The Sure Start Program in the United Kingdom

JUNE STATHAM AND NAOMI EISENSTADT discuss a cornerstone of the UK government’s drive to end child poverty. The Sure Start Program aims to improve the health and wellbeing of children in disadvantaged areas so that they are ready to thrive when they start school.

All families need support with the task of bringing up children, but some may need more support than others. One of the challenges for governments at both national and local levels is to ensure that such support is not only available, but is also acceptable and useful to families.

In the United Kingdom in recent years, there has been a growing emphasis on the importance of what is usually called “family support”. This is reflected in new duties in the Children Act 1989 towards children who are described as “in need”, in the establishment of organisations such as a National Family and Parenting Institute in 1999; and in a whole range of policies and initiatives introduced by the Labour government since coming to power in 1997, which are designed to improve services and support for children and families.

But the term “family support” is a broad and often confusing one, which may disguise important differences in approach to providing the help that families need (Statham 1997, 2000). A useful framework for thinking about different models of intervention has been provided by Pauline Hardiker et al. (1995). As well as a “base” level of universal services available to all families, this model distinguishes four levels of intervention. The first comprises services offered to vulnerable groups and communities, the second is services for families suffering early stresses and temporary crises, the third offers support to those experiencing severe stresses and at risk of family breakdown, and the fourth level describes services offered once children have been removed from home. Cross-cutting these levels of intervention are three different welfare models, or roles for the state – a last resort/safety net, addressing needs, and combating social disadvantage. The community development approach that marries first level intervention (support for vulnerable groups and communities) with a government role in combating social disadvantage, underpins the many area-based initiatives that have been introduced in the United Kingdom over the last four years.

The rest of this article focuses on one of these new area-based programs, Sure Start, which is designed to support all families of young children (under the age of four years) living in localities selected because they have high levels of social and economic hardship. The article describes the background to the Sure Start program, what it offers, and what it aims to achieve. It then reviews the early experience of program implementation to draw out some initial lessons for policy makers who may be thinking of developing similar initiatives.

What is Sure Start?

Sure Start is an early intervention program for children under four and their families in the United Kingdom, which was announced in July 1998 and introduced in April 1999. There are separate programs for Wales, Scotland and Northern Ireland. Sure Start is being implemented alongside many other UK government initiatives, such as the National Childcare Strategy, Early Excellence Centres, Health Action Zones, Education Action Zones, the New Deal for Communities, the Children’s Fund (similar to Sure Start but for children aged 5–13 years), and the Department of Health’s Quality Protects program (which aims to improve the delivery of social services for children in need). A useful overview of these initiatives is provided in a briefing paper by the National Early Years Network (2001).

The United Kingdom has a high rate of child poverty compared to the rest of Europe, and a growing gap between rich and poor families (Gordon et al. 2000). Sure Start is a key element in the Labour government’s attempt to tackle child poverty and social exclusion. By 2004, the aim is that local programs should be available in 500 socially disadvantaged areas in England, reaching approximately one-third of all children living in poverty.

The Sure Start program emerged from a comprehensive review of services for young children, chaired by the Treasury, and one of its most significant features is the attempt to put into practice the current emphasis on the importance of “joined-up” services for children and families. Although the Unit which manages the program at a national level is based within the Department for Education and Employment, the program retains cross-departmental support within the government. A useful “inside view” of how Sure Start was developed, and the departmental alliances that allowed it to thrive, is provided by Norman Glass (1999), a former Deputy Director at the Treasury who played a prominent role in establishing Sure Start.

The Sure Start program has a relatively substantial budget: 452 million pounds for the first three years for England, which is expected to rise to an annual expenditure in the region of 500 million pounds (some A$1400 million) by 2003–2004. The program is being implemented in a phased way. It began in 1999 with 60 “trailblazer” areas, selected by the government because they had a high level of disadvantage but also had existing services or partnerships that could be built upon to demonstrate how the program could be put into practice. Waves two and three have followed, with a further 135 areas invited to develop a Sure Start scheme, building to 500 by 2004.
The process begins with the formation of a local partnership which decides on the catchment area to be served (typically, a high-need district including between 400 to 800 children aged under four). Once the catchment area is identified, meetings are held in the local area involving local parents, voluntary and community organisations involved, as well as practitioners from health, local government and education. A key principle of Sure Start is that it is locally led and delivered, and that parents are part of the partnerships which decide what services need to be developed. This has implications for timescales and for the way in which local programs are set up, as discussed later.

**What does Sure Start do?**

The central aim of Sure Start is “to improve the health and wellbeing of families and children, before and from birth, so children are ready to flourish when they go to school” (Sure Start Unit 2000). It aims to reshape and add value to existing local services for children and families, as well as to develop new ones. The intention is that service providers work together in a more coordinated way so that families get the range of services they need, without falling through the gaps between what is offered by different agencies. There are a number of core services which all local programs are expected to provide, such as visits to all new parents within two months of a child’s birth and access to good quality play and early learning opportunities; but there is also an emphasis on developing projects that respond to locally identified needs, in recognition that “one size doesn’t fit all”.

Core services typically include: outreach and home visiting; support for families and parents; support for good-quality play, learning and child care experiences for children; primary and community health care, including advice about family health and child health and development; and support for children and parents with special needs, including help getting access to specialised services.

Additional services might include skills training for parents, personal development courses, and practical advice such as debt counselling, language or literacy training. A recent job advertisement for new Sure Start positions, to work in a program covering one housing estate in a deprived area of London (see box), illustrates the range of innovative services that some partnerships hope to develop. This particular Sure Start program is operating in an area that is also designated as a Health Action Zone, and many of the positions focus on child health. Other Sure Start partnerships place more emphasis on education and play, but the significant factor is that the services offered should respond to local needs and help meet the targets set for improving children’s health and welfare.

**Will Sure Start make a difference?**

One of the key aspects of Sure Start is the emphasis placed on evaluation. The program itself emerged from evidence of “what works” in preventive services for families with young children (Oliver and Smith 2000; Statham 2000). There is a strong focus on monitoring and evaluation at both local and national levels. At a local level, each Sure Start program has to work towards targets, such as parenting support and information available for all parents, a 10 per cent reduction in children re-registered on a child protection register, and a 5 per cent reduction in the proportion of low birth-weight babies.

To reflect the government’s commitment to ending child poverty, Sure Start also has a target concerning reduction in unemployment among families with young children. This is intended to line up with the New Deal for Lone Parents, another Government program designed to reduce poverty among families with children.

Although all programs have to work towards the same targets, how they achieve this is up to the local partnership to decide; “The targets determine the ‘what’ not the ‘how’”. Each local program is free to devise its own way of working towards them and to add its own, complementary targets.” (Sure Start Unit 2000: 5)

At a national level, a large-scale evaluation has recently been commissioned (details are available on the Sure Start Unit website, see references). This will attempt to assess whether the program has measurable positive effects on children and families, in both the short and medium term. Assessing the effectiveness of interventions to support children and families is fraught with difficulties, both political (Glass 2001) and methodological (Statham 2000; Ghate 2001). There are relatively few systematic and rigorous evaluations of the impact of family support services, and most of those which are available have been undertaken in the United States. However, a recent comprehensive review commissioned by the North American government (Shonkoff and Phillips 2000: 11), concluded that “the overarching question of whether we can intervene successfully in young children’s lives has been answered affirmatively and should be put to rest”.

The interventions that work are rarely simple, inexpensive or easy to implement, but the evidence reviewed suggested that: “Model early childhood programs that deliver carefully designed interventions with well-defined objectives and that include well-designed evaluations have been shown to influence the developmental trajectories of children whose life course is threatened by socio-economic disadvantage, family disruption and diagnosed disabilities. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship building appear to have the greatest impacts. In contrast, services that are based on generic family support, often without a clear delineation of intervention strategies matched directly to measurable objectives, and that are funded by more modest budgets, appear to be less effective.” (Shonkoff and Phillips 2000:11)

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<tr>
<th>Recruitment for a local Sure Start program</th>
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<tr>
<td>• Program manager – “we are looking for a determined individual with passion, energy and commitment”</td>
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<tr>
<td>• Child mental health specialist</td>
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<tr>
<td>• Community development worker (to set up a community development project to ensure parents and grandparents of children under four get involved in the program)</td>
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<td>• Smoking cessation outreach worker</td>
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<td>• Administration officer</td>
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<tr>
<td>• Numeracy and literacy nursery officer (to work with parents and staff in all early years settings)</td>
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<td>• Oral health dental nurse (to contact and work with mothers and young children in early years groups and in their homes)</td>
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<tr>
<td>• Health visitors (to join existing health visitors and help the service to work in “creative and innovative ways”)</td>
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On this basis, Sure Start appears to have many of the ingredients of a successful family support program, unsurprisingly since it was deliberately designed to be responsive to this evidence (Glass 1999). But the results of the national evaluation are needed to show how far it can live up to this promise.

**Early lessons**

Although evidence of the impact of Sure Start on children and families may not yet be available, a number of lessons are starting to emerge about the process of implementing such a program.

Early challenges have included over-optimistic expectations among government funders about how quickly results can be expected, not just in terms of outcomes for children but also in terms of the time needed to get services up and running. A key lesson has been the importance of providing sufficient support for embryonic partnerships, especially when there has been little previous history of different agencies and the local community working together. In areas where strong partnerships already exist, Sure Start development plans were able to be implemented much faster, but some areas needed time and support to build up momentum. The appointment of a local program manager at an early stage, as soon as the catchment area is approved, helps a partnership to get going. However, it is important that members of the partnership are fully engaged in the planning process, and are signed up to commitments inherent in the plan.

Another lesson has been the importance of being clear about the objectives of the program, the overarching one of which is to improve children's welfare. Although parents need to like and want to use the services that are offered, that on its own is not enough. Services and ways of working developed within local Sure Start programs are expected to contribute to the objectives of the national program, and to lead to better outcomes for children.

Some aspects of the program have worked extremely well. Parents (certainly those who use the services) are reported to be very enthusiastic about the programs. A vital ingredient in ensuring local commitment and support has been the ability to release some of the agreed funds early on, as soon as an area has been approved, for the new partnership to spend on activities such as capacity building and "family days" to consult with parents, and for making a start in the medium term, so it is likely to make a real difference to local commitment when Sure Start partnerships can provide early evidence - such as a new playground or drop-in centre - that demonstrates that things are beginning to happen on the ground.

**Conclusion**

In keeping with the theme of this edition of *Family Matters*, one of the strengths of the Sure Start program in the United Kingdom is its flexibility. It does not assume that all families need the same services delivered in the same ways, and aims to provide local families with the kind of support they themselves have identified that they need in order to improve the health and wellbeing of their children. This flexibility makes evaluation of the program more complex, since it is not just a question of comparing families receiving a standard intervention with families who do not, but it should hopefully provide answers to the ultimately more useful question of “what works for whom, and in what circumstances?”.

If Sure Start achieves its aims, it will no longer be needed, because mainstream service providers will have adapted their methods of working to reach those families whom the program is particularly designed to help. Parents who are confident and well informed are usually able to access the services they need, and families with a high level of problems will generally already be in touch with welfare services. The Sure Start program aims to reach those who fall between the gap, who may be prevented from giving their children a good start in life through living in circumstances of poverty or through not knowing about the support they could receive.

The Sure Start program is a very welcome recognition of the difficulties facing many families in the United Kingdom, and has rightly been described as a cornerstone of the government's drive to end child poverty and social exclusion. But it does leave a number of unanswered questions: Will the need for these special programs and extra services be reduced if and when targets on the reduction of child poverty are achieved? Will partner agencies pick up the on-going responsibilities for those services that are still needed when the program funding ends? Will the desired reshaping of services result in better and more appropriate services for the two thirds of young children growing up in poverty who live outside of designated Sure Start areas?

**References**


Sure Start Unit website: http://www.surestart.gov.uk

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