

Why Sure Start worked: making the case for early intervention

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How I got involved.....

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- First job in UK, Social Services Day Nursery in Edinburgh
- Milton Keynes, asked to set up a 'children's centre' on low-income estate,
- 1996 CEO of Family Service Units: social work vol org working in poor urban areas, 40% non-white staff and service users, perfect fit on young children and poverty
- 1998, Norman Glass (HMT) led cross dept review of services for under 8s, conclusion poor children do less well than their better off peers and appropriate support can make a difference
- Norman set up advisory group largely made up of CEOs of vol orgs
- Funding for Sure Start announced in Parliament 1998
- Head of Sure Start Unit open advert; Norman rang 3 people, encouraging them to apply

Today's children in England

30% of children live in poverty

70% of children in poverty live in a household with at least one working adult

43% of children with 2 or more siblings live in poverty: poverty rates in families with three or more children are higher and rising

48% of children from minority ethnic groups live in poverty

Women from minority ethnic groups 4 x as likely to die in childbirth

They are 2 x as likely to have a stillborn baby

90% of childcare providers say government payment for 'free' hours does not cover costs

25% of children start school at 5 with tooth decay, regional variations are largely to do with poverty differences between regions;

Tooth decay is the most common reason that 5–9-year-olds are admitted to hospital

What was Sure Start

Programme to narrow the gap in school readiness between very young children in low-income families and their better off peers

Targeted areas of deprivation

Each area aimed to ensure families have access to:

- Outreach services and home visiting

- Support for parents, including information, befriending and social support

- Good quality play, learning, and childcare for children

- Health advice

- Support for children with special needs

- Crucially important for all the above to be coordinated and integrated with current provision

Announced in Parliament July 1998

Did Sure Start Work?

2 early Sure Start Studies

National evaluation of Sure Start 2012	Evaluation of Children's Centres in England 2015
<p><i>Significant difference between SSLP area children and MCS children</i></p> <ul style="list-style-type: none"> • Mothers engaged in less harsh discipline • Better home learning environments • Less chaotic home environment (boys only) • Lone parents and workless parents' better life satisfaction • But....no differences in children's cognitive or social outcomes 	<ul style="list-style-type: none"> • main driver of child, outcomes is family background: financial disadvantage, mother's education, and home learning environment • Use of Children's centres helps ameliorate, not eliminate influence of disadvantage. • CCs help to improve outcomes for all, but especially important for poorer children • Outcomes mainly on family functioning, less on child school readiness • Challenges to the analysis included: variations in the offer and families' uptake, policy/contextual changes, and the short-term nature of the analysis of change

Did Sure Start Work: education, health, crime, social care?

Statistically significant	Not statistically significant
<ul style="list-style-type: none"> • Improved attainment key stages 1,2,4 • Increased SEN support plans age 5* • Decreased SEN support plans ages 7, 11, 16 • All cause hospitalizations: ages 1-3 increase some ages* • All cause hospitalizations: ages 4-15 decreases some ages • Total youth offending: increases • Cautions: increases** <p>* at younger ages more contact with services, so increase in problem identification; Early intervention worked to reduce more costly demand later.</p>	<ul style="list-style-type: none"> • Improved Foundation Stage score • Education health and care plans aged 5, reduced • Education health and care plans aged 7, 11, 16 both reduced and increased • Hospitalization ages 4-15 decrease some ages • Convictions down** • Custodial sentences down** • Children in need ages 7-11: increases • Children in need 12-15: increases • Children looked after 7-11: decreases • Children looked after 12-15: decreases <p>**higher level of less serious behaviours, lower level of more serious crime.</p>

Impacts on Sub-groups (IFS)

- Impacts on health and education particularly strong for low-income children
- Increases in youth cautions significantly higher for low-income children
- Reductions in hospitalizations higher for boys than girls, especially accidents and injuries
- Except for GCSEs, educational benefits stronger for children from non-white backgrounds
- Effects on criminal behaviour larger for non-white children; bigger increase in cautions and bigger decline in custodial sentences.

Much more mixed picture on behaviour and social care than on health and education

Findings suggest Sure Start less effective for families with complex and deep-seated disadvantages.

Sure Start key elements of Success

- Concentrate services where the people who need them most are most likely to use them
- Combination of open access and referrals
- Collaborative working with local parents: what they want and what professionals think they *should* want
- Good data access and collection
 - ❖ Do partner agencies share data on families?
 - ❖ Do service providers have systems to collect data on who uses what in the Centre?
 - ❖ Independent evaluation

Barriers and enablers to early intervention

<ul style="list-style-type: none">• Almost all EI require cross dept cooperation, ministers need to have the same vision for change• New interventions take time to get established• Usually a slow burn, results take time to emerge and are rarely cashable• Success requires balance between prescription and local flexibility• Information sharing at local level essential• Targets require consistent and accurate data collection	<ul style="list-style-type: none">• Clarity of outcomes and outcome measures, intermediate milestones and course correction• Workforce support, clarity on skills needed for inter-agency collaboration• Career incentives at all levels to drive collaboration• Demonstrable leadership from the highest levels, nationally and locally<ul style="list-style-type: none">❖ If the PM wants it to happen, it probably will; If he/she doesn't show commitment , dependent on relationships between ministers	

The Role of government in family policy

Reduce pressures	Increase capabilities	
<ul style="list-style-type: none">• Rights and legal protection• Financial support• Support in kind• Access to maternity and paternity leave• Flexible working• Quality early education and childcare	<ul style="list-style-type: none">• Information and guidance• Skills and training• All families<ul style="list-style-type: none">❖ Before and after birth, midwife and health visitor support,• Some families who seek help<ul style="list-style-type: none">❖ Integrated neighbourhood services• Highest Risk Families<ul style="list-style-type: none">❖ Evidence informed skilled interventions❖ Statutory support	

Intervening to safeguard children