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Sure Start

National **Evaluation**

Early Experiences of Implementing Sure Start

Early Experiences of Implementing Sure Start

National Evaluation of Sure Start (NESS)

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CHAPTER 1

INTRODUCTION

1.1 Sure Start is a cornerstone of the Government's campaign to tackle child poverty and social exclusion. Its central aim is to improve the health and well-being of families and children before and from birth, so that children are equipped to thrive when they go to school.   It does this by a) setting up local programmes to improve services for families with children 0-3 and b) sharing good practice from local programmes to everyone involved in providing services for young children[1].

1.2 A central question posed of any initiative such as Sure Start concerns the extent to which it is adding - or is capable of adding - extra capacity, value and positive impact to the existing design and delivery of services. The main purpose of the Implementation Module within the National Evaluation is to enable policy makers and practitioners to receive reliable and detailed answers to this question. The following report is written with the intention of contributing to that process. It is important to acknowledge the limitations of the data presented in this report, and above all to take account of the timing and objectives of the particular component of the research design on which it is based.

1.3 This is the first full data-based report to be produced from the Implementation Module of the National Evaluation of Sure Start. This report provides an initial overview of the progress and characteristics of Sure Start implementation in 118 of the 128 local programmes, which were funded within Rounds 1 & 2 of the initiative. This represents a response rate of 92% to a questionnaire survey administered in 2001. A full description of the methodology is provided in the final chapter of this report. The snapshot presented in the next pages can be reliably dated as the last quarter of 2001, given that all the data on which this report is based were collected by the end of the first week of December.

1.4 The term **snapshot** is used here deliberately to underline the fact that this report captures only one phase of one aspect of the Implementation study design; i.e. the first application of the national survey questionnaire. As described in the methodological report, the overall design of the Implementation module incorporates three linked elements:

- a national survey of all Sure Start programmes in Rounds 1,2,3,4
- a set of 26 case studies
- a series of thematic studies

1.5 The study design specified that each of the 260 local Sure Start programmes in rounds 1-4 would be surveyed at annual intervals for their first three years of operation. The intention of this survey was to provide

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[1] For more information, please see the Sure Start website at www.surestart.gov.uk

both a context for further and more intensive programme study, *and* to facilitate the measurement of change over time across the implementation process. The aims of the survey include:

- to ensure participation in the national evaluation by all operational Sure Start programmes
- to collect descriptive information on the design, policy and practice of the whole local Sure Start programme, so that information can be aggregated across Sure Start
- to monitor the development over time of the nature and organisation of local Sure Start programmes
- to provide a basis, together with analysis of local Delivery Plans and the data provided by the Local Context Analysis Module, for a typology of local Sure Start programmes
- to provide data for use in the Cost-Effectiveness Evaluation
- to provide indicators of the likely level of local programme effectiveness in achieving goals which are central to the Sure Start approach (e.g. developing joined-up services, making services user-friendly)
- to provide ratings of potential programme effectiveness, based on these indicators, for use by the Impact study when selecting programme areas for study

1.6 It can be seen from this list of objectives that there are inevitable, albeit appropriate, limitations to the extent to which this report can answer *all* of the questions that might be asked about the implementation of Sure Start. This report presents descriptive data from the very first application of that national survey. It should be borne in mind that the survey can only *describe* overall variations in implementation. The two subsequent elements of the Implementation study design, i.e. the case studies and the thematic studies, both of which use qualitative methodologies, will explore in greater depth data generated by the national survey. We have been careful therefore to avoid exceeding the capacity of the quantitative data and it may be that some issues, which we have identified in the subsequent chapters, can only be fully understood when further illuminated by case-study data.

1.7 The structure and content of the following chapters, as indeed is also true of the final content and organisation of the questionnaire itself, have benefited from the very helpful comments and issues raised by the Sure Start Unit following the production of the interim report.

Structure of the report

1.8 This report is necessarily extensive, covering a large and varied assortment of data that emerged from the first administration of the National Survey. However, where possible, we have depicted the data in tables and charts for ease of reading. We have kept to a minimum the related discussion in the text because, in the absence of qualitative data, we can only identify tentative reasons for the picture that emerges. The majority of descriptive data will be presented using the average (median)

1.9 along with the range, in order to account for a considerable variation in responses. It can be assumed that where the average is presented, only a slight variation among programmes exists.

1.10   Chapters 2, 3, 4 and 5 will address discrete aspects of implementation: Programme Governance and Management, Staffing, Access and Core Sure Start Services. In addition, we will introduce, within each of the relevant chapters, a set of assessment scales that have been constructed in order to characterise programme management and services. Responses to individual questions in the questionnaire were aggregated to create a broad picture of activity and progress within each of the local programmes.

1.11   Appendix A contains an account of the way in which these scales were designed and the full construction of each scale is shown at Appendix B. However, in essence, the six dimensions of each scale have been selected as reflecting the six key aspects of the Sure Start ethos . Their identity is based on a detailed study of the successive editions of literature on programme guidance produced by the Sure Start Unit. The scales are as follows:

- parent involvement in management in the Sure Start programme
- father involvement in management of the Sure Start programme
- finding collaborative relationships (joined-up-ness)
- facilitating access to Sure Start (non-physical dimensions)
- non-targeted service provision in three core service domains (support to families; health; good quality play, learning and childcare)
- diversity of outreach activity

1.12   Chapter 6 will deal with the source, extent and allocation of resources within local programmes, and will draw on responses to the national survey as well as information about approved levels of expenditure held by the Sure Start Unit; and for 75 programmes, on complementary information drawn from their audited accounts.

1.13   Appendix A describes the survey method, including it s design and application. This account also includes an initial set of reflections on the extent to which the design has achieved its aims, as well as identifying necessary changes for the next application of the survey. First however, we provide a demographic context for the 128 programmes that form the subject of this report.

The demographic context of Sure Start programmes in Rounds 1 and 2

1.14   This section gives a brief overview of the populations resident in Sure Start programme areas; a fuller account will be provided in the first Local Context Analysis report (published in Autumn 2002).   Data will be presented by total number of Sure Start programmes and by Round. By Round , we mean the discrete batches of Sure Start areas invited to develop a Sure Start programme. . For example, the first 59 programmes given approval are considered to be Round 1 (55 of which responded to

this survey), or, the trailblazer round and the second 69 programmes given approval are considered to be Round 2 (63 of which responded to this survey).

1.15 The number of children aged 0-3, based on Department for Work and Pensions (DWP) records of child benefit claims, is presented here, as is the ethnic composition of communities, based on the 1991 census.

1.16 For the purpose of presentation, an area s ethnic composition was classed as predominantly White (>90% population), or as having an ethnic community that was predominantly Black, from the Indian sub-continent, or mixed depending on the majority group. Within the report, size and ethnic composition are used to help understand patterns of service provision, such as levels of staffing or ethnic representation of staff and parents/community members within the Sure Start programme. It is important to note that the population estimates reported here refer to the *working* populations and are different from those used in chapter 6, which are based on the *planned* populations as estimated by the programmes themselves and reported in the delivery plans. By planned population, we mean early estimates of the scope of the Sure Start populations that programmes used when they were drawing up their delivery plans. Working population, in contrast, is the best estimate of population available from the DWP, and the population figures currently being used for the purpose of the National Evaluation.

1.17 The average number of children aged under 4 in Sure Start areas was 738, although this ranged from very small populations (n=198) to very large ones (n=2157). It should be noted that these estimates are approximate for two reasons: to begin with, it was necessary to scale the population figures provided by DWP according to changes made to the original boundaries of programme areas. The updated figures from DWP were not used, as they arrived when the report was close to completion. While the minimum and maximum are now different (n=209, n=2098 —they are close to what are reported here. The correct data have now been received and will be used in all future analysis and reporting.

1.18 Also, the child benefit population is itself likely to be an underestimate of the true child population as , for example, children of asylum seekers not being recorded on the DWP database. There was no difference in the size of programmes by Round, on average, although the largest and smallest programmes were both in Round 1. Neither were there any notable differences between rounds in terms of ethnic diversity of the resident populations. The last line of the table details the number of programmes located in rural communities; in the first two rounds there are only three rural programme areas, too few to investigate potential differences in service provision and delivery related to the urban/rural distinction.

Table 1.1: Programme size, ethnic composition and rurality for 128 programmes in Sure Start Rounds 1 and 2

	Round 1 n=60		Round 2 n=68		Total n=128	
	mean (sd)		*mean (sd)*		*mean (sd)*	
Children aged 0-3	738 (337)		739 (186)		739 (266)	
	n	*%*	*n*	*%*	*N*	*%*
Ethnic composition						
Mixed	2	3	4	6	6	5
Black	7	12	6	9	13	10
Indian sub-cont.	8	13	13	19	21	16
White	43	72	45	66	88	69
Rural	2	3	1	1	3	2

1.19 Table 1.2 shows the levels of deprivation in Sure Start programme areas as measured by the DETR Index of Multiple Deprivation (IMD), and the individual domains of Income, Unemployment and Child Poverty. There were only marginal differences between Rounds 1 and 2, with Round 1 programmes tending to show slightly higher levels of deprivation. Compared to the national average, communities in Round 1 and 2 programme areas are amongst the most deprived in England, with both low income and unemployment being at more than twice the level of the national average.

Table 1.2: The DETR indices of deprivation for Sure Start programmes in Rounds 1 and 2, and for all wards in England

	Round 1	Round 2	Total	Wards in England
	n=60	n=68	n=128	n=8414
	Mean (sd)	*Mean (sd)*	*Mean (sd)*	*median*
IMD	50 (13)	48 (14)	49 (14)	17
Income (% popn. on low income)	40 (10)	38 (10)	39 (10)	16
Employment (% popn. unemployed)	22 (7)	20 (7)	21 (7)	8
Child poverty (% <16 popn. in low income households)	57 (12)	55 (12)	56 (12)	22

CHAPTER 2

MANAGEMENT

PROGRAMME START-UP

Introduction

2.1 The national survey sought to examine most aspects of the overall management task, including the crucial setting-up phase. The fact that this focus constituted the longest single section of the questionnaire - 14 pages - reflects the pivotal nature of the programme activity involved. The survey sought data on the following areas:

- the identity of agencies /individuals involved
- organisational and professional relationships between them
- the impact of those relationships on decision-making and practice in local programmes
- establishing /working within multi-agency partnerships
- facilitating/maintaining the involvement of local people, especially parents of children aged 0-3, in the management process.

Measuring time in operation

2.2 In order to measure *length of operation* programme managers were asked to provide the date the programme began, defined as the date on the letter approving the first Sure Start grant, together with the date when the first Sure Start manager *began work* on the programme. These two dates provide an indication of how long programmes had been in operation at the time of survey completion.

2.3 The majority of Round 1 programmes (96%) reported the grant being approved by June 2000, and the majority of Round 2 programmes reported grant approval after this cut-off (94%). Just over 25% of programmes had a manager in place prior to the grant approval date, and a further 25% of programmes had a manager in place within ten weeks of receiving approval. The majority of programmes (87%) had a manager within six months, although four programmes appear to have taken over a year. Figure 1.1 also shows that the time taken to get managers in place took longer in Round 2 programmes. At the time the questionnaire was issued (Sept 2001), the average time in operation, from date of manager starting, was 18 months for Round 1 programmes compared to 9 months for Round 2 programmes. So, on average, round 1 programmes had been running twice as long as round 2 programmes at the time of our survey.

2.4 Clearly, there is variation within each group, indicating that the idea of operating time is a complicated one. According to the responses to the National Survey, some managers were in place prior to approval date, whilst others came on board after approval. Examination of the phenomenon of length of operation as a variable any further would have required access to

data beyond the capacity of the questionnaire. *Date of appointment of programme manager,* which was collected by the questionnaire, would have only constituted one aspect of a far more complex calculation and for this reason we chose to use Round as a proxy for length of operation.   Where appropriate, results are reported separately for Round 1 and 2 programmes.

Figure 2.1: Time taken for manager to start work from grant approval date for 118 Sure Start programmes in Rounds 1 (n=55) and 2 (n=63).

time to manager starting work
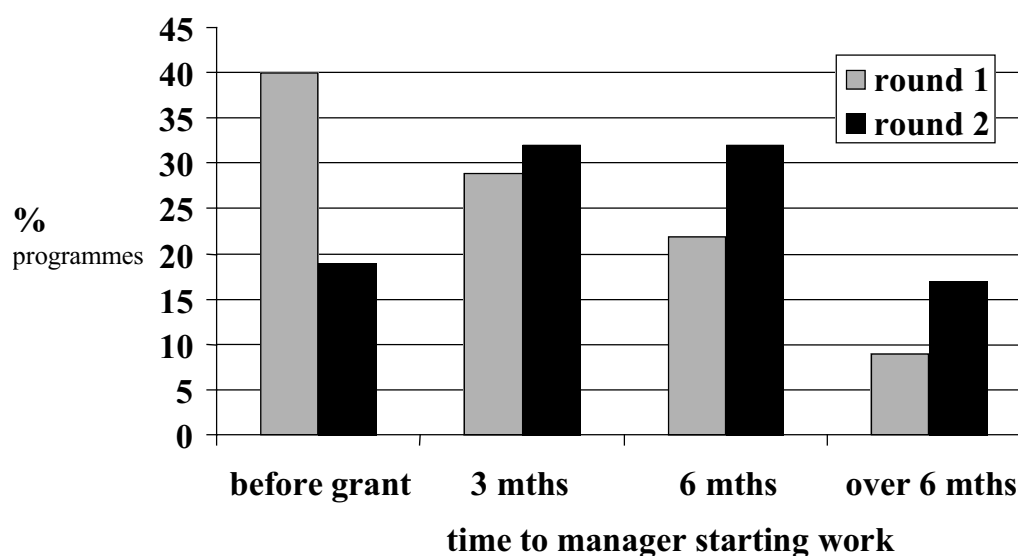
2.5 The data as shown above in Figure 2.1 is found to be inconsistent with that of the Sure Start Unit, strengthening the argument above that length of operation is a complex issue. This conflict in knowledge may point out a difficulty in defining approval date between programmes and the Sure Start Unit, or may indicate a misunderstanding on the National Survey by the Programme Managers.   However, there is a possible alternative explanation that may account for some programmes responding that a manager was in place prior to approval. Some lead bodies apparently opted to use some of the preliminary money that was available specifically to draw up delivery plans, and may possibly have employed a person to undertake this work who was subsequently appointed as the Programme Manager. This would explain a blurring of the two tasks.   Sure Start guidance in fact encourages the use of planning funds at the outline stage of the delivery plan in order to help with the management and administration of the planning process.

Characteristics of the partnership

2.6 Sure Start partnerships are likely to be set up in different ways across the country. Therefore, in the National Survey we explored several characteristics of these partnerships. One characteristic of interest is *who* Sure Start programmes select to chair their partnerships. It is most likely that this status will be held by a statutory or voluntary agency, but alternatively can be held by an elected or independent member, a parent-user, someone from the community or a private sector representative. By elected member, we mean a member of the existing Sure Start management team whose name was put forward as a nominee , and voted in by all members of the management

team. One programme indicated that, at the early stages, this process was limited to a small number of partner members. However, in future elections, a wider selection of nominees will be put forward from both the partnership board as well as the parent subcommittee. An independent chair is a person *outside* the partner organizations, invited in with the goal of holding a balance between partner members and parents. A second related area of inquiry concerns whether or not the chair rotates among different people. It is possible that rotating a chair — or indeed not rotating- may indicate different working styles among partnerships that can be explored further in the case studies. Finally, we were interested to know how many programmes constitute their partnership as an independent legal entity.   Table 2.1 provides an overview of these three characteristics.

Table 2.1: Characteristics of Sure Start partnerships

	Round 1 n=55 %	Round 2 n=63 %	Total (R1&2) n=118 %
Chair of Partnership			
Statutory Agency	38	44	42
Voluntary Agency	16	29	23
Elected member	15	8	11
Parent — user	9	10	9
Member of the Community	9	3	6
Independent	9	3	6
Other	4	3	3
Private Sector	0	0	0
Rotating Chair			
No — Not rotating	37	27	32
Yes — Rotating	26	30	28
Still considering	37	43	40
Independent Organisation			
No	76	70	73
Planning Phase	15	21	18
Yes — Independent	9	9	9

A relatively high percentage of both Round 1 and 2 programmes appoint a statutory agency representative as the chair. The next most popular choice for Round 1 is the voluntary sector, closely followed by elected member. Nearly one-fifth of Round 1 programmes appoint a member of the community (who does not have children 0-4) or an independent representative as chair.

2.7 The identity of community members is a complex issue that we tried to clarify in our questions. In the survey, we ask programme managers to distinguish between the following 3 groups:

- parents who live in the local area who have children under 4

- parents who live in the local area who have children outside this age group

- local residents who do not have children

2.8 All of these groups will have views that are relevant to our evaluation of Sure Start, whether they use Sure Start directly or not. While parents with young children are members of the community, we thought it was important to look at the contribution from these other groups. Subsequent elements of the study design will allow us to explore this in further detail.

2.9 Round 2 programmes are more likely than Round 1 programmes to appoint a voluntary sector representative as chair. They are less likely than Round 1 programmes to appoint a member of the community or an independent representative as chair. However, in approximately one-tenth of both Rounds 1 and 2 programmes, a parent-user is appointed chair.

2.10 Neither Round 1 nor Round 2 programmes have appointed a private sector representative as chair. This is unsurprising in light of low representation by the private sector in the management as a whole. (This will be discussed later in this chapter.) Finally, a very small number of Round 1 and 2 programmes indicate they have some other structure for their chair. For example, some programmes appoint two people from different agencies to share the post. Another alternative for programmes is to elect and rotate ; one programme explained that they elect members on a yearly basis but they rotate between statutory and voluntary agencies.

2.11 The majority of programmes do not rotate the position of chair. One quarter of programmes do rotate the chair, whereas 40% are still unsure as to whether or not they will establish such a system. There is very little difference between Rounds 1 and 2 programmes at this point.

2.12 Most programmes do not establish themselves as an independent legally constituted organisation. Moreover, there is very little difference between Rounds 1 and 2, though a slightly higher number of Round 2 programmes seem to be contemplating the issue within their partnerships.

Involvement in management by sector and group

2.13 The management structures of most Sure Start programmes include representatives from the statutory, voluntary and private sectors. In addition, parental and local community contribution was deemed, in the Sure Start guidance, critical to the success of Sure Start. Table 2.2 presents an overview of all these representatives currently involved by round, including the proportion of representatives from each sector and average (median) number of representatives.

Table 2.2: Overview of representation in management in Sure Start

	Round 1 N=55		Round 2 N=63		Total (R 1&2) N=118	
	%	Median[a]	%	Median	%	Median (range)
Representatives (at least one) from the statutory sector						
Health	96	3.0	98	3.0	98	3.0 (1-21)
Social Services	86	1.0	94	1.0	90	1.0 (1-7)
Education	89	3.0	96	2.0	92	2.0 (1-14)
"Other" Statutory Agencies	65	2.0	70	1.0	68	1.0 (1-14)
Representatives (at least one) from other sectors						
Voluntary Sector	94	3.0	97	3.0	96	3.0 (1-20)
Local Community	96	5.0	95	5.0	95	5.0 (1-37)
Private Sector	28	0.0	23	0.0	25	0.0 (1-5)
Parent representatives (at least one)						
Parents (total)	100	5.0	98	5.0	99	5.0 (1-40)
Parents of children 3+	91	3.0	82	2.0	87	3.0 (1-25)
Parents of children 0-2	85	2.0	79	2.0	82	2.0 (1-25)
Fathers (total)	44	0.0	45	0.0	44	0.0 (1-7)

[a] The median was chosen over the mean for ease in comparison between rounds and with the total.
[b] Specific agency breakdown will be discussed in the text.
2.14 It is evident in the above table that the overwhelming majority of Sure

Start programmes have at least one representative from each of the main statutory agencies (i.e. Health, Education and Social Services), as would be expected. There isn t a great deal of variation between rounds with respect to each statutory agency, though a slightly higher percentage of Round 2 programmes include Social Services and Education representatives in their management structure than Round 1.

2.15 Other statutory agencies are represented in the management of Sure Start to a lesser degree than the main statutory agencies. Furthermore, Round 2 programmes include other agencies in the management board at a slightly higher rate than Round 1 programmes. There is a rich mix of   other agencies and departments represented across programmes. By far the most prevalent of these agencies is Housing, or departments related to housing issues, that are represented in approximately one-quarter of programmes. Also represented in a number of programmes are Community Development (15%), Regeneration (10%), Chief Executives Office (10%) and Early Years Development and Child Care Partnership (10%). All partnerships should have an EYCDP representative, therefore the apparently low (10%) representation is surprising. However, it is likely that programmes included their EYCDP representative under the statutory Education category in an earlier question of the survey. In the subsequent version of the questionnaire, we will attempt to clarify this matter. In a small number of programmes (less than 5%), the police, libraries, schools, leisure departments, colleges, ethnic minority services and tenants associations are represented, to name only a few.

2.16 It is important to note that the overall totals for statutory representation contain variations in the scale of partner agency representation, which may or may not have implications for the impact and role of the individual staff involved.   Health prevails among the statutory agencies with the highest average number of representatives at 4.36, followed by Education and Social Services. Programmes tended to have a higher average number of representatives from other statutory agencies than from Social Services. Though there are apparent differences in averages between rounds, those differences have not been found to be statistically significant.

2.17 Voluntary sector representation on the management board is also high, with over 90% of programmes having voluntary sector representatives on the board. Moreover, the average number of members from the voluntary sector represented is high. Five programmes indicate a complete absence of voluntary sector representatives.   Four of these five programmes have four or more representatives from the local community, and four or more parents on the management board. It may be premature to speculate whether these relatively significant numbers of community representatives and parents point towards a specific model with high levels of community member participation. This issue will be addressed in the case studies.

2.18 The private sector has low input into the management of Sure Start programmes. Approximately one-quarter of both Rounds 1 and 2 programmes have private sector representation and, where the private sector is represented, the average number of members is low.

2.19 Over 90% of programmes have been successful in eliciting contributions to management from members of the local community. As we have stressed above, identity of community members is a complex one, and thus we define other community members as follows:

* parents who live in the local area who have children under 4

* parents who live in the local area who have children outside this age group

* Local residents who do not have children

2.20 All of these groups will have views that are relevant to our evaluation of Sure Start, whether they use Sure Start directly or not. For example, we were anxious to explore the contribution or otherwise of parish councillors, tenants associations, local vicars, etc Subsequent elements of the study design will allow us to explore this in further detail. In particular, policymakers will want to understand the nature and extent of consultation with local communities as well as involvement. We did not ask for specific information on the extent to which programmes had undertaken formal consultation processes. Programmes have undertaken widespread publicity campaigns within their communities, and inevitably there will be some overlap between publicity and consultation. However, it would be inappropriate to reach conclusions on consultation per se on the basis of the data that are currently available. Further data will be available on consultation in the forthcoming thematic report on Getting Sure Start Started .

2.21 Parents contribute to the management of nearly every programme. This means that they are on the partnership or management board, or on a sub-group thereof, or possibly on a specialised working group or programme-specific group. These parents are overwhelmingly mothers rather than fathers, and are marginally more likely to be the parents of 3-4 year olds than 0-2 year olds. Just under half of the programmes have fathers represented on the management board. Where fathers are represented, their average representation is two; the *scale* of representation, in particular whether there is one or more than one individual, may well have an influence on the contribution parents make to the programme. The same issues arise as in the scale of representation from local agencies, but are likely to be magnified, given that parents will in any case be out-numbered by agency staff; and it may therefore be especially difficult for one parent to impact on the decision-making and planning process.

2.22 Unfortunately, we did not elicit information regarding lead or accountable bodies in the National Survey. This issue of the relationship of lead and/or accountable body with the programme is a complex one that will be explored in more detail within both the first themed analysis and the case study aspect of the Implementation study.
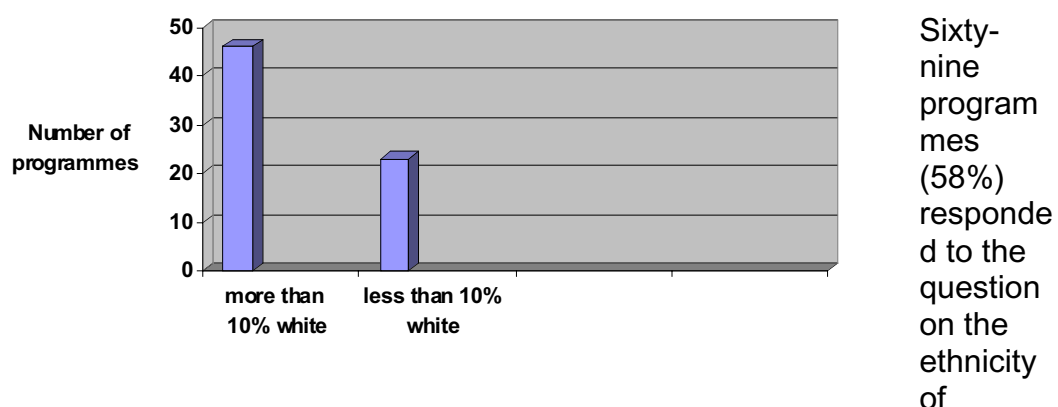
Ethnicity of community members

2.23 The ethnicity of community members represented in programme management was also investigated and the results are presented below in Table 2.3. The rationale for the questionnaire focus on the ethnicity of *community members*, including parents, and the exclusion of the ethnicity of *agency members,* was that the Sure Start programmes would have little or no (at least in the earlier stages) opportunity to determine the staff ethnic mix of the agencies with whom they collaborate.

Table 2.3: Ethnic monitoring and composition of parents contributing to management

	Round 1 % n = 52	**Round 2 % n = 63**	**Total (R1&2) % n = 115**
Do programmes have ethnic monitoring system for parents/community members?			
Yes	42	25	33
Planned	12	24	18

2.24 Table 2.3 above indicates that 38 programmes (33%) have some system for monitoring the ethnic composition of parents and community members who contribute to the management of Sure Start in some way. Nearly 20 percent of programmes are planning on having a system in place in the future. Although this number seems somewhat low, a follow-up question on the survey about ethnic composition indicates that 69 programmes (58%) know the ethnic make up of parents and other community members contributing to management. This disparity is likely explained by the overall composition of ethnicity in Sure Start areas where there is a predominantly white population and/or where few numbers of parents are involved in management.

Figure 2.2: Ethnic identity parents contributing to Sure Start management

Sixty-nine programmes (58%) responded to the question on the ethnicity of parents/other community members participating in the management of Sure Start. Of these 69 programmes, 67% said that the ethnic composition of parents in

management was greater than 10% white, while the remainder have less than 10% white parents in management.

A finer breakdown of ethnic composition tells us that:

- 7 of these programmes have some black representation
- 12 have Indian subcontinent representation
- 4 have other representation

2.25 Overall, where a Sure Start area has a relatively high proportion of ethnic minorities, parental representation on management boards tend to reflect the ethnic make up of the area. For example, where there is a high proportion of black community members, the average (median) number of parents on a management board who are black is higher than in areas that are mostly white, or some other ethnic back ground. Similarly, in primarily Asian communities, the average number of parents in management who are Asian is higher than the average number of Asian parents in predominantly white communities. Please see Appendix C for further details.

Figure 2.3: Ethnic identity of other community members contributing to management
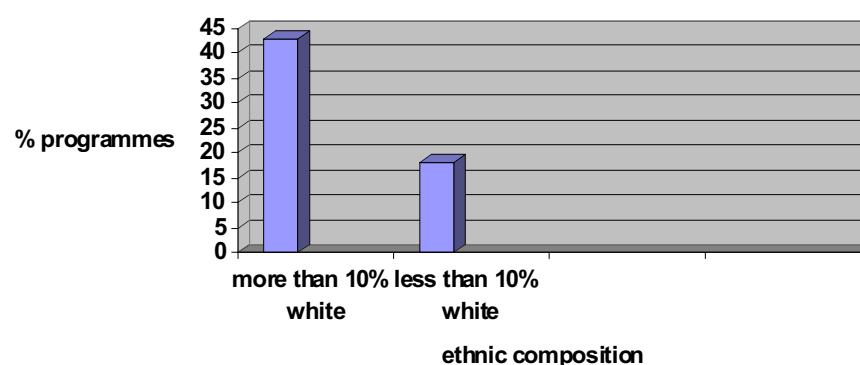
2.26 As might be expected, the number of other community members contributing to the management of Sure Start is somewhat lower than that of parents. However, the general pattern of representation, in terms of ethnicity, is similar to that as described above.

2.27 In both categories of parents and non-parent community members described above, Sure Start areas that are classified as less than 90% white are indeed more likely to have ethnic minorities represented on the management board than Sure Start areas that are greater than 90% white. However, even areas with greater overall ethnic diversity in the community, there still tends to be an equal or greater number of white representatives than other ethnic minority representatives.

Efforts to ensure parental involvement

2.28 It is of paramount interest to know about the degree to which parents have been encouraged or enabled to participate in the management of Sure Start, be it on the management board itself or through an alternative route like

a parent forum or a stakeholders group. This section will begin with a look at how programmes seek to engage parents into management issues.

2.29 Some programmes implement a formal system to ensure that parents on the management board are representative of the wider community. Some examples include a system of neighbourhood representatives; a quota system, whereby representation is allotted based on a proportion of certain types of community members (e.g. fathers, ethnic minorities, single parents) in order to ensure that spaces are reserved specifically for designated groups in the community; a formal survey to ascertain the levels of interest in participation; community consultation at social events; or an election. The following table presents this data:

Table 2.4: Sure Start meeting characteristics

	Round 1 % n = 55	Round 2 % n = 63	Total (R1&2) % n = 118
Existing system for ensuring representation on management board			
Yes, system exists	**62%**	**60%**	**61%**
Type of system for ensuring representation on management board			
Neighbourhood representatives	27%	16%	21%
Other	20%	22%	21%
Election	13%	19%	16%
Quota System	9%	11%	10%
Consultation with community	11%	8%	9%
Survey	9%	3%	6%
Venue for management/steering groups			
In the Sure Start area	98%	100%	99%
Outside the Sure Start area	2%	0%	1%
Time of day meeting is generally held			
p.m.	34%	46%	40%
a.m.	38%	23%	30%
Other	28%	31%	30%
Existence of a parent forum, stakeholder or other group for parents (in addition to management board)			
Yes	86%	75%	80%
Planned for future	11%	22%	17%
Time of day this meeting is held			
Other	35%	40%	37%
Before noon	39%	27%	33%
Afternoon	26%	33%	30%

2.30 Under three quarters of programmes indicated that a system currently exists for ensuring parents are represented on the management board. Rounds 1 and 2 score very similarly on this variable. A system of neighbourhood representatives is the most common system among Round 1 programmes, followed by some other type of system. Round 2 programmes seem to favour an election over neighbourhood representatives, as well as some other type of system.   Other types of systems used for garnering parent representation are: rotational membership, regular committee events, direct approaches to local parents, through a community forum, and employment of a parent link worker with a role to ensure democratic representation.   A few programmes thought some of these informal routes were far more accessible and less threatening to local parents than officially designed systems.

2.31 Nearly all programmes hold their management or steering group meetings within the Sure Start area. Programmes vary widely on the times they generally hold the meetings, with approximately a quarter holding morning meetings, almost half holding afternoon meetings, and another quarter rotating mornings and afternoons each month in order to accommodate a greater number of parents.

Figure 2.4: Frequency of "parent group" meetings
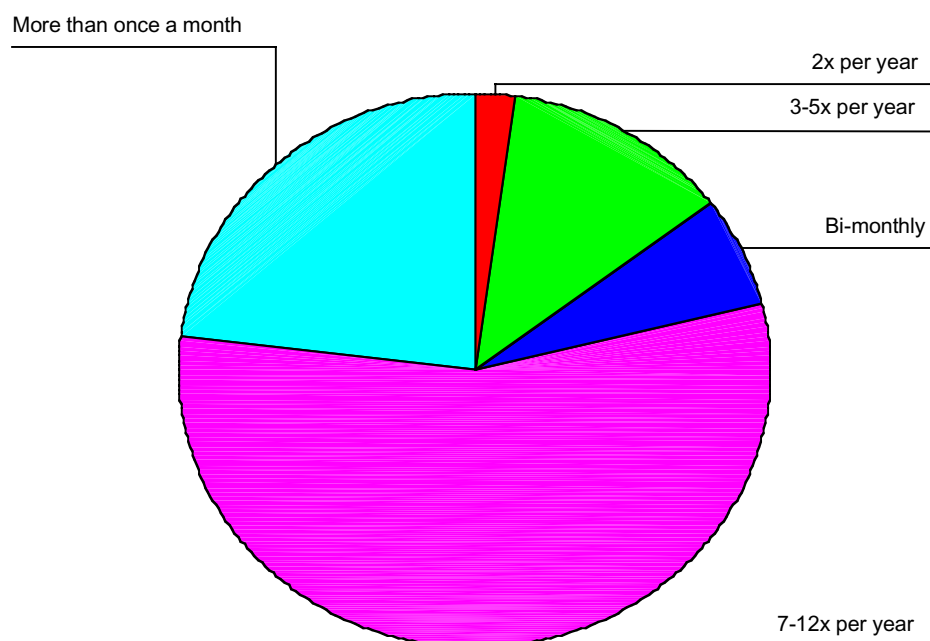
2.32 Parent group meetings is an umbrella term for a variety of parent-led and parent-oriented meetings. This could be a management subcommittee group, a stakeholder committee, or a parent panel. Over three quarters of all programmes have in place a parent group meeting. A higher number of Round 1 programmes provide this, whereas a greater number of Round 2 programmes are still in the planning phases. As the chart above shows, the majority of programmes hold these meetings between 7 and 12 times per year

(58%), though a significant number of programmes hold meetings bi-monthly (20%) and more than once a month (20%). A small number of programmes hold meetings only twice a year (2%). There is no significant difference between Rounds 1 and 2 in respect of the frequency with which meetings are held. Finally, similar to management, programmes hold these meetings at variable times.

2.33 Overall, it seems programmes are giving serious thought to the issue of engaging parents in management. They also appear to be quite flexible in terms of when the meetings are held, and they are holding them often enough hopefully to provide most parents in the area with the opportunity to be involved.

Support for parents

2.34 In order to facilitate parental involvement in the management of Sure Start, many programmes provide support of some kind to enable parents to contribute in various ways to the programme. Table 2.5 below presents this data by round.

Table 2.5: Support for parents

	Round 1 % n = 55	Round 2 % n = 63	Total (R1&2) % n = 118
Provision of support for parents			
Yes, support exists	91%	79%	85%
Number of support types	**n = 47**	**n = 49**	**n = 96**
Three to four types of support	68%	59%	64%
One to two types of support	19%	20%	20%
Five to six types of support	13%	20%	17%
Support Type (Practical)			
Childcare	98%	98%	98%
Transport	66%	71%	69%
Interpreting	32%	41%	37%
Support Type (Personal)			
Confidence building skills	81%	82%	81%
Other	36%	27%	31%
Training opportunities	17%	16%	17%
Induction session	2%	4%	3%
Team building events	2%	2%	2%

2.35 As can be seen in the table above, most (85%) programmes provide *some* kind of support for parents. More Round 1 programmes provide support than Round 2. This can be expected, knowing that Round 1 programmes have had more time on the ground to put this support in place.   And where

programmes do provide support, they tend to provide three or four types of support.

2.36 Practical support includes childcare, transport and interpreting facilities. Most programmes provide childcare, followed by transport; and interpreting facilities. A slightly higher percentage of Round 2 programmes provide both transport for parents who need it and interpreting facilities. Second Round programmes may have benefited from the later editions of more detailed guidance available to them from Sure Start and/or lessons from the Trailblazers.

2.37 Personal support for parents is seen as equally significant in enabling parents to participate in the management of Sure Start. Confidence building activities is the most popular form of this support, and equal numbers of Round 1 and 2 programmes have this in place. Training opportunities are found in a number of programmes as well. Less important to programmes, it seems, are team building events and induction sessions. Some programmes indicate other unique types of support, such as mentoring, debriefing sessions after management meetings and one-to-one support sessions.

The extent of parental involvement

2.38 Although at this stage we cannot draw conclusions about the impact of such support on parent involvement in the programme, we can provide figures for the number of parents attending the most recent *partnership meeting*. We wanted to know how many parents have attended the most recent partnership meeting, which may or may not have been the management board, or some other kind of committee or forum. Table 2.6 below presents this data by Round.

Table 2.6: Scale of representation

	Round 1 Median (Range) n = 48	Round 2 Median (Range) n = 50	Total (R1&2) Median (Range) n = 98
No. of parents attending most recent meeting	7.0 (2-300)	8.0 (2-200)	7.0 (2-300)
No. of parents with children 0-3 attending the most recent meeting	6.0 (0-28)	7.0 (0-160)	6.0 (0-160)

2.39 Some programmes did not answer this question, due primarily to the fact that many of these programmes had not had a first meeting yet. The range of parental participation in the most recent meeting is wide, though on average, programmes had 18 or fewer parents attending.

Two rating scales summarising key progress on management issues

2.40 In this section we draw together some of the data we have just presented in order to get an overall picture of programme progress in the area of management and governance.

2.41 As outlined in the final chapter of this report which describes our methodology, we designed a series of six rating scales to facilitate our overall understanding of the extent to which programmes are progressing towards the high quality policy and practice which government intends should characterise the Sure Start initiative. In the context of our data on management we chose to focus on two key aspects: *parental involvement*; and *father involvement*. The National Survey elicited a variety of responses about characteristics and activities linked to parental involvement in management.   Due to the variation in programme operating time, some programmes will have some of these activities in place, whereas others may still be developing them; yet others may not have them in place at all.

2.42 The information drawn on to create these two scales on parental involvement in management = and father involvement in management was selected to take account of the major relevant requirements set out in the Sure Start guidance. (See Appendix A for the full content of these two composite measurement scales, as well as the five others to be described later in this report.). Programme operation time has not been accounted for in the calculation of these scales. It was acknowledged that all programmes, irrespective of Round, have taken longer to be up and running than anticipated For this reason, we did not differentiate between programme time in operation. In the second application of the scales however, we will account for time distinction, because all Round 1 & 2 programmes will have been in operation for at least 18 months. It can also be assured that re-application of the scales will pick up on the progress programmes have made in the interim.

2.43 Scale 1 – "Parental Involvement in Management" - incorporates information, collected by individual questions on several aspects of parental involvement in the management of local Sure Start programmes, including the presence or not of parents on the management board, the existence (or planning for) of a subcommittee for parents to contribute to programme management, the extent of provision of personal support to enable parents to participate in meetings and/or other management related events, and the identity, i.e. parent or non-parent status of the chair of the board. With this information in hand, programmes were classified as evincing minimal, moderate, or high parental involvement in management.   The following box lists the basic building blocks for this scale, but full details can be found in Appendix B, Scale 1.

Parent representation on management board
Existence (or planned) subcommittee for parents
Evidence that programmes ensure parental representation in management
Provision of personal and practical support to parents
Parent presides as chair of partnership

2.44 Scale 2 – 'Father Involvement in the Sure Start Programme (Management and Services)' in the Annex an in para 2.43 above it refers to in management] across the board, programmes seem to find the involvement of fathers in management a challenging task for a variety of reasons. They are taking some steps however to actively involve fathers more generally in the programme, with a view to more substantial involvement. Therefore, we chose to present the father involvement scale here as a direct contrast to parental involvement and to show how programmes are progressing in their outreach and service delivery in order to engage fathers at some level.

2.45 The scale incorporates information gathered from questions on several aspects of father involvement, including whether the programme indicates that projects or groups for fathers, is one of the components of their Support To Parents and Families feature, whether special provision is made for fathers (traditionally considered to be a hard-to-reach group), whether the programme has an outreach worker with specific responsibility for involving fathers in the programme, whether programmes publicises Sure Start in gender sensitive venues such as pubs and football matches), and whether any fathers are on the management board. Once again, on the basis of various pieces of information in the survey, programmes were rated on this scale of *father involvement* as evincing minimal, moderate or high levels of father involvement. While the involvement of fathers in Sure Start has not been encapsulated into a formal programme target, it remains an important policy issue and is increasingly mentioned in notions of what constitutes good practice .   The basic building blocks for this scale can be found below, while a detailed account can be found in Appendix B.

> Projects or groups for fathers shown to be a significant component of Support to Families core service area
> Special provision made for fathers
> Targeted outreach for fathers
> Targeted publication/materials for fathers
> Fathers are represented in management

Tables 2.7 and 2.8 show the findings from the application of these scales.

Table 2.7: Results of scale 1 and 2

		Minimum %		Moderate %			High %	
	N	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Parent	11 6	3	38	8	6	-	41	3
Father	11 7	22	14	22	29	1	9	3

Table 2.8: Results of scale 1 and 2 by round

	Parents in Management %		Involving Fathers %	
	Minimum	**High**	**Minimum**	**High**
Round 1	38	47	33	13
Round 2	44	43	39	11

2.46 Overall, in terms of *parent involvement* in management, the findings are split between minimum scores and high scores, with few programmes scoring moderate . The scores in the father scale fall mainly within the minimum and moderate ranges, with few programmes scoring high.   These figures indicate that more than half of the programmes are *at least* doing moderately well or better in terms of involving parents in the management of Sure Start. However, it is clear that the issue of father involvement is posing greater challenges, unsurprisingly.   These results highlight the necessity of exploring, in face-to-face interviews, the particular challenges faced by programmes. In addition, the second thematic study, will address the issue of the involvement of Fathers in greater depth..

Linkages with other government initiatives

2.47 Respondents were asked to give details about the relationship between their Sure Start programme and a range of other initiatives. It should be noted that national policy development in the last ten years has included an increasing role for both *special grant regimes* and for *area based initiatives*. For example, Round 1 and 2 Programmes are required by Sure Start guidance to work closely with these other initiatives, which ultimately may contribute both to the objectives of Sure Start itself and to objectives of other local initiatives.   The list of initiatives and special grant regimes that programmes are advised to work closely with, and for which they are advised to seek information from regional contacts and expert advisers, includes On Track, New Deal for Lone Parents, Quality Protects and the Single Regeneration Budget. This list represents both special grant regimes and area based initiatives.

2.48 However this aspect of management represents a complex challenge, both for the programme manager to develop linkages, and for the Implementation team to identify and explain. On one hand, some *national* initiatives within *universal* services adopt strategies such as targeting or ring-fencing in order to lever change for the better. On the other hand, *area based initiatives* of which Sure Start is one can and do, amongst other objectives, focus on a range of universal services, such as employment or education. Quite apart from their lack of co-terminosity, there are also differences in the way in which resources can transferred from one to another.

2.49 The questionnaire focussed on linkages between Sure Start programmes and a range of both special grant regimes and area based initiatives. For the

purpose of this report, they have been divided between these two categories for analysis and can be found in tables 2.9 and 2.10 below.

2.50 Respondents were asked to indicate the nature of the relationship, i.e. did each of the respective initiatives on the list merely operate within the sure Start area, or was there additionally a link with the Sure Start programme; and /or did the initiative contribute resources to the Sure Start programme.

2.51 It should be borne in mind that the subsequent data reflects what Sure Start managers *actually know* about the incidence of, and relationship with, these other initiatives. Given the fact that programme managers did not always list Quality Protects, which is a national special grant regime, as operating in their area, may indicate a shortfall in programme awareness and/or understanding.

Table 2.9: Government area-based initiatives (ABI) of relevance to the Sure Start programme; shown are the number (%) of Sure Start programmes that named each ABI as operating in their area, together with the proportion of these who indicated a link with their programme.

Area-Based Initiative	Operating in programme areas	Linked with programme
	n (%)	*n (%)*
Single Regeneration Budget	86 (73)	49 (57)
Crime Reduction Programme	63 (53)	18 (29)
Health Schools Initiative	51 (43)	22 (43)
The Children s Fund	50 (42)	24 (48)
Neighbourhood Renewal Fund	48 (41)	19 (40)
Health Action Zone	47 (40)	27 (57)
Education Action Zone	43 (36)	22 (51)
Sure Start Plus	33 (28)	21 (64)
Healthy Living Centre	29 (25)	16 (55)
New Deal For Communities	27 (23)	17 (63)
Early Excellence Centre	17 (14)	13 (76)
Employment Zone	13 (11)	4 (31)
On Track	11 (9)	6 (55)
Community Champions	9 (8)	5 (56)

Table 2.10: Special Grant Regimes (SGR) of relevance to the Sure Start programme; shown are the number (%) of Sure Start programmes that named each SGR as operating in their area, together with the proportion of these who indicated a link with their programme.

Special Grant Regime	Operating in programme areas	Linked with programme
	n (%)	*%*
Quality Protects	77 (65)	47 (61)
New Deal For Lone Parents	73 (62)	35 (48)
Health Improvement Programme	65 (55)	38 (58)
National Childcare Strategy	65 (55)	43 (66)
Neighbourhood Nurseries	56 (47)	43 (71)
Drug Action Team	55 (47)	15 (27)
Connexions	54 (46)	19 (35)
Local Agenda 21	30 (25)	9 (30)
UK Online	11 (9)	5 (45)
New Commitment To Regeneration	10 (8)	1 (10)
Housing Action Zone	4 (3)	1 (25)
Phoenix Fund	3 (2)	1 (33)

Figure 2.5 below combines the distribution of area-based initiatives (ABIs) and special grant regimes (SGRs) in 118 programme areas. Two programmes failed to answer this question; they indicated that the programme was still very new and that the process of reaching a full understanding of the Sure Start area was still underway. One programme indicated they were unable to complete the table due to the late start-up of their programme; the Programme Manager still requires time to develop a complete understanding of the community. The average number of ABIs and SGRs *operating* in each of the remaining areas is 10; the average number *with a link* to the Sure Start programme is 6; and the average number *contributing resources* is 2.

Figure 2.5: Number of ABIs and SGRs operating in 118 round 1 and 2 Sure Start programme areas
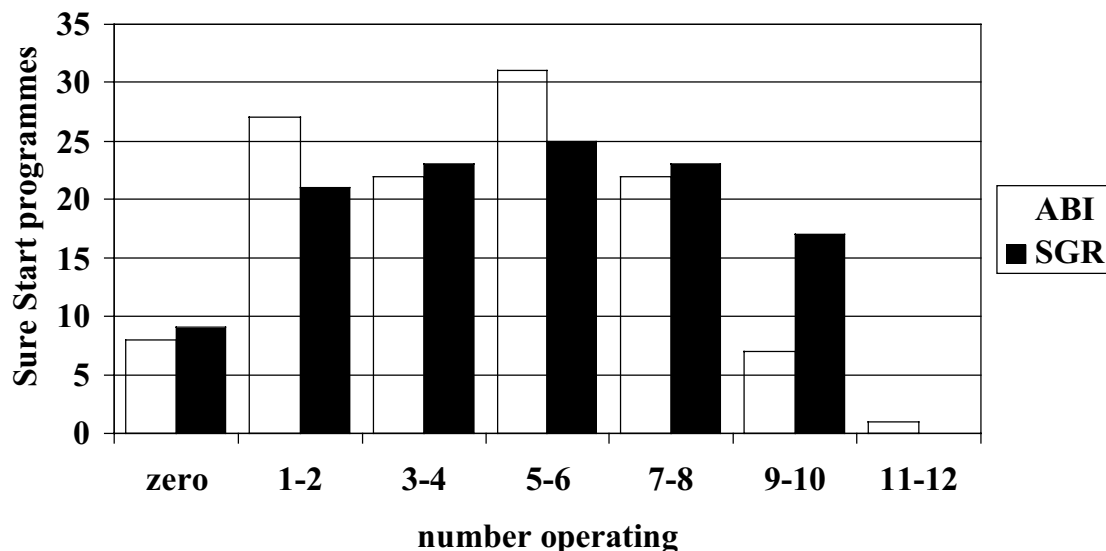
Relationships with the voluntary sector

2.52 Respondents were asked to indicate whether there was a link with any of the voluntary agencies operating within their area. The average number of voluntary agencies operating in a Sure Start programme area, and the average number of organisations who are actually linked in some way (either by the provision of services or by their contribution to Sure Start programme management), is 6. Responses in the pilot stage revealed the complexity of the issue of voluntary sector management activity; further exploration of the role of the voluntary sector in management will be undertaken in the case studies.

2.53 As may be expected however, the overall figures conceal variations in the incidence of links with programmes between large, medium, small and one-site voluntary agencies. The questionnaire provided respondents with a list of agencies with a national, even if limited, profile. In addition, respondents were asked to indicate which of the relationships operating in the area; having a link ; or providing resources to the programme was the most appropriate description of the relationship. *Operating in area* is self evident; *having a link* translated as having an agreement to provide services or participating in management; the *provision of resources* includes loan of premises, sharing of staff [contributing funds?]. The pilot interviews had indicated the validity of these three categories, but had pointed to the complexity of the exact overlap. This issue will be pursued in case studies. In 61 Sure Start areas, there is at least one organisation named as operating in the area and having a link with the programme. The majority of those programmes who cited the less well-known agencies had a relationship with between 1 and 5 of them.

2.54 Table 2.11 below indicates those voluntary agencies ranked in terms of frequency of mention, that appear to have the highest numerical profile in Sure Star Programmes; in terms of their operating-presence, and the consequent existence of a link with the programme. Responses to the National Survey reveal that the issue of linkages is a complicated one; more complex than is possible to explore in a quantitative survey. In this case, linkages includes both non-monetary links (i.e. training, information sharing, service provision) and monetary links (i.e. grants, resource sharing), though the extent and nature of these links is as yet unclear.

Table 2.11: Voluntary organisations with greatest operating presence

Name of organisation	No. of programmes where they have an operating presence *n (%)*	No. of programmes where they have a link with the organisation *n (%)*
Pre-School Learning Alliance	78 (66)	51 (65)
Home-Start	74 (63)	58 (78)
Citizens Advice Bureau	74 (63)	25 (34)
National Childminding Association	63 (53)	34 (54)
National Portage Association	51 (43)	34 (67)
Women s Aid	48 (41)	21 (44)
NSPCC	40 (34)	14 (35)
National Childbirth Trust	31 (26)	9 (29)
NCH Action for Children	31 (26)	19 (61)
Barnardos	33 (28)	15 (46)
Children s Society	23 (20)	10 (44)

2.55 The table points to two issues where collaboration between Sure Start and voluntary organisations is concerned. The first concerns the *frequency with which they appear* as an operating presence in the Sure Start areas; and the second, the *extent of their links* with programmes. For example, while The Pre-School Learning Alliance has the most frequent presence within areas, it is Home Start that, where it has an operating presence, is most likely to **link** with Sure Start programmes. The larger children s voluntary agencies are less well represented on the ground in Sure Start areas than may have been assumed.

2.56 Again, it is important to note that the responses to the questions concerning government initiatives and voluntary agencies in Sure Start areas are based on Sure Start Manager s *knowledge* of the area. One might anticipate that their knowledge of other agencies will increase during the programme planning process. Hence, subsequent stages of the Implementation Evaluation will explore not only the rationale and history of these links from the perspective of the Sure Start programme and the agencies themselves, but will also account for any absence of information on the links between initiatives and voluntary agencies in Sure Start areas.

The relevant scale: finding collaborative relationships ('working in partnerships')

2.57 A key aspiration of Sure Start programmes is the establishment of partnership working between agencies who traditionally have been seen as working within discrete and independent ways.   Working in partnership would entail breaking down unhelpful boundaries that may exist between government organisations and community organisations. At present, it is unclear about what those boundaries are and whether they exist in every Sure

Start area. Indeed, the very concept of joined-up-working is not entirely understood, nor is it consistently understood. At present, the Implementation study is exploring the issue of working in partnership in order to find out how different agencies understand this concept. Working in partnership can entail the willing cooperation to share information across agencies, sharing best practice advice and support and training opportunities Within the case study phase of the evaluation, we will explore the perceptions of working in partnership among a variety of respondents. Comparison of these perceptions, we hope, will assist in illuminating the barriers to successful collaboration.

2.58 Given the likely importance of pre-Sure Start cross- local authority/health authority links, we wanted to know about the nature of **pre-existing** collaborative relationships. This was examined within the health core service element of the National Survey only as health constitutes the most universal service (across age, gender, ethnicity, class) of all the statutory services. For example, education might/could only impact on households that contain a child under 16. In the context of this survey, we have considered cross-agency collaboration within the health core service element as an indicator of pre-existing collaborative relationships in other service areas.

2.59 Nearly three quarters (73 percent) of Sure Start programmes indicated the presence of cross-agency collaboration in their area (e.g. in child protection, work with children with special needs). The variation in number of cross agency collaboration in any one Sure Start area was moderate, with a range of one to five collaborations.

2.60 In order to understand the reality of joined-up working beyond what may have existed already, we needed to know about activity in almost every area of the Sure Start Programme. This includes; the range of departmental representatives on the management board; provision — or not — of joint training for staff; accessibility of referrals from other agencies etc And, in addition to the data described above, some specific questions were included with a view to ascertaining the existence of various linkages. For example:

- Links between Sure Start Programmes and Area-Based initiatives and Special Grant Regimes
- Linkages with educational institutions.

2.61 We reviewed all of these elements with a view to identifying, on the basis of the most comprehensive and accurate data, an appropriate group of components with which to devise a scale on joined-up working .

2.62 The third scale developed aggregates a range of variables which reflect the extent to which programmes are establishing/ working within multi-agency partnerships, whereby statutory and voluntary organisations with a responsibility for / focus on child development and well-being work together towards Sure Start objectives.   The building blocks for this scale are:

> Representative balance on the management board
>
> Links to ABIs or Special Grant Regimes
>
> Links with schools, nurseries, and FE colleges in the community

2.63 The detailed components that make up this scale are outlined in relevant areas throughout including Appendix B (scale 3). Table 2.12 details the distribution of programmes scoring minimum, moderate and high on the scale in question and Table 2.13 presents the same data by round.

Table 2.12: Results of scale 3

		Minimum		Moderate			High	
	N	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Being joined-up	118	18	27	4	24	2	14	12

Table 2.13: Results Scale 3 by Round

	Being Joined-up	
	Minimum %	**High %**
Round 1	42	31
Round 2	48	21

2.64 This scale deals with some of the most complex tasks facing Sure Start programmes in terms of altering for the better existing sets of relationships. Inevitably, some will have started from a more advantageous position than others. The figures presented above should be read in this context. Remarks written on questionnaires as well as to NESS team members staffing the support hotline for respondents, underlined programme managers views that this is an important albeit time-consuming task. The thematic analysis on Setting up Sure Start is likely to reinforce this message.

Evaluation

2.65 All programmes are required by the Sure Start Unit to engage in local evaluations of some kind. Table 2.14 below provides an overview of how programmes are approaching local evaluations.

Table 2.14: Evaluation requirements and characteristics

	Round 1 %	Round 2 %	Total (R1&2) %
Progress on evaluation requirements	n = 55	n = 62	n = 117
Evaluation has commenced	91%	50%	69%
Evaluator Type; Percent programmes utilizing the following methods for evaluation			
Outside body	76%	63%	69%
Sure Start staff alongside other duties	43%	31%	36%
Member of core Sure Start team	32%	21%	26%
Not yet decided	2%	13%	8%
Other	19%	15%	16%
Number of evaluator types used by programmes			
Only one method	49%	59%	54%
Two — three methods	47%	24%	35%
Four or more methods	2%	3%	3%

2.66 Evaluation has begun for nearly 70 percent of the programmes. It is clear that, as would be expected, a higher percentage of Round 1 programmes have begun their local evaluations than Round 2 programmes. Only half of Round 2 programmes have started, however; more Round 2 programmes have indicated that they have not yet decided on what approach to local evaluation they will take. For both Rounds 1 and 2, contracting an outside body to do the local evaluations is clearly the favoured approach, followed by the use of Sure Start staff.   Five programmes clearly indicated they were using a parent-led or community-led evaluation approach that involves training for parents to conduct surveys.

2.67 Just over half of the programmes will employ one type of evaluator for their local evaluation. For example, they may only hire one outside organisation or alternatively use their own staff to carry out the research.   A significant number of programmes, however, may hire an outside evaluator in addition to utilising team staff members to evaluate activities simultaneously. A greater number of Round 1 programmes, having started their programmes earlier than Round 2, have employed at least 2 different types of evaluators. Very few programmes overall employ more than 2 types of evaluators.

Summary

2.68 The preceding data paints a picture of the complexity of the tasks facing programme managers, their staff and partners in setting up a programme. Overall, on each of the dimensions we have explored, both Rounds 1 and 2 programmes appear to have met a majority of the guideline requirements to a greater or lesser extent. The following are examples:

- the broad representation of various statutory interests on the management boards
- the relatively high levels of voluntary sector representation and community involvement across Rounds
- the high level of parental involvement, though mostly by mothers, is evident in that parents contributed to the management of every programme but one
- substantial effort to facilitate parental involvement
- linkages with a wide range of universal and targeted initiatives

2.69 While many programmes have met a majority of guideline requirements in respect of management and governance activity, there is clearly some variation among programmes in exactly how they go about doing just that. For example:

- Nearly 65 percent of programmes opt for a statutory or voluntary agency to act as Chair of the Partnership, some programmes are opting for a different model, incorporating a parent-user or an independent person as Chair. These differences will be of great interest to explore within the case studies and themed analysis.
- A fairly equal number of programmes rotate their Chairs as do those programmes whose Chair remains static. It is too early to know whether the system of rotation works significantly different than static posts, but it *may* indicate that, at the very least, programmes are trying out different management and government techniques in response to local organisation.
- Only a few programmes are independent, meaning that they are constituted as a legally independent body; however, in a significant number of programmes, the issue of becoming independent is under consideration.

2.70 Inevitably, there are some areas of activity that appear to pose special challenges and may require a greater amount of time to develop. These include:

- ensuring that the main statutory agencies are represented in every programme rather than 90-95% of them
- limited involvement of the private sector
- low father involvement in the management of Sure Start
- initiating systems for monitoring ethnic composition of parents and community members involved in management

- getting local evaluations off the ground

2.71 Where management and governance are concerned, with few exceptions (e.g. establishment of an ethnic monitoring system), few differences are discernable between progress made by Round 1 and Round 2 programmes.

CHAPTER 3

STAFFING

WORK STATUS AND ETHNIC CHARACTERISTICS OF SURE START STAFF

3.1 The questionnaire was designed to provide an overview of the numbers of people who are working in each of the Sure Start programmes. We explored the current staffing situation in programmes on the basis of whether the staff were employed on a full-time, part-time, or on a sessional basis. In addition, questionnaire respondents were asked to indicate how many of these same people were members of the local community; and also, if they were involved in co-ordination and management; and/or in delivering services to families. Presented in Table 3.1 below is an overview of the total staff and, specifically, staff from the local community. Furthermore, the ethnic composition of the staff is presented in Table 3.2. The staffing figures have been adjusted to account for programme size. In addition, the median and range for each variable has been presented to account for variation among the numbers of staff.

3.2 It is clear that, overall, Round 1 programmes have succeeded in getting more staff in place than Round 2 programmes, as would be expected. Round 1 programmes employ slightly more part-time staff than either sessional or full-time staff. Round 2 programmes have a higher number of full-time staff, however. It is possible that in the early days of programme set up when staff numbers are still low, one would expect to see a higher number of full-time staff in place to make the necessary arrangements in setting up a programme. As time goes by and programme policies are becoming embedded and more stable, staff numbers are likely to increase and/or diversify. This will have implications further down the line for the nature and extent of employment opportunities that will be available to members of the local community.

Table 3.1: Work status and ethnic characteristics of Sure Start staff

Total staff (per 100 children aged 0-3)	Round 1 median (range)	Round 2 median (range)	Total (R1&2) median (range)
Full time	2.0 (0.3-7.6)	1.2 (0.2-5.2)	1.6 (0.2-7.6)
Part time	2.3 (0.2-8.0)	0.9 (0-7.5)	1.2 (0-8.0)
Sessional	0.4 (0-7.8)	0 (0-8.5)	0.2 (0-8.5)
Percentage of staff involved in service delivery	**Median percentage**	**Median percentage**	**Median percentage**
Full time	73	70	71
Part time	92	83	87
Sessional	100	100	100
Percentage of staff from local community			
Full time	5	6	6
Part time	18	11	14
Sessional	23	8	21

3.3 Further exploration will be necessary to ascertain the nature of the functions undertaken by all of the individual workers who are currently in place. We intend, at the case study stage, to collect information about employment policies and practices. In light of the work force planning issues, which all Area-Based Initiatives raise (e.g. in terms of overlapping staff with mainstream services), we envisage this will be an important area for exploration. But for the moment, we restrict this discussion to the first administration of the survey.

3.4 The national survey data on ethnicity provided by programmes on staffing was very sparse; only 62% of programmes provided information. It is not a specific requirement for Sure Start programmes to monitor ethnicity of

staff, which may partially account for such a low percentage of programmes claiming they have such a system. In addition, in areas with low ethnic diversity, an official ethnicity monitoring system may not be needed. The task of responding would have been a particularly difficult one for programme staff, given that a high number of them - 38% - indicate that no system has been put in place, as of yet, to monitor the ethnicity of staff. Therefore, some programmes were unable to provide an accurate picture of this important aspect of staffing. However, having adjusted for both programme size *and* overall ethnic composition of each Sure Start area (using data from the Local Context Analysis module of NESS), we were able to observe some patterns with regard to representation by ethnic minorities.

Table 3.2: Ethnic composition of Sure Start staff

Ethnic composition of community			Ethnicity of Sure Start staff (non-management)				
			Asian	*Black*	*Mixed*	*White*	*Other*
		n	**median number of staff**				
>90% white		48	0	0	0	16.5	0
<90% white	*Black*	9	1.0	4.0	0	8.0	0
	Asian	12	2.5	0	0	11.0	0
	Mixed	4	0.5	2.0	0	6.0	0
Total		73	0	0	0	12.0	0

3.5 Sure Start areas, where the population is more than 90% White, have low representation in their staffing complement of people from minority ethnic groups. In such programmes, most of the staff are White. Sure Start areas that are relatively more ethnically diverse, or rather, where less than 90% of the population are White, have a greater representation of people from ethnic minorities groups amongst the staff.   Programmes in communities where the demographic characteristics point to a higher number of Black people have recruited noticeable numbers of Black, Asian and White staff.   Programmes in communities with a relatively high concentration of Asian people employ a staff mix that is predominantly split between Asian and White. Demographically mixed communities contain programmes where staff numbers are drawn from Asian, Black and White groups.

3.6 At this relatively early stage of programme development, this can be regarded as a welcome finding. Obviously, some Sure Start programmes have considerable work to do in increasing the number of ethnic minority representatives among staff. And it must be noted that in all communities, whether predominantly White, Black or Asian, staff who are White continue to out-number staff drawn from other ethnic minorities. The last point to be made is that we can only collect comprehensive data on this issue at the stage where the 38% of programmes who currently do ***not***

have a monitoring system have set one up.

Staff meetings

3.7 Table 3.3 presents data about staff meetings, including the number of staff attending last staff meeting and details on training provision.   An overwhelming majority of programmes responded that all of the staff working within the catchment area have the opportunity to meet together.   Only 3 programmes responded that this was not the case, indicating that their meeting structures were set up so that themed groups met together rather than the entire staff.

Table 3.3: Staff meetings and training

	Round 1 % n = 55	Round 2 % n = 63	Total (R1&2) % n=118
Do all staff meet together?			
Yes	96	92	95
Planned	0	2	3
Frequency of staff meetings			
Monthly	48	37	42
Weekly	19	34	27
Two-six months	20	8	14
Fortnightly	7	13	10
Six months to a year	4	2	3
Median number of staff attending last meeting	*Round 1* Median **(Range)**	Round 2 Median **(Range)**	Total **(R1&2)** Median **(Range)**
Number of staff attending last meeting	19.5 (5-51)	12.5 (3-28)	15.0 (3-51)

3.8 Overall, most programmes provide regular meetings for staff. Indeed, the majority of programmes, both Rounds 1 and 2, have monthly meetings *or more* for all staff. However, Round 2 programmes are more likely to have weekly meetings than Round 1 programmes. It might be expected, in the initial stages of programme set up, that more frequent meetings would be necessary as policies and programmes get worked out.

3.9 The median number of staff overall attending the last meeting is 15.

Round 1 programmes have a slightly higher median than Round 2, which reflects the higher number of total staff members reported for Round 1 at the beginning of this chapter.

Training for local community members who are staff

3.10 While *general* staff training is an important issue, the survey only included questions on general training and joint training for the local community members employed in Sure Start on a paid or voluntary basis. Case studies will look in-depth at not only the complex roles of *general* staff but also at training issues. The following table presents data on training and joint training for parents and other community members only.

Table 3.4: Training provision for parents and non-parent community members

	Round 1 % n = 55	Round 2 % n = 63	Total (R1&2) % n=118
Training is provided	87	64	75
Joint training is provided	86	64	74

3.11 Nearly three quarters of all programmes are providing general training and joint training for staff recruited from the local community. A greater percentage of Round 1 programmes, having been in operation longer than Round 2 programmes, have both *general* training and *joint* training available. This can be taken to mean that, in spite of the low incidence of staff recruited from the local community as seen in Table 3.1, there is significant evidence that programmes are taking seriously the issue of providing training for these staff members.

3.12 The data above underlines the scope of the task being undertaken by programme managers. We will be exploring in detail the approaches they are taking to training in the case studies and, in particular, the relationship between their previous employment experience and the substantial management tasks that the data indicates they are undertaking.

Summary

3.13 Sure Start programmes are becoming significant employers and, despite the tendency to employ far more people who live outside the Sure Start catchment area than inside the area will be having an impact on the labour market both within and beyond the actual boundaries of the programme area. It is clear that:

- the longer a programme has been established, the more people it is likely to employ
- programmes are likely to employ a majority of staff in a part time or sessional capacity
- the ethnic profile of staff currently appears to reflect the ethnic profile of

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the local community
* levels of staff training for members of the local community and evidence of joint meetings suggest that programmes are addressing the issue of working in partnership

3.14   Some of the findings regarding staffing trends are encouraging. For instance, the issue of training is clearly important, and, the more established a programme becomes, the more likely they are to have provided staff training. It should be cautioned however, that we do not know the extent to which this training is relevant or sufficient for the variety of staff working under Sure Start. This can only be ascertained in in-depth interviews with staff and Programme Managers, which will be taken forward in the case study stage.

3.15   As discussed earlier, ethnic representation among staff seems to match the ethnic profile of the local community. However, white staff outnumbers ethnic minorities even in areas that seem to be more ethnically diverse. It is unclear what the barriers may be to hiring appropriate staff that represent the ethnic make-up of the community. Again this will be explored in the case studies.

3.16   Other aspects of staffing that will be explored in greater detail within the case studies include the perceptions of staff who come from a variety of professional backgrounds towards the positive and/or negative consequences of the Sure Start programme on mainstream staffing trends, which may provide an insight on the future of collaborative relations and working in partnership after Sure Start funding has tapered off.

CHAPTER 4

ACCESS TO THE PROGRAMME

4.1 Access must be a key theme of any service evaluation. In this section we present data on the extent to which programmes are undertaking a range of tasks, all of which will have in common the objective of maximising access to, and use of, the programme by people in the community. These include:

- providing information to all eligible people within the Sure Start area
- making publicity available in a way which is accessible and appropriate to specific groups within the community such as minority ethnic groups and children and parents with special needs
- making services available in the same way

4.2 It is important to note that this chapter should be cross-referenced to the Outreach section in Chapter 5, as some of the same issues in Outreach are relevant to access to Sure Start.

The Relevant Scale (4): Facilitating Access to Sure Start (non-Physical Dimensions)

4.3 Facilitating access to the Sure Start programme comprises several different aspects. It takes account of how programmes generally publicise Sure Start and how they make sure that all members of the community can access the programme. This would include implementing policies toward hard-to-reach groups, community members who speak another language and individuals with some sort of communication or physical disability. The general building blocks for Scale 4 (Facilitating Access to Sure Start) are as follows:

> - Strategy for publicising Sure Start
> - Programme knowledge of languages spoken in the area
> - Arrangements for making initial contact with hard-to-reach groups
> - Mechanism for parents to access a service themselves
> - Special service provision for hard-to-reach groups
> - Translation of Sure Start materials into non-English languages
> - Policies on confidentiality
> - Special provision for a number of hard-to-reach groups

The scale is detailed further in Appendix B and the results of the scale are presented below.

Table 4.1: Results of Scale 4 (% of programmes)

		Minimum %		Moderate %			High %	
	N	1	2	3	4	5	6	7
Access (Scale 4)	117	4	21	1	25	5	18	26

Table 4.2: Results of Scale 4 by Round

	Scale 4 - Facilitating Access (% of programmes)	
	Minimum	**High**
Round 1	15	56
Round 2	35	33

4.4 Three quarters of all programmes rate moderate or higher on access to Sure Start. This is a positive finding and indicates that most programmes are finding ways to broadly publicise the programme and reach all members of the community. Table 4.2 above shows that Round 1 programmes are ahead of Round 2 programmes in developing their policies toward access, which is an expected finding.

Making contact with Sure Start families

4.5 Programmes are faced with the challenge of making contact with families in the area. Knowing where eligible families live may be helpful to programmes when planning a publicity strategy. It should be noted that a significant amount of this work is done under the outreach aspect of many programmes.   We introduce this topic here, in the access section, as many of the issues of access to Sure Start overlap generally with outreach activity.

4.6 Programmes have devised a variety of ways to a) discover where eligible families live, b) discover when new babies are born in the area and c) discover when new families with children 0-3 move into the area.   One way is through centralised health information systems, for example, a Health Trust database or the Child Health Surveillance database. Alternatively, some programmes rely on information from health practitioners in the area, like GP s, midwifery services or health visiting services. This differs from a centralised system in that, where programmes encounter obstacles to accessing these major data centres, they might opt instead to rely on individual records held by other health

professionals in the area. Some programmes use their Sure Start workers in outreach programmes to assist in these tasks.   Word of mouth , either through other family and friends or from local professionals, is another way programmes described their strategy for collecting information, and some programmes utilize housing departments or ethnic minority services/groups in the area to locate this information.

4.7 Table 4.3 below outlines the top three most frequently cited systems for discovering where Sure Start families live, when new babies are born and when new families move into the area.

Table 4.3: Systems for discovering where Sure Start families live

	Round 1 % (n=54)	Round 2 % (n=62)	Total (R1 & 2) % (n=116)
Percent programmes using health information systems	57	42	49
Percent programmes using health practitioners	56	66	61
Percent programmes discovering where families live via families themselves	20	19	20

4.8 A significant number of programmes (49%) use health information systems to approach this task. One other popular strategy is to collect this information from families themselves when they self-refer to the programme or when they pick up on publicity information in the area.

4.9 The largest proportion of programmes (61%) however, appear to be utilizing their links with health practitioners in the area to approach the task of locating families.   This will include health visitors and midwives, but also, home visiting is a key strategy in locating these families.

Home visits for children

4.10   Home visiting is an area of policy and practice that potentially straddles two areas of the research design. That is, it could be seen as a dimension of access facilitation; similarly it could be seen as an aspect of the core services within outreach . It has been included here on the basis that encouraging access to the programme will inevitably involve programme staff making home visits.   However, please also refer to the Outreach section in Chapter 5 with which provides a context for this data.

4.11   The data collected reflects the obvious difficulty that some programmes experience in describing the relationship between their services and services already being delivered by mainstream providers, such as Health Trusts. This is discussed further in the Lessons Learned section of Appendix A

4.12 Although some figures in the table below may look surprisingly low, it should be taken into account that we cannot distinguish, at this point, between completely new additional services and services which were already in place . This may mean that some programmes are in fact undertaking more home visiting than the figures presented indicate, as programme managers may not have included home visits being made by existing health visitors and midwives. Another explanation for these low figures must account for variable recording practices by programmes. Some home visits may not be seen as routine , and therefore recorded only as outreach activity ; they may have even recorded some home visits as activity . The following table presents data on home visits undertaken by Sure Start.

Table 4.4: Percent of programmes providing home visits, by age group

	Round 1 %	Round 2 %	Total (R1&2) %
Children under 12 months			
No routine home visits planned	9	31	21
One routine home visit planned	26	26	26
Two-three routine home visits planned	33	18	15
Four or more routine home visits planned	32	25	39
Children aged 13-24 months			
No routine home visits planned	27	39	34
One routine home visit planned	42	33	37
Two-three routine home visits planned	20	21	21
Four or more routine home visits planned	11	7	8
Children aged 25-36 months			
No routine home visits planned	56	51	53
One routine home visit planned	27	26	27
Two-three routine home visits planned	11	18	12
Four or more routine home visits planned	6	5	8
Children aged 37-48 months			
No routine home visits planned	60	56	58
One routine home visit planned	31	28	29
Two-three routine home visits planned	4	13	9
Four or more routine home visits planned	5	3	4

4.13 Programme policies on the *routine* home visiting of families with children under 12 months varied within round and between rounds. Approximately one-quarter of programmes said they visited as needed rather than on a routine basis. This category will include variation in number of *routine visits planned for*, as well as instances where there were *no plans to undertake a minimum of one visit*. The number of programmes making routine visits tended to decrease as the age of the children increased.

4.14 At this point, the purpose of a programme s home visiting scheme,

cannot be determined. It could be that home visiting is used routinely within a programme, or alternatively, programmes may provide one-off home visits as needed. Publicity may be equally important to the task of identifying families although, we do not know how inter-linked these two tasks are at present. Programmes do however, consider home visiting (by home visitors or health visitors) an important vehicle for publicising the programme, as we discuss later in this chapter. What we do not know is exactly how efficient home visiting is for programmes in first identifying those families at which publicity is targeted.

Related tasks for discovering families

4.15 When it comes to discovering when new babies are born in the area, and where they live, programmes tend to rely on a similar strategy as outlined in the previous paragraph, although a slightly higher percentage of programmes (80%) rely on health practitioners for this information. When it comes to how programmes discover new families who move into the area with children 0-3, programmes first rely on health information systems, secondly on practitioners in the area and thirdly on housing department information. A small number of programmes said they use word of mouth, through other families in the community, or their own Sure Start workers. Inevitably, some programmes may have better links set up with health practitioners in the area than do other programmes. Similarly, they may have better access to information systems than others.

4.16 The task of discovering where Sure Start families live clearly constitutes a supremely challenging task for some programmes. The data indicate that, overall, programmes are diversifying their approaches to this task in order to capture the greatest number of families. Also, where programmes meet barriers to one strategy, they may combine other strategies to compensate. There is some difference in terms of the actual number of strategies used to get this information. In fact, nearly 50 percent of programmes are continuing to use *only one strategy*, but the rest are using two or more. It may be that the one strategy used may be highly effective, eliminating the need to find other methods of discovering Sure Start families. We will explore the reasons for these differences at the case study stage, because only then can this quantitative picture be set in the context of information about local circumstances.

Methods of publicising Sure Start

4.17 These overall strategies for collecting general information on where families live and when they move into the area potentially aide programmes in determining their overall publicity strategies. Publicity in any policy context constitutes an important, early phase of an access strategy. Only by beginning to familiarise the potential recipients of services with the Sure Start programme can individual access to services be facilitated.

4.18 Sure Start programmes adopt a wide range of methods for publicising Sure Start in order to make information available about their services.

Overall, Rounds 1 and 2 follow very similar patterns of publicising their programmes, although since Round 1 programmes have had a head start, they appear to have a slightly more developed strategy for publicising the programme. Table 4.5 provides an overview of the methods used to publicise Sure Start.

Table 4.5: Publicising Sure Start to make first contact with families

	Total (R1&2) Average (s.d.) (n=118)	Round 1 Average (s.d.) (n=55)	Round 2 Average (s.d.) (n=63)
Average number of publicising methods adopted by programme	15.9 (3.7)	16.7 (3.4)	15.0 (3.8)
Number of methods/Percent	**Total (R1&2) %**	**Round 1 %**	**Round 2 %**
Between 16 and 20 methods	49	51	47
Between 11 and 15 methods	38	36	40
More than 21 methods	7	9	5
Less than 10 methods	6	4	8
Method/Percent	**Total (R1&2) %**	**Round 1 %**	**Round 2 %**
Social events	98	98	97
Written publicity in public places	98	100	97
Home visiting by Health Visitor or midwife	95	100	91
Coverage in local press (inc. advertising)	90	91	89
Libraries	89	87	91
Distributing sure Start merchandise	88	87	89
Voluntary organisations & parent support groups	87	89	86
Parent networking	86	87	84
GP surgeries	85	89	81
Home visiting by Sure Start worker	82	87	78
Newsletter	82	84	81
Door to door leafleting	76	80	73
Information sessions for professional referrers	74	76	71
Survey of parents	72	82	64
Publicity in religious venues	51	49	52
Networking with local trainers for relevant professionals	46	51	41
Local radio	46	53	40
Translated publicity in ethnic venues	34	35	33
Child development centres	28	29	27
Regular stall in public place	23	29	18
Written publicity in gender sensitive venues	22	24	21

NB programmes could tick as many as were relevant

4.19 Round one programmes adopt only a slightly higher average number of

methods for publicising Sure Start than Round 2. Across both Rounds, most programmes employ between 11 and 20 methods, indicating they have developed diverse publicity policies. Moreover, the data suggest that programmes are drawing on their relationships with other professionals and agencies in the area in order to publicise Sure Start. While the above list appears to indicate a range of appropriate and creative strategies, their effectiveness can only be ascertained at a later stage in the evaluation. For example, the apparently low figure for father involvement in the programmes may or may not be susceptible to the greater exploitation of gender-sensitive venues in distributing publicity material. The potential for more widespread venues for publicising Sure Start, such as a football match, is a topic to be explored in the case and thematic studies.

Assuring Confidentiality

4.20   A common anxiety raised by possible service users in most service areas which involve child and family services, is that of confidentiality. One way of making the Sure Start programme more attractive to the community may be to assure complete confidentiality. In most cases, the only sensitive data held by programmes will be factual information on family addresses. In some infrequent cases, programmes may record other types of family information, though this will be the exception. However, in both cases, where addresses and information about children and family relationships may be recorded, it is important to offer reassurance, without of course transgressing programme policy on child protection. An explicitly stated policy on confidentiality could help to assure the community that Sure Start takes this issue seriously.

4.21   Overall, 65 % of Sure Start programmes provide a statement regarding confidentiality in their general written material.   Seventy-three percent of Round 1 programmes do this, whereas 59 % of Round 2 programmes do.   Of those programmes that do not provide such assurance in a written statement, 66% provide assurance in a range of other ways. For instance, several programmes indicate they provide this assurance verbally, usually upon first contact. Several programmes provide confidentiality statements for parents to sign and a few report their policy on confidentiality membership forms. These data will be explored further in the case studies.

Languages and Translation Policy in Sure Start areas

4.22   Whatever the range of publicity strategies adopted by programmes, their impact will obviously be closely related to the issue of the languages spoken in the Sure Start area. Table 4.6 below presents data on the number of languages spoken in Sure Start areas in addition to translation issues. First, we looked at which programmes explicitly stated that they were fully aware of the number of languages spoken and/or written in their areas. Second, we calculated the average (median) number of languages found across all 118 programmes, as well as the breakdown of areas into English-only speaking communities and communities containing spoken

languages other than English. Next, we calculated the median number of languages, *excluding* English-only areas. Finally, we investigated whether or not these programmes were translating Sure Start materials into other languages.

Table 4.6: Languages and Translation

Known languages spoken in Sure Start areas	Total (R1&2) % n=118	Round 1 % n=55	Round 2 % n=63
Percentage of programmes that know the number of languages in Sure Start area	80	87	73
Languages spoken in Sure Start areas	**Total (R1&2) Median (Range)**	**Round 1 Median (Range)**	**Round 2 Median (Range)**
Languages spoken	4.0 (1-100)	4.0 (1-100)	4.0 (1-98)
Languages spoken in Sure Start areas *excluding programmes unaware of language needs	**Total (R1&2)% n=94**	**Round 1 % n=48**	**Round 2 % n=46**
Between 2 & 5 languages spoken	34	25	44
One language (English) spoken in area	25	31	17
Eleven or more languages spoken	23	27	19
Between 6 & 10 languages spoken	18	17	20
Translation *excludes primarily English-only communities	**Total (R1&2) Median (range) n=67**	**Round 1 Median (Range) n=33**	**Round 2 Median (Range) n=34**
Programmes translating materials into another language	2.0 (0-13)	2.0 (0-13)	2.0 (0-12)
Number of programmes translating materials *excludes primarily English-only communities	**Total (R1&2) % n=67**	**Round 1 % n=33**	**Round 2 % n=34**
No materials are translated	36	36	35
Materials translated into one or two languages	28	21	35
Materials translated into three or four languages	17	15	17
Materials translated into five or six languages	11	15	6
Materials translated into seven or more languages	9	12	6

4.23 Overall, programmes seem to be aware of the language needs in their areas.   As seen in the table above, 80% of all programmes know the

extent of languages found in their areas. Almost 90% of Round 1 programmes are aware of their linguistic needs, whereas just over 70% of Round 2 programmes are clear on this issue. In some areas, there is a wide range of languages spoken, but in others there is not. This varies widely across Sure Start programmes. Whereas fifteen programmes indicate that they do not *yet* know about the language needs of their area, nine programmes responded that they simply do not know.

4.24 Breaking this information down even further, we can arrive at a broad picture of the relationship between *round* and *number of languages spoken*. These figures are based on the 80% of programmes who are *aware* of the languages found in their Sure Start areas. Round 1 programmes (31%) are more likely to have only one language (English) spoken in the area.   Furthermore, there are, more or less, an equal number of Round 1 programmes that have 2 or more languages. Round 2 programmes (44%) on the other hand, are more likely to have between 2 and 5 languages spoken in their areas. At this time, we do not have information on *which* languages are spoken in each area. The next administration of the survey will explore this issue further.

4.25 Turning to the matter of translation, again, the figures above represent programmes that are clear about the number of languages spoken in their areas. The range is, as expected, not as wide as the number of languages spoken. We recognize that it is not feasible for most programmes to be translating large volumes of materials for different and unpredictable reasons. Of the Sure Start programmes *that are aware of their local language needs* (and have 2 or more languages spoken in their areas), 65 percent are currently doing some translation. Most of the programmes that are doing some translation are translating materials into 2 to 4 languages.   Of those programmes who are *not yet familiar* with the extent of languages found in their areas, very few are undertaking translation.

4.26 There are a variety of reasons given by respondents as to why programmes do not translate materials into all the languages in their Sure Start areas. First and foremost, many programmes indicate that their Sure Start areas are mainly white, British communities; therefore, they do not have the need to translate materials into other languages.

4.27 For programmes that have recorded more than one language spoken however, very few translate all the languages, citing myriad reasons. For instance, nine programmes state that their budget is too low to cope with the amount of translation needed; indeed, ten or more languages are found in these programme areas.   Five programmes argue that there are no suitable means to do the translation in their catchment area; few suitable organisations exist or the existing languages are too obscure to find appropriate translators. A large number of programmes (50) maintain that the number of languages spoken in their area makes it unfeasible to translate them all, and that only the most widely spoken/written languages can be translated in a cost effective and appropriate way. Finally, twenty programmes feel that it is difficult to know the numbers of languages

because of what they perceive to be the shifting nature of their local population. The reasons for this perception clearly need further exploration at the case study stage. Characteristics mentioned by programmes included the presence in the area of groups such as asylum seekers and/or refugees.

4.28 Some programmes note that the families in their area who speak other languages tend to also speak English; therefore translation into their mother tongue is not always necessary. Finally, a handful of programmes contend that they are currently investigating the language needs of the area and hope to have translation in place in the future. As might be expected, Round 2 programmes are slightly less likely to be aware of the language needs of the area.

4.29 We also asked programmes to tell us *who* carries out the translation when it is needed. Most programmes, choose an independent organisation in the area, such as Language Line. A few programmes use parents from the community as translators. Lastly, a few programmes will hire a volunteer, who may be employed by the Sure Start programme or who may be some other community member who is not a parent or employed by Sure Start.

4.30 As regards the provision of *interpreting facilities* for parents who need them, including community languages as well as British Sign Language and Braille, then 79% of all programmes indicate they currently have arrangements. A slightly higher percentage of Round 1 programmes (86%) have such arrangements than Round 2 programmes (73%). A small percentage of Round 2 programmes said they had not yet made such arrangements and the remainder simply replied that no arrangements were necessary in their area.

Arrangements for initial contact with hard-to-reach groups

4.31 All of the issues described above reflect important aspects of the process of making contact with the community at large. It may be assumed that the provision of information and publicity material etc, as described above will go a long way to facilitate contact with the *majority* of parents, but in addition respondents were asked if they had arrangements for making initial contact with groups that may be especially hard to reach, such as parents who may be disabled or have a learning difficulty. Table 4.7 shows the percentage of programmes that make arrangements for each of the respective groups of parents:

Table 4.7: Arrangements for contact with parents who may be disabled or have a learning difficulty

Percent programmes with arrangements set up for:	Total (R1&2) programmes n=117 %	Round 1 programmes n=54 %	Round 2 programmes n=63 %
Parent with low literacy	79	89	70
Parent with mobility problems	72	83	62
Parent with learning difficulties	58	67	51
Parent with hearing impairment	55	69	43
Parent with communication difficulties*	53	61	46
Parent with visual impairment	47	59	37
	Total (R1&2) Average (s.d.)	Round 1 Average (s.d.)	Round 2 Average (s.d.)
Average number of arrangements per programme	3.6 (2.4)	4.2 (2.1)	3.1 (2.5)

NB By communication difficulty, we mean an individual with a speech difficulty

4.32   At the outset, it is important to note that programmes frequently indicated the great importance they attach to responding to individual circumstances.   At the same time, a significant minority of programmes signalled, in comments on their questionnaires, their awareness that an overly individualised response to individual circumstance could easily lead to stigmatising the families concerned.

4.33   The data in Table 4.7 make it clear that Round 1 programmes provide arrangements for more of the groups listed than Round 2, probably explained by the fact that Round 1 has been in operation for a longer period of time. Approximately 17% of programmes are in the planning stages for such arrangements. Programmes, overall, appear most prepared to have arrangements in place for two groups of parents: those who have a disability; and parents with mobility problems. The most obvious gaps seem to be with provision of arrangements for parents with a visual impairment, hearing impairment and communication difficulties.

4.34   Programmes made it clear there was considerable overlap in methods used for the various groups. For instance, where a programme indicated that they use individual assessments for one group of disabled parent, they tended to do individual assessments across the group types.

4.35   *Parents with low literacy levels (n=80 programmes).* Of the 80 programmes that report having arrangements in place to contact parents whose literacy is limited, only three-quarters revealed what those arrangements are. The most widely reported arrangement is the home visit, observed across 35 programmes. Again we cannot be certain from the current data as to which sort of staff are carrying out these visits. It

may be that they are done by Health Visitors, or by lay staff employed by the programme. We will be looking at this area of provision in the context of case study work on home visiting. Eighteen programmes rely on the use of pictures in their printed materials to help inform parents who may not be able to read. Sixteen programmes have trained staff they can call upon to intervene with these parents and twelve sites perform individual assessments with every parent to determine needs.

4.36 *Visual impairment (n=55 programmes).* Fifty-five programmes affirmed that arrangements are in place for parents with a visual impairment. Again, the use of a home visitor as the first point of contact was the most popular arrangement to have in place for 22 of these programmes, followed by trained individuals and individual assessments, all of which are interrelated mechanisms. Ten programmes have Braille and tapes available for visually impaired parents to access and another ten programmes indicate the existence of good links with other statutory departments or voluntary organisations. Only one programme indicated that there was a targeted project to work specifically with visually impaired parents.

4.37 *Hearing impairment (n=64 programmes).* Of the 64 programmes that have made arrangements for hearing impaired parents, 19 of these rely on home visitors in the main, followed by individual assessments and trained individuals to work with the hearing impaired. Several programmes confirmed that they have access to signing and interpreting if it were required, in addition to extensive links with statutory and voluntary agencies in the area.

4.38 *Mobility problems (n=84 programmes).* Where mobility problems are involved, then accessible buildings and transportation are the arrangements most frequently mentioned by respondents. Home visitors are also quite common, used by 32 programmes, and a few programmes have in place targeted projects that are outreach related.

4.39 *Communication difficulties (n=62 programmes).* Home visitor support, individual assessment and trained staff are common mechanisms to have in place for people with communication difficulties. Some programmes indicate the presence of good links with community organisations if it were required.

4.40 *Parents with learning difficulties (n=68 programmes).* Twenty-six programmes rely on home visitor support for parents with learning difficulties. Similar to the groups listed above, individual assessments, trained staff and links with outside agencies are also used by some programmes to facilitate access for this group of parents.

4.41 Round 1 programmes rely on the home visitor more than Round 2 programmes do currently, though this difference may be explained by a more embedded policy for home visiting that has developed in Round 1 programmes. The case studies and thematic studies will explore in greater depth both the development of programme strategies to maximise

access for specific client groups and, it is likely, the perceived relevance of these strategies by the parents involved.

Access to services

4.42   Now we turn to the issue of direct service access for Sure Start families and mechanisms through which other professionals can submit requests for services. Respondents were asked if their programmes had mechanisms for parents to access services themselves, . They were also asked if they have a mechanism in place through which to receive requests for services from non-professional members of the community and voluntary organizations, from professionals within the Sure Start community and from professionals outside the Sure Start community. The overwhelming majority of Sure Start programmes indicated that they did so.   Nearly 100 percent of programmes have mechanisms in place by which parents can access services with four programmes reporting they did not have such a mechanism. . One of these programmes responded that they were not fully operational, but plans to have such a system. The other three programmes simply responded that no such system exists.

4.43   Programmes provide a variety of mechanisms for parents to access a service themselves. On average, programmes have 4 mechanisms by which parents can take to contact the programme about a service. Round 1 and 2 vary only slightly in average number of mechanisms in place for self-referral.   The most popular method for self- access to services is via telephone, with over 95% of programmes providing this avenue. The remaining 5% responded that they do not provide telephone access for parents. It is unclear from our survey data why this is the case. Only one programme reported the existence of a free phone number for parents to use, however. Walk-ins are the next most common method (provided for by over 90% of programmes).   Similarly, the remaining 10% did not provide a reason for not providing a mechanism for walk-ins.

4.44   Surprisingly, email is used by nearly 70% of programmes and a website is available in 25% of programmes, suggesting that IT capacity across programmes is progressing. However, neither of these avenues may be particularly useful to the community at large, where internet capacity and use is likely to be low. Free-post letters, reply slips and dead letter boxes are used in only a minority of programmes.   Other mechanisms included the use of social events where Sure Start personnel or staff would be on hand in a low profile way. Alternatively, programmes encouraged word of mouth requests via existing Sure Start users. Overall, responses in the other category echoed the mechanisms listed for publicising the existence and the role of the programme.

4.45   There were no very marked differences between rounds. The only major difference is in respect of the website, where Round 1 seems more connected than Round 2 programmes. A similar percentage of Round 1 and Round 2 programmes, however, provide email as an avenue.

4.46   The same pattern of programme access emerged in terms of

mechanisms for people other than parents, i.e. members of the community, voluntary organisations and for professionals both inside and outside the Sure Start area. In the case of professionals within the area, the telephone was still the most common method for contact with the Sure Start programme, used in over 90 percent of programmes. However, whereas walk-in access is a popular avenue for attracting parents and non-professional community members to the programme, it is less so for professionals both within and outside the area. More important for professionals are multi-agency meetings. The pattern is similar for both Round 1 and Round 2 programmes.

Monitoring time between request and response

4.47   One way of assessing how well a programme is responding to community requests for services would be through a monitoring system. Therefore, programmes were asked if they monitored the time that elapses between a request for services and a response being made. Twenty-nine percent of programmes do monitor this time lapse and 12 percent have plans in the future to do so.

Provision for hard-to reach groups

4.48   As regards special provision for hard -to -reach groups, a majority of programmes confirmed they were making *some kind* of special provision (see Table 4.8). Data analysis has suggested the existence of a pattern, whereby similar levels of attention are focused by programmes, on groups who may be perceived to share some common characteristics.

Table 4.8: Provision for hard to reach groups

Hard-to reach groups	Round 1 programmes n=55 %	Round 2 programmes n=63 %	Total (R1&2) programmes n=118 %
% programmes providing some kind of provision for hard to reach groups	84	89	86
	Round 1 Mean (s.d.)	Round 2 Mean (s.d.)	Total (R1&2) Mean (s.d.) n=118
Average number of groups provided for	7.0 (0-17)	4.0 (0-15)	5.0 (0-17)
	Round 1 %	Round 2 %	Total (R1&2) % n=118
Parents under 20	64	67	65
Families with literacy problems	67	59	63
Fathers	46	60	53
Families with mental health problems	57	54	55
Parents with physical disabilities	47	33	40
Parents with learning disabilities	46	33	39
Parents with chronic medical conditions	40	37	38
Hearing impaired parents	47	30	38
Visually impaired parents	38	30	34
Asylum seekers	35	32	33
Refugees	29	27	28
Travellers	24	32	28
HIV+ parents	18	19	19
Prisoners Families	6	13	9

4.49   At the bottom of the range was a group of families who may be seen to attract the highest levels of discrimination and potentially negative attention within their communities. They may at the same time be ambivalent about being identified (It should be noted that all of these groups would not necessarily be found within *each* programme area, so the following figures are only intended to provide an overview of challenges faced by the Sure Start programme overall). Prisoner s families were not mentioned frequently. Traveller s families, refugees and asylum seekers fared rather better in terms of frequency of special provision. All of these groups are of course very vulnerable to stigma. Several programmes indicated the challenge of identifying and relating to these groups without running the risk of exacerbating stigma.

4.50 Another group of hard-to-reach users include visually impaired parents, hearing impaired parents, parents with a chronic medical condition, parents with a physical disability.

4.51 The following four groups were most frequently mentioned by programmes as hard to reach:

- parents under 20
- families with literacy problems
- fathers
- families with mental health problems

4.52 The question directed at Programme Managers in respect of families with lower literacy and families with mental health problems was not initially designed to differentiate between provision for parents and children, although we recognise that services for these two groups can be very different. We aim to distinguish between these groups more closely in the case studies and in the next administration of the National Survey.

4.53 We did not gather data related to ethnic groups — who may in some instances be seen as hard to reach groups - within the first administration of the National Survey. Other areas of the survey, and this report, discuss provision for ethnic groups, however. We were very concerned to keep the length and scale of the questionnaire to a manageable length in the interests of respondents completing it. However, these issues will be discussed further in the case studies.

Physical access to Sure Start facilities

4.54 The issue of access is a complex one given that it relates simultaneously to the location of the Sure Start boundaries; the availability of public and private transport; the physical infrastructure that the programme has inherited; and the programme ethos about an optimum balance between outreach and the provision of on-site services. The questionnaire explored the material and physical aspects of location and access. Rural programmes may have their own special issues with regard to access. This will be explored later in the implementation study due to the very small number of rural programmes in Rounds 1 and 2 (i.e. 3 programmes).

4.55 Programmes were asked to rate their equal accessibility to all the housing in the area. The intention behind this question was to see if they thought some parts may pose particular challenges to the pram-pushing distance aspiration of Sure Start, by virtue of, for example, traffic conditions. As regards accessibility of the Sure Start premises to all the housing in the area, 88% of all programmes answered that this was already the case.   A slightly higher percentage of Round 1 programmes (79%) affirm that there is equal accessibility for all families compared with Round 2 (72%). In three Round 2 programmes, the process is still under way of developing easy access

4.56   Specific accessibility for disabled people to all the buildings within the Sure Start areas have only so far been achieved by 63% of programmes. Round 1 programmes are further ahead on this issue (70%), as only 57% of Round 2 programmes claim full access for disabled people.

4.57   Programme estimates as to when a full access scheme would be achieved varied from six months on the part of four programmes; up to a year for 12; more than a year for 10; and 15 could not specify a date. The majority confirmed that they had made plans to improve the accessibility of all Sure Start services under Part 111 of the Disability Discrimination Act 1995.

Summary

4.58   The data described above reveals a diverse pattern of effort and provision being made to maximise access to the programme. This diversity applies right from the publicity stage, through engaging hard to reach groups, to tailoring the provision of service-delivery to groups with particular needs. Some conclusions we have drawn are as follows:

4.59   First, it is clear that programmes use a variety of ways to reach families when they move into the area, when new babies are born and where Sure Start families live in the area. For example:

- Some programmes exclusively rely on their outreach activity to locate families (e.g. home visitors, Sure Start workers)
- Some receive information from other health practitioners (e.g. midwives, health visitors, GPs)
- Others rely heavily on centralized databases (e.g. Health Trust database)
- Programmes also mention that families are identified when they themselves approach the programme after noticing local publicity
- Other programmes combine approaches that may help them to maximise the numbers of people in the community they reach

4.60   It should be stressed that we do not know at this point how efficient programmes are at identifying Sure Start families with their strategies. Some programmes may only concentrate on one method if that method is well-organised and efficient. Other programmes may not have developed the necessary relationships to be able to rely on only one strategy. This is information we will not know until we explore the issue in further detail during the case study phase.

4.61   Second, programmes diverge in the number of strategies used to publicise Sure Start. Most programmes use more than 10 methods; it is likely that some programmes are further along in set-up, or better equipped, for this task than others. Some programmes may be trying out strategies in order to identify the most effective method. Indeed, some programmes may have discovered a highly effective method that they concentrate on and consequently save valuable resources. These are all details that we will be able to flesh out in further aspects of the

Implementation study.

4.62   Third, this chapter presented information concerning languages and interpretation that is very complex and not simple to interpret on the basis of a quantitative survey instrument, especially in light of Local Context Analysis data that emphasises transient populations and changing boundaries. It is clear however, that the demographic structure of programmes exerts a particular set of pressures and that a small minority of programmes face very considerable resource challenges in meeting the need for translation and interpreting facilities.

4.63   Finally, we wish to highlight the progress being made by programmes towards the task of reaching and providing services for hard-to-reach groups. There is evidence from the National Survey that programmes are taking very seriously the issue of hard-to-reach groups. They appear to be working hard at arranging initial contact with hard-to-reach groups and indeed, provide some targeted services for these groups. It is a difficult task to reach many different groups with specialised needs; however, there are some groups that do not *appear* to be given sufficient attention in terms of identifying them in the community or providing tailored services. We will explore this issue further in the case studies, in an attempt to identify the difficulties involved in such a challenging assignment.

4.64   One potential barrier has already been highlighted by a few programmes.   These programmes exhibit a high level of sensitivity to what they see as a fine line between individually tailored approaches and overly targeted ones, which may risk being seen as stigmatising by potential service users. It is unclear how widespread this tension is among programmes and how easily Programme Managers are able to negotiate this conflict.

4.65   The issues explored in this chapter are complex however, the case study phase of the evaluation will allow greater attention to be paid to some of the more challenging phenomena presented here.

CHAPTER 5

CORE SURE START SERVICES

5.1 The questionnaire survey was designed to explore both quantity and aspects of quality of services. While the topic of services is the explicit focus of this chapter, it is an implicit theme in all of the chapters of this report. For example, consideration of *service quality* is indistinguishable from the discussion of *access* and indeed *staffing*. The provision of better services is the raison d tre of the Sure Start programme. However in this chapter we will focus on the range and characteristics of current and planned service provision.

5.2 It should also be noted that in our exploration of the design, availability and delivery of Sure Start core services, we chose to integrate the issue of support for people with special needs rather than address this as a discrete topic. Accordingly, all the data presented in this chapter, on outreach and home visiting; on support to families and parents; on good quality play, learning and child care; and on primary and community health care and advice, also reflect the extent to which service design and provision addresses a variety of individual/special needs.

5.3 While each core service will raise issues that are subtly different from the others, we set out to collect data across common areas. These are as follows:

- **Overall approaches**-A key intention of the national survey with respect of all core Sure Start services was to ascertain the nature of the *broad approach* adopted by the programme. Given the emphasis in the Guidance on the need for responsiveness to local need and to local characteristics, the survey was designed to elicit an overview of the variation in the importance attached by respondents to the various service components of their programmes. The hypothesis was that different programmes would prioritise different activities, in order to meet national targets.

  The mechanism we selected for doing this had two elements. Firstly, we asked respondents if the service in question was available at all, and secondly, where the service was available, we asked respondents to indicate the relative importance of each service by rating it on a scale of 1-7, with 1 signifying not very important and 7 indicating that the service was of extreme importance . It is important to remember that the responses to the first part of this question are likely to depend on the *knowledge* of the programme manager that such a service is already available within the area. In addition, it depends upon the programme manager s perception of what is important to their programme. This mechanism was designed to elicit views about core service provision and was used in each of the core service sections of the questionnaire.

  It should be acknowledged at the outset that the quality of the data in

this section varied enormously. Although the questionnaire design had been judged appropriate at the pilot stage, there was clearly either *confusion* or possibly *reluctance* about answering this question on the part of respondents. One possible explanation is that it may have appeared complicated; another may be the anxiety in programmes about monitoring, which inculcates a fear about being seen to be departing from the norm . Another one may have been a deficit in knowledge of existing service availability. However, even where the data is not necessarily completely accurate, we are confident that we have been provided with a good indication of the context of services in Sure Start areas.

- **Staff-**In each of the core service areas, we asked Programme Managers to tell us the number of staff working within that core service area and in addition, how many of those staff could be attributed to appointments made for the Sure Start programme.

- **Inherited services**-Under each core service area, we asked Programme Managers to tell us what services already existed in the catchment area prior to the advent of Sure Start. The data in our view, is acceptable, with the exception of a minority of programmes. Programmes were required, under Sure Start guidance, to assess existing services in their initial Delivery Plans. Some programmes may have seen this as giving license to omit answers to this question, knowing the data had been given elsewhere. However, we chose not to substitute these non-responses for data from the Delivery Plans in order to maintain consistency of response across programmes. In addition, there has been encouragement from the Sure Start Unit to avoid relying on Delivery Plans as a source of early data. Another reason for response constraint may well have been because the post of programme manager may have been a *completely new post in a completely new programme,* thus was highly likely to be filled by a person who was new to the specific programme area.

- **New services** (including core service area specific topics)- Programmes were asked to list new services they were providing in addition to what they inherited. They were asked to indicate whether the service was completely new or if it was an addition to an inherited service. Again, the data was somewhat patchy for a few programmes. Some programmes had no services actually operating at the time of the Survey, which may explain some of the non-responses. And, as described above, other programmes may have failed to answer this question because of their insistence that there was an alternate source of information. In some cases, programmes listed imprecise names of services, which made classification somewhat difficult.

5.4 Each section in this chapter (i.e. Outreach, Support to Families, Health and Good Quality Play, Learning and Childcare) will follow this four-fold overview. One of the few exceptions to this format is the data we collected on health-related targets. We chose to focus on health-related data on the grounds that these targets are both easily quantified and have

elicited wide-spread professional acceptance. They have not been criticised as enshrining perverse incentives as is the case with the target on re-registrations on the child protection register which is currently under consideration for replacement.

5.5 When it comes to calculating what has Sure Start added , while we have gathered wide ranging data from many programmes which enable us to infer the added value that Sure Start has brought, caution must be exercised in drawing definitive conclusions at this stage. However, we will be able to check and validate this information against the Local Context Analysis, who are now in the process of collating data on community facilities/services.   It must also be borne in mind that this data arises from the *first* application of the National Survey. However this will provide baseline data to measure change over time through the second and third applications.

5.6 The next section presents data on the provision of various core Sure Start services, starting with Outreach and Home Visiting; followed by Support to Families and Children; Health and Good Quality Play, Learning and Childcare.

Outreach and Home Visiting

5.7 The questionnaire was designed to establish which services and staff each programme regarded as the key components of its outreach and home visiting scheme.

Overall approaches and importance of outreach and home visiting services

5.8 Figure 5.1 shows the overall importance that programmes ascribed to the work of the following groups or agencies in the context of delivering their Sure Start outreach service.

Figure 5.1: Outreach services in 118 Sure Start programmes: availability of and importance placed on named services (%)

high importance □ **service available**
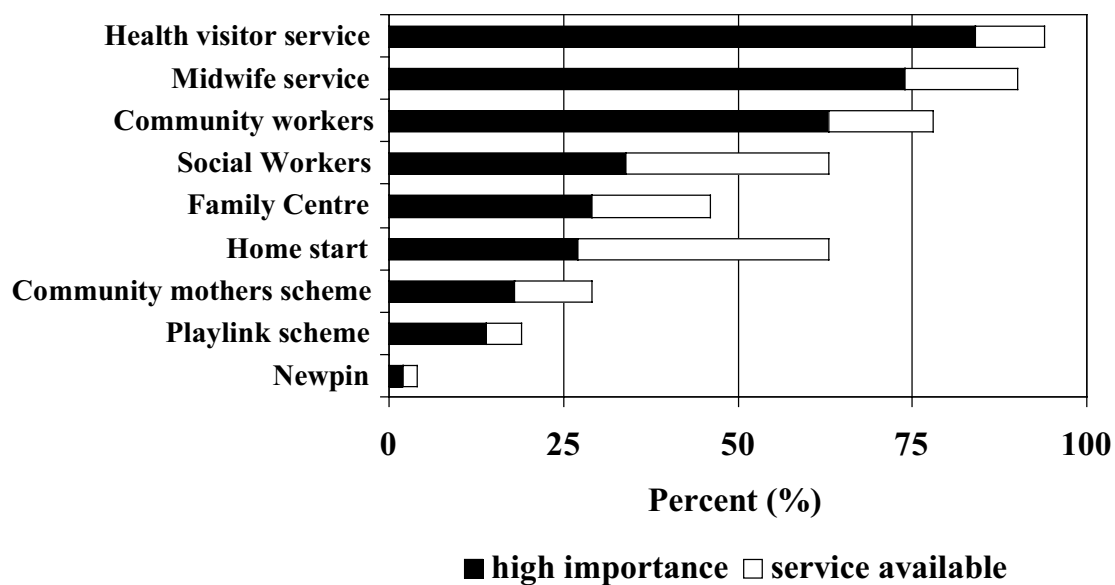
5.9 It can be seen that there is an apparent gradient of perceived importance amongst the professional groups involved in delivering Sure Start services. In the context of outreach, health visitors, who were described by 85% of programme managers as of extreme importance came at the top, followed by midwives put in this category by 74% of programmes. Other groups whose perceived importance was relatively widespread were community workers (67% of programmes) and out-reach activity by family centre workers and social workers who both merited the description of extreme importance in about 30% of programmes. Neither Playlink schemes nor Newpin were frequently mentioned, while Home Start was seen as of extreme importance in about a fifth of programmes.

Outreach and home visiting - staffing

5.10 The size of the staff group involved in outreach work was extremely variable across the Sure Start areas. It ranged from 1 to 78, and no typical size of outreach staff complement could be said to emerge. The median number of outreach staff is 15.

Outreach: specific aspects of service delivery

5.11 Topical areas specific to outreach and home-visiting core service domain are key worker systems and responsibilities. This section does not include data on home visiting, though it should still be considered an integral aspect of outreach activity under this core service area provision. The detailed picture of home visiting which was generated by our survey is provided in Chapter 4. At the end of this section, we present Scale 5 on Diversity of Outreach Activity.

Key worker systems and responsibilities

5.12 Programmes were asked if they had a key-worker in the outreach team, and approximately half of them have one. By key worker, in the context of this questionnaire, we mean the assignment of a specific worker to a particular area of work . Just over 50% of Round 1 programmes have such a system, with only one programme planning this for the future. Just under 50% of Round 2 programmes have a key worker system, whereas almost one-quarter are in the planning phase.

5.13 The table below presents a range of issues and groups and the percentage of programmes indicating they have a specific member(s) of staff who has direct responsibility for that issue.

Table 5.1: Key workers and responsibilities

Issue/Group	Round 1 %	Round 2 %	Total (R1&2) %
Post natal Depression	89	78	84
Pregnant Women	78	75	77
Children s Special Needs	84	63	73
Teenage Parents	69	70	70
Fathers	62	47	54
Domestic Violence	53	45	49
Adult Mental Health	40	48	44
Lone Parents	40	40	40
Ethnic/Cultural / Religious identity of family	38	40	39
Drug Problems	27	42	35
Alcohol Problems	26	37	31
Asylum Seekers	29	22	25
Bereavement	20	28	24
Refugees	27	18	23
Stepfamilies	9	15	12
Technology Dependent Children*	7	8	8

NB Children with very serious health conditions, such as kidney failure who are dependent on very frequent dialysis delivered in the home, or on intravenous feeding.

5.14 The range of issues/groups to which programmes allocated a member of staff with *particular responsibility* for it, varied across programmes. It is very important to note that the data in the survey do not provide us with a context; in other words, we do not know if all Sure Start areas encounter each of the issues and groups listed above. For instance, not all areas will have asylum seekers or refugees; therefore it would not be reasonable to assume that a high level of resources would go toward those groups. However, it is inevitable that the majority of these groups with particular characteristics will be found in the population as a whole, and this will include the population in Sure Start areas. Divorce, domestic violence and adult mental health problems are nationally distributed.

5.15 Table 5.1 shows that, post-natal depression is at the top of this list, which reflects the growing interest and policy innovation by programmes for this very important issue. Specific post-natal depression services are discussed later in the chapter. Also, there is an emphasis on pregnant women, underlining the increasing attention given to ante-natal services, as will also be seen later in the chapter.

5.16 We also collected data on the relationship between service design and delivery, and age and gender. A significant number of programmes are giving attention to children s special needs and to teenage parents. However, less than half of the programmes are giving significant attention to fathers. It is clear that some very important issues appear to be given a rather low priority by a majority of the programmes.

5.17 The issues that arise around tailoring services towards individual characteristics and/or need will be explored in subsequent phases of the study. These will address the problem, mentioned by several programmes, of a perceived tension between the provision of a universal and a more selective service for families in the Sure Start areas. Some programme managers feel that placing emphasis on universal service provision may inadvertently cause programmes to neglect groups that may need specialized attention. On the other hand, targeting services toward specific groups may inadvertently cause those groups to feel stigmatized in some way. This catch-22 situation is causing anxiety among some programme managers and therefore, the issue will be explored further within the case studies.

The relevant scale: diversity of outreach activity in Sure Start programmes

5.18 We conclude this section on outreach activity by showing the data in terms of a general outreach composite measurement scale. (For further details on this scale, see Appendix A.) We have chosen to highlight the characteristic of diversity on the basis that Sure Start guidance implies that more strategies are likely to reach more community members, including hard-to-reach groups. Three quarters of all programmes appear to have a moderately to highly diverse outreach strategy, as indicated in Table 5.2.

Table 5.2: Results of Scale 5

		Minimum %		Moderate %			High %	
	N	1	2	3	4	5	6	7
Outreach	114	1	23	0	28	11	17	20

A higher percentage of Round 1 programmes, as would be expected, scored high on the outreach scale. (See Table 5.3.) They have had more time than Round 2 programmes to develop their outreach strategies and put them into practice. Implicit in our notion of diversity is maximum sensitivity to the attitudes and needs of a variety of groups within the population.

Table 5.3: Results of Scale 5 by Round

	Diversity of Outreach Activity %	
	Minimum	**High**
Round 1	11	47
Round 2	34	28

Support to parents and families

Overall approaches

5.19 As we explained in the beginning of the core services section above, each programme was asked to indicate the degree of importance that it attached to each of the services within the family support aspect of the programme, as well as whether or not the service was already available. Figure 5.2 shows the overall importance of the various components as perceived by programmes.

Figure 5.2: Support services in 118 Sure Start programmes: availability of and importance placed on named services (%)

■ high importance □ service available
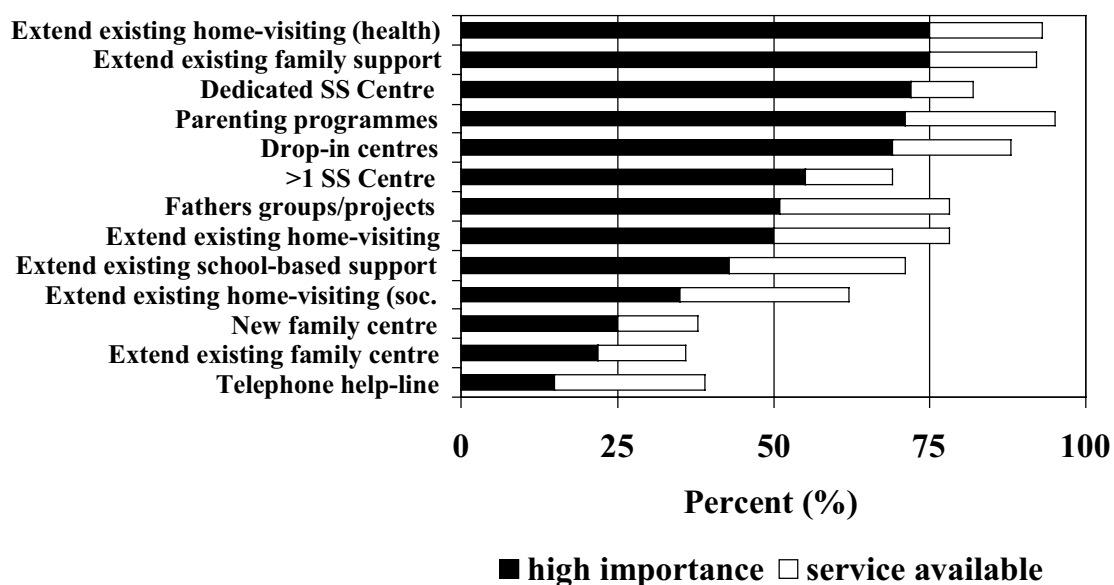
5.20 Some of the service options listed on the questionnaire were perceived, by respondents, as not applicable to their programme, on the grounds that they did not have/use those facilities at all. The strategies most frequently mentioned by programmes as *not* applicable to them were that of extending the facilities of an existing family centre or establishing a new one; closely

followed by the use of a telephone help line. This issue, i.e. use of a family centre, will be explored in greater depth in the case studies as it raises the issue of the relationship between Sure Start programmes and family centres. The front runners in terms of their perceived importance to the programme were drop-in centres; extending existing health or play activities; extending existing health sector provided home visiting scheme- e.g. health visitors; and parenting programmes. Although their **presence in the programme** was indicated by three quarters of respondents, projects or groups for fathers attracted variable importance ratings; noteworthy is that 51% of respondents regarded them as very important.

Support for families and children - staffing

5.21 The number of staff working in the family and parent support aspects of the programmes ranged from 304 in the case of one programme to 4 in the case of two programmes. The average (median) number of staff across programmes is 20. The median number of staff for Round 1 is 21, and for Round 2 is 19. It should be borne in mind that these figures include full and part time staff, and staff funded by other sources as well as the Sure Start programme, along with volunteers. In addition, these staff may also work in other elements of the programme.

5.22 Within these overall figures, the number of staff that programme respondents said were working on activities which could be attributed to Sure Start ranged between one and 93. These figures need closer exploration in the case-study phase in order to understand both the range of and the rationale behind staff deployment patterns.

5.23 Given that there have been differences between staff ratio in relation to programme size, initial analysis has been undertaken of some of this data. This analysis has revealed an initial positive correlation between staff size and programme size, though this correlation is weak. There seems to be a great amount of variation even within similarly sized programmes. Again, it must be noted that these figures are not based only on full time equivalent posts, but are based on a head count of all staff including sessional and part time workers.

Inherited / pre-existing services

5.24 The pattern that emerged of services inherited by programmes, was a varied one.

5.25 A key finding, in the sense of frequently cited features, included the relative absence of family centres in the Sure Start areas: three quarters of programmes did not inherit one. Where they did, they were slightly more frequently run by Social Services Departments than by voluntary agencies. Most Sure Start areas already had one or more child minders; only eleven programmes had none, and one had inherited ninety.

5.26 Over half of the programme areas already had a home visitor scheme, which may have been undertaken by Home Start for example, and the

majority had a nursery, which was delivering either sessional, part or full time day care. Only twelve programmes said they did not have a home visitor scheme.

5.27 There was a similar showing for inherited pre-school playgroups and play schemes. Approximately half of programmes had inherited breakfast clubs; one programme had 5.

5.28 However, for less conventional type provision, programme areas had, overall, obviously been less well resourced. These included, drop-in centres, fathers groups, credit unions and swap-shops. Provision for relationship counselling had been inherited in relatively few programmes.

5.29 This was the backdrop to the task of setting up Sure Start. The survey questionnaire asked about establishment of new services. A variable picture emerged in terms of the new services started by the programme. Only two programmes had not so far started any, and this may of course be attributable to their late start up, but the majority had developed between four and twelve services.

Services for children with special educational needs or disabilities

5.30 Subsequent questions addressed the extent and nature of provision for children with special educational needs or disabilities. The majority (85%) of programmes said they already made such provision, including Portage, toy libraries and short-term breaks, and around 8% said they had not yet set up such provision. The majority of programmes provide between two and five services, and 10% provide six or more services.

Drop-in centre availability and capacity

5.31 Programmes were asked to report the number of drop-in centres available. In addition, they were asked about the availability and capacity of the centres. Such information provides a context for understanding the accessibility of services in an outreach capacity in each programme. Most programmes have at least one drop-in centre (see Table 5.4). As responses to the earlier questions had indicated, approximately one fifth of programmes did not as yet have a drop-in centre, but of those that did, between half and three quarters of the programmes had between one and three centres. The maximum number of parents who could use these centres on a daily basis ranged from six to two hundred.   Fewer than fifty parents was a more frequent answer. The hours in which parents could use the drop-in centre on a daily basis ranged between two and sixteen, but the majority of programmes indicated less than eight hours per day.

Table 5.4: Drop-in centre availability and capacity

	Round 1 Median (Range) (n=55)	Round 2 Median (Range) (n=54)	Total (R1 & 2) Median (Range) (n=109)
Number of Drop in Centres	2.0 (0-10)	1.0 (0-15)	1.0 (0-15)
	(n=41)	**(n=25)**	**(n=66)**
Number of parents able to use drop ins (capacity)	30.0 (6-150)	20.0 (8-200)	30.0 (6-200)
	(n=44)	**(n=31)**	**(n=75)**
Range of drop in hours (availability)	6.0 (2-16)	7.0 (2-12)	6.0 (2-16)

Families/children visited in first 12 months of operation

5.32 Programmes indicated how many families and children under the age of four had been visited at home on at least one occasion by staff or volunteers, within the first twelve months of operation. It should be noted that not all programmes had been in operation for a twelve-month period. While the responses range from none (two programmes) to 1,600 by one programme, and some programmes have said all , the reliability of the data is further undermined by the fact that some programmes have hardly been established. In addition, some are only into the third quarter of operation. The question, (retrospectively, as always) can be seen to have been unhelpfully worded and will need reviewing before the next application.

Links with educational institutions

5.33 In light of consistent research findings which demonstrate and association between child outcomes and the nature of the relationship between parents and their child s school, we were interested to know how programmes approached the issue of links between home and school. Programmes were queried about the existence of home-school links to staff in the local primary and nursery schools.

5.34 Table 5.5 presents information on these links. Less than half of all programmes have home-school links with staff in local primary and nursery schools. A slightly higher percentage of Round 1 programmes have such links than Round 2 programmes, however.

Table 5.5: Home-links support

	Total (R1 & 2) % (n=118)	Round 1 %	Round 2 %
Primary home school links	44	50	39
Nursery home school links	45	52	39

5.35 In view of the Sure Start target to reduce the number of children in workless households, the questionnaire also asked whether programmes had tried to establish links with Further Education (FE) colleges in the area, perhaps with a view, for example, to helping parents obtain work-related training.   The following table presents data on links with FE institutions:

Table 5.6: Links with FE colleges

	Total (R1 & 2) % (n=118)	Round 1 %	Round 2 %
FE links	87	95	81

5.36 Nearly 90% of Sure Start Programmes either had or were in the process of developing links with local educational institutions such as colleges of further education. As might be expected, Round 1 is slightly ahead of Round 2 in developing these links. Typically, links were being forged to enable taster and short courses to be brought into the patch and delivered to parents.

Health

Overall approaches

5.37 Programmes were asked to rate the degree of importance they attached to each of the services listed within the Health aspect of their programme. Figure 5.3 below shows how Sure Start areas feel about the importance of various health services in their programmes.

Figure 5.3: Health services in 118 Sure Start programmes: availability of and importance placed on named services (%)

high importance □ service available
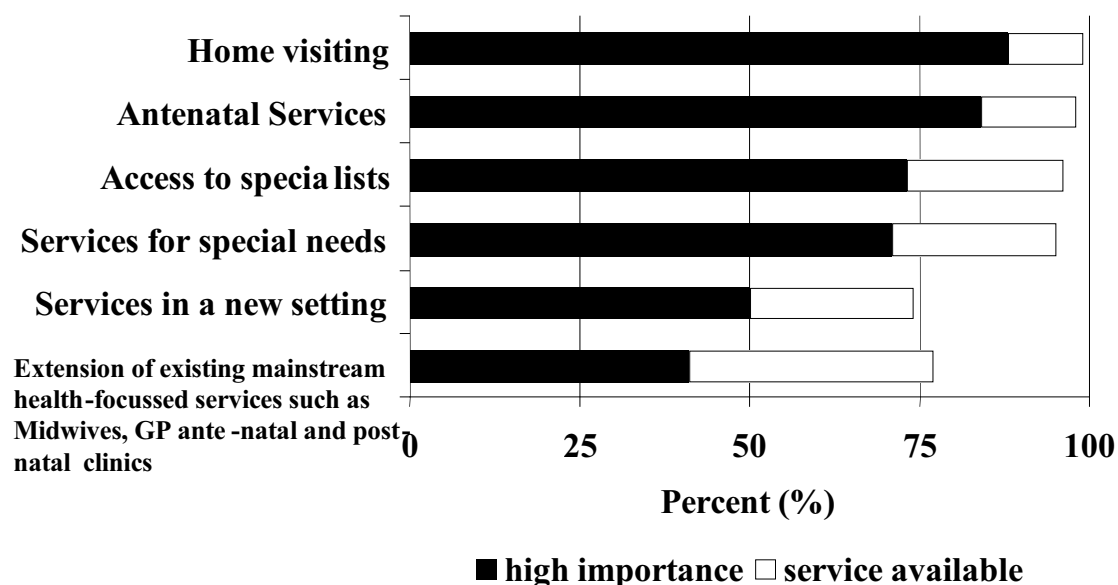
5.38 As with the other core service areas already mentioned, each Sure Start area highlighted which health services were non-applicable to their programme. New provisions based on existing services and services provided in new settings were listed by approximately one-quarter of the Sure Start areas as being non-applicable to their programme. This is interesting, considering the goal of adding value to already existing services. Case studies will illuminate whether this is due to the dearth of existing services already in the area, or perhaps it will emphasise the need for greater attention to add value to existing services.

5.39 The two health services clearly having the most importance to Sure Start areas are 1) home visiting and 2) ante-natal services. Eighty-seven percent of programmes that provide home visiting services consider this aspect to be of high importance (i.e. a rating of 6 or 7); eighty-four percent give high importance to ante-natal services. Not far behind, access to specialists was deemed as very important to most programmes (72%).

5.40 Services for special needs children are found to be of high importance in 68% of programmes, and provisions based on existing services and services provided in new settings, are rated as important in 50% or fewer of the programmes.

Health - Staffing

5.41 The number of staff working in the health aspect of Sure Start programmes ranges from 0 in the case of one programme to 75. These figures include full time and part time staff as well as staff funded by non-Sure Start sources. Though the staffing is quite variable, no distinct pattern emerges at this stage that could point to more or less typical programmes.

5.42 As mentioned for other core service areas, some of these programmes note that not all staff are in post yet; a few programmes did not know how many non-Sure Start staff were actually in place. With respect to the numbers of staff that could be attributed to the Sure Start programme, there is no clear pattern here either; numbers range from 0 to 33.

Inherited / Pre-existing Services

5.43 This question covers health services that were already on the ground and which Sure Start inherited at its inception.   Several mainstream services, such as GPs, health visitors, chemists and child health clinics appear to be relatively plentiful, with only a very small percentage of programmes claiming that none exist in their Sure Start areas. Some services, including community health workers, child development centres, alternative practitioners, services for disabled children, family planning clinics, well woman clinics and psychiatric services, were found to be lacking in approximately 40-60 percent of Sure Start programmes.

5.44 Approximately 30% of programmes indicated that no health care services existed at the initiation of Sure Start, except some ante-natal provision. This is a surprising set of responses, given the inevitable presence of at least a modicum of health service provision in every area. Moreover, the previous question relating to overall approaches contradicts this statement. Nearly 100% of programmes reported the existence of ante-natal provision in their areas. It is likely that questionnaire fatigue and/or a lack of local knowledge are primary explanations for this contradiction.

5.45 Ante-natal provision is an area of service where mainstream provision is most likely to have been in place, as it represents a fundamental element in even the least generously resourced areas across the country. At the same time, it is an area of service delivery highlighted consistently in Sure Start guidance as needing innovation and development.

5.46 All programmes, except one Round 2 programme, indicated that there was at least a minimum level of provision of *existing* ante-natal services. Where programmes cited provision over and above general ante-natal contact (e.g. GP ante-natal clinics and support groups), they were most likely to mention Community Midwives. Only a small proportion of programmes mentioned existing home visiting with an emphasis on ante-natal services. Only a few programmes indicated existing smoking cessation support, attention to post-natal depression and support for breastfeeding. Overall, programme responses did not paint a picture of innovative and/or complex provision; the picture was much more one of mainstream undifferentiated services.

New Services

5.47 Half of all programmes listed between 1 and 3 *new* health related services implemented by Sure Start in their area, and the remaining 20 percent listed between 4 and 10 new services started by their programme. Some of these new services include breastfeeding support, child health

clinics, oral health promotion schemes, weaning advice, and cook and eat groups.

5.48 In the case of new ante-natal services, we found some degree of variation in the frequency with which programmes indicated they had established new projects. Unsurprisingly, as they had had longer operating time, Round 1 programmes were more likely, though not guaranteed, to mention new projects over and above the existing statutory provision. In some cases, large amounts of thought and imagination, not to mention creative humour, had gone into establishing and publicising these services. One or two had memorable names, as seen in the following box:

> Babble, bumps and babies programme
> Breastfriends support
> Bumps and babies group
> Bumpstart — new style multidisciplinary ante-natal group
> Caf Club for teens and parents to be
> Decorate Your Nursery course
> Early bird ante natal service
> Get Ready, Steady Go parenting group
> Hatchlings ante-natal groups
> Mums and Bumps group
> Mums on the Move exercise class
> Oral health promotion for pregnant women
> Preparation for parenthood group
> Recipe for a baby course
> Sure Start auntie-natal home visits
> Young mums-to-be group

5.49 Round 2 programmes, who in some cases demonstrated that they have developed new initiatives, were less likely than Round 1 to have done so at this juncture. Where they had done so, breastfeeding support, post-natal depression support and smoking cessation projects featured prominently.

5.50 As we said above, the extent of mainstream provision underlines the need for our evaluation, in the fullness of time, to be able to draw reliable conclusions as to the extent of *added value.* Given that the National Health Service is the pre-eminent universal service, then the quantification of added value is an important research goal. However, this can only be achieved over a longer time scale as programmes develop the framework for their projects.

Working towards Sure Start targets

5.51 In view of the importance of a range of targets which programmes are expected to plan towards meeting, we collected data on some individual tasks that could be seen as the building blocks of target conformity . Examples listed in the following table include collecting data on accidents in the home ; this would link to the target of reducing emergency admissions to hospital. We can be confident that only a very small percentage of accidents result in hospital admission. These could be seen as the tip of the iceberg. Therefore, more broad — based information on accidents in the home would be useful in

informing programmes of the extent to which accidents in the home are occurring in their general area.

Table 5.7: Range of health–related issues

	Round 1 %	Round 2 %	Total (R1 & 2) %
Provide healthy eating advice/information	(n=54) 98	(n=63) 91	(n=117) 94
Smoking cessation support	(n=54) 93	(n=63) 94	(n=117) 93
Provide support for breastfeeding mothers	(n=54) 94	(n=63) 84	(n=117) 89
Provide some kind of provision for post-natal depression	(n=54) 96	(n=63) 79	(n=117) 87
Provide home safety equipment	(n=54) 80	(n=63) 62	(n=117) 70
Provide post-natal depression screen	(n=54) 74	(n=62) 60	(n=116) 66
System for identifying mental illness	(n=54) 80	(n=63) 50	(n=116) 64
Provide a home safety check	(n=54) 52	(n=62) 42	(n=116) 47
System for identifying respiratory diseases	(n=54) 37	(n=63) 44	(n=117) 41
Collect data on accidents in the home	(n=54) 33	(n=63) 22	(n=117) 27
Monitor housing quality	(n=53) 28	(n=63) 13	(n=116) 20

Smoking and healthy eating

5.52 Healthy eating and smoking cessation appear to be significantly important to most Sure Start programmes.   They feature prominently in programme responses about their ante-natal components. It would seem that this was an area where mainstream services had been least active.

5.53 Nearly 95% of all programmes provide support such as health and nutrition courses, counselling, support groups for smoking cessation, and healthy cooking on a budget group, to name a few. Those programmes that answered in the negative gave indication that their courses would be up and running imminently. All programmes, regardless of whether these smoking and healthy eating courses were running or not, stressed that these were

extremely important goals, and that emphasis on these goals is found throughout their programme in all the core service areas.

Breast feeding

5.54 All but a few programmes described positive support initiatives for breast feeding. About two-thirds of programmes mentioned peer support. Where programmes cited national specific organisations with whom they were in partnership in this area, it was almost exclusively La Leche or the National Childbirth Trust. However, in addition, a variety of locality—specific provision was being developed, some with very novel names:

```
                 Asian Women s Weaning Group
                     Breastfriends volunteers
                   Breast feeding diary project
         Breast feeding project targeting Bengali Community
                    Breast feeding video for men
              Dietary and nutrition information campaign
         Grandparents group to dispel myths of breast feeding
                 Invest in Breast  multi agency training
                             La Leche
              Referrals to community breast feeding groups
           Promotion of  breast feeding friendly  restaurants
                    T-shirts  I m a breast fed baby
```

Post-natal depression

5.55 The questionnaire asked programmes to indicate where they were providing new services for dealing with post-natal depression (PND). Asked directly about their work on postnatal depression, a wide range of initiatives were listed. A few novel approaches were cited, such as development of screening protocols for minority ethnic mothers, counselling for the Greek and Cypriot community and specific mothers /women s mental health service; see the following box for more examples.

5.56 PND support was largely offered through groups and one-to-one support, with many programmes mentioning health visitor listening visits and special training. A quarter of programmes mentioned the availability of services from a CPN and/or a mental health specialist (usually a clinical psychologist or the local mental health team).

```
                     Befriending sessions
           Bump Bunch and Co; for teenage mothers
          Counselling for Greek and Cypriot community
                     Father s play group
            Growing Together  attachment group
                      Listening visits
                    Neighbourhood mums
                  Peer breastfeeding group
                 Respite childcare for siblings
                    Time for Me  course
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Mental illness

5.57 Sixty-four percent of programmes indicated that they do have a mechanism for identifying parents with some form of mental illness such as schizophrenia or depression. It is unclear why the remaining 36% do not; it may have to do with the reluctance on the part of some programmes to label or stigmatise parents, as had been mentioned in earlier parts of this report.

Accidents in the home

5.58 Few programmes actually collect informative data on accidents in the home that occur in their Sure Start area. Furthermore, less than one half of the programmes offer home safety checks to Sure Start users and nearly 80% do not monitor housing quality. Though these figures may seem slightly worrying, 69% of programmes do offer home safety equipment to parents, though exactly what type of equipment and the range of equipment is unknown. (The future design of the questionnaire   will ask about the extent to which parents may be trained in the use of home safety equipment.)

Good quality play, learning and childcare

Overall approaches

5.59 The questionnaire acknowledged the difficulty for programmes of separating data about play from other provision, given the Guidance emphasis on the necessity for integrated services. Programmes were asked to indicate the level of importance they attached to the various play and learning aspects of their programme, including child care. The wording of the questionnaire was not designed to elicit detail about the specific nature of the childcare services provided. Subsequent applications will include more detailed questions. For the purposes of presentation, we will present some data on childcare services at the conclusion of this section on Good Quality Play, Learning and Childcare.

 Figure 5.4 below indicates those components of play and learning provision that are seen as most important by the programmes.

Figure 5.4: Play/Learning/Childcare services in 118 Sure Start programmes: availability of and importance placed on named services (%)

■ high importance □ service available
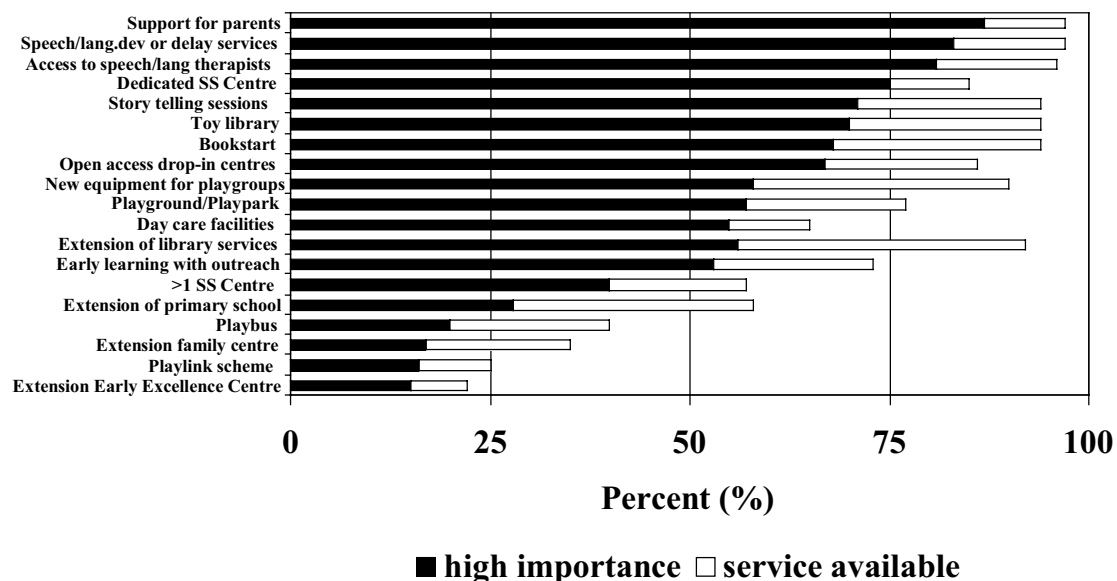
5.60 Several aspects received high ratings in terms of levels of importance, notably supporting parents in enhancing play and learning opportunities for their children and services specifically associated with speech development such as access to speech and language therapists. Other important areas, in addition to the predictably important element of a toy library, were associated with story telling, libraries and books. A majority of programmes cited the use of their Sure Start centre as being of extreme or high importance, along with open access to drop-in centres. Unsurprisingly, given the size of Sure Start areas, and the emphasis on pram-pushing distances , the use of a Play Bus did not figure highly in the rankings. Play ground or play park refurbishment was mentioned by approximately half of respondents.

Good quality play, learning and childcare - staffing

5.61 The numbers of staff working in the play, learning and child care aspects of the programme ranged from one in one programme to 139 people in another. However, for most programmes the figure was under twenty. The number of these posts that can be attributed to Sure Start funding ranged between one post in two programmes and fifty staff in another, but more commonly programmes reported that between six and twelve posts fell into this category.   Unfortunately, it is impossible at this time to separate out staff of varying roles. For instance, we cannot tell how many of these staff are dedicated primarily to childcare provision and how many are dedicated to other play and learning activities.

Inherited / Pre-existing Services

5.62 Reporting of the facilities inherited by Sure Start programmes indicated the scale of the challenges many of them had faced, and the fact that while a

minority of programmes were in areas with apparently generous pre-existing provision, in many cases there had been relatively little on the ground.

Inherited Day care services

5.63 Originally, the questionnaire design did not have the intent or capacity to collect comprehensive data on day care or child care services in Sure Start areas. In the revised version of the National Survey, we will remedy this without adding a great deal of extra burden on the Programme Managers. However, for this report, details on existing services and minimal description of day care as a core element of Good Quality Play, Learning and Childcare is presented.

5.64 The questionnaire considered five different types of day care or childcare services that may have existed in the area prior to Sure Start. These were: a) nurseries, b) nursery classes, c) day nurseries, d) cr che facilities, and e) childminders.

- Forty-six programmes claimed that no nurseries existed in their areas prior to the advent of Sure Start. Where programmes reported existing nurseries, the mean was 2.64 with no more than 6 nurseries reported in any one area.
- Twelve programmes have no nursery classes in the area. The mean number of nursery classes was 3.72, with no more than 20 nursery classes reported for any area.
- Forty-four programmes reported no day nurseries in the area. Where there were, the mean number of day nurseries was 2.08, with no more than 7 reported for any area.
- Forty-four programmes reported no cr che facilities in area. Where they were reported, the median number was 2.00, ranging from 1 — 212. A few programmes reported very high numbers of cr che facilities.
- Few programmes inherited more than 10 child minders, and in 13 programmes, there had been none at all. One programme was in the rather more fortunate position of inheriting 39.
- We also asked about existing childminding networks, which would give an indication of the pool of potential childminders. Seventy-six programmes reported no childminding networks, and of the remainder, the mean number of childminding networks was 1.05.

Other play and learning activities

- Pre-existing play groups were widely represented, with the majority of programmes having found between one and six there already.
- However, this was not case for Summer play schemes. In just over half of Sure Start areas, there had only been at most one already; a further 40% had none, and the rest had varying amounts.
- A similar pattern emerged for After School Clubs.
- A quarter of programmes inherited Breakfast Clubs.
- A quarter inherited an adventure playground; indeed one area inherited

three.

- At the same time, in a quarter of areas there was already a Junior Sport Scheme, although for the majority (60%) of programmes this was not the case.
- Half of programme areas responded that their catchment areas contained a swimming pool
- Perhaps surprisingly in view of the relative absence of many potentially useful facilities, a reasonable majority - between half and three quarters of programme areas - inherited an established library.
- The majority had at least one Parent and Toddler Group.
- Few areas had more than three outside play areas, and a fifth of respondents indicated there was not even one.
- Soft play areas were notable by their absence; three quarters had none; at the other end of the spectrum, one programme had three.
- Over half had no pre-existing toy library.
- Scrap stores and Tumble Tots groups rarely featured
- The majority of programmes have at least one Book Start Scheme.

New Services

5.65 This was the background to the priority choices made by programmes about the identity and characteristics of new provision. Respondents were asked to list the actual services they are making available within the Play, Learning and Childcare element of the programme. The number of new services ranged from none in eleven programmes to 26 in one, but the majority indicated they were starting up between two and nine services.

5.66 Similarly, programmes indicate that new services for children with a range of special needs(e.g. speech and language developmental difficulties, physical developmental difficulties and socio-emotional difficulties), range from two to nine, with programmes on average offering one service.

5.67 As can be seen in the Table 5.8, the majority of programmes are providing some kind of support for individuals with speech and language, physical and socio-emotional difficulties. Similar to patterns seen throughout this chapter, Round 1 programmes are slightly ahead of Round 2 in this type of service provision. It is clear that the availability or otherwise of pre-existing services in the area will have a bearing on these issue.

Table 5.8: Support services for speech & language, physical and socio-emotional difficulties

	Total (R1 & 2) (n=117) %	Round 1 (n=54) %	Round 2 (n=63) %
Support for Speech and Language Difficulties	89	93	86
Support for Physical Difficulties	87	91	84
Support for Socio-Emotional Difficulties	89	96	83

New Services for childcare provision

5.68 As noted earlier in the discussion, we are limited in the kinds of data we are able to elicit from the questionnaire on childcare due to the initial design. We can however, give some idea of the pattern emerging on childcare provision in Sure Start areas. We should caution the reader however; in many cases, where programmes were asked to list new or additional services for childcare, only generalized labels were given. Therefore, it is difficult to get a handle on the exact nature of some of the childcare being provided. Case studies will be able to reveal the finer details of childcare provision, including comprehensiveness and quality.

- Approximately three-quarters of programmes indicated some provision of childcare that is new.
- One-quarter of programmes did not mention any new childcare-related services; one explanation is the fact that some programmes were still in the development phase; another explanation might well be that certain areas were better equipped with childcare schemes than others.
- Overall, where programmes reported new childcare services, they reported one or two different types. One-tenth of programmes reported 3 different types of childcare provision that is new.
- The emerging pattern of new childcare services is the provision of new cr che facilities and classes, or additional cr che facilities (to existing ones).
- About 20 percent of programmes are developing new childminding networks that include support and training.
- Approximately 10 percent of programmes are introducing new nursery classes, some specifically for working parents, others that are universal.
- One programme is offering free help with childcare for families that are low income or in crisis
- One programme is offering childcare training specifically for Asian women
- One programme is offering free childcare for children with special needs
- Overall, with the exception of cr che facilities, 10% of programmes are offering new services that are additional to existing services

Relevant Scale (6): Non-targeted service provision in three core service domains: support to families, health and good quality play and learning

We devised this scale in order to be able to present an overview of the basis on which programmes are providing services in each of the core service domains. Sure Start guidance requires that the provision of services take account of the particular needs of a wide range of individual children and parents, and yet at the same time, is made available to the largest number of children and their parents within the Sure Start programme area. The rationale underpinning this scale is that best practice would involve the availability of services to the largest possible number of children in the area, without any gate-keeping based on need. We asked respondents to indicate the service areas where the services were targeted to a particular group/s. We then calculated the ratio between those targeted services and the other non- targeted services.

Table: 5.9: Results of Scale 6

		Minimum %		Moderate %			High %	
	N	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Non-targeted services (Scale 6)	113	-	8	-	19	-	73	-

Table 5.10: Results of Scale 6 by Round

	Scale 6 Non-targeted Service provision (%)	
	Minimum	**High**
Round 1	6	76
Round 2	10	69

5.69 The majority of programmes (73%) provide a high degree of universal services. Round 1 provides a slightly higher proportion of universal services, whereas Round 2 provides services that are more targeted to particular groups. This *may* be an indication that programmes, in early set-up stages, emphasize hard-to-reach groups and parents with disabilities in order to firmly incorporate these groups in the programme at the outset. A greater exploration of these phenomena will be undertaken at a later stage in the case studies.

Defining 'packages' of services

5.70 The preceding sections of this chapter have described in detail the

services being provided by Sure Start programmes. Given the early stages that many of the programmes were at, and particularly in light of the findings to be reported in the following chapter on resources,, it was unlikely that we would be able to gain a full understanding of the packages of services being provided from this first survey. However, it was still considered useful to attempt to create a summary measure to capture any emerging patterns of activity in Rounds 1 and 2. This section summarises our approach and findings.

Constructing a measure of service activity

5.71 A variety of responses were considered for constructing a summary measure, including the number of *new* services and staffing levels in each of the four service domains. However, due to the fact that these were largely dependent on the length of time in operation, the resulting data were highly variable and, consequently, unlikely to provide a comparable measure across programmes. In contrast, responses to the questions on the provision of named services under each domain were most often complete and considered more likely to provide an indication of service activity, whether planned or already underway.

5.72 For each of the four domains, outreach and home visiting, support to parents and families, health and good quality play, learning and childcare, respondents rated the importance attached to a number of named services on a scale of 1-7. The individual services have been described in the preceding sections, together with the overall level of provision and importance. In general, if a service was provided it was likely to be rated highly (i.e. 5-7). For this reason services were considered as either being provided or not. A score was created for each domain based on the proportion of services being provided by an individual programme. It was necessary to express the total number of services as a proportion in order to standardise for the different number of named services under each heading: Outreach (n=9), Support (n=13), Health (n=6), and Play/Learning/Childcare (n=19). The resulting four indicators are described in the following section.

Patterns of service activity

5.73 Table 5.11 details the averages (mean) and correlations for these four service indicators. The derived indicators showed similar levels of variability across programmes but different means. Outreach services had the lowest score on average, with 56% of the named services being provided. This was followed by averages of 63% for Support services and 69% of services under Play/Learning/Childcare. Health had the highest proportion of services with 86% on average, although this observation may in part be confounded with there being fewer named services in this domain. All scores were positively correlated so that programmes with a high score in one domain were likely, in general, to have a high score in other domains. Health showed the weakest association with the other domains, whereas associations between Support and Outreach, and between Support and Play/Learning/Childcare were the strongest.

Table 5.11: Summary statistics for the four derived service indicators

SERVICE DOMAIN	service indicator		Spearman's correlation coefficient		
	mean(sd)	range	Support	Health	P/L/C
Outreach	0.56 (0.17)	0.10-1.00	0.50	0.15	0.35
Support	0.63 (0.16)	0.14-0.93		0.28	0.50
Health	0.86 (0.14)	0.29-1.00			0.18
Play/Learning/Childcare	0.69 (0.14)	0.10-0.92			

5.74 The relations between the four indicators were further explored using cluster analysis, in an attempt to define distinct patterns of activity amongst the programmes. Table 5.12 presents one cluster solution in which four groups were identified; for each group the mean service indicators are presented to illustrate the difference between cluster groups. In general, the cluster solutions confirmed the correlations already discussed; that is, programmes were grouped according to the *quantity* of services provided under each domain, rather than any patterns emerging in which one domain appeared more important than another. The smallest group (n=7) were those programmes providing a limited number of services in all four areas. At the opposite end were those programmes seemingly providing the greatest number of services in all areas; this service group contained 34 programmes and has been labelled enriched . Not surprisingly, the largest service group were those providing an average number of services under each domain (almost enriched), and contained 56 programmes. The final service group were those programmes providing an average level of services in Health and Play/Learning/Childcare, a slightly reduced level in Support, and a notably reduced level in Outreach. This last group contained 19 programmes and was labelled Outreach limited .

Table 5.12: A cluster analysis solution to patterns of service activity

service cluster label	N	Outreach	Support	Health	P/L/C
		indicator mean			
Limited	7	0.41	0.44	0.53	0.47
Outreach limited	19	0.33	0.50	0.83	0.66
Almost enriched	56	0.55	0.60	0.84	0.67
Enriched	34	0.72	0.78	0.84	0.79
Total	**116**	**0.55**	**0.63**	**0.82**	**0.69**

It is important to emphasise that this is largely an exploratory exercise and not intended as a definitive classification of programme activity.

Summary

5.75 This chapter has explored data on services through a variety of lenses. Initially we provided a descriptive overview of service provision made by programmes. It can be seen that the provision of services in the area of service design, delivery and application varies across programmes and between various types of services. Unsurprisingly, Round 1 programmes appeared to be further down the road towards meeting the Sure Start guidelines in respect of services than did Round 2 programmes. In some cases, for example, services for hard-to-reach groups, there is still considerable work to be done. However, in other areas, such as ante-natal provision, there is evidence of reasonably consistent progress across Rounds 1 and 2.

5.76 In the **outreach and home visiting** core service activity, some groups clearly ranked higher than others, in terms of perceived importance, e.g. Health Visitors, Midwives and Community Workers. It can be seen from responses both to this section and to the earlier section on access (Chapter 4) that these workers fulfil a crucial role in both locating families as well as providing an outreach based service to them.

5.77 In the provision of **family support** services, a group of activities featured significantly. Most frequently cited components included a) the extension of home visiting by health visitors, b) the extension of existing family support, c) having a dedicated Sure Start Centre, d) providing parenting programmes and e) the provision of drop in centres.

5.78 In the range of **health-related** services, two elements stand out; a) home visiting by health visitors and b) the provision of ante-natal services. At this stage of programme development, these appear to be regarded as building blocks by the local Programme Managers. There is some evidence of activity in less traditional directions, such as practice in the area of healthy eating, smoking cessation and home safety. There is also evidence of

targeted activity to identify particular needs, such as parents with mental illness or new mothers suffering post- natal depression.

5.79 It was clear from the data that the majority of programmes were addressing the task of providing and extending day care services, even if there was little evidence of dramatic increase in the scale of provision, at least at this stage in programme development. Rather than wide-ranging new strategies, programmes seemed to be concentrating on extending cr che provision, for example. It may well be that the extension of childminders and the construction of new day care places constitutes a longer term task. We will be ascertaining whether this is the case in subsequent applications of the questionnaire, as well as in the case studies.

5.80 Although this chapter has focused on data about *services*, clearly it should be seen in the wider context of the rest of the report.   The chapters which detail progress in respect of both programme governance and management and towards maximising access have underlined the complexity and range of the work involved for every programme in the task of setting up . It may well be that the extent of this work has been underestimated and that, as a result, progress in respect of services has been hindered.

CHAPTER 6

RESOURCES

6.1 This chapter, like the rest of this report, draws on responses to the NESS implementation questionnaire. However, this was always intended to be a secondary source of information for this cost-effectiveness element of the implementation evaluation, since the administrative information about resource use and availability collected by the Sure Start is extensive, and extensive duplication would be undesirable. We have information from the Sure Start Unit about approved levels of expenditure for each programme by financial year. However, the transfer of Sure Start financial information to a new IT system has meant some delay in access to information on financial outturns. However, in order to offset that we have been able to draw on outturn information drawn from programmes audited accounts for the financial year 2000-01. Since some audits were late, and others were conducted to a non-standard format, at the time of writing this report we had usable audit information from 75 programmes.[2]

6.2 In most cases, the information from all three sources is consistent (although they tend to complement rather than duplicate each other) but where there is a conflict (for example on programme start dates or annual expenditure) the administrative sources have taken precedence as being more likely to be reliable. Together the information from the three sources provides a picture of three key dimensions of resource use: the scale of the ambition of the programme in relation to the number of children and families it is seeking to serve, the speed with which the programme moves from set up to service delivery, and the context in terms of the level of mainstream services which existed before Sure Start began.[3]

6.3 These three key dimensions varied markedly across programmes. Children and families who receive Sure Start services will have differing experiences in different areas. The amount of money (revenue and capital) that programmes are planning to spend on each child over a three year period varies markedly from under £2,000 up to £10,000, even after taking timing differences into account. The speed with which programmes are managing to get their services up and running also varies. The start-up phase appears to last around a year for most programmes, although a few have started service delivery very quickly within a matter of months. Since the first Trailblazer programmes were selected because they had the infrastructure in place to start service delivery quickly, it was to be expected that later programmes would be unlikely to match this performance. However, the extended start-up has implications for the measurement of costs. Analytically, start-up costs should be spread throughout the life of the programme; otherwise, they exaggerate the

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[2] Subsequently we have received information for a further fourteen programmes. We expect to have audit or comparable administrative information for the remaining programmes in due course.
[3] Tables and figures in this chapter indicate the source from which the relevant information was derived. In may cases information from one source has been combined with that from another source for the same programme.

costs of services in the initial stages of the programme.

6.4 The implementation questionnaire itself served two purposes as far as resources are concerned: it supplied information about finance and benefits in kind provided from non-Sure Start sources, and it provided information about the availability of non-Sure Start resources in the area, including mainstream programmes, other area-based initiatives and the voluntary sector.   Although the questionnaire asked for information about expenditure funded by Sure Start grant, this information will eventually be available on a more consistent basis from the Sure Start Unit monitoring system. As indicated above, where the survey information is obviously inconsistent with the administrative information (for example a programme claims to have spent twice as much in the last twelve months as it has been allocated for any single financial year) we have excluded this information from our analysis. This affected the information for ten programmes. For those programmes where we have been able to compare survey information about expenditure funded by Sure Start grant with audit information, we have found a high level of consistency, which is encouraging. Once we have access to financial outturn information we will be able to crosscheck our survey information more thoroughly and obtain a firmer estimate of its reliability. Although, therefore, this chapter makes use of the information from the survey, these data should be treated as provisional at this stage.

Programme Overall Resource Levels

6.5 The pattern of resources available to Sure Start programmes shows a great deal of variation. In part, this reflects differences in the size of the areas in terms of the number of eligible children and families in the population. We have available to us two separate measures of the number of children aged 0-3 living in each Sure Start area: the number of children estimated by programmes themselves in their bids for funding and held on Sure Start Unit records and the number of children receiving child benefit in the postcode areas covered by Sure Start programmes provided by the Department for Work and Pensions as part of the local context evaluation. There are discrepancies between the information from these two sources, some of which are inevitable (for example due to moves in or out of an area). In general, our strategy with respect to the evaluation as a whole is to use the child benefit numbers, as this is the database from which our impact samples are being drawn. However, in this report we have used the number of children provided by the programmes themselves. Our reason for doing this is that we are comparing what programmes were setting out to do based on the number of children that they thought that they were going to be dealing with. The child benefit data suggest that the actual number of children they will be dealing with will probably be smaller (or occasionally larger) than the number put forward in programmes bids and delivery plans. Our future estimates of outturn costs per eligible child will be based on as accurate an estimate of child numbers as we can get.

6.6 A second reason for differences in the scale of programmes is the stage

in its life.   Some are still in their first year of operation, and therefore have not been delivering services on anything like the scale that they would be once they have come into full operation. Their overall levels of expenditure have been quite low - often lower than originally intended - because they do not yet have the staff, systems or structures in place to spend money on service delivery.

6.7 But child numbers and programme age do not account for all the difference between programmes. There remain differences which are related to decisions taken by the partnership at the planning stage as to how ambitious they wanted their programme to be. Moreover, as discussed below, these differences relate both to revenue expenditure and to capital.

6.8 From the point of view of measuring cost-effectiveness, these differences are potentially important. Firstly, they make it transparent that there is not a single model for the delivery of Sure Start programmes. Second, some of the differences are likely to reflect the quality and quantity of the services that are already in place within the area. Areas with few existing services will have a greater need for higher levels of expenditure than areas with better levels of existing services. But the differences also reflect the extent to which the partnership wanted to initiate a programme that was clearly supplementary to mainstream provision, as opposed to those that sought to initiate major changes in the resources and opportunities available to young children and their families.

6.9 Table 6.1 provides an indication of the variability of the total resources available per eligible child. In the case of round 1 programmes for the purposes of allocating revenue, the first year was treated by the Sure Start Unit as a full year even where they began only part way through. In the case of round 2 programmes, the revenue (but not the capital) resources they were allocated were adjusted according to the number of months remaining in the financial year. In order to make the figures comparable between the two rounds and between later and earlier round 2 programmes, the first year s revenue funding available to round 2 programmes has been scaled up pro rata to provide a full-year equivalent figure. The funding for the two subsequent years has been left unchanged.

Table 6.1: Proportion of Sure Start programmes allocated resources per eligible child at different levels (revenue equivalised to three full years)

per cent

	capital lowest quintile (<£723.57)	capital middle 60% (£723.57-£1421.23)	capital highest quintile (>£1421.23)
revenue lowest quintile (<£1761.65)	4.4	13.3	1.8
revenue middle 60% (£1761.65 — £2784.69)	10.6	37.2	13.3
revenue highest quintile (>£2784.69)	4.4	9.7	5.3

Source: SSU basic programme data
Notes: First year revenue allocations for round 2 programmes have been scaled up pro rata to provide full-year equivalent totals
Eligible child numbers are SSU figures derived from programmes' delivery plans

6.10 The proportion of programmes in each cell suggests that capital and revenue allocations are independent of each other. In other words, the proportion of programmes in each cell is similar to the proportion we would expect to observe by chance given the variation in both revenue and capital allocations.

6.11 However, the range of funding available in different areas is large. At the one end, a child in a programme in the lowest quintile on both revenue and capital allocations could expect to receive facilities and services to the value of no more than £2,500 over three years. At the other end a child in an area in the top quintile on both revenue and capital could expect to receive facilities and services to the value of more than twice that level. In fact, as the next two sections, which look at revenue and capital separately, the differences are larger than that because the differences within the top and bottom quintiles are themselves large.

Sure Start Revenue Funding

Figure 6.1: Allocated Sure Start revenue funding per eligible child (equivalised to three full years)
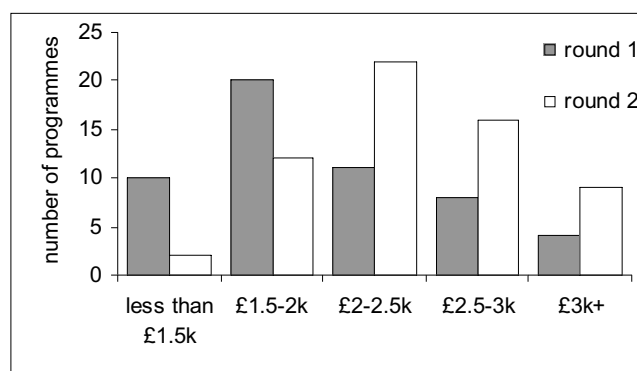
Source: SSU basic programme data
Notes: First year allocations for round 2 programmes have been scaled up
pro rata to provide full-year equivalent totals. Eligible child numbers
are SSU figures derived from programmes' delivery plans

Figure 6.1 illustrates the range of the volume of revenue resources per eligible child that Sure Start programmes have been allocated over the first three years of the funding period.

6.12 Although the majority of all programmes have allocated revenue expenditure levels per child of between £1,500 and £2,500 over a three year period (or between £500 and £850 per full year on average), a tenth of programmes, nearly all of which are from round 1, plan to spend between less than £500 per child per year. By contrast, a similar proportion of programmes are extremely ambitious and have been allocated revenue expenditure of more than £3,000 per child over three years, or £1,000 per child per full year.

6.13 The median allocation over three years is £2,191 and the mean is £2,312. Thus an average programme could be expected to have revenue expenditure of around £750 per child per year. The median for round 1 programmes is just over £600 per child per year, whereas that for round 2 programmes is around £775. The mean for round 1 programmes is just over £700 per child per year, while that for round 2 is just over £800. The maximum three-year revenue expenditure per child for a round 1 programme is £6,335 or more than £2,100 per child per year, while the maximum for a round 2 programme is £4,836 or over £1,600 per child per full year. The lowest expenditure allocation for a round 1 programme is £1,014 or £338 per child per year. The lowest expenditure allocation for a round 2 programme is £1,129 or £376 per child per full year.

6.14 What this means is that there is a great deal of diversity in the level and range of services that programmes are setting out to deliver on a day-to-day basis. With the highest spending programmes planning revenue spending more than six times greater than the lowest spending programmes, the range of inputs experienced by children and families is likely to be large. To some extent this may reflect differences in existing service levels. Thus, for

example, areas that are well provided with childcare are less likely to spend money on childcare services than areas which need to provide childcare facilities from scratch.

6.15 Thus, we already knew that there is no such thing as a standard Sure Start package in terms of the level and range of services that are available. What this information shows is that there is not a standard level of resource either. There are therefore significant variations in the inputs which children are receiving, which in turn will have important implications for measuring cost-effectiveness once we have information about outcomes.

6.16 Our questionnaire asked programmes about their income over the past year from the Sure Start Unit mainly to provide a context for the questions about resources from other sources. Some programmes responded with information about the last complete financial year up to March 2001 rather than for the most recent twelve-month period. This information will have been readily to hand. Moreover, it has the advantage that it can be crosschecked against the programme s audited accounts. In the case of ten programmes the amount reported as spent over the past twelve months was more than half the total awarded over the full three years, which suggests these responses should be treated with some caution, as they are likely to have included some non-Sure Start resources as if they were from Sure Start. These responses from these programmes have been omitted from our analysis for the present.

6.17 Excluding these ten programmes, the average funds claimed by round 1 programmes from Sure Start for revenue expenditure was £444,000. The audited expenditure data for 35 round 1 programmes shows accrued expenditure totalling £403,000 for which Sure Start funding had either been received or was due. Although a 10 per cent difference may seem relatively large, given the number of programmes for which audit data is not yet available, combined with the more approximate data from our own survey, and the fact that some programmes will have used the last financial year, but others with have used the last twelve months, the similarity is encouraging. The minimum amount claimed according to our survey was just over £110,000 and the maximum was just under £850,000.   The range in the audit data for expenditure for which round 1 programmes were entitled to claim for 200-2001 is from £168,000 to £820,000.

6.18 Not surprisingly our own survey showed that round 2 programmes had a lower average amount claimed for revenue expenditure than those in round 1: £238,000 with a minimum of just over £12,000 and a maximum of over £750,000. The audit figures for the 40 round 2 programmes for which information is available are lower: an average of less than £135,000 with a range from £12,000 to £340,000. These differences are likely to reflect differences in coverage within the two groups. As illustrated below, the round 2 audit data is consistently lower on all indicators than the round 2 questionnaire data, while there are greater similarities in the round 1 figures.

6.19 Figure 6.2 summarises the distribution of the amounts of revenue expenditure claimed. Most round 1 programmes claimed between £250,000 and £750,000. Most round 2 programmes claimed between £100,000 and

£250,000, although one claimed more than £750,000. It is important to note that these figures relate to the actual amount claimed, and have not been equivalised to a full-year basis.

**Figure 6.2: Total Sure Start revenue funding claimed in last year**
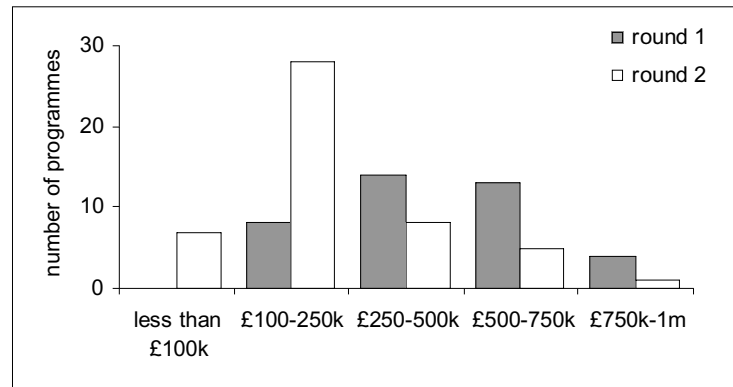
Source: NESS Implementation Questionnaire

Sure Start Capital Funding

6.20 The need of Sure Start programmes for capital funding will vary depending on what is already available in the neighbourhood. Some programmes, especially the early round 1 Trailblazers had much of the necessary infrastructure in place. Sure Start funding was therefore important in helping them to develop and deliver extra services, but was not necessary to put the physical infrastructure in place. Figure 6.3 illustrates the variability of capital funding per eligible child that programmes have been allocated. They have not been scaled to take account of timing differences, as round 1 and 2 programmes are all expected to have spent their capital allocations within the first three years. The figures are therefore the three-year totals.

6.21 The amount of capital expenditure over three years for which resources have been allocated to programmes varies from zero to £4,009 per child, or the equivalent of £1,336 per child per full year. The mean amount of capital allocated was £1,097 per child over three years, or £366 per child per full year. There were marked differences between rounds, with round 1 programmes having mean three-year capital of £1259 and round 2 programmes having £954. The median is lower at £916 or £305 per child per year. Again there were differences between rounds 1 and 2. The round 1 median was £1,118 and that for round 2 was £906. These differences are reflected in Figure 6.3, which shows there are differences in the distribution of capital allocations between the two rounds. Round 1 programmes were more likely than round 2 programmes to have three year capital allocations above £1,250 per child, while round 2 programmes are heavily concentrated between £750 and £1,000. The three-year maximum for a round 2 programme (£2,578) is also well below that for round 1 (£4,009).

**Figure 6.3: Allocated Sure Start capital funding per eligible child**
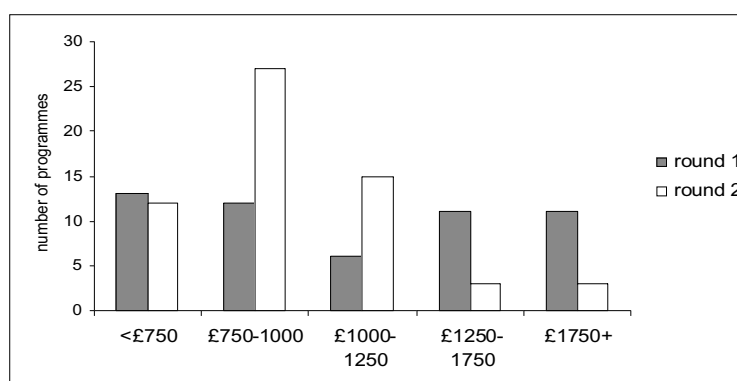
Source: SSU basic programme data
Notes: Eligible child numbers are SSU figures derived from programmes'
delivery plans

6.22 According to the responses to our questionnaire, and excluding the ten responses where the question seemed to have been misinterpreted, the average Sure Start capital funding claimed by round 1 programmes over the past year was £436,000, while the average claimed by round 2 programmes is £137,000. The audit data available so far shows that 35 round 1 programmes claimed an average of £385,000 in 2000-01 while 40 round 2 programmes claimed an average of £26,000. Between a quarter and a third of round 2 programmes and one round 1 programme claimed no Sure Start capital funding according to the questionnaire responses. The audit data for 2000-2001 also shows one round 1 programme receiving no capital funding and a third of round 2 programmes.

Figure 6.4: Sure Start capital funding claimed in last year
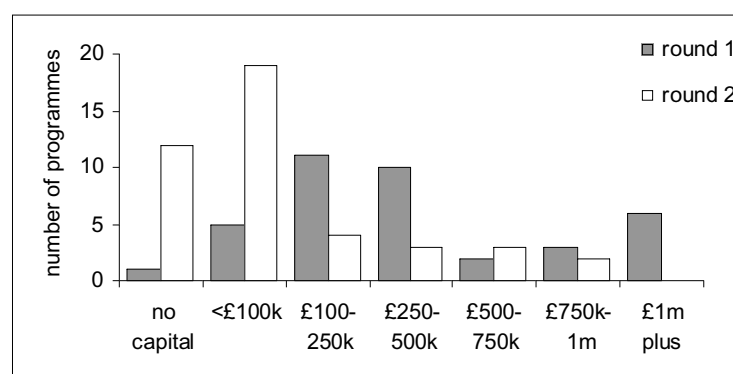
Source: NESS Implementation Questionnaire

6.23 According to responses to our questionnaire, the largest capital grant claimed by a round 1 programme was £1.4 million, while the largest for a round 2 programme was £885,000. According to the audit data, the largest amount of capital funding claimed by a round 1 programme in 2000-01 was £1.2 million. The largest claimed by a round 2 programme was £175,000. As with other items above, the audit data consistently produces lower means and

maxima for round 2 than the survey data, which suggests that the round 2 programmes that have got off the ground the fastest are not yet represented among the programmes for which audit data is available. According to our survey, most round 1 programmes claimed between £100,000 and £500,000. Most round 2 programmes, reflecting their earlier stage of development claimed less than £100,000.

6.24 The discrepancies between the two data sources at this stage mean that these data should be interpreted with caution. However, in due course, once we have financial outturn data from the Sure Start Unit for all programmes, we will be in a better position to crosscheck the validity of the expenditure estimates that programmes have given us. More generally, there are frequently quite significant discrepancies between planned and actual capital expenditure by Sure Start programmes. But one feature they have in common is that most programmes have spent their capital funding much more slowly than they had originally planned to do so. This issue is discussed further below in section IIB.

Funding from Non-Sure Start Sources

6.25 In addition to differences in the resources available from the Sure Start programme itself, there are differences in the resources available to programmes from other sources.   These fall into four broad groups:

- Resources available from other Government programmes
- Resources available from European Union programmes
- Resources available from business sponsorship and charitable trusts
- The services of volunteers

6.26 There is no obligation on Sure Start programmes to seek resources from elsewhere. However, the extent to which they do secure other resources suggests that programmes may have good collaborative arrangements with other local initiatives or providers, or may have good ideas for extending their activities in a way which appeals to other funders. Since the kind of activities eligible for funding under the Sure Start programme is already quite wide, seeking funding for additional activities might suggest greater than typical drive and imagination on the part of those running a particular programme.

6.27 In fact, less than half of all Sure Start programmes have received any cash resources from non-Sure Start sources over the past year. Although some programmes will be eligible to receive resources from other government initiatives, this is not true in all cases. However, since only 2 per cent of programmes have no other initiatives operating in their areas, and since the average number of other initiatives is ten, it is likely that many programmes are potential recipients of resources from one of these sources. Examples of the sort of joint activity that might be eligible for funding might be joint initiatives on converting or constructing new buildings, programmes to improve local facilities, or employment or training programmes for parents.

6.28 In addition to our questions about receipt of cash funds, we asked programmes whether they received resources in kind. Two-thirds of

programmes receive some resources from other Government initiatives. On average, each of those programmes that receive additional resources does so from three different sources, but one programme received resources from eight other government initiatives. The most frequently mentioned programmes providing resources to Sure Start programmes were the Single Regeneration Budget (37 programmes), Neighbourhood Nurseries (26 programmes), Health Action Zones (23 programmes), the National Childcare Strategy and the New Deal for Lone Parents (17 programmes each). The full list of responses is set out in Table 6.2.

Table 6.2: Number of Sure Start programmes receiving resources from other Government initiatives

AREA-BASED INITIATIVES	
Single Regeneration Budget	37
Health Action Zone	23
Education Action Zone	10
Neighbourhood Renewal Fund	10
Children's Fund	9
Sure Start Plus	9
New Deal for Communities	8
Healthy Living Centre	5
Healthy Schools Initiative	3
Crime Reduction Programme	3
On Track	2
Community Champions	2
Employment Zones	2
OTHER GOVERNMENT PROGRAMMES	
Neighbourhood Nurseries	26
National Childcare Strategy	17
New Deal for Lone Parents	17
Employment Service	14
Health Improvement Programme	8
EU Programmes	6
UK Online	5
Quality Protects	5
Drugs Action Team	4
Housing Action Zone	3
Connexions	3
Local Agenda 21	1
Other	9

Source: NESS Implementation Questionnaire

6.29 Although round 1 programmes are slightly more likely than round 2

programmes to have access to resources from external sources the difference is not statistically significant. Moreover, round 2 programmes are just as likely as round 1 programmes to have received £500,000 or more from non-Sure Start sources. Overall, the range of funding received from external sources is large. Two programmes have secured around £2_ million each from external sources, while several have secured just £200. The mean amount received is £38,000. The median is much larger - almost £120,000. The difference between the two measures is accounted for by the very small amounts received by some programmes.

6.30 In their responses to our questionnaire, nine programmes reported that they had received some business sponsorship and seven that they had received funding from a charitable trust. Although we asked about National Lottery funding as well, no programme reported that they had received resources from the lottery. Although only six programmes received any EU funding, the amounts involved were quite substantial ranging from £17,000 to over £200,000.

Figure 6.5: Funding from non-Sure Start sources received over past year
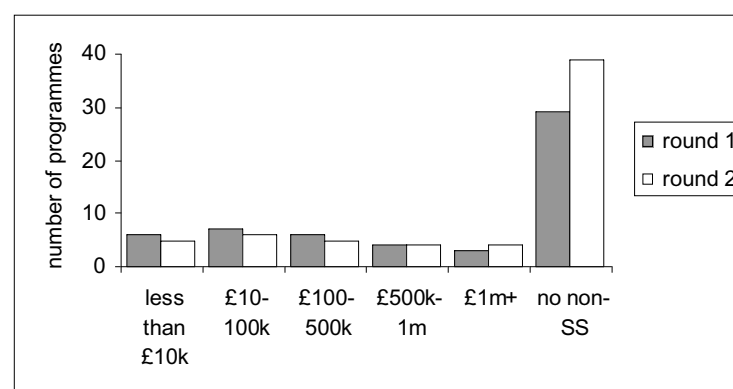
Source: NESS Implementation Questionnaire

6.31 In the case of charitable trusts, some of the amounts are small, but one programme has received £30,000, another £89,000 and a third more than £500,000. The amounts received from business sponsors are typically a few hundred pounds, although one programme had secured £25,000. Moreover, this programme had only £160,000 in Sure Start revenue grant, so that its business sponsorship made a significant contribution to its total resources. One round 1 programme had secured around £90,000 from the EU and a similar amount from a charitable trust. No other programme had income from more than one of these three additional sources.

6.32 The way programmes responded to the questionnaire does not enable us to identify consistently in all cases whether external funding was for capital expenditure or for revenue costs. Although we have retrospective information about the application of non-Sure Start funds to for capital expenditure or revenue costs, many programmes have interpreted the question about funding received from particular sources (for example charitable trusts) as related to whether or not they have received notification that they have been

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awarded such funds, rather than whether or not the funds in question have been applied over a particular period. It is clear from the responses to the questionnaire, and to a lesser extent, from the audited accounts of the 75 programmes for which audit data is available to date, that there is not a full understanding within Sure Start programmes of the principle of accruals accounting. Under accruals accounting, funds are accounted for as they are spent, not as they are received. However, it is clear that some of the replies to the questionnaire relate to the total value of funds promised by funders (including the Sure Start Unit in several cases which we have identified and therefore excluded) rather than the amount of such funds that has been drawn down as a result of expenditure on eligible items. Ultimately this will not be a problem because programmes responses will be able to be crosschecked against monitoring information, but in the short term, it makes it difficult to interpret information about the total resources available to programmes.

6.33 However, we asked a separate question about revenue and capital support received from non-Sure Start sources. Only a third of programmes have revenue from non-Sure Start sources. However, in some cases the amounts are very large. The range is from under £5,000 to £2.5 million. A third receive less than £12,000, but almost half the programmes receiving revenue support receive more than £120,000, and a fifth receive more than £500,000.   Nine programmes out of the 118 in our survey had revenue funding from non-Sure Start sources that was greater than their Sure Start grant, often many times greater.

6.34 Once we have full outturn data for all programmes we can establish whether is due to timing differences, in that Sure Start funding may have been claimed but not received, or to several years worth of non-Sure Start revenue being attributed to a single year, or whether it represents genuine contributions in cash and in kind from other sources. It does not appear at first sight that the first explanation is likely to be common, since the average amount received from Sure Start was nearly £190,000 and only two programmes had claimed less than £100,000.   During the case study phase of the implementation evaluation we will be investigating non-Sure Start funding more thoroughly than a questionnaire survey allows us to do.

6.35 At the extreme, the amount of non-Sure Start resources is considerably greater than the amount of Sure Start grant received. More typically, programmes getting additional revenue increase their income by up to a fifth. What we have not yet been able to determine is the extent to which some of these differences might be accounted for by differences in the way in which programmes account for benefits in kind (or even in some cases for mainstream services). Strictly speaking, benefits in kind should have a value attached and appear on both the income and expenditure side of programmes accounts. The income is then accounted for as coming from sources other than Sure Start itself. Where programmes questionnaire responses are based on accounting data, some of them may have followed this approach. However, it is apparent from the audit data that most programmes are not attaching values to benefits in kind, so that they appear as neither income nor expenditure.

6.36 Only 5 per cent of programmes have any funding from European Union programmes. The amounts involved, however, are quite substantial ranging from £17,000 to over £200,000. A similar proportion of programmes has secured grants from charitable trusts. The amounts are generally small, but one programme has received £30,000. One in twelve programmes has managed to secure some business sponsorship, although the amounts involved are typically very small (a few hundred pounds). However, one programme had secured £25,000. No programme had income from more than one of these three additional sources.

6.37 One in six programmes had capital resources from non-Sure Start sources. Those that do typically add an extra 50 per cent to their Sure Start capital resources. For some programmes, the Sure Start capital contribution is only a small fraction of the capital resources they have spent to date, but as Figure 6.6 shows, these are generally the programmes with low overall levels of capital resources, so that the sums involved from both sources are small. Those programmes that have secured capital resources from non-Sure Start sources have received an average of £216,000 in total over the past year, or roughly three times the average capital resources received by all programmes. However, half have received less than £100,000. Only one received more than £1 million.

 6.38 However, there is some evidence to suggest that capital resources from non-Sure Start sources are essentially substitutes for Sure Start funding. None of the programmes that received more than £500,000 in capital from non-Sure Start sources had total capital resources of more than £1.8 million, which is within the range of capital resources allocated to programmes over the three year funding period from Sure Start sources alone. Typically, non-Sure Start capital resources will be for wider community use of new buildings. Thus, for example, a new centre with a nursery, a child health clinic and a drop-in club may also have additional facilities for a pensioners luncheon club, for an evening youth club or for a Citizens Advice Bureau.

Figure 6.6: Sure Start and non-Sure Start capital resources in programmes receiving capital from non-Sure Start sources
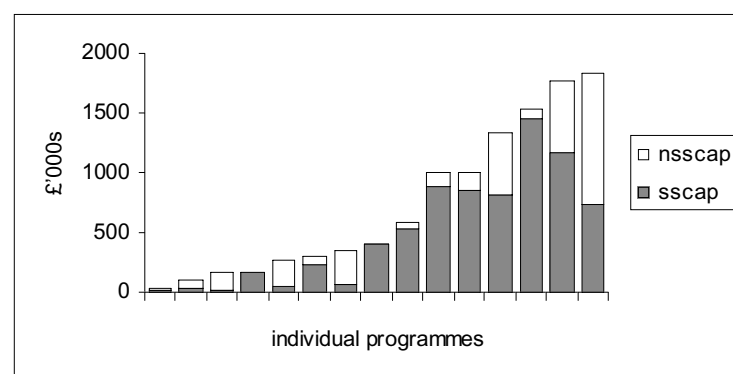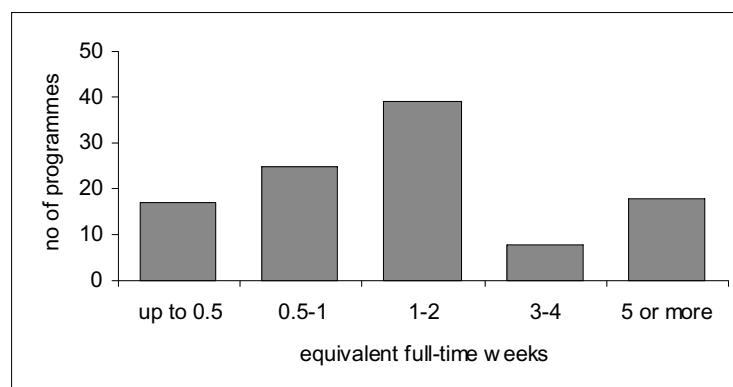

Source: NESS Implementation Survey

Volunteers

6.39 The level of resources in the form of volunteers varies widely between programmes, although almost all programmes have some volunteers working with them. Half the programmes that were able to quantify their use of volunteers have fewer than twenty people involved. But this figure on its own does not give a true picture of the variability. At one end one round 2 programme (not a newly established one) had a total of around half an hour a month of volunteer time, and one round 1 programme had an hour. At the other end, a round 1 programme had 7700 hours a month or the equivalent of 55 full-time staff weeks, or an extra fourteen full-time staff. This particular programme had 310 people involved as volunteers, including 120 from voluntary organisations, 70 professionals and 55 parents of children under four. The programme has chosen a deliberate strategy of securing a high level of involvement from volunteers. Excluding this extreme example, the average programme using volunteers has around 98 hours of voluntary input per month. This is equivalent to just under 3 full-time staff weeks.

 6.40 Almost all programmes have parents of children under four working as volunteers. Half have fewer than eight such parents involved and only one programme in ten has more than thirty.

Figure 6.7: Monthly level of resource input from volunteers

Source: NESS Implementation Survey

6.41 The use of volunteers as a resource produces some measurement problems. This is because the involvement of parents and members of the local community as volunteers may be a programme output, for example if it contributes towards the programme s objective of supporting parents or otherwise acts as a means of drawing parents in to service usage. This approach may be particularly important as a means of involving some minority communities. The involvement of one or more community members as volunteers may be a means of contacting and attracting other members of the same community to make use of Sure Start services for their children. This is another issue that will need to be explored further during the case studies. In addition, managing and training volunteers and undertaking appropriate child protection checks require additional staff resources within programmes.

Use Of Resources

6.42 At this stage in the evaluation of Sure Start, we do not yet have information from programmes about the level and type of outputs which they are achieving. Thus, we are not able to measure directly whether programmes are being efficient in their use of resources. However, we do have some indicators available to us which suggest that many programmes are finding it difficult to organise themselves in such a way as to enable them to deliver services to children and families relatively soon after their start date. Moreover, the information we have been able to derive from our survey and from the audit data is in line with the evidence which is being collected as part of the setting up Sure Start crosscutting theme in the implementation evaluation, and the evidence from some of the other parts of the implementation questionnaire.

Capital Expenditure

6.43 Figure 6.8 shows the number of Sure Start programmes falling into different categories in terms of the speed with which they have got their capital projects started. Completing capital projects is important in that service delivery plans often require new buildings to deliver new services. Moreover, even where programmes are planning to deliver services temporarily from another base, the issue of proximity to where service users live is an important one for Sure Start programmes. Thus, it is generally likely to be the case that programmes cannot be fully operational until they have completed their capital investment.

Figure 6.8: Speed with which programmes have spent capital allocations
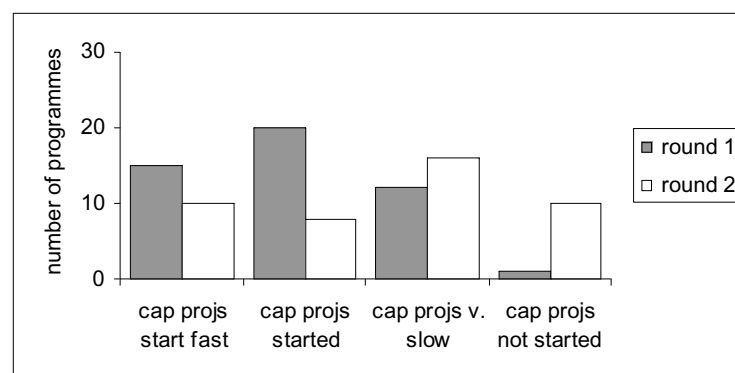
Source: NESS Implementation Questionnaire, SSU data and audit data

6.44 The indicator used for Figure 6.8 takes account of the programme s start date, so that the cut-off points for the indicator underlying the chart vary from programme to programme. Two different sources were used to compile the indicator. For those programmes where audit data were available, the proportion of 1999-2000 and 2000-2001 approved capital expenditure that had actually been spent was used. Where this was not available, the indicator is based on responses to our survey about the level of capital expenditure in the last year combined with Sure Start Unit information about programmes full capital allocation over a three year period. In the case of a quarter of programmes the necessary combinations of information are not

currently available to us to enable us to allocate programmes to the different categories.

6.45 f the programmes where we do have the relevant information, more than a quarter have already spent a large proportion of their three-year capital allocation. (This is defined as around 75% for round 1 programmes and around 40% for round 2.) A quarter of round 2 programmes and one round 1 programme had spent no capital during the latest year according to the implementation questionnaire, and this answer was not contradicted by audit data. A third of the programmes for which we had the relevant information had been very slow in starting the capital projects (if they had been running for a full year this meant that they had spent less than 20 per cent of their three-year capital allocation. If they had been running for a shorter period of time, the cut-off point was lower, typically around a tenth). The programmes in the residual category, those that had started to spend their capital allocations, not as quickly as the programmes that were doing well in relation to their original plans, nor as badly as those that had barely started, account for around another third. Although not defined as very slow it is likely that the majority of these projects are well behind their plans in terms of timing.

 6.46 Smaller programmes in terms of planned capital spending per eligible child (those planning to spend less than £250 per child per full year) were more likely to be in the started fast category than slightly larger programmes. A third were in this category, compared with 19 per cent and 11 per cent for the next two size groups.   Their capital projects will be smaller, and will therefore probably require less complex management structures and systems. However, the largest programmes (those planning to spend the equivalent of more than £580 per child per year) were also among those which managed to get going quickly. More than a quarter of them had started quickly. Programmes with intermediate capital expenditure were slowest to get started.

6.47 In terms of the measure used in Figure 6.8, programmes in the fast category are likely to have completed their capital projects by the end of their second year of operation, which means that by the third year they will be in a position to deliver all their services as they planned to do them. In fact, many of these projects will be in this position already. The projects in the started and the started slowly group may manage to catch up, but some of them are likely to be waiting for the completion of their capital projects well into their third year of operation if not beyond. Those that have not yet started will have to deliver their capital projects with exceptional speed if they are to be able to deliver the full range of services within a reasonable period of time. It is likely that for the programme as a whole, the lack of new or converted buildings dedicated to Sure Start will be acting as a constraint on the delivery of services at a local level. This implies that at this point, children and families are probably receiving lower levels of service and fewer services than might have been expected on the basis of programmes original plans. This, in turn, has potential implications for the impact evaluation, since it will not be possible to assume that by the second year of operation a programme will be fully functional.

Sure Start Programmes' Expenditure on Services and Overhead Costs

6.48 The audit data provides some evidence of the way in which Sure Start programmes have spent their money on direct delivery of services to children and families, and on indirect and overhead costs. Over the three years of the current funding period, programmes have a limit on overhead costs of 20 per cent of their total costs. Our evidence suggests that some programmes might find this a challenge given the point from which they are starting after the first year.

6.49 It is, of course inevitable, that programmes have to appoint managers and set up finance and monitoring systems and liaise with partner agencies before service delivery can begin. This means that during the first months of operation, overhead costs are likely to represent a large proportion of total spending. However, as service delivery gets up and running, service costs should include a greater importance, and overhead costs should form a much smaller share. However, more generally, overhead costs, looked at in a wider context, can be a useful efficiency indicator.

6.50 For the purposes of this analysis we have divided costs incurred into direct service delivery costs including outreach and home visiting, family support, play, learning and childcare services, community healthcare, special needs, teenage pregnancy, crime prevention and reduction and parental employment. Overhead costs include management and administration, development and evaluation and environmental and building improvement and maintenance. This last category occupies an intermediate status in Sure Start accounting categories, but it is more analogous to a combination of development work and building occupation costs, both of which are normally treated as chargeable overhead costs.

6.51 In 2000-01 round 1 programmes spent an average of 38 per cent of their resources on overheads, while round 2 programmes spent 60 per cent. More than one in ten round 1 programmes spent more on overhead costs than they did on service provision. The same was true for two-thirds of round 2 programmes. By contrast, a quarter of round 1 programmes have overhead costs which were less than 30 per cent of total costs.

6.52 The programmes that had high shares of overhead expenditure did not in general have exceptionally high levels of administrative and management costs, although those which are having to pay for accounts, personnel legal and similar services are likely to have higher apparent cost levels than the majority of programmes which are receiving these services free from a partner organisation. (As indicated above, the value of these benefits in kind has not generally been included in programmes accounts.) Instead, programmes with a high overhead share did so because they had low levels of expenditure on direct services to children and families (and to a lesser extent, had relatively low levels of expenditure overall). This is consistent with programmes having been unable to get key services off the ground as quickly as they had originally hoped. Around a quarter of round 2 programmes for which we have audit information, had spent no money on home visiting up to April 2001.

Figure 6.9: Relationship between programme start date and overhead share of expenditure
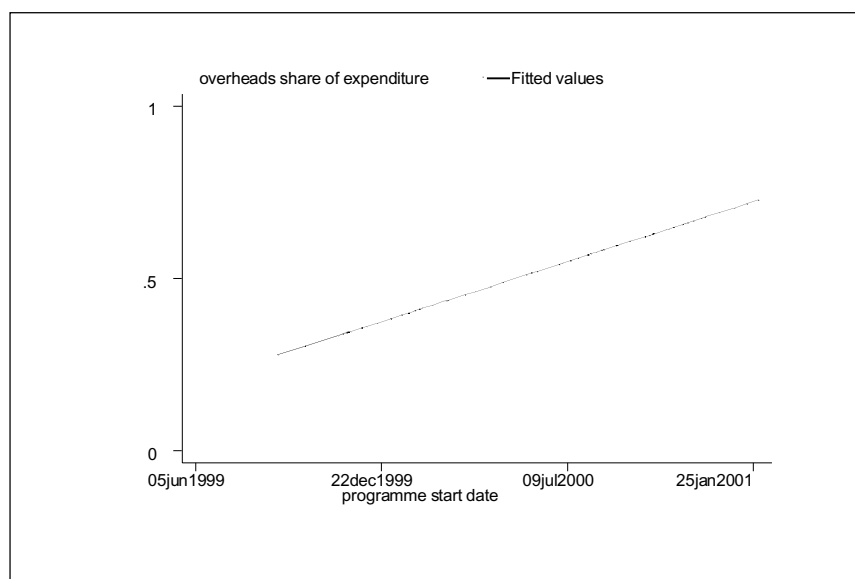
Source: audit data and SSU basic programme information

6.53 As the evidence suggested an association between the length of time a programme had been running and the level of overhead expenditure, we tested this statistically. Figure 6.9 plots the relationship between the share of expenditure accounted for by overheads and the start date of each programme. The line through the graph represents a regression line for the relationship between these two variables. The relationship is both clear and strongly significant statistically.[4] It suggests that the programmes which started towards the end of 1999 and the beginning of 2000 typically had an overhead share of around 35 per cent during 2000-1, whereas the programmes which began later had a much wider range, including both very low and very high values. We tested whether there were differences between rounds independently of start date, but could find no relationship. Therefore, the explanation for the differences in overhead shares does not lie in any differences in treatment between round 1 and round 2 programmes. Rather, this, together with the capital expenditure pattern indicates that programmes may need longer than a full year before they start to operate with a reasonable level of efficiency, and before they are delivering the full range of services.

6.54 We expected there to be a relationship between the level of overhead costs and the extent to which Sure Start services are able to make use of in-kind resources from partner organisations. Almost all programmes currently receive free in-kind resources in the form of premises. Only one in six programmes have no free or reciprocal use of premises of any kind. A third get free or reciprocal office accommodation and more than half have the free or reciprocal use of other premises, with up to five different places used free of charge by some programmes. Even where programmes are charged for the use of premises, they may not always bear the full costs directly. Almost

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[4] The R^2 is 0.29 and the t-statistic on the regression coefficient is 5.14.

all programmes share the buildings that they use with other services.   This tends in any case to allow greater efficiency in the use of resources since it can spread occupancy through the day or the week.

6.55 Similarly, where overhead services are provided by partner organisations, Sure Start programmes can take advantage of the economies of scale available to larger organisations. Partner organisations may decide that the marginal cost of providing these services is sufficiently low not to levy a charge to the Sure Start programme. Alternatively, they may make a conscious decision to provide such services without charge as an in-kind contribution. This does not mean that resources are not consumed in the provision of these services - they are, and they need to be identified in order to get a complete picture of the costs of Sure Start. This is important in ensuring that programmes which are charged for services, and whose measured costs are therefore closer to actual costs than is the case for programmes with hidden subsidies, do not appear to be disproportionately expensive. However, generally speaking, partner organisations are likely to be able to provide such services more efficiently than Sure Start programmes on their own.

Figure 6.10: Receipt by Sure Start programmes of free or reciprocal overhead services
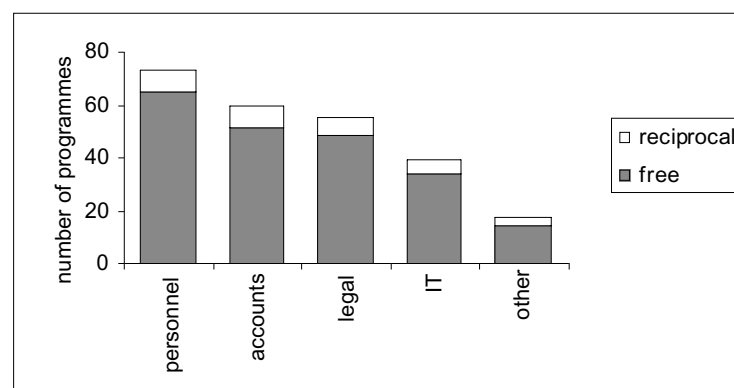
Source: NESS Implementation Questionnaire

6.56 Over half of all programmes get free personnel and payroll services. Nearly half have free accounting or legal services. Programmes are more likely to have to pay for information technology services. Only a third get these free. In general, it appears that if a programme receives one sort of overhead service free it often receives others as well. For example, 49of the 51 programmes that get free accountancy services also get free personnel services. More than a third get no services at all free. Most get between two and four services.

Figure 6.11: Number of free overhead services received by Sure Start programmes
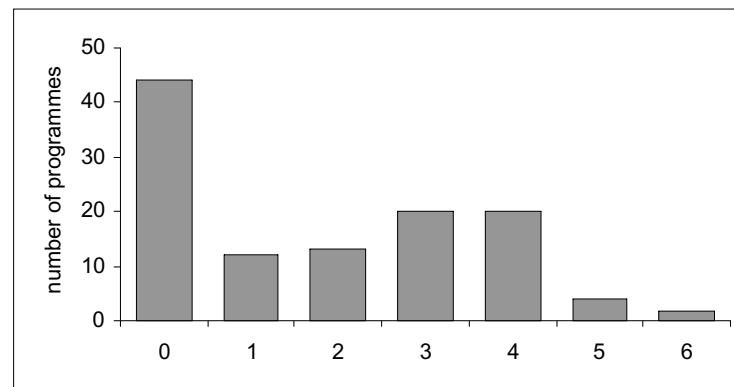
Source: NESS Implementation Questionnaire

6.57 There is no relationship between the proportion of expenditure which is incurred on overhead costs and the provision of free services. This is the case both when services are considered individually and when the number of services is used as the basis for the analysis. This is probably because even when programmes are being charged for overhead services, they remain a relatively small proportion of administrative costs for most programmes. The driving force is the speed with which programmes become established.

Mainstream Services

6.58 All Sure Start areas have mainstream services that are being received by children and families in the Sure Start target population. These mainstream services include GPs, health visiting, social services support, family centres, toy libraries, parent and toddler groups, nursery education and childcare. The survey asked about the level of activity delivered by mainstream services rather than the value of the resources used in delivering them. This is because we knew from the information that programmes have been providing as part of their plans that although some programmes understand the concept of baseline resource levels, many do not. In their initial plans programmes were required to quantify the level of resources deployed by mainstream services in the Sure Start area before the programme came into being. They are also required to continue to monitor those resources in order to provide evidence that Sure Start activities are additional to rather than displacing mainstream services. However, the quality of the information provided, both initially and on annual monitoring returns, suggests that programmes are either failing to understand what is required or are finding it too difficult to collect the information.

6.59 The responses to our survey provided a large amount of quantified information. It is likely that asking for service volumes rather than expenditure is easier for programmes to work with. Although costs will actually vary between Sure Start areas, using service volume information combined with national information about costs will provide a reasonable approximation to the baseline in each Sure Start area. Some programmes were only able to

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tell us that some services were provided in the area without being able to quantify them fully. This is useful information in itself, as it will enable us to identify the kind of non-universal services that will need to be quantified. A summary of the responses is shown in Table 5.2. We are proposing to crosscheck the survey information with the monitoring returns and the plans from each area, and to supplement these with more detailed information derived from case studies.

6.60 In addition, as part of the local context analysis, we are developing a database of mainstream services. This will include information about GPs, childminders, nursery places and nursery schools and classes. Thus, the implementation survey provides us with some useful information, which we can analyse more thoroughly once we are able to check it against information from other sources. The information that we do have suggests that there are marked variations in the availability of discretionary services such as childcare, but less variability in statutory services.

Table 6.3: Information about mainstream services in Sure Start areas

	Quantified information provided	Services exist but unquantified	Programme says no service exists	No response to question
GPs	96	14	4	4
Health Visitors	96	16	3	3
Community Health Workers	26	17	55	20
Chemists	88	15	6	9
Child Health clinics	96	8	8	6
Child development centres	17	7	78	16
Portage	44	48	13	13
Provision for disabled children	41	14	48	15
Ante-natal clinics	78	11	20	9
Midwifery services	84	19	8	7
Family Planning Services	62	11	33	12
Nursery schools	56	6	46	10
Childminders	84	13	13	8
Playgroups	89	8	12	9
Parent and toddler groups	101	7	2	8
Toy libraries	46	6	52	14

Source: NESS Implementation questionnaire

Summary

6.61 At present, we only have a partial view of the use of resources by Sure Start programmes. This position will be improved later this year when additional administrative data will become available. Nevertheless, two very important issues are emerging from the information we already have.

6.62 The first issue is the variability in the scale of the programme in different areas. Children in some areas will receive up to five times as much funding over the current three-year programme as children in other areas when capital

and revenue funding are considered together. Taking revenue expenditure alone, which is less likely to be distorted by the pre-Sure Start level of infrastructure, the highest spending programmes are spending six times more per child per full year than the lowest spending programmes.

6.63 From an evaluation perspective, the large scale of these differences may prove to be useful, in that it may enable us to draw some conclusions about the minimum level of resources necessary to secure programme effectiveness. But from a national perspective it reinforces the point that Sure Start is not a single uniform programme and that a range of services are being provided at different levels in different areas.

6.64 The second issue is how slow programmes have been in getting off the ground. This too has some implications for the national evaluation, in that in the initial stages it is probable that children and families will not all have experienced the full range of services that programmes are planning to provide locally, and will be providing once they are fully operational.

6.45 This, in turn has important implications for the measurement of costs. The evidence we have to date suggests strongly that a large part of a programme s costs in its first year are accounted for by setting up costs, and a relatively small proportion is accounted for by the delivery of services to children and families. In looking at the cost-effectiveness of the programme as a whole, these setting up costs should be treated analogously to capital costs, that is they should be spread over the lifetime of the programme rather than attributed solely to the services provided in the year in which they were incurred. Over the next stage in the evaluation, we will be attempting to establish with more precision the point at which costs cease to be start-up costs and become normal overhead costs within an organisation whose main purpose is service delivery. The information we have so far suggests that for most programmes this point is reached until some time during their second year of operation, but for others it may not be until the third year. Once monitoring data are available to us, we will be able to identify the point at which service delivery to children and families stabilises.

Chapter 7

Summary and Conclusions

7.1 It is important to exert caution in drawing conclusions from the data described in the above chapters. The integrated design of the Implementation Module (described in detail in Appendix A) means that at this early stage of the evaluation, it is only possible to provide an essentially descriptive overview. The data collected by the national survey has been used to construct an initial picture of programme activity and progress at one point in time, that is, the last quarter of 2001 . In addition it should be borne in mind that the survey questionnaire was designed to collect information and views from Sure Start programme managers about *their* experiences of setting up and implementing a local Sure Start programme. The subsequent stages of the Implementation study — that is, the 26 case studies; and the two re-applications of the national survey - will enable the eventual construction of a multi-faceted picture over a three year period of time.

However within these constraints it is possible to provide a summary of programme progress and draw a limited number of conclusions.

Management and programme start-up

7.2 The majority of Rounds 1 & 2 programmes appear to have met a majority of the guideline requirements to a greater or lesser extent. Partnerships have been set up in different ways across programmes but there is a broad range of representatives in the management structures of most programmes, including the main statutory agencies, the voluntary sector, and members of the local community and parents. At the same time there is evidence that within this overall level of achievement, specific areas of work posed obvious challenges for programme staff.

These include the involvement of the main statutory agencies in *every* programme; the involvement of *fathers* in programme management; the capacity to monitor the ethnic composition of management members; and the task of local evaluation commissioning.

Staffing

7.3 Sure Start programmes are clearly becoming significant employers in their area, employing both professionals and members of the local community. Ethnic representativeness again poses a challenge, as in every community, whether predominantly white, black or Asian, white staff continue to out-number staff drawn from other ethnic communities. Training appeared to be being addressed, and was most likely to be provided in the longer established programmes.

Facilitating Access

7.4 There is a diverse pattern of effort and provision being made to maximise access to the programme. This diversity applies right from the publicity stage, through engaging hard to reach groups, to tailoring provision of service delivery to groups with particular needs. Programmes are using a variety of ways to reach families either when they move into the area, and/or when new babies are born . Discovering where families with young children live is a complex task, which is undertaken by using health information systems, the contribution of health professionals to introduce families to Sure Start, and often by knocking on doors.

7.5 The majority of programmes make special provision for hard to reach groups, such as parents under 20, minority ethnic groups, families with literacy problems, fathers, families with mental health problems, travellers, families, refugees and asylum seekers.

Core Service Provision

7.6 It is of little surprise that Round 1 programmes appear further along than Round 2 programmes, in terms of meeting Sure Start requirements to provide services, however there is still work to be done in all programmes, particularly in reaching hard-to-reach groups.

Outreach and home visiting

7.7 The size of outreach teams varies, as do policies on home visiting, with most programmes planning at least one routine visit to children under 12 months, while a quarter are providing two. Many programmes stated they visited as needed rather than routinely.

Supporting parents and families

7.8 Extending existing home visiting and family support services, parenting programmes and drop-in centres are the main ways in which Sure Start programmes support families. Three quarters of programmes have specific provision for supporting fathers and the majority of programmes (85%) have introduced specific services for children with special educational needs or disabilities. Over half of programmes had specialist parenting programmes for parents with children with disabilities, traveller s families and asylum seeking families. Most (90%) had or were in the process of making links with local educational institutions to encourage and support parents in taking up training or education.

Health

7.9 Home visiting, ante-natal services, access to specialists, and services for children and parents with special needs were regarded as the most important health services for Sure start programmes. Virtually all programmes are developing a range of new or extended ante-natal classes, including home visits by midwives, and the majority of programmes screen new mothers for

post-natal depression and most provide subsequent support for those diagnosed.

7.10 Other health related work included smoking cessation and healthy eating advice, which are highly important aspects of almost every programme. The majority of programmes (70%) provide home safety equipment to parents, although less than one half offer home safety checks, and 80% do not monitor housing quality.

Play, Learning and childcare

7.11 The picture of provision of childcare and play and learning services varies considerably between programmes as some areas may already have had a good deal of provision prior to the implementation of Sure Start in the area, while others had relatively little. Three quarters of programmes are providing new childcare places in either cr che, childminder or group settings. Many programmes are still developing their buildings so are not yet able to deliver day care although they may be planning to in the future.

7.12 The majority of programmes indicated they were setting up between two and nine new play, learning and childcare services.

Resources

7.13 The resources available to Sure Start programmes vary considerably. In part, this reflects differences in the number of children and families in the area. However, there is significant variation in the size of grant received and how much programmes are spending on each child. The highest spending programmes are spending six times more per child per full year than the lowest spending programmes. This reinforces the point that Sure Start is not a single, uniform programme and that a range of services are being provided at different levels in different areas.

7.14 Programmes have been slower than expected in getting off the ground, which is evident in the proportion of their allocated grants that have been claimed in the first year of operation.

7.15 Two thirds of programmes receive some resources from other Government initiatives although less than half of programmes received cash resources from other sources. There is no obligation on Sure Start programmes to seek resources from elsewhere but the extent to which they have secured other resources suggest that programmes are developing good collaborative arrangements with other local initiatives or providers.

Conclusions

7.16 It can be seen that the task of setting up a Sure Start programme is clearly a far more complex and time-consuming one than may have been originally assumed by the policy makers who designed the initiative.

7.17 The original time-table for programmes to meet the respective targets is unrealistic and appears not to have taken adequate account of the diverse challenges that face programmes across Rounds 1 & 2. Indeed, at this stage of development *Sure Start* cannot be taken to mean a single uniform programme in every area where a partnership has been established.

7.18 Some specific challenges can be identified and currently include:

- The complexity of the task of identifying *all* the parents within a complex and diverse community
- The task of equally engaging main-stream agencies in partnerships, when these agencies may be facing considerable parallel challenges themselves.
- Negotiating a pathway between strategies that tailor services to the needs of specific groups, and those that are seen by potential recipients to target provision in a potentially stigmatising way.
- The diverse nature of the voluntary childcare sector, which may have implications for equal involvement by respective agencies
- Existing levels of multi-disciplinary activity cannot be taken for granted.

7.19 It is likely therefore that the time-scale for optimum programme-development is a considerably longer one than had been anticipated. This assumption will provide the starting point for the re-application of the national survey questionnaire to all the Round 1 & 2 programmes whose progress has been described above. This will be undertaken in September 2002, and will extend our understanding of the programmes and of their communities.

7.20 In addition the first application of the case-study survey, to 16 of these programmes, will begin to enable us to the provide some answers to the why' as opposed to the what questions to which we have restricted ourselves so far.

7.21 The nature of the data which has been presented above underlines the appropriateness of the Implementation module design. The evaluation of any project will be most useful if it seeks to study implementation over time; at several levels of operation; and from a range of perspectives. Only by exploring the values, experiences and organisational realities which lie behind the data described above, can we begin to build up a full picture of Sure Start at both national and or local levels. The next stage of the implementation study, to be reported in 2003, will add further detail to that emerging picture.

APPENDIX A: REVIEWING THE METHOD

Introduction

This final chapter presents an opportunity to reflect on the design and application of the survey questionnaire. The range and quality of the data reported in the preceding chapters is in large part a reflection of the research design, and in particular of the relevance and clarity of the survey instrument, and of the sensitivity and efficiency with which it was administered. We therefore provide a full report on the design and application of the survey questionnaire before going on to provide an estimate of the extent to which it met the objectives set out in the methodology, including a brief overview of issues raised for the future.

Chronology, design and application of the national survey

The design of the questionnaire was developed by the members of the Implementation team between March and July and 2001. At each stage the drafts were discussed with the wider NESS team, including our specialist expert consultants. Particular attention was paid to issues concerning disability and ethnicity. The draft was then submitted to the Sure Start Unit,and . comments were taken into account for the finalization of the questionnaire at the end of the first week of August 2001.

Several important considerations informed both the design and the process of the survey:

1) Implementation team members took account of the considerable pressure of work for local programme managers entailed in the monitoring process being undertaken by the Sure Start Unit. We were also conscious of the high level of anxiety that attended this monitoring process, given that national policy statements by Ministers frequently alluded to the crucial position of Sure Start within the government s social inclusion strategy. Our acknowledgement of this situation was reinforced by comments made to us by programme managers at the two national workshops organised by NESS in London and Leicester in summer 2001. This knowledge had two main implications for us. In the first place we were anxious to minimise the amount of extra work that our own evaluation would entail for programme managers and staff. In the second place we were very anxious that there should be a clear distinction in the minds of programme staff between the *managerial monitoring* being undertaken by the Unit and our own *questionnaire survey*. We hoped this would maximise the fullness and frankness of the responses we received, and minimise the anxiety of respondents about the uses to which the data would be put.

2) We intended the questionnaire to be as user —friendly as possible, and that the rationale for the questions should be as transparent as was compatible with our research objectives. Two weeks prior to mailing out the National Survey, the team sent an introductory letter to all programmes in Rounds 1-4 introducing the team. Moreover, we deliberately included explanatory statements in the questionnaire

design. In addition, we publicised in the questionnaire the existence of a contact phone number hot-line for programme staff to seek help if necessary.

3) In our contact with programme staff we stressed the initial nature of the first application of the questionnaire, and that the data collected would represent only a starting point for understanding the development of programmes over time. This was particularly important for those programmes that had only been established recently. We also drew the attention of respondents to the subsequent two elements in the implementation study design - case studies and themed evaluations - both of which would focus on qualitative data to complement the survey data.

The questionnaire was distributed by the survey team to all 128 Round 1 and 2 programmes in the first week of August 2001. It was sent by email to the managers of 105 programmes, and by post to a further 23 programmes where earlier enquiries by the research team had indicated that the programme was not accessible by email. Where the questionnaire was sent by email, arrangements were made to ascertain that the questionnaire had been received. Programme managers were asked to reply to the email containing the attachment to confirm receipt. Where the questionnaire was distributed by post, it was sent by recorded delivery. In both cases the questionnaire was accompanied by a covering letter specifying the deadline for return as September 7 2001.

By the formal deadline only 40 of the 128 completed questionnaires had been received. The process of eliciting the subsequent responses was a long one, in which all the Implementation team staff was involved. In addition to telephone contact from the Director and the Research Officer, the three regional researchers offered advice on completing the survey over the phone and in person on visits to the programme sites. By October 30 2001, 112 completed questionnaires were received, and by the end of the first week of December, the total had risen to 118.

At this stage, following discussion with the Sure Start unit, a decision was made for the Implementation team to cease the pursuit of further responses and to release the programmes concerned from participating in the Implementation survey. One suggestion was to resurvey them at the same time as the Round 3 and 4 programmes, but after careful reflection it was felt this would change the nature of the second sample, and preclude the consistent measurement of change over time. It was therefore decided to write the final report on the basis of a total of 118 responses, which represents a response rate of 92%. This figure was regarded as providing an adequate statistical sample against which the data could be analysed, in order to meet most of the objectives of the Implementation study, with the one exception of the provision of all of the input data for the Impact study.

Of the missing ten programmes, only 4 were found to have been included in the sample sites selected by the Impact study. Following discussion with the Sure Start unit, responsibility for pursuing these 4 missing responses

was transferred to the staff of the Impact Study. It was agreed that they would pursue the collection of the minimum service- related data necessary for the design of the   impact study.

The reasons given by respondents for the delay in returning questionnaires varied. The following list summarises most of them.

- turnover in staff
- relevant person/unavailable because of sick leave
- relevant person/unavailable because of holiday
- failed to receive the questionnaire
- absence of the required information
- other priority requirements from the Sure Start Unit (e.g. production of mini-delivery plans)
- deficits in IT capacity
- late programme start-up
- reluctance to participate in the National Survey due to other priorities and heavy time commitments
- conviction on the part of some respondents that data held in the Unit could be used to answer some of the questions

Analysing the data
The survey data was submitted to two linked stages of analysis. In the first place, questionnaires were coded and data entered by NESS staff in the months of November and December. The second task entailed the construction of a set of Implementation scales that would enable us to provide an initial and accessible overview of programme activity and progress. We had always been conscious that the complexity and length of our questionnaire could result in a diverse set of data, in which the aims and objectives of Sure Start guidance effectively got submerged in a mass of individual detail. Although the questionnaire method is of necessity a quantitative one, we drew on the work of Love[5] and colleagues in the United States, in order to maximise the transparency of any judgements about quality, to which the quantitative data is put. Drawing on the detailed guidance produced for programmes by the Sure Start Unit, and which itself was based on knowledge about what works in the early years field, we constructed the following six rating scales:

- parent involvement in the Sure start programme
- father involvement in the Sure Start programme
- facilitating access to Sure Start (non-physical dimensions)
- finding collaborative relationships (joined-up-ness)
- non-targeted service provision in 3 core service domains: support to families; health; and good quality play, learning and childcare)
- diversity of outreach activity in Sure Start programmes

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[5] Love, J. et al (1996) Overview of the Early Head Start Research and Evaluation Project. (unpublished manuscript), Mathematical Policy Research Inc. USA.

(Full details of the scales, including the questions used in their construction are given at Appendix A.)

Having constructed the scales themselves, prior to applying them, we appraised the entire range of the 118 programme responses to each of the component questions in order to ensure that the final choice of these individual components reflected what was actually happening on the ground .

The scales also had the benefit of scrutiny by the expert consultants to the team, by the Advisory and Steering Group and the Sure Start Unit. They were discussed with the regional researchers, all three of whom had by then detailed knowledge about individual programmes in their respective areas. The scales were subsequently modified as necessary in the light of these comments.

Lessons learned for the next application of the survey

Maximising the response rate and minimising return time
The most important lesson learned from the administration of the survey concerns the length of the questionnaire. This will have to be reduced if we are to avoid most or indeed any of the problems encountered in the first year. We will rewrite the survey to exclude any topics that can be addressed using an alternative reliable source such as the central Unit or the Regional Development Officers.

The Regional Development Officers were only partly established in post when we began the survey. Contact with them indicates they would be agreeable to acting as a source of encouragement and reassurance for programmes where necessary. It is clearly the case that programme managers turn to them for advice on a wide range of matters. We plan to hold a specific information session for all Regional Development Officers about the purpose and structure of the Implementation study before distributing the next survey.

It is anticipated that the enthusiasm of programmes for participating in the study will be increased by the feedback they will receive following the formal acceptance of this report. In addition to the publication of the full report on the NESS web-site, we also intend to provide limited individual feedback to all programmes as to where they fall within the overall range of programmes. This feedback will be designed to preclude the construction of league tables, which could be counter productive and demoralising for programmes, but will enable them to understand their standing relative to the median of all programmes.

Clarification of specific question areas
In some parts of the questionnaire there was uncertainty on the part of respondents about the relationship between Sure Start service development and the pre-existing mainstream services in the local area. Home visiting provides one clear example of the challenges facing programmes in building on existing services. In particular programmes clearly felt uncertain as to how they should respond to questions about home visiting.

In general, pre-existing universal services seemed to represent a methodological hazard for respondents,. Among some of the queries raised with us by respondents, concerns were expressed about the classification of universal services, and their own uncertainty about how to characterise work that built on activity already in process, such as support for breast-feeding. We have considered whether the data collected adequately reflects the scale of the work being undertaken by the programmes, and have concluded that this is an issue which disproportionately affects *health services*. In order to explore this further and to take account of the particular boundary issues between health agencies and Sure Start programmes, we will draw further on the expertise of our health expert NESS team member in designing the case studies.

In addition, we will review the entire questionnaire design and redesign questions that we have concluded have not worked well. Examples of these would certainly include data on home visiting.   We plan to seek definition in the future of what programmes mean by home visiting; for what purposes it is carried out by Sure Start programme staff; and which staff - or volunteers - undertake home visiting. We will seek to clarify the extent to which statutory services (chiefly the health visiting service) carry out home visits to Sure Start families, and to what extent the Sure Start programme offers home visiting in addition to this. It will also be important to find out the extent to which Sure Start funds some of the work of otherwise statutorily funded Health Visitors. What we cannot know from this present application of the survey is how programmes are - or indeed are not - incorporating their local health visitors.

Finally, across the questionnaire as a whole and where appropriate, we will create a number of closed end questions, which we hope will reduce the burden of time and effort needed on the part of respondents in order to respond. This task should be facilitated by the fact that we have now established the extent of the variation among programmes.

To what extent were survey objectives met?
We now turn to a brief discussion of the survey process, objective by objective.

Ensure participation in the National Evaluation by all operational Sure Start programmes
The welcome news is that the great majority of the programmes in Rounds 1 and 2 participated. We have no way of knowing whether the programmes who failed to respond are those experiencing particular difficulties in setting up or have staff hostile to the idea of external evaluation. We had set out to convey an inclusive approach in our study and to assure programmes that the full range of views and approaches to implementation would be included in our data and in the picture provided by the reports. The (eventually) high response rate would seem to indicate that this objective has been broadly met.

To collect descriptive information on the design, policy and practice of the whole local Sure Start programme, so that information on these matters can be aggregated across Sure Start

The quality of the information we received from programmes varied considerably. While some respondents had clearly spent considerable time and effort in responding to the survey in order to provide a full picture of their programme policy and practice, in other cases there were gaps and minimal answers.

To monitor the development over time of the nature and organisation of local Sure Start programmes

This objective can only be reviewed when we have administered, at the very least, the second survey questionnaire to Rounds 1 & 2. We can be clear at this stage that the non-respondents will not form part of the next survey application. Further thought may need to be given as to whether we include *non-response to the questionnaire* as a variable in the sampling frame for selecting the case-study sites.

To provide a basis, together with the analysis of local Delivery Plans and the data provided by the Local Context Analysis for a typology of local Sure Start programmes

The development of any typology of programmes represents one of the longer term objectives of the study design; we have been anxious to avoid prematurely imposing an inappropriate framework on the data in the interests of mere neatness. The data has enabled us to develop six quality scales related to management and services.

Their application has enabled us to consider the data along these six *dimensions* rather than by specific variables, and has, we believe, enabled the identification of broad patterns in implementation.

This data has been analysed in conjunction with data from the Local Context Analysis and, as Chapter 7 explains, there is early indication of some possible associations between community characteristics and some aspects of service and management practices in programmes. However, it would be inappropriate to devise any typology on the basis of a one-off snapshot, which is what the first application of the survey represents. Nevertheless, we feel that the research experience gained in this first application, justifies our pursuing this objective throughout the subsequent stages of the study.

To provide data for use in the Cost-Effectiveness Evaluation

The survey was largely successful in this regard. Although the questions about expenditure funded by the Sure Start grant were interpreted differently by programmes, this information will be available on a consistent basis from administrative sources. The survey was, however, able to capture useful information that will not be available from other sources. This includes financial contributions from non-government sources, including EU programmes, charitable trusts, the National Lottery and business sponsorship. It was also able to provide data about the availability (although not the value) of resources provided by other area-based initiatives. It was also able to collect information about benefits-in-kind, such as free use of premises and free or subsidised access to personnel, finance and other overhead support services. Although programmes are supposed to include these in their accounts they rarely do so, as they find it difficult to attach a value to them.

Finally, it provided some useful indications about the level of mainstream services available. Some of these issues require further exploration in the case studies, but the survey has provided a solid baseline from which to take this forward.

To provide indicators of the likely level of programme effectiveness in achieving selected goals which are central to the Sure Start approach
Given that this objective probably constitutes the central concern for policy makers, it is pleasing to be able to report that the data we have collected is, in our view, sufficient to form the basis of an early overview of the extent to which local programmes are meeting the goals set for them. For example, we can provide a relatively comprehensive picture of the composition of management boards; of the nature of linkages between the programme and other agencies, be they statutory or voluntary and of the diversity of programme activity undertaken in order to facilitate access.

It should however be borne in mind that the Implementation study is not the same exercise as the managerial monitoring being undertaken by the Sure Start unit, even though, in the future applications of the questionnaire, we intend to ensure we maximise the value of any relevant unit monitoring data.

To provide ratings of potential programme effectiveness, based on these indicators, for use by the Impact Study when selecting programme areas for study

This objective was not met as originally planned. However, the Impact team have been able to extract 12 indicators of likely success in early Implementation. The 12 indicators are:

a. the time taken to appoint a programme manager
b. the number of parents contributing to the management of Sure Start
c. the number of parents attending the last forum/stakeholder meeting
d. the number of staff attending the last meeting
e. the number of visits carried out to children aged 0-3
f. links to other initiatives
g. the number of other initiatives providing resources to the Sure Start programme
h. the number of means of publicising Sure Start in the programme area
i. whether staff had the opportunity to meet together (yes/no)
j. whether training was provided for workers from the local community (yes/no)
k. whether the time between request for and the provision of services was monitored (yes/no)
l. whether there was provision of career, education or training advice for parents in the programme area (yes/no)

These 12 indicators have been used in conjunction with demographic variables from the Local Context Analysis in the sampling of 75 programme areas from Rounds 1 and 2 for the Impact cross-sectional study. The selection process has ensured that the 75 programme areas chosen are representative of Rounds 1 and 2 on the 12 indicators.

Conclusion

To conclude, we believe that the quantity and the quality of the data we have collected from this first application of our national questionnaire justifies the overall design of the survey and the way in which it was applied. The experience we have described above underlines the importance of the three-part structure of the design of the Implementation study itself. The quantitative data collected by our questionnaire survey has succeeded in producing an overall national picture, but it will need to be explored in greater depth in the two next stages of the study, the case studies; and the thematic analyses. We aim to maintain the same level of transparency in the next application of the survey for Rounds 1 and 2, and for the first application of the revised survey to Rounds 3 and 4.

APPENDIX B

IMPLEMENTATION SCALES 1- 6

Scale 1: Parent Involvement in Management in the Sure Start Programme
Scale 2: Father Involvement in Management in the Sure Start Programme
Scale 3: Finding Collaborative Relationships (Joined-up-ness)
Scale 4: Facilitating Access to Sure Start (non-physical dimensions)
Scale 5: Diversity of Outreach Activity in Sure Start Programmes
Scale 6: Non-targeted Service Provision in three core service domains:
Support to families, Health and Good Quality Play, Learning and Childcare

Scale 1: Parent Involvement in Management in the Sure Start Programme

Minimal Parental Involvement[6]		Moderate Parental Involvement		High Parental Involvement		
1	2	3	4	5	6	7
	• Some parent are members of the management board (Q8) • There exists (or is planned) a subcommittee of some kind for parents to contribute to the management of Sure Start (Q12a) There exists a system (or one is planned) for ensuring that parents are represented on the management board (Q13)		• Personal support is given to parents in order to allow them to participate in meetings/other events related to the management of Sure Start (Q14b) (e.g. confidence building skills, team building, training opportunities or other of this type) OR Practical support is given to parents in order to allow them to participate in meetings/other events related to the management of Sure Start (Q14b) (e.g. transport, interpreting, childcare)		• Both personal and practical support is given to parents in order to allow them to participate in meetings/other events related to the management of Sure Start (Q14b) • A parent-user has been appointed Chair of the Partnership (Q15)	

[6] The first difference to note here is that we have done away with the first column, where there was a 'lack' of something, and decided rather to start with, as a basis, what we thought would be the minimal requirements a programme should have in place at this stage.

Scale 2: Father Involvement in the Sure Start Programme (Management and services)

Minimal Father Involvement[7]			Moderate Father Involvement		High Father Involvement	
1	2	3	4	5	6	7
	• Programme indicates that projects or groups for fathers is one of the components of their Support to Parents and Families aspect (Q73— Projects or groups for fathers)		• Programme indicates that some kind of special provision (i.e. targeted events, programmes) is made for fathers — considered a hard-to-reach group (Q53b) • Programme has an outreach worker with specific responsibility to address father involvement in the programme (Q67) There is evidence that programme *publicises* SS in gender sensitive venues (e.g. football matches, local pubs) in order to try and reach fathers (Q40)		• Programme indicates that projects or groups for fathers is one of the *key* components in their Support to Parents and Families aspect (Q73— scores 6+) • Any number of fathers are represented on the management board (Q8)	

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[7] The difference to this scale is, in addition to the elimination of the first 'negative' rating (as in scale 1), we decided to the first item (about projects for fathers) as the minimal requirement, as a large percentage of programmes answered this question in the positive. We moved the other items upward in the scale.

Scale 3: Finding Collaborative Relationships ('Joined-up-ness')

1	Minimal Joined-up-ness 2	3	Moderate Joined-up-ness 4	5	High Joined-up-ness 6	7
	• Minimal balance on the management board (Q5). With reps from at least voluntary sector, health, social services and education[8] • A link to at least one other initiative operating in the SS area (Q19a) • A link to at least one voluntary organisation on the ground in the SS area (Q20a)		• Evidence of representatives on the management board from other statutory agencies (Q5), private sector, and/or community • Evidence of a rotating chair of the partnership board (Q15b) • Links to at least half the other initiatives operating in the Sure Start area (Q19a) OR at least half the voluntary organisations on the ground in the area		• Links to more than half the other initiatives in the Sure Start area AND more than half the voluntary orgs in the area • Links with local colleges (Q85a), primary schools (Q83a), and/or nurseries (Q84a)	

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[8] Minimal balance on the management board was calculated purely on whether or not there was 'some' representation by individuals from the above-mentioned agencies.

Scale 4: Facilitating Access to Sure Start (non-physical dimensions)

1	Minimal Strategies for Facilitating Access 2	3	Satisfactory Strategies for Facilitating Access 4	5	Good Strategies for Facilitating Access 6	7
	• Programme employs a selection of methods for publicising Sure Start to members of the community (Q40) — at least five or more methods • Evidence that the programme *knows* the number of languages spoken in the community (Q43)-can use in conjunction with 43c which explains reasons for not knowing/interpreting/translating • Evidence that arrangements exist (or programmes indicate they have the capacity) for making initial contact with at least one category of parents who may be disabled or have a learning difficulty (Q46) • Evidence that a programme offers some mechanism for parents to access a service themselves (Q47b)		• Evidence that a programme makes special *service* provision for at least one hard-to-reach group (Q53b) • Evidence that a programme translates (or has the capacity to translate) some materials into languages spoken in the area (Q43b)		• Evidence that a programme attempts to assure parents about issues of confidentiality in *written* materials and/or by *face-to-face* contact or some other method (Q41a + b) • Evidence that a programme has or *plans* special provision for a range (5+) of hard-to-reach groups	

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Scale 5: Diversity of Outreach Activity in Sure Start Programmes

Minimum Range of Outreach Activity		Moderate Range of Outreach Activity		Wide Range of Outreach Activity	
2	**3**	**4**	**5**	**6**	**7**
1					
• Evidence of activity in order to discover where Sure Start families live (i.e. at least one method — e.g. staff visits, word of mouth, receipt of information from health professionals in the area etc) (Q60) • Evidence that at least Midwives and/or Health Visitors act as agents of the Sure Start programme within outreach activity (Q57) • Evidence of at least one home visit planned or made on a routine basis for children under 12 months (Q68)		• Evidence of activity undertaken to discover when babies are born in the Sure Start area (Q61) and when children 0-3 move into the area (Q62) • Evidence that, in addition to midwives and/or health visitors, at least one other project (e.g. family centre; voluntary organisation) contributes to the outreach scheme (Q57) • Evidence of two — three home visits planned or made on a routine basis for children under 12 months[9] (Q68) Evidence of outreach activity directed at least one hard-to-reach group (Q67)		• Evidence that the programme has a system for making contact with children who are not attending routine health checks (Q65) • Evidence of four or more home visits planned or made on a routine basis for children under 12 months (Q68) • Evidence of outreach activity directed at five or more hard to reach groups (Q67)	

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[9] This demarcation takes account of knowledge about child development within the first 12 months of life, in particular, the rate at which children reach their milestones

Scale 6: Non-targeted Service Provision in three core service domains: Support to families, Health and Good Quality Play Learning and Childcare

Limited Uniform Service Provision		Moderate Uniform Service Provision		Widespread Uniform Service Provision		
1	2	3	4	5	6	7
	• One service domain with some non-targeted services		• Two service domains with some non-targeted services		• Three service domains with some non-targeted services	

APPENDIX C

DETAILED TABLES ON ETHNICITY

Table 1: Ethnic composition of parents and other community members who contribute to the management of Sure Start — details from Section 2 of report

Ethnic composition of community			Ethnicity of those contributing to management				
			Asian	*Black*	*Mixed*	*White*	*Other*
		N	**Parents (median)**				
>90% white		46	0	0	0	5	0
<90% white	*Black*	7	1	2	0	2	0
	Asian	12	2	0	0	1	0
	Mixed	4	1.5	2	0	2	0.5
Total		**69**	**0**	**0**	**0**	**4**	**0**
		N	**Community Members (median)**				
>90% white		43	0	0	0	3	0
<90% white	*Black*	6	0	1.5	0	1	0
	Asian	11	1	0	0	1	0
	Mixed	1	1	2	0	5	1
Total		**61**	**0**	**0**	**0**	**3**	**0**

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