

# Lessons for Australia from the UK Sure Start Programme

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# **Lessons from the UK Sure Start Programme**

Ilan Katz and kylie valentine

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## Abbreviations

ABI	Area Based Initiatives
ACF	Administration for Children and Families (US)
ACYF	Administration on Children Youth and Families (US)
COAG	Council of Australian Governments
CPM	Childcare Partnership Manager
CPPC	Community Partnerships for Protecting Children (US)
DET	NSW Department of Education and Training
DoCS	NSW Department of Community Services
FIP	Family Independence Program
FOA	Families First (NSW) Fields of Activity
DfES	Department for Education and Skills (UK)
EHS	Early Head Start (US)
FaCSIA	Commonwealth Department of Families, Community Services and Indigenous Affairs
NCCAN	National Center on Child Abuse and Neglect (US)
NESS	National Evaluation of Sure Start (UK)
NGO	Non-government organisation
NIFTeY	National Investment for the Early Years
PEIP	Prenatal/Early Infancy Project (US)
PIP	Preschool Intervention Program
SFCS	Stronger Families and Communities Strategy
SSCCs	Sure Start Children's Centres (UK)
SSLPs	Sure Start Local Programmes UK)
SSU	Sure Start Unit

## 1 Introduction

The UK initiative Sure Start is probably the most ambitious attempt of any government to improve the outcomes of children living in disadvantaged areas. Unlike programs in the United States, which have a longer history and are targeted at individual children, Sure Start has an ecological focus that comes from theoretical research and empirical evidence on the importance of family and neighbourhood to how children fare. Sure Start shares several characteristics with current Australian initiatives and is based in some cases on identical research. Moreover, the long history of intellectual exchange and networking between the UK and Australia, and the impact of new information technologies on research, policy and practice dissemination, means a great deal of traffic between Sure Start and Australian programs takes place.

Sure Start is currently undergoing significant changes and there are a number of reasons why these developments are of interest to Australia:

- The nature of Sure Start. Introduced in 1999, the 500 Sure Start Local Programmes (SSLPs) are aimed at the most deprived neighbourhoods in England. Each neighbourhood area is given an average of £500,000 (A\$1.25m) per year over a 10-year period to develop services for families of pregnant women and children aged 0-4.
- Recent changes to Sure Start. The initiative has evolved rapidly over the past two years, and now encompasses the whole range of provision for the early years throughout England. Sure Start Local Programmes are to become Children's Centres, which are less geographically delimited and not only focused on the early years. The ultimate aim of the UK government is to develop Children's Centres in every neighbourhood in England.
- The recent focus on early childhood. This is not restricted to the UK and Australia. It is also a concern shared by the United States, Canada, New Zealand and many other liberal democracies; and by academics from a range of disciplines, right and left wing think tanks (including the RAND Corporation), and non-government organisations. Such unanimity of concern in a nascent policy area is very unusual.
- The emergence of an ecological model, which emphasises the family and community context as the pre-eminent framework for understanding children's developmental pathways.
- Challenges to evaluating large, multidimensional child and family programs, and the importance of comprehensive evaluation, are both highlighted by Sure Start. Sure Start Local Programmes are being evaluated by a consortium of academics based at Birkbeck College, University of London. This evaluation is arguably the biggest single social research project ever undertaken, and is certainly the largest outside the US.
- Agreement that the early years are crucial and require special policy attention raises questions that are unresolved in the UK and elsewhere. These questions include the nature of interventions, the children to whom they should be delivered, and the theory and empirical research that provide the most convincing evidence base.

The Social Policy Research Centre was commissioned by the Commonwealth Department of Family and Community Services (FaCS) to focus on the policy developments that led to the establishment of Sure Start and the move from SSLPs to Sure Start Children's Centres. A second strand of the research focused on the Australian experience of similar initiatives. This strand investigated the influence of Sure Start and other international programs on early-years intervention in Australia, and the extent to which the lessons from Sure Start are relevant and have been taken on board. Research in the UK was undertaken in April 2005 and in Australia between October 2005 and February 2006.

The following section of this report describes the project's methodology. Section 3 provides a background to current research and policy, with a focus on contextualising recent developments in the broader history of different approaches to programs. Section 4 details the introduction and development of Sure Start and Section 5 outlines evaluation methodologies and outcomes for Sure Start and other programs. Section 6 summarises current Australian programs and two international models. In place of a discrete literature review, findings from the review and from stakeholder consultation are embedded in each of the sections.



## **2 Methodology**

### **2.1 Literature review**

The literature review was based on policy documents, research and evaluation reports, and published articles about the current developments. It did not focus on issues of the effectiveness of early intervention programs on outcomes for children and families. There is already a growing body of research and analysis which addresses the issue of 'what works' in relation to early intervention for children and families, including literature reviews and systematic and meta analyses. Instead, the focus of the review was on policy development and the implementation of neighbourhood-based early intervention programs and the main influences on those policies, and particularly on research and evaluation of those programs. The review also analyses the broader policy agenda relating to children's services and especially early-years services, which are the context for the changes in Sure Start.

### **2.2 Stakeholder consultation**

Face to face interviews were conducted with key Sure Start policy makers and evaluators and others involved in the development of UK children's policy. These focused on the current developments and direction of policy, the relation to research and evaluation and the wider policy context. Four people participated in this phase of the research.

A second component of consultation involved Australian stakeholders. Participants were recruited from both state and national programs. Several were selected for their role in driving the formation of programs and introducing into policy the results of research into early intervention and prevention. Others were interviewed because they were involved in practice and because of their experience in implementing programs.

People in a range of positions and responsibilities were included:

- state/national level policy design and governance
- national, state and regional implementation plans
- regional project design and delivery
- program partners, for example non-government organisations (NGOs).

A total of nine people participated in confidential face-to-face and telephone interviews. The interviews covered the following themes:

- the influence of Sure Start and other programs on the development of their particular initiatives
- local policy and practice factors influencing these developments
- their responses to the changes in Sure Start
- their views on the future of their own initiative
- the role of evaluation in the development of policy.

### 3 History of early-years research and policies

#### 3.1 Introduction – the international rise of early intervention programs

Sure Start in the UK is one of a large number of early-years interventions around the world which have arisen in the past decade or so. Since the mid-1990s there has been a proliferation of policy initiatives and interventions to promote the development of young children and support their families and communities. This interest has arisen out of a number of different factors – demographic change, the changing labour market, globalisation. There has also been increasing research evidence of, on the one hand, the importance of the early years on children's later outcomes, and on the other hand the impact of the family and community environment on children's development. Although there is some overlap between these two areas, and they are sometimes argued to complement each other, they require different approaches and have influenced different approaches to services and programs. Both have long histories but have become increasingly popular in recent years.

#### *Child- and family-based interventions*

Early intervention as a policy strategy for ameliorating the effects of poverty on human development has its roots in a range of disciplines. It emerged as an important body of research and intervention in the 1960s, especially in the United States. During this time developmental psychology drew especially on the work of Jean Piaget and psychodynamic models. More contemporary research has tended to use biological models and notions such as 'hard wiring' of the brain when discussing the intensity, rapidity and significance of brain development in the early years (McCain and Mustard, 1999; Shonkoff and Phillips, 2000). Both emphasise the long-term effects of early experience and the importance of intervening early when development is rapid. Negative experiences in the early years can create difficulties in later years, while positive experiences create resilience and other protective factors against future negative experiences.

The importance of the early years is well-known and relatively uncontested. Since at least 1979 researchers have been calling for an end to studies confirming what everyone already knows about the importance of the early years, while expressing optimism about the development of 'a social and political atmosphere inclined towards receiving and nurturing [a] national commitment to human development' (Clark, 1979). Evidence for the benefits of early-years interventions has come from a range of sources, including animal experiments (Shonkoff and Phillips, 2000), but its most important base for policy has been in early experimental learning programs of preschool intervention. The best known of these programs are probably Head Start and the Perry Pre-School. Among the things that make them well known is the fact that they show long-term rather than immediate benefits and their influence is ongoing. A second strand of program that emerged from the research literature in the 1970s and has become very influential is nurse home-visiting to new parents, with a primary aim of parent education and support. Like Head Start and Perry, the first trials of nurse home-visiting have been subject to long-term follow up study.

**Head Start**, launched in 1965 as an eight-week summer program by the Office of Economic Opportunity, has enjoyed bipartisan support ever since and operates across the United States. It is designed to help break the cycle of poverty by providing

preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs. Head Start is locally administered by community-based non-profit organisations and school systems. A range of activities are involved, but all funded programs must provide classroom or group socialisation activities for children as well as home visits to parents. Parental involvement is emphasised in Head Start materials but this is quite limited compared to Sure Start and community development programs, and focuses primarily on parental involvement in the program's activities.

The Head Start Act sets out clearly defined service models and performance standards. For example, §1306.33 specifies that home-based programs must provide one visit per week per family (a minimum of 32 home visits per year) each lasting for a minimum of 1.5 hours. They must also provide two group socialisation activities a month and be conducted by trained home visitors with the content of the visit jointly planned by the visitor and parents, and follow specified nutrition requirements and provide appropriate snacks and meals to the children during group activities. §1305.7 specifies that each child enrolled in Head Start must be allowed to remain in Head Start until kindergarten or first grade is available for the child in the child's community, unless there are compelling reasons otherwise. Participation is based on strict income eligibility requirements, based on the official poverty line. A 1993 study found that the primary benefits for African-American children are in terms of access to health care, and that cognitive benefits measured by academic performance die out very quickly. In contrast, while older white children also gain greater access to preventive health services, they retain cognitive/academic benefits (Currie and Thomas, 1993). In 2005, the total appropriation for Head Start, including local Head Start Programs and Native American and Migrant Programs was US\$6,843,114,000 (ACF, undated).

**The Early Head Start (EHS)** program was initiated by the US Administration on Children, Youth and Families (ACYF) in response to the 1994 Head Start reauthorisation, which established a special initiative for services to families with infants and toddlers. EHS services begin before the child is born and concentrate on enhancing the child's development and supporting the family during the first three years of the child's life. Since its inception, EHS has grown to over 700 programs serving over 70,000 children and families around the USA<sup>1</sup>.

EHS is an intensive, comprehensive, flexible program that is designed to reinforce and respond to the unique strengths and needs of each individual child and family.

The program services include:

- quality early education both in and out of the home;
- parenting education;
- comprehensive health and mental health services, including services to women before, during, and after pregnancy;
- nutrition education; and
- family support services.

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<sup>1</sup> Information about EHS is available from the Head Start website at [http://www.headstartinfo.org/infocenter/ehs\\_tkit3.htm](http://www.headstartinfo.org/infocenter/ehs_tkit3.htm)

The program involves the delivery of comprehensive child-development services which are either centre-based, home-based, or a combination of the two. In centre-based programs families receive comprehensive child-development services in the centre, as well as home visits by the child's teacher and other EHS staff. In home-based settings children and their families are supported through weekly home visits and bi-monthly group socialisation experiences. EHS also serves children through locally designed family-childcare options.

Families' needs are continuously assessed and the program is adapted to meet their changing needs. Thus EHS programs often offer more than one program option so that children can receive the services they need as their family needs change.

Quality Assurance for EHS comes from the Head Start Program Performance Standards. These provide specific quality standards covering the nature of the services themselves, the family and community partnerships, staffing levels and training and program design and management. EHS is moving towards a situation where most of the staff are qualified and/or have a university degree.

As part of Head Start, EHS is aimed at families who fall below the poverty line. At least 10 percent of the total number of enrollment opportunities must be made available to children with disabilities. Once enrolled, children are eligible for EHS until they are three years of age or they access a preschool program.

The evaluation of EHS (Love et al., 2002) found that, by age three, there were small but significant differences in cognitive, language and emotional development compared with control children who had not participated in the intervention. There were also significant differences for parenting behaviour. In particular, fathers who had engaged with the program were less likely to smack their children than control group fathers. EHS also significantly impacted on parental participation in the workforce and work-related training.

Some groups of participants benefited more than others. Those who derived the most benefit were families with a moderate number of risk factors (as opposed to few or many risk factors), African-American families and families with a teenage mother. This finding is in some ways similar to the evaluation of Sure Start, which found that the program had less benefit for the most disadvantaged families. However Sure Start had less benefit on teenage mothers, and there is no reported difference on its impact on different ethnic groups.<sup>2</sup>

**The High/Scope Perry Pre-School Study** examined a group of 123 African-American children in Ypsilanti, Michigan. They all came from disadvantaged families and were at risk of failing at school. Between 1962 and 1967 the three- and four-year-old children were randomly divided into a group who received a high-quality preschool program and a group who received no preschool program. Classes were conducted every weekday morning for two hours in a group of five or six children per

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<sup>2</sup> These variations may result from differences in evaluation methodology (EHS randomly assigned children to the intervention and control groups whereas NESS compared a sample of children from Sure Start communities with Sure Start to be communities, irrespective of their direct involvement with the program), as well as program differences and contextual issues in the US and UK.

teacher. Teachers also visited the children's homes weekly to encourage parental involvement and to implement the preschool curriculum at home. A more intensive intervention with better trained staff than Head Start, the Perry project was funded at a rate of about \$6000 per child, almost twice the average Head Start program cost (Currie and Thomas, 1993). Data has been collected on both groups at ages 14, 15, 19, 27 and 39-41. Currie and Thomas argue that the most widely cited evidence in support of Head Start, for example, reductions in grade repetition and high school drop-out rate, and improvements in health, actually come from experimental models of preschool programs including Perry (Currie and Thomas, 1993). The study has been extremely influential in demonstrating the power of experimentally designed longitudinal studies revealing program effects decades after the program finishes (Schweinhart, 2003).

**Nurse Family Partnership (NFP)** is another program of American origin that has become very well known and is focused on enhancing parental behaviour through nurse home visiting. Developed by David Olds and colleagues, since 1997 it has been disseminated to interested communities in the United States. Evidence for the program's effectiveness comes from three randomised clinical trials, in New York, Tennessee and Colorado. This evidence has been judged strong enough to designate it as a model program for preventing child maltreatment (O'Brien, 2005; Olds et al., 1997). NFP targets low-income, first-time parents and their families during pregnancy and the first two years of the child's life. It aims to improve pregnancy outcomes by changing health-related behaviours such as smoking and drug-taking; improve child health and development by helping parents provide more responsible and competent care for their children; and improve families' economic self-sufficiency by helping parents to plan subsequent pregnancies and find work. The NFP emphasises program fidelity, especially that home visitors should be nurses who have received additional training in the program, as opposed to volunteers or paraprofessionals (Olds et al., 2002).

### *Community Interventions*

Community interventions (such as Sure Start in the UK and, in Australia, Good Beginnings, Communities for Children and to an extent Families First) to improve children's health and development differ from the 'classic' early learning interventions such as Perry in that they offer much less strictly defined program models. This is especially true of Sure Start. Community programs are based on ecological rather than individual-psychological understandings of human development and are grounded in an understanding of the ways that people living in the same geographical locations interact with one another and their local environment. The mutual influences between individuals, families, groups, organisations and communities are the basis of this approach, pioneered by Urie Bronfenbrenner in the 1970s (Bronfenbrenner, 1979) and utilised and updated ever since. Bronfenbrenner's model shows human development to be determined by the interactions between children and their families (*microsystem*), the family and the community (*mesosystem*), and between the community and broader society (*macrosystem*).<sup>3</sup> Some versions include the *chronosystem* depicting changes over time. Thus the

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<sup>3</sup> The model is most commonly represented as a concentric circle.

context in which children grow up has a significant impact on their outcomes. Interventions aimed at improving children's outcomes must therefore address risks at all the different levels of the ecology. Interventions focused solely on children or parents are less likely to be successful because they do not deal adequately with the contextual issues which either cause or exacerbate developmental difficulties for children. Community interventions may be *community-level* interventions, that is, those aimed at changing the capacity, social capital and efficacy of the community itself. The most well-known of these is the community development approach. Alternatively, these interventions may be *community-based*, and aimed to help individuals with specific problems rather than change the community. Their community base is designed to increase the accessibility and reach of the service, and their focus is normally on people living in local neighbourhoods.

Community programs for young children and their parents have two principal aims: to improve children's health and development, and/or to reduce levels of child abuse and neglect. Recognition of the multiple and interconnected problems experienced by families in disadvantaged communities, as well as the benefits of designing services that are non-stigmatising and universal, are behind many of these interventions. Advocates of community approaches to reduce child abuse and neglect also point to findings from social epidemiology, especially the 'prevention paradox'. This suggests that the best way of preventing abuse is likely to lie in achieving moderate changes in the circumstances of the overall population, rather than dramatic changes in the most high-risk families (Jack, 2005: 297). There is also increasing evidence that it is not only parenting that has an effect on children's outcomes, but neighbourhoods as well (Barnes, Katz, O'Brien and Korbin, 2006).

The US has been at the forefront of developing community-oriented programs for addressing child abuse and neglect. Two significant programs of this kind are notable for their approach and the results of their evaluation (discussed in Section 3). Since 1989 the National Center on Child Abuse and Neglect (NCCAN) has been providing support for planning and developing comprehensive community-based projects. The first of these involved nine model projects that were developed as pilots and that continue to operate in a number of areas. These were bottom-up in that communities could choose services based on their individual needs. Each project included elements designed to enhance public awareness of parenting and family support; together with parenting education and support programs, including home visiting, and community-based taskforces that planned, developed, implemented and oversaw the projects (CSR Incorporated, 1996). Community Partnerships for Protecting Children (CPPC) is an eight-year child-welfare initiative that draws together several reform strategies from the child-welfare, family-support, and community-building fields. It combines family-specific and community-level components. These include providing an individualised course of action for all families where children are identified as being at risk of abuse and neglect; creating a neighbourhood network that includes both formal services and informal support resources; changing policies, practices and culture within the child protection agency to better connect child-welfare workers with the neighbourhoods and residents they serve; and establishing a local decision-making body of agency representatives and community members to develop program priorities, review the effectiveness of their strategies, and mobilise citizens and other resources to enhance child safety (Daro, Budde, Baker, Nesmith and Hard, 2005).

### 3.2 The Australian context

Australian research, policy and programs have long been influenced by programs in the US and the UK. Researchers and advocates for early childhood travelled to the UK and reported what they had found on their return, as did intellectuals and activists from other movements and disciplines (Connell, Wood and Crawford, 2005; Nyland, 2001: 8). In the 1960s the War on Poverty in the US and the UK Plowden Committee were often quoted in parliamentary debates in Australia as examples to follow, with Head Start and the expansion of preschool facilities in the UK providing particular models for early childhood (Jamrozik and Sweeney, 1996: 121). On the other hand there has also been some traffic in the opposite direction – for example, Australian models of childcare have had an influence on British developments in the 1990s. The 1970s and 1980s saw changes in the role of childcare in Australian society. During this period the role of childcare in providing ‘welfare’ for children and families in need faded, and it increasingly came to be seen as a universal service which facilitated mothers’ participation in the work force.

Interest in early-years policy was reanimated from the mid-1990s in Australia as elsewhere. The National Families Strategy, with early childhood a central element, was launched in June 1999. The Commonwealth Department of Family and Community Services (FaCS) was established in 1998 and the first phase of the Stronger Families and Communities Strategy began in 2000. In the same year, FaCS commissioned an extensive literature review of research and programs for the early years. In NSW, Families First emerged from the 1999 Drug Summit, which generated widespread political recognition of the importance of early intervention in the family environment to address the disadvantage associated with drug addiction. The National Investment for the Early Years (NIFTeY) coalition emerged out of the National Initiative for the Early Years that arose as an outcome of a meeting of academics, practitioners and government officials held in Canberra on March 5, 1999. A literature review commissioned by National Crime Prevention gave rise to the extremely influential *Pathways to Prevention* report, which emphasises the importance of risk and protective factors at transition points through the life course. The draft *National Agenda for Early Childhood* (National Agenda) supports optimal child development during the first eight years of life, including before birth, and is a framework to guide current and future activity across Australia. Supported by four key action areas, the draft National Agenda responds to the latest evidence about the importance of the early years for a child’s health, development and wellbeing. The action areas are: healthy young families with young children; early learning and care; supporting families and parenting; and creating child-friendly communities. It is anticipated that the National Agenda will be available to the public in 2006.

Early childhood development has also been recently placed on the agenda of the Council of Australian Governments (COAG) through the Human Capital Stream of the National Reform Agenda as announced on 10 February 2006 (COAG, 2006). COAG noted the importance for all children of having a good start to life and acknowledged that continuing skill development from early childhood through school and working life was an important principle. COAG gave priority to improving early childhood development outcomes, as a part of a collaborative national approach, with the objective of increasing the proportion of children entering school with basic skills for life and learning. Policies and options to support the COAG agenda are still currently under development. Communities for Children (see below) is already responding to this, particularly under one of its focus areas: *Early learning and care*.

## 4 Sure Start

The UK Sure Start program is perhaps the most ambitious attempt by any government to improve the outcomes for children in their early years. The original idea for Sure Start came out of the 1998-2000 Comprehensive Spending Review<sup>4</sup>, which found that existing services for children were failing those in greatest need. The context of this review was the Government's commitment to end child poverty in 20 years.

Originally 250 local programs were proposed, and the first 'trailblazer' programs were established in mid-2000. Since then there have been six other implementation rounds and by mid-2004 there were 524 Sure Start Local Programmes (SSLPs), aimed at the most deprived neighbourhoods in England. Each neighbourhood area is given an average of £500,000 (A\$1.25m) per year over a 10-year period to develop services for families of pregnant women and children aged 0-4.

The Treasury Review considered international programs and research, including Head Start and Perry Pre-School. Its conclusions included:

- recognition of the importance of the early years;
- disadvantage in the early years of life impacts on later life, is a risk for social exclusion and is a severe and growing social problem;
- service provision varied across areas and was particularly patchy for under-fours;
- a comprehensive, community-based program of early intervention and family support which built on existing services could have significant effects.

SSLPs were initially charged with four key objectives: improving social and emotional development; improving health; improving children's ability to learn; and strengthening families and communities. Core services were prescribed, with an expectation that each of the following would be provided in some way:

- outreach and home-visiting
- support for families and parents
- support for good quality play, learning and childcare experiences for children
- primary and community health care and advice about child health and development and family health
- support for people with special needs, and helping access to specialised services (Harrington, Lloyd and Ellison, 2005).

Sure Start differed from previous UK early-years policy, which had tended to focus on children aged four and older. For the first time there was a concentrated focus on the early years, but perhaps more significantly Sure Start was a different type of policy in four important ways. First, Sure Start was outcomes-driven. Accountability

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<sup>4</sup> When the current UK administration was elected they instituted three-yearly Comprehensive Spending Reviews, which included Cross Cutting Reviews. The purpose of these reviews is to provide cross-departmental responses to particular policy issues, as opposed to the normal governmental processes which focus on departmental budgets.



was organised around outcome and process targets, monitored centrally, rather than around service models. This meant that there was almost complete freedom for each program to decide what services to provide. This raises challenges for evaluation, which will be discussed in Section 3. Second, Sure Start was not simply an additional funding stream. The intention was to change not only the volume of services to children in the early years, but to transform the way services were delivered, by ensuring multi-agency partnerships and coordinated planning and delivery of services. It was expected that the 'Sure Start Ethos' would provide a model which would in time pervade all services in this sector, not only in SSLP areas. Third, empowerment and community involvement were central to the governance of Sure Start. Programs were expected to involve parents, not only by consulting them, but also by including them in the multi-agency partnerships that ran Sure Start at the local level. This congruence with community development principles (or as Norman Glass puts it, anarcho-syndicalism – Glass, 2005) seems sensible, especially when it is considered that deprived areas are not all the same as each other. Some are more deprived than others and the type and concentration of ethnic families differs between areas. Fourth, Sure Start was area-based, and *all* children under four living in specified areas, rather than disadvantaged families only, were the targets of intervention.

Although SSLPs were much more 'bottom-up' than their predecessors in the US, it would be wrong to say that SSLPs were unregulated or operated a 'free-for-all'. A considerable infrastructure of accountability was put into place, including:

- Each SSLP presented a comprehensive plan to the Sure Start Unit (SSU), including a mapping of need, current availability of services, gaps in service provision, community consultation
- Plans were assessed and approved by a team in the SSU and included external input from experts
- Plans were reviewed annually
- Detailed quarterly financial and management information was collected
- Targets were set and measured annually
- Sure Start support teams were set up in the nine English government regions. These teams supported and monitored each SSLP, and ensured that they adhered to their delivery plan.
- The SSU developed a comprehensive set of guidance principles regarding setting up and managing SSLPs, with specific guidance on particular services, involving parents, managing capital assets, evidence-based practice, etc.

Since 1998 other developments in the UK have also affected the landscape of early-years intervention. These include: a national childcare strategy, offering free preschool education to all three- and four-year-olds; Early Excellence Centres established in the late 1990s to bring together early education, day care, social support and adult learning in selected areas; and Neighbourhood Renewal Funding, cross-sector regeneration programs including New Deal for Communities, a neighbourhood renewal scheme for the most deprived wards in the country (UK Social Exclusion Unit, 2001).

#### **4.1 Recent developments in Sure Start**

Gradual changes since its introduction in 1999 indicate the intent to make Sure Start a flagship of New Labour policy and the banner under which many of the services for children aged 0-14 are provided (Tunstall, Allnock, Akhurst, Garbers and Team, 2005). However, more dramatic changes have been brought about by two 2003 Government documents, the Treasury 10-year strategy document, *Choice for Parents; the Best Start for Children* (HM Treasury, 2004) and the Department for Education and Skills' Green Paper, *Every Child Matters* (DfES, 2003).

#### **4.2 Every Child Matters**

Of all the new initiatives and programs in the UK, this Green Paper has been described by Gillian Pugh as likely to have the biggest impact on changing the organisation of children's services (Pugh, 2005). Emerging as part of the response to the death of Victoria Climbié, the report expanded its original remit from children at risk to include a focus on supporting all children through prevention and coordinated mainstream services.

The primary early-years goals of the Green Paper are the development of service integration (with Children's Trusts as a preferred model) and workforce reform. The Green Paper sets out an ambitious program of structural and practice reform. The most significant changes include:

- The development of multi-agency Children's Trusts, who are to be responsible for the range of statutory children's services in each local authority
- A Director of Children's Services who is responsible for the welfare of children in the area
- Local Children's Safeguarding Boards, who are tasked with safeguarding the welfare of children in the authority
- Multi-agency teams
- Children's Centres – to provide childcare and family support for families
- Extended Schools
- A common assessment framework which will allow practitioners from any agency to undertake an initial assessment of need and refer to appropriate resources
- Information sharing and assessment – a database of all children in the locality and the contact details of their key worker or lead professional
- Common inspection – the joining up of education, health, social services and other inspectorates relating to children
- Workforce reform – including a campaign to raise the status of early-years workers, a core training for all childcare practitioners.

Some of these goals are long-term and ambitious whereas others are more immediate, for example, extended schools. All schools are to become the hub for services for children, families and other members of the community. They will offer the community and their pupils a range of services (such as childcare, adult learning, health and community facilities) that go beyond their core educational function.

The aim of improving service integration has significant implications at central government and local levels and has brought about changes to the organisation of government portfolios, budgets and planning. At central government level, most services for children and families have already been brought within a Children, Young People and Families Directorate, within the Department for Education and Skills (DfES), under the direction of a Minister for Children. This new department includes social care, children in out-of-home care, children affected by family breakdown and all early-years services (Pugh, 2005). A long term goal is to integrate key services for children and young people under the Director of Children's Services as part of Children's Trusts. These will bring together local authority education and children's social services, some children's health services, Connexions and other services such as Youth Offending Teams. At the local level, Children's Trusts will normally be part of the local authority and will report to local elected members (DfES, 2003: 9).

The Climbié enquiry found that one of the key weaknesses of the child protection system was weak accountability tied to poor integration of services. Consequently there are new processes in place, including a common assessment framework, a designated 'lead professional' to co-ordinate service provision when a child is known to more than one specialist service, and a single database of information on every child and young person.

However, service integration is not only a priority for child protection and children at risk. The Green Paper's focus on service integration for all families is represented diagrammatically by a pyramid. At the top, and representing the smallest proportion of the population, come specialist services for children at high risk. The middle section has three separate service areas and population groups. The first of these is made up of services for families with complex problems, for example, children and families' social services, targeted parenting support, and secondly services for children and families with identified needs such as special education needs and disability, speech and language difficulty. The third is services for all children in targeted areas, for example, Sure Start Children's Centres. The bottom and widest section represents all children and families and universal services, for example, health, GPs, midwives, health visitors, education and the Connexions program for children aged 13-19.

Other key areas for service integration are:

- what the Green Paper identifies as the 'critical boundary' between children's social services and education. Improving key outcomes such as the education of children in care, or the life chances of disabled children, is particularly dependent on integration across education and social services. (p. 70 5.7)
- basing multi-disciplinary teams in and around the places where children spend much of their time, such as school and SSCE, and also primary-care centres. (p. 62 4.28)

Workforce reform is long-term, strategic and arguably very ambitious goal. A Children's Workforce Unit, based in the DfES, will develop the pay and workforce strategy for those who work with children. The Unit will establish a Sector Skills Council to deliver key parts of the strategy. Workforce reform is also an element of the Green Paper on childcare, discussed below.

### **4.3 Choice for parents, the best start for children**

This Green Paper sets out three key components of the Government's vision for childcare choice and flexibility: availability, quality and affordability. The key outcomes from it are:

- paid maternity leave provisions for nine months, with a goal of twelve months by the end of the next Parliament;
- 15 hours a week of free, high-quality care for all three- and four-year-olds, with a goal of 20 hours a week;
- workforce reform, with a new qualification and career structure for childcare;
- changes to the Working Tax Credit, with an increase in the limits of the childcare element.

The role of SSCCs are also set out in detail in the Green Paper. They are to be one-stop shops joining up services for young children and their families, including childcare integrated with early learning. SSCCs build on the lessons learnt from SSLPs in being community-based, responsive to local need and focused on tackling early disadvantage. Most will offer some childcare, and even when they do not centre staff will help parents to get other local childcare. Centre staff will also link parents with other services their families need, either by offering services at the centre or by linking parents with other providers in the local area. This will include: early education and childcare places that fit with families' needs; parenting and family support; health advice, including health visiting and midwifery; preventative services to support children with additional needs early in a child's life, including outreach into communities; and support and help for parents to move into training and work.

### **4.4 Changes to Sure Start**

The changes brought about by the two Green papers signal: the mainstreaming of Sure Start; a shift to local government control; and stronger links between Sure Start and welfare-to-work.

#### *Mainstreaming*

Like all early intervention programs, Sure Start has always aimed towards being 'mainstreamed'. However the concept of 'mainstreaming' (or sustainability) is not well defined, and has proven difficult to achieve in practice. The concepts of mainstreaming and sustainability have generally referred to two basic ideas:

- That services and ways of working within the program will be taken up by managers and practitioners outside the funding areas, and the program will influence practice throughout the early-years sector.
- The 'seed funding' from the program will be continued by other sources so that the level of service provision will be maintained beyond the funding period of the program.

In 2001/02 the Sure Start Unit made available a sum of money to a number of SSLPs to develop mainstreaming pilots. These pilot initiatives were not particularly successful, however, and a judgement was made that 'bottom up' processes of mainstreaming could have only limited success.

Thus a 'top down' approach to mainstreaming was instituted by the Green Paper. In this context mainstreaming is associated chiefly with two developments. The first involves stronger connections between Sure Start and mainstream services such as schools and child-care. This may have important consequences for the sustainability of Sure Start in that it embeds Sure Start in core early-years services that are not (especially) politically vulnerable or associated with one particular government or political party. A report commissioned in 2004 on several Area Based Initiatives (ABI) (including Sure Start) emphasised the importance of 'main programs', such as schools, in maintaining sustainability. The cross-cutting Government review, *Interventions in Deprived Areas* (undertaken as an input to the 2000 Comprehensive Spending Review) concluded that main programs must bear the brunt of meeting the needs of deprived communities, and of closing the gaps between them and other areas. That report argued that ABIs should properly inform, and pilot, innovation which can be carried into main programs, and should complement main-program activity rather than substitute for it (Stewart et al., 2002).

The second development is the move away from targeting provision of services at the most disadvantaged communities and towards more universal service provision in all communities. Five hundred and twenty-four SSLPs are presently operating in disadvantaged neighbourhoods throughout England. Sure Start Children's Centres (SSCCs) are to be introduced from 2005, with 3500 in place by 2010. Whereas SSLPs were targeted at disadvantaged neighbourhoods, there will eventually be a SSCC in every community in England (HM Treasury, 2004: 36). The shift from SSLPs to SSCCs represents a shift from services designed to meet locally identified needs and support families living in disadvantaged areas, to the provision of more standardised and universal services, especially childcare. Although this is described as an extension and development of Sure Start principles, there will be fewer resources available to focus on empowerment, community development and parenting support, and overall there will be fewer resources in each community.

SSLPs are characterised by the following:

- A clearly defined area in which the services are provided (ideally a neighbourhood where all homes are in pram-pushing distance from the service providers).
- A range of universal and targeted services, both centre-based and outreach.
- New buildings to provide services.
- Governance by a multi-agency partnership which includes active participation of parents.
- Virtual complete freedom for the program to decide what services to provide, but accountability provided by process and outcome targets, which are monitored centrally.
- A lead agency which is responsible for coordinating services.
- Each program commissions a local evaluation that is responsible to the program board.

In contrast, SSCCs will be characterised by:

- Universally available services in less clearly defined areas.

- Provision of integrated mainstream and targeted services including education and full-day care, health services, and family and parenting support.
- Referral to other services and facilities, for example, local play spaces, childcare for older children and children's information services.
- Modification of buildings where necessary, although SSLPs and Early Excellence Centres will in many cases be the location for SSCCs.
- Local authorities responsible for coordinating services and reporting on unmet need, especially for childcare services.
- Training and advice for parents to enter work.
- A mandate to act, alongside extended schools, as a referral and information hub for all families.

Pooling of resources will also be allowed. A cluster of schools and education institutions including pupil-referral units, early-years settings and Sure Start will be able to take responsibility for offering multi-disciplinary services to all children in the area.

A core of prescribed Sure Start services is retained. SSCCs will in most cases offer early education and childcare, and in the most disadvantaged areas will offer early learning services with full childcare. In more advantaged areas, local authorities will have some flexibility in service provision, but will provide a minimum range of services including support and outreach services, information and advice and links to Jobcentre Plus<sup>5</sup> services. For example, local authorities and SSCCs are expected to provide training and business support to local providers of childcare, help disseminate best practice and other innovative ideas, provide a base for local childminders and other forms of home-based care to work with other childcare professionals, and forge partnerships between group-based and home-based providers (HM Treasury, 2004: 49). SSCCs will signpost families to other services and facilities, for example, local play spaces, childcare for older children and children's information services (DfES, 2003: 63).

While the shift from SSLPs to SSCCs is being characterised as the expansion of Sure Start by DfES and others, disquiet is also being expressed that these changes represent a narrowing of its mandate and potential. Norman Glass chaired the Treasury working group which proposed Sure Start in 1998 and was chair of Croydon Sure Start between 2001 and 2003. He is among those who have expressed concern that in the future health services will play less of a role and educational objectives will take priority over those of other services (Carpenter, Griffin and Brown, 2005; Glass, 2005). Further concern about the future has been raised by Tony Blair, who is reported to have alleged that Sure Start had been a 'disappointment' and had failed the most socially excluded families. He was also critical of the multi-agency approach of Sure Start, and reportedly wants to make more use of NGOs (which is counter to the mainstreaming direction of the program and the views of Glass). Ted Melhuish, Director of the National Evaluation of Sure Start, has countered by saying that the evaluation findings indicate that it is too early to make this judgement, and that Sure

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<sup>5</sup> Equivalent to CentreLink

Start, like every other early intervention (e.g. Early Head Start), first reaches the more motivated families, but should eventually reach out to the most disadvantaged. (*The Guardian*, 26<sup>th</sup> May 2006). Nevertheless the evaluation findings continue to cause controversy in the UK, with Polly Toynbee, a prominent *Guardian* journalist and advocate of Sure Start stating that

Dark forces were unleashed by the disastrous first evaluation of Sure Start, Labour's flagship programme for saving children from early damage. (Toynbee, 2006)

### *Local government control*

Putting 'joined up thinking' into practice has been central to Labour policy, including Sure Start (Glass, 1999: 264), but one outcome from the Victoria Climbié inquiry was the revelation that contact between a family and multiple agencies could result in catastrophic failures of integration. In that case, extremely poor communication between agencies and unclear lines of responsibility meant that no overarching view of the child's welfare was taken by anyone. The Climbié case was characterised by failures beyond those of service integration, including 'poor service delivery in the name of cultural sensitivity, and of investing minority ethnic workers with difficult responsibilities (and subsequent blame) on account of their ethnicity' (Williams, 2004: 415). Williams argues that these failures remain unaddressed, but *Every Child Matters* does set out a series of strategies to remedy what it recognises as the problem of weak accountability.

These changes have implications for the provision of Sure Start in that service integration is to be much less a matter of local cooperation and much more the mandated responsibility of local authorities. There will be a clarified and extended statutory duty on local authorities, which will have responsibility for identifying and meeting local service needs (HM Treasury, 2004).

The increased role played by local authorities and extended schools may have the effect of increasing the links between Sure Start and mainstream services. The review of ABIs found that the SSLPs in their case studies had established good links with mainstream programs at service delivery level, but that they had not extended these links to the strategic level. It was not entirely clear why this was the case, but the review found that contributing factors seemed to be the very small and focused geographical scale of the projects, governance structures, and the 'determination of the community to do things their own way' (Stewart et al., 2002). This is plausible in that SSLPs are a combination of a comprehensive, centralised strategy and local autonomy. Sure Start itself is an enormous program, but many SSLPs 'face a severe capacity constraint' and many did not see it as their responsibility to change mainstream practice outside their immediate areas.

The corollary of this is a change to the management of programs and multi-agency partnerships. Opponents to this change argue that SSLPs have been effective because they have had a high take-up rate, because local communities have had a sense of ownership. The new model of SSCCs seems to suggest that the community *development* emphasis of involving families and community members in planning, provision and evaluation of services will diminish. Instead a more pragmatic model of community *level* service provision is emerging, in which services are located in

accessible community sites but are aimed more squarely at individual families than communities.

There are also arguments being made that the changes to Sure Start in terms of mainstreaming, governance and budgets mean that it is not so much that Sure Start will become linked to the mainstream, as that it will effectively disappear altogether: 'No more management boards with local parents and volunteers, a severe cut in the funding per head so it can be spread over 3500 children's centres; and no more ring fencing' (Glass, 2005). When Sure Start was approved by Cabinet in 1999, its money was to be part of the budget of the Department for Education and Employment but ring-fenced so it could only be spent on Sure Start. The new model of SSCCs will allow local authorities to set budgets and provide more options for how money is to be spent. As Glass points out, the expansion of Sure Start to all areas also means a real drop in spending per child as budget allocations are not increasing. Glass was also critical of the much more prescriptive approach now being taken towards service provision, showing the complexities of the new changes – i.e. although children's centres will be functionally removed from Whitehall control, central government will monitor them even more closely than SSLPs, using targets, inspections and other means.

Part of the motivation for greater prescription was that policy makers in the DfES were impressed by the findings of the EPPE (Effective provision of Pre-School Evaluation) project (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004), which found that high quality preschool *was* effective in improving outcomes for the most disadvantaged children. The EPPE findings are unequivocal: pre-school<sup>6</sup> works, and the effects are especially significant for the most disadvantaged children and are improved considerably if the quality of provision is high. In order to maintain high quality, programmes needed tight monitoring and assessment. This was contrasted to the inconclusive outcomes found by NESS<sup>7</sup>, but also their finding that Sure Start implementation was variable and patchy.

EPPE has had other significant impacts on UK early years policy. It has led to the provision of universal child care for all children aged three to five, and to a more prescribed curriculum for pre schools. It has also been partly responsible for workforce development reforms which are intended to raise qualifications and salaries of early years workers (Melhuish, 2006).

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<sup>6</sup> The Term 'Pre-school' is used in the UK context. It covers the full range of child care provision including long day care, educational settings, relative day care and informal day care. EPPE found that the **quality** and **duration** of child care had effects on children's outcomes, but that the impact did not differ between **types** and **amount** (ie full time or part time) of day care.

<sup>7</sup> This is not a very fair comparison, however, as the EPPE project compared children who experienced different types and quality of pre school services, whereas NESS compared children living in SSLP areas with those living in control areas, and did not assess their individual receipt of services.



*Welfare-to-work*

*Choice for Parents* shows the increasing emphasis of Sure Start on affordable, quality childcare services. This is a product of mainstreaming in that childcare services are used by all kinds of families. It also indicates that changes to Sure Start are being linked to getting parents into the workforce. For example, SSCCs will provide links to Jobcentre Plus services. Jobcentre Plus is central to welfare reform and has the aim of intensifying the focus on work for people receiving benefits. There is a particular focus on people with disabilities and unemployed parents. Childcare Partnership Managers (CPMs) have been working in every Jobcentre Plus district since April 2003. The main elements of their role are:

- to work with local authorities to help ensure that local childcare provision meets the demand from unemployed (and lone) parents;
- to ensure up-to-date information about childcare flows freely between Jobcentre Plus and local authorities;
- to work with appropriate Jobcentre Plus staff in identifying local childcare recruitment issues, and to improve Jobcentre Plus' market share of vacancies in the childcare sector.

The CPMs will support Jobcentre Plus in placing unemployed parents in work. They will work with local authorities, employers and Jobcentre Plus staff in reducing the childcare barriers that unemployed parents face, and will signpost opportunities in the childcare workforce to Jobcentre Plus customers (Brooks-Gunn, Fuligni and Berlin, 2003).

Findings from a study of SSLPs in the north-east of England indicate that service providers are hesitant about the impact of these changes. Workers from Social Services and SSLPs argued that it is 'unrealistic and unhelpful' to expect some parents, who need intensive support in their parenting tasks, to provide good care for their children and work as well. In addition to this, they feared that the requirement to develop self-funded childcare services for working parents would affect the provision of 'respite' care to families in greatest need (Carpenter et al., 2005: 33). Given that SSLPs have been in place only for a short time, that many took some time to be operating at full capacity, and that the goal of creating more autonomy and self-efficacy for parents is one for the long term rather than the short term, prioritising employment for parents is probably at odds with the logic of Sure Start.

## **5 Evaluation**

This section describes the background to evaluation of large, complex programs for families and children, the methodology employed by the National Evaluation of Sure Start (NESS), and some of its initial findings.

### **5.1 Background**

Sure Start and Australian community-level initiatives for the early years have their own distinct characteristics, but they do share a number of elements. Evaluation of these initiatives has been described by Stagner and Duran (1997) as difficult: partly because the complex goals, structures and mechanisms of comprehensive initiatives present significant challenges to determining whether or not they are successful and which elements are important to success or otherwise; partly because initiatives typically seek to influence a broad range of outcomes, some of which are poorly defined and difficult to measure. Flexibility of program delivery allows a focus on community needs and empowerment, but it has a downside in terms of evaluation. Nonetheless, extensive evaluations of a small number of these initiatives have been undertaken.

There is only one community-based intervention with a loose structure similar to that of the SSLPs, the Comprehensive Child Development Program, that has been thoroughly investigated, and its evaluation revealed that it had had no significant effect (ACYF 1997 cited in Harrington et al., 2005: 3). It should be noted that this study was conducted over five years, a shorter time period than the longitudinal studies showing results for intensive preschool intervention (ACYF, 1997). A national evaluation of the NCCAN projects found that the social support available to the families rose by a small but significant amount by year three. There were some indications that, over the long term, a strategy designed to enhance social support and social networks in a specified community could have the desired impact on rates of child abuse and neglect while also providing intensive services directed at improving parenting. However the evaluation did not continue for a sufficient time to investigate this (CSR Incorporated, 1996).

The \$US41million evaluation of the CPPC initiative found no consistent impacts on subsequent maltreatment reports. Among families who received the most intensive intervention modest but significant improvements were observed among participants in their self-perception of progress and in standardised measures of depression and parental stress. In addition, over 90 per cent of the families' lead workers considered the ICA (Individualized Course for Action) process helpful in improving child safety. However, these individual improvements were not positively correlated with a reduction in the likelihood of subsequent maltreatment reports or placement. No significant differences in child maltreatment and placement rates were found between CPPC and comparison communities, or over time within CPPC communities (Daro et al., 2005).

### **5.2 National evaluation of Sure Start**

The National Evaluation of Sure Start (NESS) has five components: implementation evaluation; impact evaluation; local community context analysis; economic evaluation and support for local evaluations.

The *implementation* study aims to produce a comprehensive evaluation of the first 260 SSLPs in terms of both process and components, which is capable of linking program activity to outcomes for individual users and communities. It will include, *inter alia*, a description of the full range of approaches to service design and delivery; a typology of implementation styles; assessments of program fidelity; and assessments of the extent to which participants' needs have been met (NESS, 2001b).

The *local context* study aims to provide the backdrop against which Sure Start is put into place and to document changes over time in Sure Start and control communities. The sweep of the data to be included in the study is as broad as possible but theory-driven, based as it is on: the impact of community on parenting as demonstrated by child development outcomes; the effects of community poverty and being poor in a poor community; social capital and participation; social disorganisation and informal control; and health. The following domains are included in the local context study: demographics; deprivation; economic profile; crime and disorder; adult health; child health and development; school readiness and achievement; child welfare; provision of local services; and geographical access to services for 0-3 year olds and their families (NESS, 2001c).

The *impact* study has a three-stage approach. In the first year, the impact evaluation team examine data collected through the implementation study and the local context analysis. This information is used to select subsets of programs for more intensive analysis in the second stage. The second stage also randomly selects 50 non-Sure-Start communities to function as controls. In the third stage, some of the families originally participating in the cross-sectional study at Stage 2 are invited to participate in a long-term longitudinal study. This enables child-, family- and community-level data to be collected. From this data, it will be possible to analyse whether children from Sure Start show more beneficial development than children from control communities; whether income, parenting, housing or neighbourhood characteristics operate differentially for families in these two types of communities; and whether any detected effects should be attributed to Sure Start (NESS, 2002).

The *economic evaluation* includes analysis of the cost-effectiveness of implementation and impact, and a cost-benefit analysis of the impact. The cost-effectiveness analysis will focus on the achievement of performance targets and the costs of achieving them, will deliver information on the efficiency and effectiveness in the use of resources in implementing Sure Start. The cost-benefit will go one stage further and look at the outcomes achieved and assign monetary values to them where that is possible (NESS, 2001a).

*Local program evaluations* are the responsibility of each SSLP, supported by the NESS. The core components of each are community satisfaction surveys; service level evaluation; evaluation of cross-cutting issues; and cost-effectiveness (Harrington et al., 2005).

### *Results*

Two reports from the NESS Impact Studies, the *Early Preliminary Findings on the Variation in SSLP Effectiveness* and *Early Impacts of SSLPs on Children and Families*, were published in November 2005. The main finding of the evaluation so far is that there was very little detectable difference between the SSLPs and Sure-

Start-to-be communities on most of the dimensions measured by the evaluation. However, there were some SSLPs (about 20%) which seemed to be producing better outcomes than the majority of programs. The evaluators then sought to identify which factors relating to those programs enabled them to produce better outcomes. The most significant of these findings were:

- There are detectable links between SSLP implementation and impact on children and families living in SSLP areas.
- Changes that might be attributed to SSLP implementation are small but positive, and all significant results connect an aspect of better implementation with a beneficial outcome, especially for parents.
- SSLPs that are implementing their programs in ways that reflect Sure Start principles are more likely to achieve better outcomes for parents and children.
- Health services appear central to the success of early intervention and should continue to be a key element of children's services (Harrington et al., 2005: 29)

Because SSLPs do not have a prescribed set of services, it has not been possible for the National Evaluation of Sure Start to test program fidelity. The program-variability study methodology is innovative in that it develops quantitative measures from a mix of qualitative and quantitative information. This has been done previously with interventions with a well-defined model against which operations can be compared, but it is challenging in the case of Sure Start. Eighteen domains of implementation were derived from research as well as from the conceptual foundation of SSLPs. The 18 domains related to what was implemented, the processes underpinning proficient implementation of services, and holistic aspects of implementation (Harrington et al., 2005: A5).

There were a number of key findings for specific groups and sub-groups from these key findings. Empowerment is related to two of the eight dimensions of effectiveness for SSLPs, in particular two of the five parenting measures, namely nine-month-old maternal acceptance and three-year-old home-learning environment. 'Empowerment' refers to the degree to which the SSLP has an intention to empower service users and providers and includes reference to: built-in features to develop local peoples' involvement; a balance of voluntary and paid staff; community development training; and evidence of mutual respect for contributions of all parties. This implies that SSLP activities that are relevant to the rating of empowerment may well be a means of improving their effectiveness in influencing parenting. Should this be the case then it is likely to lead to better outcomes for children. Maternal acceptance has been found to predict better child outcomes in several countries, and the home-learning environment has also been shown to be positively related to better child outcomes (Harrington et al., 2005: 27).

Other key findings relating to specific dimensions of implementation for families with a three-year-old are:

- Better identification of users by SSLPs was related to higher non-verbal ability for children. 'Identification of users' includes references to strategies for identifying potential users; information exchange and shared record-keeping systems by professionals; location and support of children with disabilities or additional needs; and links between agencies to locate new families moving into the areas.

- Stronger ethos and better overall scores on the 18 ratings were positively related to maternal acceptance. ‘Ethos’ refers to the degree to which the SSLP has a welcoming and inclusive ethos and includes references to: level of sensitivity; use of materials that are friendly; minimal use of bureaucratic language; and evidence of moving the welcome beyond the building into the community beyond.
- More empowerment was related to a more stimulating home-learning environment (Harrington et al., 2005).

The NESS reports also found that, for mothers who became parents as teenagers, living in an SSLP area was associated with less social competence, more behavioural problems and less verbal ability on the part of three-year-olds. Moreover, most child/family outcomes measured did not differ across the two groups of communities, thereby making it clear that the detected effects of living in SSLP areas were limited.

Differential effects by subpopulations showed that beneficial effects accrued to the relatively least disadvantaged families in SSLP areas and adverse effects to the most disadvantaged. The NESS researchers argue that a likely explanation for the relatively less disadvantaged doing better is that their greater human capital results in their getting benefits from SSLPs that they would not get from living in comparison communities (Harrington et al., 2005). A smaller scale evaluation in four SSLP areas of the relationship between involvement in Sure Start and school-readiness found no differences between children who had been involved and children in the area with no direct involvement in Sure Start, but there were small differences in non-cognitive abilities (Schneider, Ramsay and Lowerson, 2006 ).

The investigation of the early implementation of Sure Start found that the nature of existing relationships in the local partnerships running SSLPs was the most significant factor in setting up a local program, and that the time it took to set up the core and delivery services was always longer than anticipated. It took on average between 24 and 36 months for the full range of services to be offered, to have capital developments (new buildings) in place, and to be spending at their peak level, with some SSLPs not fully operational in terms of spending until their fourth year (DfES, 2004).

## **6 Current Australian policies and initiatives**

This section summarises the most significant current Australian early-years initiatives. Two are national, one is based in a single area, two are state-based across the whole of the respective states, and one is state-based and centred on specific disadvantaged communities. These programs are also summarised in Appendix A.

### **6.1 Best Start**

The Victorian program, Best Start, is an example of a multi-service, universal program administered by several agencies and delivered to specific areas. Best Start is auspiced by the Department of Human Services and the Department of Education and Training and assisted by the Community Support Fund. It is based on a range of core activities and service delivery principles, with regional differences in programs based on identified need. Demonstration projects commenced in 2002, with 13 demonstration projects funded to model new ways of working and making partnerships. A further 10 are due to commence between 2005/06 and 2007/08. The amount of funding available for these projects is \$100 000 per annum for rural and small town areas, and \$200 000 per year for metropolitan LGAs.

The Best Start Atlas has been developed to provide baseline data on a range of characteristics across the state, including the Best Start indicators of child health, development, learning and wellbeing (Victorian Office for Children, 2005).

Since December 2004 Victorian early-years policy has been overseen by the newly created Office for Children and Minister for Children.

### **6.2 Every Chance for Every Child**

The South Australian program, Every Chance for Every Child, which commenced in 2003, is an example of a single, universal program administered by a single agency. It is focused on four key program areas: provision of effective support for parents of infants and young children; provision of effective early-learning opportunities; helping communities to be more supportive of families; and better assisting families who may need additional support. In 2005 the allocated budget for Every Chance for Every Child was \$6 million annually.

Responsibility for the program is held in the Children, Youth and Women's Health Service, and its central operation is home visits by nurses to the parents of babies and young children. It is population-based in scope and operates at the level of families rather than communities. The program begins with universal contact. Every mother of a newborn goes through a standardised assessment of need. All potentially eligible families go to Case Conference, others are referred to mainstream services. Automatic entry criteria for home visits are: teenage mother; child identified as Aboriginal or Torres Strait Islander; mother identified as socially isolated; mother expresses poor attribution towards the child. Other criteria for home visiting are: current or past treatment for mental health problems; domestic violence; identified drug and alcohol misuse; intervention from the child protection agency, Children, Youth and Family Services; congenital abnormalities in the child; or other nurse concerns.

Thirty-four visits take place over two years and are organised around three areas: proactive guidance including information on safety, health, immunisation and infant

behaviour; anticipatory guidance including information on development, childcare and play; and management of existing issues, including information and support on financial, housing and legal issues, social connections, personal relationships and referral to local services. Families who are identified as having very high need, such as those experiencing violence, high drug use or chaotic lifestyle, and families already involved with multiple agencies are not offered the service. A refusal rate of 18 per cent was reported as of September 2005 (Nossar, Teo and Schneider, 2005).

Because Every Chance for Every Child has defined services, it is possible to evaluate program fidelity. The evaluation model for the program includes input, process and output elements.

### **6.3 Families First**

The NSW strategy, Families First, which commenced in 1998 and has undergone a staged roll-out across the state, is an example of a multi-service, universal program administered by several agencies. It is delivered jointly by five Government agencies – NSW Health and Area Health Services, and the Departments of Community Services (DoCS); Education and Training (DET); Housing; and Ageing, Disability and Home Care (DADHC).

Families First is comprised of a mix of prescribed services to be delivered in each area, and locally designed services to be delivered at the discretion of regional management groups. These services are designed to address the health and educational outcomes of children and improve the safety and connectedness of communities by intervening at crucial transition points. Examples of these are community outreach and home-visiting by volunteers, provision of books, reading support programs, community capacity-building programs and transition-to-school programs for disadvantaged children (Nossar and Alperstein, 2002). Service models specifically supported by Families First are supported playgroups, volunteer home visiting, and Schools as Community Centres. Health home visiting to new mothers is the only prescribed program for each area. Although the basis for this is David Olds' home-visiting, the health home-visiting done through Families First is quite different in terms of workforce training, resources, screening, and number and structure of visits. The three-year budget for 2002-03 to 2005-06 for Health, DoCS, DET and program administration, is \$117 million.

The state-wide policy framework of Families First focuses on four fields of activity (FOA): babies, children, extra support, and communities. Each is described below.

- FOA 1: Supporting parents who are expecting or caring for a baby

Parents expecting a baby or caring for a new one need access to information to assist them to make choices about how to care for the baby. Maternity and child health services will broaden their services to a range of community settings and other venues, and to the parents' homes. Health professionals are to make assessments of the whole family with regard to stresses that may develop into more complex problems. Parents needing extra support will be linked with other services.

- FOA 2: Supporting families who are caring for infants or small children

Parents are to be supported in their endeavours to increase their parenting skills and sense of control. This will help sustain their ability to foster their children's growth

and development by making it easier for them to love and care for their children. Parents can be supported with practical assistance by trained volunteers providing support in their homes, by community services, or by being in contact with other parents through playgroups and mothers'/fathers' groups.

- FOA 3: Supporting families who need extra support

Some families need extra support, whether for children with special needs or for parents struggling with their own problems and finding it difficult to sustain a healthy home environment for their child. The networks supported through Families First, through multidisciplinary teams and linked services, will enable professionals to work together to provide the range of assistance to parents and their children. This may take the form of agencies pooling funds or co-locating premises.

- FOA 4: Strengthening the connection between families and communities

It is intended that Families First will encourage communities to connect families by strengthening formal and informal neighbourhood networks. There will be a particular focus on disadvantaged communities. The forms of such connections will not be prescribed. Instead, communities will be supported to choose the form of interaction most appropriate to their circumstances.

The strategy aims to achieve the objectives of Families First through the development of service networks that adopt a coordinated, interagency approach to service planning and delivery. It aims, through these broad networks, to support parents in raising children by assisting them to solve problems at an early stage, before they become entrenched.

Enhancements to the service networks are to be achieved by:

- building on and broadening existing structures so that a wider range of needs may be met;
- changing the practices of some services; and
- coordinated service planning and the establishment of new services where gaps have been identified and which have been proven to work for families.

The purpose of the networks is to develop linkages to collaboratively support families at different stages as outlined above in the fields of activities.

Evaluation of Families First includes case studies of implementation, and an outcomes evaluation framework using medium- to long-term indicators designed to measure the health and wellbeing of children, families and communities in NSW and local and program evaluations.

#### **6.4 Good Beginnings**

The national program *Good Beginnings* is an example of multi-service, mixed targeted and universal programs administered by several agencies through a range of funding agreements. It operates in discrete areas and is not a systematic, population-based strategy in the manner of Families First or Sure Start. However, it shares with both of those strategies a range of service models and a focus on combining top-down with bottom-up processes. Local management committees and locally identified need represent the bottom-up aspect, while the use of service models is the top-down



element. Some service models, such as a supported playgroup for parents whose children are in care, are innovative in that no precedents for the program were found in the available literature. In these cases particularly, evaluation has been part of implementation, so assessments of the effectiveness of the program has come from the perspective of both professionals and parents.

Good Beginnings is an incorporated not-for-profit company governed by a board of directors. Its programs are funded through a combination of state and federal funding, charities and philanthropic trusts. Originally focused on volunteer home-visiting and piloted in four sites in the Northern Territory, Victoria, New South Wales and Tasmania, Good Beginnings now has programs or workers in around 70 sites across the country. Programs encompass a range of parenting education and support services, including universal supported playgroups, supported playgroups for families with children in care, community-building, and professional home-visiting to families with complex needs. The principles on which Good Beginnings is based include responsiveness to needs identified by local communities and agencies; collaboration and the generation of partnerships with public and private agencies; and local ownership of all programs.

Evaluations of Good Beginnings services vary. Some are undertaken by independent evaluators, some by the government department auspicing the services. The extension of a new program, a supported playgroup for parents with children in care, is being evaluated to assess its effectiveness in different environments. The supported playgroup model will be evaluated as part of the national evaluation of Invest to Grow.

Good Beginnings is distinctive in that it is an incorporated trust that works with all levels of government including (in one instance) joint funding from state and Commonwealth; operating in communities that are not identified as disadvantaged; and having a range of delivery modes, including training for workers.

## **6.5 The Pathways to Prevention Project**

Centred on a disadvantaged area in Queensland, the Pathways project is an example of a multi-service, universal program administered through a partnership between several agencies. It is based on the influential *Pathways to Prevention* report, authored by an interdisciplinary consortium called National Crime Prevention. Several of the authors of that report, including the leader of the consortium, are involved in the Pathways project (National Crime Prevention, 1999).

The *Pathways to Prevention* report included a recommendation for a demonstration project based on a whole-of-community intervention model incorporating a range of programs and services and designed to create an inclusive, 'child-friendly' or 'family-supportive' environment. Other components of the recommended model include: use of control or comparison communities and rigorous evaluation; an emphasis on community ownership and community development; community and agency partnerships; building on existing agencies and services rather than the introduction of new programs; and the location of project personnel and resources in a childcare centre, preschool or school.

The *Pathways* project has many of these characteristics and is often described as a demonstration project that provides a model for interventions in disadvantaged communities elsewhere (Homel, 2004). It has two primary components: the Preschool Intervention Program (PIP), comprised of preschool programs in four schools; and the Family Independence Program (FIP), comprised of integrated family support programs.

The PIP is based on research arising out of local concerns about links between conduct problems and problems of language and social competence. It has a communication program involving the introduction of abstract language and complex vocabulary and syntax formats, and a social skills program designed to reduce behavioural problems and increase social skills. Both involve structured interactions between teachers and children, and take place during normal class time.

The FIP has a range of activities based on the domains in which family-support services usually operate, such as support, advice and counselling services, and courses and groups to improve parenting skills. They include behavioural family programs such as Triple P (Positive Parenting Program), supported playgroups, adult life-skill services, welfare assistance and support groups.

The Pathways project is distinctive in that it is derived from research on developmental pathways and transitions throughout childhood, rather than focusing exclusively on the early years; involves a university-NGO partnership that is supported largely by corporate, philanthropic and research agency funding; has incorporated numerous programs at the level of school, child and family; and is being comprehensively evaluated and researched from a number of angles (Freiberg et al., 2005).

## **6.6 Stronger Families and Communities**

The Commonwealth Department of Family and Community Services (FaCS) was formed in 1999 as part of a broad focus on the needs of children, families and communities. Since 2004 the department has also had responsibility for gender issues through the Office for Women. In January 2006, the Department of Family and Community Services (FaCS) became the Department of Families, Community Services and Indigenous Affairs (FaCSIA).

The Stronger Families and Communities Strategy (SFCS) was first funded from 2000-2004. In renewing the Strategy, the Commonwealth Government required a sharpened focus on early childhood (0–5 years), recognising the weight of evidence on the importance of early experience for a wide range of developmental, health and wellbeing outcomes over the life course. Funding of \$490 million has been committed for 2004-2009 across the strategy's initiatives.

The renewed Strategy retains the Commonwealth Government's commitment to developing social programs in partnership with community and business representatives. This phase of the Strategy also retains the original Strategy's interest in approaches that are grounded in local communities, are based on community- and family-assets, and are drawn from the best available evidence but adapted to suit local needs.

The focus of the Strategy, like that of Sure Start, is based on the ecological model of development and so emphasises children, families and communities. Also in common with Sure Start is an asset-based model of community-level intervention which suggests ways of mobilising grassroots problem-solving in communities. Unlike Sure Start, Stronger Families and Communities is informed by the pathways model developed in *Pathways to Prevention* (National Crime Prevention, 1999).

SFCS also differs slightly from Sure Start in its four key objectives. In the case of Sure Start, these are: improving social and emotional development; improving health; improving children's ability to learn; and strengthening families and communities; while the key action areas for SFCS are: healthy young families; early learning and care; supporting parents and families; child-friendly communities (and for Communities for Children; services working together as a system). These are the objectives of the *National Agenda for Early Childhood*.

The aims of the Stronger Families and Communities Strategy (2004-09) are to:

- help families and communities build better futures for children;
- build family and community capacity;
- support relationships between families and the communities they live in; and
- improve communities' abilities to help themselves.

The strategies to meet these aims are:

- prevention and intervention directed at influencing children's early pathways, to increase the likelihood they will reach adulthood equipped to lead happy, healthy and contributing lives;
- start early for Communities for children and Invest to Grow (first five years of life);
- focus effort in areas where there is likely to be the greatest possible impact on children's ongoing development;
- work across multiple levels – the child, the family, the community; and
- work for system change – strengthen existing 'platforms' for family-support and children's development at community level, engage 'hard-to-reach' families, enhance children's access to services, and improve service cohesion to better meet the needs of families and children.

Phase two of the Strategy (2004-2009) comprises the following four initiatives:

- Communities for Children
- Early Childhood Invest to Grow
- Local Answers
- Choice and Flexibility in Childcare

### *Communities for Children*

The \$142 million Communities for Children initiative takes a collaborative approach in seeking to achieve better outcomes for young children aged 0-5 and their families, working with non-government organisations (NGOs) as part of a social coalition.

The early childhood focus of Communities for Children has been guided by research and consultation undertaken for the development of the Australian Government endorsed *National Agenda for Early Childhood*. The Agenda recognises that effective early childhood intervention is not only about supporting young children, but also about supporting their parents, neighbourhoods and the wider community.

Under Communities for Children, NGOs are engaged as 'Facilitating Partners' in 45 communities, or sites, around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development in consultation with local stakeholders. This model supports the development of partnerships between stakeholders, including different levels of government, service providers, community leaders, businesses and other early childhood stakeholders including parents.

Funding for each site ranges from \$1.24 million to \$3.8 million. Sites have been selected on the basis of a range of information including number of children in the community, number of families eligible for higher rates of family payment, consultations with State and Territory Governments, level of existing infrastructure, readiness for take-up of the initiative, and indicators of disadvantage such as the Australian Bureau of Statistics' Socio-Economic Indexes for Areas.

Communities for Children takes a community-development approach to improving outcomes for young children and their families, incorporating key principles such as collaborative action, building on community strengths, and contributing to family and community capacity-building. It funds NGOs as 'brokers' or 'enablers' who cultivate community engagement in Communities for Children processes, and commit to achieving its outcomes and building networks between early childhood stakeholders in the community.

Communities for Children activities undertaken in each site are grounded in evidence about what approaches and responses are most appropriate to support early-childhood development. Each activity that is undertaken must be supported by evidence that shows its efficacy in achieving early-childhood outcomes. Examples of types of strategies and activities being implemented include parenting education courses, establishing early childhood 'hubs', and establishing service provider networks, early-literacy programs and family-support programs

### *Invest to Grow*

This initiative involves two distinct elements: Established and Developing Early Intervention Programs, and National Tools and Resources

The purpose of the *Established and Developing Programs* element is to refine and expand promising early-intervention programs, to bring them to a point where they are suitable for broader application, with robust evaluations and the necessary

program-delivery documentation to allow them to be reliably offered elsewhere with equivalent efficacy. This could include for example, the development of program management guidelines, quality-assurance systems and staff-training programs. Projects funded are expected to target effort in one or more of the action areas: healthy young families, supporting families and parents, early learning and care, and child-friendly communities.

The National Tools and Resources element will fund specialised projects which aim to create a wide range of products or research efforts that will have national application and support early intervention effort. Examples include: the Australian Early Development Index, the development of a parenting information website and the Longitudinal Study of Australian Children.

### *Local Answers*

This initiative builds on the success of the initial Strategy and provides funding for small-scale projects developed by local communities in response to local issues. Local Answers continues to emphasise the importance of engaging local stakeholders in the development of local responses to address local issues and to participate in the decision-making process. Projects funded under this stream will be diverse and support families and children of all ages.

Local Answers supports projects that: build effective parenting and relationship skills; build opportunities and skills for economic self-reliance in families and communities; build partnerships between local services; strengthen support to families and communities; assist young parents in particular to further their education or their access to training and other services where they are seeking to make the transition to employment; and assist members of the community to be involved in community life through local volunteering or mentoring of young people or training to build community leadership and initiative.

### *Choice and Flexibility in Child Care*

Provision of childcare services is largely the responsibility of the states. Choice and Flexibility in Child Care has three components, each designed to supplement the states' provision. *In Home Care* provides childcare in the child's home by an approved carer and is only available to families who have no other childcare options, including: families in rural and remote Australia; families working non-standard hours such as police, fire-fighters, nurses, doctors, musicians and security personnel; families with multiple children under school age; and families where either the parent or the child has a chronic or terminal illness.

The *Long Day Care Incentive Scheme* provides short-term incentives to encourage the establishment of viable long-daycare centres in rural communities and urban fringe areas that have high, unmet demand. The incentive funding ensures services remain viable while they build their client base and utilisation rates to sustainable levels.

The *Quality Assurance System* is based on the Quality Assurance Framework, developed by the Commonwealth Government. The funding from the first Stronger Families and Communities Strategy (2000-2004) extended the Quality Assurance to all Family Day Care and all Outside School Hours Care services. The current Choice

and Flexibility in Child Care will continue this process and examine the possibility of extending the Quality Assurance System to other forms of care, such as Indigenous services and In Home Care.

### **6.7 Other programs**

Other states and territories have in recent years launched strategies and policies for the early years. Most of these are based on ecological principles, brain development research and cross-agency collaboration.

The Tasmanian *Our Kids Action Plan* incorporates professional development programs to increase the capacity for service providers working with families and community capacity-building projects through the Neighbourhood Houses Program. The Houses are located in socially disadvantaged and isolated areas and serve as a focal point for service provision and referral.

In Western Australia, the *Children First Strategy* is coordinated from the Cabinet Standing Committee on Social Policy and the Human Services Directors General Group. Best Beginnings is a home-visiting program for at-risk families with new babies. For 2003-2006 priorities of the Early Years Strategy are to work with local families and communities to support them to identify their priorities and develop a plan to improve the wellbeing of their young children; coordinate policies and programs across departments and community organisations so that they can work in harmony; and develop creative ways to ensure that services reach the children and families who need them most. Working groups have been established to focus on the priority areas of: parenting; childcare; early learning; wellbeing/prevention; and Indigenous child wellbeing. Individual Early Years sites are given small grants of up to \$35000.

### **6.8 Other models: Canada, New Zealand**

New Zealand and Canada provide other examples of strategic, comprehensive early-years policy with a community focus. Unlike Sure Start, these are not based on a single intervention, but on a range of programs and funding models.

#### *Canada*

In 2000, the federal and provincial governments of Canada reached an agreement on early childhood development. Under this agreement, the Government of Canada is providing \$500 million per year to help provincial and territorial governments improve and expand early childhood development programs and services. Provincial/territorial governments have agreed to invest the funding transferred to them by the Government of Canada into any or all of four key areas for action, depending on their particular priorities:

- Promote healthy pregnancy, birth and infancy
- Improve parenting and family supports
- Strengthen early childhood development, learning and care
- Strengthen community supports

Programs supported include: targeted community-based programs for children and their families at risk; social, health and economic programs to improve outcomes for Aboriginal children and families; and research and information activities, including public education campaigns. (Canadian Government, 2005). As part of this agreement, the governments established a baseline of spending on early-childhood development activities and spending, and report annually on their progress in enhancing programs and services.

Substantial federal intervention has been made into the very beginnings of early childhood. As in the UK, 35 weeks of paid parental leave is available to new parents, set at 55 per cent of insurable earnings. However, as in Australia, there is limited access to childcare and early learning and federal intervention is restricted to small operating funds. Around 15 per cent of Canadian children aged 0-12 have access to early-childhood education and care programs (Friendly and Beach, 2005).

The agreement between federal and state governments provides a model for strategic, cross-government early-years policy. Canadian territories and provinces are largely responsible for the delivery of services, as are the states in Australia, and the province of Manitoba provides another example of innovative planning. The Healthy Child Committee of Cabinet was established in 2000 and has been chaired since 2004 by Manitoba's first Minister of Healthy Living. The Healthy Child Committee Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the committee is designed to signal healthy child and healthy adolescent development as a top-level priority of government. Departments represented are Aboriginal and Northern Affairs; Culture, Heritage and Tourism; Education, Citizenship and Youth; Family Services and Housing; Health; Healthy Living. Total expenditures for the year ending March 31 2004 were \$CAN20.9 million (\$24.6 million).

Childcare services in Canada are run by the private and voluntary sectors. The state's formal involvement is limited to ensuring that centres and family daycare homes meet minimum licensing regulations, and to providing small operating funds. Manitoba and Quebec are the only two provinces that have fixed parent fees for childcare. The province mandates the maximum fee (and a maximum surcharge) that can be levied in any licensed program eligible for government operating grants. Flat fees have ensured equal revenues for like facilities, mitigating against a class-stratified two-tiered system of care (Prentice, 2004).

### *New Zealand*

New Zealand has only one level of government responsible for policy and service delivery, making it closer to the UK than to Australia or Canada. In contrast to all of these, close to 100 per cent of all children in New Zealand have participated in at least one kind of licensed early-childhood group program in their first five years of life. This is due primarily to kindergartens, which provide free sessional education and care to three- and four-year-olds.

The Government's 2002 strategic plan for early-childhood education shares with the UK Green Paper, *Choice for Parents*, a focus on increasing participation in quality of

services, and on improving quality. Unlike the Green Paper it also has a focus on promoting collaborative arrangements.

In order to achieve these three goals, five policy strategies are identified:

- revised funding and regulatory systems to support services to achieve quality, diverse early-childhood education
- better support of community-based early-childhood services, including licence-exempt groups
- the introduction of professional registration requirements for all teachers in teacher-led early-education services, including home-based services
- better co-operation and collaboration between early-education services, parent-support and development programs, and education, health and social services to empower parents and carers
- greater involvement by the government in early-childhood education, focusing particularly on communities where participation is low.

In addition,

- The Ministry of Education is to have responsibility for governance, management and the professional leadership of all services.
- Pay parity has been established for kindergarten teachers, whose work settings are similar to Australian preschools, and free.
- Priorities for coordination and integration include links with Pacific Island and other ethnic communities; services to involve parents in teaching, learning and assessment; and parent-support and development services to be provided from early-childhood education services. For example, in a pilot scheme, parenting education, parent social support and outreach activities will be provided by approximately eight early-childhood education centres in 2005/2006 and in a further 10 centres in 2006/2007. (NZ Ministry of Education, 2002; NZ Ministry of Social Development, 2005)

Family and Community Services in the Ministry for Social Development is responsible for planning and funding services across government agencies and communities. Among its larger programs is Family Start, an intensive, home-based targeted service that is funded and managed by the Ministries of Health, Education and Social Development and delivered by contracted service providers. Family Start operates in 30 urban and rural sites. It is aimed at the 15 per cent of the population most at-risk of poor life outcomes and has a four-year budget of \$NZ18.8 million (\$17.3 million).



## **7 Future directions**

This section is based on interviews with Australian and UK stakeholders. It sets out lessons that UK and Australian researchers and policy analysts have drawn from Sure Start and from the broader field of early-years research and evaluation.

Analysis of the design, implementation and evaluation results of Sure Start underline the challenges facing all levels of government in contemporary liberal democracies. Recognition of the importance of early-years intervention is effectively unanimous across political parties and ideologies, and funding arrangements for research are likely to further cement it. However, this unanimity with respect to interventions raises further questions. Some of these questions are operational and tactical: is the target of the intervention children, parents, the family unit, the neighbourhood or the broader community? If children, should the focus be on the very early years, on very young and slightly older children, or on transitions through childhood and adolescence? Who are the workers to deliver these services, and how are they to be found, trained and retained? Should services evolve and change according to locally identified needs or follow a prescribed model, and what is needed in each case? Other questions are more conceptual: Are all children to be targeted, and if not, which children and why? How much ‘ownership’ and, accordingly, responsibility should parents have in the delivery and outcomes of services? Which service models should be supported? What is the optimal relationship between universal, targeted and intensive services?

### **7.1 Individual, community**

A focus on community rather than individual families is based on two common principles: the need for formation and strengthening of partnerships between families, governments, child welfare, family support, health and educational agencies and other organisations; and the need to empower community members to participate actively in the promotion of healthier communities. Evidence for early-years interventions so far comes from those targeted at individuals, but this is at least in part a function of the longer history of individual interventions and the scarcity of data for those targeted at communities. Moreover, ‘for those that believe that ultimate solutions to the problems of concentrated poverty can only come when basic structural, economic and social issues are addressed in a broad social context, comprehensive community initiatives remain a promising strategy’ (Stagner and Duran, 1997: 139).

A multi-dimensional, population-level approach to early-years initiatives has been a feature of some Australian initiatives. However, experience from the UK suggests that such a comprehensive approach requires integration at all levels of government. In Australia there have been several attempts to integrate services at the level of delivery, and a few attempts at a more strategic approach, but no initiative has so far attempted to integrate policy and practice together – especially across levels of government. The findings of the Sure Start Evaluation seem to indicate that integrating services is only effective if it leads to better quality services for children and families, and that integration on its own has little impact on outcomes. This finding is in line with a number of studies in the US. It is also expensive to achieve. Integration requires senior staff members, as well as frontline workers, spending a great deal of time negotiating and planning, and unless these activities lead to improvements in actual service delivery, they can cause a drain on the provision of

services. The most persuasive arguments for the benefits of partnership are therefore based on evidence that partnerships can improve the quality of services that are delivered, rather than those based on a logic that the practice of services working together is of itself a good thing. Barriers to effective multi-agency work are often formed by barriers at policy level. The expenditure of time and other resources attempting service integration at the level of practice is likely to have only limited impact in the absence of comprehensive policy shifts.

In Australia this difficulty is compounded by federalism and the relative autonomy of the states from each other and from the Commonwealth. The National Agenda for Early Childhood represents a possible way forward for a national strategy for the early years at all levels of government.

One of the most challenging aspects of the initial impact findings of the Sure Start evaluation is the absence of evidence of positive, broad outcomes, which many have interpreted as implying that area-based initiatives that have multiple, flexibly designed and delivered services are not effective. It is also true that multiple services, adapted to local need, are hard to evaluate. However, it would be wrong to conclude from the research evidence that other types of interventions such as home-visiting or parent education would necessarily be more effective. The evidence for the effectiveness of these interventions is confined largely to a small number of specific initiatives in a few locations (mainly in the US), and none has been anything like the scale of Sure Start. In addition, many of them only evidenced positive outcomes several years after the intervention. Finally, their outcomes, such as they are, are confined to individual children who participated in the program, whereas Sure Start was aimed at the community as a whole, and has demonstrated effectiveness at transforming the way early-years services are delivered. Its aims are therefore much broader than, for example, the Perry preschool program. The multiple levels of intervention — improved services, better coordinated programs, community development, and strategic joining up of policies — is likely to impact in a more subtle way than Perry and similar programs, but the effects are potentially much more long-lasting and far-reaching than limited early-intervention ‘inoculations’. Perhaps the closest model to Sure Start of the US programs is Early Head Start, which has indeed demonstrated a number of early positive effects. However, EHS was targeted at individual families rather than communities, and the evaluators had knowledge of the service input for all the children in their intervention (and control) groups. Therefore the evaluation findings are not directly comparable to those of the National Evaluation of Sure Start.

Another consideration is the cost and effort of implementing different models. Whilst Sure Start was criticised by many practitioners as being over-prescriptive and bureaucratic, this was in comparison to previous government initiatives which tended to hand over money to NGOs in the form of grants, with no reporting requirements other than financial probity. However, monitoring and ensuring program fidelity for interventions such as Perry preschool or David Olds’ Prenatal/Early Infancy Project (PEIP), were they to be taken to national scale, would be far more expensive and difficult than monitoring Sure Start or any of the current Australian programs.

The Local Programmes model has been defended in the context of both early evaluation findings and planned changes towards Children’s Centres. The evaluations emphasise the length of time taken for many SSLPs to spend their full budget, as well

as the preliminary nature of the findings. Norman Glass and others argue that community support for SSLPs is high, and that involvement at local level will have positive outcomes in the long term (Glass, 2005; Harker, 2005).

Empowerment of families has also emerged from the National Evaluation of Sure Start as difficult to achieve but associated with positive outcomes. This is an interesting finding in that it supports one of the key principles of community development but sits in tension with the principles of evidence-based practice. SSLPs scored few points in the domain of empowerment if the services were dominated by professionals. They scored highly in the presence of user-involvement: mutual respect for the contributions of all parties, self-help groups or other services run by users, and community-development training by staff (NESS, 2005). This is almost the exact reverse of evidence-based practice, which emphasises the systematic review of data and uniform phases of implementation (Kellam and Langevin, 2003; Mullen, Shlonsky, Bledsoe and Bellamy, 2005). This finding also speaks to the program-fidelity question of top-down or bottom-up services, to be discussed in the following section. Empowerment of parents is not logically excluded from tightly controlled top-down programs; indeed, Head Start makes efforts towards this. However, community development principles prioritise local knowledge of the community's needs and expectations rather than implementing 'evidence based' programs.

## **7.2 Top-down, bottom-up**

The changes to Sure Start include a shift from an emphasis on bottom-up autonomy to top-down provision by local authorities. However, the relationship between top-down and bottom-up is not a simple binary and should not be treated as an 'either/or' question. This is underlined by the design of Sure Start. In its original format Sure Start was outcomes- rather than process-driven. Accountability and quality assurance were monitored centrally and considerable resources were provided for this. The strategic plans for each area were monitored centrally from the Sure Start Unit. Quality assurance was managed centrally and regional teams worked with each SSLP in scheduled 'risk assessment' exercises. The Sure Start model was based not on prescribing which particular services should be delivered, but on ensuring that activities were directed towards outcomes. Families First has a similar model, in that each Families First area develops three-year plans that are assessed and approved at state level.

Other options for community-level initiatives aside from the two incarnations of Sure Start are:

- Single service models with strict program fidelity monitored in terms of process and services delivered. The exemplar for this option is Olds' nurse home-visiting, and it finds contemporary adoption in *Every Chance for Every Child*. Western Australia's delivery of the Triple-P Positive Parenting Program is another example (Zubrick et al., 2005).
- Models which adhere to strict program fidelity but which have variable individual components depending on the assessment of family needs, for example, the Early Start program in Christchurch, NZ (Fergusson, Horwood, Ridder and Grant, 2005) and Early Head Start in the US (Love et al 2002).

- Innovative service model development with robust documentation, efficacy trials and effectiveness research embedded.
- Single service models with some adaptation to local need that is, again, documented and evaluated. For example, in the Pathways project Triple-P was found to require levels of literacy that were too high for participating families, and was adapted accordingly. An evaluation is underway and should show whether the results are the same as those expected from the original model.

Leaving aside the question of how implementation, monitoring and evaluation should be done, each of these options raises further questions. Strict program fidelity is defended on the basis of efficacy and universality. If a service is known to be effective then it is unethical not to deliver it and to deliver something else with limited or unknown use. Locally managed services are defended on the basis of access. Universal services such as schools and hospitals, according to this argument, do not offer universal benefit. They often fail to reach or benefit everyone, thus perpetuating the disadvantage which early intervention services are meant to address. Parent education and family support services can only be effective if they're used, and they are used if their design reflects local needs.

Advocates of top-down and of bottom-up approaches can each point to evidence, and evidence for each is disputed. Head Start and Olds' home-visiting have much cited benefits. Early evaluation results from Sure Start show that empowerment is associated with better results. At the same time, Head Start has been subject to criticism and Sure Start results are preliminary and show modest changes for good or ill.

### **7.3 Universal, targeted**

Many comprehensive, population-based strategies appear to offer fewer benefits to the most disadvantaged participants than to the relatively advantaged. This is true of Sure Start, in that preliminary results show that the relatively better-off within disadvantaged areas seem to do better. It is also true of some other strategies that are not available to very high-needs families, so those families obviously will gain no benefit from the presence of a program. It is important to emphasise, however, that similar challenges apply to child-level interventions as well. For example, a study of Head Start has found that the benefits of the program are sustained for white children but tend to wash out for African-American children. This is relevant, both because it shows that the long-term benefits of Head Start are not shared amongst all participants, and because more than a third of African-American children are poor and nearly a third of poor children are African-American (Ludwig and Miller, 2005).

Whether delivered at the level of the community or of the individual, it is always likely that the most disadvantaged families will not benefit without extra resources. This can be illustrated by three practical manifestations. First, volunteer home-visiting is rarely offered to families with histories of violence or other indicators of extreme disadvantage and risk to children. Second, families living in extreme poverty are unlikely to participate in community management structures. Third, it is not ethical to ask extremely disadvantaged people to have 'ownership' of a program and the attendant responsibilities for its success, when privileged people are not expected to be responsible for the performance of services.

Targeted programs have been in place for longer than comprehensive programs and evaluations of a few of them have been well-resourced. Typically designed to address a specific set of problems (for example, poor parenting skills) in a specified population (parents in a particular demographic category such as race, age or income), targeted programs have the potential to offer more intensive services, although to a smaller population than universal programs. The most cited benefits of early-years programs come from targeted, intensive programs that are expensive, such as Head Start and nurse home-visiting, and offer long-term evidence, such as Perry.

Universal services offer other benefits. They are non-stigmatising and therefore more likely to be accessible to 'hard to reach' families. Universal services also sit logically with the imperative for early-years services to become mainstream and to connect with existing networks of services. Given these benefits, two options for the design of universal services should be considered: dedicating extra resources for reaching the most disadvantaged, which has implications for cost-effectiveness; or not dedicating such resources, which means that the expectations of universal benefit are unrealistic.

In addition to the question of targeted or universal services, definitions of early-years services must also decide on the age limits of the targeted populations. Common suggested age-ranges are: from conception to three years, or to five years, or to eight years. Extended schools are now part of the apparatus of Sure Start, and as a consequence its upper age limit is 18 or so. The logic of deciding on lower age limits is based on a kind of neurological determinism that establishes the greatest dangers and opportunities in the first years, and on evidence that families with young children can be more open to assistance than others. The logic of deciding on higher age limits is the transitions/lifecourse model that emphasises transition points and opportunities to intervene at various stages in older children's lives.

#### **7.4 Funding and sustainability**

Most early intervention programs rely on short-term funding processes – typically three years. SSLPs were unusual in being guaranteed 10 years of funding. The evaluation of Sure Start showed that the programs took at least three years to reach full capacity. Moreover, SSLPs were only one of a number of different government funding streams, each with its own timescales, reporting requirements, objectives and targets. The change from Sure Start to Children's Centres was partly driven by 'initiative fatigue'. NGOs and local authorities had protested loudly to the government that they wished the number of funding streams to be radically reduced. In response, the overall policy of the UK government moved away from hypothecated funding towards a 'block funding' model in which funding is to be provided to local authorities, who will be accountable not by processes, but by outcomes. Those local authority areas which are successful in achieving targets will be less regulated (i.e. they will gain 'inspection holidays'), whereas those who are less successful will have regular inspections.

The rationale for this regime is that it provides stability and consistency across the country. Sure Start and other UK experiments with 'bottom-up' mainstreaming and sustainability (i.e. seeking alternative funding after the initiative had ended) were very patchy, and it was realised that true sustainability would only be achieved in the context of an overall policy framework which provided a consistent commitment to the early years.

Another issue for Sure Start was the question of how thinly to ‘spread the jam’. Whilst area-based funding is feasible for defined periods or for pilot programs, it is not really possible to provide significant funding to a certain number of small areas whilst leaving the rest of the country unfunded. The alternatives are either to:

- fund different areas in each funding round; or
- spread the funding more evenly to minimise disparities between levels of funding for similar areas.

Another reason for relaxing the area-based focus of Sure Start is that SSLPs were originally driven to a large extent by community development principles. Community development programs are by definition short-term – their intention is to create leverage and to build capacity so that the community will then take responsibility for its own welfare, rather than being dependent on state interventions. However, once it had been decided to bring early-years services into the mainstream of service provision, this rationale no longer applied, and so it made sense to bring Sure Start into line with other mainstream services – education in particular.

It has to be said that this thinking was not universally welcomed, and there is still a great deal of controversy about the wisdom of the move away from the community-development approach.

Australia’s mainstream service provision is very different from that of the UK, and the overall policy context is also different. So these developments do not have immediate relevance for the Australian context. Nevertheless, the issues around sustainability and mainstreaming are acute for all Australian early intervention programs. Many services are funded for short periods and then have to close down or change their focus, and this insecurity affects the whole sector and limits the development of a skilled and committed early-years workforce. The issue of sustainability of early-years services has not been addressed strategically in the Australian context.

## **7.5 Service delivery**

Service delivery refers to both the people who will deliver services and the organisations from which they will do it. In terms of people, the workforce to deliver early-years services is universally identified as a challenge. UK and New Zealand strategy documents prioritise training, retention and pay. Evaluations of programs both internationally and locally record that difficulties in implementation of strategies is often impeded by the capacity of the existing workforce and difficulties in improving it. This is a systemic, global challenge to governments and services. At the level of practice, an ‘inertia effect’ is also reported, in which workers continue to do what they’ve always done, and additional funding or new programs means they just do more of it (or even use the current funding mechanisms to continue work for which previous funding streams have dried up). This is particularly the case for initiatives that do not place much of an emphasis on program fidelity.

A range of government agencies and NGOs deliver early-years services in Australia and internationally, and there is some evidence that departments of health and health professionals are associated with the strongest results. For example, Sure Start evaluations show health-led services ‘appear central to the success of early

intervention and should continue to be a key element of children's services' (Harrington et al., 2005: 29). Advocates of home-visiting by nurses with additional training, rather than by paraprofessionals or volunteers, argue that the health-training of visitors is crucial to success. Health services also tend to be associated with less stigma than services delivered by child protection agencies and so have greater acceptance by families (Colton et al., 1997).

Given this, and the need for early-years services to become part of the 'mainstream', the role of health agencies is an important consideration. In Australia several of the key advocates for the early years are clinicians, and health agencies already play a significant role in some of the larger programs. For example, NSW Health is one of the lead agencies for Families First in NSW, and the Children, Youth and Women's Health Service is the sole agency responsible for delivering Every Chance for Every Child in South Australia. Other programs involve organisations or professionals in partnership. One option for future policy directions is to duplicate one of these models. In addition, health departments tend to be large, influential, relatively well resourced and have established links with other statutory agencies concerned with education and child protection.

## **7.6 Policy frameworks**

At present universal services are experienced by the majority of families at the very beginning of early childhood, through the health system when babies are born, and from the beginning of the school years. One option is to extend the assumptions and operations of the universal system further. In Australia, human services delivery is usually seen as the province of state governments, and state-commonwealth arrangements and the relative autonomy of states from each other are associated with difficulties in developing universal systems. There are possibilities to address these difficulties, however. The UK has extended universal access to free education to the prior-to-school years, with free nursery schools for three- and four-year-olds. Other arguments from advocates and policy makers in the UK support the consolidation of early-years interventions into the 'core business' of government responsibility.

A greater role for the state in a greater proportion of children's early years would also, presumably, shift the focus of research and evaluations in the sense that the option of no systematic interventions at all would not be seriously considered. Hospitals and schools are routinely shown to perform sub-optimally, but their continued existence is secure. Embedding the early years in the routine responsibility of governments would secure early-years services in the same way. A strategic, long-term and comprehensive framework for the early years should also delimit the numbers and types of programs trialed and funded. The typical career of many programs is to be piloted, minimally evaluated, and then replaced either with another program or with nothing much at all. This is incompatible with any sustained attempt at mainstreaming.

Instead, the same questions could be asked of early-years services as are now often asked of schools and hospitals: Who is served best? To what extent are services stratified along the lines of wealth and geography? How are inequalities perpetuated or reduced through the operations of these services? Are sufficient resources available for these services? These questions underline the responsibilities of the state, and their presence in policy would represent a significant shift in the presence of early-years

services. Such questions also underline some of the tensions inherent in early-years policy. Advocates for increased support to children and families often emphasise the cross-class nature of such risk factors as postnatal depression and social isolation, and a couple of current Australian programs target these risks. They argue that all children are struggling and in need of greater support, some more so than others (ARACY, 2005; NIFTeY, 2005).

This is the construction of children as a social class or interest group, to be identified primarily through their status as children. In policy terms, it has application through the 'rising tide lifts all' argument: increasing attention to the needs of all children will improve the lot of everyone, including the most vulnerable. Within this, programs can be specially designed for specific populations.

On the other hand, most comprehensive early-years interventions focus on individuals or areas with material or social disadvantage. Indeed some of the research evidence, particularly relating to PEIP, shows that the programs are only or primarily effective for the most disadvantaged children (Heckman, 2006, also makes this point, but note that this is not true for Sure Start or Early Head Start). Early-years intervention is often conceived of in terms of as a choice between universal or targeted services, based on the likelihood of lasting outcomes and utilitarian benefits. A broader question can be asked around the question of universal and targeted, however: to what extent should early-years interventions be considered a priority for all children? And to what extent should they aim to ameliorate the effects of poverty and address inequality, and so be delivered to particular children, and which children should they be?

A consideration of the question of universality in these terms illuminates the breadth of possible early-years interventions, and the fact that some of these are likely to benefit better-off parents rather than those who are most disadvantaged. Childcare, for example, is an integral part of early-years policy and early learning and care routinely named as benefiting children. Free nursery school education has been identified as a priority for Australia and an achievement for New Zealand and the UK.

## **7.7 Taking-to-scale**

A final question, related to the issues of universal/targeted and top-down/bottom-up, is that of taking-to-scale. There are models in Australia as well as from Sure Start for moving things from small areas to broader populations. Every Chance for Every Child in South Australia is essentially a systems approach to the nurse home-visiting conducted by Olds and colleagues. Triple P has been delivered on a universal basis in a disadvantaged area in Western Australia (Zubrick et al., 2005). The Pathways project in Queensland has been explicitly designed as a demonstration project, to be implemented in disadvantaged communities throughout Australia. However, as Sure Start has shown, it is often difficult to introduce new programs and services, and community-based interventions face particular challenges: reaching the most disadvantaged families; changing the practices of the existing workforce and recruiting new workers; and establishing and cementing relationships with mainstream services such as schools.

Historically many programs in Australia have been piloted in one area and neither been sustained in that area nor reproduced elsewhere (Scott, 2001). In terms of



evidence-based practice, this means that there is a relative lack of evidence about both the efficacy of programs in any one setting, and about the effectiveness of implementing them in different areas and with different populations. The Pathways project represents an exception to this in that its evaluation is well resourced (as indeed is the program as a whole), and includes information on working with ethnic and Indigenous communities. One of Good Beginnings' programs, a supported playgroup for parents with children in care, is another exception in that a process evaluation was carried out in the first project and its roll-out is also being evaluated. The *Invest to Grow* strand of the SFCS is specifically designed to identify programs which are suitable for broader application, but there is as yet no indication as to how many will be suitable..

The roll-out of programs to regions or broader areas also involves decisions about what coverage programs should have. The future of Sure Start suggests one option: expanding programs originally intended for disadvantaged communities across the entire population, without a proportional increase in resourcing. There are a number of possible advantages to this: universal services are truly universal if they are not restricted to those who live in a specific area; not all disadvantaged people live in disadvantaged areas; funding early-years programs in the same restricted sites year after year while neglecting other sites makes no sense. However, there are significant disadvantages to this as well. Most obviously, far fewer services can then be delivered. As cited above, there have been many criticisms of the changes to Sure Start on these grounds.

Taking-to-scale is also relevant to questions of targeting families and of program fidelity, because those in most need may require extra resources to get any benefit, with implications for resources and for implementing the program as designed. A finding from the Pathways Program, set up as a demonstration project, is that it has been very successful in reaching families with multiple problems. This success both puts at risk the ability of the program to work with 'average' families, and increases the resources required to make even small gains (Freiberg et al., 2005: 154). These specific issues illustrate some of the more general challenges of taking-to-scale, such as integration into existing service networks and working with different populations.

Finally, taking-to-scale also involves decisions about the scope of new programs. Families First and the 'new' Sure Start have universal coverage, while the original Sure Start was designed to address disadvantage in the most disadvantaged communities.

## **8 Conclusion**

Sure Start is one of the most ambitious early intervention programs in the world. It is the first large-scale comprehensive community initiative to be funded by a central government, and thus the development of the program has significance for early-years policy and practice around the globe. Sure Start has changed considerably since the first 250 SSLPs were set up in 2000, and the policy continues to evolve and develop.

Many of the early intervention programs in Australia have a similar provenance to Sure Start, and derive from similar principles and values. Nevertheless, SSLPs were set up and developed in the particular political, structural and cultural context of the UK. Australian programs and policy makers need to observe and learn from Sure Start, but the Australian context differs considerably from that of the UK, and in many ways is diverging rather than converging.

At the strategic level, though, the evolution of Sure Start into Children's Centres highlights a key issue faced by early-years programs around the world – How does early intervention develop from a series of short-term, fragmented pilot programs into a range of services which are as mainstream as schools or hospitals?

# Appendix A: Summary of Australian programs

Name	State	Agency	Duration	Populations	Target	Evaluation	Annual Budget
<b>Best Start</b>	Victoria (23 sites)	DHS, Department of Education and Training	2002-ongoing	Children 0-8	Universal	University of Melbourne: outcomes, indicators	\$100 000 - \$200 000 per site <sup>a</sup>
<b>Every Chance for Every Child</b>	S.A	Children, Youth and Women's Health Service	2003-ongoing	Children 0-2	Targeted	Reference group: outcome, process, input	\$6 million
<b>Families First</b>	NSW	Department of Community Services	1998-ongoing	Children 0-8 (Families First), 9-18 (Better Futures)	Targeted and universal	UNSW Evaluation Consortium: outcomes, process	\$117 million over four years <sup>b</sup>
<b>Pathways to Prevention Project</b>	Inala, QLD	Mission Australia, Griffith University, ARC	2002-ongoing	Children 4-6	Universal	Griffith University: outcomes, cost-effectiveness, process	\$730 thousand (2002) <sup>c</sup>
<b>Stronger Families and Communities Strategy (Phase 2)</b>	National	FaCSIA	2004-2009		Universal and Targeted	UNSW Consortium: outcome, process, cost-effectiveness	
• <b>Communities for Children</b>	45 sites nationally		2004-2009	Children 0-5		A/A	\$1 million - \$4 million per site over 4 years <sup>d</sup>
• <b>Invest to Grow</b>	National		2004-2008	Children 0-5		A/A	\$70million
• <b>Local Answers</b>	National		2004-2009	Communities		A/A	\$151million <sup>e</sup>

- From 2006 amount of funding available is \$100 000 per annum for rural and small town areas, and \$200 000 per year for metropolitan LGAs.
- The three year Families First budget for 2002-03 to 2005-06 for DoCS, Health, DET and program administration is \$117 million.
- Years prior to 2002 were less costly in part due to most programs not being in operation, while years following 2002 were more costly due to a greater concentration on evaluation (Homel, Freiberg, Hopper and Lamb, 2004).
- The funding per CfC site is over four years, although the initiative runs over 5 years. The sites began in three rounds between 2004 and 2005 (the first seven run from 2004 – 2008 and the remainder run from 2005 -2009).
- Includes Volunteer Small Equipment Grants.

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