Lessons from the National Evaluation of Sure Start (NESS)

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National Evaluation of Sure Start

- Local context analysis
  - study of communities over time
- Implementation
  - what do programmes do
- Impact
  - do programmes affect children and families
- Cost-effectiveness
  - how programmes spend money – and is it effective

Setting up SSLPs

- It takes longer than anticipated to set up SSLPs
- Most SSLPs did not approach their fully operational level of expenditure until after 3 years

Changes in Sure Start communities - 2000 to 2005

Families

- More young children in SSLP areas
- Reduction in young children in ‘workless households’

Child health:

- Reductions in
  - hospitalisations for 0-3 year olds for injury or respiratory infection
  - low-birth weight in ‘Indian subcontinent’ areas
  - the proportion of children identified with SEN
  - 4 to 17 year olds receiving Disability Living Allowance

Changes in communities 2000 to 2005

School achievement for pupils in SSLP areas

- Greater than England increases in
  - English achievement (KS2)
  - 5 (A*-C) GSCE passes
  - proportion staying on after 16

Crime and disorder:

- Greater than England reduction in:
  - burglary and vehicle crime (but increase in violent crime)
  - primary school permanent exclusions
  - primary and secondary school unauthorised absences

Themed studies

- Part of NESS has been case studies on themes
- Some examples of themes are:
  - Promoting speech & language development
  - Early learning, play & childcare services
  - Family & parent support
  - Outreach & home-visiting
  - Empowering parents
  - Children & parents with special needs
  - Understanding variation in effectiveness

Impact study

Aim:

- To evaluate impact of SSLPs upon children and families living in SSLP areas

Three components

- First phase
  - 9 and 36 month olds and their families
  - in SSLP and SSLP-to-be areas
- Programme variability
  - investigates links between implementation and impact
- Longitudinal study
  - 9000 children seen at 9 months, 3 years, 5 years
  - comparison group from Millennium Cohort Study

2005: Sub-group findings (3-year-olds)

- Among non-teenage mothers (86% of total):
  - greater child social competence in SSLP areas
  - fewer child behaviour problems in SSLP areas
  - less negative parenting in SSLP areas

- Effects on children appeared to be mediated by effects on mother:
  - SSLP → less negative parenting → better child social functioning

2005: Sub-group findings (3-year-olds)

- Among teenage mothers (14% of total):
  - less child social competence in SSLP areas
  - more child behaviour problems in SSLP areas
  - poorer child verbal ability in SSLP areas
- Among lone parent families (40% of total):
  - poorer child verbal ability in SSLP areas
- Among children living in workless households (33% of total):
  - poorer child verbal ability in SSLP areas

Key question:

Why are some SSLPs more effective in achieving outcomes than others?

Programme variability provides some answers

Programme variability

Key dimensions of proficiency:

- Effective governance and management / leadership
- Informal but professional ethos of centre
- Empowerment of service providers and users

Programme variability

Key strategies to attain proficiency:

- Tuning into local community for universal services
- Early identification and treatment for specialist services
- Recruiting / training staff – qualifications & attitudes
- Managing multi-agency teamwork

Programme variability

Challenges for children's centres and training:

- Higher reach needed (especially overcoming barriers for 'hard to reach')
- Better multi-agency teamwork
- Sustainable, shared systems for monitoring service use / treatments
- More rigour in measuring impact of treatments
- Grasp of cost effective deployment of specialist / generalist staff
- Co-ordinating outreach and centre based services

Current impact report

Published today 4th March 2008

The impact of well-established SSLPs on 3-year-olds and their families

The impact of well-established SSLPs on 3-year-olds & their families

Methodology

Using data from NESS and MCS matching areas were carefully chosen so that we can compare –

- 5883 children / families in 93 SSLP areas, and
- 1879 children / families in 72 non-SSLP (MCS) areas

- 14 outcomes in common for NESS and MCS at 3 years

Results

- Controlling for child, family and area characteristics we test for SSLP vs. non-SSLP differences

- Of 14 outcomes 7 showed a significant difference between SSLP and non-SSLP areas, i.e. a SSLP effect

Results

- Of 14 outcomes 7 showed a significant difference between SSLP and non-SSLP areas, i.e. a SSLP effect
- 5 outcomes clearly indicated beneficial effects for SSLPs. These were for:
  - child positive social behaviour (cooperation, sharing, empathy)
  - child independence / self-regulation (works things out for self, perseverance, self-control)
  - Parenting Risk Index (observer rating + parent-child relationship, harsh discipline, home chaos)
  - home learning environment
  - total service use
- In addition there were better results in SSLPs for:
  - child immunisations
  - child accidents
- But these 2 outcomes could have been influenced by timing effects

What does this mean for the future?

- These benefits in terms of parenting and child development have a good prognosis. All are desirable effects that are likely to lead to better long-term outcomes for children

- In particular we have good evidence (e.g. from EPPE) that higher child independence and higher HLE are likely to lead to better long-term outcomes both intellectually and socially for children. The other beneficial outcomes support this view

Outcomes with no SSLP effect

- There were no differences between SSLP and non-SSLP areas for:

Mothers	Body Mass Index
	smoking
	life satisfaction
	rating of area
Fathers	involvement with child
Child	language development
	negative social behaviour

Do SSLP effects vary by subgroups?

- We looked at subgroups by 6 demographics
  - gender
  - ethnic group
  - teen / not teen mother
  - lone parents
  - workless households
  - income (below poverty line or not)

- We concluded that the SSLP effects do not vary substantially for the different sub-populations

Why are results now so different to the earlier report?

- We need to acknowledge that there are methodological differences between the first phase and the current phase of the NESS impact study

- However there are good substantial reasons for why the results are different now

Reasons for differing results

1. Amount of exposure

It takes 3 years for a programme to be fully functional. Therefore

- in the first phase children / families were not exposed to fully functional programmes for much of the child's life
- in the second phase children / families are exposed to fully functional programmes for all child's life

2. Quality of services

- SSLPs have been reorganised as SSCCs with clearer focus to services following lessons from earlier years, and NESS
- early on staff had a lot to learn. As knowledge and experience have been acquired over 7 years, SSLPs have matured in functioning and staff skill shortages have reduced
- hence it is likely that children / families are currently exposed to more effective services than in the early years of Sure Start

Conclusion

- The impact of Sure Start has improved, probably because of:
  1. increasing quality of service provision, greater attention to the hard to reach, the move to children's centres

     as well as
  2. the greater exposure of children and families

- These positive results are modest but are evidence that the impact of Sure Start programmes is improving

Overarching messages

- Programmes have improved over the years and Children's Centres are in the right direction
- Many examples of good practice
- There is still great variation between best and worst
- Need to learn from most effective Children's Centres

Overarching messages – cont.

- Inter-agency collaboration is essential for good services
- Active engagement of health services important for success of Sure Start. Health has contact with all families and children from pregnancy
- However beneficial services are, children and families need to be in touch with them
- Those with the greatest need may be hardest to reach and engage

Overarching messages – cont.

- Trust is fundamental to parental engagement
- Staff capacity problems, many staff inadequately trained for the work to be done and staff turnover is very disruptive

My personal choice for top priority

Need to increase focus on child language development

NESS website address

www.ness.bbk.ac.uk