Introduction
South Acton and Acton Vale Sure Start is a fourth round programme, which effectively commenced in April 2001. Its lead and accountable body is the Ealing Pre-School Learning Alliance and its decision-making partnership body consists of membership from the local voluntary, statutory and community agencies as well as the beginnings of parent participation.

Summary of key findings

• Developing the Ealing Acton Sure Start Partnership remains highly sensitive to complex local conditions (for example, extensive regeneration initiatives competing for funds and attention)
• Hard pressed communities and hard pressed professionals have genuine concerns about new ‘partnerships’ that require respect and attention
• Relations of trust and understanding between the local Sure Start field team and health visitors are emerging and joint protocols are in place in relation to recruiting for Sure Start
• Future and further issues of raising Sure Start’s presence in the community need to be addressed
• Early feedback from parents, though impressionistic in nature, points to SS high appreciation rating in terms of current participants’ quality of life and also of their children
• More systematic monitoring of SS take up and its effects against key SS targets needs to be introduced
• The awareness of the centrality of the core values of SS providing a holistic model of social, health, welfare support are unevenly understood in the partnership
• Senior health and local authority staff need to appreciate the philosophical base of Sure Start’s work: it is not just ‘another’ project
• Possibilities for mainstreaming need to be clarified at the level of definition, practice and practicalities
• Forward planning for current projects needs to be put in the context of evaluations of their respective take up and impact
• Issues of unmet need require evidence and scrutiny before priorities are identified in view of Sure Start targets and local realities

What is Sure Start?
Sure Start is a major Government programme aimed at tackling the issues of child poverty and social exclusion. Sure Start focuses on improving the health and well being of families and children to families with children under four. This also includes looking after women (and their partners) in antenatal care. Sure Start does this by setting up local programmes that offer a dedicated mix of appropriate services.

The philosophy of Sure Start works by bringing together early education, childcare, health and family support to young children living in disadvantaged areas.

By March 2004, 524 Sure Start Local programmes are planned (information from Sure Start Website http://www.surestart.gov.uk accessed11/8/03). These projects are designed to be responsive to diverse needs and conditions and therefore are expected to be different from one other in their mix of services and modes of delivery. However, one common priority is the central role of parents, which is considered to be crucial, a key Sure Start principle is that it should be “Community driven and professionally coordinated". This is taken to mean that

“All professionals with an interest in children and families should be sharing expertise, and listening to local people on service priorities. This should be done through consultation and by day to day listening to parents"(Information from Sure Start Website. 11/8/03).

Sure Start Acton, Aims and Objectives
Sure Start in Acton has aims and objectives in common with other Sure Start programmes, and these are outlined here alongside the services commissioned to meet these aims:

The Aim of Sure Start is to work with parents to be, parents, and children to promote the physical, intellectual and social development of babies and young children - particularly those who are disadvantaged, so 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 (Sure Start Acton information leaflet).

**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.

- Home visiting and family support service provided through Sure Start, Family Support workers and Home Start. Home Start is a charity that supports families with children under five by offering befriending in particular to those who are isolated. Families are referred if they are thought to need longer-term support than Sure Start can initially give.
- Bumps and Babies Parent Support Group. This runs three times a week, once at Acton Vale Community Centre, and twice at Heathfield Nursery.
- Stay and Play Toddler and Parent Group. This runs twice a week at the Oak Tree Community Centre.

**Objective 2: Improving health** in particular by supporting parents in caring for their children to promote healthy development before and after birth. The health team project combines elements under the umbrella of “Primary and Community Health”. It brings together the initiatives relating to Speech and Language therapy, Occupational therapy, Postnatal depression, Smoking, Dieting, Exercise, Nutrition, Antenatal and Postnatal support and a coordinated training programme for Sure Start and other relevant professionals and participants.

- Sure Start Public Health Co-ordinator is employed to promote health education and community health events around smoking cessation, post-natal depression, breast-feeding and nutrition.
- Occupational Therapist – offers early assistance for behavioural/physical development problems.
- Speech therapist – offers early assistance for speech delay or difficulties.
- Nutritional work through the Kids Cookery School, linking with breast-feeding and health and hygiene. KCS provides all Sure Start children and their families with the equal opportunity to access the vital life skill of preparation and cookery.
- The provision of Home safety equipment packs.
- Baby massage classes. These are run at Acton Health Centre.
- Free smoking cessation, at Priory Community Centre.
- Women’s keep fit, run at Oak Tree Community Centre.

**Objective 3: Improving children’s ability to learn** in particular by encouraging high quality environments, and child-care that promotes early learning, provide stimulating and enjoyable play, improve language skills, and ensure early identification and support of children with special needs.
• Community librarian to implement programme of reading/literacy initiatives and to improve membership/use of the public library service.
• Acton Family reading group, at Acton Library
• Fairy Book club, for 4-7 year olds.
• Refurbished toy library to be open to all in the South Acton Early Excellence Centre.
• South Acton Toy library, at Sunlight Nursery
• Oak Tree Crèche. The crèche is managed by the Pre-School Learning Alliance and runs 5 mornings a week. The Sure Start grant funded the purchase of further toys and resources for the crèche
• Armenian Pre-School- Armenian centre-Acton. This pre-school serves the Armenian population of London and is promoting the Armenian language and culture. Sure Start Acton gave a Community Chest grant to buy Armenian resources, especially dual-language books for the pre-school.

Objective 4: Strengthening families and communities in particular, by involving families in building the community capacity to sustain the programme and thereby create pathways out of poverty.

• Link-up with employment services/training provision.
• Parent participation in evaluation process.
• Hanbury Nursery. A key parent of this special needs nursery has set up a parent resource library to support parents/carers of special needs children at the nursery. Sure Start provided a grant for resource purchasing.
• Contact A Family. This charity supports parent/carers of special needs children by enabling parents through self-help groups and training. Sure Start supported payment of an Acton coordinator to attract both volunteers and support Acton Families.
• Pupil Parent Partnership (PPP). The project has refurbished premises at Ragley Close (South Acton Estate) in order to provide a therapeutic base for the activities of the PPP project. The PPP project provides a wide range of support to young people in response to their individual needs, whether these are therapeutic, academic, interpersonal or vocational. The support is drawn from a variety of interventions which include mentoring, individual and group counselling, teaching, family counselling, one-to-one or group support, outreach activities.

Who can use Sure Start?
Access to Sure Start facilities is catchment area based. In other words families must live within certain postcodes or streets in order to be eligible to take part in Sure Start. The catchments areas are decided at government level, and are not under the jurisdiction of Acton Sure Start. (See appendix one)
Methodology: Our Approach to Evaluation

Recognising and Reflecting Processes of Change
Evaluations can serve multiple purposes. They can be ‘formative’ by offering descriptions of an evolving piece of work or they can function as ‘summative’ evaluations and offer some of the audit functions more aligned to inspection in checking that ‘things work’. They can also simply offer baseline descriptive information for users and managers (Clegg, 2003).

Ideally evaluators and evaluation commissioners should be aware of these different purposes and seek to check out the various assumptions held by people about what different forms of evaluation can and cannot achieve.

Our evaluation was formative and descriptive, a process evaluation using largely qualitative data. We sought at all times to communicate this approach to our commissioners. This enabled us to respond flexibly to any change in emphasis through detailed dialogues with local Sure Start staff. The focus and final content of the evaluation has therefore been developed and steered by a series of interviews with different Sure Start managers.

It is interesting to note that each manager had a slightly different ‘take’ on what he or she would like to see in an evaluation. At times these perspectives diverged. This is not peculiar to this local evaluation and is well-known in all the evaluation literature (Clegg, 2003). Such differences often reflect the organic nature of local partnership projects as well as different priorities and perspectives of individuals at different parts of the organisation at different times (refs).

The development of a programme such as Sure Start Acton is always a matter of process, or change over time. The concerns of managers alter as new demands are made on them, new needs or objectives arise and previous issues are resolved. This report seeks to capture some of this aspect as well as offer a synthesis of the various issues and concerns that have been presented to us throughout its course. This sense of ‘shifting agendas’ is a standard feature of such evaluations, and was mentioned by a very senior manager in terms of her own awareness of working within a dynamic project:

Accept that it may change, to give you an example, with the consultant that we are using, we asked him probably two or three months ago to think about doing a particular piece of work...to do with where we were at the time...increasingly it looks as if it would not necessarily be a very useful piece of work, so in fact I am going to be meeting him again to look at that, and we will get something else done...and think that is one of the characteristics, is that it has to be constantly looked at again, it has to be a bit organic as well.(Senior manager SRB)

Our Initial Brief
Initially the focus was on trying to understand the barriers to involvement of Statutory Services in Sure Start. This initial focus gave way and we were then
asked to focus on two main areas of concern: the health projects and “Mainstreaming”. Mainstreaming involves the process of projects being taken up by mainstream service providers when Sure Start no longer funds them but, as will become clear later in the discussion, mainstreaming can be interpreted in different ways by different people and is understood differently at different times.

As we have noted, a major initial concern of the Sure Start team was the question of how to engage local health visitors in Sure Start activities. Thus we have devoted the first part of this report to the issue of the relationship between health visitors and Sure Start.

In the course of completing the evaluation we were then asked to investigate various managers’ and departments’ views on mainstreaming and the future of Sure Start. However, and interestingly, several other topics emerged in the context of various meetings. These included using the evaluation to ascertain:

- Areas of unmet need (i.e. anything else that Sure Start should be doing).
- The degree of awareness of mainstreaming agenda with decision-makers
- Whether it could be used as a motivation tool to staff “it means that the progress of the programme will develop more if people can feel valued” (Sure Start Manager)
- Whether it could be used as a more formal audit instrument by directing us to discover the value added by each project compared with the costs.

We were also offered guidance on style and urged to be as concrete as possible. We are indeed aware that providers and users of services need an accessible account of their project, one in which they can recognise the challenges they face in making the project ‘work on the ground’. The evaluation presented here is thus an effort to draw the data together in relation to a series of distinct and related questions about:

- Ownership and Partnership issues in the early stages of Sure Start Acton

which then became refocused to consider

- sustainability centred on health project work and prospects for mainstreaming.

We offer only indicative feedback about parental views and we do not, in this report, consider questions such as ‘value for money’, which would be more properly explored using a different methodology.

What follows is our account of how Sure Start Acton developed in respect of questions preoccupying Sure Start and its partner staff as these evolved from ‘early days’. These are issues that, from our experience, are common across
all such new projects and practices. Like the project it was evaluating, our focus was then directed to evaluating the emergence of inter-professional understandings, as well as pointing forward to the prospects and challenges of sustainability in the context of health initiatives.

The collated data report a qualitative description of how such partnerships develop and mature illustrated by the many voices of Sure Start Acton’s stakeholders. We are extremely grateful to the helpful and supportive responses we have had with all Sure Start staff, members of the local council, health authority, health visitors and community and all we have approached for interviews. We are under no illusion about the heavy demands placed on all such parties and we appreciate such positive support.

Data Sources
The data used for this evaluation was collected between August 2003 and January 2004.

The main research method used was interviewing both individuals and one group. A range of people was interviewed who included:

- Sure Start Programme Manager (1)
- Sure Start Managers (2)
- Local Authority Managers (3)
- Sure Start Public Health Coordinator (1).
- Health Visitor Manager (1)
- Health Visitors (3)
- Health Visitor’s Assistants (2).
- Single Regeneration Budget Managers. (2)
- Sure Start Project Personnel (2)
- Parents

Building A Partnership through Ownership
The following discussion explores relevant dimensions of the local Sure Start imitative. We take a holistic approach to ‘partnership’ and cover what we see as important aspects of the local economic, policy and social context within which new partnership models of service delivery seek to influence their communities. In framing this account we have imposed a structure on the complexities to describe a model based on the metaphor of growth. The model comprises 4 phases:

- Phase 1 – Start up: ground clearing and planning
- Phase 2 – Designing and planting the partnership
- Phase 3 – Initial impact
- Phase 4 – Cultivating success: mainstreaming
More specifically the following factors will be discussed under the above sequence:

- The effects of prevailing institutional relations on Sure Start as an emergent project (who is responsible for managing Sure Start?)
- The impact of the level of infrastructure on the project including matters of recruitment and staffing; (what is the state of play that Sure Start inherited?)
- Communication and practice relations between the Sure Start field team and health visitors; (what level of understanding is built between ‘team members’?)
- The negotiation of professional concerns about equity and workload amongst the Sure Start field team and key professionals; (how are concerns over new practices explored and resolved?)
- Parents’ early perspectives (the user views on impact)
- The construction of a ‘critical mass culture’ through the development of ‘presence’, momentum and trust (who knows about the Sure Start ‘brand’?)
- The future for mainstreaming Sure Start services

(Phase 1) Setting Up: issues and challenges in the early days of Acton Sure Start

Ealing has two Sure Start programmes, one in Northolt, and one in Acton. The Northolt Programme is more established than the Acton programme, and Acton Sure Start members noted that having the Northolt experience to draw on had been invaluable for the Acton Sure Start team. Job descriptions for example, were derived from Northolt Sure Start and this had helped the Acton project.

Whilst the Pre-School Learning Alliance (PLA) is the lead organisation for both Sure Starts, the accountable body for Northolt is Ealing Council, while that for Acton Sure Start is the PLA. There were said to be advantages and disadvantages with both situations.

1.1 The impact of the accountable body
In the London borough of Ealing

- Too much bureaucracy
- Too formal, because Sure Start is supposed to be parent-led
- Good for Ealing, because they don’t have to do the work
- They can act as a bank easily, because they have cash to hand

In the Pre-School Learning Alliance

- Problems with cash flow, because they are a small organisation. They are sometimes owed large sums of money by the Sure Start Unit, and they have to pay wages etc. “They are not speedy in paying us back, and we are always out of pocket, basically”
• Problems with the relative lack of infrastructure in small organisation, for example the computer and personnel officer likely to be part-time. This can lead to hidden costs.

1.2 The impact of staffing, recruitment, commitment, teamwork and building an infrastructure
The commitment of staff at Sure Start was very highly rated as the following data from one of our interviews shows:

Interviewer: Anything else that you want to add before we finish?
No, I just really enjoy working with the Sure Start Team, we have really worked well together…and it has not been easy…it has been terribly difficult for them…problems with recruiting…and that was partly because they couldn’t pay the going rate…they had problems with their annual leave…and their entitlement. I have been surprised. There have been times when I have thought well. Why do they carry on? Cos this is really difficult. They are hugely committed. They do a lot of work in their own time, evenings and weekend work. I think they are very committed to what they are doing” (Manager, Ealing Primary Care Trust).

The Sure Start team was said to be very highly motivated, capable and committed. Several times it was said that they were a pleasure to work with. Some staff were noted to work unpaid overtime, yet still managed to maintain a sense of humour and a pleasant working environment.

“I think they are really fantastic people, and they should be recognised” (Senior Manager)

Having Siobhan, in the team, also as a parent, has helped the programme.

“Acton has benefited enormously by Siobhan being involved right from the beginning. I mean the programme is absolutely indebted to Siobhan, one because she is a parent, and two because she is such a capable person, and that has been fantastic, and she has such a sense of humour…” (Senior Manager)

1.3 It took time to build up the team

• There were some problems recruiting staff to the team that led to delays in getting the programme up and running. The following were mentioned as contributing to this:
  o Remuneration
  o Competition for potential recruits from other more established Acton projects Location as Acton is a commuter area, and so staff can access work in other areas of London
“And at times it has been very hard for them, when they haven’t been able to recruit...the depth of despair has at times been enormous” (Senior Manager)

- The Sure Start team were commended for their patience in the face of adversity, such as recruitment challenges.

1.4 Infrastructure, Premises and Buildings issues

“Premises in London generally....is a huge problem”(Senior Manager, Ealing).

- The impact of London high premises costs was noted

The ultimate aim is that all venues should be local, accessible and child-friendly. However, there are not currently enough venues that are suitable for Sure Start purposes. In particular, many of the current buildings are too small, and lacking in storage, for example, Oak Tree Community Centre. This is closing down and a church hall is being rented as a substitute instead. Workers have to carry equipment to the venue because there is nowhere to store the materials needed for each session.

Investment is however, currently taking place into the South Acton Early Excellence Centre. It is envisaged that in July next year Sure Start will move and that venue will house both the office and the Toy Library. The toy library is currently at Sunlight Nursery, but this has to move because a crèche is coming to this site. This initial period of ‘finding a home’ for Sure Start services is often unavoidable and cannot help but cause service providers and ‘customers’ inconvenience.

The venues used by Sure Start over the evaluation period were as follows:

- Sunlight Nursery: South Acton Toy Library
- Heathfield Nursery: Bumps and Babies group
- Acton Health Centre: Infant massage
- Acton Vale Community Centre: Bumps and Babies
- Acton Library: Acton Family Reading Group, Fairy Book Club, (4-7 year-olds)
- Oak Tree Community Centre: Move Start, Stay and Play, Women's Keep Fit.
- Priory Community Centre: Free Smoking Cessation.

Pre-existing infrastructure

- In Acton there was pre-existing infrastructure in terms of other organisations, that the local Sure Start programme could engage with, such as a nursery run by Pre-School Learning Alliance, and Action Acton
• This was positively compared with Northolt where there were relatively few pre-existing organisations.

(Phase 2) Building Up: Sure Start and Health in Acton; Developing Partnership

2.1 Exploring questions of equity

“...I have an over view...I think I would have given you a different answer if you had asked me six months ago, because there was not a lot happening six months ago... in that six months such a lot has happened, and I can see the benefits now...we work really well with Sure Start, and you know we have a very good relationship...but I know that in other areas it is even more integrated health and Sure Start...I think that there is still some work to do with how the health visitors have taken it on board...they still see it as a separate entity, whereas in some areas...it is totally integrated.....but now I can start to see the benefits of the work that is happening...I would have a positive view of how it is working.”
(Manager, Ealing PCT)

There have been several challenges that Sure Start Staff raised with us. In particular the initial ‘hands off’ stance of health visitors, formed part of a difficult and complex situation that has been resolved over time to mutual satisfaction.

In this section we take data excerpts from interviews undertaken in chronological order. This is very illuminating as it highlights the nature of process in such programmes, and also highlights the challenges of developing effective collaborative partnership work in new interventions such as Sure Start. Professional resistance to participation has to be understood in the light of professionals having to adjust to successive sets of new demands on their time. New practices such as Sure Start are not ‘cost free’ and entail staff taking on some new, possibly unfamiliar, roles and responsibilities. A Sure Start Manager highlighted the following issues that they considered impeded the early relationship between Sure Start and local health visitors:

• Issues of lack of autonomy, local health visitors were not happy when they are instructed to undertake Sure Start work
• Lack of time due to workload
• Difficulties about the principle of catchment areas
• The lack of comparability with other Sure Start practices especially around other Sure Start projects having dedicated Sure Start health visitors.

Yet, different provision was one of the features of local Sure Starts. These projects were designed to be different. As one of our interviewees noted

“The problem is that some people don't understand that every Sure Start project is different.... How it is delivered is dependent on the
delivery plan, which is what is done in conjunction with parents and whatever.... that is one problem...” (Sure Start Public Health Coordinator)

This issue of ‘fairness’ and of professionals feeling undermined has to be seen as neither the fault of Sure Start team members, nor as simply obstruction on the part of professionals. Questions of autonomy and having discretion over work and how best to deliver services goes to the heart of the traditional model of what it means to be professional. As one manager noted, health visitors experienced this in terms of a lack of communication or lack of equal communication

“... it was this feeling of not being consulted...there has been some resistance...yes..”.

However, as the following quote illustrates people were able to appreciate multiple points of view and see issues from ‘both sides’:

“There are about 15-20 new births in the Sure Start Area...every month...about that...and the other thing that came up was visiting, registering new babies. It was felt by Sure Start that Health Visitors should do that, but from their side it was felt that when you do a new visit it takes at least an hour, and...then to talk about Sure Start ...Actually I respect that, I understand that, but you see in some areas people do do that...But of course every project is different. I mean the girl in Hounslow tells me...no they don't do that”

A compromise was reached when an information sharing protocol was established. Health visitors agreed to gain initial consent from parents, and a Sure Start person tasked to do the follow-up:

“One of the issues is that through the Primary Care Trust we need to get, in order for Sure Start to approach families we have to get consent. So there has been a letter, we had to develop a letter, so then this letter is sent out to the families, so then there is a time lag, so then if they are happy with that they don't need to do anything and if not then they have to send back, so there is a time lag, so we are looking at ways of trying to get around that, and the latest thing that we have come up with is the health visitor will get the thing signed, and then that will come back...They visit about day 11, you see...so it would be a quicker process. They would do it on the first visit so the parents would have to sign whether they agreed that this information should be shared with Sure Start”

As another noted:

That’s been sorted out pretty well I think...the way it is organised recently is that any new birth on the Sure Start patch automatically has the referral form attached to our pack...therefore, whoever attends the new birth, the Health Visitor knows that they are in the
Sure Start area, and we recommend Sure Start from day one when we meet up with the family...

2.2 Developing Momentum

“Now that people can see things happening...and one said to me afterwards...I didn't realise that you're doing all this stuff...and erm...I think people are quite cooperative now...it's a delicate balance”

One important aspect of this is the importance of being based in the same building that makes the project increasingly ‘visible’ to itself and to parents in the community as well as facilitating communication amongst all stakeholders:

“The one good thing about being here is I go upstairs, and I make my coffee and I have my lunch upstairs...which is necessary, really. If I was in a building that wasn't then it would be quite difficult.... So personally at the moment, I think that things are going OK”

The sheer impact of progress manifest in the existence of tangible services lends credibility to Sure Start. This is to some extent self-generating. People see things happen and then they make things happen, critical mass is the result of activities and actions connected in a network. Moreover, since issues of workload had been partly resolved this released some capacity for further levels of engagement. New staff appointments have expanded the team, so some of the data collection and administrative work has been relieved:

“Over the last three or four months she (The Public Health Coordinator) has started to get a little team of people who work for her...and that's new for her...and she is working with the speech therapist, and the dietician... and I feel quite positive about how that is all coming together.”

Again, the Public Health Coordinator being based in the same building with the health visitors has facilitated communication and built levels of cooperation. Apart from these positives what has aided the growth in collaboration has been the demonstration of patience, flexibility and willingness on the part of the Sure Start team to negotiate. This has involved them in listening to the concerns of the health visitors from the start and then more formally at the joint meetings, and this has facilitated communication. Working together and not just ‘talking in a meeting’ has also proved very beneficial. As one team member noted:

We do join in the campaign for breast-feeding awareness...I do combined visits sometimes with the Sure Start people, so we talk, not only when there is a meeting...

In a sense the crucial role of the health visitors impelled this degree of consensus building since, as Sure Start staff noted, health visitors were ‘on the front line’ of service delivery. If they did not make that crucial first contact it would prove detrimental to the longer term aims of embedding Sure Start in the community.
It is clear that the Sure Start team had many frustrations but as the following quote shows they were supported in this by others in the partnership:

“They were getting so frustrated, and I kept saying Oh please just be patient! I have got a cunning plan, I have a cunning plan, we will get there! And I think we have. There are still a lot of things we have to do. I am not saying its perfect by any means, but its so much better than it was....” (Senior manager in the health service)

This chain of support seems crucial in keeping all participants engaged in working through ‘teething troubles’. Again although this aspect did not feature as the central platform of our evaluation, we note some real ‘payoffs’ for all participants in collaborative Sure Start work. For professionals, the opportunity for more training is greatly appreciated as one noted: “…personally I have had the privilege of doing the infant massage training, course paid by Sure Start.” And perhaps most crucially of all, a professional voicing her belief in Sure Start’s efficacy

The mother felt very isolated, I referred her, talked to her, and she is much happier suddenly!! She wanted to move out of this area...because she was so miserable, and now she is getting very involved...so it can work.

2.3 Unresolved matters
In a sense these can be divided into a ‘structural’ issue that represents the nature of the framework for Sure Start not susceptible to local resolution and one matter for professional sensitivity that is more ‘parochial’ and capable of change in the local practice. We raise these here, reflecting the range of views mentioned in our focus groups with health staff on the project. We also flag aspects of the ‘reach’ of Sure Start that may need further consideration in any future planning for programme.

Structural and policy matters remain a source of unease and although we recognise they are outside the scope of local change, they do need to be aired and ways found of supporting staff to deal with their discomforts.

- The catch of the catchment criteria

Boundaries are a big source of frustration, as they may involve unmet need, be socially divisive, and they are embarrassing to work with. The following exchange between three health visitors demonstrates this point.

HV1: My own thoughts are that there are quite a lot of areas that are not included in the Sure Start area.... They miss a lot...I don't know whether you would agree with this?
HV2: Yes, It actually frustrates me. I mean the Sure Start project is good, and there are lots of resources...but there is somebody who is just on the edge of the SS area, who really could benefit from Sure Start, and they're not allowed. That's really frustrating.
HV3: The most frustrating thing for the mothers is that they turn up, because their friends have told them there is something interesting going on, like baby massage...they come with their babies, all geared to meet friends, and they are turned back, because they actually don't belong in that area...as somebody said there are so many needy people outside... I think from the social services angle, the family is in need of support, and I think that type of family should be admitted, automatically, because we cannot offer them all the support. Social Services are so stretched... It puts us in a very difficult position, because we just don't know what to say...

HV2: And I find it difficult because they mix together
HV1: And then they talk.
HV2: And then they talk, and it's very difficult...
HV3: And we've got this resource but you can't have it...

Again we interpret this as showing important qualities in the health visitor service, one that Sure Start need to appreciate if they are to attune to the stresses and strains that health visitors experience in working across the ‘border’s as it were. The fact that the health visitors found this uncomfortable is a testament to their sense of ‘fair play’ and awareness that Sure Start is indeed ‘rationed’ by the use of catchment or target areas.

• Areas of unmet need

The following areas of need that were suggested in Acton included:

- The Somali communities (frequently mentioned)
- Refugee’s communities (frequently mentioned)
- Afghan communities
- The homeless people living in “hotels” that are off the catchments area (particularly mentioned by health visitors)
- The indigenous white population
- Gay parents
- Families known to social services who are outside the catchments areas
- Families in need who are outside the catchments area
- Families from Black and minority ethnic communities with children with special needs and learning difficulties
- Post-natal depression in black and minority ethnic communities

We are not in any position to comment beyond reporting participants’ claims. We suggest that further work is needed in examining these claims, which can be undertaken through data search of Sure Start returns. This will be able to establish the baseline figures which when compared with demographic information about the locality will be useful for identifying mismatches and gaps.

• The auditing of practice: the need for appropriate timing

Like many New Labour initiatives the delivery of new resources into
communities is accompanied by requests for the evidence of their effects. As a consequence managers and professionals have routinely to supply audit data about key targets. Mismatches between requests for information form central government, local Sure Starts and professional cycles of work on the ground can cause complications:

**HV1**: I think we have had problems when we have been asked to do data collection, and that has been a real bone of contention, because the Health Visitors don't have time to start counting how many parents smoke...and... I think it has happened a couple of times...

**HV2**: Yes, but I don't think it will happen again...

**HV1**: It's usually in August, and it's not a particularly good time, because everybody is on holiday....

Again we note the sense of things improving and that all team members appreciated this was a problem unlikely to occur again.

Although not a central part of this present evaluation we did pick up on some parents’ views in the course of our presence within Sure Start. These not only reveal an overwhelming sense of positive validation of the project at the level of individual impact but they also indirectly reflect on matters to do with the project’s mode of delivery, including issues of how parents accessed Sure Start and their appreciation of some of its core activities.

**Phase 3: Some initial views of parents on Sure Start Acton**

Parents who spoke to us were generally very happy with the facilities offered by Sure Start. Some parents reported that they used a Sure Start activity on an almost daily basis, while others attended less frequently. Parents also said they used more than one of the activities; some were currently using the Toy Library, the Stay and Play and the Keep Fit, for example. Others had progressed from the Baby Massage and Bumps and Babies groups, which are aimed at younger children, on to the Stay and Play facilities as their children grew older.

Positive comments about the Sure Start facilities included the following points:

> “The Stay and Play is close to where I live, so I come every day.”
> “I went to Bumps and Babies but now my child is two, so I go to the Stay and Play.”
> “The Baby Massage is really good; it helps children to sleep better at night, and stops them from being hyper.”
> “My baby had a personality change after going to Baby Massage. It really relaxes them!”
> “The space in the Stay and Play are very good.”
> “The toys in the Stay and play are very good.”
> “The Stay and Play helps my child to learn to share.”
> “It is a relax for the Mums as well, the kids just get on with it.”
> “The Stay and Play staff are very good. Sometimes it is almost one-to-one, and my child had tantrums, and they helped him to calm down, and now he has fewer tantrums.”
“I like the other mothers, and I am getting to know some new people as well.”

More critical remarks centred on the quality of premises:

“The building where Stay and Play happens is falling down! (Oak Tree Community Centre).”

Or the timing of provision:

“The Toy Library is in the mornings, and that’s when I do my housework, so we don’t go.”

A few comments suggested issues to do with lack of information:

“I don’t know where the toy library is…”

Parents had been informed about Sure Start by their health visitor, or by the Sure Start contact at their GP surgery, or by friends. However, it seemed that attendance at groups varies considerably, according to factors such as the weather, and what else is on offer that day. Attendance at groups was said to vary from none to about thirty! This issue of variable attendance levels is undoubtedly something that Sure Start is currently addressing, and is perhaps not surprising at these relatively early stages of the programme. However, Sure Start will need to consider this matter in terms of mainstreaming and the future, as we suggest that in order to attract funding in the future each project will have to demonstrate that it is more effective in reaching out to all potential users. Issues of measurable outcomes in terms of reach and coverage are key performance indicators for all Sure Start projects.

Attendance records would obviously form part of the process of demonstrating effectiveness in terms of ‘coverage’. However, more systematic data about ‘health impacts’ or ‘smoking cessation’ for example would need to be collected and collated in terms of demonstrating compliance with the central targets imposed as part of all Sure Start interventions. Workload and administrative issues to do with the burden of collection have already taxed the team, but as we note, have started to be resolved.

However, from the point of some individual mothers currently attending Sure Start projects, there was a clear note of satisfaction with the project’s activities. When asked if there was anything they would like to see changed about the Sure Start facilities they had the following to say:

“I would change nothing about the Stay and Play!”, (Mother of two-year-old child).

“There is nothing I would like to change about Sure Start…. it is perfect!”, (Mother of two-year-old child).
Clearly this affirms the value of such provision but a more sustained focus on parents’ needs, to augment these snapshots of perceptions is clearly called for.

Phase 4 Keeping it all going: Sustainability via Mainstreaming

The most straightforward definition of mainstreaming emphasises the financial dimension. This centres on the belief in projects being taken over by core budgets when work such as Sure Start finishes. Discussions of mainstreaming framed by funding tend to predominate in our interviews with managers from Ealing Council and other statutory providers such as the PCT:

“I think...mainstreaming means that it actually comes from the core budget that we receive. At the moment Sure Start Projects are probably funded through Sure Start Funds, and when that comes to an end then...” (Senior Manager, Ealing PCT)

However, outside these arenas, some interviewees, especially those involved in regeneration work operated within broader definitions and consider continuity of funding, without assuming the possibility of core funding support. This was born of experience including a pragmatic appreciation that it is rare in practice for projects to be taken up by core budgets. Indeed the managers of the SRB understood mainstreaming in a context when none of their projects had actually been mainstremed, according to the strict fiscal definition of being taken into core budgets.

“My understanding of mainstreaming is that you use a grant fund to demonstrate the worth of a project, and the need for it and its success, and you use that to try and persuade a statutory provider, not just the local authority, because we have projects owned by other statutory providers as well, and you use that and try to get them to take it on as project that they themselves fund... And to be quite honest I can't think of a single project where we have succeeded!” (Manager, SRB)

As a senior SRB manager understood, mainstreaming was a contested term and how it was ‘realised’ was part of the political and policy conditions pertaining at any one time:

“Well, I think people have different understanding, and it depends also on what agencies you deal with...certainly what tends to be in my mind...partly because of what I was saying before.... we have a very close relationship with the local authority, and also because I am on the neighborhood renewal (?) committee which has been set up to encourage mainstreaming. I tend to think of it really as services getting absorbed...to local authority services, as a part of their mainstream and I think that is actually quite difficult to do and if you then take into account that during the same period of time the council itself is going through this enormous financial crisis, and cutting back its own staff, it becomes even more difficult to do...I think usually, and this is just thinking as I am speaking...one of the things that helps is if
there are other bits of funding...that become available. In other words if there are policy changes, and government policy dictates that this is a priority at the moment, something like community safety. and there are bits of funding that become available, and that can be an encouragement perhaps for the council to slightly shift the way that it operates....but it is very unusual for the councils to be bending its own resources, which is what I understand by mainstreaming...” (Senior Manager, SRB)

This contrasts to a more ‘purist’ belief held by senior managers in the council who argued that ‘value for money’ projects would be mainstreamed by statutory agencies

“Well, its kind of critical, cos it could be like water in the desert...you get a nice flower...looks good for a while and then it dies back. its back to the same landscape...so its kind of critical to the whole philosophy, really...so for me mainstreaming it is that they can develop services that are so...useful...in terms of how they impact locally that they will be maintained by one of the statutory agencies...it becomes a proven value for money strategy in terms of delivering services.” (Senior Manager, Ealing Council).

A senior health manager also understood mainstreaming to imply permanency, appreciating that short-term contracts were not ideal in developing innovative sustainable practice:

“...I would say...my definition of mainstreaming is...funding that is not dependent on two-year contract...or a one-year contract...then your money runs out.... it is part of the whole provision that is provided on a statutory basis...rather than from money that people have just bid for...that’s my understanding...then what you do...is amalgamate it into the whole... then you get some new money and try to develop new things then.... then things that are not amalgamated you bring in....but the difficulty is having the additional money to...take new services on board, as it were. .... I don’t see it as mainstreaming if you are still supporting it with funds that you have applied for elsewhere.” (Manager, Ealing PCT).

Sure Start personnel have the most ambitious definition of mainstreaming which does not only include funding, but also entails installing the organisational and community spirit of Sure Start (parents as stakeholders, for example) in any mainstreaming practice. It is notable that Sure Start field staff are much better informed about the organisational and community-building aspects of Sure Start. There was a strong relay here of Sure Start philosophy and core principles.

“It’s hard to know what the government perceives by mainstreaming. My perception of it is that the existing service providers will continue that work when Sure Start funding ceases to exist. The second part is that Sure Start is doing work in a different way, the departments learn
from the experiences of Sure Start, and they change their practices to work differently...into a more Sure Start model....” (Manager, Sure Start)

While interviewees outside the Sure Start core team said that Sure Start was good at providing information, it was apparent that the financial aspects of mainstreaming were most commonly appreciated and matters of community capacity building received far less emphasis. This confusion or existence of multiple perspectives on mainstreaming clearly requires some attention in all those interested parties if the ambition of securing the long-term success of Ealing Acton Sure Start is to be achieved. However, it would be naive to assume that agreeing on one single meaning will suffice. There are different stakeholders here and different demands on local authorities and service providers. The final outcomes of any mainstreaming attempt depend, as we note, on professional co-operation but this is insufficient to secure projects. A sound financial base is crucial as is the embedding of the core values of Sure Start inside other forms of provision. The final part of this report examines what our interviewees note about the best ways to promote mainstreaming. Our use of the term carries all of the meanings discussed above

4.1 Factors that promote mainstreaming

Projects grow and learn and what we offer here is some of those ‘hard lessons’, many of which were anticipated by experienced regeneration community workers.

- Think about the end at the beginning:

“There a number of things that we have done at programme level...we have always been quite clear from the beginning that we want people to think about the end of the programme…” (Senior Manager SRB)

- Tapering funding, so that projects will find other sources of funding:

“What did happen to everybody, was that we tapered our funding...so rather than everybody having this much money, and it gradually increases by the set three percent inflation rate over the next three to five years...which was pretty much what everyone wanted...we said well that’s not really very good...you are going to reach March 2004 and you will have been operating with exactly the same amount of money, and then suddenly its going to go woop, and then you won’t have anything...and what are you going to do about it?” (Manager SRB)

- Taper funding three years from the end of the programme:

“...I mean Sure Start is a ten year programme, so maybe with seven years to go its a little too soon to start warning them...I think three years to go is a perfectly realistic timescale to start warning them about the future...” (Senior Manger SRB)
• **Taper funding less for the ‘grass-roots’ projects:**

“We did think long and hard about it. Different projects were actually tapered by different amounts... which they actually complained about as being really unfair... The most vulnerable community projects, we supported most...the community grass roots ones, they are the ones that we thought would find it most difficult...so they were the ones to whom we were a bit kinder...but in fact there was much less come-back than we expected...well there were a number of criteria... we didn't involve the projects...we looked in some detail at where the project had opportunity to raise additional grants, generate income... the chances of it being mainstreamed...were really the three, the three futures...and also the responsibility the project owner had towards the organisation...that kind of determined the level of the taper...” (Manager SRB)

• **Build up trust in working relationships:**

“... now that people have got to know each other...it all comes back to now that people have got trust...in a working relationship...in being able to talk about things, and it all comes back to communication...and exchange information. I mean it all comes back to communication...” (Manager, Sure Start).

• **Embed projects so that they become more difficult to get rid of:**

This was explained both in terms of embeddedness of projects and in terms of buying into existing capital build projects.

“In a way..., doing it the way we have done it helps mainstreaming...‘cos if you set it up as a separate entity...then mainstreaming can be more difficult. Whereas because we have integrated to what we have already got...that should hopefully make mainstreaming...the health visitor aspect of it easier” (Manager, Ealing Primary Care Trust)

• **Evaluations to demonstrate the value of projects:**

“Firstly, an effective project...‘cos if it doesn't work well then there is no point... there should be demonstrable changes that are positive... that are also effective...‘cos people may really really like it...but does it really make a difference to the health of children?” (Senior Manager Ealing PCT)

“... and it’s a tough old world, but in a way the things that work and the things that deliver value to local communities will be the things that remain at the close of the initiative.” (Senior Manager, Ealing Council).

“That's where the mainstreaming comes in, you know, something is
proven to work...as a statutory organisation I think we have a responsibility to look at that and well...say its working.... it is of benefit...how can we make sure that that continues.... and equally to be able to say we have tried that... it's not worked, so we don't feel we need to mainstream it...” (Senior Manager, Ealing Council)

• **Buildings and capital investment:**

“The most obvious thing, I suppose, would be buildings...I mean buildings will stay, so if they are there are various different strategies around on buildings, but if you buy into a building that is part of the maintained sector...then physically you will have a continued presence...that will continue to be delivered in the way that they have been under Sure Start...depending on whether they have been perceived to be the best way forward...where you have a great difficulty is like in Northolt where they are having water carriers...so physically that won't continue...” (Senior Manager, Ealing Council)

• **Children’s Centres:**

“...I suppose the government is already beginning to mainstream things with the Children’s Centre Initiative...in the sense that the objectives are completely the same in terms of Sure Start Local Programmes...we can call Sure Start Local programmes Children's Centres...they are almost becoming mainstreamed...certainly in terms of wider overarching objectives...so I suppose Children's Centres is the way forward... linking services that Sure Start currently provides into the services that Children’s Centres provide...and that seems to be a model that looks at the moment to be quite durable. There are close links on the ground, really, because there is the South Acton Early Excellence Centre, which is a school site...which is quite key to the Sure Start Acton project. In terms of the future we have to submit our Children's Centre Plans, on the 15th October.... South Acton will be one...That will be a model children's centre, providing outreach...extended services, links with health, social services...” (Senior Manager, Ealing Council)

“Mainstreaming...the South Acton Early Excellence Centre has become a consolidated centre. They’re bringing in the old Social Services, and the nursery school, and now the Neighbourhood Nursery initiative, and it will be the Children’s Centre. Her site will end up being the hub for Sure Start, in the longer term.” (Sure Start Manager).

• **Mainstreaming is managerial level responsibility:**

“Well...the last project I worked on...which was only a short project...everybody has these exit strategies...well that was my
manager at the time’s job, really, to do something about that…” (Sure Start Personnel)

• Gradual integration:

“How slowly begin to integrate...bit by bit rather than wait until the end...and try to do it all at once...a gradual process…” (Senior Manager Ealing PCT)

• Look at the overall model:

“This is the challenge of mainstreaming...because we don’t get...well we get a small amount of additional money each year for developments...so, if we are looking at mainstreaming we have to do that out of our traditional budgets...it is a challenge for us, but it is one that I think we need to think about.... it is difficult to employ health visitors, cos they’re not that many of them...it can be difficult to recruit....and we are doing a bit of work internally that looks at how we can best.....utilize their skills...then I think you have the challenge....you have their absolute skills, and then...I suppose it what comes under that to support health visiting.....we are looking at alternative models and ways of doing that...so...maybe family support workers could fall underneath that...they are not Health Visitors, but they are people that could work with families and identify issues....so....I can see how that role could become mainstreamed...but the challenge of actually doing it is much more difficult....its not just something that you say...OK we'll do it...you have to look at the overall model…” (Manager, Ealing PCT)

• Work Locally:

“From local working.... I think local working and local relationships are the key...because you become identifiable as a person...you stop being a social worker, you stop being a teacher...you are a person...” (Sure Start Manager)

• Accessibility of information about how to apply for funding:

“We followed it up a year later with a similar thing, with a workshop, breaking down into various themes. So in the theme groups they discussed what sort of things they needed to consider...you know when did they need to start thinking about putting applications, you know following it up...I did a big presentation to the education projects to highlight the way that the academic and the financial years don't work out...so they have to be even more on the ball in terms of getting their applications in. With the community projects, which is probably around five or six.... we have given quite a lot of assistance...” (Manager SRB)
Indicative Issues for the Future

For the Sure Start field team

- Value for money or ‘cost effectiveness’ evaluations towards the end of the programme may be useful in demonstrating the effectiveness of projects to senior managers and make mainstreaming more likely.
- Tapering funding about three years from the end of programme
- Embedding projects as much as possible in current service provision is seen as an ideal situation

For senior managers

- More work needs to be done emphasising that mainstreaming is not simply about funding, but about a Sure Start Model of working – a philosophy of a new practice.
- It might be realistic to accept from the outset that some projects will not get core budget funding, and work to make sure they are equipped with information about how to apply for replacement funding.

For all partners

- Professionals appreciated and esteemed the flexibility and willingness to negotiate demonstrated by the Sure Start team.
- The growing awareness about projects having multiple viewpoints and concerns has stood the project in good stead. Issues of building on this incipient understanding include, developing a willingness to work through new challenges via a problem solving approach.

References
Clegg, M (2003) Commissioning evaluation: is there an enlightened approach? (provenance to be established)

Sure Start Website: http://www.surestart.gov.uk


Sure Start Acton Information Leaflets
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