *'taught how to play with my child'*. The message here is that the professionals should not make parents feel as though they are not looking after their children properly and are inadequate in some way. However *Hearsay* parents had overcome initial reluctance to get involved and said it did in the end come down to taking personal responsibility, *'you've got to force yourself to do things'*, to get out of the house and use the services and activities, *'to get the best for your children'*.

This meant other parents would have to do so too but it was not apparent that everyone was willing to take that step for themselves and their children. This is the point at which those active parents who had got fully involved questioned just how much responsibility they should have to take on for their neighbours. As one parent explained, *'I think people have low expectations of themselves and their families.....they expect no more of the children'*. There is also a feeling that *'there is a bad element, people who actively discourage education in their kids'*. In this situation taking on the responsibility for improving services in general could be frustrating, *'Outside my window I see people, sometimes I do think why am I putting in all this effort?'*. There is also the familiar sense amongst active parents that they are only, *'a small group of people......it is going to be the same people doing things'*.

In the end though *Hearsay* parents who have remained active and are taking on significant responsibilities in the group and as representatives on the Board have become determined to *'keep going'* because although *'it's going to be slow'* they believe *'it will change'*. In the words of one, *'I do want this to be a better place and even if I don't like the parents then at least I think their children deserve it'*.

Effective participation of parent representatives as users proposing improvements to services depends on them being enabled to give voice to their views on the development of services and activities in their area and having these views taken into consideration by the people seen to hold real authority for the programme. The evaluation suggests that some progress is being made but that it is uneven.

For the regular *Hearsay* parents that forum has become one that enables people to give voice to their views and to have them taken seriously as one committee member explained, *'You are asked (about service developments by Sure Start workers), everyone starts to hold back a bit, then when they see things happen it makes them a bit bolder in asking for more next time. Gives them the confidence and I think in that way it's the strength of the group'*.

Another parent spoke about the personal encouragement she felt from the process of active participation, *'Well I think that going to the parents' forum, and you know the things that you*

think and the ideas that you have and things that seem so obvious to you, like, aren't to other people. You know, realising that I've got so much to say now has been quite an eye-opener really, so I've got that out. I do find it hard but I will keep doing that because I've realised that I've got a lot to give actually. So that's the biggest thing I've got out of it, is realising how much I've got to give'.

At this level so far as having an effective say about the way services and activities are run, especially those put on at the Community Centre, *Hearsay* parents feel they do have a practical influence on staff decisions. As one parent said, *'we say what's needed and things get done'.*

This not yet the case however with the Board itself where the meetings involve, *'a lot of jargon and a lot of technical things and are very long-winded'.* Parent representatives have no doubt that the reason they were invited onto the Board was because Sure Start demanded direct representation, *'they have to have a parent representative on the Board, so they let us in there'.* There was a strong sense of being patronised by the process, *'aren't we good'* and reports that parents at first had their suggestions *'brushed aside'.*

There is also a recognition here though that assumptions on both sides have to change if effective participation is going to be achieved. Whilst parents are fed up with being spoken down to by people who, *'want to get on with what they think is right'* they also think they must change their own expectations of themselves, *'to get tougher'* and insist on, *'making an impression'.* Observation of parent participation at Board meetings confirms the parents' own view that whilst they can sometimes be rather hesitant and apologetic about expressing their view they are obviously able to do so. As one parent said, with a sense of some hope, *'time will tell'* what kind of difference this makes. Another said she thought, *'the Board as a whole, to be fair, is still learning'.* For the moment the ultimate say over what happens in relation to Sure Start and its development is seen to remain elsewhere, *'Not with us, certainly not us. We do have some influence, but it's small time stuff'.*

For Sure Start parents then partnership arrangements have begun to enable effective participation as users in advising professional staff on how to make services more responsive but have not yet left them feeling any real sense of ultimate power over the direction of the programme. It is interesting that whilst some professional advisors consider the size of the Board to be a barrier to active participation of members parents themselves were more concerned about the attitude and approach to business of more experienced participants not their number. In these circumstances plans to make the Board 'leaner and meaner' in its size and focus may not be the best way of helping to put parents views nearer to the centre of proceedings. There is in any case still an empowerment deficit to be tackled here.

Equally though the parents themselves remain cautious about taking on the larger responsibilities expected by central government which involves giving voluntarily of their time to actually contribute to the provision of the services themselves both at Board level and on a day-to-day basis as unpaid workers.

Recommendation 5

> In order to give clearer focus and better effect to parent representation we *recommend* that the ***Board formally seek advice from Hearsay*** about how it might make its proceedings more accessible. This should include an invitation to *Hearsay* to specify the financial and other resources it needs to support training and group development as necessary.

If the politicians and parents are the members most consistent in their attendance, though quite different in their approach to participation, Figure 3 shows the least active partners to be those representing ***district and county-wide service authorities*** – Sussex Police and Eastbourne Downs Primary Care Group.[1] The very low participation rate indicates a current reluctance by those respective bodies to take on responsibility as full members of the Partnership. It might be argued that as service agencies their commitment would be more appropriately demonstrated in the non-executive advisor role they both also occupy. Remarkably the participation rate here is equally low. Indeed health service involvement in the Partnership in particular is extremely marginal on these figures and the same applies for education and social services if the attendance of the East Sussex County Council accountable body advisor is excluded from the figures.

This is a surprising finding for a Partnership responsible for reshaping primary and community health services for parents and young children in the area. It is partly explained by the decision of the Board to enhance the executive power of the locally representative members through organising the attendance of professional advisors on an invitation only basis. As a result the mainstream service agencies responsible for children and family services no longer regularly send advisors to Board meetings or participate formally in the partnership.

Consequently a picture emerges of a very unbalanced distribution of responsibility for the running of Sure Start in Hailsham East. Arguably the formal empowerment of one constituency in the partnership has been sought at the expense of the exclusion of another. The key horizontal purpose of partnership, bringing mainstream agencies together to take formal responsibility for reshaping services in the area, is not therefore currently being achieved on this evidence.

Interestingly this has not been the case with Wealden District Council and its advisors who have attended with regularity and consistency of representation. This reinforces a pervasive perception that, *'the Board has lost sight of Sure Start'* and that the district-level regeneration agenda, embodied in the Community Centre and SRB aspects of the joint Partnership, dominates the concerns and proceedings of the Board.

Stakeholders and staff participation

It could be argued that the Hailsham East model of partnership and joint ownership of Sure Start compensates for the limited formal role and power of mainstream service providers through the

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[1] Actually not an authority as such but an interim body prior to the shift of most health service funds and responsibilities to Eastbourne Downs Primary Care Trust in April 2002.

retention of the Stakeholder meetings. These meetings, which were originally the primary forum of the partnership which established Sure Start in 1999, have continued to be convened on bi-monthly basis. They have had some success in maintaining the participation of local service providers in health and education if not social services and the meetings enable information to be shared on details of progress of Sure Start commissioned services and other local funding and practice developments. However the formal link between the stakeholders who discuss practical issues at the ground level and the Board which has a strategic and executive role for reshaping services remains a matter of contention.

On the one hand the desire to consolidate arrangements that support efficient decision-making by formally accountable members who represent the local community would support proposals to cease any vestige of a direct link between professional stakeholders and Board. Just these sorts of proposal were under consideration at the end of the 'trailblazer' period.

Yet the reinforcement of this particular executive function of the Board could be felt by those stakeholders to be evidence that their participation was being further restricted. The evaluation uncovered a widespread assumption by service providers at all levels from senior management to frontline staff that this indeed was happening. The proceedings of the Board felt increasingly remote to almost everyone who was not a member. Indeed we were extremely surprised to find key staff members and senior agency managers alike who could not describe to us with any accuracy how the Partnership they were supposed to be involved in and affected by actually worked.

As might be predicted those *people working closest to the frontline of services* were most exercised by what they saw as the growing distance between their experience of trying to develop Sure Start on the ground in and beyond the Community Centre itself and the preoccupations of a Board and its decision-making processes over which they felt they had no say. The firm impression had formed that the Board as constituted actually knew very little about the Sure Start vision for integrated children and family services and spent even less time discussing this aspect of the joint business. As well as the common exasperation at the continued irresolution of the issue of Community Centre ownership and control itself (see above) the concern was also expressed that a poorly informed Board was not offering the leadership necessary to inspire confidence in staff about the development of the programme.

It was said that Board was becoming too reliant on the advice of the Director whose own power (and responsibility) was increased by the partnership arrangements established. This was problematic because difficult issues that it was felt the Board should know about and discuss could remain unresolved. In this respect the decision in late 2001 to continue to deny the Stakeholder group formal representation on the Board was experienced as *'a bit of a knock back really'* by someone with a demonstrably long-standing commitment to partnership working.

This strong sense of exclusion by staff and some other local professionals as active participants in the formal partnership is a further example of the empowerment deficit which has developed in Hailsham East.

Once again other research has already noted the tendency for frontline staff as a constituency in their own right to get excluded from participation in decision-making when attention turns to 'user empowerment'. Furthermore in partnership working in particular where efforts are made, as they have been in Hailsham East, to increase community participation through conventional methods, eg elected councillors, representative service users, the danger is that a wider diversity of voices and perspectives go unheard because they do not meet the requirements of formal representation (Lowndes et al 1998).

As result of this recognition the emphasis recently has been shifting towards building in a wider range of routes to participation which not only provide opportunities for a greater number of different voices to be heard, including critical ones, but which also crucially provide a context for full discussion and deliberation. In this way consensus, trust and shared commitment are built as well as accountable managerial decisions being made. The evaluation findings on the increasing exclusion of local frontline professionals from effective participation as partners in Sure Start support a reconsideration of the balance struck between traditional forms of representative decision-making and newer participatory approaches to local democracy and governance.

Recommendation 6

In order to restore the participation in partnership working of local professionals and programme staff, we *recommend* that ***Board proceedings be formally linked to both Sure Start team and stakeholder meetings*** through a direct reporting function by the Co-ordinator in the first case and a professional representative in the second.

The problem of participation is rather different however when a second group of service agency professionals, ***senior managers,*** is considered. The evidence here is of avoidance of responsibility rather than of disappointment and regret at restricted participation and it is consistent with the early recognition by central government itself in its guidance that local Sure Start programmes would be at risk if the 'commitment, unselfishness and stability' of partner organisations was not secured (DfEE 1999b:8).

It would be difficult to show that mainstream service agency partners have been acting selfishly, ie promoting the agency rather than '(using) their expertise to benefit local children' (ibid: 8) not least because they are now so little involved in advising the Board. However there has demonstrably been a reluctance to make an energetic commitment to Sure Start 'trailblazers' in East Sussex. This has been played out in the context of considerable uncertainty and change within the agencies themselves during the period in question. A combination of weak incentives from Sure Start and inadequate institutional capacity in the agencies seem to have produced the caution.

Unlike traditional inter-agency partnerships, eg Area Child Protection Committees or even more recent models, eg Youth Offending Teams and Early Years Development and Childcare

Partnerships, which create incentives for involvement and responsibility through statutory requirements and/or direct funding of new and enhanced services Sure Start programmes have to find other ways of persuading separate agencies, who already have their own individual objectives and targets to meet, to make the additional effort to collaborate in joining up services for young children.

The nature of Sure Start itself makes this particularly tricky for a number of reasons. For example, whilst the main aim of Sure Start is a long term one, to break a cycle of disadvantage in a particular area by strengthening the whole community, the traditional focus of the mainstream service agencies has been on providing a service to individual children and their families in their own right.

Other researchers have the made the distinction here between 'wicked' problems which remain 'intractable', such as social exclusion in poor neighbourhoods, which require targeted, early inter-agency intervention and long term community-based leadership for their resolution, and those that are 'tame' in that they can be resolved through particular interventions by separate agencies, for example language delay through speech therapy by health trusts, and which are not tied to any particular locality (Richards 2001). Some other problems, for example child maltreatment, are said to fall between the two as they may require a joint inter-agency approach but it is has to be one focused on the complex nature of the problem in the individual case rather than on a particular context in which it takes place.

From this perspective, the mainstream agencies providing services to young children in Hailsham East had to be brought together by the Partnership and the Board in a way that would persuade and enable them to feel responsible for the 'wicked' problems faced by the area itself and not just the 'tameable' problems of particular children and families in it. Yet during the 'trailblazer' period the respective agencies were either facing stronger incentives to rededicate themselves to their statutory 'core business' or were in transition between conventional individually-focused approaches and new demands for more broadly enabling service models.

In the case of *social services and education,* which have a county-wide remit, the statutory core business agenda has increasingly dominated and tended to reinforce the general perception of distance between their strategic concerns and those of 'bottom up' community development in the districts.

The *Quality Protects* initiative, which caused the local authority to target its effort more narrowly still on what became known as the 'corporate parenting' role in relation to children in public care and on those at the boundary of the care system by virtue of child protection concerns, coincided exactly with the Sure Start 'trailblazer' period. From a county social services management perspective this meant that the new programmes were neglected. As one senior manager told us, *'there haven't really been any clear strategies around the first two Sure Starts'* and line management responsibility for participation was effectively allocated by default. The original Delivery Plan was signed on behalf of the social services department by a local first line manager who had no authority over strategic decisions about service development. Reorganisation and financial constraints have subsequently reduced the capacity of the organisation to get involved at the operational level. There remains an enormous reluctance to

commit operational time to the support of Sure Start and a growing belief that early intervention and proactive family support work cannot be included as a priority in the process of resource allocation.

Recent Education Acts have also underlined this focus on individual children who have special needs in school and who are at risk of exclusion. One informed view here is that the LEA itself has therefore had, *'no great interest in getting involved in supporting the Sure Start function'* beyond its statutory responsibility to provide teaching support, eg for Traveller Education, in the Hailsham East area. Others working in the department and well-placed to judge confirmed that *'the LEA have not been involved enough, right from the beginning'.*

Furthermore strategic education involvement in Sure Start from the Early Years Development and Childcare Partnership has also been minimal. The EYDCP has a brief to develop child care places and early learning and parent support and a structure which links county-level strategy and decision-making with district-level participation and development. Yet formal involvement through attendance at the Board has been rare although EYDCP staff at the local level do contribute through the Stakeholders meeting.

Overall the decision by the Partnership to restrict the participation of senior agency professionals has suited the service agencies. In each case they could allocate what one manager called, *'nominal responsibility'* to someone in order that any *'issues'* that might need settling could be contained without getting sufficiently involved to take more proactive responsibility for the success of the programme.

In the case of **health,** where the process of NHS reform has been shifting the centre of gravity towards primary care at the district level, initial caution and confusion about who should commit themselves has only recently started to give way to active involvement at the strategic level. No health representative at any level either in the Health Authority, local Trust or Primary Care Group put their signature to the original Delivery Plan. Some people said health involvement was opportunistic, *'when they thought there was going to be money coming in for extra services they were very keen to be involved to be honest'.* Others explained that, *'it was new and people didn't really know what they wanted'.* The Health Improvement Planning framework, which at the time provided the main driver for shifting the focus towards a public health orientation, was itself very new.

Latterly, as health service reform has been rapidly rolled out, senior managers have become much more interested in Sure Start and the role it might play in helping reshape services now that major organisational re-alignments are on the agenda. In the meantime however the absence of health from the formal governance of the Partnership has tended to leave the responsibility for leadership at the level of the Sure Start commissioned front-line health professionals themselves and their immediate management. Once again issue-based management rather than wider strategic planning has dominated relationships between the programme and the health service.

In these circumstances Hailsham East Sure Start has suffered significantly in the 'trailblazing' period from an absence of joint strategy between the community-based Board and the mainstream service agencies it holds responsibility for reshaping. More encouragingly, however,

there is recent evidence, eg in the delivery planning process for the new Sure Start programmes and the Children's Fund in the county, of a renewed commitment by the agencies to active participation. As central government presses ahead with the partnership and local strategic planning and social inclusion agendas it should really be in the interests of the county-wide education and social service departments to get more active in the districts. Equally the placement of the public health agenda of health promotion and health equality at the centre of NHS reform and the transfer of funds and responsibilities to the Primary Care Trusts has already started to reinvigorate 'bottom up' perspectives on service development and renew interest in collaboration to achieve it.

In *summary* our main finding in relation to what we call the *'partnership challenge'* facing programmes is that the structure and processes of the formal partnership arrangements established in Hailsham East are not yet maximising opportunities for the achievement of the kind of joint ownership necessary to lead service change. The model adopted is relatively well suited to formal executive decision-making in relation to day-to-day programme implementation, although there are issues of accountability to be further considered. It is much less effective in fostering wider participation, (re) motivating key partners and developing the kind of networks that will be necessary to secure flexibility and sustainability of programme development into the future.

Reconstituting the Partnership

This initial local evaluation is not a feasibility study of options that might be selected for the reconstitution of the Partnership. However we do recommend that, in any discussions held about future structures and procedures, equal consideration is given to the process of securing the accountable participation of statutory children's service and child health agencies as it is to achieving local community-based involvement.

There may well be dangers of external professional domination if it is decided that the Partnership remains unincorporated and this will make the local autonomy provided by incorporation, for example as a community enterprise, attractive. On the other hand independent status could also leave the Partnership with little influence, beyond the purchase of individual services, in what one researcher has called, *'main programme bending'* (Stewart 2002:152).

It should not be forgotten in this respect, in a joint Partnership with a strong tradition of community-based regeneration in a small neighbourhood, that Sure Start is a partnership programme with wider strategic objectives to reshape services for young children and their families. As such programmes will continue to have a home, along with the Children's Fund (5-13 years) and the Connexions Service (14 years on), in Children and Young People's Strategic Plans and Partnerships too and these remain anchored in statutory agency functions and resources. This message has recently been reinforced in the new *Framework* with its reminder to programmes that senior representation is required from service provider agencies.

There appear to be as yet few if any examples available of community enterprises which have taken on long term funding responsibility for statutory eg community health, as well as discretionary children's services. The advocates of these solutions are themselves cautious about

the risks to medium and long term sustainability of services unless fairly stringent conditions apply (Development Trusts Association 2002). Central amongst these is that enterprises really are developed from the 'bottom up' rather than steered by local government officers whose organisations are reluctant or inadequately resourced to mainstream the raft of initiatives they have embarked upon.

There are equally no reports yet of alternative approaches to such sustainability for Sure Start which do not isolate programmes in their separate neighbourhoods and which could be based on a wider network approach to partnership and development exemplified for example by the Early Years Development and Childcare Partnership model. The introduction of additional whole and 'mini' Sure Start programmes in the county now provides an opportunity for a far more strategic approach to child health, early years and children and families services reform.

Recommendation 7

In order to increase the capacity of the Partnership to reshape and sustain changes to mainstream children's services we ***recommend*** that formal arrangements be established with senior managers in health, education, early years and social services for their ***full representation on the Board***. This process should be undertaken in collaboration with the other Sure Start programmes in the county in order to maximise their strategic impact and minimise the risks of responsibility for programme sustainability falling between various stools. A whole county approach is necessary so long as statutory responsibility remains at that tier of local government.

The importance of continuing to work at redeveloping joint ownership for Hailsham East Sure Start for future sustainability is emphasised by the nature of the services that have been developed in the 'trailblazing' period. An evaluation of the way the Partnership has responded to what we call the service delivery challenge follows in the next section of the report.

2.2   Have services been reshaped and improved by Sure Start?

Introduction – responding to the service delivery challenge in Hailsham East.

Local leadership does not simply involve establishing accountable and effective arrangements for community – based partnership and governance of a neighbourhood programme. In this case the Sure Start programme itself had to be set up at the same time as joint Partnership arrangements were being put in place. Whilst there were one or two individual activities and services offered by the Town Farm Community House, and a Delivery Plan which proposed plans for more, Sure Start only started to exist as a programme from June 2000 when the Team Leader and the Implementation Manager came into post.

Sure Start guidance speaks of programmes having to be set up in ways that *'create the conditions for change'* to services and their local leadership. It is clear that in Hailsham East, partly because of the circumstances in which Sure Start was set up as a 'trailblazer' and partly because of the particular Partnership arrangements decided on as discussed in the previous section, that the two main officer posts have become pivotal in the process of programme inauguration, implementation and development. The positions carry significant amounts of delegated responsibility in complex inter-organisational setting and as such are onerous and rather exposed. However they carry corresponding degrees of power and authority, especially in the case of the Director to whom the Co-ordinator is directly accountable. The approach taken to service delivery, and the achievements that have followed, have therefore been strongly influenced by the strategies they have selected and been successful in implementing.

In this section of the report we set out what we think the dimensions of the service delivery challenge have been before going to describe what pattern of services has developed. In doing this we consider the extent to which the approach established is likely to result in the reshaping and improvement of services to young children and their families in Hailsham East.

Building institutional capacity to achieve changes to services

Between them the Implementation Manager/Director and Team Leader (now Co-ordinator) have had three main tasks to undertake in order to build what recent research (Cars et al 2000) has called the 'institutional capacity' said to be necessary for successful local leadership of reshaped services. Institutional capacity, in everyday terms, means having the necessary knowledge, trusting relationships and practical ways of working to develop the programme effectively.

The first task is that of **building the partnership** itself. This is the *'primary responsibility'* of the Director *'as the person who administers the Board'* to see that it is *'running smoothly'*. For reasons explored earlier in the report this task has demanded a great deal of time and care to ensure the Partnership reaches a point where it has the knowledge it needs to make strategic decisions, the trust to work co-operatively and the overall capacity to make things happen. This remains a dominant responsibility and it requires great skill in networking and consensus-building as so much other research has shown (Innes and Booner 1999).

A second main focus has been on actually ***developing the programme*** in a way which reshapes and improves existing services for young children rather than simply filling gaps. This has to be done in a way that bears in mind the quality of what is provided - *'delivering this programme not just according to government standards but according to the highest professional standards'* in the words of the Director. One risk here is that the method of funding of Sure Start through service level agreements could lead to the fairly disjointed purchase of a number of separate activities and services when the aim is to knit things together at the local level by getting the mainstream services to be more responsive and integrated in their work. There was lots of pressure to do just this at the outset partly because the original Delivery Plan did not provide a sound basis on which to establish the programme. The projects identified in the Plan did not themselves link together coherently and it was not clear to what extent they were backed up by the commitment of the mainstream agencies who would be expected to employ the workers. The view at the outset then was that *'we had pots of cash but no idea of what we were supposed to be spending it on'*.

This was a legacy of the circumstances in which the Sure Start bid was put together – in very little time, from the bottom up by a small number of locally based community workers, with very patchy involvement and commitment from strategic managers and frontline professionals in the mainstream agencies. All this in the face of uncertain guidance from, the top down, from Sure Start itself. Some people left with the responsibility for getting the bid and Plan together felt they had been *'left completely on their own'* by their parent agencies in designing what the content of Sure Start was going to be. Equally others who had not been involved, such as the local Health Visitors, saw the process of yet another example of having things imposed upon them. On the other hand those who had been involved locally, for example in the Trust and from Marshlands staff teams, had high hopes that the money would come their way.

Despite the risks posed by this dis-jointedness it was important that the money, which included a substantial amount already carried over from the first year (1999/00), was committed as quickly as possible during 2000/01 not least because the message from the top down in the form of the Sure Start Unit was *'to get on with it'*.

Another risk, given the suspicion felt locally about outside professionals with the power to determine how the money was to be spent, was that new services might be developed in ways that reduced confidence further. The task here was to *'get the programme rolling as quickly as we could but also not to jeopardise the trust we were trying to build in the community'*. One aspect of this mistrust concerned the need to build relationships with the existing locally based workers and we have discussed how this was elusive. Another aspect, voiced especially by parents themselves who were consulted at the outset, resulted from the long-standing problem of lack of public facilities in which to provide activities and services. Parents asked, *'where are you going to hold the parents group, where are you going to hold the music group and things like that because there's nowhere to be able to do these things'*. The opening of the Community Centre was to prove crucial to the initial success of the programme and this did not happen until the start of the third 'trailblazer' financial year in May 2001.

Hence the second task of establishing the programme itself required for its success a combination of two skills. Community development skills were essential from the outset where effective networks needed to be built from the uneven legacy of the Delivery Planning process. Several key people recognised this at the time, *'I think the great key to making these networks work is to be visible and to be a person and to go and see people and them understand what it is you are and not documents and papers and things like that'.* But the documents and papers did need to be managed too if the practical commitment of the agencies both to employing staff on behalf of the programme and taking on board the Sure Start culture of working in a bottom up and joined up way was to be secured.

The service delivery challenge here was to organise managerial and leadership roles in a way that kept community development at the heart of everything that was done. At the same time it was essential to make sure that the process of negotiation did lead to agreements and contracts being signed by agencies which tied them into the programme at the service level. This is much a more difficult combination of tasks to that of simply line managing an established departmental service.

The third main task is the ***day-to-day management of the programme team***. This is also complicated by the particular nature of Sure Start. All Sure Start teams are multi-disciplinary and bring staff together from different agencies. But there is little tradition of multi-disciplinary and multi-agency team work which integrates practice with individual families in specific need (the 'tame' problems we mentioned earlier) with that focused on broader capacity-building to strengthen a whole community (the 'intractable' problem).

This second approach might involve seeing parents themselves as team members as well as professional and other employed staff. Nor is there experience to be drawn on of combining the direct provision of a high quality service designed to fill a local gap, for example a neighbourhood nursery, with the more indirect process of changing and enhancing the work already being done in the area to make it more responsive and joined up. In both cases questions arise about the boundary between the contracted Sure Start team and the wider professional networks that are meant to be knitted together by the work the do.

Finally these three tasks all have to be undertaken in a way that secures permanent changes to local services and this takes us back to the discussion in the last section on the long term ownership and governance of the work of Sure Start. From one perspective Sure Start is a local service which, together with the wider regeneration work of the Hailsham East Community Partnership, needs to be funded as a distinct programme into the future. The community enterprise and Development Trust solution fits with this view. On the other hand Sure Start can be seen more as a transitional stage in the evolution of integrated services for children and families now starting to take place at all levels and not just in poor neighbourhoods. In this view the service delivery and management challenge, just like the partnership objective discussed above, is to make sure local service development fits into the wider county and district agency agendas.
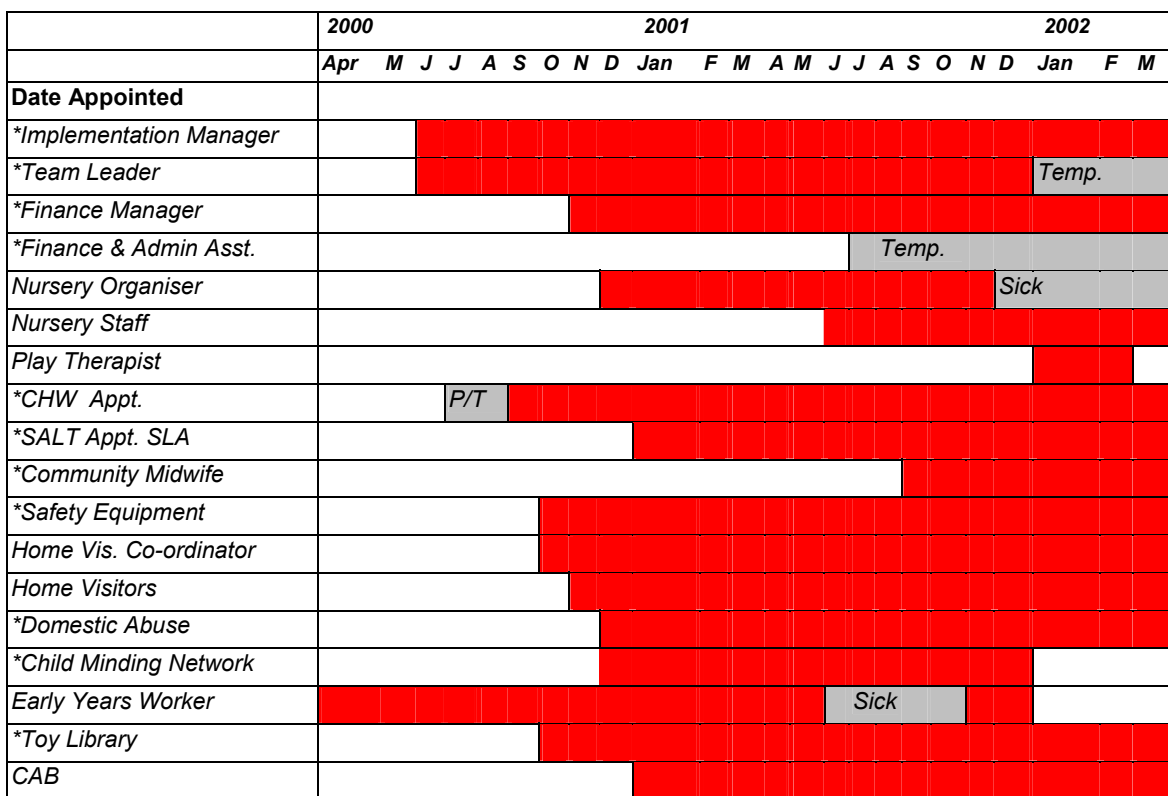
The Hailsham East Sure Start programme in the 'trailblazer' period (1999-2002)

By March 2002 when the initial evaluation period concluded the Sure Start programme team was still in the process of being established and whilst most of the core services were being consolidated other activities had either started and finished or were just being set up. Already there was a pattern of continuity and change emerging. This applied also to the staff team and to the allocation of revenue spending by the programme.
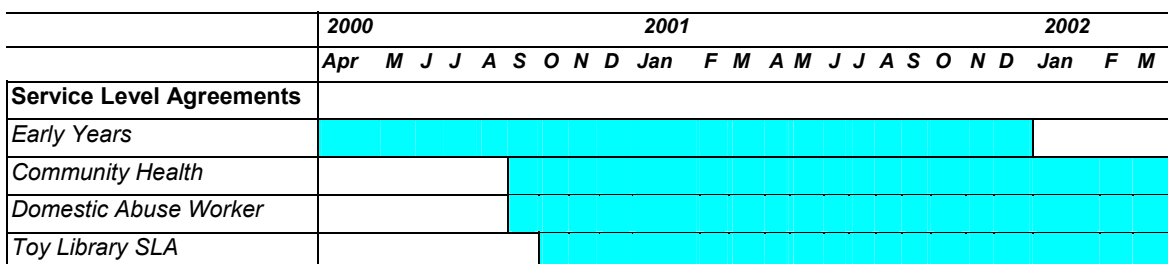
In the following charts we show the way the programme has developed to date.

In Figure 4 below we show first the dates of appointment/secondment of programme funded staff. This chart demonstrates the rapid establishment of the team in the last six months of 2000.

Figure 4: Sure Start funded staff appointments/secondments 1999-2002

	2000									2001												2002		
	Apr	M	J	J	A	S	O	N	D	Jan	F	M	A	M	J	J	A	S	O	N	D	Jan	F	M
Date Appointed																								
*Implementation Manager																								
*Team Leader																						Temp.		
*Finance Manager																								
*Finance & Admin Asst.															Temp.									
Nursery Organiser																						Sick		
Nursery Staff																								
Play Therapist																								
*CHW Appt.				P/T																				
*SALT Appt. SLA																								
*Community Midwife																								
*Safety Equipment																								
Home Vis. Co-ordinator																								
Home Visitors																								
*Domestic Abuse																								
*Child Minding Network																								
Early Years Worker															Sick									
*Toy Library																								
CAB																								

Funded by Sure Start

	2000									2001												2002		
	Apr	M	J	J	A	S	O	N	D	Jan	F	M	A	M	J	J	A	S	O	N	D	Jan	F	M
Service Level Agreements																								
Early Years																								
Community Health																								
Domestic Abuse Worker																								
Toy Library SLA																								

Safety Equipment Loan		
Child Minding Network		
Speech & Language		
Evaluation		
HECT		

Most of the staff were appointed during the second year of initial funding and remain employed at the start of years four and five (2002-04). These appointments include the three full-time posts responsible for overall programme and financial management (Director, Team Leader, Finance Officer) and three further full-time posts with lead responsibilities for the main service areas that have been established (Community Health Worker, Child Care Centre Organiser, Home Visitor Co-ordinator).

The majority of staff have been engaged through Service Level Agreements with individual service agencies who retain responsibility for employment and line management including, where appropriate, accountability for professional standards and practice. Staffing itself remained reasonably stable throughout 2001 with new posts being added on the back of a consolidating core group of workers. Staff interviewed for the evaluation emphasised the positive development of mutual understanding and respect as the team formed. However an increasingly strong sense of isolation from strategic developments at Board level and the continuing lack of resolution of the tension and low trust that had established itself between Sure Start and the Trust in the Community Centre produced discontent and some demoralisation. This persisted to the end of the initial evaluation period and beyond by which time the Child Care Centre Co-ordinator was absent on extended sick leave and the Team Leader post had remained unfilled for four months.

In Figure 5 below we show the main services and activities funded by Sure Start money during the 'trailblazer' period. We have clustered them together in accordance with the categories of core and additional services set out in the guidance to local programmes from the Sure Start Unit (see section 1.1 above for full details). We have included all the *'support for families and parents'* and *'support for good-quality play, learning and childcare experiences for children'* services in one broad category in this Chart because many of the services in this group have both aims.

Figure 5: Sure Start funded services and activities 1999-2002

	1999			2000				2001				2002
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
COMMUNITY HEALTH												
Antenatal Drop-Ins	▦	▦	▦	▦	▦	▦	▦	▦	▦	■	■	■
Self-Esteem Workshop										■	■	■
Baby Massage											■	■
Parenting Skills										■	■	■
Safety Equipment	▦	▦	▦	▦	▦	■	■	■	■	■	■	■
Health Drop-In										■	■	■
Food Co-Op										■	■	■
SPECIAL NEEDS												
Travellers' Education/Drop-Ins	■	■	■	■	■	■	■	■		■	■	
SALT Drop-Ins	▦	▦	▦	■	■	■	■	■	■	■	■	■
Play Therapy											■	■
PARENTING SUPPORT												
Playbus		■										
Community Parents/Home Visits	▦	▦	▦	▦	▦	▦	▦	■	■	■	■	■
Alive & Kicking/Parents & Toddlers		▦	▦	▦	■	■	■	■	■	■	■	■
*Food For Life/*Community Cafe*	▦	▦	▦	▦	▦	▦	▦	▦			■	■
Music Group/Toddlers (Monday)								■	■	■	■	■
Under 2's									■	■	■	■
Toy Library	▦	▦	■	■	■	■	■	■	■	■	■	■
*Playdays							■	■	■	■	■	■
CAB	▦	▦	▦	▦	▦	▦	▦	■	■	■	■	■
CMN							■	■	■	■	■	
CHILDCARE												
Creche										■	■	■
Playgroup										■	■	■
PlayAway											■	■
Nursery										■	■	■
PARENT PARTICIPATION												
Parent Forum/Hearsay									■	■	■	■
CMN Training Courses								■	■	■	■	■
HECPB/Partnership Board	■	■	■	■	■	■	■	■	■	■	■	■

*Run in conjunction with HECT

The chart demonstrates, unsurprisingly, that service development has been closely related to the negotiation of Service Level Agreements. In general services have been formally established, i.e. made operational, promptly yet with adequate attention to staff induction where appropriate. By Autumn 2001, the midpoint of the 'trailblazer' period, the core structure of the initial programme was in place. Equally the chart indicates that the programme was developing the capacity to review and adapt its repertoire of services. As one practitioner put it, *'as you start one project there's a need arises from that project and you move on with that one...you also find that there*

are projects that drop off because they're no longer needed because things have moved forward'.

In this way the Child Care Centre as a constellation of direct care facilities was built around the nursery and a number of activities and groups to enhance parenting support for child development were promoted by the core Community Health and Home Visiting services. Other contracted services, such as the Childminding Network Co-ordinator post and the Early Years post for traveller education have been suspended or discontinued as reliable outputs have not been secured for reasons of staff unavailability and/or unrealised need.

A simple analysis of the distribution of funding over the last two years of the 'trailblazer' period set out below confirms the way the core structure of the programme has been consolidated.

Figure 6: Sure Start funding by core and additional activities 1999/2002

Activity	1999/000	2000/2001	2001/2002
Outreach/home visiting		26079	79784
Support for parents/families		12308	16315
Play/learning/childcare		11616	122982
Community healthcare		23101	53504
Special needs support		12078	28529
Total core activities	*N/A*	*95182*	*301114*
Teenage pregnancy		13637	4377
Crime prevention/reduction		50	26225
Parents' employability		0	0
Total additional activities	*N/A*	*13687*	*30592*
Building involvement	*N/A*	11362	7956

We see here how the balance has been struck, in the allocation of resources, between early education and child care services, anchored in the Child Care Centre, home–based outreach and family support and community health and special needs support. We discuss this in some detail below. However these services are all devoted to the achievement of the initial child development objectives of Sure Start and thereby position the programme almost wholly within a children's services and child health frame of reference.

In contrast spending on the fourth, capacity building objective, of Sure Start has been marginal. In particular in respect of providing direct support for parents in the process of returning to learning and work the programme offers nothing beyond the chance, important in itself, of getting a day care place. There is a prima facie case, on the evidence of expenditure patterns alone, to review this imbalance in resource allocation.

These figures also show the extent to which the programme needed the whole of its second year to establish itself and to get initial services and activities up and running as planned. In fact with the relatively late opening of the Community Centre the full commitment of revenue spending was only achieved by Autumn 2001. In common with other 'trailblazer' programmes Hailsham East recorded substantial underspends in each of the first three years, especially on revenue. The

total underspend for 1999/2000 was £112,000 and this was carried forward to the second year. In 2000/2001 the revenue underspend was £71,000 and in 2001-2002 it was £67,000.

There are two ways of looking at this. On the one hand it is argued that the Sure Start Unit was hopelessly ambitious in its expectations of 'trailblazer' projects and their capacity to get services up and running so quickly. The important thing, in these circumstances, was to proceed with proper caution to make sure funded services were developed in a robust way. Programmes funded in later waves have been a good deal less generously financed. On the other hand it is the case that substantial new money was available for poor areas with inadequate services in order to equalise opportunity for children and parents. There is a persuasive argument here that says programmes should have ensured that the money did indeed get to local people in the form of improved services.

Our own view is that the initial fault lay with central government, and its unrealistic expectations about local institutional capacity and suspicion of conventional forms of funding. However the reluctance of local agencies themselves, especially health, social services and education, to make active commitments to the partnership represents a failure of responsibility and lack of imagination in respect of service improvement.

A comparison of the Sure Start service and team profile in March 2002 with the service objectives set out in the original Delivery Plan produced in October 1999 shows that the core posts and services envisaged at the very outset have indeed been put in place. However it also shows that the focus of some of these services, and of the programme as a whole, has changed from the initial expectation that the team would enhance in particular the existing work of the Trust and Marshlands School, and thereby build on the local community development tradition, towards a more self-contained structure and orientation. We look at this orientation and its implications in more detail next.

The service configuration of Hailsham East Sure Start

In effect a **dual strategy** has been adopted to create the conditions for reshaping and improving local services in Hailsham East. The programme is attempting to change services both by **filling gaps** left by other providers and by **adapting and enhancing the provision that does already exist**. However the balance currently struck has located the centre of gravity of the programme in the former approach which has implications for its capacity to be the catalyst for change in the service system as a whole. In the discussion which follows we describe this service configuration and consider whether it is enabling mainstream services themselves to be 'bent' by Sure Start or whether it is just producing a parallel or even competing service instead.

The three anchor points of the programme – the Child Care Centre, Home Visiting and the Community Health Worker

The 'anchor points' of the programme provide it with the stability and focus needed if services are to be reshaped and integrated. There are three core services which have come to perform this function: the Child Care Centre based on the day nursery, the Home Visiting service and the Community Health Worker post.

The Child Care Centre – competition not co-ordination

The *Child Care Centre* with its day nursery, playgroup and creche is the pre-eminent service provided by the programme. From a cost allocation perspective the Child Care Centre (together with related activities including Toy Library, Book Loan Scheme, Play-days) takes up over **35% of the revenue budget** of the whole programme. However fees charged for child care have the effect of reducing this amount, albeit by fairly modest amounts because of the need to provide an affordable service in a low income area. It is emblematic of Sure Start because it provides a distinctive public facility within the new Community Centre itself and, as we see later, parents identify their relationship with Sure Start above all in terms of *'going down'* to the Centre.

The provision of sessional, Centre-based child care to local parents on a pre-booked basis provides a low cost local day care option for parents which is extremely flexible. The creche in particular can enable parents to use the break it provides them with to spend time engaged on other Sure Start activities. The service also meets the requirement for good quality play, learning and child care experiences for children.

The physical location of these day care facilities, after some initial uncertainties, now provides the child care staff with an increasingly strong sense of integration of their work with that of the other Centre-based Sure Start workers. In the same way that Home Visitors (see below) celebrate the challenges and rewards of their enhanced support role with parents, child care staff see the more integrated work they can do in Sure Start as *'a step up'* from more conventional day care settings and practices. The direct access to professional advice and services provided especially by the Domestic Abuse and the Community Health Workers provides the same reassurance to child care key workers as it does to Home Visitors.

These strong internal links, reported by staff themselves, are not however matched by the same level of external networks in the local day care and early education economy. Indeed the Child Care Centre seems to operate very much as if it were an independent provider in a competitive market place rather than as a collaborating partner in a network of integrated provision. Tellingly in this respect one staff member actually referred to Sure Start as *'the company'*.

On the one hand this might not be surprising given the fact that the National Childcare Strategy of central government has encouraged a market-led expansion of day-care despite exhorting partnership working at the local level between separate providers through the Early Years Development and Childcare Partnerships (Land 2001). Additionally the Sure Start nursery has only taken children since Autumn 2001 so there has been little opportunity, it might be argued, to develop relationships and networks especially with local schools. One result of this later arrival is that the individual members of staff feel removed from the processes and personalities who planned the nursery at the outset. Beyond the Hailsham-wide role of the Speech and Language Therapist, which does provide the opportunity for a more holistic approach, there is no sense expressed of belonging to or having common cause with the wider early years and day care community in the area.

There are issues to be resolved here, especially for a programme designed explicitly to build capacity on a neighbourhood basis. The main problem is clearly that of reconciling the original

objective for Sure Start in Hailsham East, which was to enhance the facilities, achievements and reputation of Marshlands, as the neighbourhood school, with the goal of maximising parental choice over the child care and schooling received by their children. This requires a wider range of collaborations. It is clear from the expressions of alarm and bemusement within early education circles in the area and beyond that a tricky and sensitive issue has not initially been managed effectively. Trust and confidence have been the casualties here.

Furthermore, despite the potentially dislocating effects of an largely unco-ordinated, market-led development of child care and early education it is fairly apparent that no-one agency feels they have the responsibility or interest in bringing providers together both to manage the tensions (and the market) and to share learning and skills. So long as the national targets for child care places are achieved, especially in deprived areas like Hailsham East, official attention turns elsewhere. Ironically the funding by Sure Start of a substantial number of additional child care places has meant that the Early Years Education and Childcare Partnership has indeed met its local target and there is consequently less interest in joint early years planning with the advent of the programme not more.

It is important to remember that market-led health, education and welfare provision in the 1990s produced two-tier services and created the policy shift to partnership working in the first place. There is already some evidence, in the dramatically falling nursery roles of Marshlands, a school historically vulnerable to below average standards of achievement, that this problem might repeat itself locally unless things can be managed in a more inclusive and strategic manner. In May 2002 the 50 place Marshlands nursery had only 19 children registered whilst the Sure Start day care facilities had started to keep a waiting list.

The rapid expansion of the day care work of the Child Care Centre has also exposed the corresponding failure of neighbourhood-based childminding as a preferred child care option locally. Initially funded by Sure Start the Childminding Network Co-ordinator role for the area has now been withdrawn. Indeed, whilst we look at participation rates and patterns in detail in Section 3.1 of the report (below), it is apparent that parents themselves are using the child care provided by Sure Start primarily to support themselves in the parenting role rather than to support their employment as paid workers. By the end of the initial evaluation period the sessional playgroup had a waiting list and people found it difficult on occasion to secure the creche booking they wanted yet the full-time day nursery places were not filled due to the absence of sufficient applications. A small proportion of playgroup sessions were being used by parents working a night-shift but the main use was that of family support through shared child care.

At present then the Child Care Centre can be said to have *supplemented and filled a gap in local day care provision rather than contributed to any adaptation and enhancement of existing services*. The service is effectively running in competition with other providers rather than operating as the lead in co-ordinating the whole systems approach required if provision is to be integrated and enhanced. This constitutes a significant defect in the programme delivery strategy.

Recommendation 8

> In the light of the potentially dislocating impact of the way the Child Care Centre has been established we ***recommend*** that the Director, as a matter of urgency, collaborate with the Early Years Development and Childcare Partnership Co-ordinator on a ***new child care audit of Hailsham East.***

The lack of an integrated strategy for the development of child care places is alarming and the failure of anyone to take responsibility to date for providing leadership and oversight in this matter needs early resolution. Sure Start has as its ultimate aim the co-ordination and reshaping of services. The East Sussex EYDCP had as an explicit aim in its 2001-2002 Implementation Plan the establishment of partnership working with Sure Start programmes in the county (East Sussex County Council 2001: 13). It claims to be employing 'principles of inclusive childcare provision for neighbourhood family support' (ibid:16) to ensure in particular that a variety of special needs groups get appropriate services. The rhetoric of these respective goals now needs to be given practical effect.

Home Visiting – flexibility and ambiguity of role

The ***Home Visiting Service*** is a second, but rather different, anchor point for the programme. Like the Child Care Centre Home Visiting can be seen as a supplementary service to existing mainstream provision. However it also has the potential to play a useful role in the process of enhancing existing home-based health and social services provided by local health visitors and social workers. Within the programme itself Home Visiting is pivotal to the task of connecting families to Sure Start. From a cost allocation perspective the Home Visiting service takes up ***20% of the revenue budget.***

The primary intention is that home visiting plays a double role in service provision by taking a mix of Sure Start core service interventions into people's homes and by guiding parents and children out of the domestic sphere into the public service world of more formal advice and support. Home Visitors bring the parents to the professionals, as well as to other Sure Start activities in the Centre. Some of these activities are co-led by the Visitors, for example, parents and toddlers, music group, play-days. However an additional role is developing wherein visitors themselves are increasingly providing first line support in association with if not on behalf of the professionals. This organisation of the outreach function makes the emerging Home Visiting role extremely interesting from a service development perspective and exciting and challenging for the Visitor herself.

Consistent with the principles of Sure Start to build on parents own strengths the foundational concern of the Visitor is to facilitate parents' choices about managing the issues they face. This is, *'a supportive role, in that whatever the parent wants to achieve they've got somebody in there batting on their behalf'* in the words of one Visitor. The emphasis here is on providing *'a listening ear'* to enable parents to *'sound out ideas'* in the absence of anyone else to do this. Visitors can then, *'give options not advice'* because of their knowledge of local services, and *'a*

little bit of support to help them through that first hurdle' of actually making contact with the service in question. This is especially so when it involves approaching professionals, who will be making judgements about their parenting and their children. In this way *'opportunities'* are opened up for children and parents, *'life-chances really, awareness of all the local facilities, extra backing that we've got on the team (which will) change their view of what they can achieve....so they haven't got such a bleak outlook and that maybe they can see areas where they can use their strengths and their skills which you know everyone has got and they can move themselves forward'.*

In order to maximise the success of this 'bottom up' and parent-led perspective the Home Visiting service has been carefully positioned. It inhabits a space between the Community Parents model inherited from the earlier work of the Trust at the Community House and the Playlink service originally led by social services but now managed by the education authority. In the first model the aim was to befriend parents, which tended to ignore the child and provide little initial focus to the visits, whilst in the second the emphasis on play with the child restricted the support that could be offered to the parent. The Home Visiting service normally uses toys and play to initiate contact with parents, *'a vehicle to get into the homes',* but the objective above all is to be *'flexible',* which includes offering visits for the whole of the Sure Start age period, from birth to four.

The facilitation of parent-centred strategies to resolve issues they raise in relation to any area of family life puts Visitors in the role of confidante as well as supporter once trust is established. This tests the boundaries of what is a skilled but not yet formally professional job as Visitors themselves recognise when they make the distinction between having to have a *'professional air and approach'* to the work. This is rather than pretending dishonestly to be offering friendship on the one hand, or professional authority in respect of each issue or problem raised by parents on the other. However it also exposes the reality that the Visitor herself does indeed have to start thinking and acting as a professional aide as well as a parent advocate.

This is the second of the two-way processes built into the Home Visiting role. Here the service, from a 'top down' perspective, is being recruited as an adjunct in two ways to existing professional services and practices. First there is a new referral route established. The information gained by the Visitor as a result of the confidence entered into has to be translated into a conventional professional perspective and passed on into that system. Second the Visitor is likely also to be asked to supplement any professional support subsequently offered. These para-professional aspects of the service have increasingly been emphasised as the programme has been required to develop its child protection and wider domestic abuse protocols and to target its specialist input on the children and parents with the greatest difficulties and needs. They are enhanced through the continued development of knowledge and skills through in-house training in problem recognition or, what is in effect, the initial assessment of need and risk in relation to developmental delay, child safety, family functioning and the like. The parenting support function is also being enhanced, for example by training Visitors to advise on baby massage.

The two processes exercised simultaneously can produce tension and unease as contrasting commitments have to be held in mind and conflicting practice conventions have to be managed. The research interviews emphasised how prevalent the concern has become to negotiate

agreement about boundaries to ensure tensions are managed effectively. This is important in situations where the pull to informality of the 'bottom up' rhetoric of Sure Start confronts its equal demand of formality in order to maximise efficiency through targeting and to reduce the risk of programme failure especially in child protection. Hence the Visitors struggled at first with expectations that they would need to act as agents of the child protection system, *'go in and keep your eyes open',* as well as of the parents. The fear was that relationships with parents would be affected. In turn the professionals, especially in this case the health visitors and their managers, were concerned either that their role was being supplanted by the support and sign-posting role of the Visitor or undermined by it where professional authority had to be exercised.

The evidence of this initial evaluation is that tensions in practice are being accommodated and that the protocols established, training provided and new approaches to joint working now building up their own track record are all contributing to resolutions in individual cases. Some health visitors are now enthusiastic about the support for their own work provided by the Home Visitors but stress the importance of the maintenance of boundaries between the professional health advice they are trained to provide and the befriending and general support offered by Sure Start.

The local social work team in particular is enthusiastic about the competence and effectiveness of Home Visitors in those cases where social services are directly involved. This is partly because the parents in question report positively to them on the experience of support and help provided. It is also because the presence of Visitors offers reassurance to social workers who themselves are increasingly unlikely to have the time to offer direct support on a regular basis to families and who also welcome the extra 'ears and eyes' where there are professional anxieties.

Of course it is wise to exercise caution in the face of these reports as it is clearly in the interest of busy social workers and their managers to talk up a service that can be used in order to divert work from the statutory services. However there are other indications that a more balanced and appropriate relationship is developing between the two agencies (see below).

Referrals into the partly out-posted Speech and Language Therapy service have enabled Visitors to bridge a gap for parents to specialist intervention. In this case however the emphasis was on the delegated educational role of the Visitors in relation to the stimulation of language development and speech. The Visitors themselves however remain cautious about presuming to actually instruct or teach parents and in this they have the support of parents (see Section 3.1 below).

In strategic terms the developing role and skill of the Home Visitors has significant potential. It provides a means of linking the more distant and rather risky world of formal and individualised professional services with the local provision of collective child care and family support such as that now offered at the Centre. The Home Visitors operate across a number of boundaries – formal/informal support and advice, professional/lay methods of helping, Centre/ home based, child/parent focused and so on. They provide a very immediate and approachable point of engagement for parents with services in general.

Recent research on family support interventions emphasises the critical importance to the success of any programme of just this process of engagement (Freude-Lagevardi and Barnes 2001). Evaluations of long-standing US home visiting programmes also conclude that visiting tends to produce very disappointing results on its own and that consequently the service must be funded as one of a range of services to children and families (Gomby et al 1999). The government-sponsored National Family and Parenting Institute in this country has been consulting on the proposal that home visitors be used nationally to supplement the formal, professional visiting service offered by community nursing, in the light of survey findings that staff shortages in this field undermine government intervention targets (Henricson et al 2001). These complementary findings support arguments for sustaining the current focus on the flexible if rather ambiguous role developed to date.

However it may also be the case that different aspects of the role are emphasised with different families depending on demands and needs. The obvious danger otherwise is that the service in seeking to be all things to all people may end up not entirely satisfying anyone. We report some evidence of this later when we look at reasons why parents do or do not participate in Sure Start (see Section 3.1 below).

At present the Home Visiting service, despite its potential, is really only tied into the mainstream primary health care and social services in a reactive way on a case by case basis. By this we mean only at the point where individual family and child care situations tip over into significant child development or safety issues do the two worlds meet. Beyond this the Home Visitor service has tended to develop in parallel, rather than in direct association, with these two mainstream services. This provides little opportunity for the 'bending' of these services themselves. This is even more the case with early education services where a combination of the rejection of the Playlink model and the under-development of any strategic Sure Start role in education locally leaves the Visiting service rather stranded in relation to the early years world.

If a more strategic approach is to be successful it is apparent from the accounts of the Visitors themselves, and of other local health and social service professionals we spoke to, that the capacity building and inter-agency networking role of the Community Health Worker will be a central factor. We look at this third anchor point of the programme next.

The ***Community Health Worker post*** was specifically designated in this way to meet the Eastbourne County Health Care Trust objectives for primary care in Hailsham. In the words of the person who has filled the post since its inception the title, *'was designed to indicate that it's not GP attached, it is community-based which fits with the ethos of Sure Start. But it also has 'health' in it because the key to the role is health input. I need to sit within the Health Service still and they need to understand I am still a health worker'.*

This is then a key boundary-spanning role that causes the practitioner to look two ways simultaneously, bringing conventional professional primary health care agendas into Sure Start whilst using the 'bottom up' approach of the programme to kick-start the new public health orientation to community services in the area. It is at one with current government policy to re-orientate primary health care around public health and health equalities perspectives (Department of Health 1999, 2001).

From a cost allocation perspective the combined approach anchored in the Community Health Worker post takes up just over **10% of the revenue budget**

This model of reshaping services combines two different approaches. The main aim at first was to use funding to adapt the focus of existing mainstream health services rather than to fill a gap by extending those services. GP attached health visitors have been retained and there has not been any relocation of these posts to Sure Start itself. This is unlike some other programmes. Instead the service is enhanced through the community development and networking approach of the Community Health Worker. This takes place back in the established *'mainstream medical services',* with training and support to health visitors and involvement of them in promoting Sure Start and co-ordinating their work with the programme.

It also includes the same function within Sure Start, where non-statutory child care and home visiting staff in particular, and the programme itself as a whole, depend on the professional expertise of the Worker in the development of knowledge and protocols to inform practice around child safety and protection.

This approach demonstrably adds value to an existing service because *'an extra body'* is purchased. Sure Start funds are not being used to underwrite health service budgets which has been a significant problem elsewhere when community nursing itself has been directly purchased. The community development and inter-agency networking method has also generated further opportunities for connecting existing primary and specialist health care with parents using the programme. In this case the second method of 'bending' these services has been used, for example supplementary midwifery time has been purchased for Hailsham East families and local health visitors have contributed to the child health drop-in and the leadership of Centre-based community health groups. By the end of the 'trailblazer' period most but not all local health visitors had actively and often enthusiastically begun to incorporate Sure Start into their work through referral of families and joint working at the Centre.

Taken together these combined approaches have provided an opportunity for the improvement of the responsive of an existing service without running the risk of its dislocation, especially in the case of health visiting, whilst enabling additional public health activities and methods to be developed in the form of Centre-based groups. In terms of reshaping existing community nursing services the intention is to make the shift gradually by widening the routes by which parents access community nursing support and advice and by promulgating the public health perspective through the leadership role of the Worker in the local primary health networks.

Whilst this strategy is consistent with the team leadership role envisaged for the new cadre of public health-oriented health visitors first proposed in *Making a difference* (Department of Health 1999), as well as with the Sure Start reshaping objective, it does rely on change happening largely as a result of persuasion and influence rather than through structural re-organisation. The distinctive role puts a lot of pressure of responsibility on the Worker, who is effectively using individual positional power (it is a senior post) and personal authority and skill alone to knit the adapted and extended service together. In the early months in particular the suspicion of health visitors and other primary care staff, who had not themselves been involved

in the planning of the new programme, was a significant barrier to progress. Structurally it is apparent that the dispersed and de-centred system created by combining a Sure Start-based community health development service with GP practice-based community nursing produces conflicts of various kinds.

Familiar issues of equity are raised by health visitors who are tempted to see the Community Health Worker post as additional direct nursing provision for one geographical area whilst they will know individual families with limited services living outside of the Sure Start neighbourhood. Where basic services are stretched such a post can in any case seem like a luxury yet if the Worker intrudes on day-to-day casework practice toes can be trodden on and existing practitioners feel undermined. On a more practical level the opening up of a second service point, for example for the collection of safety packs, can cause confusion about where the responsibility lies for providing and actually issuing the equipment. These are tricky but not insurmountable issues but they do have to be sensitively managed.

The current positive evaluation of this model of change at managerial level in the Primary Care Trust, and the increased confidence in it of local front-line health workers, support the case that the role should be retained and developed. Currently in addition to enhancing mainstream universal community nursing the post has stimulated specific preventive and remedial in teenage sexual health, smoking cessation and community psychiatric nursing.

Maybe the most important outcome to date has been the fact that the tensions and conflicts in perspective about the role and focus of community nursing within a reformed health service, that are intrinsic to government proposals that themselves are confusing and imprecise (Hart and Lockey 2002), are now being aired openly in Hailsham.

The 'institutional capacity' of the programme itself has also been strengthened by the facilitative practice of the Community Health Worker in relation to more complex family problems. The reputation of Sure Start within social services as the child protection agency in particular is currently very good. This partly because the direct services provided by the programme are seen as flexible and effective in the support they offer to those families social workers are concerned about and partly because of the professionalism of the programme in managing communications about such families.

Referrals from the programme into the formal child protection system from the Community Health Worker as the nominated person, are considered to be appropriate and well-documented and there has been an increasing formalisation of case management arrangements in respect of Hailsham East families allocated to social workers. The location in Sure Start of a respected health professional experienced in child protection work has diminished the familiar risks that result from insufficient expert knowledge and inept communications about child maltreatment.

This confidence in the child protection capability and professionalism of the programme has been enhanced by the work of the Domestic Abuse worker, which is also well regarded by social workers. Together the expertise and strategic orientation of these two posts in respect of child safety equip the programme to deal more effectively with child protection than might be expected given the rather rose-tinted ideas underpinning both Sure Start and wider regeneration

rhetoric about family and community life. Domestic violence has only reluctantly been taken seriously in recent years by mainstream agencies and Sure Start literature itself is largely silent on the issue. It is therefore encouraging, given extensive research findings on the prevalence and impact of interpersonal violence in families and beyond and on the close relationship between such violence and child maltreatment (Harwin et al 1998), and local police statistics on its relatively high incidence in Hailsham, that the programme has provided a local lead in service development.

Overall then the Community Health Worker post has provided a professional anchor point for the programme playing a crucial role in building 'institutional capacity' both internally and externally in the ways described. Central to this is the community and network development approach combined with extensive professional knowledge and expertise. These are essential ingredients in a transformative programme like Sure Start. However there are risks associated with this model of reshaping and improving primary health care and questions of efficiency. We explore these further in Sections 3.1 and 3.2 below.

In *summary* we have argued that the primary objective of Sure Start as a programme, which is to reshape and improve existing services, has only partially been realised at the end of the 'trailblazer' period although significant developments have taken place. Whilst there is evidence that service design has facilitated the adaptation as well as the extension of some mainstream services (mainly in health care), there is also evidence that whilst it has filled gaps in other areas (mainly in early education/child care and first level family support), the resulting services tend to operate in parallel with the mainstream. A main conclusion is that a community development and inter-agency networking approach to service development is of crucial importance if 'bottom up' commitments about making professional services more accessible and responsive are to have an impact in the service agencies.

It is also the case that the programme, established at a time when Sure Start was concerned most with parenting not employment support, has retained this original focus almost exclusively. This means the additional services for supporting parents' employability which are expected to be increasingly central to the programme still remain largely undeveloped.

Recommendation 9

> In order to produce the shift necessary to the achievement of this objective, we **recommend** that the Director, in collaboration with the Employment Service and local further education providers, *Hearsay,* the Community Trust and the EYDCP Development Officer, develop **a strategy for maximising training and employment opportunities** for parents of Sure Start age children and beyond.

Whilst Sure Start is a transitional and transformational programme designed to reshape rather than replace or replicate existing services the staff brought together by the temporary funding have an existence and identity as a team in its own right. We now look briefly at the main issues

arising for the programme in relation to day-to-day management and team leadership so far as they have been exposed by the evaluation.

Sure Start team boundaries, team practices and team leadership.

Like the Partnership itself the Sure Start team has only a 'virtual' existence. Whereas other multi-disciplinary and multi-agency teams are formed and given security by statutory agencies using pooled budgets, lead commissioning or integration of functions the identity of a Sure Start team is far more fragile. Contemporary texts identify 'open teams' and 'open teamwork' as key characteristics of the new practices in inter-disciplinary settings (Payne 2000). The aim here is to combine the traditional goal of strong group cohesion around a core team and its main function with new commitments of networking with and involving both other practitioners and service users.

However, beyond the requirement to appoint a Finance Officer and programme Manager in each case, there are no conventions or programme specific statutory requirements to dictate what constitutes the core membership of a Sure Start team. Instead team composition and identity emerge as people are recruited or commissioned to bring their particular service responsibilities and skills into the programme and to connect them to its principles and objectives. These in themselves are both innovative and ambiguous as we have seen. Hence neither the team, nor its working practices and its identity can be taken for granted, they have to be constructed and negotiated as the work develops.

It has been accepted for sometime now that open team-working in multi-disciplinary settings demands 'hybrid management' skills (Øvretveit 1997). This combines team management of the core staff, individual management of team members, often jointly with others where seconded professionals retain accountabilities to parent agencies and bodies, and contract management of commissioned services. This model captures the complexity of the job but it nonetheless tends to underestimate the network development tasks essential in a transitional programme like Sure Start.

It was not an formal objective of the initial evaluation to analyse team and network dynamics and processes. However there are a number of general indicators to suggest that some of the conditions for the successful consolidation of integrated open team-working in the 'virtual', transition period are in place whilst others need securing. Additionally the significant problems exposed in partnership working (see Section 2.1 above) spill over into, and have an impact on, arrangements for team-building.

On the credit side it is apparent that the fairly rapid establishment of two of the three anchor services discussed above (Home Visiting and Community Health) has enabled patterns of joint working to become embedded and feelings of mutual respect and trust to develop amongst staff. A strong sense of identification with the 'bottom up' Sure Start orientation of parent-led service delivery and development is evident in the way people based at the Centre talk about their work and there is an openness to reflection on changing roles and practices. However the central importance of day-to-day team leadership, with an active focus on the management and not just the co-ordination of people and activities across all service areas and perspectives, has been

underlined by the more protracted process required to integrate the work of the Child Care Centre.

Equally the commitment to participate by members of the wider network of practitioners and parents brought together by Sure Start, as indicated by attendance at the Stakeholders Meeting and by the frustration and disappointment at being excluded from formal decision-making, provides the opportunity for open team-working to develop. Again the active, developmental role of the Sure Start Team Leader is crucial in bridging the gap between the Centre-based team of Sure Start staff, the Centre-based Trust workers and the wider service-level stakeholders. The initial, informal methods of networking have been appreciated by people interviewed but there is recognition that greater formality is now needed to avoid the process remaining reactive and issue-based.

The management of boundary issues where questions of role and power arise is central to 'hybrid management'. The task of building a common sense of identification with Sure Start philosophy and objectives, at the service delivery level and across the network created by the programme, is crucial. This is partly about networking to facilitate the communication of mutual expectations for joint working by separate disciplines but it is also about exploring the possibility of integrating those disciplines themselves in new ways. American researchers (Garner and Orelove 1994) originally made the distinction between three types of joint working. Multi-disciplinary and inter-disciplinary team-working is marked by collaboration within role or with some adaptation of those roles. By contrast trans-disciplinary working involves a sharing and exchange of roles.

In Sure Start these approaches have to take place across an external network, mainly comprised of professionals, as well as in a Centre-based team staffed largely by non-professionals including parents in volunteer roles. Whilst there are opportunities in this situation for innovative role and skill sharing and exchange and mutual learning there is undoubtedly an even stronger potential for powerful disciplines to use the spaces opened up to colonise the work of the less powerful and steer it to their advantage.

The sceptical view here is that the extension of conventional professional perspectives and demands will overwhelm and oppress parents and children and compromise the position of front-line non-professional workers recruited to the purpose. Interviews with both these practitioners (see for example the Home Visitors above) and parents (see Section 3.1 below) show this anxiety to be pervasive. The hopeful view, by contrast, is that demands and learning will work both ways and professional approaches will be modified (made more 'responsive' in Sure Start terms) by exposure to family life in the round through the new forms of joint working now emerging. The interviews also indicate the potential for this more positive outcome.

In any case the programme now needs an approach to team leadership which provides active management of these contrasting dynamics and develops an inclusive culture in which opportunities for genuine mutuality and 'trans-disciplinary' working can be exploited. The developing research literature on what, in the health service in particular, is seen as new forms of 'skill mix' provides evidence of both possibilities and pitfalls in this emerging approach to joint working on the ground (Halliwell et al n.d). Issues to do with both the delegation of skills from

professionals to para-professional workers (eg Home Visitors advising on language stimulation) and their diversification (eg community psychiatric nursing joining child health workers in community-based group work) now need to be thought through in order that effective team working is consolidated.

In *summary* it is now crucial that the Sure Start Co-ordinator role be focused on proactive management on an open team model rather than just on co-ordination of diverse service providers. For this to be successful more robust arrangements for defining the boundary of the Sure Start service delivery network and formalising lines of reporting and responsibility across the network are essential. These will then underpin the wider representation of service delivery interests and knowledge recommended in Section 2.1 (above). Meanwhile newly developing and innovative practice approaches within the programme now need professional direction from the team leader.

Recommendation 10

In relation to the aim of consolidating open team working we *recommend* that the Co-ordinator *review arrangements for team meetings and staff training and development.* The review should also result in more formal networking arrangements between programme staff and other local professionals. The approach of the Community Health Worker should be used as a model.

Part 3 Achieving social inclusion - the service participation and family impact challenges

This part of the report has *two sections* in which we present the evaluation findings on the extent to which children and parents are participating in Sure Start funded services and activities and on the effect of involvement on families. We make further recommendations about programme development as a result of the evidence about its local impact.

In the first section *3.1 Do children and parents participate in Hailsham East Sure Start services?* we use programme monitoring data and information from our own interviews with parents to examine and explain the rates and patterns of child participation in Sure Start. We present a range of statistical information in graph form in order that a full picture of participation can be displayed and then go on to discuss the factors that seem to both inhibit and facilitate the involvement of children and parents.

Our *main findings* in respect of *rates and patterns of participation* are that:

A relatively high rate of initial contact (c.75%) and a fairly robust monthly participation rate (c.40%) mask *patterns of variable use of services by individual children*. *Only a minority (c.25-30%) of the eligible children consists of regular and intensive users of services*, and they have taken up the large majority of service contacts (c.80%). An even smaller number of children are using community health (just over 20%) and Speech and Language Therapy (around 9%).

The parents in question (usually but not exclusively mothers) are receiving *a family support service comprised in the main of day care for their children (especially if those children are older) and home based support through the Home Visiting service.*

We make *one* recommendation about the collection of data by the programme:

Recommendation 11

In order to facilitate sensitivity and responsiveness in service provision to all members of the local community we *recommend* that a *system of ethnic monitoring* be put in place and used methodically as part of routine data collection.

Our *main findings* in relation to the *factors that help or hinder participation* are that:

Most people who could be using the programme know something about Sure Start. Many not yet in touch are interested in what is on offer. However *people need more information of the kind that helps them make sense of what is going on and who it is really for*. This is because of a continued *wariness about getting involved in estate-based activities* that might leave them *feeling exposed as inadequate parents*. Particular care needs to be taken in relation to how people are welcomed and in what messages are given about the focus of the services.

The main *factors hindering participation* were – *limited knowledge and uncertain understanding* of what was on offer, *either adequate social support* and services from elsewhere *or* a *lack of personal confidence* in making contact, fear that participation would *undermine and stigmatise* rather than help.

The main *factors encouraging participation* are – the *quality and cost of Sure Start services*, the *personal attention and care* given by staff to parents themselves as well as to their children and the *flexible nature of the services* available to help in *sharing responsibility for bringing up young children.*

Above all it is the opportunities Sure Start provides for *children to extend their social life and skills* in a high quality environment staffed by welcoming and competent people that has made it attractive to their parents. Parents want a service that supports them by *sharing the child care responsibility* (so they can have a break, do paid or voluntary work or have time for other domestic work) not by trying to improve their parenting. If Home Visitors get the focus right they are important links between the potential isolation of the private home and the opportunities for children at the Centre. Once engaged in Centre-based activities through their children *parents tend to develop their own network of service support.*

- Those people using services intensively are more likely to be *single parents (almost invariably mothers) on low incomes from benefits who are living in rented accommodation.*
- They are much more likely to report having felt depressed when bringing up their children but only a little more likely to say they lack social support.
- In all cases further education beyond compulsory school age is rare although more of those who are participating have received such education.

The programme is therefore to some extent *attracting those families who are most likely to have children vulnerable to social exclusion* as defined by central government.

We conclude this section with a discussion of how the programme can *maintain an open access approach* whilst also *targeting services and opportunities according to need.*

We make *one* further recommendation in this section:

Recommendation 12

We *recommend* that the Co-ordinator, in consultation with the Board, stakeholders, Trust and Sure Start staff team, initiate *a review of options* for a system of *'equal opportunity planning'* for children. This should involve specific consideration of instituting a *child membership system* for the programme that would provide an enhanced focus for publicity and family involvement.

In the second section *3.2 Does Sure Start have a positive effect?* we report our findings on the impact that participation in Sure Start has had on families and make a number of final recommendations about programme development.

Our *main findings* in relation to *parent accounts* of participation are that:

The programme is most *positively evaluated* by parents for the impact it has on the *social development of their children*. Sure Start provides safe and trustworthy settings for sharing responsibility for parenting. Parents benefit from the *break* from constant, often isolated, care-taking and because they can see their young children *coping successfully with separation* from them whilst *learning personal and social skills*.

Parents also gain *reassurance* from the fact that the programme is available when they need it. As a result people feel a good deal more *optimistic about life and the future in Hailsham East.*

The programme is *less well evaluated* in respect of its *direct impact on parenting* itself. Parents are far more cautious in identifying benefits in this respect.

Our main *findings* in respect of the *Sure Start objectives* are as follows:

Objectives 1 and 2: improving social and emotional development and improving health

The *child protection target,* which concerns the re-Registration of children, is unhelpful to strategic planning because so few children are affected. More useful child safety outcome measures are needed.

The *smoking in pregnancy target* and the requirement of the programme to *contact children in two months of birth* are proving more difficult to achieve. The early intervention strategy of the programme has yet to be realised in a coherent way despite the positive development work of the Community Health Worker.

We make *four* recommendations:

Recommendation 13

In relation to child protection we *recommend* that the Team Leader, in association with other local Sure Start programmes, *convene a child safety and protection working group*. This group should include multi-agency ACPC representatives.

Recommendation 14

In relation to health equality and health promotion we *recommend* that the Community Health Worker take the lead in developing *a health equalities and family support strategy* for Hailsham East. This strategy should be informed by and in turn influence both the public health objectives of the Eastbourne Downs Primary Care Trust and the family support aims of the new county-wide Children and Young People's Strategic Plan and the revised Family Support Policy. The explicit objective should be to use such a strategy as a pilot for a PCT-wide approach.

Recommendation 15

We also *recommend* that the Home Visiting Project Co-ordinator lead *a review of the roles and tasks of the Home Visitors* as part of this strategy. The review should be designed to reconsider the balance to be struck between open-ended friendly visiting aimed at all parents and intensive, targeted intervention aimed only at a few.

Recommendation 16

In order to enhance the parent-led orientation to family support a further *recommendation* is that *a wider diversity of sources of information* on child health and parenting is provided by the programme. This should include on-line facilities for parents.

Objective 3: improving children's ability to learn

The *speech and language* figures for Hailsham East children arriving at school remain poor despite a small improvement in the last year. The programme should continue to prioritise the provision of opportunities for children to develop language skills. Key programme staff, such as Home Visitors are isolated from wider developments in the early years field.

We make a *further* recommendation:

Recommendation 17

In order to broaden the impact of the programme in respect of early learning opportunities and direct intervention we *recommend* that the Co-ordinator *establish a forum for the early years community in Hailsham*. This forum should be explicitly linked to the Early Years Development and Childcare Partnership and be inclusive of all local provider interests.

Objective 4: strengthening families and communities

Much less progress has been made in designing services that address this objective. Little resource has been set aside in Hailsham for this objective. No staff member holds nominated responsibility for invigorating this area of the work of the programme. The evaluation picked up a sense that a focus on occupation and employment for parents was not a current priority. This seems strange given the regeneration perspective that drives the wider Partnership agenda.

Recommendation 9 (above) applies here.

A clear lead needs to be given in this area of work and it should use **all the facilities of the Community Centre**. *This would reinforce the work that still needs to be done to build mutual confidence and joint working between the programme and the Community Trust.*

The current **under-use of the training space and facility** *at the Centre should be rectified as a matter of priority and the interest amongst parents locally in computing skills should be actively responded to. Consideration should be given to the commissioning of external expertise to lead and develop, within an* **adult education and life-long learning framework,** *programme capacity in this field. The successful approach developed by Hastings Ore Valley Sure Start should be explored as a model.*

The co-ordination of voluntary work in the Centre should be shared between the *Hearsay* group and a nominated staff member.

We make a *final* recommendation:

Recommendation 18

Finally we *recommend* that the programme should equip itself to provide information and advocacy for parents to better support choice and control over routes that might be taken back to training and paid work. In this respect particular consideration needs to be paid to making the Centre and its facilities more attractive to men who, the evaluation has confirmed, are largely peripheral to Sure Start. This is because it is mothers mainly who do the direct care-taking at home and female staff who share the responsibility at the Centre.

3.1 Do children and parents participate in Hailsham East Sure Start services?

Introduction

It is actually difficult to tell from Sure Start Unit guidance and advice exactly what would count as a good rate and level of participation by parents and children in a programme area. On the one hand there is the clear expectation that Sure Start should be universally available and in touch with every young child in the area. For example, one of the first service delivery targets (see Section 1.1 above) is that all families with new born children should be contacted in the first two months. The further expectation is that they be visited again 18-24 months later, especially in the case of, *'those parents who have chosen not to use the services available'* (DfEE 2001:16). This universal focus and active encouragement of widespread participation is consistent with the idea that most families living in a Sure Start area will be disadvantaged and need the enhanced services funded.

Equally though there has always been a concern that particularly vulnerable or isolated families, and those facing exclusion as minorities through racism and inappropriate services, should have their needs prioritised (DfEE 1999/2001). The objectives of providing universally but targeting effort on the most 'hard-to-reach- groups need not be mutually exclusive of course. However, lately, there have been indications from the Unit that eligibility for Sure Start services might not after all apply universally. The national Director of Sure Start has now proposed a four-fold categorisation of families in order that decisions can be made not only about targeting services on the most vulnerable and isolated but also about when *not* to offer those services (Eisenstadt 2001). She identifies two groups who should not be expected to take up Sure Start, those families who are *'coping'* and using existing services, with which they are happy, and those who may want what is offered by programmes but who *'do not need them'*.

This approach emphasises as the primary aim the targeting of Sure Start services themselves on those most in need, on the assumption that they will be least likely to be using existing services effectively. Other families will benefit because Sure Start more generally will be reshaping existing services already used by them to make them more responsive. In this way programmes can be reassured that, *'effort is not wasted and resources dissipated'* (ibid: 11).

In the next three sections we present findings on the rates and patterns of participation and contact by children and parents in our representative groups of infants and toddlers and report what parents told us about their engagement in Sure Start. We conclude with suggestions for the development of the programme in the light of the debate about what Sure Start is and who it is for.

Who is using Sure Start and what services are they using? Participation and contact rates and patterns

We have decided to answer these questions by looking first in some detail at the statistics we have available from the programme monthly monitoring figures on the two groups of children selected for our evaluation. We put these findings in context by presenting some basic details on

the whole population of children. In the next section we use information from our interviews with the parents of the children.

Child participation

The Sure Start Unit requires programmes to report on a monthly basis the number of children aged 0-3 years in the area who have made use of directly provided Sure Start services and this information is provided to the Partnership Board. We have called this the *child participation rate* and Figure 7 shows the variation in this rate for the 16 months to March 2002 for all eligible children.

Figure 7: Total child participation rate December 2000-March 2000

**Total Child Participation Rate
December 2000-March 2002**
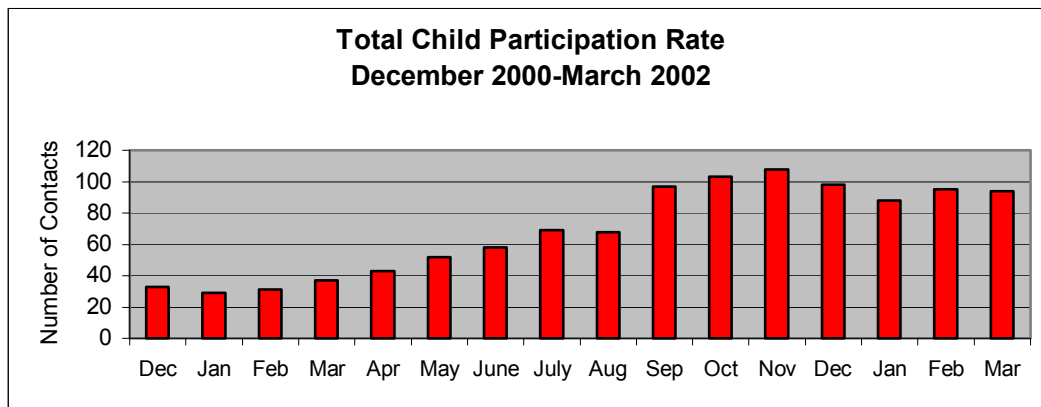
It is interesting to see here the increasing rate of child participation during 2001 which escalated significantly from September when the Child Care Centre opened and a full range of day care provision was made available. Participation peaked in November 2001 and has now settled back albeit at a much higher general level in 2002 than in 2001. Approaching 100 separate children are in touch with Sure Start each month.

Monitoring information is also held on the age of the children on participation and in Figure n we show the main distinction which is between the rate of participation of infants under one year and the rate for the older age groups.

Figure 8: Child participation rate by age December 2000 – March 2002

Child Participation Rate by Age December 2000-March 2002
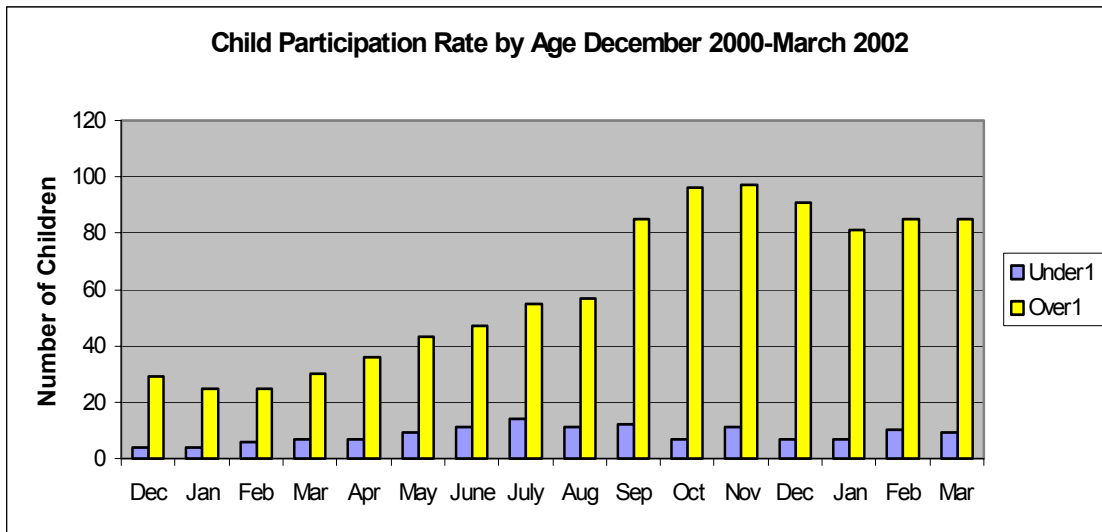
It is clear from this graph that whilst the number of infants using Sure Start services each month has remained at a consistently low level it is an increase in the participation of the number of older children which has accounted for the total rise over the period. There is no indication in these figures that the increased emphasis on very early intervention in the revised Public Service Agreement and targets has had the effect of increasing direct Sure Start intervention with babies.

Whilst it is possible to track *numerical* changes to rates of child participation from the monthly monitoring data it is not possible to say with any certainty what is the overall *proportion* of children aged 0-3 years in Hailsham East using Sure Start at any one time. This is because no data is routinely collated which shows the total number of such children resident in the area on a month by month basis. Snapshot figures gathered in April and September 2001 show the numbers fell that year from 308 to 288 (Sharon Paine. Personal communication). If these figures are taken as a guide Figure n shows that the proportion has risen from around 15% in Spring 2001 to around 33% by Spring 2002. In other words one in every three children under 4 years in Hailsham East is now using Sure Start each month.

There are also problems in estimating overall rates of participation in relation to specific groups within the total child population. Hence we cannot say whether gender plays a role in rates of contact nor whether ethnicity has an impact. The latter is a serious shortcoming when we know from research and service audits that minority ethnic children and families tend to get a less appropriate and sensitive response from children's service agencies (O'Neale 2000). We report below evidence that some parents at least experience racism in Hailsham and that others have fairly openly prejudicial attitudes about people with Traveller backgrounds in particular.

Recommendation 11

In order to facilitate sensitivity and responsiveness in service provision to all members of the local community we **recommend** that a **system of ethnic monitoring** be put in place and used methodically as part of routine data collection.

Our own analysis of child participation (and service contact) rates draws on the monitoring and interview data from our two representative groups drawn from this total child population. As we explained in Section 1.2 above we identified 54 children born to parents living in Hailsham East during two separate winter periods in 1998/99 and 2000/01. For the purposes of our analysis we have called them *'newborns'* and *'toddlers'*. It is important to remember that respectively they were growing through and beyond their first and third years during the evaluation period meaning that by March 2002 the newborns were all one years old and the toddlers were three.

The advantage of this method is that it allows a more accurate representation of rates or participation and contact for two groups of children who are in effect growing up with Sure Start.

Figure 9 below shows the **child participation rate** for our groups. This is a monthly snapshot and so can be compared with Figure 7 which represents all children under 4 years old (especially since March 2001 by which time all the children in our 'infant' group had been born). In this case we know that there are roughly 54 children in total of the 'infant' and 'toddler' age groups eligible to use Sure Start (assuming equal incomers to and leavers from the area) at any one time through the period. We also know that some contact has been made with most of these because 47 children are registered on the Sure Start data base with birth dates in our age range. We also know that only 40 of these have been recorded as participating in the period in question.

Figure 9: Evaluation group child participation rate December 2000-March 2002
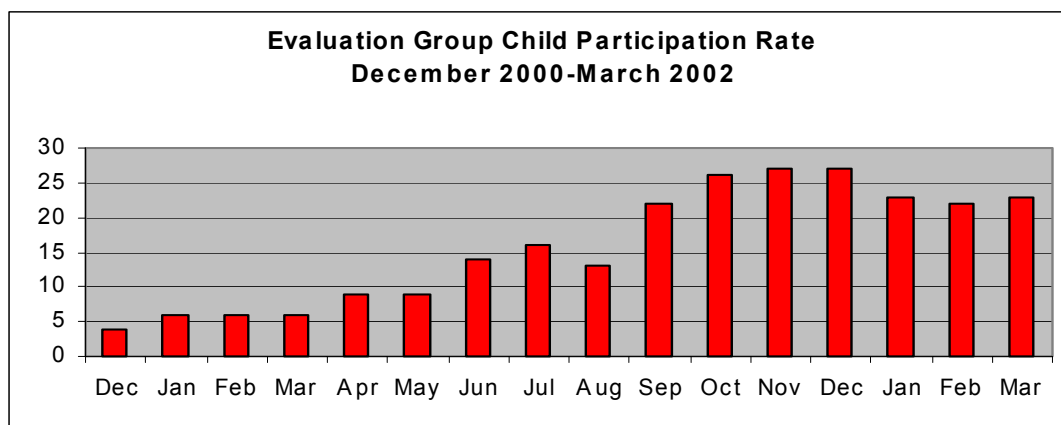
It can be seen that the trend to increasing participation during 2001 and the leap in the autumn applies to the evaluation group as a whole as well as to the total child population in the area. We can also see that as many as 50% of the children have been in touch in any one month. Currently the number has settled at nearer 40%. This is somewhat larger than the rate of 33% for all children under four years shown in Figure 7. Whilst these proportions are not particularly robust, for the reasons we have outlined, the difference does suggest that the current method of monthly monitoring of participation, which uses a snapshot of all children, may be obscuring varying patterns within age groups as they move through the programme.

When we divide the evaluation group into newborns and toddlers in Figure 10 below the impact of age on participation can be observed.

Figure 10: Evaluation group child participation rate by age December 2000 – March 2002
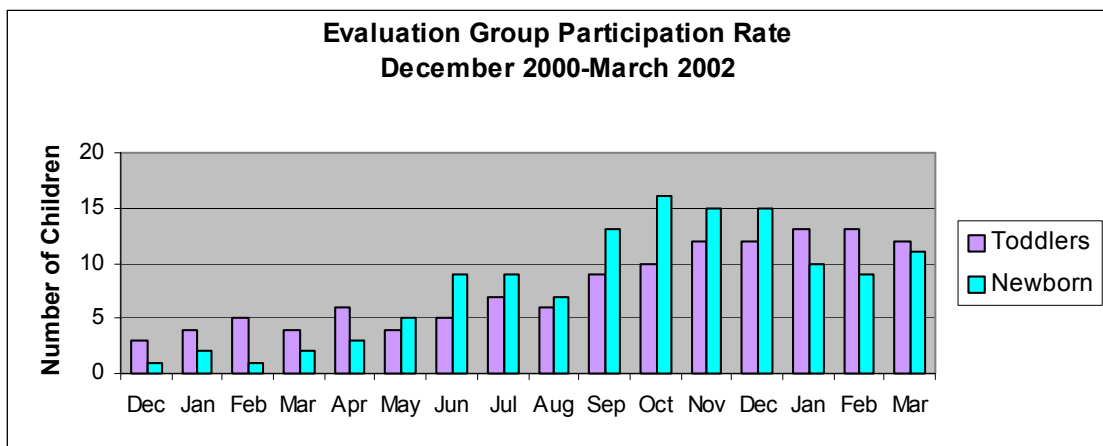
We can see from this graph that there is no great effect of age on participation. Both groups have increased and then stabilised their participation. Infant participation looks higher for our group when compared with the numbers in Figure 8 above because in this case the children themselves were growing older through the period, starting to reach their first birthday in October 2001.

In *summary* then in respect of child participation we can say that whilst up to 75% (40/54) eligible children have used Sure Start at least once in the period only 40% are currently participating on a monthly basis after a peak of 50% in November 2001. From the overall monitoring figures it looks as though very young children are less likely to be in touch than are children in their second and subsequent years and our evaluation groups confirm good levels of participation as children move beyond infancy. This finding must be related to the fact that the main services used at that age are provided by primary health care workers who are still based for the most part in GP surgeries and not the Community Centre. This raises the larger question about the long-term validity of the current method of monitoring if, as is intended, the aim is for Sure Start to adapt and enhance the existing practice of mainstream workers such as health visitors. The indirect effect of programme intervention is not so readily counted as the direct contacts made by funded staff themselves.

Service contact

Before we explore the *pattern* of child participation we need to know not only the number of children in touch each month but also the rate at which they are using Sure Start services. We have called this the **service contact rate** and Figure 11 shows this in terms of the number of separate contacts made by all child participants on a monthly basis. A contact might be a half day playgroup session, a one hour home visit by a Home Visitor or a half hour consultation by the parent of the child in question with a member of staff eg the Community Health Worker or Domestic Abuse Worker.

Figure 11: Evaluation group service contact rates December 2000-March 2002
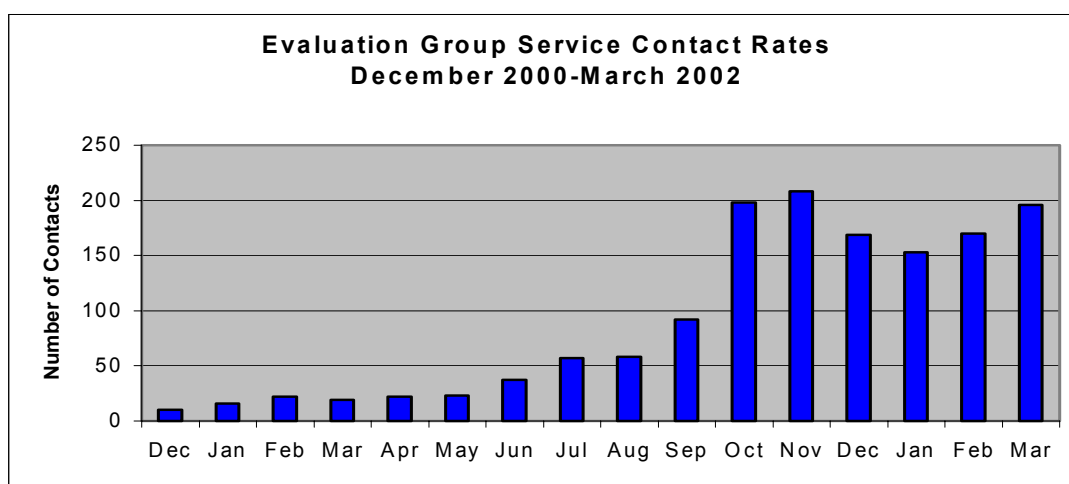
We see here that the number of contacts has grown in accordance with the increase and stabilisation in the child participation rate. Comparing Figure 11 and Figure 9 we can say that, as a rough average, each child in touch with Sure Start during any recent month has had around 6-8 separate contacts. The combination of significantly increased participation and service contacts taken together mean that 80% of all Sure Start service activity has taken place in the 8 months since August 2001 (1244/1455 service contacts). We will see later that this is mainly, but not completely, the result of the opening of the Child Care Centre and the new day care facilities that were provided as a result.

Once again we can see if the age group of the children has affected the rate of contact that the children have had with the programme.

Figure 12: Evaluation group contact rate by age December 2000 – March 2002
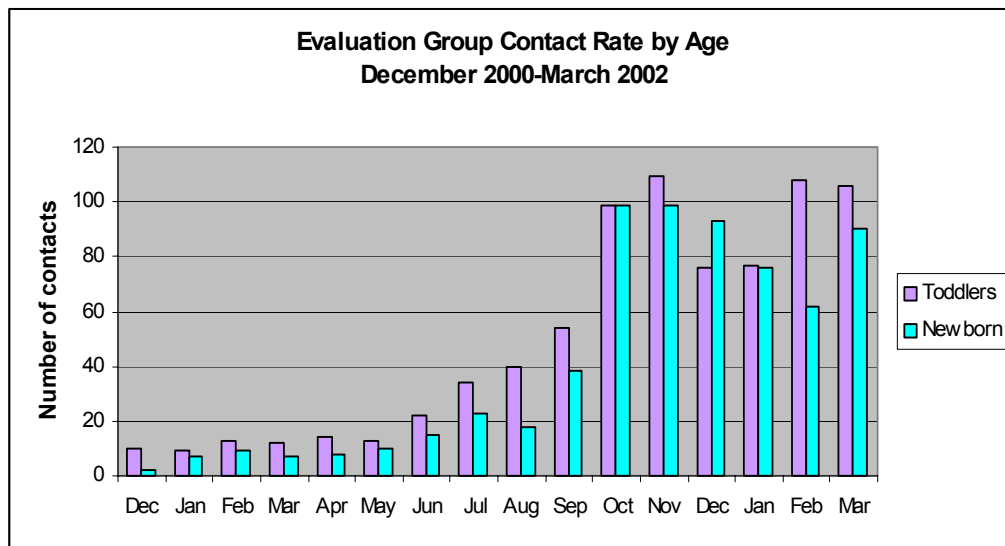
This graph supports the earlier finding that age has no particular bearing on service use with both groups making increasingly intensive use of services in general.

Figure 13: Use of Services

Use of Services
December 2000-March 2002
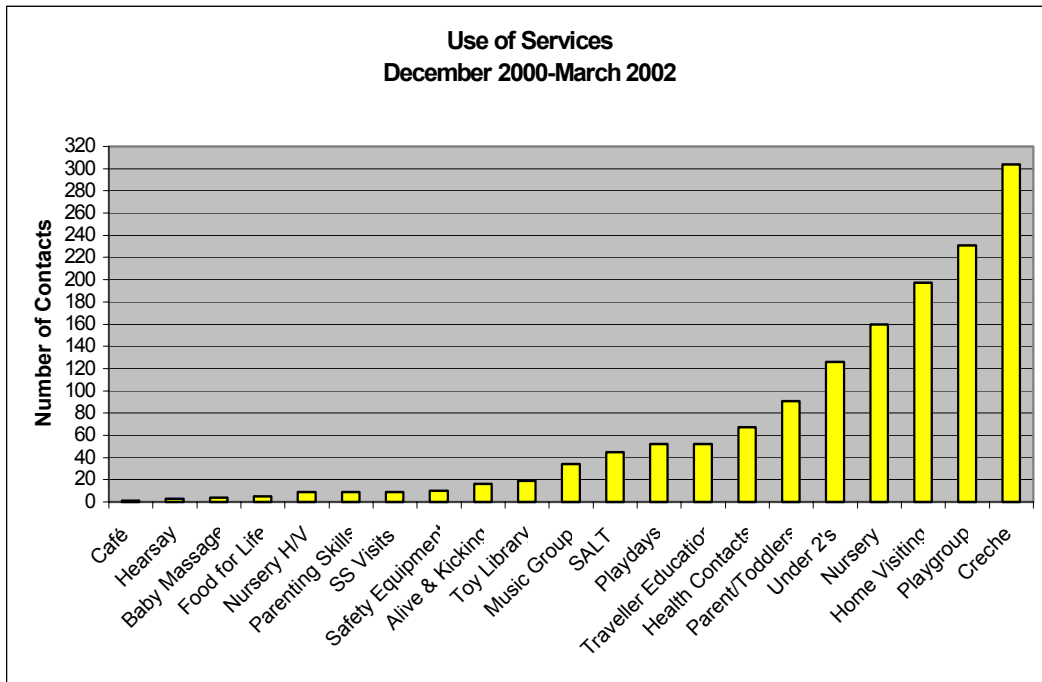
We can see here the significance of the child care and other Centre-based group services, underpinned by home visiting. Other activities are far more modestly represented.

Patterns of participation

The figures on the monthly rates of participation and service contact of the children show the overall trends in respect of the group as a whole but they obscure the **patterns of participation** of individual children over time. When these are uncovered a rather different picture emerges of service use. We explore these patterns by first describing a number of *categories of engagement* that can be identified within the group as a whole.

Our five engagement categories are as follows:

- *Unengaged* – children who have not participated in Sure Start since December 2000

- *Disengaged* – children who have had at least one contact but who have not participated for 5 months or more

- *Episodic engagement* – children who continue to participate but on an irregular basis

- *Regular/low level engagement* – children who participate consistently but who have 6 or less service contacts each month

- *Regular/intensive engagement* – children who have 6 or more service contacts each month

Figure 14 shows the distribution of children within these categories.

Figure 14: Categories of engagement as at March 2002

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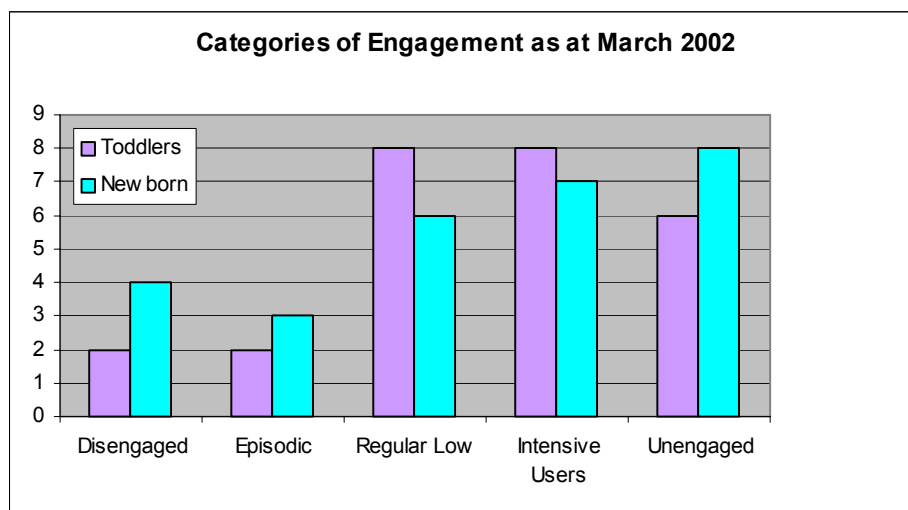
It is apparent that only a minority (15) of the 40 children recorded as participating during the period since December 2000 have been doing so on an intensive basis. Again the graph also shows no great effect of the age of the child on intensity of service use. The service implications of this differential intensity of contact are dramatically demonstrated in Figure 15.

Figure 15: Service contact rates of participating children to March 2002
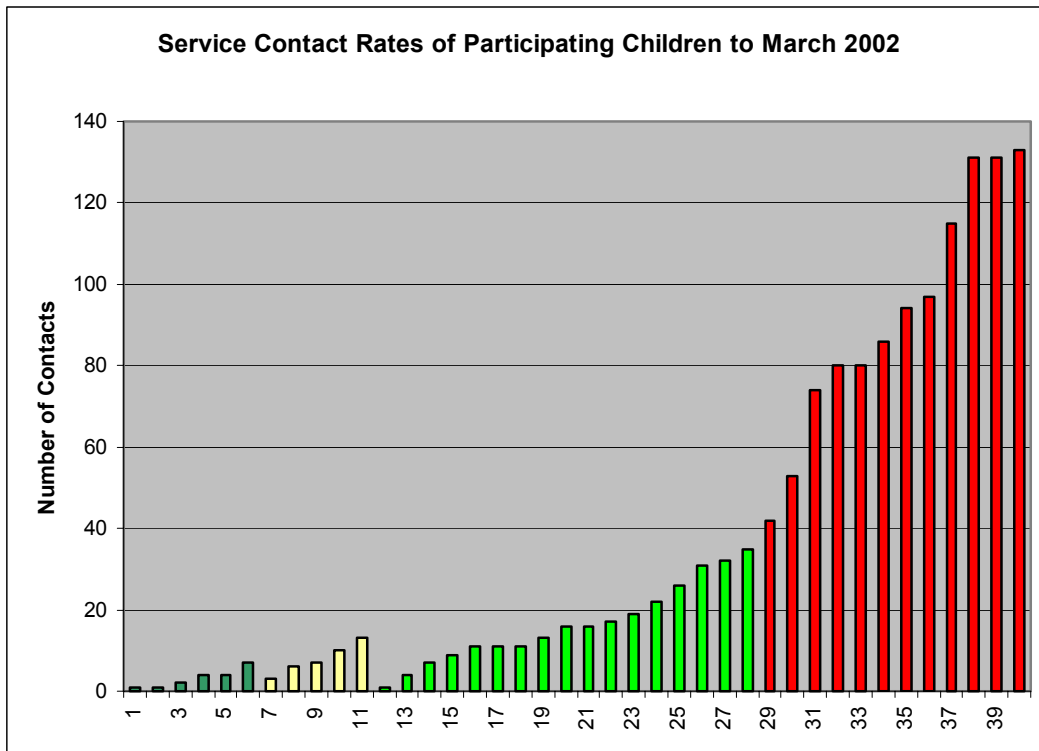
The striking variation in service contact rates across the engagement categories confirms the suspicion that the overall or aggregate figures on participation and on contact rates shown in the monthly monitoring returns mask very diverse patterns of individual service use by local families. On the one hand as few as 15 children have accounted for as many as 80% of the service contacts over the period. On the other hand the other 39 or so (72%) have accounted for only 20% of the service contacts.

The variation in patterns of participation and service use exposed by the categorisation of children in this way is not itself the whole story. For when the intensity of participation of individual children within these categories is tracked over time it is apparent that the small number of intensive user are increasing their disproportionate use of services.

Hence on the one hand nearly all the *regular intensive group,* and a small number of the regular low engagement group, between 25-30% of the total age group, have maintained their high contact rate. Meanwhile on the other hand all of the *episodic users* and many of the *low-level regular users* are *reducing rather than increasing their service contacts*. So the disengaged category is gradually increasing as time passes. They join the unengaged who have never

participated and together now make the total of 60% of the children in the age group who, as we have seen, are not currently using services or are using them increasingly rarely.

Figure 16 shows the extent to which the intensive users at one extreme have increased and maintained their rate of contact whilst several children at the other are falling away.

**Figure 16: Intensity of service contact over time December 2000-March 2002**
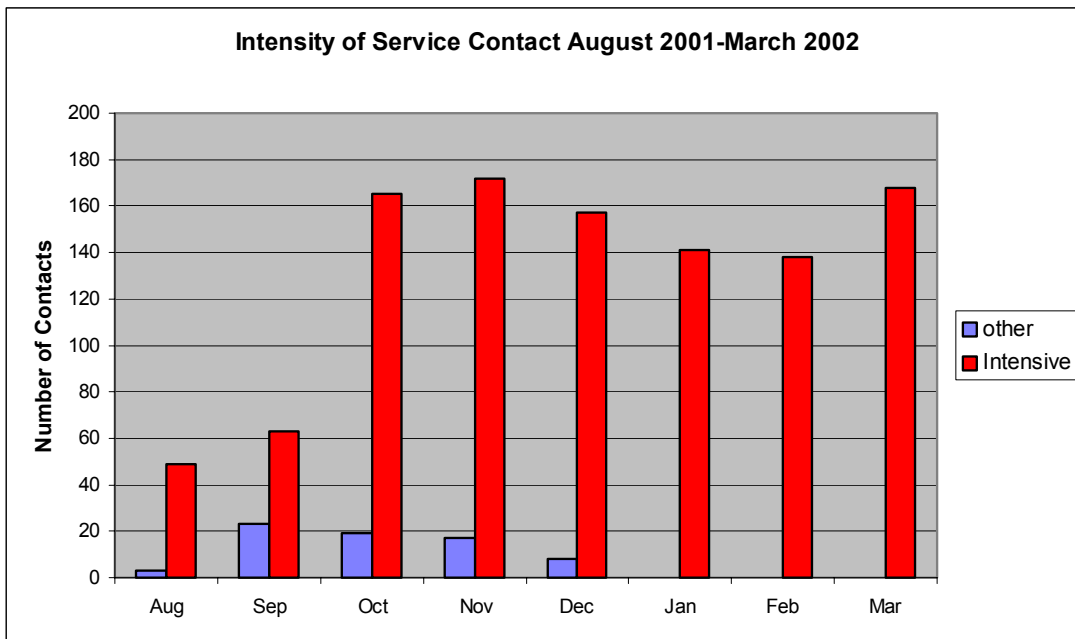
Patterns of participation can be defined as much by the *type of participation* as by its intensity. Individual service contacts can be grouped in different ways so we can see which kind of Sure Start services are being used and in what combination. In this analysis we have made the following distinctions:

- *Type of service* – grouped as community health, family support/child care, special needs

- *Focus of service* – parenting-focused (providing for the parent and child together whatever the type of service) or child care-focused (where the child is separated)

- *Location of service* – either Centre-based or home-based

Type of service – community health, special needs and family support

Looking first at the type of services used Figure 17 shows the distribution of individual contacts between the service groups across the whole period.

Figure 17: Type of service use December 2000 – March 2002

Type of Service Use December 2000-March 2002
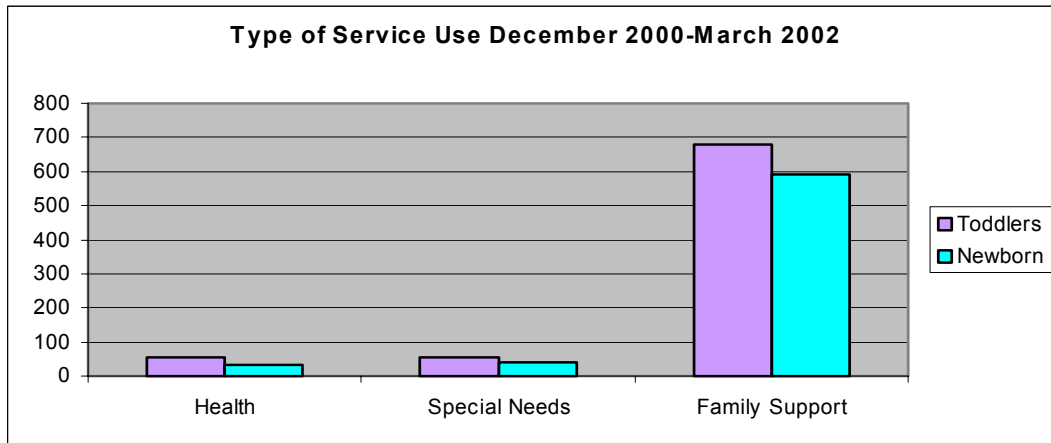
It is immediately apparent from this graph that *family support/child care* contacts represent the vast majority of all service contacts with the programme. This shows the central importance in Hailsham East of the Child Care Centre and Home Visiting project which account for the very large proportion of these contacts. In terms of direct services Sure Start is almost completely defined by the work of these two anchor points of the programme.

Health and *special needs* contacts by contrast are low. This must mainly be because in the former case they only include the direct work of the Community Health Worker and midwife. The community nurses (midwives and health visitors) themselves remain primarily attached to local GPs and, as we have seen, do not have either the routine or enhanced work they do as a result of associations with Sure Start recorded on the data base. The special needs service category includes the Traveller Education Service but, as this is now suspended and the newly commissioned Play Therapy work has yet to start, in reality only the Speech and Language Therapist has recently been available to provide direct specialist intervention. As a result in the following two graphs we show the number of children in our groups who have been in contact with either the Centre-based community health service or the Speech and Language Therapist.

Figure 18: Health and SALT Contacts (Newborn)

Health and SALT Contacts (Newborn)
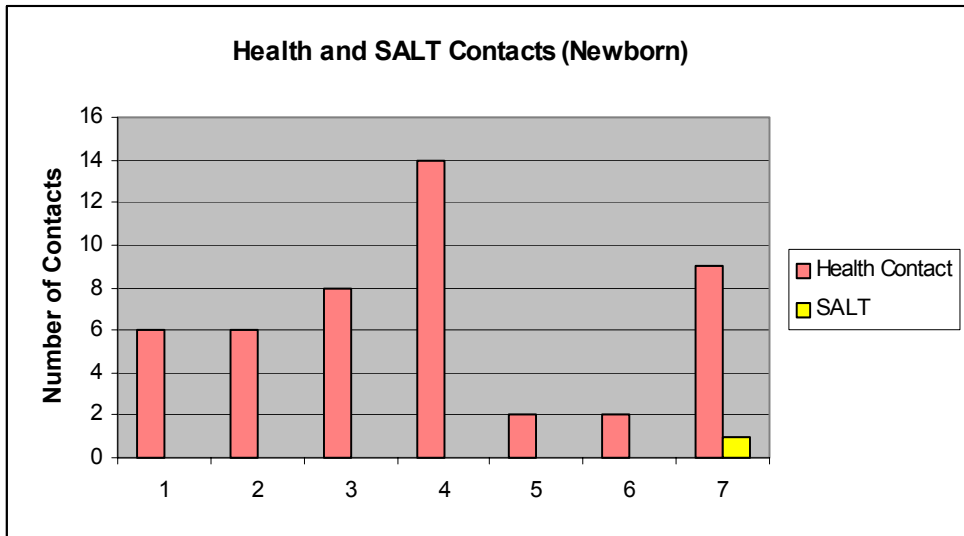
This graph shows that seven of the 28 children in the newborn group have had contact with these two services over the whole period and that the level of contact has been modest in most cases.

Figure 19: Health and SALT Contacts (Toddlers)


Health and SALT Contacts (Toddlers)
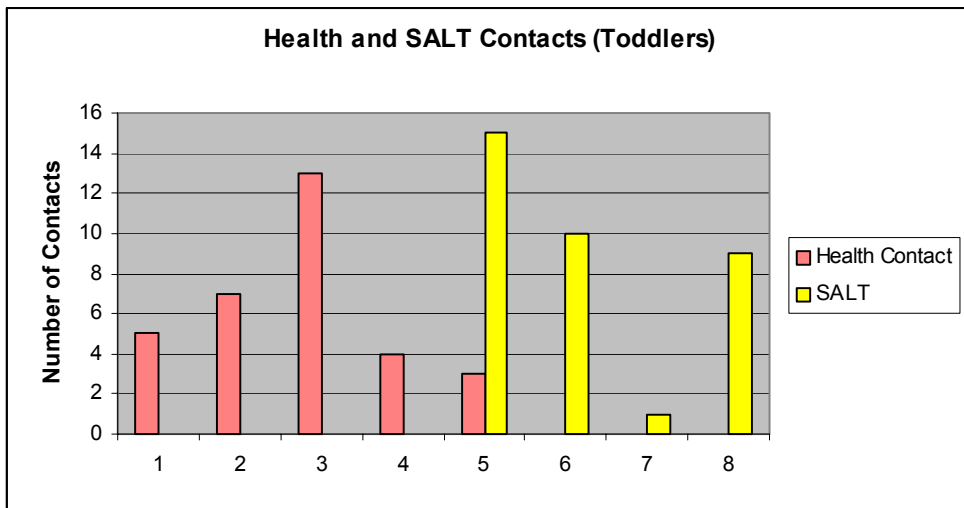
This graph shows that even fewer toddlers have had community health contact and that the Speech and Language Therapist is working fairly intensively with a very small group of these children. There were 26 toddlers in the original evaluation group. Once again it has to be emphasised that whilst these measures illustrate the modest reach of commissioned community health and specialist services they cannot show the broader pattern of contact with GP attached health care.

Focus of service – child care or parenting?

A fuller picture still of the pattern of participation in services emerges when the distinction is made between those which offer child care support by providing day care for the child away from the parent and those which offer parenting support more directly usually whilst the child is present. Figure 20 shows this balance.

*Figure 20: Focus of service use December 2000 - March 2002*
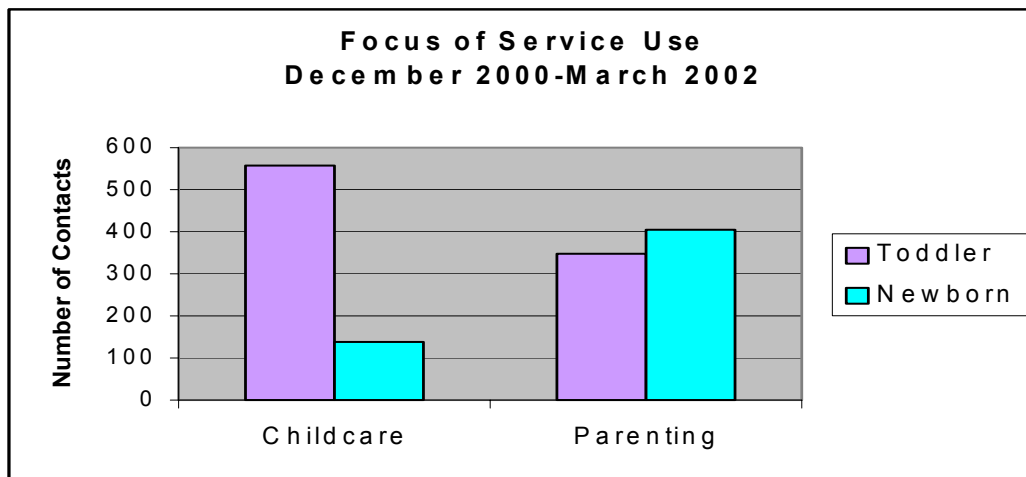
By aggregating all the services of any type that offer parenting advice or support of one sort or another in this way and categorising them as separate from child care itself we can see a clear age effect. Whilst both groups have made significant use of services offered to them and their children together it is the toddlers who have dominated the use of day care.

Location of services - Centre or home?

An analysis of the location of these parenting-focused services, that is whether they are provided in the home or at the Community Centre, adds a further dimension to the pattern of participation that has been established. Figure 21 shows this balance.

Figure 21: Location of parenting-focused services December 2000 – March 2002


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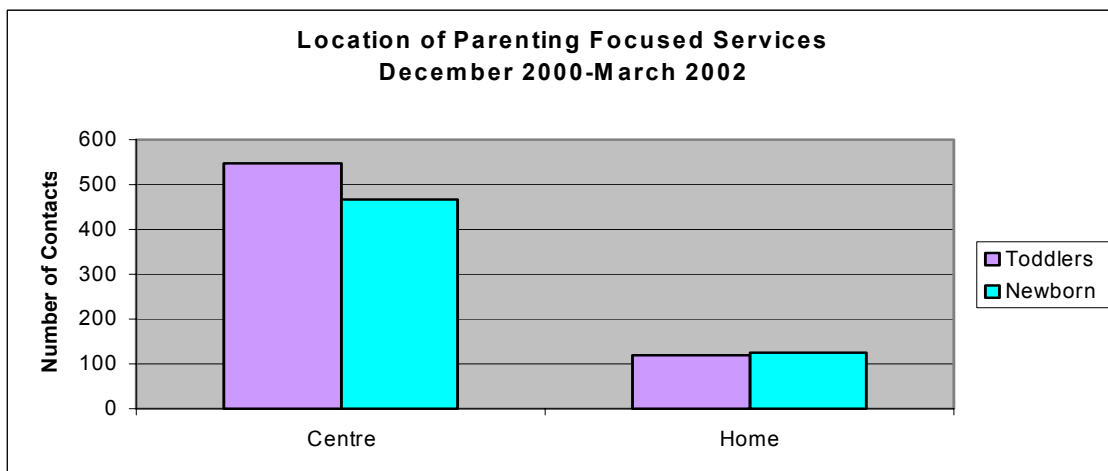
This is an interesting graph because it shows both that Home Visiting has become an established aspect of the parenting-focused approach of Sure Start locally and that engaged parents (actually almost always mothers as we see below) also feel confident in going to a new neighbourhood venue for support. Of course some of the Centre-based contacts relate to one-off activities such as Christmas parties and Easter 'fun-days' which require a minimum commitment. However many involve individual contacts with Sure Start staff and participation in support groups put on at various times over the period such as Self-esteem Workshop, Parenting Skills, Music Group and Under 2s.

Hence we can see, when we take the findings on the type, focus and location of services that overall the programme is offering a family support service which combines the direct care of children through day care facilities with support for parents and children together. Whilst toddlers are much more likely to be using day care than the infants in our sample both groups do use each type of service and for both Sure Start involves getting help at home and well as in the Community Centre.

Before we conclude this section we present two final graphs to show how this overall picture relates to the experience of individual children. This enables us to get a more detailed understanding of the number of children in each group actually receiving the two key elements of this family support service – home visiting and child care.

Figure 22: Home visits and child care (newborns)
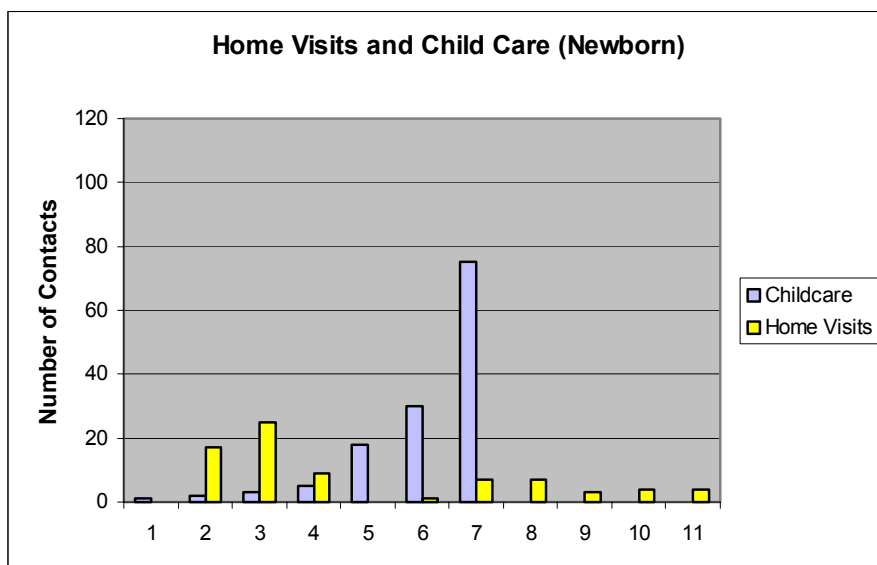
We see here, consistent with the main finding on categories of participation, that a relatively small number (around 40%) of the youngest children in the age group have received Sure Start family support defined in this way. Fewer still have been intensively supported. Indeed the graph indicates that one child alone has accounted for a full half of all child care contacts by this group. The parenting support focus provided by the Home Visitors has been taken up by a third of the families with infants but only on a regular and intensive basis by two or three.

The second graph shows a similar pattern for the toddlers.

Figure 23: Home visits and child care (toddlers)

Home Visits and Child Care (Toddlers)
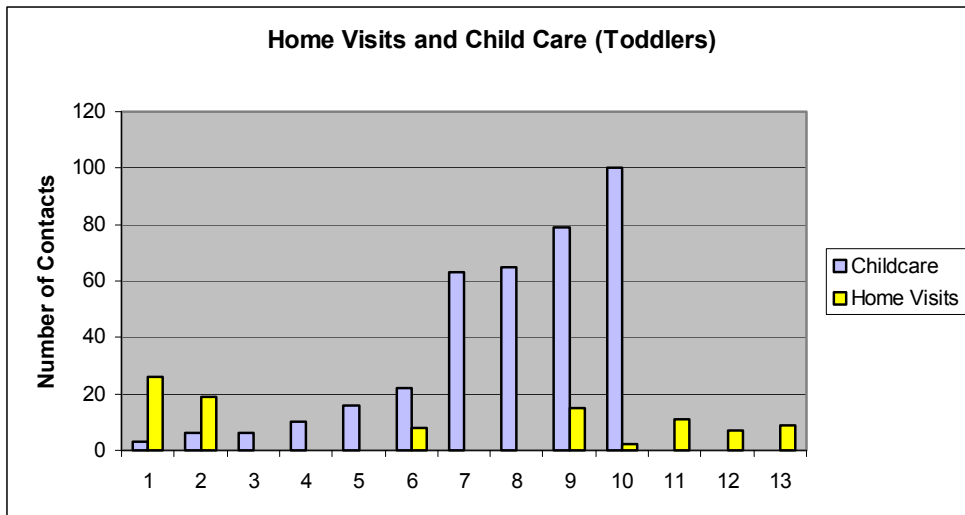
Here we see, as indicated earlier, that slightly more (around 50%) of the toddlers in the age group have received family support from the main two services and more use child care. However four children alone account for the vast majority of the day care service contacts.

Taken together these final graphs emphasis the central finding of this section on participation, that a very small number of children and families account for a very high proportion of service use. They show that this is the result, to a significant extent, of intensive use of day care of one sort or another especially in the case of the toddlers.

In *summary* we have used the programme monitoring figures to show in this section how a relatively high rate of initial contact of eligible children with Sure Start (c.75%) and a fairly robust monthly participation rate (c.40%) mask patterns of variable use of services. Only a minority (c.25-30%) of the eligible children consists of regular and intensive users of services, and they have taken up the large majority of service contacts (c.80%) over the period. The recent trend is for these children and their parents to use services even more intensively whilst a number of the less intensive or regular users have been reducing their level of contact or stopping it altogether. An even smaller number of children are using community health (just over 20%) and Speech and Language Therapy (around 9%).

The parents in question are receiving a family support service comprised in the main of day care for their children (especially if those children are older) and home based support through the Home Visiting service.

What distinguishes those who participate and those who do not?

The monitoring data recorded by Sure Start is not detailed enough to allow for analysis of the factors that might account for the dramatically different levels of participation in services. All we know is that the age of the children is a factor, the evidence in particular being that very young children are less likely to be involved than those over one year. In the absence of monitoring information on other characteristics of children and families we have looked to our interview data to help understand the patterns of engagement and disengagement we have uncovered.

The interview group

We interviewed parents in 24 families about 27 of the 54 or so children in our whole group in early 2002 and took details of their family circumstances as well as asking them about their knowledge and understanding of Sure Start services and their experience of involvement. In the event it was the mother of the children in almost every case who spoke with us although we saw one single father. This was because in almost every case it was the mother who both took the primary or sole responsibility for child care and was the user (or not) of Sure Start and other services. Three of the families were of minority ethnic origin, one of which included a parent with a Traveller heritage.

Families were evenly split across our categories of engagement. In the case of 8 families the children (9) were not using the programme, in 9 others (with 10 children) participation was intensive and in the rest (7 families/8 children) involvement was low or episodic.

We were particularly interested in the reasons why parents were not including themselves and their children in Sure Start and we discuss our findings on this before reporting what parents who were involved had to say about the benefits they saw from participation. First though we look briefly at some *key characteristics of the families* which might distinguish users from non-users.

Figure 24 shows the relationship between a number of such characteristics and engagement with services. Parents in the intensively engaged group are compared with those who have never or who are no longer engaged with the programme. Because the numbers are so small the relative impact of each of these factors cannot be estimated.

Figure 24: Characteristics associated with engagement in Sure Start
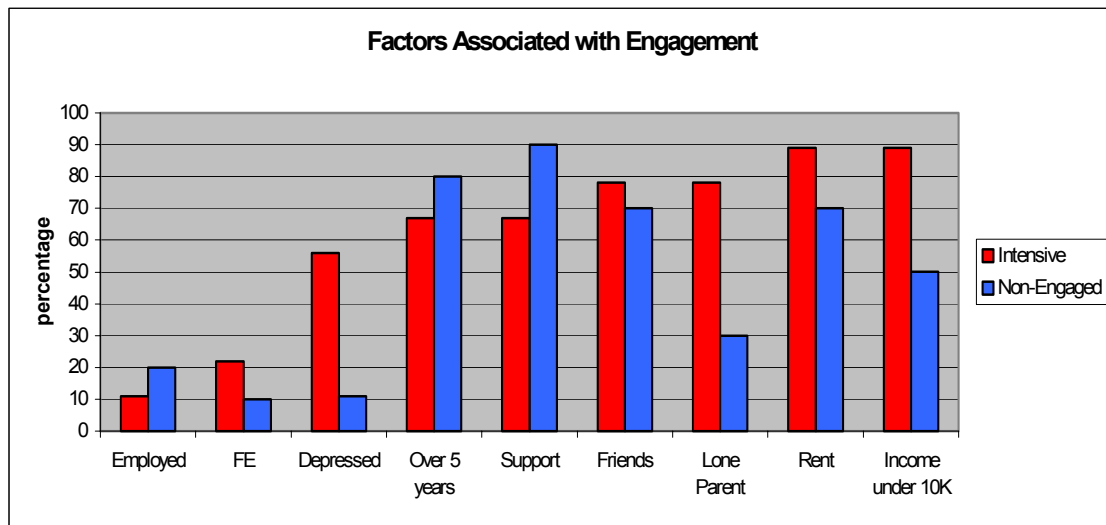
It can be seen that those using services intensively are more likely to be single parents (almost invariably mothers) on low incomes from benefits who are living in rented accommodation. They are much more likely to report having felt depressed when bringing up their children but only a little more likely to say they lack social support. In all cases further education beyond compulsory school age is rare although more of those who are participating have received such education.

There is some evidence here then that the programme is attracting those families who are most likely to have children vulnerable to social exclusion as defined by central government

Next we turn to *parents' accounts of engagement and non-engagement* and consider the reasons behind the very different patterns of participation in the programme.

The assumption of Sure Start nationally is that any reluctance by parents to take up local services is likely to be the result of a combination of factors. At a simple level parents may not be fully aware of and informed about what is provided. Beyond this though was research evidence and long-standing personal experience that services in poor neighbourhoods were often themselves poor in quality and availability and this could make them unattractive and stigmatised. In turn the families who might benefit most from extra advice and support could themselves lack confidence to approach services even if they were adequate and locally-based. They may also have had bad experiences of using services. Increased access and participation therefore required both the provision and promotion of high quality services for everyone in the area and personal encouragement for individual families to use them.

There was also the assumption that because most people living in a Sure Start area would by definition be relatively poor and disadvantaged they would have a common interest and identification with the area and in efforts to improve services for families and participate in them if properly supported.

In general, from our interviews with parents in Hailsham East, we found that *any sense of common interest in and identification with Sure Start had to be worked at rather than taken for granted.*

This was partly to do with local perception that people in the area had a tradition of *'keeping themselves to themselves'* and avoiding public involvement. However reinforcing this was a pervasive sense that public spaces in parts of the area were not particularly safe especially for young children and families largely because of the anti-social behaviour of youths and others. Drug taking, street drinking and associated crime and disorder are widely perceived and cited as problems by parents and a reason to keep children indoors. Children with Traveller origins are often implicated in unruly behaviour, *'running around over the place'.*

Indeed attitudes to Travellers as a defined minority were sufficiently derogatory in their expression on occasion to be construed as racist. We only spoke with one mother who described herself as having a Traveller background and she was keen to make no special claims for services by virtue of that fact. However one parent of a child of mixed ethnic heritage complained explicitly about *'the racism'* in the area which left her feeling uncomfortable, *'we can't walk up the town because we have funny looks aimed at me and I can't put up with it'.* Unlike most of the people we interviewed she was hoping to move from Hailsham as soon as possible.

This wariness about the safety and congeniality of public space and community life has tended to lead people to be suspicious of and to distance themselves from public involvement with each other even though friendships in personal and domestic family life were prevalent. As one parent long resident in the area put it, *'you have to be very, very careful'* in deciding who to mix with. Another newly arrived mother, in explaining why it had been difficult to make friends locally, said, *'everybody is so unpredictable, you don't know what people are going to be like, not everybody's in the same boat'.*

In addition to this sense that the area had become divided, by different expectations about social behaviour, into 'them and us', parents also did not automatically see themselves as being 'in the same boat' because of their different household income and child care arrangements. In almost all the families involved in the interviews it was the mother who took responsibility for child care often as a lone parent (96% households, 44% lone parent). This certainly provides a common experience relevant to Sure Start and its objectives and many women spoke about the constant demands on them of looking after small children. However differences arose also because some families organised child care and social life around the parents paid work and income whilst for others full-time child care dominated day to day life. This means that mothers of children of the same age may have different interests in what Sure Start has to offer despite having a common experience of feeling responsible for their children's upbringing and providing most of the care.

For example one mother of a toddler, with a partner in full-time self-employment, was concerned most about getting babysitting in the evening, so she could go to college and learn book-keeping to help with the family business, and about the cost of day care for her toddler when she worked

part-time. She found it difficult to develop her working career, *'because you've got to earn enough money to pay the facilities and if you're not on a good wage it's not worth it. Unless you can get something subsidised'*. This mother was unaware that Sure Start now provided day care for children of working parents which was exactly what she needed.

By contrast a second mother, unemployed and living on her own with an infant and a five year old, described how she had, *'gotten used to'* coping on a low income and having little to do with people beyond the occasional support she received from her sister and mother. She had no plans to work until her youngest child was at school full-time when she would consider it again, '*I usually end up doing cleaning or something'*. This mother said she was not particularly interested in what Sure Start was offering, despite listening carefully as the services were described, but she is exactly the kind of person who is expected to benefit from the parenting support available from the programme.

We return later to the question about which of these families might be the most eligible for Sure Start but first we report our findings on the specific reasons why people like them were not involved whereas others in similar circumstances were.

When we looked at the **particular reasons** that might explain why some parents had engaged with Sure Start and some had not we identified a small number of linked factors that inhibited participation and which had to be overcome if people were to get in touch. The main *inhibiting factors* were – limited knowledge and uncertain understanding of what was on offer, *either* adequate social support and services from elsewhere *or* a lack of personal confidence in making contact, fear that participation would undermine and stigmatise rather than help.

We also identified some key aspects of the programme and the way it was promoted and delivered that could facilitate opportunities and motivation for engagement and increased participation and which might overcome the ambivalence or reluctance of many of those not yet involved. The main *facilitating factors* are – the quality of Sure Start services, especially in relation to the cost, the personal attention and care given by the staff to the parents themselves as well as to their children and the flexible nature of the services available to help in sharing responsibility for bringing up young children.

Factors inhibiting participation

It might be expected that people had not used Sure Start because they had not been informed about it. In fact even as early as the initial evaluation interviews in Spring 2001 a large majority of parents had heard of the programme and everyone interviewed in 2002 at least knew of its existence. The main source of public information by early 2002 was the Hailsham East Community Newsletter and other leaflets and posters in circulation in the area. Some parents had been told at the outset, often by their Health Visitor, and word of mouth also operated as time passed and increasing numbers of people had personal contact with the Community Centre.

However there still remains a significant gap between what many parents think Sure Start (and the Community Centre more generally) offers and the nature of the services actually now

available. There is ***limited knowledge and uncertain understanding*** of the opportunities provided despite the fairly widespread circulation of information. So for example one mother remembered a leaflet, *'it just gave times of different things',* but remained confused, *'I think that is all she (the Health Visitor) gave me, but that is all I heard.....I don't know enough about it really to go along I suppose.'* Other parents too felt there was insufficient information to enable them to decide about involvement, *'I would like a bit more information. It would be nice to have more information on it to give me that choice'.*

The following graphs demonstrate the uneven and limited knowledge of services and activities available from the programme.

Figure 24: Knowledge of Centre-based Services

Knowledge of Centre Based Services
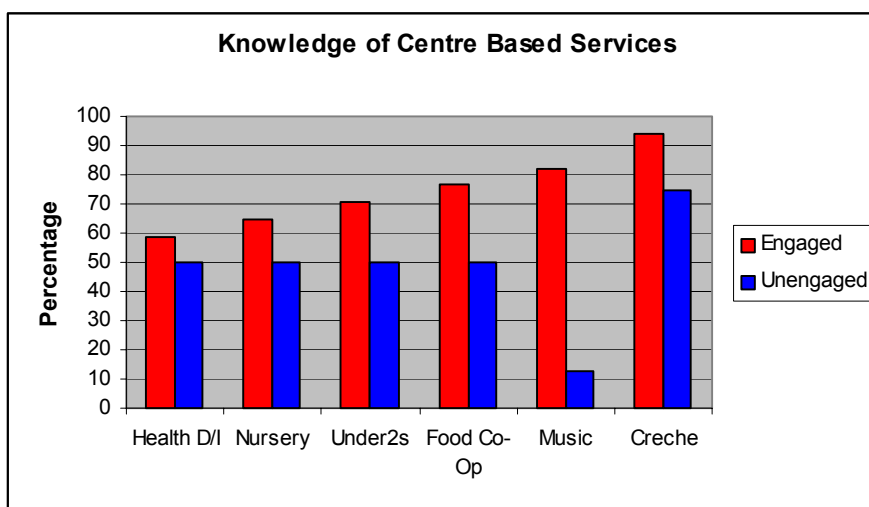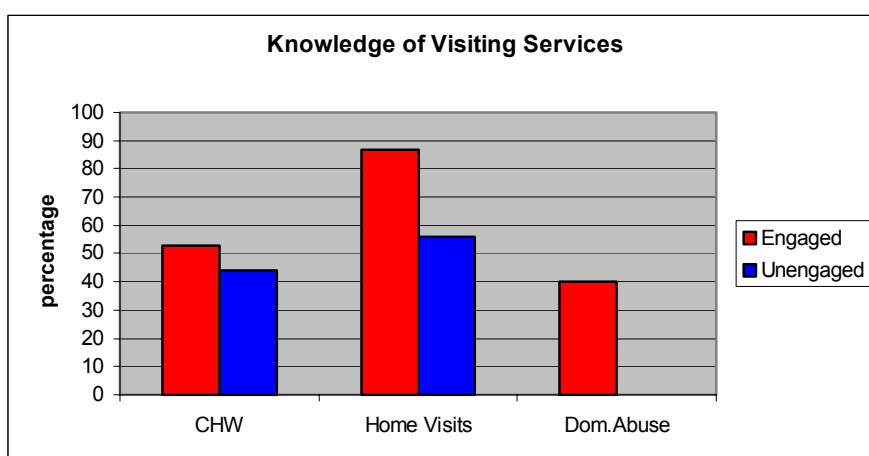
Figure 25: Knowledge of Visiting Services

Knowledge of Visiting Services

The initial finding here then is that information itself needs regularly updating and effectively disseminating. However the main explanation for uncertainty in understanding seems to lie more

in the way information is received with several parents having a preconceived view of the Centre and the programme and therefore not taking in the details of what services and activities have been developed since summer 2001. It was interesting in this respect, and a little alarming, that the research interviews themselves were used by many such parents to explore exactly what was going on and whether it would be useful for them.

For example one mother confirmed that whilst she had information about Sure Start, *'I've had a little letter come through the door saying what was there'* she had nonetheless held onto a very limited perception of the services, *'I thought it was just a community centre with a room in there that somebody would turn up and see you if you had a problem every now and then. That's all I heard about'.*

The idea that the Centre and the programme might be for people to get help with problems meant that several parents had decided in effect that they did not really need to know the details of what was going on. One mother explained it to us, *'Maybe if I knew more about it and what was happening and when it was happening I might go and have a look. But because I don't desperately need anything I haven't gone and had a look.'* A second mother said, *'I'm quite happy at home with my life and I don't really need it.....I get things posted through my door and things like that, but I am quite happy with what I do anyway'.* This emphasis on managing things within the confines of the private family was described by a third mother, *'My immediate family is all that matters to me......I'm not the sort of person that's all for mother's meetings and things like that. I'm happy as I am.....'.*

This sense of self-reliance and not needing therefore, to know too much about Sure Start was expressed by mothers who had differing experiences of family life with their young children. People talked both either about **having adequate social support** or about **being lacking in confidence** in making contact with Sure Start.

For a few mothers the day-to-day responsibility and work involved in looking after a young child was being adequately shared with family and friends and, in some cases, other local services. These included day care facilities in and beyond Hailsham itself. In these cases child care and parenting arrangements were fitted in with the paid employment undertaken by both parents. Social support networks were well-established and effective both for parents and children, *'he's got all his family, he's got a friend two doors down who comes and plays, he's got friends across the road, friends from playschool, he's always with children.'* This was the fourth child in the family and his mother felt no sense of isolation in her parenting now.

Other mothers, bringing up a child, often but not always, on their own and on a low income spoke about a much more limited range of supports and were hesitant about using Sure Start because of a lack of confidence in themselves. One lone parent said, *'I suppose it would appeal to me but it's just that first move.....I'm a bit shy when it comes to meeting new people'.* A second mother with a partner who was trying to start a business and get the family off benefits spoke of her isolation and how *'very tiring'* it was being pregnant again and looking after two young children. She had just started receiving support from a Home Visitor but still talked about finding it, *'very hard to communicate with anybody really so I just keep myself to myself.....I just plod along'.* She remained cautious about going into and using the Centre-based day care that knew

she needed for herself and for the children. Another mother, who was very interested when the Self –Esteem Group was described to her by the researcher said, *'I'm not a very confident person and I would like to build my confidence',* and went on to say how difficult it was for her to go out at all with her son because of this.

Additionally, and whatever their personal circumstances, mothers also tended to look to the main traditional source of personal and child care support when they had a need, the family doctor and the community nurse (midwife and health visitor). Whilst views varied widely about the helpfulness of existing primary care services based in the GP surgery or Health Centre most parents expected to use them as a first port of call in one way or another.

Their GPs were generally well or very well regarded by parents we spoke to. Several mothers described their doctor as *'brilliant'* or *'really helpful'* or *'very caring'.* A minority was less impressed usually because they did not feel properly listened to, *'he just doesn't want to know'.* The emphasis was put by many on the traditional expectations of being known and understood by the family doctor. As one mother said, *'he's always been really lovely to me....he knows my background, he knows my family, he knows me without me having to explain too much. If I wanted someone to talk to and I was feeling low I could go and see him'.* Any changes caused disappointment, *'I can't talk to him like I could to the other one'.*

In respect of health visitors the experience of changes in staffing which disrupted a familiar relationship was also mentioned as an issue. However it is apparent that mothers vary widely in their expectations of this service. In this they are at one with the professional world itself where, as we saw in Section 2.2 (above), there is at best an emergent understanding in practice of how the contrasting demands of universal surveillance, targeted support for the most disadvantaged and wider public health promotion can be reconciled.

Some parents did take a contemporary utilitarian and consumerist view. One said, *'They're there if we want them but I don't use them for anything really other than their health checks'.* Another said, *'I think she's left us to go to her if we need her'.* Others though had clearly hoped for more, *'There seems very little point building a relationship when she's not going to be there'.* Indeed many mothers valued the personal relationship as it compensated for any anxiety about surveillance and adverse professional judgement on parenting or child well-being. This applied equally to parents who were apparently seen by professionals as managing alone, *'She's lovely, she didn't make you feel you were doing wrong or anything',* and those who were struggling, *'She comes round every once in a while to make sure I'm alright'.*

The easy physical access to the surgery or Health Centre reinforced the general view that, unless one was already visiting the Community Centre, there was little reason to risk further changes and add the Sure Start health drop-in and advice to existing routines. Overall there was sense that the existing primary health care services were adequate to whatever task a mother would require of them. In individual cases people were either enthusiastic or dismissive of the service and in every such situation the central consideration was the quality of the relationship facilitated by the professional in question.

In both circumstances, of established working families and of those with less security and support, parents had often got close to active engagement with the programme despite their uncertainty and caution about what was really going on and whether or not it would suit them. People often spoke about *'having a look'* which could be taken literally as going into the Centre and seeing what was happening. Explaining why she had not made contact with Sure Start the mother who said her immediate family alone mattered to her (above) nonetheless was clearly tantalised by the new facilities, *'I wouldn't mind having a look in there to be nosey....I walked past and sort of hid before'!* The pregnant mother described how she looked out of her window and saw, *'the parents and people who are coming and going from there'* and how her partner had, *'a look round'* when he had gone to the Centre to collect a safety gate. He himself wanted to make clear that, *'I've not really gone to look into for myself. It's been nice to look into it for the children.'* A working mother described how close she had got, *'I've only been to the front door where I could see the kitchen or something, but they had a disco and a dance floor for the kids'*.

In all of these cases and others parents were impressed by what they had seen yet had still held back on fully engaging. The evidence here is that as well as improved information about Sure Start parents might be more likely to make contact if the process of actually getting through the front door of the Centre itself could be made less daunting. No-one in our interview group complained about being put off because of receiving an unwelcome response from Centre staff but it seems that a more actively encouraging approach to drawing people into the building might be considered in order to help bridge the gap.

However the main finding about the continued ambivalence by parents around engagement with Sure Start was less about information and welcome and more to do with a ***fear that participation would stigmatise or undermine parents*** rather than help them. This is of fundamental importance to any understanding of why people resist completely or remain cautious about involvement.

Parenting in any circumstances requires a difficult balancing act especially when there is so much emphasis now in the media and in social policy on parental responsibility and self-reliance. As one mother said, *The pressure of your children, oh constant isn't it. It's from the time you get up in the morning to the time they go to bed...'.* It is easy for people to feel a sense of guilt, especially mothers who still do most of the care-taking in families, if they are not seen to be skilled and competent parents. In relation to social and child care support in particular people with young children have to make very careful decisions about who they can trust and rely on to be really helpful. This is especially the case for parents who are not sure they are coping and where help could be offered in a way that makes them feel less confident rather than more.

The way Sure Start as a programme of such support has been established has made many people especially wary of involvement. In general it runs the risk of unpopularity because of its association with poverty, deprivation and poor parenting. People can see that Sure Start and the Centre itself represents an effort to improve neighbourhood facilities but they also know that there is only a programme in the area because Hailsham East, the existing services (including for example Marshlands School) and the families living there are seen as disadvantaged. In particular the reputation of the Town Farm estate has meant that locating the Centre and Sure

Start itself in that part of the ward has made parents think carefully with whom and with what they identify themselves. If parents are seen to be using a service designed to tackle disadvantage and deprivation it could look as if they are the ones who are not coping and are causing the problems. Furthermore if they are struggling in any way they run the risk of having their personal and family business exposed more publicly.

Parents interviewed for the evaluation were all making these tricky judgements to a greater or lesser extent.

In two cases the risks of **stigma** seemed too great and the mothers in question distanced themselves dramatically. One said, *'I don't feel that I'm part of any deprived area that needs some sort of special back up from the government. I'm quite happy with the facilities that we already had.'* She expected *'the trouble-makers'* would use the Centre and, *'put other people off going'.* The second said, *'I think it's nice for single people because they haven't got a husband who comes home every night and looks after the children. They need a break don't they...so I think it's good for people who are like that, or people who have got money problems...I don't need it, my children get enough and see other children.'*

This outright refusal to be associated with the area itself and the programme was unusual but other parents, especially those who had lived locally for some time, were also particularly sensitive about reputation. This mother was one who wanted to *'have a look'* but thought, *'it has a bit of stigma attached to it.....I don't really know who runs it, I don't really want to get involved with a lot of people on the estate....I don't think it's my sort of thing really or they're my sort of people....not the sort of people I want to mix with'.* This mother was keen to find a playgroup for her daughter but imagined she would in some way be forced to get involved with *'pikies and druggies'.* Like others she spoke about the *'cliquey'* nature of the area where, *'everyone knows everyone else's business'.* But she also saw that her own fears and assumptions were contributing to the stigma and divisions in the area. Indeed some parents were obviously uncomfortable that the interview would expose prejudicial attitudes, *'I'm not saying that I'm a snob but....'.*

Other parents saw the process of stigmatisation working in a different way, *'I think generally on the estate there is quite a lot of suspicion that Sure Start are going to report all the bad parents to social services'.*

Even if parents were not caught up with worries, either about mixing with the wrong sort or being formally identified as a bad parent, and wanted to get involved they could find it difficult to feel included. In these cases, usually parents more recently arrived in the area who wanted to make friends rather than be left looking after children alone, the fear was about ending up feeling even less self-confident and isolated than before. So making contact with Sure Start was risky because it could be **undermining**. One mother summed it up in the following way, *'I suppose you feel uncomfortable because you don't know anyone .. you've got certain groups that stick together and it's very hard to get in'.* She had gone to the original Community House once to see what it was like and came away, *'feeling like an outsider.....I just felt so uncomfortable I didn't bother going again'.* She described how you had to be *'brave'* to walk in cold to a place *'with strange people'* and how she, *'wouldn't want to go in there on my own'.*

For mothers who were feeling particularly depressed and anxious and already putting all their energies into keeping things together at home and in their personal lives the fear of being undermined rather than supported by outside help could be a significant barrier to involvement in Sure Start. One mother had resisted going to a group run by her Health Visitor because she expected she would be the only person struggling and would therefore just be reminded how different she was than other parents. In the end this group was a lifeline because it did allow her to see that other women were also working hard to cope too. However she also remained wary about outside help because she feared she might have to talk about traumatic experiences in her past, *'I don't really want to bring it all up, I have just kept away from all that.'*

Another mother with her first baby also explained how, though she knew she was struggling and unhappy, the price of admitting it to other people could feel too high, *'You don't admit that it's as hard as it is. You think that no-one else is finding it as hard as you and so you don't want to admit it.'* She was quite desperate to share the responsibility and work involved in looking after her child and reduce her isolation but she, *'didn't want someone coming into my home and judging me....I haven't got time to constantly be tidying up the house but I do feel that people will judge me badly for it......it felt like too much of a threat to me, someone coming in to my home.'*

In situations like this the way Sure Start presents itself has a crucial impact on whether women engage with the programme or not. The evidence from the interviews is, that although Sure Start is right to think some mothers feel particularly isolated and vulnerable, and that they would welcome extra support, it must nonetheless be very careful not to give the impression that this support is really there because people's parenting itself is not good enough. Sometimes the balance between sharing the workload of parenting on the one hand and encouraging parents to change and develop the way they do their parenting on the other was not achieved and support for parenting felt more like a judgement on it.

In three or four cases mothers said Home Visiting was not helpful for this reason. They felt *'patronised'* as one explained, *' I don't need to be taught how to play....I know how to do that and I can do that, and I thought 'how's this going to help me?'.'* A second mother said, *'I felt it was very patronising....I felt like 'I can play with my child, I do. I've got lots of ideas, we do lots of things.' I felt it was undermining me, that I wasn't coping well enough myself.'* Another mother too felt uncomfortable with the visits because they interrupted her routines and because she did not get the kind of support for herself that she wanted. Someone else said of another member of Sure Start staff who visited, *'I found her quite condescending, a bit patronising. She probably wasn't but I've had two children and I don't need some stranger coming in to tell me how to bring my children up. I've managed, we've got by, they're good children and I'm proud of them'.*

In all these cases the women themselves were looking for additional support but instead of providing what they wanted, which was both *'a break'* from constant care-taking and in some cases skilled personal counselling, Home Visiting and its focus on play and parenting skills was missing the point for them.

This is not say Home Visiting itself made it more difficult for parents to engage with the programme. Indeed for other parents the right balance had been achieved and the Visitor was seen as a resource to be drawn on rather than an imposition or a threat. However, these examples do highlight the view expressed by many parents about Sure Start, that a real barrier to participation has been created by a perception that the programme has its main focus on the knowledge and skill deficits of individual parents, rather than on the child and family support needs of all parents.

In *summary* the evidence is that most people who could be using the programme know something about Sure Start and that many not yet in touch are interested in what is on offer. However people need more information of the kind that helps them make sense of what is going on and who it is really for. This is because of a continued wariness about getting involved in estate-based activities that might leave them feeling exposed as inadequate parents. Particular care needs to be taken in how people are welcomed and in what messages are given about the focus of the services.

Factors facilitating participation

Given the general level of interest in Sure Start and other Community Centre activities it is important to consider what helped people overcome their caution and get involved. The interviews uncovered three main linked factors that facilitated active and consistent participation.

The most important of these was the general perception that the Centre provided *high quality facilities and activities for children* which were *cheap* to use. This is a particularly attractive combination because, for little trouble and expense, it provides children with a good experience of care and play alongside other people and an effective break for parents themselves. The mother speaking here summed up neatly a common view:

'Playschool is very nice, it's in a very well laid out room, they took advantage of having a brand new building, and designed it specifically for the purpose, rather than a church hall. They rotate the toys very well so she doesn't get bored.....she is very happy there so that is nice. She can do things there like painting, which we have done at home, but it's much nicer there. She's quite social and she's really enjoyed it....for the child's benefit it's definitely superior to anything offered locally. The occasional morning when we've got a creche and nothing else to do it's been really nice just to go out for a walk – that's something for me without the pushchair'.

The key message here is in the focus on the child's experience as the essential concern and its effect on the mother rather than on parenting itself and its effect on the child. Sure Start is attractive above all else because it provides mothers (and occasionally a father) with new opportunities for their young children to mix and play with *'someone different'* whilst giving them *'a break'* from direct care-taking. In the words of another mother, *'He gets all excited because it's different. There's all different toys and he sees the same kids every week and they sit down and play and learn from each other'.*

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This is a common interest whatever the circumstances of the parent. Some mothers wanted child care to free time for paid or voluntary work and training, others like the parent above were happy to be full-time carers but welcomed a break, a few used the facility as part of a system of intensive family support they had created in Sure Start. Others had stayed with their children in the under 2s or Music Group. In each case any worries about not being judged to be what someone described as *'a good mum',* for using the Centre or putting a young child in day-care, could be safely set aside because the experience of the child was so obviously positive. This made parents feel more relaxed about taking time for themselves and sharing parenting in effect with other people.

The modest cost of Sure Start day-care, especially for the sessions in the creche, was specifically welcomed by several parents. The view was that, *'It's very much cheaper and it's very much more accessible than any other child care service'.*

Furthermore where Home Visitors had overcome parents' anxieties about being judged and patronised, as they had in many cases, parents valued the home-based play opportunities for the same reasons as they celebrated the children's experiences of day-care, *'it gives him someone different to play with and he loves her to bits'.* It is important to appreciate that parents see and accept Home Visiting primarily as another type of child care service which widens opportunities for the child rather than as an advice service for parents.

Hence what works best in enabling participation seems to be an initial service focus on opportunities for children to widen their social life rather than on expectations that parents need help in learning how to care for them. The Child Care Centre provides this and it is not surprising that places have filled up fast. Home Visiting works best when the child in question enjoys the chance it brings to extend relationships and play.

This is not to say that the actual process of sharing child care responsibilities with Sure Start is itself straightforward. Ambivalence about when is the best time to use shared care arrangements and who should be trusted to help is not just an experience for parents, although research shows how single mothers in particular vary greatly in their views on this (Duncan and Edwards 1999). Government policy and Sure Start itself as a programme faces two ways once again, expecting parents to both improve their own parenting and find paid work at the same time.

The parents we interviewed were concerned most about not separating children from their sole care and sharing parenting in any way (unless a close relative was available) when the child was too young. The fear was both that the child would be upset and the mother herself would not feel relaxed. In the words of one, *'I just want to be there with him, I don't want to miss anything'.* In these circumstances in particular, and for day-care at all ages in general, it was therefore extremely important that parents would felt confident in the staff who were providing the service.

In this respect the finding is very positive. Sure Start staff, when they avoid too close a focus initially on parenting skills, have developed a reputation for competence and commitment. The **personal attention and care** given to parents and children alike is highly valued by parents.

Parents spoke with enthusiasm about the qualities of both Home Visitors and Centre-based workers in the following terms:

'They're just really nice people down there, very friendly'.

'I think she's brilliant....everyone thinks she's great'.

'They're just very warm and friendly and they've given me a lot of encouragement....the girls in the nursery have been very supportive to me emotionally...they are people who I trust to say how hard it is'.

'They're all polite, they're all nice...the kids seem to love it so I think they're doing a really good job....(my boy) loves one of the Girls (nursery staff) so I'm really chuffed about that'.

'When you walk down there they call you by your name, everybody seems to know you and there's always someone there if you need to know something'.

'He loves it because they are all friendly, they really are a nice crowd, you know they've always got a smile on their faces and are welcoming'.

'She comes, nice lady, very gentle, very nice, very patient....she's not pushy and its kind of really like talking to a friend and I don't find her threatening, I don't find her patronising'.

'Wonderful, wonderful, absolutely brilliant. Both the creche and the nursery staff are there for me so I can go in there and say I've had a really crap day....I go in there flustered and they're so brilliant, they just sit and calm you down, and they're lovely'.

The combination of high quality and cheap child care facilities at the Centre and the positive experience of programme staff, was the main reason why some parents had overcome their caution about incorporating a formal service like Sure Start into their parenting arrangements, even whilst their children were still in infancy. Once parents had made the step of actually using Centre-based child care services (as opposed to Home Visiting and other parenting support activities alone) they tended to stay involved and to increase the intensity of their participation and contact.

An additional factor in the development of this more active pattern of participation was the **flexible nature of the service available** to parents. In this respect people talked about Sure Start as if it were a service they could to an extent tailor to their own individual and family needs. For example the principle was established that parents could book the creche when they needed it, negotiate a suitable time for a Home Visitor to call and decide themselves when their child was ready to separate and receive day-care. Whilst Sure Start staff would suggest attendance at a group it was up to them if they went or not.

The same applies for the adapted and enhanced health care and special needs services at the Centre. Parents with infants who used the Under 2s group also took the opportunity to have their children weighed at the health drop-in which ran alongside the session. One parent who lacked

confidence in going into the town said, *'it's much easier for me to get him weighed there'*. A second mother said, *'Well instead of going up to the Health Centre and waiting your turn you're at the Under 2s group anyway and she's there to weigh them and you might as well have them weighed there and then'*. Another mother, who felt quite oppressed by the surveillance role of the Health Centre in town, told us *'the only thing is if you go to get them weighed you get showered in questions'*, compared the Centre-based drop-in favourably, *'so if you just want to get them weighed and carry on then that's the place to go'*.

A small number of the interviewed parents additionally made use of the Speech and Language Therapist for Centre and home-based appointments.

This is not to say however that Sure Start provides completely free choice to parents. People felt constrained in particular by the lack of creche places and the difficulty of finding suitable times to fit in Home Visits. In two or three cases it seemed as if the parent was trying to change domestic and social arrangements to suit the Visitor rather than the other way round. For some parents making very intensive use of the Centre there could be clashes, for example between an appointment with a specialist and attendance at a group.

In *summary* it is the opportunities Sure Start provides for children to extend their social life and skills in a high quality environment staffed by welcoming and competent people that has made it attractive to their parents. Parents want a service that supports them by sharing the child care responsibility (so they can have a break, do paid or voluntary work or have time for other domestic work) not by trying to improve their parenting. If Home Visitors get the focus right they are important links between the potential isolation of the private home and the opportunities for children at the Centre. Once engaged in Centre-based activities through their children parents tend to develop their own network of service support.

What and who is Sure Start for?

How do the evaluation findings about the rates of and reasons for participation help in deciding how best to develop the Sure Start programme in Hailsham East? What balance should be struck between increased targeting of effort and resources on what the Sure Start Unit calls 'hard to reach' parents, who may be reluctant to engage but whose children might benefit most, and maintaining and encouraging open access to all parents with under 4s?

The initial evaluation of participation has shown that Hailsham East Sure Start has met with the success it has primarily due to the fact that it has filled a large gap locally in the provision of direct child care services. Flexible day-care is central to this but Home Visiting focused on child socialisation has played an important underpinning role. Adapted and enhanced primary health care and specialist speech and language services have to an extent been linked into the child support function.

This has provided a new neighbourhood context for children with very different home circumstances and their mothers (for the most part) to extend their child care and family support networks. Whilst there is a greater likelihood that poorer children from single parent and/or

workless households will use Sure Start the programme has also attracted those from more established and economically secure family backgrounds. Equally those who are not engaged come from the full range of household circumstances.

Other research on neighbourhood family support services (Gibbons 1992) has made a distinction between users of services based on whether they see themselves as clients, customers or members of local projects. We can usefully employ this categorisation to help think through the direction of development of the programme. For Hailsham East Sure Start the evidence is that those parents who had consolidated a pattern of regular intensive use of services felt as though they were knitting together their own service support system for the children and themselves. They had overcome any initial fear that they would be undermined by involvement and the centre of gravity of their family life had shifted decisively to incorporate Sure Start both as a programme of activities and as a group of people.

To this extent Sure Start is becoming a membership organisation in effect albeit for a minority of parents and children. It is providing, through the Community Centre and the Home Visiting project, a context in which child care and family support services and activities can be used. Whilst these include specialist professional advice and intervention in some cases, and whilst some parents are quite reliant on Sure Start for their support, people do not feel like clients of the programme. Nor, in the small number of cases where they *are* clients of mainstream professional services, do mothers think the programme itself is formally part of that support system. A few parents, including some not yet engaged, take a consumer perspective on Centre facilities especially if they are looking for cheap but good quality day-care to support paid work.

Two approaches to programme development might be considered in these circumstances.

First it could be argued, in support of the recent Sure Start Unit view, that too few of the 'hard to reach' children and parents with particular or different needs have been attracted to the programme. Furthermore when they are engaged it could be said that services in and beyond Sure Start are not yet fully integrated around these children to maximise their impact. From this point of view the main strategy would be to devote resources to the effective screening of all children under 4 years, focusing on pregnant women first, in order to decide who should be actively encouraged to participate and who should be steered towards existing services alone. The benefit here would be, that the additional and temporary money for Sure Start would be used mainly to draw excluded children into existing services which are improved by Sure Start rather than to simply provide extra, parallel facilities on a fairly random basis to everyone and run the risk that no-one would take them on when the money runs out.

Alternatively it could be said, in line with ideas about building social cohesion and trust in a neighbourhood, that choice about participation should stay with parents not with Sure Start or other professionals. Equally once engaged the process of 'joining up' services should be led by parents not staff. From this point of view the main strategy would be to allocate resources in response to parents' preferences in order to make services attractive and to consolidate a sense of community interest and ownership. The benefit here would be that Sure Start could be protected from becoming in effect a neighbourhood-level extension of the statutory agencies case work services.

We conclude this section of the report by arguing in favour of both perspectives together. The evidence of the evaluation is that the Sure Start Unit is right to be concerned about the need for programmes to take a more systematic approach to co-ordinating intervention both to enable the more isolated and vulnerable children and parents to engage and to ensure the 'joining up' of services to maximise opportunities for progress and achievement. To this extent the programme should learn from the experiences of client-focused agencies, for example by exploring with more consistency 'key worker', 'core group' and similar models of service integration around individual children and families. However Sure Start users should not be turned into clients of the programme even if they are on the books of statutory agencies because of special needs or family problems. Sure Start should not set up its own 'care plans', 'family support plans' or 'early intervention plans' or whatever.

Instead we propose that targeting and integration of services are informed by the idea that Sure Start exists to *equalise opportunities for children.* This is consistent with current statutory duties laid on public bodies to ensure services provided are equally available to all groups and individuals. However we would go further because Sure Start itself is not merely another public service, it is also meant to be part of the process of challenging the ways in which public services themselves meet those duties. Therefore we suggest that children involved in Sure Start who need the benefit of an integrated range of services should have an *'equal chances plan'* or an *'opportunities plan'* which puts the emphasis on maximising opportunity for children vulnerable to exclusion by drawing together suitable resources.

This is 'bottom up' rather than 'top down' planning. A plan of this sort would keep the emphasis on the rights of all children to get the best out of services and activities, which is why parents are attracted to Sure Start. It would build on and give a clearer purpose to the valued relationships emerging between parents and staff and enable the sense of shared responsibility for child care, which is produced by the programme, to be given an effective focus. The plan should be seen as a joint enterprise between parents and Sure Start working together to find the best way of using local services, as a whole and not just those provided directly by Sure Start, to both enhance child development and progress and facilitate parental training and employment.

It must always be up to parents themselves whether or not they want to organise their engagement with Sure Start in this way because in the end participation is entirely voluntary and to this extent parents are indeed consumers of the service. However, if the concern is to allocate scarce and reducing resources in a way that both ensures the most excluded children get their fair share and that ties the programme more securely into the mainstream service agencies on whose interest and funding its future will increasingly depend, some prioritisation of eligibility will be necessary.

It is here that the idea of *Sure Start as membership organisation* might be attractive. There could be two main benefits in consolidating a process that is already happening informally.

On the one hand the social gains in the area from encouraging the widest possible use of the programme (and the Centre generally) are obvious in a situation where mutual trust and respect between different groups of residents has been hard to achieve. This objective of providing

facilities and services in a way that helps people, in the words of one researcher, *'make sense together while living differently'* (Healey 1997:50) argues against any active screening out of families in principle because they are judged not to need the services. The objective of encouraging social cohesion through inclusive policies on participation remains central.

On the other hand if decisions have nonetheless to be made about prioritising resources then an open membership system might provide a practical means by which parents demonstrate active participation in the programme and register a right both to make claims on services and to say how the programme as a whole might be developed in the light of local need and demand. By open membership we mean that all children under 4 years would automatically be joined and their parents be entitled to have a say about the programme and its development. This would also underpin the existing work of *Hearsay*.

Using this approach participation in general could be facilitated with a better focus than is currently achieved by broadcast leafleting and newsletters. Promotional material could be more selectively targeted in accordance with the differing needs and expectations of parents as children reach different milestones and household and employment arrangements change as a result.

Recommendation 12

We *recommend* that the Team Leader, in consultation with the Board, stakeholders, Trust and Sure Start staff team, initiate *a review of options* for a system of *'equal opportunity planning'* for children. This should involve specific consideration of instituting a *child membership system* for the programme which would provide an enhanced focus for publicity and family involvement.

3.2 Does Sure Start have a positive effect?

Introduction

In this final section we report our findings on the impact that participation in Sure Start has had on families and make a number of final recommendations about programme development.

Consistent with the aim of local evaluation we have been concerned with the extent to which the programme, in its initial 'trailblazing' phase, has made progress towards the achievement of the four main objectives and associated targets set by central government. Unlike the National Evaluation of Sure Start however we have not been required to demonstrate experimentally the impact of the programme as a whole, or aspects of it, on individual child development or on family and community functioning. Instead we have made use of the results of our mainly qualitative interviews with parents and with professionals and programme staff to estimate how well Hailsham East Sure Start is establishing the conditions in which the Service Delivery and Public Service Agreement targets and the objectives themselves might be achieved. The findings on rates and patterns of child participation and service contact underpin our conclusions.

We have organised the analysis and discussion around the objectives themselves and in the light of the findings in Section 2.2 (above) on the service delivery strategy. We begin by reporting what the parents we interviewed told us overall about their own and their children's experience of using the Centre and home based services and about the impact they thought this had had on them both.

The parents' accounts of their experience of Sure Start and its impact

By comparing the experiences of those parents who used Centre-based and home visiting intensively and their perceived impact with those who had been in contact but had used services less frequently we can get some sense of the value placed by parents themselves on participation in the programme. Once again it must be remembered that the numbers are small so the findings are only indicative and carry no statistical significance. In each case we asked people to rate the measure of experience or impact on a scale of 1-4 where one was the highest value and four the lowest. The first graph reports what was said about Centre-based services.

Figure 26: Parents' Experience of Using Centre-based Services
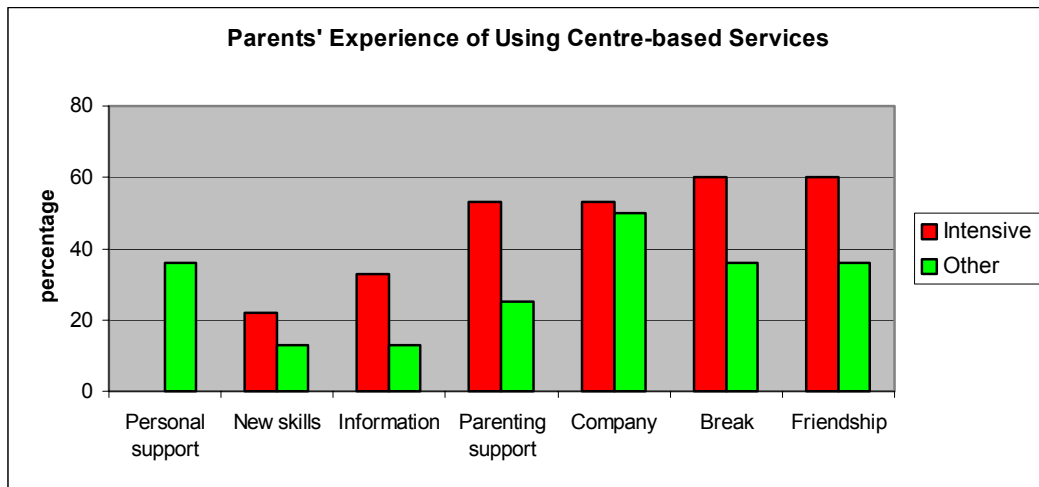
We see here a rather cautious evaluation overall by parents of the contribution made by Centre-based services in assisting them directly as parents. In particular parents do not tend to report that they are benefiting through acquiring new skills and knowledge that would help them look after their children more effectively. Where the experience is valued it is because of the wider social support available through involvement at the Centre and this in the context of having a break from the constant responsibility of direct care-taking.

As one mother said, *'It's helped out a lot. I can leave the baby for three hours on a Friday. It gives me a bit of a break from kids'*. Another said, *'It gives me time too, like if I want to have a nice hot bath or if I want to do the housework or I want to go up town without (child) screaming his nut off...'*

In this second case there was also a sense that leaving a child in day care somehow needed justification. The mother in question went on to say, *'I can't understand these parents that won't put their children in nurseries or creches. I think I'm quite a good mum, I mean I don't hurt my children, they grow up how they want to grow up, but I need a break'.*

For a third mother the Centre had become a key port of call for herself. *'It would be nice if the under 2s group was twice a week. For some people like myself it really is the pinnacle of their week going there. It sounds really pathetic but it's true. Especially as there's quite a few single parents there so they haven't got adult company all the time'.*

It might be argued that parents would not be expected to derive direct benefit in terms of knowledge and skill from the Centre-based services that are dominated by day care provision. However when we look at their accounts of the experience of Home Visiting the distinction between learning more about effective parenting in particular and getting social support in looking after their children in general is sustained.

Figure 27: Experience for Parents Using Visiting Services

Experience for Parents Using Visiting Services
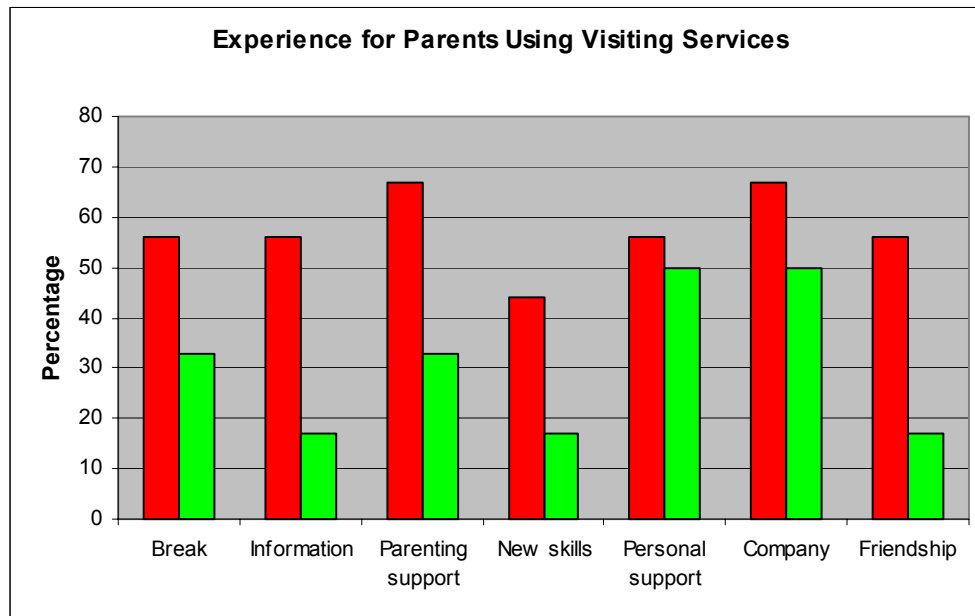
We see that even when the service in question is designed to provide the opportunity for improved knowledge and skills to be acquired parents do not give a particularly good evaluation in these respects. When parents describe in what way visits are informative they are most likely to point to details of other services they have been provided with rather than to talk about things they may have picked up about parenting itself. As one mother said, *'it's about stuff that's going on down at Sure Start, finding out stuff during the holidays for the older kids as well'*. The Visitor is as likely to be valued because of the break the visit gives from constant parental vigilance.

One parent we spoke to thought herself that it might seem odd to us that the home visit provided a break, *'yeah it does, I know it doesn't sound like it but it does'*. Although her *'clingy baby'* would not even let her leave the room without him following the simple fact that the Visitor, *'plays with him and I sit back'*, meant someone else was sharing the responsibility. When parents put the highest value on parenting support and company as positive experiences they are confirming the central importance of feeling that child-care responsibility is being shared. This, as we saw in Section 3.1 (above), is a major reason why they set aside any reservations and get involved in Sure Start in the first place.

The personal support of the Home Visitor is also indicated as important to a number of but certainly not all women and the interviews themselves confirm this to be the case. This is shown in the fairly high score for company as one woman explained when asked about what had changed for her in having visits, *'Probably just company, and for (child) to do things with her, which is nice. For a while it takes the pressure off a little bit'*.

However the interviews also show that there is a general uncertainty for parents about the actual role of the Visitor. This is the case whether or not parents appreciate or resist the service (for the reasons we discussed earlier) and is illustrated in the following interview exchange:

'Interviewer: So what is she trying to do, do you think, when she comes round?

Mother: I'm not sure. I don't know. They just come out don't they to give you help with things'.

Whilst the flexibility of the service, stressed by the Visitors themselves, may itself be leading to an understandable initial confusion as parents work out how best to use the person who calls, the lack of a common assumption about the purpose and boundaries of the service needs further attention.

Some parents were clear that they wanted an even more tailor-made service especially when things are not going at all well:

'I think they could be more flexible. I think it would be handy sometimes if it wasn't necessarily, 'we come and play with you and your child'. You know it would be nice sometimes if they would be giving you a chance to catch up with other things for an hour, or a bit of a break. Some days I can't bear to just try and block out his screaming if I'm having a bit of a bad day. For someone like myself who found it so hard to go out for a long time, rather than just visiting you at home if they came round and went out with you round the shops or to the park or whatever – the things it was that you are finding hard'.

Whatever the extent of the support experienced by parents, as the next two graphs show, people put a higher value still on the experience of their children of participation both at the Centre and through home visits. These findings also underscore our earlier explanation that parents are attracted to Sure Start when the focus is on opportunities for personal and social development of children rather than on assistance designed primarily to improve parenting.

Figure 28: Parents' Perception of Child's Experience of Centre-based Services
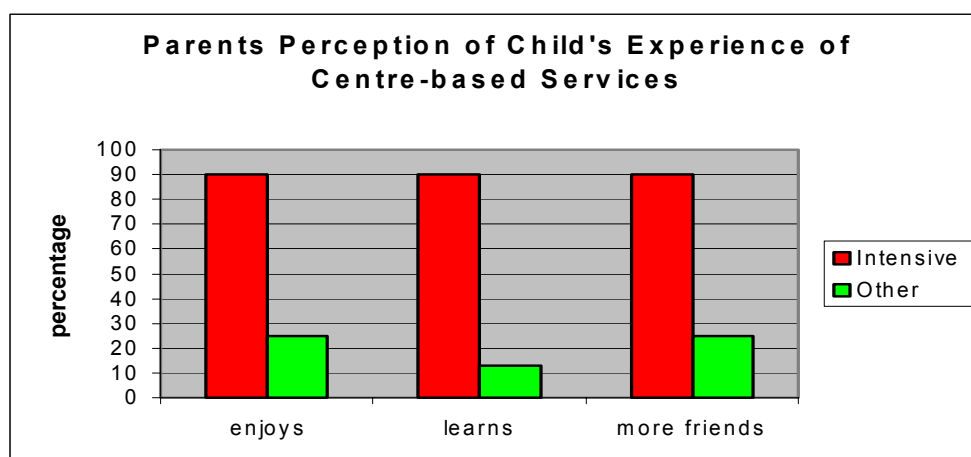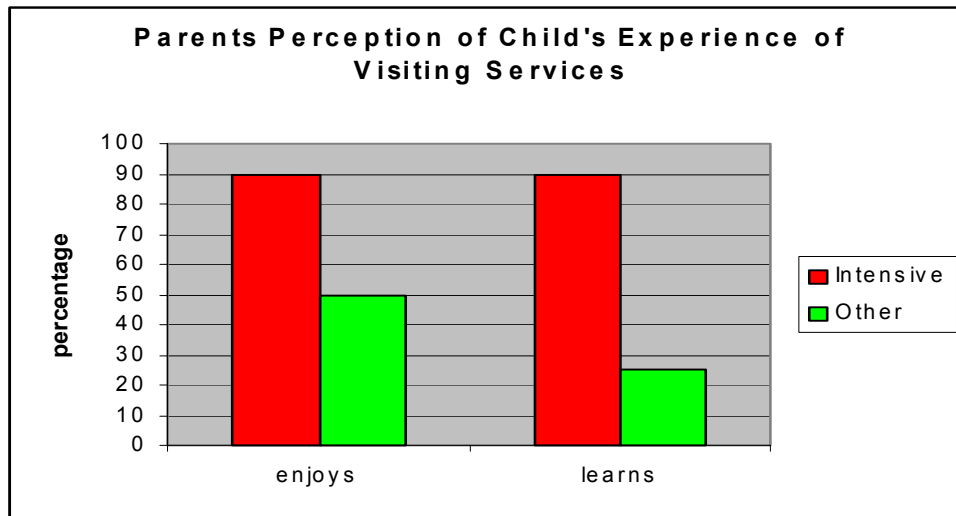
Figure 29: Parents' Perception of Child's Experience of Visiting Services

Parents Perception of Child's Experience of Visiting Services

Almost invariably then parents celebrate the personal enjoyment and learning their children derive from Sure Start and the more they use the service the more likely they are to say this is so. This is especially the case for learning. Centre-based activities are equally well evaluated for the friendships provided for children.
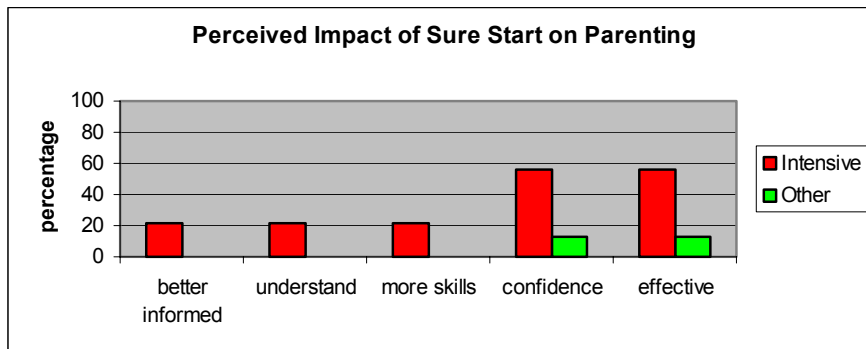
One mother explained why her son *'loves it'* at the Under 2s group at the Centre, *'he gets all excited because its different. There's all different toys and he sees the same kids every week and they sit down and play and learn from each other. He shares, he's very good at sharing, he often gives things to the other kids, if they can't get something he'll go and get it and give it to them'*.

This emphasis on the social experience and achievements of children was widely repeated by parents, *'He started going to Sure Start before he started school so he really got into a routine – playing with the kids, interacting with the children, understanding sharing, understanding stacking and stuff. So I think he knew a little bit about that before he went to school, and I think that helped him'*.

This applied also at home, *'It's something special. It's somebody coming, I know somebody's coming, like something we're looking forward to seeing'*.

When we asked people what they thought the overall impact of Sure Start had been on them and the children their answers reinforced our understanding of the extent to which and why parents value the programme. The next four graphs show this clearly.

Figure 30: Perceived Impact of Sure Start on Parenting

Perceived Impact of Sure Start on Parenting

[A bar chart titled "Perceived Impact of Sure Start on Parenting" with y-axis "percentage" ranging from 0 to 100, and x-axis categories: better informed, understand, more skills, confidence, effective. Red bars represent "Intensive" and green bars represent "Other". Better informed, understand, and more skills show Intensive around 21%. Confidence and effective show Intensive around 56% with Other around 12%.]

Looking back on their involvement parents underlined their insistence that, in general, Sure Start had not directly changed the way they behaved with their children. In this respect they told us time and again that already knew how to look after the child in question properly, often because they had had experience with older siblings.

If an impact on parenting itself was acknowledged it was seen as indirect as indicated in the higher scores for confidence and overall effectiveness. Participation enables parents, and this nearly always means mothers, to widen the social context in which they provide care and stimulation for their children. It is this above all that helps. This was put neatly by one mother when she was asked what it was about Sure Start that had made her feel more effective. She said, *'I don't know. I suppose it's because I'm showing him other things, there's not just these four walls, there's other places and other children. That way I feel more of an effect, showing him there's more out there. I don't think it's changed me in anyway or anything like that but I think I've shown him there's more than just me'.*

Another indirect effect of the programme, indicated by the fairly high score for confidence, is that of reassurance. The simple fact that the service was now available was important to a number of people. When asked why she felt more confident one mother said, *'To cope with the kids. If I've got a problem I can always get their help. Knowing it's there'.* This was echoed by others, *'And if there's a problem you've only got to ask and it's done, and there's always someone to talk to'.*

A sense of security is being offered to some people because of the responsive of the programme, *'I feel safe. If I've got a problem I can just walk down there and there's someone about all the time'.*

Figure 31: Perceived Impact of Sure Start on Child

Perceived Impact of Sure Start on Child
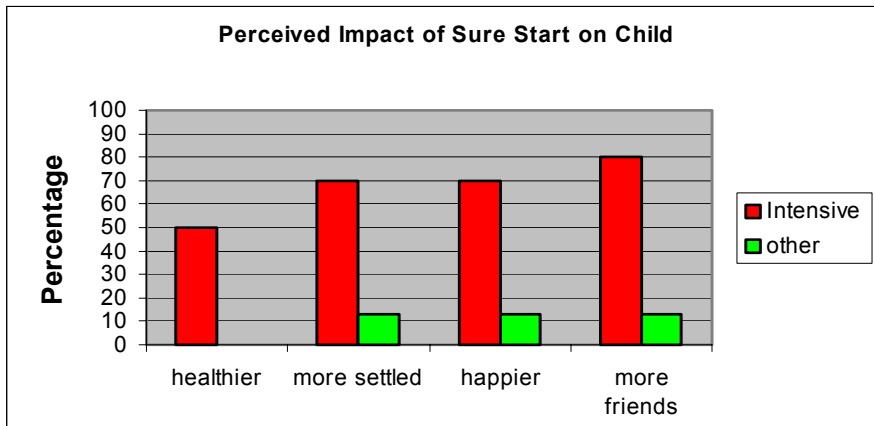
Looking back on the impact of Sure Start on their children people were generally enthusiastic as we see here. A positive effect on emotional and behavioural development (happier/more settled) was reported and the social consequences again celebrated most. A single father summed up a common view, *'I cannot comment on it highly enough from his point of view. Everyone says what a happy sociable little boy he is. It's because he's surrounded by other people, including other children, and it's such a happy, nice environment for him. He really is thriving'.*

The social recognition for parents of the capabilities of their children is extremely affirming in a context of anxiety about being judged as a parent.

People were less likely to recognise an impact on health and this must in part be the result of the fact that Hailsham East Sure Start is primarily a family support and child-care service. However, as we have seen too, parents are wary about any suggestion that they might not already be looking after their children competently which includes ensuring they are healthy.

Figure 32: Perceived Impact of Sure Start on Self

Perceived Impact of Sure Start on Self
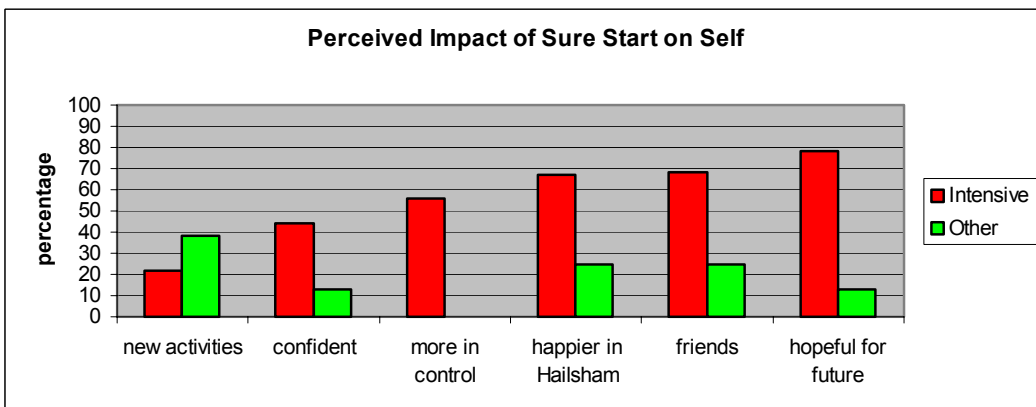
When people were asked to say whether Sure Start had changed things for them in various ways in their own right, and not just as parents, the results were interesting and again encouraging as we see here. The wider effect of the programme, which has enabled mothers (and the occasional single father) to share responsibility for parenting with a new locally provided, formal yet friendly and welcoming service, shows here in the positive estimations and expectations of living in Hailsham East. Given an initial context of pervasive suspicion and mistrust between local residents in the are this is a particularly welcome finding.

Figure 33: Female Partner's Perception of Impact of Sure Start on Male Partner
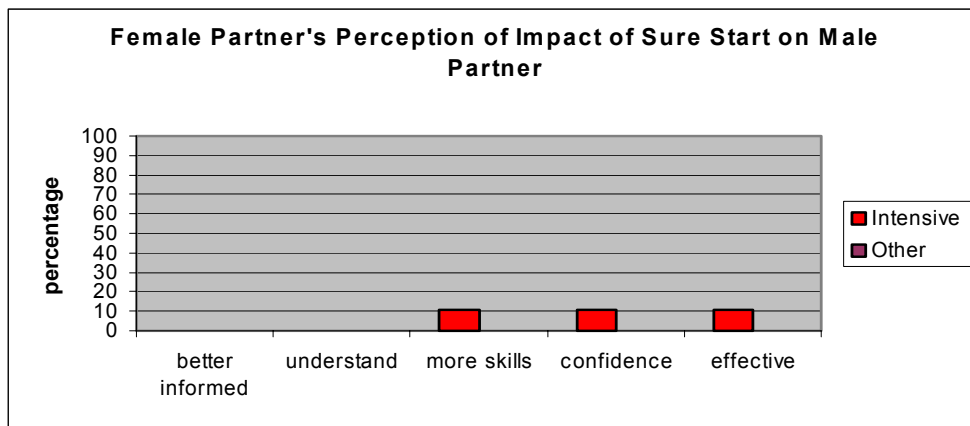
By contrast this final graph dramatically illustrates just how limited the reach of the programme is perceived to be when it comes to influencing the fathering of young children in dual parent households. This is hardly surprising given the fact that so few fathers are actually using Sure Start but it should raise further questions about the nature of family support being offered.

Finally, and in relation to just this consideration, we have no graph to present that would show the impact of the programme on improving skills for employment or on the provision of paid work itself. This is because these opportunities and facilities are notable for their absence in Hailsham East Sure Start and not because parents were not interested in them. On the contrary almost all the parents we spoke to talked about returning to paid employment when they judged the time to be right for them and their children. Whilst this was seen by several to be some way off yet, often when the youngest was in school full-time, they were nonetheless thinking actively in several cases of additional training opportunities. Personal computer-based training in particular was independently mentioned by a number of people.

The experience of the Hearsay group, in which a small number of our interview group had actively participated, shows that, with adequate child care support such as the creche, people will take up the chance to extend and develop occupational skills and confidence.

In *summary* we have shown, on the evidence of our interviews, that the Hailsham East programme has made a distinctive impact on the experience of parenting young children and on the outcomes that result for those mothers (and occasional single father) who have used the service intensively. Parents are most enthusiastic about the personal and social benefits for their

children and they feel supported in themselves because the programme provides Centre and home based opportunities for sharing the direct responsibility for the direct care-taking and upbringing of children. They are much less persuaded that their own parenting is being directly improved by any of the services and activities, or at least are less likely to report as much to researchers.

People themselves feel a good deal more encouraged about life and the future in Hailsham East than they did before they had Sure Start to help out. However Sure Start is still mainly a family support service for women as mothers – support for fathering and for paid employment remain peripheral to the business.

In the next section we return to the Sure Start objectives and review our main findings in relation to them. This allows us to estimate to what extent the programme as developed to date has provided the conditions in which the various targets have already been achieved or might be achieved in the next period.

Progress towards achieving the Sure Start objectives and targets

The four Sure Start objectives provide the most suitable frame of reference for conclusions about the progress made in Hailsham East by the end of the 'trailblazing' period. The programme itself has to specify milestones that it intends to achieve in relation to both the Service Delivery and Public Service Agreement targets (see Section 1.1 above) and report progress on a quarterly and annual basis. Whilst these are helpful in focusing programme development and its management on the required outputs and outcomes they do not in themselves encourage a broader strategic view in which ticks in boxes on Sure Start proformas can be related to the bigger service picture.

We have nonetheless used the progress checklists to provide further evidence for the argument in this section. At the time of writing the latest available progress report was for the quarter ending December 2001. An annual report for 2001-02 had yet to be prepared by June 2002.

Objectives 1 and 2: improving social and emotional development and improving health

It seems sensible to discuss these first two objectives together because they have as their joint aim making contact with all parents in the area from the point of pregnancy to offer information, advice and guidance and support. These involve the provision primarily of what we have earlier described as *parenting-focused services* in that they are designed to inform and support parents as the main means of realising the child development objectives.

The **Public Service Agreement targets** are

- The reduction by 20% of the proportion of children who are re-registered in the space of twelve months on the child protection register by 2004
- The reduction by 10% of the number of women smoking in pregnancy by 2004

Turning first to these outcome targets the initial conclusion must be that they are not very helpful to local strategic planning.

This is especially the case with the **child protection target** where the number of children of the relevant age registered in Hailsham East in recent years is very small and where, consequently, any change of status in single cases would dramatically affect percentage scores. The target is useful only inasmuch as it is taken from *Quality Protects,* the current policy and performance strategy used by central government to define what has become known as the 'core business' of social services and education authorities in particular. As such it should be seen by the programme as a means of linking those mainstream statutory agencies into Sure Start interests and commitments.

In the event the statistics show that the target was achieved by the end of the 1999-2000 calendar year as the following chart shows:

Figure 34: Hailsham East Child Protection Re-Registration Rates 1999-2001

Hailsham East	1999-2000	2000-2001
Children on Register 0-3yrs	8	3
Re-Registration	-	-
All ages	15	12

Interestingly this chart shows a significant drop in children of Sure Start age who were registered from over half of the total to only one quarter. On the face of it this indicates the likelihood of a programme effect on child safety. Unfortunately it is not possible for this evaluation to test any association between risk of registration and programme intervention because of confidentiality.

With the national target already achieved in Hailsham for the first Sure Start objective attention needs to turn to the local agreement, within the arena of the Area Child Protection Committee, of much more useful child safety outcome measures. Child protection registration is only a proxy for secure attachment and safety. It will be helpful for the programme to consider the development of a measure or measures that capture more effectively progress made in those cases in particular where children have been identified by statutory agencies, including health trusts, as being vulnerable, in need or at risk.

Recommendation 13

> In relation to child protection we **recommend** that the Team Leader, in association with other local Sure Start programmes, **convene a child safety and protection working group**. This group should include multi-agency ACPC representatives.

The initial brief of this group should be to establish more useful local operational measures to monitor outcomes than is provided by the *Quality Protects* target. This could involve other

service indicators such as removal of children from the health visiting orange folder system or case closure to social services on the one hand and incidence rates of domestic violence recorded by the Police on the other. It might also include measures of child and family functioning such as those provided through the Department of Health *Framework for the Assessment of Children in Need* which is now in widespread professional use.

A second brief should be, in collaboration with other programmes, to develop a common Sure Start strategy for effective early intervention across the county. The aim should be more than to just confirm a policy and protocol for referral of concern which is already an ACPC expectation as well as a required standard for the *Sure Start Risk Assessment and Risk Management Framework.* Instead the focus should be on building the capacity of programmes to deliver more skilled interventions where specific need and risk has been identified. This strategy should be informed by the recommendations of the Victoria Climbié Inquiry. Given the research evidence in this field (Howe et al 1999), we advise that in-service training of Sure Start staff co-ordinated by this group include a focus on attachment and care-giving behaviours and patterns and on attachment-based interventions in particular.

In respect of the **smoking in pregnancy target** the following chart shows the annual outcomes for the last two years:

Figure 35: Percentage of women smoking in pregnancy

Hailsham East	2000-2001	2001-2002
Live births	52	NK
Women smoking at delivery	23	NK
Percentage	44	NK

The unavailability of the 2001/02 figures prevents any analysis of effects in respect of this indicator. In the meantime attention has to focus on the development of the health promotion interventions of the programme and the achievement of the Service Delivery Agreement targets.

The **Service Delivery Agreements targets** for these first two objectives, as we saw in Section 1.1 (above), involve contacting all parents within two months of the birth of a child, and preferably in the ante-natal period, and providing parenting advice and support including guidance on breast feeding, hygiene and safety. The early identification of and appropriate response to post-natal depression is expected.

The annual reporting process indicates the extent to which the aim of universal engagement has been achieved.

Figure 36: Families of young children contacted within two months of birth

Hailsham East	2000-2001	2001-2002
Births	58	46
Families contacted in 2 mths	2	15
Percentage	3	33

These figures confirm the evidence of the wider evaluation. The early intervention strategy of supporting parents in the task of providing safe, healthy and emotionally secure care for infants, has yet to be realised in a coherent way in Hailsham East not least because the basic capacity to make early initial contact has not yet been achieved. Taken together the analysis of the service delivery arrangements, the participation and contact rates and patterns and the parents own accounts suggest that overall an effective early intervention and parent support service is still in the process of being consolidated.

On the positive side the Community Health Worker post and the development of the Home Visiting service has produced a shift in gravity within the service system from a traditional patient-focused health surveillance and problem response mode towards a neighbourhood-focused and parent-led health promotion and family support orientation. At the same time the necessary focus on child protection and domestic violence has been maintained and the programme has developed an initial capacity to participate effectively in inter-agency arrangements for child safety in complex cases. The difficulty for community-based services in balancing the competing demands of these two approaches should not be under-estimated.

However the transition from what went before to a new enhanced and integrated system now needs reinvigorating. From a *health equalities perspective* the evidence of the monitoring data on the relatively low levels of direct participation of parents with infants indicates the need for the programme to boost its capacity for reliable and sustained early intervention to link families with health promotion opportunities. From a *child safety and protection perspective* more skilled intervention still could be developed in turn within the professional inter-agency context.

Recommendation 14

> In relation to health equality and health promotion we ***recommend*** that the Community Health Worker take the lead in developing ***a health equalities and family support strategy*** for Hailsham East. This strategy should be informed by and in turn influence both the public health objectives of the Eastbourne Downs Primary Care Trust and the family support aims of the new county-wide Children and Young People's Strategic Plan and the revised Family Support Policy. The explicit objective should be to use such a strategy as a pilot for a PCT-wide approach.

The decision to use a community development and professional networking approach to reshaping primary health care practice and integrating it with additional Sure Start Home Visiting and Centre-based services is paying off. The direct funding of community midwife time will boost the contact figures during 2002-2003 for the simple reason that each contact will now be recorded on the programme monitoring return as well as on the health trust data base. However this will be an administrative (and political) gain alone unless the initial contact facilitates the take up of opportunities for health promotion and family support.

A health equalities and family support strategy, closely tied into the emerging agendas of the mainstream service agencies, will give a renewed impetus and focus to the effort to secure the social, emotional and health development objectives of the programme. It should be designed to meet two specific strategic aims - of embedding Sure Start services and values within mainstream inter-agency developments and of building a stronger practitioner consensus on the ground locally around an equalities and opportunities perspective to practice.

It should also be designed as a model for generalisation across the PCT district and thereby ensure the longer term strategic objectives of Sure Start, which are to mainstream innovative practice, are addressed.

Recommendation 15

> We also ***recommend*** that the Home Visiting Project Co-ordinator lead ***a review of the roles and tasks of the Home Visitors*** as part of this strategy. The review should be designed to reconsider the balance to be struck between open-ended friendly visiting aimed at all parents and intensive, targeted intervention aimed only at a few.

The review should incorporate the 'opportunity planning' proposals set out in **Recommendation 11** in Section 3.1 (above). The development of such 'bottom up' plans for individual children may best be lead by Home Visitors who represent the programme to parents and whose flexible role conveys the message, that parents themselves can be in the driving seat in thinking through what opportunities the programme, alongside other local facilities and services, can help in securing for their children. The recent introduction of a six month review system conducted jointly by Visitors and parents could be used as the basis for this new approach.

In those cases where special needs or particular child safety issues arise the plans would need to encompass more formal professional arrangements. The current reactive and informal processes for co-ordinating input work well enough on a case by case basis but the proposed standard planning system would be necessary to underpin the strategic approach to health promotion and family support advised above. In this way too decisions about the role of the Visitor in each case (where parents take up the offer) can be much more clearly specified. This is what parents indicate they would prefer. As we have seen some parents want a less regular pattern of visiting yet others would appreciate a more in depth relationship of befriending and support.

The review should look in detail at the role mix between professional community nursing tasks and the para-professional work of the Visitors. It should also reconsider the early learning function of the role (see below). The enhancement of the practice knowledge and skills of the Visitors should be continued in the light of a more precise specification of roles.

Recommendation 16

> In order to enhance the parent-led orientation to family support a further **recommendation** is that **a wider diversity of sources of information** on child health and parenting is provided by the programme. This should include on-line facilities for parents.

The evaluation in Hailsham East supports more extensive survey findings (Ghate and Hazel 2001) that parents in under-resourced neighbourhoods often want more information on child development but do not want the way it is provided to feel intrusive or patronising. The National Family and Parenting Institute have proposed that 'self-administered family support' (Henricson et al 2001: 105) in the form of publications and broadcast materials be central to a local family support strategy.

We propose that the programme should extend its range of information sources especially by facilitating on-line access. This could be included as an aspect of ICT training at the Centre but would also involve the development of a local Sure Start website and e mail capacity.

Objective 3: improving children's ability to learn

The third Sure Start objective demands the direct provision of *child-focused* activities as well as those concerned to influence parenting. Children with special needs have to be identified and supported.

The *Public Service Agreement target* is:

- The reduction by 5% in the number of children with speech and language problems requiring specialist intervention by the age of 4

This is a very effective measure of learning capacity that is now being used on an annual basis in programmes across the country. Locally the decision was made to take a 50% sample in February each year of all Hailsham East children who joined the roll of any school in the wider area in the previous September. The Speech and Language Therapist administers a standardised test and categorises the children to test language development. The results of the first two years test are presented below. It should be noted that the number of children dropped significantly between the two years, from 43 to 31.

Figure 37: Language development in children 4.0-5.5 years in February (percentages)

Hailsham East	2001	2002
Significant delay	33	35.5
Borderline delay	42	35.5
Total delay	*75*	*71*
Low average	14	16
High average	9	6.5
+High average	2	6.5
Total average	*25*	*29*

This table shows a small overall shift of children from the delay to the average category. However the main message here is that most children from Hailsham East start school significantly handicapped by poor language acquisition and that a central goal of the programme must continue to be one of maximising the opportunities available to them and their parents to develop this basic capability. It is likely that the very active and creative approach being developed by the Programme speech therapist will have an impact on these results in due course.

The **Service Delivery Agreement targets** have to do with providing access to good quality play and learning opportunities including reading.

The evaluation has shown that Home Visiting as well as the Child Care Centre is seen by many parents to provide such opportunities. As we have seen most parents who use these services think their children are learning as result. However whilst the language screening exercise suggests a majority of children are at risk of delay the monitoring data reviewed in Section 2.2 (above) shows only a minority are using the services designed to stimulate learning. Fewer still receive additional help directly from the Speech and Language Therapist but specialist professional time is used to train Visitors and child care staff to enhance their own work with children and parents.

The early years service targeted at Traveller children has been suspended and a decision has been taken to await the integration of Child Fund activities with the programme before giving further consideration to the future viability of the service.

Recommendation 17

> In order to broaden the impact of the programme in respect of early learning opportunities and direct intervention we ***recommend*** that the Team Leader ***establish a forum for the early years community in Hailsham***. This forum should be explicitly linked to the Early Years Development and Childcare Partnership and be inclusive of all local provider interests.

The evaluation has exposed an absence of strategic co-ordination of child care and early years provision in the area. As we said in Section 2.2 (above) this is alarming given that the over-riding aim of Sure Start is precisely to co-ordinate, streamline and add value to existing services

rather than simply set up a parallel or competing programme. At present the Speech and Language Therapist alone (with the support of newly appointed assistants from May 2002) carries the responsibility for enhancing the capacity of the wider early years community in Hailsham. This is an insufficient basis for ensuring the strategic changes to mainstream demanded for Sure Start.

In **Recommendation 18** we address the problems of structural dislocation to the child care economy in the area resulting from the failure to plan strategically for the deployment of places. But this also has had implications for the institutional capacity of the programme itself because the lack of cross-fertilisation of experiences and ideas across the sector reduces opportunities for learning.

In particular it means that the Home Visiting service, a lynchpin in the programme's own early learning strategy, tends to remain isolated from current developments in the child care and early education fields. The proposed forum should have as its focus the task of enabling and encouraging mutual learning to improve practice as well as exploring integrated service strategies.

Objective 4: strengthening families and communities

The fourth and final Sure Start objective has a wholly different focus to the child development aims of the first three. The concern here is with *capacity-building* through the participation of parents as partners and the goal is for the community itself to sustain the programme in the long run.

The *Public Service Agreement target* is;

- The reduction of the number of 0-3 year old children living in households where no one is working

This measure puts the central emphasis in capacity-building on paid employment and the improved household income this produces. Whilst it provides a balance to the dominant Sure Start focus on improved parenting as a route out of poverty it is not very helpful as a driver for co-ordinating the more diverse approach to capacity-building expected. Nor is it entirely clear what combination of Sure Start services and interventions might actually increase rates of employment or how they might do it.

In the absence of the 2001-2002 Annual Report, at the time of writing, it is not possible to report what the current relevant rate of employment is.

The *Service Delivery Agreement targets* for the capacity-building objective combine indicators of parental satisfaction of support services, participation on the Board, unspecified links with the local Employment Service and a child care strategy.

The evaluation has demonstrated that the programme in Hailsham East has made significant progress in relation to achieving good levels of parental satisfaction with the new services

provided when people make use of them. However rates of participation vary according to the age of the children and the type of service used. Services that offer enhanced opportunities for children to learn through widening their social networks are particularly celebrated.

In this respect the Child Care Centre is a major success in its own right for those who use it. In relation to the capacity-building objective of child care and of other Sure Start provision, that is freeing parents to train, volunteer or take up paid work and supporting them in this, the evaluation found only limited evidence that the programme was performing this function.

On the positive side the créche is explicitly designed to support parents' participation in *Hearsay* and hence makes a direct contribution to that objective. Whilst there is sufficient flexibility in this provision in relation to timing of meetings there is a problem of capacity which results from the success of the service. Supported in this way *Hearsay* has enabled a small number of parents to decide additionally to participate as volunteers in the Centre, in one case for example playing a central role in establishing the Food Co-op.

Much less progress has been made, however, in designing services more generally in a way that would bring a real focus to bear on the objective of widening opportunities beyond parenting, for occupation including work. Improving parents' employability is still categorised by Sure Start as an Additional rather than a Core Service in funding plans and we have seen how little resource has been set aside in Hailsham for this objective. No staff member holds nominated responsibility for invigorating this area of the programme's work and the evaluation picked up a sense that a focus on occupation and employment for parents was not a current priority. This seems strange given the regeneration perspective that drives the wider Partnership agenda.

We have already made one recommendation (**Recommendation 9** see section 2.2 above) designed to remedy this problem.

A clear lead needs to be given in this area of work and it should use all the facilities of the Community Centre. This would reinforce the work that still needs to be done to build mutual confidence and joint working between the programme and the Community Trust.

The current under-use of the training space and facility at the Centre should be rectified as a matter of priority and the interest amongst parents locally in computing skills should be actively responded to. Consideration should be given to the commissioning of external expertise to lead and develop, within an adult education and life-long learning framework, programme capacity in this field. The successful approach developed by Hastings Ore Valley Sure Start should be explored as a model.

The co-ordination of voluntary work in the Centre should be shared between the *Hearsay* group and a nominated staff member.

Recommendation 18

> Finally we *recommend* that the programme should equip itself to provide information and advocacy for parents to better support choice and control over routes that might be taken back to training and paid work. In this respect particular consideration needs to be paid to making the Centre and its facilities more attractive to men who, the evaluation has confirmed, are largely peripheral to Sure Start. This is because it is mothers mainly who do the direct care-taking at home and female staff who share the responsibility at the Centre.

Conclusion

The overall conclusion of this initial evaluation of Hailsham East Sure Start is that the programme has taken root in the neighbourhood, where it is increasingly trusted and valued by local parents. The services based on the new day care facilities within the Hailsham East Community Centre, supported by the outreach visiting, provide an important opportunity for parents to share the responsibility for children and their social development.

Effective arrangements for local partnership working and for the sustained reshaping and improvement of mainstream services in the area are still emerging and now require a more strategic and inclusive approach. In particular mechanisms need to be put into place that maximise the participation and responsibility of mainstream agencies for service integration into the future whilst supporting parent and resident influence in decision-making about programme shape and focus.

In order that Sure Start programmes are not to be left stranded and marginalised in wider local and regional debates about the future shape, governance and management of health, child welfare and development and family and community support services they need to form their own lobby. Many of the recommendations of the report seek to broaden the context in which the programme operates in Hailsham East.

It is important now that Sure Start programmes across the county begin to develop a collective approach to task of fully engaging mainstream agencies in the process of change. This will be important if the centre of gravity of services is to really start to shift towards integrated early intervention to provide real opportunities for children and families across the area.

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