Sure Start Plus
National Evaluation:
Final Report

Meg Wiggins
Mikey Rosato
Helen Austerberry
Mary Sawtell
Sandy Oliver

Social Science Research Unit
Institute of Education
University of London

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- Other professionals from partner agencies.

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1. Introduction

1.1 The Sure Start Plus Programme

Sure Start Plus is an on-going UK Government pilot initiative to support pregnant young women and young parents under 18 years of age. By the mid 1990s Britain had the highest teenage pregnancy rate in Europe and one of the highest rates amongst members of the Organisation for Economic Co-operation and Development, the group of countries that produce two thirds of the world’s goods and services. 1 Government policy on combating social exclusion associated with teenage pregnancy and parenthood was set out in a report from the Social Exclusion Unit in June 1999. 2 This report highlighted the increased risks of poor health and social outcomes faced by teenage parents and their children, including a 60% higher rate of infant mortality; 25% increased risk of low birth weight babies; and three times the rate of postnatal depression. In addition, teenage mothers were reported to have low educational attainment. The Sure Start Plus pilot arose from the action plan of this report with the aim of reducing the risk of long-term social exclusion associated with teenage pregnancy by ‘providing intensive support for parents and child to help them with housing, health care, parenting skills, education and child care’. 2

1.1.1 Aims and objectives

The Department for Education and Skills (DfES) issued a guidance document which defined the aims, objectives and related targets for the Sure Start Plus pilot programme. 3

The core aims set out at the beginning of the programme were to:

- Improve the social and emotional wellbeing of pregnant young women, young parents and their children.

- Strengthen the families and communities of pregnant young women and young parents.

- Improve the learning of pregnant young women, young parents and their children.

- Improve the health of pregnant young women, young parents and their children.

It was expected that the pilot initiative would be built around the core role of a personal adviser offering co-ordinated, one-to-one support to pregnant young women under 18 years of age and young parents under 20 years of age. The Government’s intention was for the selected pilot programmes to be innovative and explore different ways of delivering services. In addition, Sure Start Plus pilot programmes were to work towards reshaping existing services to make them more user-friendly and to fill gaps in provision, especially childcare. Unlike Sure Start local programmes, which were neighbourhood based, Sure Start Plus was to offer its services across an entire local authority or Health Action Zone area.
1.1.2 Sure Start Plus programme areas

In April 2001, 20 areas were invited to apply to be Sure Start Plus pilot programmes. These areas were selected because they: had high deprivation and teenage pregnancy rates; were already Health Action Zones; and had early Sure Start local programmes established. These 20 pilot areas were based in 35 local authorities in England. In the first instance funding for the pilot initiative was for three years but this was subsequently extended to five years, ending in March 2006. A full list of pilot areas is available in appendix 1.

1.1.3 Management

The pilot initiative was developed to form part of the government’s Teenage Pregnancy Strategy. Through the course of its life, Sure Start Plus has become more closely integrated into this strategy, through national, regional and local management changes. Initially the Sure Start Unit, Department for Education and Skills (DfES) managed the pilot initiative but this responsibility transferred in April 2003 to the cross-Government Teenage Pregnancy Unit (TPU), then based in the Department of Health (DH). At the time of this transfer the initiative devolved into 35 pilots, following the original local authority boundaries. The TPU moved from the DH to the new Children, Young People and Families’ Directorate, DfES, in June 2003.

1.1.4 Policy developments

During the course of the pilot, there have been a number of key policy changes that have had the potential to effect the development of the Sure Start Plus initiative. As described above, there was the development of the new Directorate at the DfES and the moves of programme management between government departments. The role of the original Sure Start programme itself evolved during this time as well.

As the Sure Start Plus initiative enters the final year of its pilot, there remains intensive policy interest in the area of teenage pregnancy and support for young parents. The Teenage Pregnancy Strategy has entered its fifth year and, although making progress towards its ten-year targets around the prevention of teenage conceptions and better support for teenage parents, improvement is slower than desired.

Sure Start Plus links into a number of policy developments in health and young people’s services. The recent NHS National Service Framework for children, young people and maternity services, launched in October 2004, outlines a framework for all young people to have access to age-appropriate and co-ordinated health, social and educational services, including maternity services if pregnant, which are responsive to their specific needs. The Government’s White Paper on Public Health, made public in November 2004, includes a strategy for improving the sexual health of young people with a national safer sex campaign, and improved support and information for young people on health and relationships issues. From 2006 the government plans pilot health services specifically targeted at meeting young people’s needs. Additionally relevant is the Green Paper on Youth, which is scheduled to be launched in mid 2005, and is expected to advocate new proposals to improve health and provide alternatives to risk-taking behaviour for young people. Common themes of these policy initiatives are: early intervention and a preventative approach for the best long-term outcomes; a co-ordinated approach to support; young person-centred, age-appropriate and accessible services; tackling inequalities and deprivation; and user participation in planning and design.
1.2  The National Evaluation of Sure Start Plus

The National Evaluation of Sure Start Plus was commissioned in November 2001 and began in January 2002, ten months after the pilot programme began. Its aim has been to provide evidence of impact and to inform development of the programme. The evaluation has been carried out over three years by a team at the Social Science Research Unit at the Institute of Education, University of London. Advisory panels of Sure Start Plus Staff and service users, each convened twice during the evaluation, helped to guide the development and implementation of the evaluation.

1.2.1  Study components

The National Evaluation of Sure Start Plus has been made up of four components:

- The service delivery study that investigated the processes involved in planning, delivering and using Sure Start Plus.
- The impact study that investigated the impact of Sure Start Plus on outcomes related to the aims of the initiative.
- The joined up policy and practice analysis that investigated the links and relationships between Sure Start Plus and other key local initiatives.
- The economic commentary that investigated the costs of providing Sure Start Plus and explored how these related to the outcomes it was having.

The main processes involved in planning, delivering and using Sure Start Plus and the relationships between Sure Start Plus and other key initiatives have been presented in two previous interim reports, available on the Teenage Pregnancy Unit website.¹⁷ ¹⁸

1.2.2  Research Questions

The National Evaluation of Sure Start Plus aimed to address questions about the following issues:

Service Delivery
- What are the main features of the way Sure Start Plus is implemented?
- Do programmes address the needs of pregnant teenagers and teenage parents?
- What can be learnt from Sure Start Plus programmes that can be disseminated to other programmes and relevant partner services?

Joined-up policy and practice
- How far has Sure Start Plus helped to reshape mainstream services to be more responsive to the needs of pregnant teenagers and teenage parents, fill gaps in services, and co-ordinate service delivery?
- How effective is Sure Start Plus in linking to mainstream services and other relevant initiatives, and in contributing to the Teenage Pregnancy Strategy?

Impact
- Does Sure Start Plus enable pregnant teenagers to make informed decisions about whether to continue with pregnancy?
How effective is the Sure Start Plus programme in reaching young pregnant women and young parents, supporting them and their children in terms of improving their health, wellbeing and education and reducing their risk of social exclusion?

Costs of achieving targets
- What resources were used in both the intervention and the delivery process?
- Were funds sufficient?

1.3 Structure of this report

This report will present key findings that have emerged over the three years of the evaluation. It will focus primarily on data that has not been reported in our previous interim reports although where necessary it will summarise or refer to that data.

The remainder of this report is divided into three sections: methods, findings and discussion.

The Evaluation: Design and Methods section presents a summary of the mixed methods used in the National Evaluation.

The findings are separated into three chapters.

- The first findings chapter addresses the question, What has Sure Start Plus looked like in practice? This is divided into two sub-sections:
  - Programme context, design and delivery reviews information from the service delivery study that has been collected since the beginning of the evaluation.
  - Sure Start Plus adviser role explores the function, detail and views of the role of Sure Start Plus adviser, which is the cornerstone of the pilot initiative.

- The second findings chapter considers, Has Sure Start Plus made a difference? This is divided into four sub-sections that mirror the original aims of Sure Start Plus:
  - Improving social and emotional wellbeing.
  - Strengthening families and communities.
  - Improving learning of young mothers and their children.
  - Improving health.

These chapters present the possible impact Sure Start Plus is having for young mothers on the different objectives related to these aims. A final sub-section, Young fathers, presents the same findings but in relation to specific objectives for young fathers.

- The final findings chapter concentrates on, What has it cost to deliver Sure Start Plus? It incorporates an economic commentary that presents information on the incomes and expenditures of Sure Start Plus programmes and considers the relationship between resources and objectives for pregnant young women, young mothers and young fathers.
The Discussion is split into two sections:

- The first section, Overall learning from Sure Start Plus, brings together and summarises the key results of the National Evaluation and makes interpretations across all the themes.
- The second section is a discussion of the strengths and limitations of the evaluation of Sure Start Plus.

Finally, the report concludes with recommendations for the future based on the findings of the National Evaluation.
2. Evaluation: Design and Methods

2.1 Design

2.2.1 Sure Start Plus sites

Sure Start Plus was examined in the original 20 pilot programmes before and after these programmes were devolved into 35 independent programmes. Methods for gathering data included focus group discussions, interviews and questionnaires. To increase the level of detail of information that could be gathered in the evaluation, six case study sites were selected. Figure 1 highlights the details of the makeup of the pilot and case study sites.

2.1.2 Case Study sites

In-depth information was collected from six of the original pilot programmes, chosen to be case study sites so that, between them, they were representative of all programmes in relation to a number of characteristics: conception rates; deprivation rates; percentage of ethnic minorities; absence of existing services; teenage population size; balance of programme developing new services compared to adding value to existing services; progress made by programmes between May 2001 and November 2001 as judged by the Sure Start Unit; complexity of organisation of area; and region in which the programme is based. The makeup of the six selected sites is described in Figure 1. When the transfer of programme management to the TPU took place in 2003, this six case study areas devolved into 12 single local authority areas. Information from these 12 programmes was compared with less in-depth information collected from all 35 programmes to put it in context and provide a picture across Sure Start Plus as a whole. Analysis of these comparisons has consistently suggested that the selected case study programmes were appropriately representative of all the Sure Start Plus programmes.

Figure 1. Sure Start Plus pilot sites and case study sites

<table>
<thead>
<tr>
<th>Makeup of original 20 Sure Start Plus pilots:</th>
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<tbody>
<tr>
<td>• 5 Complex sites</td>
</tr>
<tr>
<td>• 1 with 5 Local Authorities</td>
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<tr>
<td>• 1 with 4 Local Authorities</td>
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<tr>
<td>• 3 with 3 Local Authorities</td>
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<tr>
<td>• 2 Dual Local Authority sites</td>
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<tr>
<td>• 13 single Local Authority sites</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Original pilots devolved into:</th>
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</thead>
<tbody>
<tr>
<td>• 35 single Local Authority sites</td>
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</table>

<table>
<thead>
<tr>
<th>Sure Start Plus case study sites: (subset of original 20 pilots)</th>
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<tbody>
<tr>
<td>• 2 Complex sites (1 with 4 Local Authorities; 1 with 3 Local Authorities)</td>
</tr>
<tr>
<td>• 1 Dual LA site</td>
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<tr>
<td>• 3 single LA sites</td>
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<tr>
<th>Original six case study pilots sites devolved into:</th>
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<tbody>
<tr>
<td>• 12 single Local Authority sites</td>
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</table>
2.1.3 **Comparison sites without Sure Start Plus**

The impact component of the National Evaluation was a matched case control study. This design was selected as being the most rigorous evaluation approach where a randomised controlled trial is not possible. As a result, comparison data, necessary to determine the impact of Sure Start Plus, was collected through questionnaires with young people and professionals from key partner agencies in 35 areas that did not have a Sure Start Plus programme.

The 35 comparison areas were selected, as they were individually similar to one of the Sure Start Plus areas on the basis of deprivation and teenage conception rates. These environmental and social characteristics were hypothesised to have an effect on the impact Sure Start Plus could have on objectives for pregnant young women and young parents. Comparison areas were selected if they matched one Sure Start Plus area closely. Where there were no very close matches, they were selected for being as similar as possible. Any identified differences that may exist within and between the two pools in relation to these identified environmental and social characteristics were subsequently controlled for in analysis.

The success of Sure Start Plus was measured by collecting and statistically comparing data from Sure Start Plus and matched areas at the same time point in relation to a number of outcomes. These outcomes were primarily determined by the original objectives, targets and measures identified in the Sure Start Plus Guidance. The National Evaluation team also developed some additional measures that were related to outcomes that the Sure Start Plus programme staff themselves felt were important or that arose through analysis of early data. (See appendix 2) Examples of these additional outcomes that were measured were self-esteem and the housing situation of young people.

2.2 **Data collection methods**

A mixed method approach was employed to gather evidence about the processes and potential impacts of the Sure Start Plus initiative. Data collected specifically for the National Evaluation was done so through interviews, focus groups and questionnaires with a number of different groups: project staff; young people; and professionals from partner agencies. These methods were refined with the help of advisory panels of Sure Start Plus programme staff and young people who were service users. The methods used in data collection and data analysis are described below. Figure 2 summarises the data collection methods.

2.2.1 **Service delivery study and joined-up policy analysis**

Data collection was combined for the service delivery study and the joined-up policy & practice analysis. Fieldwork was carried out with those individuals who were:
- Designers or strategic managers for Sure Start Plus programmes (*interviews.*)
- Operational managers of the programmes (*three sets of annual interviews.*)
- Programme service providers (*focus groups; interviews, two sets of questionnaires*).
- Users of the programmes (*focus groups and interviews*).
- Professionals from partner agencies (*interviews*).
- Regional and national co-ordinators of the initiative (*interviews*).

Details of the case study sites and the specific methods used with each of the different groups of individuals are explained in appendix 3.
Figure 2. Data collections methods

DATA COLLECTION METHODS

Sure Start Plus programmes

Impact study
Questionnaires in all 35 areas for:
- young people
- professionals from partner agencies
Interviews in 12 case study areas with:
- young people
- professionals from partner agencies

Service delivery study and Joined-up policy & practice analysis
Annual interviews in all 35 areas with:
- SS+ co-ordinators (3x)
Questionnaires in all 35 areas with:
- SS+ service providers (2 x annual surveys)
Additional in-depth interviews in 12 case study areas with:
- SS+ co-ordinators
- SS+ service providers
- Young people
- Professionals from partner agencies

Comparison ‘matched’ sites

Impact study
Questionnaires in all 35 areas for:
- young people
- professionals from partner agencies
Interviews in 12 case study areas with:
- young people
- professionals from partner agencies

Economic commentary
Questionnaires in all 35 areas for:
- SS+ programme co-ordinators
2.2.2 Impact study

A summary of methods used in the impact study is listed in this section. Further details are available in appendix 3.

**Impact questionnaire for pregnant and parenting young women**
The impact questionnaire for pregnant and parenting young women was distributed to 35 Sure Start Plus and 35 matched areas in July 2004, using two routes: a) via the Teenage Pregnancy Co-ordinator to local groups working with pregnant young women and young mothers; and b) via the local NHS child health database to young women under the age of 18 years who had given birth recently. In total 1081 questionnaires were returned with 55% of these coming from Sure Start Plus areas and 45% coming from matched areas. Just over half of those returned from Sure Start Plus areas were from young women who said that they had used the service. On average approximately 17 questionnaires were received from each Sure Start Plus area and 14 from each matched area. The demographic characteristics of the young women completing the impact questionnaire are listed in appendix 4. Chi square statistical tests found that the respondents in Sure Start Plus and matched sites were fairly evenly matched in terms of their age, their pregnancy/parenthood status and their ethnicity. These tests did reveal statistical difference in housing tenure, with young women in Sure Start Plus areas more likely than those in matched areas to live in a council house or flat. These differences were taken into account in interpreting the data.

**Impact questionnaires for young fathers**
The impact questionnaire for young fathers was distributed August 2004, following similar methodology to that of the young women. The two distribution routes were somewhat different, with questionnaires being sent: a) via local groups working with young parents; and b) via young women who had filled in the young women’s impact questionnaire and ticked a box asking for a copy of the young fathers’ impact questionnaire for their partner. In total, 86 questionnaires were returned with 58% of these coming from Sure Start Plus areas and 42% from matched areas.

Chi square statistical tests found that young fathers in Sure Start Plus and matched areas differed significantly in relation to a number of characteristics such as fatherhood status, housing and ethnicity (appendix 4). This coupled with the low number of returns makes statistical comparison difficult and this should be taken into account when interpreting the findings.

**Interviews with young parents**
The impact questionnaire for pregnant and parenting young women in the case study sites (in both Sure Start Plus and matched areas) asked respondents if they would be willing to be interviewed: 104 young women expressed an interest. Home interviews were carried out in September 2004 with the 56 young women who were contactable,

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1 Ethics approval was gained from the Metropolitan MREC, one of 13 research ethics committees. Distribution using Child Health Databases occurred in only 34 of the 70 areas. The remaining areas did not have child health databases or declined to participate because of limited staff time or concerns of their local Caldicott Guardian. The 34 areas were evenly split between Sure Start Plus and matched sites, with 17 in each.

2 This proportion who used Sure Start Plus (51%) may be artificially low, given the confusion surrounding the names ‘Sure Start’ and ‘Sure Start Plus’.
gave consent and were available to be interviewed at the arranged times. Of those interviewed, 29% were Sure Start Plus users, 30% came from Sure Start Plus areas but were not using the programme and 41% came from matched areas. Four young fathers participated in the interviews with their partner.

**Impact questionnaire for professionals from partner agencies**

The impact questionnaire for professionals from partner agencies was sent out to individuals in key service areas in all Sure Start Plus and matched areas. The recipients were selected as those most likely to work with pregnant and parenting teenagers and included services working: around pregnancy and physical health issues; in education, employment and training; around social and emotional wellbeing and mental health; around housing and benefits; and in the voluntary sector.

A total of 914 questionnaires were returned with 58% coming from Sure Start Plus areas and 42% coming from matched areas. Each Sure Start Plus area returned an average of 15 questionnaires (range from 7 – 35) and matched areas an average of 11 (range 2 - 24).

Appendix 4 lists characteristics of those professionals from partner agencies who returned the questionnaire. Chi square statistical tests found no significant differences between these professionals in Sure Start Plus and matched sites in relation to the sector they worked in, the methods they used and the groups their organisations targeted. However, these tests did find differences in the focus of work being undertaken by the professionals from partner agencies. Those in Sure Start Plus areas were significantly less likely than those in matched areas to engage in activities around termination of pregnancy, were significantly more likely to be engaged in emotional support and formal counselling and were significantly more likely to be engaged in empowering young people. These differences were taken into account in interpreting the data.

**Interviews with professionals from partner agencies**

Following the questionnaire for professionals from partner agencies, 18 professionals were interviewed by phone in September 2004. One third (38%) of them came from case study areas and 63% came from matched case study areas.

**2.2.3 Economic commentary**

The plan and questions for the economic commentary were developed with support from Professor Miranda Mugford, a health economist at the University of East Anglia.

Questions about views of programme finances were asked in case study interviews with programme co-ordinators and strategic leads. Similar questions were asked of Regional Teenage Pregnancy Co-ordinators and national level staff in the TPU and Sure Start Unit. Further questions about financial links were asked of all programme co-ordinators and of professionals from key partner agencies. Young people were asked in interviews about their key expenditures.

To provide a snap shot of resources and expenditure by Sure Start Plus programmes, an economic questionnaire was sent in June 2004 to the one worker in each programme who either had operational responsibility or budget oversight. This asked for financial details for the year April 2003 - March 2004, as well asking questions about global issues regarding the resourcing of the Sure Start Plus initiative. In total 27 of 35 questionnaires were returned (a response rate of 77%).
To further illuminate expenditure during the snapshot financial year, economic data for all Sure Start Plus programmes was utilised from the ‘Financial Tables’ section of that year’s Teenage Pregnancy Strategy annual report (covering the period April 2003 - March 2004).

2.2.4 Monitoring data

Those managing the Sure Start Plus initiative at a national level asked programmes to provide six-monthly statistics on the uptake of their services and on some outcomes for their clients. Programmes varied in their completion rates of monitoring statistics, with one programme never providing data, and others submitting only partial returns. This variability arose for a number of reasons. Some programmes found the forms difficult to fill in; were unclear about the data being asked for; or found the aspects being measured difficult to quantify or not relevant to their local programme aims. Additionally, some programmes were demotivated in completing forms because they received no feedback on their initial monitoring returns. Attempts were made in 2003 to streamline the reporting process for monitoring and address local programmes’ concerns. The monitoring form was refined and from April 2003 the National Evaluation team was asked to analyse and feedback the monitoring data to programmes. As a result of the early problems, reliable data was only available for analysis and comparison for the following periods: January to June 2003 (data available for 32 programmes); July to December 2003 (data available for 26 programmes); and January to June 2004 (data available for 26 programmes).

2.3 Analysis

2.3.1 Interviews and focus groups analysis

Interviews and focus groups were tape recorded and transcribed. Data was then extracted using pro-formas developed to gather information pertinent to the research questions being answered. The transcripts and/or pro-formas were qualitatively analysed and key emerging themes were identified. An iterative process was employed consisting of cross checking themes firstly within and then between interviews to ensure validity and thus improve these emerging explanations.

2.3.2 Questionnaire analysis

Data from the Sure Start Plus service provider questionnaires and the young women’s, young fathers’ and professional partners’ impact questionnaires were quantitatively analysed, facilitated by the use of Stata 7.0 and SPSS v11.0 software. A statistical analysis plan was developed in consultation with Felicity Clemens, a statistician at the London School of Hygiene and Tropical Medicine. Chi Square statistical testing and logistic regression modelling were utilised. Comparisons were made between respondents in Sure Start Plus and matched areas; and between sub-groups within Sure Start Plus areas, where appropriate. See appendix 3 for a detailed description of the statistical analysis carried out.

2.3.3 Cross thematic analysis

Following analysis that looked at specific outcomes of the programme, we concentrated on cross-thematic analysis, looking for linkages between findings from the different components of the programme. Additionally, we created a map of key characteristics of individual programmes, including level of available funding and compared these with the pool that had greater or lesser impact on particular outcomes.
35 Sure Start Plus Local Authority Areas

North East Region
- Hartlepool
- Middlesbrough
- Stockton
- Redcar & Cleveland
- Sunderland
- North Tyneside
- South Tyneside

Northwest Region
- Rochdale
- Liverpool
- St Helens
- Manchester
- Salford

West Midlands Region
- Stoke
- Wolverhampton
- Sandwell
- Walsall

Yorkshire and the Humber Region
- Hull
- Leeds
- Bradford
- Wakefield
- Barnsley
- Rotherham
- Doncaster
- Sheffield

Southwest Region
- Plymouth

East Midlands Region
- Nottingham
- Leicester

London Region
- Hackney
- Newham
- Tower Hamlets
- Lambeth
- Southwark
- Lewisham
3 What has Sure Start Plus looked like in practice?

This section will address the evaluation question:

‘What are the main features of the way Sure Start Plus is implemented?’

Although this is an apparently simple question, in practice, the answer is complex. From the beginning of the evaluation, it has been clear that the Sure Start Plus initiative is characterised by diversity. There is no one model of Sure Start Plus. This is the result of individual pilot programmes being given a brief to develop services to follow local need rather than a national template. The freedom of this framework has led to the proliferation of approaches to supporting pregnant young women and young parents tailored to local contexts. The one constant has been the foundation of the programme being based around the core vision of providing one-to-one individual support.

In section 3A we will highlight what Sure Start Plus programmes look like, how they are similar and how they have diversified. This will address the main features of Sure Start Plus in relation to:

- Contexts within which the programmes are working.
- Programme design.
- Models of delivery.
- Programme management.
- Work with partner agencies.

In section 3B we will explore the role of Sure Start Plus adviser, providing details of:

- The role.
- Nature of one-to-one work.
- Caseload levels.
- Views of users, providers and partners.
3A. Programme context, design and delivery

In describing the main features of Sure Start Plus programme delivery, this report draws on data gathered from interviews and questionnaires with individuals involved in the programmes at local, regional, and national levels. It also incorporates area-level government statistics. This section briefly summarises key points. More detailed explanation of these points can be found in previous evaluation interim reports. For specific examples of different programme methods and activities, see the Sure Start Plus practice guide, published alongside this report.

3A.1 Context

Sure Start Plus programmes were established in areas with high levels of poverty and social deprivation. These areas were selected because they were among those with the highest teenage conception rates in the country, which had also been established as a Health Action Zone. (Health Action Zones were health partnerships, set up in deprived areas, aiming to combat health inequalities.) However, despite having these criteria in common, the local context of the selected areas differs in relation to a number of important characteristics. These characteristics (which relate to things like demography, service make-up and geography) are some of the major factors that have promoted diversification in relation to the implementation of Sure Start Plus programmes. As such, we detail these below.

3A.1.1 Area level demographic characteristics

Sure Start Plus programme areas differ a great deal in terms of their population demographics. Teenage conception rates range from 43.3 to 99.6 per 1000. Between 14% and 100% of each Sure Start Plus population live in the most deprived 10% of wards in the country. The black and minority ethnic populations range from 1% to 61%; and the total population of young people aged under 19 years ranges from 23,886 to 182,530. As a result of these differences in demographics, the target group of young people varies greatly from programme to programme.

3A.1.2 'Complexity'- number of local authorities

The local authority composition of programmes also influenced the context in which Sure Start Plus was delivered. The original 20 pilot programmes fell into three categories:

- Programmes comprised of a single local authority (13).
- Medium complexity programmes made up of two distinct local authority areas (2).
- Large complex programmes consisting of three or more local authority areas (5).

Working across local authority boundaries influenced the delivery of Sure Start Plus. In general, the more complex programmes experienced poorer communication and co-ordination and had lower levels of resources relative to other areas. Management and delivery of complex programmes devolved to individual local authority-based areas in April 2003 (following the change in management to the Teenage Pregnancy Unit), but some strategic issues remained such as dividing the grant between the constituent sites.
'Initially it was set up as a three-borough programme and recruited a range of skills. There was subtle pressure to be more borough-focused and now Sure Start Plus is seen as borough based. We have devolved to a single borough basis but still have to look at three borough focus and use that to decide how to spend money and our direction.' (Sure Start Plus Co-ordinator)

**London - the most challenging context**

The demographic, geographic and service delivery characteristics that have influenced the contexts in which Sure Start Plus has developed are more extreme in London programmes than in programmes elsewhere. For instance, London programmes:

- Are in areas with generally higher deprivation and teenage conception rates than other programmes;
- Were all originally complex pilot programmes consisting of three local authorities which resulted in difficulties in communication and co-ordination at a local authority level;
- Received lower levels of funding from local and national sources and yet had higher costs (staffing, office accommodation, transport costs etc).

The population of young people in London generally have quite complex needs, due to such factors as: the higher levels of deprivation; higher proportion of asylum seekers and economically unsupported young people; higher numbers of black and minority ethnic young people; a higher level of homelessness and housing need; and higher living costs. There is a shortage of local provision for young people, especially in the supply of low-cost and public housing; local social services and primary care health services are especially over-stretched. As a result of social and service issues, pregnant and parenting young women in London tend to move more frequently than their counterparts elsewhere in the country, including to accommodation out of their borough, making access to support services more difficult. Additionally, London Sure Start Plus programmes (and partner services) had difficulties recruiting and retaining staff, which compromised the level of service they could provide.

'We lived in four or five bed and breakfasts while I was pregnant and they were quite far, a two hour journey by bus. No (professional help) because I got totally cut off when I got pregnant. I would have liked to have gone to the maternity classes or antenatal and meet other mothers. Never got the chance cause we were travelling around. I wouldn't have minded studying; it would have filled up my time. Moving around we never really done much, we used to go to housing a lot to sort things out cause my case got refused quite a lot and basically that’s it.’ (Young London mother)

Overall, these characteristics made London the most challenging context in which to deliver Sure Start Plus services.

**3A.1.3 Existing services**

Prior to the Sure Start Plus initiative, different levels of service provision relating to teenage pregnancy and parenthood existed in programme areas. Original programme proposals reveal how Sure Start Plus began in some areas with multiple specialist services and in others with no specialist provision. This meant that some programmes
were set up in a context where there was already an education unit for pregnant and parenting young women; the maternity unit had weekly clinics for teenagers; and there was a long-standing multi-agency task group co-ordinating provision for these young people. In other areas none of these things were in place at the beginning of the programme. Initial delivery of Sure Start Plus services therefore differed greatly.

3A.1.4 Levels of programme funding

Funding of Sure Start Plus pilot programmes has varied both in terms of the amount received from the Sure Start Plus Grant, and in local funding from additional sources. The original level of funding for each site from the Sure Start Plus Grant was determined by a formula based on teenage conception rate and size of teenage population, with a maximum of £200,000 per year being available. Resources available to programmes were also influenced by how successful they were in obtaining additional funding from other sources.

The wide range in funding available to Sure Start Plus programmes is particularly evident when an estimate is made of the annual amount of funding available (from all sources) per teenage conception. This estimation ranged from £241 - £843 per teenage conception. Such variation in resources provided profoundly different contexts in which the programme was delivered. (For more detail please refer to section 5 of this report).

3A.2 Programme design

3A.2.1 Programme identity

It was the government’s intention that the Sure Start Plus initiative would not have a high profile, branded identity so that pilot programmes would be free to diversify according to local contexts. The name ‘Sure Start Plus’, however, has been problematic from the outset, as young people and professionals alike frequently confuse it with the Sure Start initiative. Erroneous assumptions were therefore made that the service would be for all ages of mothers, child-focused and neighbourhood-based (rather than offering specific support to young pregnant women and young parents from across a local authority).

One third of the pilot programmes changed their name at the outset to one that they felt reflected their focus of working with young pregnant women and parents, such as Teenage Pregnancy Support Team or Teenage Parents Adviser. They felt this made their service more accessible to young people and professionals in partner agencies.

Throughout its life, the Sure Start Plus initiative has become increasingly integrated into the Teenage Pregnancy Strategy. In some programmes, especially those where the local Teenage Pregnancy Co-ordinator managed the Sure Start Plus programme, the pilot initiative became synonymous with the support arm of the local Teenage Pregnancy Strategy and had no identity of its own.

Some programme co-ordinators raised the lack of a consistent, recognisable identity as a drawback when trying to influence mainstream service provision or raise extra funds.

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iii Different Sure Start Plus programme names were taken into account in the evaluation. All evaluation tools were modified to reflect the local identity given to the programme.
They felt they would have had greater leverage if they were seen to be part of a generally recognised, nationally-supported initiative. They made it clear that this initiative should be called something other than Sure Start Plus.

3A.2.2 Programme vision

Interviews with programme staff showed that there was a consistent core vision of what Sure Start Plus should strive for. This consisted of providing equality of opportunity for young pregnant women and parents compared with other young people, with a primary focus on young women rather than their children and young fathers. Other common goals were improving life chances and outcomes, and preventing social exclusion.

'*(Our goal) is inclusion for young people in life generally not just around parenting issues - so that they get the things they need to make them successful people.*' (Sure Start Plus Co-ordinator)

'It’s (the vision) around providing a holistic support package that meets the needs of young people and that will provide them with equality of choice so that they have the same opportunities and chances.' (Sure Start Plus Co-ordinator)

Despite having a shared vision, programmes differed in the way they realised this. These will be discussed in section 3A.4 below.

3A.2.3 Priority users

Young women
As reflected in the vision set out above, all of the Sure Start Plus programmes considered their core constituents to be young women who were pregnant or mothers. These young women were offered holistic support, either antenatally or postnatally, through one-to-one advisers and group activities.

In two thirds of programmes, support was also specifically targeted at young women in the very early stages of pregnancy. Many of these programmes offered family planning provision, pregnancy testing, counselling about pregnancy options and support through termination (if chosen). The remaining third of programmes targeted young women only after they had made a decision to continue with their pregnancy, often because support for young women around pregnancy options was already in place but also because of resource constraints. Most programmes recognised that this counselling role in early pregnancy required specialist skills and was distinct from the Sure Start Plus adviser role, whether they incorporated it into their service or not.

Young fathers
Nearly all Sure Start Plus programmes have had difficulties in accessing young fathers. Contact with them most often occurred when they accompanied their partners and pro-active work with this group was less of a priority for programmes, especially in the first two years of the initiative (see section 4E).

Children of teenage parents
Support for children of teenage parents was provided indirectly through supporting mothers, and to a lesser extent fathers, because most work with families focused on the early postnatal period. This support decreased as the child grew older except in cases of repeat conceptions where they cycle of support to the mother would often begin again. Although the original Sure Start Plus Guidance document stated that
support should be provided to the young mother until her child turned four, resource constraints meant that programmes concentrated on supporting her in the first few months of her child’s life. This was in marked contrast to Sure Start programmes where child development up to the age of five is a key focus.

**Black and Minority Ethnic young people**

There was varying focus between Sure Start Plus programmes providing services to Black and Minority Ethnic groups, and those with English as a second language. A third of programmes had a specific strategy for reaching young people from these groups. Programme decisions to focus on these groups were primarily influenced by the composition of local populations. Of those with a strategy, two thirds had relatively high ethnic minority populations. So far the strategies developed range from employing dedicated staff and working intensively alongside other agencies to researching the needs of these groups.

> 'We do reach many Afro Caribbean young mums but not so many Muslim young women. We gave money to local Muslim community groups as a means of ensuring they had support, even if they weren't using Sure Start Plus personal advisers.' (Sure Start Plus Co-ordinator)

### 3A.2.4 Organisational location

The organisational location of Sure Start Plus programmes was an artefact of which individuals developed the original programme bids. This, and the variety of existing service provision in an area, has meant that the programmes have been situated in a range of different types of host organisations: Primary Care Trusts, Hospital Trusts, Education Departments, Connexions Partnerships, voluntary sector organisations, Social Services Departments and Sure Start local programmes. By 2004, Sure Start Plus advisers were based in the following sectors:

- Health (37% of programmes)
- Education / Connexions (17%)
- Voluntary (14%)
- Social services (9%)
- Mixture of sectors (23%).

Although the sectoral placement did not appear to affect the speed in which the programme became operational, it did in the long term create differences in the delivery of the programme. The type of service in which the advisers were based influenced: referral systems; timing and duration of contact of young people with the service; and the predominant focus of advisers’ work. Programme location also influenced the sustainability of the programme. (This will be discussed further in section 6.)

### 3A.2.5 Programme configuration

Within the different locations, Sure Start Plus programmes followed several different models of programme configuration. The main three configurations were:

- **Sure Start Plus as a discrete unit**, where advisers within this unit could work generically or have different specialisms. Some of these discrete units have other services embedded within them.

- **Working through a partner organisation**, where Sure Start Plus advisers are embedded within the service settings of that organisation.
• **Part of a multi-agency team**, where Sure Start Plus advisers are an integral part of a team of specialists from different agencies and services that between them are providing holistic support to young people at all stages from when they suspect they may be pregnant through to parenthood.

Examples of these types of teams configurations are given in the Sure Start Plus practice guide.\(^\text{11}\)

### 3A.2.6 Team composition

The pilot programmes employed staff who had a variety of roles. All programmes had at least one Sure Start Plus adviser who offered one-to-one holistic support to pregnant and parenting young women. In some programmes, the advisers were the only members of staff. Some programmes employed senior adviser(s) plus less experienced assistant(s). Other programmes employed general advisers plus specialist staff: these included midwives; counsellors; fathers’ workers, health visitors and childcare workers.

Some programmes had paid co-ordinators who oversaw the operational running of the programme. Some of these co-ordinators also had strategic responsibility for the programme. Most co-ordinators line-managed the advisers and other specialist staff working on the programme. Some combined their co-ordination role with being a Sure Start Plus adviser, but most did not.

A few programmes employed peer supporters, for example as peer personal advisers or peer educators in schools. Examples are available in the Sure Start Plus good practice guide.\(^\text{11}\)

### 3A.3 Sure Start Plus programme delivery

Sure Start Plus has not been delivered in the same way by all programmes. Different models of delivery have developed, often because of the differences in local context and certain aims described previously. Because the Sure Start Plus adviser is central to programmes delivery, many of these models are explored in section 3B, which describes the Sure Start Plus adviser role. Other aspects of programme delivery are described below.

#### 3A.3.1 Needs-led and target-led approaches

In delivering Sure Start Plus, some programmes have emphasised reaching Sure Start Plus targets and others the needs expressed by service users.\(^\text{7}\) Programmes with a target-led approach aimed to enhance young people’s life chances through guiding them and raising their aspirations. Programmes with a needs-led approach offered choices and support tailored to a client’s expressed needs, and aimed to empower young people to take control themselves to determine their own direction.

'We feed the client before we feed the machine. We do the practical stuff. We get them fed and we get them watered and we get them a house over their head and then you can ask them to stop smoking. There’s no point in asking them to stop smoking when they’re sleeping on somebody’s couch, they’re not going to do it.’ (Sure Start Plus Co-ordinator)
Sure Start Plus targets

- Increase identification of and appropriate support for all teenage mothers with postnatal depression
- Increase the percentage of teenage mothers who report involvement of their family, the father of their child, or partner in their child's upbringing
- Increase the percentage of teenage mothers participating in education and obtaining qualification at NVQ Level 1 or above
- Increase the numbers of pregnant teenagers in contact with health service by week 14 of pregnancy
- Reduce the numbers of teenage mothers smoking during and after pregnancy.

Eleven percent of Sure Start Plus programmes took a target-led approach and almost half of programmes took a needs-led approach. The remainder were driven by aspects of both, and were attempting to integrate more directive work in relation to some targets into a primarily needs-led approach:

'I think my vision…and I think that’s shared by the team…is that we look at the individual needs of the person and we work with them on those issues whilst we record the necessary information re: targets. There is an acknowledgement that if a young person still doesn’t want to go to college, or it would be unrealistic to set that person up to go to college, then we don’t do that piece of work.' (Sure Start Plus Co-ordinator)

Where programmes were more target-led or had a mixed approach:

- Some programmes were focusing generally on all Sure Start Plus objectives and associated targets.
- Some focused primarily on ‘hard’ quantifiable targets (such as increasing the percentage of teenage mothers participating in education).
- Some focused on ‘softer’ Sure Start Plus objectives (such as improving social and emotional well-being), despite these being less easy to measure.

Programme location greatly influenced what Sure Start Plus objectives, if any, programmes prioritised, as did the different characteristics and needs of the target populations in a programme area. For example some programmes based in Connexions prioritised the target to increase participation by young women in education and training. Areas with the most deprived and transient populations tended to focus on social and emotional wellbeing and needs-led, crisis work.

3A.3.2 High versus low coverage of potential users

From area-level teenage conception rates in previous years, it was possible to develop an approximate estimate of the total pool of potential young women who could be users of Sure Start Plus services in each programme area. Using the monitoring data, where available, it was possible to compare the numbers using the services with the potential pool. From this comparison, a roughly estimate proportion was created of
the total being reached at some time during pregnancy or after the birth. This estimated proportion of potential users being reached by Sure Start Plus programmes ranged from between approximately 10% and 90%.

In some cases programmes were in contact with a lower proportion of young women due to capacity and resource issues, especially where levels of funding per teenage conception were lowest; other programmes were in contact with a lower proportion through design. Those programmes that had chosen to work with a smaller proportion of young women differed from those in contact with a higher proportion of them. The ‘low coverage’ programmes tended to work more in depth and longitudinally with their clients than the ‘high coverage’ ones, and were more likely to have adopted a needs-led approach. They chose to work with specific groups (for example, hard-to-reach groups or those with complex needs) or aimed to empower young people by encouraging self-referrals.

Programmes aiming to reach as many young pregnant women and mothers as possible tended to be those adopting a target-led or mixed approach and offering care packages jointly with other organisations.

**3A.3.3 Providing new services versus changing mainstream services**

Depending on the amount of existing specialist services, programmes fell along a continuum between:

- Primarily providing new services
- Identifying and filling gaps in provision, adding value and influencing mainstream practice.

‘(We) focus in on one-to-one work rather than posting them to other services i.e. a direct deliverer of services.’ (Sure Start Plus Co-ordinator)

‘(We) need to change the mainstream so it’s accessible to them. Don’t want to fragment and put people into boxes - they are part of the community.’ (Sure Start Plus Co-ordinator)

This distinction was greatest at the beginning of the programme, when many local pilots were concentrating only on developing new services. By the third year of the initiative, most programmes, including those providing new services, had tried to influence and improve mainstream service delivery through their strategic and operational contacts, at partnership boards and in individual meetings. A number of programmes ran special training programmes with mainstream services about working with young pregnant women and parents, sometimes with input from young service users.

**3A.4 Sure Start Plus programme management**

**3A.4.1 Programme co-ordination**

At the outset, some Sure Start Plus programmes had a paid co-ordinator. For others, managers within the host organisation carried out this role, often taking it on in addition to full-time responsibilities elsewhere. A key early finding of our evaluation was that where programmes did have a dedicated, paid Sure Start Plus co-ordinator (part-time or full time), problems associated with development and implementation were minimised.
The original complex programmes comprising three or more local authority areas tended to be the ones without a paid co-ordinator as the staffing budget was used in the constituent areas for advisers. Once the management of Sure Start Plus was transferred to the Teenage Pregnancy Unit and complex sites had devolved to local authority based-ones, Teenage Pregnancy Co-ordinators (TPCs) were asked to take on the Sure Start Plus co-ordination role where it was lacking. Although this worked well in some areas, in others TPCs found the additional responsibilities of managing staff and a service too time consuming and found that either their strategic work or Sure Start Plus suffered.

3A.4.2 Partnership boards

An early evaluation finding was that having a dedicated Sure Start Plus partnership board, which provided both strategic and operational support in developing the programme, was beneficial to programme implementation. Initially only a minority of programmes had such a forum.

Over the course of the pilot period, the Sure Start Plus initiative has become increasingly integrated into the Teenage Pregnancy Strategy. By the end of 2003, subgroups or operational groups of Teenage Pregnancy Partnership Boards managed nearly all programmes. The devolution of Sure Start Plus funding through the Teenage Pregnancy Local Implementation Grant raised the profile of the programme with many of these existing boards, which now took a more serious interest in financial and operational issues. On the whole, co-ordinators found these partnership boards to be productive, especially where these had senior representatives, and to be helpful forums for sharing and co-ordination between organisations.

3A.4.3 National Management

As described in chapter one, from April 2003 responsibility for managing the Sure Start Plus initiative at a national level passed from the Sure Start Unit to the Teenage Pregnancy Unit (TPU). Support to programmes from the national level was limited at the outset. The original management team at the Sure Start Unit did not expect that they would be providing much developmental support to individual projects, but assumed that this would come from local steering groups and regional Sure Start structures. As such, the team was not staffed to provide much central support. In practice, as described above, many of the pilot programmes did not initially have local partnership boards and none had support from regional structures. Programmes wanted more national guidance and support; this improved once Sure Start Plus became managed by the TPU and became more integrated into the Teenage Pregnancy Strategy. In addition to increased central attention to the programmes, there were also regional and local structures in place to provide assistance. Sometimes there was a reliance on Teenage Pregnancy Co-ordinators to act as a conduit of information between the TPU national or regional structures and local Sure Start Plus programmes. Usually this arrangement worked well. However, when the relationship between the Teenage Pregnancy Co-ordinator (TPC) and local programmes broke down (as it did in at least three instances) or when there was no TPC in post for long periods, this line of communication was lost and Sure Start Plus programmes became more isolated.

Programmes were requested to monitor their own progress against Sure Start Plus objectives and targets, and additional measures they had included in their action plans. Before the management changeover they were required to submit quarterly monitoring figures to the Sure Start Unit to demonstrate their progress; thereafter they were required to submit these bi-annually to the TPU.
Three national seminars held during the first three years provided an opportunity for an information exchange between national and local levels, and representatives from the national management team visited most local programmes at least once during that time.

3A.4.4 Regional Management

From April 2003 Regional Teenage Pregnancy Co-ordinators had responsibility for managing the performance of local Sure Start Plus programmes and provided additional support to them, for example through organising regional group review meetings and events. In some regions, this support for Sure Start Plus proved to be a time consuming addition to their role, especially where trouble-shooting was required. Most programme co-ordinators welcomed the additional regional support and wished that it had been in place from the beginning of the pilot; a few were critical of a perceived lack of consistency employed between regions in terms of the information and support offered.

3A.5 Work with partner agencies

The original Guidance for Sure Start Plus programmes included recommendations that programmes should join up effectively with other key local agencies. Data from Sure Start Plus co-ordinators, Regional Teenage Pregnancy Co-ordinators and local professionals suggest that on the whole programmes are now working successfully in partnership with a diverse range of agencies. These include: NHS antenatal services; Connexions; the education service, usually via the reintegration officer; Sure Start and, of course, the Teenage Pregnancy Co-ordinator. In many programme areas Sure Start Plus became tantamount to the support arm of the local Teenage Pregnancy Strategy.

3A.5.1 Views of professionals from potential partner agencies and services

Interviews with local partners identified that they believed their organisations were benefiting from joined-up working with Sure Start Plus by: learning skills; sharing expertise, ideas and good practice; addressing joint targets; sharing resources; dividing labour; and receiving cross referrals. Complementary skills between their organisation and Sure Start Plus resulted in an efficient, integrated service with continuity of support to young people.

The impact questionnaire with professionals was distributed to individuals who worked for an agency, service or organisation that worked in a field related to teenagers, pregnancy and parenthood. These included more general support services like housing and benefits, as well as specific services for teenagers like Connexions. Individuals with the same set of roles were targeted in each Sure Start Plus site. Of those professionals who returned their questionnaires in Sure Start Plus areas, 67% had worked jointly in some form with Sure Start Plus, 18% had more passive interaction with them (e.g. attended meetings in common with them, received or given referrals), and 15% had not worked together with them. There was fairly consistent involvement across the different sectors, with more active work being done with Sure Start Plus in the health, education and voluntary sectors than in housing, social services and the youth service, as one might expect given the programme’s focus. This high level of joint work implies that there was a strong basis for these professionals commenting on the impact that Sure Start Plus is having so far.
Two-thirds (68%) of professionals from partner agencies said they had ‘good’ working relationships with Sure Start Plus, a quarter defined the relationship as ‘all right’, and 5% as ‘poor’. The health sector had the highest number of negative relationships (8%). There was a significant link between having a ‘good’ relationship and actively working together (78% of those working together actively defined the relationship as ‘good’).

As table 1 highlights, the areas where Sure Start Plus programmes seem to have impressed their local partners most are: in being an important resource for both young people and for service providers; in filling a gap in services; and in adding value to existing ones. A quarter of professionals believe that Sure Start Plus services could be offered by another agency or service, and 29% that it duplicates some existing services (see table below).

Through interviews and comments on questionnaires, a small number of professionals from partner agencies were critical of their local Sure Start Plus programme for being too forceful with their agenda, and for taking away the client group they were used to working with. Some Reintegration Officers in particular described initially challenging relationships regarding patterns of working with Sure Start Plus, which had subsequently improved.

| Table 1. Perceptions of Sure Start Plus by professionals from partner agencies |
|---|---|---|---|---|
| n=479 | Agree | Disagree | Neutral | Don’t know |
| | % | % | % | % |
| SS+ is an important resource for young people | 84 | 2 | 7 | 7 |
| SS+ is an important information resource for service providers | 74 | 3 | 14 | 9 |
| SS+ has filled a gap in services | 68 | 8 | 13 | 11 |
| I am clear about the role of SS+ | 66 | 15 | 12 | 7 |
| SS+ has added value to existing services | 65 | 5 | 16 | 14 |
| SS+ has helped make services more teenage friendly | 61 | 6 | 16 | 17 |
| SS+ has promoted partnership working | 60 | 10 | 18 | 12 |
| SS+ has raised awareness of issues amongst service providers | 58 | 8 | 18 | 16 |
| SS+ co-ordinates local provision | 46 | 16 | 25 | 13 |
| SS+ has clarified referral pathways between service providers | 40 | 15 | 26 | 19 |
| SS+ has a high profile amongst service providers | 40 | 18 | 28 | 14 |
| SS+ has been a funding resource for services | 34 | 17 | 15 | 34 |
| SS+ duplicates some existing services | 29 | 29 | 20 | 22 |
| The role of SS+ could be undertaken by other agencies / organisations | 25 | 33 | 23 | 19 |
3A.5.2 Views of Sure Start Plus co-ordinators

Data from Sure Start Plus co-ordinators indicate that the quality of partnerships with partner agencies was not consistent across sectors. Three years into the initiative, eighty percent of the Sure Start Plus co-ordinators described their programme’s relationship with education services to be a positive one. Two thirds (63%) of the co-ordinators described their programme’s relationship with antenatal services as positive, and 60% of them characterised their relationship with Connexions as such. However, only a third of the Sure Start Plus co-ordinators described their programme’s relationship with Sure Start local programmes as positive.

Links with Connexions and the health service were more often formalised through written partnership agreements and funding links, whereas links with Sure Start and education services were mostly informal. Partnership boards were playing an important role in negotiating these relationships. Where these links were positive programmes felt they were able to provide better-co-ordinated services to young pregnant women and parents, pool resources and share expertise:

'(With joined up working) there is an acknowledgement that it’s two-way, so that as there are benefits to us there are also benefits to them, that we have built on the link over time... We get all the benefits of having a strong team who are committed to working with young people...so there is a lead for data protection and there is lead person for working with young people with special educational needs, there are a lot of individuals with really pertinent and specialised knowledge, which is fantastic and we are actually linked into that now, because we have access to that intranet... It works very, very well now.'
(Sure Start Plus Co-ordinator)

Where programme co-ordinators described their relationship with partners to be mixed or negative this was for a number of reasons. With Connexions it tended to be because they regarded this service as having too narrow a focus compared with their own holistic approach, or because formal links had been poorly conceived. With Sure Start and with the NHS, co-ordinators believed insufficient priority had been given to specialist services for the Sure Start Plus client group, especially where resources were tight. With mainstream services in general, issues arose about confidentiality and organisational ethos, especially in relation to Sure Start Plus programmes based in the voluntary sector. Mainstream services were not able to be as flexible and adaptable as Sure Start Plus programmes would like them to be. Especially where links were informal and forged between individuals rather than being at an organisational level, partnerships were compromised by high staff turnover on either side because continuity was lost.
Summary: Programme context, design and delivery

- The Sure Start Plus initiative is characterised by diversity as a result of individual pilot programmes being given a brief to follow local need rather than a national template. Programmes design and delivery has varied according to local context.

- The contexts within which Sure Start Plus programmes are working differ in relation to a number of characteristics. These include: population demographics; relationship with local authority boundaries; level of other specialist service provision; and programme funding.

- The lack of clear identity for the programme has allowed the programmes to develop along individual lines, but has also created confusion generally and may have diminished their influence on mainstream services. The name ‘Sure Start Plus’ has been considered inappropriate because of confusion with Sure Start and because of the lack of an obvious link between it and teenage pregnancy or parenting.

- The core vision of Sure Start Plus was to provide equality of opportunity for young pregnant women and parents compared with other young people, with a primary focus on young women rather than their children or young fathers.

- Sure Start Plus programmes are delivered in a number of different ways. In particular they differ in relation to: which sector they are located in; whether their work is needs-led or target-led; whether they have specific strategies for reaching particular hard-to-reach groups; the proportion of pregnant teenagers in their area that they are in contact with; and the quality and nature of their relationships with agencies from different sectors.

- The Sure Start Plus initiative has become increasingly integrated into the Teenage Pregnancy Strategy, with complex programmes devolving into local authority-based ones, and most local programmes being managed by Teenage Pregnancy Partnership Boards. These management changes have been beneficial on the whole.

- Overall the programmes were working successfully in partnership with a diverse range of agencies. These included: NHS antenatal services; Connexions; the education service; Sure Start and the Teenage Pregnancy Co-ordinator. Partnership boards are playing an important role in negotiating relationships between Sure Start Plus programmes and local partners.

- Local partners believed their organisations were benefiting from joined-up working with Sure Start Plus and the majority had good working relationships with the programme. Where these links were positive, Sure Start Plus co-ordinators felt they were able to: provide better-co-ordinated services to young pregnant women and parents; pool resources; and share expertise.
3B Sure Start Plus adviser role

The central component of the Sure Start Plus initiative, as set out in the original guidance document, was a Sure Start Plus adviser who would provide an integrated support package for teenagers who became pregnant. Although many other aspects of Sure Start Plus programmes have proved to be extremely diverse, the personal adviser role is a common feature of all programmes.

In describing the nature and range of the Sure Start Plus adviser role as manifested in the Sure Start Plus initiative, we will draw on evaluation evidence from interviews and focus groups in case study areas with young people and staff, from annual questionnaires with Sure Start Plus service providers in all areas, and from interviews and questionnaires with professionals from partner agencies.

3B.1 The role of Sure Start Plus advisers

3B.1.1 One-to-one work

The focus of work done by advisers since the inception of Sure Start Plus has been on one-to-one advice and support, with advisers spending just over half their time working one-to-one with clients or liaising with other agencies on their behalf. Although all advisers have provided emotional support to pregnant women and young mothers, and have helped them access services, both the way they worked one-to-one and the emphasis placed on different aspects of this work varied between programmes. Some advisers spent a large proportion of their time counselling or working in depth with many of the young people referred to them, while others placed more emphasis on signposting young people back to mainstream services, working in depth only with the most vulnerable, and linking them back into other services as soon as they were ready. Some advisers have also provided support to young fathers and this is described in section 4E.

Many advisers felt that the only way to improve the futures of the young people and their children was to concentrate in the short term on the clients’ immediate needs and in boosting confidence and self-esteem, rather than focusing on reaching programme targets (improving participation in education, decreasing smoking, improving breastfeeding, etc). The implication of this difference in approach is discussed further in section 4 and section 6.

Casework methods ranged from those with a more directive, target-led approach aiming to raise a young woman’s aspirations to those taking a needs-led approach, aiming to empower clients to direct their own lives. Most advisers have adopted a combination of these two approaches with young clients (See section 3A.3.1 and our first interim report for further details). Some advisers felt they guided young people more on initial visits but later, as the work together progressed, they let the client take the lead. Some advisers felt that as their confidence and experience in their own role increased, they felt more comfortable in adopting an empowerment approach when working with young people.

Work by Sure Start Plus advisers with individual clients primarily included:
- Befriending and confidence building.
- Help negotiating family relationships and building friendships.
- Support for women at risk of domestic violence.
Advocacy with local government departments such as benefits agencies, homeless persons units and social services.

Help to obtain benefits and find suitable accommodation.

Help to access educational opportunities and organise childcare.

In some areas, one-to-one work by advisers also included the provision of smoking cessation information, general health information and parenting skills support.

3B.1.2 Other work

As well as the core one-to-one work, four out of five advisers were working with groups. Group work was increasingly utilised by Sure Start Plus staff as the pilots developed, with 12% of staff time being spent on this type of activity. These groups were mainly informal support groups, antenatal or parenting skills classes, and mother and baby groups.

As mentioned in section 3A.2.6, many programmes employed specialist workers, usually by securing additional funding from a variety of sources, in order to supplement or develop the core work of Sure Start Plus advisers. By June 2004 56% of front-line staff were generic advisers, 10% were midwives, 6% were counsellors, 5% were health visitors, 4% were men’s workers and the same proportion were childcare support workers. The remaining 15% were programme co-ordinators who had a residual caseload or were other specialist staff, such as housing support workers.

Some of the advisers also networked with local partners and co-ordinated teenage pregnancy or parenthood issues locally. They most commonly reported that local partners for the advisers were: teenage pregnancy co-ordinators, social services, reintegration officers and Connexions, followed by midwives and Sure Start.7

3B.2 Adviser Caseloads

In the most recent staff questionnaire, Sure Start Plus advisers had caseloads ranging widely in size from four to 152 clients. The average caseload was 55 cases, 29 of which were active (i.e. where there has been contact with a young person at least once in the previous 6 weeks). Active caseloads increased by 36% between March 2003 and June 2004, as Sure Start Plus services became better known and more referrals were made. Some increasing caseloads were also the result of staff absences or empty posts, which left remaining staff with greater client levels. Approximately half the advisers thought their caseload was the right size and half found it too heavy.

The amount of contact with each client varied enormously. This ranged from a one-off contact to give straightforward advice or refer a young person elsewhere, to in-depth counselling and intensive, long-term support. On average, contacts were one-to-one, taking place at the client’s home or by telephone once a week or once a fortnight, and lasting about an hour, typically over a period of 18 weeks. Young women with more complex needs or little social support were given more intensive help for short periods and/or more long-term emotional and practical support.7

'Intensive support takes place with clients at crisis points in their lives. This tends to be late pregnancy/early postnatal. Once they feel able to cope and support strategies are in place Sure Start Plus intervention is reduced. However further involvement with average clients peaks and troughs, e.g. in
early pregnancy (high), 29 weeks (high), postnatally 4-6 weeks after birth (high).’ (Sure Start Plus adviser)

‘(Those with complex needs) demand much more support, as they have none at home. Typically they have been in the care system or are in housing need...’

‘Often social services are involved, court cases, family breakdown.’ (Sure Start Plus advisers)

This average level of caseload of 55 clients was significantly smaller than that envisaged in the original Sure Start Plus guidance, which had predicted caseloads of 350 - 500. This initial expectation was universally criticised by programme staff as unrealistic given the level of client need and nature of the intensive work being carried out.

Case study
In Sure Start Plus Programmes with the most complex needs and least resources, advisers were forced to make difficult choices through a limited capacity to support young mothers even with the most pressing needs.

A Bangladeshi young mother of 17, Rubenaiv, who speaks little English, was living in temporary accommodation with her baby, and her 14-year-old brother. Her husband and parents were in Bangladesh. After becoming pregnant she experienced homelessness, benefits problems and lack of emotional support. The Homeless Persons’ Unit moved Rubena to bed and breakfast accommodation out of borough when she was heavily pregnant, away from extended family and medical services, and where she felt unsafe and frightened of being assaulted. Her main support through the crises she faced was a Bengali-speaking Sure Start Plus adviser who offered daily telephone contact, frequent home visits, advocacy support and helped speed up a transfer to temporary self-contained accommodation within the original borough. Rubena felt too unsettled to use group support, but found her Sure Start Plus adviser ‘very supportive. I don’t know what I’d have done without her.’

She was dreading the point in a few weeks time when her personal advisor would be referring her on to Connexions. Rubena still felt in need of the intensive support she was receiving but in her inner city area the local Sure Start Plus Programme had the capacity only to support young mothers until they were 18 or until their baby was one year, whichever came sooner.

3B.3 Young women’s views of the support received from the Sure Start Plus adviser

Data from the focus groups and interviews with young women suggests that the relationship with their Sure Start Plus adviser promoted general wellbeing. Although the sample was small so bias is possible, the young mothers and pregnant young women we interviewed who had received support from a Sure Start Plus adviser were almost entirely positive about the experience.

iv Pseudonyms are used throughout this report.
The aspect these young women liked most was the individual relationship they had with their adviser, which they described as having a friend. They were also very positive about receiving personal or emotional support and having someone to confide in. The few negative comments made mostly concerned a desire for more contact with advisers than was available.

<table>
<thead>
<tr>
<th>Young women’s opinion of one-to-one support from Sure Start Plus adviser</th>
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<tr>
<td><strong>Things liked</strong></td>
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<tr>
<td>• Friendliness, having an individual relationship with worker</td>
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<tr>
<td>• Confidential support with personal issues</td>
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<tr>
<td>• Practical help and advice with benefits, housing, etc</td>
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<tr>
<td>• Accessibility: help with anything they need and never pushed away</td>
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<tr>
<td>• Proactive - they never give up, phone and visit regularly</td>
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<td>• Help in accessing groups, activities and outings</td>
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<td>• Home visits</td>
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<td>• Accompany them and arrange taxi</td>
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<td>• Liaise with other agencies on their behalf</td>
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<table>
<thead>
<tr>
<th>Things disliked</th>
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<tr>
<td>• 'Discharged' earlier that wanted</td>
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<tr>
<td>• Workers overstretched</td>
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<td>• Cannot afford cost of excursions since having baby</td>
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‘They helped me most especially in the early days when my mum was upset about the pregnancy and when the father didn't want to know... (The Sure Start Plus adviser) was really understanding. She’s a good listener. She’s got a caring nature, we get on really well’. (Pregnant young woman aged 18)

‘(The Sure Start Plus adviser) was one of those people you could make friends with straight away. She’s a warm lovely person. She can sit there and you can talk to her because she’s a friend to you...and I just throw it all at her! She does help you with (any problem).’ (Young mother aged 17)

'I liked having a key person - she can remember you, your child, your names, a personal service... You can contact them in an emergency, you have their mobile.' (Pregnant young women aged 18)

'I liked not just support - you get trips, (Sure Start Plus) organise parents groups. They contact people for you - education, Connexions, housing, childcare. So they help organise many things. They ask what you need of them and then try and organise what you want’ (Pregnant young woman aged 17)

The young women also liked the holistic approach of Sure Start Plus, which they perceived as addressing their overall wellbeing as young mothers, the wellbeing of their children and providing links to other services.
These findings support evidence from other research that suggests that pregnant teenagers have additional unique needs requiring more extensive support during pregnancy and postpartum than older mothers, and that support needs to be non-judgemental and developmentally appropriate.13

3B.3.1 Views of other support services

When interviewing young women in both the Sure Start Plus and matched non-programme areas, we asked their views about one-to-one support they had received from other providers. Overall, they were less positive about this support and felt it was less tailored to their needs.

Praise for Connexions Personal Advisers included a liking for support received and the help to return to education, but some young women found Connexions Personal Advisers unhelpful and the educational focus constraining. Young women praised Sure Start local programme support workers for the friendly and personal support received but some of them felt the service targeted older women or was hard to access.

This lack of enthusiasm was particularly notable in interviews in Sure Start Plus areas, and was less often the case in matched sites, where they had no comparative experience of Sure Start Plus.

‘They (Sure Start Plus) look at the interests of both of you, not just the mum or just the child.’ (Young mother aged 18)

‘Connexions is just about education. Sure Start Plus can help with anything for teenage parents - housing, money situations, everything. Connexions doesn’t give you the information you want. They didn’t really help me’ (Young mother aged 18)

‘(Sure Start) was not right for me, they are like 30-40 year old women and I’m only 15. They don’t know what you are on about.’ (Young mother aged 15)

Data from the impact questionnaire for pregnant and parenting young women supported these findings from interviews and focus groups: young women who had used Sure Start Plus services, ranked them as most helpful above the other professional services they had used in pregnancy and postnatally. Midwifery services were ranked as second most helpful.

3B.4 Personal adviser support - Sure Start Plus advisers’ views

Sure Start Plus advisers were consistently very positive about their core one-to-one work with young women. By March 2003 over 90% of Sure Start Plus advisers thought this aspect of their work was functioning well, and in June 2004 a similar number felt that it was well received by young women. The objectives on which Sure Start Plus staff were most likely to say they were having a high impact were:

- Young women receiving the benefits to which they are entitled (74% of staff).
- Young women feeling supported in their pregnancy decision (61%).
- Young women feeling less isolated (57%).
'We have built a strong and popular organisation for teenage parents...Young people can access us either by appointment or 'drop-in'. This has made us, I think, quite a dynamic and approachable team.' (Sure Start Plus Adviser)

'The most rewarding aspect of my work is if a client is rewarded for their efforts and I have been able to help, for example in finding somewhere to live, starting on a training course, etc.' (Sure Start Plus Adviser)

3B.4.1 Barriers to progress

The most common barrier to overall progress mentioned by Sure Start Plus advisers in June 2004 was staffing capacity.

'We need funding to provide more staff…'

'Capacity is stretched to a maximum and developments cannot be made in time…'

'No time to do group work…'

'Large waiting list…'

'Need to be able to offer more intensive support…' (Sure Start Plus advisers)

The other most commonly cited barriers to progress were inappropriate premises and inadequacy of local resources, such as supported housing.

3B.4.2 The future

The majority of the Sure Start advisers were confident of the success of their work to date but had concerns about the future. They feared that they would be unable to sustain a client-friendly, holistic approach, and that the good work they have developed would become a low priority once funding ceased in 2006 when the work would have to be mainstreamed. There were concerns by some that if Sure Start Plus work were taken on by Connexions it would become too career-focused and if work were continued through the NHS its specialist young-person focus would diminish. They were worried also that if the transition were poorly managed, staff would move elsewhere, losing their expertise:

'This work should remain multi-agency...Sustainability is a concern - I hope we are not raising young people's expectations and then letting them down.'

'Young people will become hard-to-reach again.'

'(I am concerned that) if ring-fenced funding is removed it will be forgotten amongst other NHS clinical targets.'

'Sure Start Plus (will) become more career focused as we move to Connexions.'

'If decisions aren’t made quickly enough workers will leave to seek more secure employment and a lot of good work will be lost.' (Sure Start Plus advisers)
3B.5 Personal adviser support – views of professionals from partner agencies

As well as programme staff, professionals from partner agencies in Sure Start Plus areas regarded the core one-to-one work of Sure Start Plus advisers as key to the success of the programme. They felt it enabled staff to engage, in depth if deemed necessary, with disaffected or vulnerable young women who did not connect with other agencies. They felt being specialists in the teenage pregnancy field gave Sure Start Plus advisers greater understanding of the needs of their young clients, greater expertise in their practice and greater knowledge of local resources.

‘The one-to-one (work Sure Start Plus advisers do) is absolutely fundamental and crucial ...(The young women) have individual needs and issues that need to be addressed ... One-to-one (work) keeps them on track, without it there’s no way we’d keep a young person in education or get them into it, because quality time wouldn’t be given to them to find out if everything’s all right (at home).’
(Professional from Connexions)

‘If they are so disengaged from school that we don’t know about them, they’ll start off at Sure Start Plus hopefully and they’ll persuade them in our direction... (Using) generic Connexions PAs isn’t as simple as it’s alleged. When ours leave school the most vulnerable we will refer to Sure Start Plus not just to Connexions, so they can have someone who can advocate effectively for them. My concern would be if Sure Start Plus disappeared. The 17 year old teen mum who isn’t going into FE who needs help - is Connexions going to pick that up effectively?’ (Education sector professional)

Data from the impact questionnaire for professionals from partners agencies showed that three quarters of local partners in Sure Start Plus programme areas thought that Sure Start Plus was an important information resource for them, and nearly half thought it co-ordinated local provision relating to teenage pregnancy and parenting support.

Professionals in the matched areas without Sure Start Plus were given a summary of the role of Sure Start Plus advisers on their impact questionnaire and asked whether such a role would be useful in their own areas. Three quarters of these professionals from partner agencies stated that this type of support would be useful. Nearly all of the remaining quarter said it would duplicate existing services. Only two professionals thought that this type of support was not needed.
Summary: Sure Start Plus adviser role

- The Sure Start Plus adviser role is a common feature of all programmes, providing one-to-one advice, practical support and in-depth emotional support.

- Many Sure Start Plus advisers also ran support groups, networked with local partners and co-ordinated teenage pregnancy and parenthood issues locally.

- Young women were positive about the support they received from their Sure Start Plus adviser. They especially valued a relationship with their adviser that was like a friendship and provided emotional support.

- Sure Start Plus advisers were confident of the success of their work to date but were concerned that elements of their young-person-friendly, holistic approach would be lost once the Sure Start Plus initiative was ‘mainstreamed’ in 2006.

- Professionals in key partner agencies considered the specialist work undertaken by Sure Start Plus advisers to be beneficial for young women and to complement their skills; professionals in matched areas thought they would find it a useful resource if it was available in their own areas.
4. Has Sure Start Plus made a difference?

In this chapter we shall address the evaluation question ‘How effective are Sure Start Plus advisers in reaching young pregnant women and parents and supporting them and their children in terms of improving their health, wellbeing and education and reducing their risk of social exclusion?’ We shall present the evaluation data to explore the extent to which the programme has made a difference to the original programme objectives, as specified in the Sure Start Plus Guidance (see appendix 2 for a summary of these objectives and related targets).

To examine whether Sure Start Plus has made any difference, primarily we shall use information provided by the three impact study questionnaires (for pregnant and parenting young women, young fathers, and professionals in partner agencies); but we shall also draw on information from other sources where relevant.

This chapter will be divided into four sub-sections that mirror the original aims of Sure Start Plus:

- Improving social and emotional wellbeing.
- Strengthening families and communities.
- Improving learning of young mothers and their children.
- Improving health.

These sections present the possible impact Sure Start Plus is having for pregnant and parenting young women on the different objectives related to these aims, as originally specified in the Sure Start Plus Guidance. A final sub-section, Young fathers, looks at the provision of services for young fathers as well as focusing on specific objectives.

Limitations of the impact evaluation

There is a paucity of well-designed trials to provide evidence of what types of social support resources promote health and wellbeing of socially disadvantaged families. Furthermore, a recent King’s Fund study found complex community initiatives are hard to evaluate because they are trying to address multiple problems in shifting political environments. The authors of the King’s Fund study concluded that in order to build knowledge about what works best, tensions and problems should be acknowledged and debated amongst policy-makers, evaluators and practitioners. The Sure Start Plus evaluation is best understood within this context.

There are limitations to the impact study data gathered by the National Evaluation. These will be discussed further in section 6B, but we highlight some of the issues here to alert the reader to the need for caution in interpreting these results. Limitations of the impact study include:

- Lack of randomisation of Sure Start Plus and matched areas; as such the two groups will be different from each other in unknown ways that cannot be controlled for in analysis.

- The diversity of Sure Start Plus means that no one model exists - the power of comparison is therefore diluted. The numbers of respondents in particular models of service delivery are too low for many meaningful statistical sub-group analyses.

- Many other initiatives that could impact on teenage parents have been in place, or started during the course of this pilot programme, in both Sure Start Plus and matched areas.

- The evaluation was commissioned ten months after the initiation of the programme. No reliable baseline data from either Sure Start Plus or matched sites exists to provide comparative ‘distance travelled’ information.
• Those professionals and young people in Sure Start Plus areas could report more positive attitudes as a result of being the central focus of the study (the Hawthorne effect) or because of biased recruitment.

These issues make it difficult to attribute the cause of differences being seen or the absence of differences that are not seen.

Relevant issues from the Service Delivery Study
Additionally, throughout section 4 we report results from the impact study on the original desired programme objectives and targets as specified in the Sure Start Plus Guidance. However, it became clear early on through the service delivery study that many of the programme staff did not find these objectives appropriate and did not prioritise meeting the related targets in their work. We believe that this has dramatically reduced the chance of the programme showing a difference on these objectives.

On the impact questionnaire for professionals from partner agencies, we asked them to assess the impact their local Sure Start Plus programme was having on a range of potential outcomes. As pointed out in section 3A.5.1, two thirds of the respondents had worked closely with Sure Start Plus, and only 15% had not worked with them at all. As such, we felt that this group were well placed to provide an opinion of the impact Sure Start Plus programmes had made locally. We found in practice that an unexpectedly high proportion of these professionals were unwilling or unable to provide such an opinion on many of the potential outcomes. Often they chose only to offer a view on the outcome areas that related most directly to their own sector of work. In follow up interviews with respondents, some said that they were reluctant to provide an opinion when they ‘would only have been guessing’ on areas outside their own expertise. In some cases, missing data could also be construed as an indication that the professionals were not sufficiently informed due to inadequate partnership working, or were reluctant to be negative about the programme.
4A. Improving social and emotional wellbeing

4A.1 Introduction

Sure Start Plus aimed to improve social and emotional wellbeing of pregnant young women and young parents, both generally and through pursuing several specific objectives. These included supporting early bonding between teenage mothers and fathers and their children and helping teenage parent families to function. We will explore both the general concept and the specific objectives in this section.

Improving social and emotional wellbeing in its widest sense links into all the other Sure Start Plus aims, and also the intended outcomes of the Every Child Matters: Change for Children framework. The latter include promoting physical, mental and emotional health and healthy lifestyles amongst children and young people, protecting them from harm and neglect, and encouraging them to develop positive relationships and self-confidence.

All data from the National Evaluation point to the fact that Sure Start Plus programme staff at all levels see the improvement of social and emotional wellbeing as the core of their work with pregnant teenagers and young parents. However, obtaining robust evidence of the impact of such work is challenging. Measuring small changes in wellbeing (e.g. depression, self-esteem) in a sensitive way is difficult. Hard measures are challenging to use and soft measures remain imperfect.

4A.2 Objectives: Social and emotional wellbeing

4A.2.1 Social and emotional wellbeing

Providing support for wellbeing in the broadest sense, including emotional wellbeing, was a high priority for Sure Start Plus programmes, despite this being less easy to quantify than the ‘harder’ targets.

‘Is there a general target in there around just supporting them? I’d say that was the most important priority.’ (Sure Start Plus Co-ordinator)

Data from the questionnaire for Sure Start Plus service providers in June 2004 showed that that Sure Start Plus advisers most commonly regarded as their top priority objectives: working on a young woman’s self-esteem and confidence; and her gaining appropriate support from health services. Both of these objectives are related to social and emotional wellbeing - gaining appropriate support from health services includes emotional support for postnatal depression and other mental health problems. Over half of the Sure Start Plus advisers thought they were having a high impact on promoting young women’s self-esteem (61%) and on them gaining support from health services (52%).

Both the Sure Start Plus service providers and the young women we interviewed commonly expressed the view that it was necessary to address general wellbeing (sometimes in the form of ‘crisis intervention’) before it was possible to move on to specific goals such as gaining skills, or stopping smoking.
4A.2.2 Support for emotional problems

Analysis of the impact questionnaire for pregnant and parenting young women found that those from Sure Start Plus areas received significantly more help from services in relation to emotional problems than young women in matched sites. This finding supports the data from the interviews with young women. Those women in Sure Start Plus areas who had used the service described instances of significant in-depth work with advisers relating to their personal problems and emotional wellbeing.

Data from professionals from partner agencies, however, did not show any significant differences in perception of provision of emotional support between Sure Start Plus and matched sites.

Case study
Some very vulnerable and isolated young women relied heavily on their Sure Start Plus adviser for most of their support. One young woman of 18, Tina, was completely estranged from her family, had no friends, and her ex-partner (and baby’s father) was in prison and threatening violence. Her Sure Start Plus adviser helped her with housing and benefits, took her out, fed her, listened to her, accompanied her to all her antenatal appointments, was her birth partner, and encouraged her to get back in touch with her family. Tina is now happier and her mother is getting to know her grandchild. She wants to stay at home for the time being - 'just excited to see my kids grow' - gain some self-confidence and has a long-term ambition to have a career supporting teenage mothers herself.

'(The Sure Start Plus adviser) has helped me most... with money and benefits...helped take me back & forth with my scans. She helped me look on the more positive side. I had no one to come with me to the birth (except her), I don’t think I could have done it without her...I think every area should have Sure Start Plus, 'cos they’re brilliant... If you haven’t got no one, they just help you through. (Without her support) I would’ve been really depressed. She’s made me realise there’s more to life than bad things...You can be depressed then you see her and you come back happy.' (Young mother aged 18)

4A.2.3 Self-esteem

Despite young women in Sure Start Plus areas receiving significantly more help for emotional problems than those in matched sites, there was no significant difference between the two groups in relation to self-esteem as measured using the Rosenberg Self Esteem Scale.\(^{19}\)

However, in Sure Start Plus areas 60% of partner professionals who provided impact data thought that Sure Start Plus had had a positive impact locally on the self-esteem and confidence of young pregnant women and mothers, while only two percent thought it had had no impact or a negative one (the remainder were unsure).

It is possible that more intensive work than the initiative has been able to provide, or a longer time-scale, would be needed to impact significantly on low self-esteem in such a socio-economically disadvantaged group as this, where one would expect low self-esteem often to be deep-seated or long-standing. Furthermore, measuring small changes in self-esteem in a sensitive and accurate way is difficult.\(^{18}\)
4A.2.4 One-to-one professional support for wellbeing

Data from the interviews with young women suggest that the relationship with their Sure Start Plus adviser promoted general wellbeing (See section 3A.3). The young women also liked the holistic approach of Sure Start Plus, which they perceived as addressing their overall wellbeing as young mothers, the wellbeing of their children and providing links to other services. Some were less positive about one-to-one support from other service providers and felt it was less tailored to their needs.

A small number of the young women we interviewed had accessed little or no one-to-one support. These included two categories of young women: those who did not want help because they were well supported by their families and those who would have welcomed more help. Three times as many young women we interviewed in matched sites compared with those in Sure Start Plus sites had received little one-to-one professional support and wanted more. A further 40% of young women interviewed overall had received patchy support. This proportion included young women in Sure Start Plus areas whose experience of receiving a high quality service from Sure Start Plus had increased their expectations and heightened their awareness of shortfalls elsewhere.

Case study

In areas without Sure Start Plus, vulnerable young women we interviewed were more likely to have experienced difficulty or delay accessing appropriate services.

One young woman, Hasina, had been taken out of school by her father in year 9, against her wishes, and was disowned by him when she became pregnant soon afterwards. Homeless and without any income, she starting moving from place to place, living on friends’ floors. She knew nothing about antenatal care until she first contacted her GP when she was 22 weeks pregnant. The GP admitted her to hospital when she was seven months pregnant because she was malnourished and her unborn baby was ‘small for dates’ - ‘money-wise, I couldn’t eat’. Finally she started receiving intensive support from a specialist teenage midwife who ‘showed there was hope no matter what...was like a mother, a friend...helped with everything.’ Now aged 16 years, with a son of 8 months, Hasina is in temporary accommodation, somewhat less estranged from her mother and working towards going to university to read psychology and business studies.

4A.2.5 Supporting early bonding

A priority for the young mothers we interviewed was an opportunity to bond with their babies. They valued professional support that took account of their dual position as young people still in the process of gaining skills and experiences to enable them to have fulfilling futures, and new mothers who had just undergone a momentous life change. They wanted support that afforded them the same rights and choices as older mothers concerning the work/life balance, and took account of their needs and the needs of their children. For some young women we interviewed, this meant delay returning to education or work. For others this meant the opportunity to continue

\* The women we interviewed in both Sure Start Plus and matched sites were recruited in the same way: they expressed an interest in being interviewed when completing their postal questionnaires; these were distributed via Teenage Pregnancy Co-ordinators and Child Health Databases. See Appendix 3.
their education in the company of their peers, with the provision of good quality childcare that they had trust in, so that they could enjoy and value more the time they did spend caring for their baby.

'I want him to get to know us more. He's only just come out of my belly, and he's thinking, 'Where am I, who is this, are these my mum and dad?' So I want him to get used to me and I want to get used to him. Once he's one-and-a-half and can do things for himself I might try a nursery and do part-time work, but not at the moment he's too young.' (Young mother aged 17)

'I don't want to be a fulltime mother; I want a job and be working and provide my kids with a better future. I need to learn things, meet new people, talk about adult things not just babies, so I have a break from being a parent. It's easy to become isolated, I was not talking to Mum, I lost contact with my friends, I had postnatal depression. (For my second child) I'll take six weeks maternity leave (from my A-level course) and see how it goes...Nursery (will be) OK if it's a stimulating environment.' (Young mother of 18, pregnant with her second child)

Young mothers described how in-depth support from Sure Start Plus advisers and groups promoted bonding between them and their child. Short periods of respite from their baby were provided to the mothers who accessed Sure Start Plus advisers, who provided access to informal episodes of childcare and Sure Start Plus mothers’ groups with crèche facilities. They said that such respite improved the quality of time they spent together later. Advisers praised their mothering skills thus boosting their self-confidence in caring for their child. Support focusing on both them and their baby, rather than one or the other, helped to foster this relationship.

'At first, I was 16, I was just a kid, I got into rent arrears, went near enough mad, I couldn't cope with the baby crying. Then I started to get used to it and went to classes with other girls in the same situation as me. Now I feel OK. He's just brilliant...Any problems, (the Sure Start Plus adviser) says, 'Come on, tell me, I'm here'...’ (Young mother aged 17)

4A.2.6 Young mothers with post-natal depression

A number of Sure Start Plus programme staff were concerned by the high level of teenagers disclosing histories of child abuse, domestic violence and rape. Consequently, as well as aiming to provide emotional support they were prioritising work to address mental health problems. A recent study of long-term consequences of teenage births confirms that their concern is justified. This study found that teenage mothers suffer significantly higher levels of poor mental health in the three years after the birth compared with older mothers. Poor mental health was associated with a lack of social support.

Several Sure Start Plus programmes had initiatives underway for identifying and targeting postnatal depression. Some projects employed trained counsellors, or were working with local psychiatric services, to streamline referral routes to specialist NHS support or improve screening tools (see the examples given in the Sure Start Plus Practice Guide).

vi The most commonly used tool for screening for postnatal depression, the Edinburgh Postnatal Depression has not been validated for use with teenagers.
'Counselling has helped me most (of all the professional support I've had)... I was really stressed out and taking my anger out on everyone. It took a lot off my chest, to get it out about my past and different things. (From this I’ve learnt) I’ve been depressed all through my life but it’s only hit me since I fell pregnant, it’s been a lot more since I’ve had her.’ (Young mother aged 17 years)

Despite young women in Sure Start Plus areas receiving significantly more help for emotional problems generally than those in matched sites, there was no significant difference between the two groups in relation to young women saying they had received professional help for postnatal depression.

As with self-esteem discussed above, it is possible that in such a vulnerable group as this it would take more intensive, long-term work than the initiative has been able to provide in order to impact significantly on depression, which may well have pre-dated the birth. This was one of the conclusions of a recent randomised controlled trial that found no evidence of impact on maternal depression from increased home-based postnatal support. Providers of that trial’s intervention expressed the view that a considerable degree of professional support would be needed to counteract the health-damaging effects of social and material disadvantage. The National Evaluation of the Sure Start initiative has also found no evidence to date of significant impact by the Sure Start local programmes on maternal depression, or maternal self-esteem.

Summary: Improving social and emotional wellbeing

- Promoting social and emotional wellbeing of young women was the core work of generic Sure Start Plus advisers and specialist programme staff. Many staff prioritised work to address overall well being, including crisis intervention, before moving on to specific programme objectives and related targets.

- Significantly more young pregnant women and mothers in Sure Start Plus sites than matched sites had received help from services in relation to emotional problems.

- Young women were positive about the social and emotional support they had received from Sure Start Plus advisers, and said it had made a difference to their lives. Three times as many young women we interviewed in matched sites compared with those in Sure Start Plus sites had received little one-to-one professional support and wanted more.

- Working on a young woman’s self-esteem and confidence was a top priority for Sure Start Plus programme staff. Despite this, we found no evidence of significant difference in self-esteem amongst young women in Sure Start Plus and matched areas. The likelihood of low self-esteem being entrenched and the fact that improvement in it is difficult to measure could partially explain lack of impact.

- Despite more young women in Sure Start Plus areas receiving help with emotional problems, we found no evidence of significant impact on help for depression, possibly for similar reasons as suggested above in relation to self-esteem.
4B. Strengthening families and communities

4B.1 Introduction

Sure Start Plus aimed to strengthen families and their communities by supporting improvement in the quality and helpfulness of relationships between young pregnant women and mothers, partners and members of their families. Programmes hoped to achieve these aims by working towards several objectives including: reducing the incidence of family break up; reducing the incidence of domestic violence; helping young women learn about being parents; reducing their social isolation; and improving the housing situation of pregnant teenagers and young mothers. In this section we explore the extent to which Sure Start Plus programmes have made an impact on objectives related to strengthening families and communities.

4B.2 Sure Start Plus Objectives: Strengthening families and communities

4B.2.1 Family break up

Quality of relationships with family members
Findings from different components of the evaluation suggest that Sure Start Plus has had a positive impact on the quality of relationships between young women and their families.

Support around negotiating relationships with families has been a core part of Sure Start Plus advisers’ work. Data from the impact questionnaire for pregnant and parenting young women show that young women who use Sure Start Plus were significantly more likely to feel their family was currently being helpful to them than young women in Sure Start Plus areas who did not use the programme or young women in matched areas. Data from the impact questionnaire for professionals from partner agencies back this up and show that 40% of these professionals in Sure Start Plus areas felt that the programme had a positive impact on maintaining supportive links between young pregnant women and mothers and their families. Only 3% of professionals felt it had no or a negative impact on this outcome (the remainder were unsure).

In addition to feeling that their family was more helpful, on the impact questionnaire young pregnant women and mothers in Sure Start Plus areas were significantly more likely than young women in matched areas to say that they had received help in negotiating their relationships with their parents and other family members. This data is further supported by evidence from interviews with young women who were very positive about the support they have received from Sure Start Plus in negotiating their family relationships.

'The best thing since the birth is having my family back...I didn’t want (my mother) not knowing her granddaughter. She loves her granddaughter to bits. (My Sure Start Plus adviser) helped me get back together with my family, (she) said you should really try to get in touch with them so I did.' (Young mother aged 18)

'When I first found out I was pregnant, my mum was upset for about a month. (My Sure Start Plus adviser) used to take me out and take me away from the arguments of the house... like say if you’re having an argument, ’I’ll take you
away,’ and you can forget about it and then go back and everything will be calmed down, so that was good. (Mum) got over it a bit and she was alright after that.’ (Young mother of 15 years)

Relationships with the father of the child
As with family members, young pregnant women and mothers in Sure Start Plus areas were significantly more likely than young women in matched areas to say they had received help with their relationships with their partner. However, young women in Sure Start Plus areas were no more likely to have remained together with the father of their child or found him helpful than those in matched areas. Data from the impact questionnaire with professionals from partner agencies supports this finding and shows that only 22% of professionals in Sure Start Plus areas felt that the programme had a positive impact on maintaining supportive links between young women and the father of their child. Sure Start Plus service providers themselves confirmed this finding. On their questionnaire of June 2004, half felt that they were having little or no impact on young fathers being involved in bringing up their children.

It is clear from interviews with programme staff that Sure Start Plus advisers are spending a considerable amount of time helping young women to negotiate relationships with their child’s father. However, it appears that one reason this may not have translated into a measurable impact on ‘maintaining supportive links with the father’ is because both staff and young people do not always view the maintenance of such a link as beneficial, especially when the relationship has been a violent one. Their view is supported by other research that suggests that partner support in the early years is less critical than family support at that time in obtaining positive long-term outcomes for socially excluded young mothers and their children.23

Information from interviews with the young women highlights a number of issues they face, particularly in relation to abuse or neglect from the father of their child. In such circumstances they sometimes felt it was better for them and their children for him not to have further involvement in their lives. This was often a decision around which their Sure Start Plus adviser supported them:

‘When Jason was born (his dad) didn’t take notice, he wasn’t such a good dad and we got in a lot of arguments and fighting all the time, and we split up when Jason was about 6 months old. …He hasn’t seen him in 3 months now and he only lives about 2 miles away. I said to him I’m not gonna stop you seeing him, I just want you to do it properly, see a solicitor so it’s down on paper, not gonna see him for a month and then just disappear for the month. And my solicitor wrote him a letter saying ‘you can come and see him a couple of hours a week’, slowly building up so he can get that relationship back with him, and he didn’t reply. It’s been 3 months now, nothing at all. …Sure Start Plus helped me a lot with Jason’s dad, my adviser knew what was going on and she’d come and meet me in town for a talk and it helped out a lot. She also advised me on what best to do about the situation. I mean, she didn’t force, she wouldn’t say, ‘Oh do this or do that’, (but rather), ‘one of the people who’s been in the same situation (did this), what you can do is...’ And when Jason’s dad was turning up for fights and arguments, she advised me to keep a diary.’ (Young mother aged 18 years)

Interviews with Sure Start Plus staff confirmed the complexity of working with young mothers around their relationships with the father of their child:
'So I think the targets can contradict each other. There’s stuff around involving young fathers, which is obviously an important priority, yet a lot of our (young women clients) do experience domestic violence. I don’t think (decreasing domestic violence and involving fathers more) are incompatible to have as targets but there’s some recognition of the real tension there.' (Sure Start Plus Co-ordinator)

The one exception to the finding that fathers were considered to provide similar levels of help in Sure Start Plus and matched areas, was that young women in Sure Start Plus programmes with advisers based in social services were significantly more likely to feel that the father of their child was helpful compared with young women in other Sure Start Plus areas and matched sites. We are uncertain why this might be. Potentially, young men finding the transition to fatherhood difficult may be in contact with social services already and thus Sure Start Plus advisers based there can utilise staff networks to reach these young men. At the other extreme, young women in Sure Start Plus areas in London were significantly less likely to feel the father of their child was helpful than all other Sure Start Plus and matched young women.

As in the Sure Start Plus evaluation, the National Evaluation of Sure Start has found no evidence of significant impact of the programme on father involvement with the mother and children.22

4B.2.2 Domestic violence

Incidence of violence

Overall, 14% of the young women who completed the impact questionnaire said that they had experienced violence at home or from someone else they were close to since the outset of their current pregnancy. Young women in Sure Start Plus areas who responded to the questionnaire but had not used the programme were significantly more likely to experience domestic violence than those young women in Sure Start Plus areas who did use the programme and young women in matched areas. The evidence is mixed as to why this is the case; there are two competing explanations. First this may suggest that on the whole young women in Sure Start Plus areas experience higher rates of domestic violence than young women in matched areas and that the programme, through its targeted work on relationships and domestic violence, may be having some impact on reducing the incidence of domestic violence at least to the extent that the rates are reduced to a level similar to those of matched areas. Alternatively, this could suggest that Sure Start Plus is reaching proportionately less young women who do experience domestic violence than those who do not. We believe that both of these factors have been present in different Sure Start Plus programmes. Evidence from interviews with both young women and staff suggests that incidence of abuse blocks young women’s access to services in ways that are challenging to counter.

‘When we got home from the hospital (after the birth of my daughter) it went really bad, he started hitting me every day so I thought I’ll get out of (their joint home). I did go to the Sure Start and got her weighed and that, but since me and him kept having rows and can’t get on at all, I thought I’ll stop going round there because his sister she’s had a baby, in case she goes round there. At Sure Start there was a play group, a midwife and a health visitor. There’s a teenage parent meeting (run by the Sure Start Plus parent adviser) every week. I was supposed to go, but it slipped my mind.’ (Young mother aged 17 years)
The domestic violence they experience as young mums...the control...not being allowed out to even see an adviser. They come up with all sorts of stories to be able to see an adviser for emotional support, pretending they've got to get a form filled in when actually it's not at all, and women's aid number in their mobile phone being under the name of a friend.’ (Sure Start Plus co-ordinator)

Support around domestic violence issues

Young women in Sure Start Plus areas who use the programme were significantly more likely to receive help with domestic violence issues when compared to young women in Sure Start Plus areas who do not use the programme and young women in matched areas. Sure Start Plus staff spoke of a number of initiatives that the programmes were implementing or developing that targeted domestic violence issues. These include group information sessions and support for young women, training for professionals, specialist counselling and initiatives targeted at young fathers. (Examples of these can be found in the Sure Start Plus practice guidance published alongside this report.)

Investigation of the different models through which Sure Start Plus is delivered identifies that young women using Sure Start Plus in programmes where they have chosen to do intensive work with a small group (low coverage model) were more likely to say they were receiving help in relation to domestic violence than young women from other Sure Start Plus programmes and those in matched sites.

Case study - Domestic violence

One 17-year-old woman, Beth, was estranged from her family and living in a hostel. Her partner became increasingly abusive during her pregnancy, first verbally and then physically. After the baby was born she was re-housed into her own council accommodation. She hoped that her relationship would improve, but instead the violence escalated. Beth ended the relationship, but her ex-partner would turn up late at night, drunk and asking to see their child. He would frequently become violent.

Beth had been seeing a Sure Start Plus adviser during the second half of the pregnancy, and had already been helped by her with benefits and housing issues. When the violence increased, she confided in her adviser about the situation. Initially she just wanted emotional support, but later asked her adviser to find out information for her about how she could stop the violence. Together they spoke to a worker at a domestic violence organisation, who advised Beth about her rights and the steps she should follow to gather evidence about the situation. The adviser helped her to contact the police; eventually she was granted a restraining order against her ex-partner. Beth said that she wouldn’t have had the courage to address the situation without the help of her Sure Start Plus Adviser.

4B.2.3 Information about parenting

Information about parenting has been offered to young women in Sure Start Plus programme areas through a variety of methods. In addition to supporting existing local parenting class provision, some areas developed their own courses. Others had parenting topics as part of their weekly drop-in groups, and others provided one-to-one information via programme midwives, health visitors and advisers.

vii Beth asked for the interview not to be tape-recorded. As such, no direct quotes are available.
Data from both the impact questionnaires for young women and the one for professionals from partner agencies suggest that pregnant and parenting young women in Sure Start Plus areas were no more likely than those in matched areas to have attended parenting classes. Nevertheless, 40% of professionals from partner agencies in Sure Start Plus areas did feel that the programme had had a positive impact on attendance of young pregnant women and mothers at classes. Only 6% felt programmes had no or a negative impact on this outcome (the remainder were unsure).

There are some data to suggest, however, that Sure Start Plus is contributing to young pregnant women and mothers being more informed about parenting. The impact questionnaire for young women shows that those in Sure Start Plus areas who used the programme were significantly more likely to have received help in learning about being a parent than young women in Sure Start Plus areas who do not use the programme. The data from the impact questionnaire for professionals from partner agencies back this point, with significantly more professionals in Sure Start Plus areas than those in matched areas feeling that provision of information about parenting to young pregnant women and mothers was adequate.

4B.2.4 Social isolation

Making young pregnant women and mothers less isolated was at the core of the work of Sure Start Plus programmes, both in terms of the work around family relationships as described above, but also in creating group and individual activities to provide the young women with social and learning opportunities. Due to space constraints on the impact questionnaire for young pregnant women and mothers, the evaluation did not use a validated tool to measure social isolation. Instead, several questions were asked that relate to this area (including living alone and not often going out to meet friends, relatives or to attend group activities), and from these a composite social isolation score was formed. There were no significant differences on these individual questions or on the composite score between young women in Sure Start Plus and matched areas.

However, the impact questionnaire for professionals from partner agencies reveals that 63% of those in Sure Start Plus areas felt the programmes were having a positive impact on young women being less socially isolated. Only 2% felt the programme had no impact on this outcome (the remaining 35% were unsure of impact). This is backed up by evidence from the interviews with young women where they identify that Sure Start Plus has played a major role in encouraging and enabling them to get out of the house and meet other people and has lessened their feeling of social isolation.

'They (Sure Start Plus) couldn't do anything better. It’s absolutely brilliant. Years ago people didn’t have the support of Sure Start Plus...It’s all about getting to meet other people the same age. It’s brilliant 'coz then you feel you’re not on your own no more...most of the people that I see are from there (Sure Start Plus group) ‘coz I don’t really have any friends (except them).’ (Young mother aged 18)

'(The Sure Start Plus advisers) would always come round. I get out of the house and they are helpful... Just to get me out of the house I think, that’s what it is really (good), the only other place to go is my mums. It was both (the group and seeing them one-to-one that helped) because, see, when you go in a group you just talk to anyone you like and everyone felt open, instead of feeling like, ‘oh, I daren’t say this cause I don’t know whether I can trust.’ It wasn’t like that.’ (Pregnant young woman aged 16).
4B.2.6 Housing

Support around housing issues
Young women in Sure Start Plus areas who used the programme were significantly more likely to receive help in relation to housing issues than those in Sure Start Plus areas who did not use the programmes and young women in matched areas. Similarly, professionals from partner agencies in Sure Start Plus areas were significantly more likely to feel that provision of information or advice about both housing and benefits was better for these groups in Sure Start Plus areas compared to matched areas.

Young women using Sure Start Plus in areas where they have chosen to work intensively with a small group (low coverage model) were more likely to feel they were receiving help in relation to housing issues than young women in other Sure Start Plus programmes or young women in matched areas.

Provision of housing advice and access to accommodation
Analysis of data from the impact questionnaire for professionals from partner agencies shows that they perceive Sure Start Plus as having an impact on pregnant and parenting young women obtaining accommodation. Professionals from partner agencies in Sure Start Plus areas were significantly more likely than those in matched areas to feel that provision of accommodation (including supported housing) was better for these groups in their local area. These findings are further supported by other data from this questionnaire, which show that 45% of those professionals in Sure Start Plus areas felt the programmes were having a positive impact on enabling young pregnant women and mothers to obtain accommodation.

Similarly, data from the Sure Start Plus service providers’ questionnaire of 2004 shows that half of the programme workers felt they were having a high impact on young women obtaining accommodation. In addition to advisers acting as advocates for their clients with housing departments and housing associations, some Sure Start Plus programmes offered innovative schemes helping to put young parents into supported accommodation (see the Sure Start Plus Practice Guide for examples).

Finally, evidence from the interviews and focus groups with young women highlights that those in Sure Start Plus areas were more likely than young women in matched areas to feel they were living in suitable accommodation and many described how the programmes had helped them with their housing issues.

'(My Sure Start Plus adviser) helped me with my housing claim...she rang up the Homeless Persons' Unit and helped stop me being evicted.' (Young mother)

In looking at the different ways and contexts in which the programme is delivered a difference emerged regarding housing provision for pregnant and parenting young women. Professionals from partner agencies in Sure Start Plus areas outside of London were significantly more likely to feel provision of accommodation (including supported housing) was adequate than professionals in Sure Start Plus in London or matched areas. It is likely that the particular complexity of the housing situation in London coupled with the housing shortage there may explain this finding.
Summary: Strengthening families and communities

- Sure Start Plus appears to be strengthening families in a number of ways. Compared to matched areas, significantly more young pregnant women and mothers in Sure Start Plus areas have had help in negotiating relationships with their families, and have subsequently reported more supportive relationships with them.

- Similarly, young women in Sure Start Plus areas were significantly more likely to have received help with partner relationships and more help in relation to domestic violence. However, this did not translate into more young women in Sure Start Plus areas maintaining a relationship with the father of their child. Both the young women and the Sure Start Plus workers agreed that this was not always an appropriate objective to be working towards, especially where relationships had been violent.

- Sure Start Plus appears to have made a difference around housing issues as well, with significantly more young women in programme areas than matched areas reporting receiving housing advice and more help in obtaining and retaining accommodation, whether supported or otherwise.

- Significantly more young women in Sure Start Plus areas than those in matched areas had received information about parenting. There was, however, no difference in the proportion attending parenting classes.

- Professionals from partner agencies in Sure Start Plus areas were positive about the impact that programmes were having on reducing social isolation; as were programme staff themselves. This did not translate into a significant difference in social isolation scores between young women in programme and matched areas.

- Some of the effects shown on strengthening families and communities may in part be explained by the different contextual characteristics of programmes and the models in which they are being delivered. In particular, the more intensive and long term the work of programmes is, the more likely it is to have an impact on some of these objectives. Furthermore, being based in areas outside London also helps because needs were relatively less acute there than in London, resources were greater and services in general were less stretched.
4C. Improving learning of young mothers and their children

4C.1 Introduction

Sure Start Plus aimed to improve the learning experiences of teenage mothers and their children. This aim translated into a number of specific objectives. The first objective was to increase the numbers of pregnant and parenting young women involved in some form of education, training or employment. Secondly, it was hoped that more of those in contact with Sure Start Plus would also gain educational qualifications, reaching at least NVQ level one accreditation. Connexions was identified as the important service working with young people around education and employment issues and, as such, an additional objective of Sure Start Plus was to increase recognition and use of this service by pregnant and parenting teenagers. In terms of the children of teenage mothers, Sure Start Plus had an objective to improve their access to good experiences of play and learning. In this section, we explore the success of Sure Start Plus in meeting this aim and objectives, and in raising the long-term aspirations of these young people.

4C.2 Sure Start Plus Objectives

4C.2.1 Young pregnant women and mothers participating in education, employment and training

Education and training
At the time of completing the impact questionnaire for young pregnant women and mothers, 30% of the young women were in education or training, a further half were not but had completed year 11 at school, and the remaining sixth had dropped out of education before completing year 11. Of those who were of statutory school age (15 years old and younger), 73% were in education or training.

From the statutory school age group, there were a significantly greater number of young women in education or training from Sure Start Plus areas (83%) than in matched areas (60%). This significant difference remained when adjustments were made for educational status at the time the pregnancy began. The young women in Sure Start Plus areas were following very similar routes to those in matched areas for education and training (schools, colleges, special units, training courses for young mothers, etc), but at slightly increased levels of participation in each.

The proportion in education dropped to 33% of those who were 16 and 17 years; and to 22% of those 18 years and older. For these older age groups there was not a significant difference between educational participation levels for young women in Sure Start Plus and matched sites.

Employment
Only 8% of the young women were in paid employment at the time of completing the impact questionnaire for young women. This proportion rose from 2% of the under 16 year olds, to 7% of 16-17 year olds and 9% for the oldest age group. There were no significant differences in employment levels between the Sure Start Plus and matched site women, in any of the age groups. The types of jobs being carried out were also similar between the groups, with the most common employment being retail work,
followed by jobs in the catering and administration fields. Slightly more young women in Sure Start Plus than matched areas were being paid to do training courses.

**Combined: Participation in education, employment and training**
As well as analysing participation rates in employment and education or training separately, we looked at a combined outcome of current involvement in education, employment or training as increasing participation was a target that Sure Start Plus shared with Connexions and the Teenage Pregnancy Strategy. Overall, one third of the questionnaire respondents were participating in some form of education, employment or training. Very similar proportions were found to be participating in Sure Start Plus and matched areas, with no statistically significant difference found.

When breaking this down by age group of the respondents, we found that there were no differences for the 16/17-year-old group or the 18 years and older group. However, when looking at only the youngest group of mothers and pregnant young women, those 15 years and under from Sure Start Plus areas were significantly more likely that those in matched areas to be in education, employment or training, when adjustments were made for education and employment status at the beginning of the pregnancy.

Although Sure Start Plus areas showed no overall difference in participation rates compared with matched areas when taking young women of all ages together as a group, in those Sure Start Plus areas where they had a target-led model\(^viii\) in place, there were significantly more young pregnant women and mothers of all ages participating than in matched sites and other Sure Start Plus areas (51% in target-led areas vs. 35% in matched areas and 30% in other Sure Start Plus models). Also, in Sure Start Plus areas where their advisers were based either in education, Connexions or social services, participation levels were significantly higher than in other Sure Start Plus areas (45% vs. 30%) and matched sites (35%).

**Views of professionals from partner agencies**
The other evidence regarding educational participation and attainment provides a mixed picture of the success of Sure Start Plus in making improvements to this target area. When looking at the evidence from the impact questionnaires for professionals in partner agencies, a comparison of provision between Sure Start Plus and matched areas suggests that there is little perceived difference in terms of the adequacy of:
- Support for pregnant and parenting young women to remain in or re-enter education.
- Education and skills training.
- Information and advice about employment opportunities.

There was, however, a significantly greater perception amongst professionals from partner agencies in Sure Start Plus areas than in matched sites that specialist educational provision for teenage parents was adequate. This may be partially explained because some Sure Start Plus areas have fundraised and assisted with the provision of programmes like Young Mums to Be\(^ix\), or put on their own accredited courses (see Sure Start Plus Practice Guidance for examples\(^{11}\)). In some areas, it is likely that there were different levels of specialist provision (school-girl units etc.) in place before the inception of Sure Start Plus, as provision around the country is quite variable and influenced by historical local educational policy.

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\(^viii\) Target-led models are where there is a greater emphasis placed on reaching programme targets. See section 3A.3.1

\(^ix\) Young Mums to Be is a training programme supplied to providers by Technical Training Services – Gloucestershire. www.ymtb.co.uk
When the professionals from partner agencies in Sure Start Plus areas were asked to score their perceptions of impact on various programme objectives, over half thought Sure Start Plus was having a positive impact on participation in education, employment and training compared to only 4% who felt it was no or a negative impact (the remainder are uncertain about the impact).

**Views of Sure Start Plus Advisers**

Sure Start Plus advisers initially were very wary of the participation target, believing that many young women who became pregnant had a strong dislike of school and poor educational attendance prior to the pregnancy. They were concerned that the reasons for educational dissatisfaction should be addressed, rather than ‘forcing’ people back into education to meet the target. They were concerned, also, about pursuing this target in relation to more vulnerable young women who had crisis issues to address and those who expressed a desire to be full-time mothers.

‘Not all young women want to (return to education, employment and training). If they’re doing it through choice then they should have that choice. If they’re doing it because they’re not informed of what their options are then that’s very different. I think a young mum should have the choice like any other mum... (We) do individual assessments with young women and we try and find out what they really do want to do, and we will try and motivate and encourage.’ (Sure Start Plus programme co-ordinator)

Over time, however, Sure Start Plus advisers became more confident that they were having an impact on educational participation. On the questionnaires for Sure Start Plus service providers, the proportion who thought they were having a positive impact of this target rose from 72% in January 2003 to 89% in June 2004.

**Monitoring data**

Other factors have also indicated that there might be a basis for more optimism around educational attainment targets. Monitoring figures returned from Sure Start Plus areas have consistently recorded higher than national average rates of participation in education, training and employment for young mothers. Participation rates for mothers aged 16-19 from Sure Start Plus monitoring data, July to December 2003, were 44% compared with 27% from Labour force survey data for 2003. 24 These figures should be interpreted with caution, however, as returns of monitoring data were low and Sure Start Plus figures may represent a looser definition of what constitutes a training course.

The economic commentary data also showed that a major focus of resources has been put on educational participation and attainment targets.

**Views of young women**

The interview data from young women provided detailed examples of the support given by Sure Start Plus in overcoming major barriers to return to education. For a number of young women, this support included help with considering what sorts of educational and employment opportunities most interested them and suited their circumstances; providing them information about available courses; referrals to or work with Connexions Personal Advisers; help in accessing good quality childcare and childcare funding. (See Sure Start Plus Practice Guidance for examples.)
Case study - Help with returning to education

One 16-year-old young woman, Sarah, was planning to do her GCSEs and had dreams of becoming a nurse or midwife. When she found out she was pregnant, she thought that her own future ‘was over’. Because of a ‘difficult period with her parents’ she had been living away from her family in supported housing and had met her partner through this accommodation. Although he was very happy with the idea of being a father when initially told about the pregnancy, over the next months their relationship deteriorated. Sarah struggled to cope with pregnancy and her turbulent relationship and stopped going to school.

She first came into contact with Sure Start Plus through the specialist young woman’s midwife at the local hospital, who organised for her to meet a Sure Start Plus adviser. Sarah said that her studies were the least of her worries at that time. The adviser worked with her to find housing, as the supported housing would not allow children; worked through her financial difficulties (she owed money to a catalogue company as well as being uncertain of which benefits she was entitled to); and together they met with her parents to see if they could ‘clear the air’ and improve their relationship.

Two months after her son was born, Sarah and his father split up. She said this made her realise that only she was going to be able to provide a good life for her son. She decided that it was important that she went back to school so she could get a good job, so that her son would have a good role model, and be able to live in a nice house and have security.

With her Sure Start Plus adviser, who worked via Connexions, she determined what qualifications she would need in order to work towards being a midwife. At the time of the interview, she had taken and passed the GCSEs that she needed and had been accepted onto a college course that would give her a qualification to work as a paramedic. She then planned to work and study to become a midwife. Her current college course meant that her son had to be in full-time childcare. The adviser had helped her access childcare at a good nursery through a Care to Learn grant, but this would not be sufficient to cover the full costs of the childcare for the course, so the adviser was now helping her to apply to other foundations asking for assistance. Sarah dropped her son at her mother’s house each morning and she took him on to the nursery, so that Sarah only had to take two buses to college instead of three.

Summary of participation data

Where participation in education was a statutory requirement for young women it appeared that Sure Start Plus programmes worked successfully in partnership with other agencies to make education services more accessible to and appropriate for young women. However, with older mothers for whom learning was not compulsory, most Sure Start Plus advisers were respectful of their choices and preferences in whether to access education, training and employment or not. The results of a recent study of the long-term outcomes of teenage parenthood suggest that this may well be an effective way to work with teenage mothers. This study found that whilst employment acted as a protective factor for women who had become mothers as teenagers if they felt they had chosen to work and if they liked their job, it was clear that for some their emotional wellbeing was enhanced by being able to be full-time mothers while their children were young, and returning to education at a later stage that suited them.
Sure Start Plus National Evaluation: Final Report

The average age of the babies of the young women completing questionnaires was nine months, so it is unsurprising that a high proportion of women old enough to exercise choice about whether to participate in education or employment would choose not to at that early stage of motherhood. Recent evidence suggests that such a choice could well be associated with improved child health. A study across OECD countries has found that extending maternity leave for new mothers significantly reduces infant mortality and low birth weight, perhaps because of links with longer periods of breastfeeding and better preventative health care. Furthermore, results of a study of the longer-term effects of teenage motherhood suggest that being a teenage mother has little adverse impact on the woman’s qualifications, employment or pay at age 30. Thus, it appears young mothers can make up any lost ground relative to mothers who delay childbearing.

The apparent lack of impact by Sure Start Plus on participation rates for young women over statutory school age is shared with the Sure Start programme. The National Evaluation of Sure Start has found that the overall proportion of parents taking part in employment and training activities is low even in the most active and encouraging programmes and confidence building is an important early step towards employability.

4C.2.2 Young pregnant women and mothers obtaining qualifications at NVQ Level 1 or above

The data from the impact questionnaire for pregnant and parenting young women indicated that there was no significant difference in the proportion of young pregnant women and young mothers in Sure Start Plus and matched areas who had received educational qualifications of NVQ level 1 or higher. This was the case with all age groups of young women.

As with participation in education, employment and training however, those Sure Start Plus areas that adopted a target-led approach to delivery achieved a significantly higher level of qualifications than matched areas.

In Sure Start Plus areas where the programme had not developed a relationship with the local education sector, we found that young mothers were significantly less likely than those in matched areas to have obtained qualifications. So a positive relationship with the education sector increased the chance of success on this target.

4C.2.3 Recognition and use of Connexions

Awareness of the Connexions service was high amongst pregnant young women and young parents: 93% overall said they had heard of the service. Significantly more Sure Start Plus users were aware of Connexions (98%) than were either respondents from Sure Start plus areas who hadn’t used the service (88%) or those from matched sites (94%).

In addition to recognition of the service, the young women were asked whether they had used the Connexions service during pregnancy (33% had done so) and after the birth (20%). Overall, 44% of the young women who replied to the impact questionnaire had used Connexions at some point since they became pregnant. As with recognition of the service, when comparing use of Connexions in Sure Start Plus and matched sites, significantly more of the users of Sure Start Plus services had also made use of Connexions (59%) than young women from Sure Start Plus areas who had not used it (26%) and those from matched areas (46%). The much lower rate for use of
Connexions for those who also did not use Sure Start Plus may be an indication that both services were challenged to consistently access the most hard to reach young people.

4C.2.4 Aspirations around education, training and employment

Exploration of short, medium and long-term plans and aspirations of young pregnant women and mothers was carried out through a series of questions both in interviews and by questionnaire. In interviews with young mothers we explored their short-term plans over the following year. A quarter had or planned very little break in their education; most of these were still in secondary education. A quarter had returned to education when their baby was six months or older, or planned to do so. Of the remaining half of the group, just over 10% were working part-time or actively seeking work; and just under 40% were full-time mothers with no immediate plans to return to work or study.

When asked about aspirations over the next few years on the impact questionnaires, we found that of the young women who responded:

- 15% wanted to be full-time mothers.
- 45% wanted to be studying.
- 38% wanted to be working.
- 13% were unsure what they wanted to do.

We found no significant difference between Sure Start Plus users and other young mothers on this question of their medium-term aspirations.

On the impact questionnaires, the young pregnant women and mothers were asked to write in their long-term dream or ambition. The most frequent answers were that they wanted to get a good job; study and get qualifications; and be a good mother. Many wanted to own their own businesses. The most frequently mentioned careers were in the fields of beauty/hair dressing, childcare, or nursing / midwifery.

4C.2.5 Children of young mothers having access to good quality play and learning experiences

The Sure Start Plus programme aimed to enhance learning experiences for the children of teenage parents, as well as the parents themselves. These opportunities centred around increasing parental involvement in play and learning, and in increasing access to good quality childcare.

The average age of the children of the young women who completed the impact questionnaire was 9 months old. On the whole, data from this questionnaire suggests that Sure Start Plus has not had an impact on young mothers playing with their children at this early stage in their lives. Analysis of data found no difference between young mothers in Sure Start Plus and matched areas in relation to playing with their children (including playing together at home, reading together, visiting friends and relatives with children and attending group activities). This is despite the fact that 42% of professionals in Sure Start Plus areas feel that the programme has had a positive impact on enabling children of pregnant teenagers and teenage mothers to access play and learning experiences.
4C.2.6 Young mothers who read to their children

Data from the teenager impact questionnaire also show that Sure Start Plus is not having an impact currently on the specific objective of young mothers reading to their children. As above, the very young average age of children is likely to have affected this, as their parents are less likely to be reading to them at this stage. In general, however, programmes are not prioritising objectives around play and reading as their work has been much more focused on supporting the young mothers. Evidence on this target could usefully be explored over the long-term.

The findings from this evaluation mirror those of the National Evaluation of Sure Start who have also found no evidence of significant impact of the programme on improving home learning environment, in terms of reading or play.
Summary: Improving learning of young mothers and their children

- A majority of Sure Start Plus workers were initially ambivalent about the objective and related targets around participation in education, employment and training. They had concerns about previous disaffection with school, with other greater crisis issues, and about allowing the young women the chance to be mothers. Over time, most programme workers became more positive about the impact they were having on participation rates, but reservations remained about pursuing this target in relation to the more vulnerable young women and those who expressed a desire to be full-time mothers.

- Professionals in partner services in Sure Start Plus areas had positive perceptions about provision of specialist education services and about the impact of Sure Start plus on educational objectives.

- On the young women’s impact questionnaire, those in Sure Start Plus areas who were aged 15 or younger were more likely than similarly aged women in matched sites to be participating in education or training (83% vs. 60%). This significant difference remained when adjustments were made for educational status at the time the pregnancy began. For older age groups of young women, however there was no significant difference in participation in education, training and employment in Sure Start Plus areas.

- However, when looking at the young women’s impact questionnaire data for those Sure Start Plus programmes that had a very target-led approach, we see significant positive impact for all age groups of young pregnant women and mothers compared to other Sure Start Plus approaches and matched areas (51% in target-led areas vs. 35% in matched areas and 30% in other Sure Start Plus models.). Similarly when the Sure Start Plus advisers were based in the education sector, there was significant positive impact.

- Monitoring data figures returned from Sure Start Plus areas about their participants have consistently recorded higher than national Labour Force Survey rates of participation in education, training and employment for young mothers. These figures should be interpreted with some caution, however, as returns of monitoring data were low and Sure Start Plus figures may represent different definitions of participation.

- As with participation, there was limited difference between Sure Start Plus and matched sites in attainment of qualifications, with only those in target-led areas or those based in the education sector showing better attainment than matched sites.

- There was significantly greater recognition and use of Connexions by young women who used Sure Start Plus than either Sure Start Plus non-users or young women in matched areas.

- There was no impact shown by Sure Start Plus on the learning and play experiences of children. This may be in part because these objectives were not prioritised by Sure Start Plus programmes and also because of the very young average age of the children.
4D. Improving health

4D.1 Introduction

Sure Start Plus aimed to improve a range of health issues for young pregnant women, young mothers and their babies. Specific objectives outlined in the original programme guidance included two relating to improving health behaviours of young women (increasing the numbers in contact with health services before the 14th week of their pregnancy; and reducing the incidence of unwanted, repeat conceptions); and two aimed at reducing risks for young mothers and their babies (increasing breastfeeding rates and decreasing the incidence of smoking). It was hoped that additional support in pregnancy for these young women would also reduce the incidence of low birth weight babies. In addition to these specific objectives, there was a more general desire to improve the levels of health information provided to young women both during pregnancy and postnatally.

Data from interviews and questionnaires with the Sure Start Plus service providers showed that the programmes placed substantial importance on improving the overall health, especially emotional health, of their clients. The work relating to emotional health has been covered in section 4A. The Sure Start Plus programmes concentrated on improving general physical health as well, for instance in group work sessions, concentrating on topics like healthy eating in pregnancy. All the programmes did joint work with the health sector, notably with antenatal and sexual health services. Half of the programmes employed midwives as part of their team. As described in section 3A.5, nearly two-thirds of the Sure Start Plus programme co-ordinators said they had a positive relationship with local antenatal services. In addition to general work relating to improving overall health and well-being, some programmes developed innovative schemes to address the specific health targets related to the Sure Start Plus objectives (see the Sure Start Plus practice guide for examples). There was inconsistent focus on these objectives, however, with some areas giving little priority to these specific issues and others concentrating considerable time and resources to them. Notably, work around physical health objectives was seldom prioritised or carried out one-to-one by Sure Start Plus advisers; this work was more commonly carried out in a group setting or through specialist members of the team.

In trying to measure whether Sure Start Plus has made a difference to health issues for their clients, the evaluation has faced some challenges. We were severely limited by space constraints on our self-complete questionnaire for young people; piloting made it clear that this needed to be very brief. As such, we were unable to include multi-question instruments for measuring some health concepts. Given the breadth of the evaluation, it was not possible to assess the quality of the health messages being given across the programme to young people. The challenge in illustrating programme impact was further compounded by the fact that through interviews and impact questionnaires with professionals from partner agencies in matched sites, we became aware that there was widespread availability of similar group work and of specialist teenage pregnancy midwives.

Despite these challenges, in this chapter we will examine how Sure Start Plus has addressed each of the specific health objectives in turn.
4D.2 Sure Start Plus Objectives

4D.2.1 Health information

When asked about the provision of information about pregnancy and giving birth, similar proportions of young people in Sure Start Plus and matched areas said they had been given information on these topics. This data showed the numbers receiving any health advice at all about pregnancy and giving birth. However a priority for programme staff was on improving the quality of that advice and making provision more young-person-friendly, so that young women got the most from it. This data was not captured quantitatively and was not a specific target.

In the interviews with young women, it was clear that they preferred information that was given to them by someone who was used to working with young people. They were complimentary of training courses like Young Mums-to-Be and of antenatal groups run by midwives exclusively for pregnant teenagers.

'The midwife that dealt with the teenage clinic, she was brilliant, I had her mobile number in case anything happened, she did parent groups.' (Young mother aged 17 years)

'I was with one of the first groups that they started off, you still get the same people going but it’s open to everyone now. (It’s run by the Sure Start Plus advisers) and then the midwife. We get a chance to talk but if you want to talk to one of them on their own they will. The midwife (at the Sure Start Plus group) went through some stuff with me. If you ask for it, they’ll get you it. (I didn’t go to parentcraft), well, I didn’t like the midwife from the hospital at all. She also said ‘you might feel out of place with you being so young.’ I think she’s got a problem with (teenage pregnancy), my mum said she was never like that with her. I wish I’d changed her but I felt if I go with another one she might be worse.’ (Pregnant teenager aged 16 years)

On the impact questionnaire for professionals from partner agencies, when the professionals were asked their opinions on the provision of information for pregnant young women, significantly more thought that this service was adequate in Sure Start Plus areas than in matched areas. Although considered better in pregnancy, provision of information for young mothers in the postnatal period was considered similar in the Sure Start Plus and matched areas.

4D.2.2 Pregnant young women in contact with health services before 14th week of pregnancy

Some Sure Start Plus programmes concentrated on early intervention with young women, at the point when young women discovered their pregnancies. These employed workers in family planning clinics; termination clinics; and counselling services specialising in pregnancy options. Other Sure Start Plus programmes worked with schools or campaigned (on the radio or via stickers and posters put up in places where young people went), in an effort to have self-referral to the programmes from young women as soon as they suspected they were pregnant. As a result, some Sure Start Plus programmes had referrals and self-referrals early on, prior to the 14th week of pregnancy.

* Young Mums To Be is a training programme supplied to providers by Technical Training Services - Gloucestershire. www.ymtb.co.uk
pregnancy. But the majority of programmes had referrals only after the young woman had seen a health worker.

Over three quarters of the young women (79%) from the young women’s impact questionnaire sample said that they had seen a health professional about their pregnancy before they reached their 14th week. There were no significant differences between the proportions of teenagers in Sure Start Plus areas and those in matched areas regarding the timing of first health visit in pregnancy. None of the different models of delivery of Sure Start Plus affected this significantly: namely whether needs led, target led or a mixed approach; the sector in which advisers were based; and a focused or comprehensive approach.

Although no difference was found in terms of the timing of first visits, on their impact questionnaires professionals from partner agencies in Sure Start Plus areas were significantly more positive than their colleagues in matched areas about the access to, and use of, appropriate health care by pregnant and parenting teenagers.

4D.2.3 Young women smoking during and after pregnancy

When asked whether they had had help giving up smoking since they became pregnant, 44% of the young women said on the impact questionnaire that they had received some. There were no significant differences between the numbers of young women in Sure Start Plus areas and matched areas who had had this type of support. Teenagers from London-based Sure Start Plus areas were less likely to have received help; as were women in Sure Start Plus areas that had their advisers based in the voluntary sector.

Data from the impact questionnaire for professionals from partner agencies in Sure Start Plus areas showed they were uncertain about whether the programme was having any influence on this objective. Monitoring data provided by programmes about smoking was of poor quality. Sure Start Plus advisers themselves felt they were having little impact on smoking cessation, predominantly because this was an area that some advisers chose not to address specifically with young people, especially early on in their work with them. Some advisers indicated that young people were already aware of the risks and consequences of smoking and that it was a ’loaded’ topic. To raise the issue was seen as something that acted to alienate the worker from the young person and make them seem unsupportive at a time when they were trying to develop a trusting relationship.

During the evaluation, we observed that some of the young women we interviewed were smokers but this was rarely a topic that was raised by them, and if so, only in a defensive manner. For instance, when asking about the financial costs experienced by these young mothers, some would include the price of cigarettes in their weekly expenditure, but then would quickly say ‘but I never smoke in front of the baby’. Sure Start Plus service providers said that young people prioritised other issues as more critical than smoking - difficult relationships with partners and families, housing problems, financial concerns, depression and other substance misuse issues. This lack of prioritisation was apparent when considering programme expenditure. In tight financial circumstances, programme co-ordinators chose smoking as the target on which to spend least resources (See section 5).

‘It’s very hard for (smoking to be) a priority because it’s the other stuff that leading to the smoking that we’re trying to tackle.’ (Sure Start Plus Co-ordinator)
The misgivings of Sure Start Plus staff may be reasonable when looked at in the context of other research evidence. Other research has found that many mothers find it hard to stop or reduce smoking during pregnancy, even knowing the benefits, because smoking can help them cope with stress. The most effective interventions have been found to be those provided in a context of social support, which are age-sensitive, use peer support, booster sessions, and cognitive behaviour theory helping teenagers to change attitudes and behaviour. Hence they are specialised and require high resources.

A few Sure Start Plus programmes did make smoking cessation one of their priorities. Some had innovative initiatives around smoking, often carried out in conjunction with local smoking cessation services. These programmes reported positive local progress on reducing smoking amongst their clients, although the numbers involved in these initiatives were too small for our evaluation to measure whether any impact made was significant. Examples of smoking cessation initiatives are available in the Sure Start Plus Practice Guide.

4D.2.4 Young mothers’ breastfeeding

Work around breastfeeding issues in Sure Start Plus areas concentrated on improving information and support, increasing acceptability of the practice amongst young women, and helping mainstream services to be more young-person friendly around this issue. Most Sure Start Plus areas worked closely with midwifery services, often subsidising the appointment of a specialist teenage pregnancy midwife. Improving provision of information and support around breastfeeding was one of the roles of these specialist midwives. Group work in Sure Start Plus areas also focused on breastfeeding issues. Two programmes were training peer mentors to support others to breastfeed and another had developed teenage-friendly literature on breastfeeding for use in local health services.

Half of the young women who replied to the impact questionnaire said that they had received support around breastfeeding. There was no significant variation between young mothers in Sure Start Plus areas and those in matched areas regarding help with breastfeeding. There was no significant difference between different models of Sure Start Plus service provision on this target; having advisers based in the health sector did not influence this either.

Professionals from partner agencies working in Sure Start Plus areas indicated on their impact questionnaire that they had great uncertainty about whether the programme was having any impact on breastfeeding, with two-thirds being unsure, and a quarter saying that Sure Start Plus was having a positive impact.

Sure Start Plus service providers thought that they were having low impact on the target to increase breastfeeding. Some said that it was difficult challenging entrenched cultural and family attitudes towards breastfeeding; hence they were dubious about potential impact on this target.

'Trying to prioritise … breastfeeding has been really difficult, particularly when we’re also trying to promote being back in education. Breastfeeding whilst you’re at school is no fun in terms of leaving lessons and the poor ones who’ve done it are shattered. (They feel it’s) rammed down their throats. We’re treading a fine line on how we even broach the subject of breastfeeding now. They feel people accuse them of being bad parents and they feel that anyway.' (Sure Start Plus Co-ordinator)
Case study - the challenge of breastfeeding

Young mothers we interviewed spoke a little about infant feeding. One who had chosen to breastfeed, and was doing so successfully, said she decided to because it would be cheaper and 'less hassle' than using formula milk.

Another young mother, Carrie, had decided in pregnancy, at a group run by the Sure Start Plus midwife, that she wanted to try to breastfeed. Her partner was supportive but she had little help in the maternity ward with breastfeeding after the baby was born. Back at home Carrie started experiencing problems. Her mother tried to help, but eventually suggested that she switched to formula milk. She didn’t make any more attempts to breastfeed after this point.

'I wanted to breastfeed and I did it for three days and I just couldn’t do it, the hospital was so busy, I wanted to be in there quite a few days just to get myself used to it and I got chucked out within a day and they didn’t really give me help or show me what to do with breastfeeding...I broke down in tears, I thought there was something wrong with me because I’d gone to these classes (with the Sure Start Plus midwife). I was really down because of breastfeeding.' (Young mother aged 17 years)

It has been challenging for the evaluation to collect accurate data about breastfeeding from Sure Start Plus areas. Monitoring data provided by programmes was of poor quality: of those programmes that did provide some data, two thirds provided no information on breast-feeding rates. It was clear that this was something that was not systematically collected by programme workers. Despite the work described above that was being done by Sure Start Plus workers, often in partnership with specialist midwives, the breastfeeding target was rarely as high a priority with programmes as other areas of work were.

When looking in a wider research context there is lack of evidence about effective interventions for promoting breastfeeding amongst disadvantaged groups. A recent systematic review concluded that co-ordinated, well-resourced programmes were needed to change embedded practices. Views of programme staff that emotional wellbeing and social support should be addressed first is supported by evidence that continuance of breastfeeding in young mothers is promoted by providing emotional support, self-esteem boosting and encouraging support networks as well as health information, within trusting professional and family relationships.

4D.2.5 Unplanned repeat conceptions, particularly among under 18s

Many Sure Start Plus programmes worked closely in conjunction with local family planning and sexual health services. Some of this work related to making those mainstream services more accessible and appropriate for all teenagers; others concentrated on ensuring contraceptive information and provision was available to all the young people who used Sure Start Plus services, either following a termination or the delivery of a baby.

The impact questionnaires gathered data from young mothers on repeat conceptions, but given the difficulty in assessing whether a pregnancy is unplanned because the young women themselves are unsure or ambiguous, no questions were asked.
regarding intention. Overall, a fifth of the young women had had two or more conceptions under the age of 18. There was no difference between Sure Start Plus and matched areas regarding the level of repeat under-18 conceptions. Given the age of the children, a proportion of these repeat conceptions occurred before the young women had had first contact with the Sure Start Plus programme.

When asked about future aspirations in the questionnaire and interviews, nearly all the young women stated that they wanted to delay having more children. In the interviews, a number discussed the desire to wait until they were on a better financial or relationship footing before having more children.

’One child is enough - so they get all the love and attention and you can afford things. He has everything I never had as a child - love, he’s well loved. I want him to have nice things...I don’t want another until he’s in school and I’ve been working (after qualifying as a nurse) so I can afford to take a whole year out for my baby.’ (Young mother aged 18 years)

It was clear however that this wish to delay pregnancy was not always being achieved. One young woman who had a 7-month-old daughter had recently discovered she was pregnant again. She said that her Sure Start Plus worker had, shortly after the birth of her child, explained different methods of contraception and brought her condoms. She had decided to continue with this subsequent pregnancy, but expressed her regret that she hadn’t paid attention to her adviser.

On the impact questionnaire for professionals in partner agencies, they were not asked specifically about the prevention of repeat conceptions in young people. Instead they were asked to assess the adequacy of the local service provision for supporting young people with decisions about:
- Continuing with a pregnancy.
- Support through the process of termination.

In both cases, professionals from partner agencies in Sure Start Plus areas were significantly more positive than those in matched areas about the provision of these services. On this same questionnaire, 53% of professionals from partner agencies thought Sure Start Plus had had an impact on supporting young women with their decisions about pregnancy outcome, whereas only 3% thought it had had no impact. The remaining 44% were uncertain of the impact on this issue.

4D.2.5 Low birth weight babies to young mothers

There is evidence that teenagers have a higher proportion of low birth weight babies than older mothers. Sure Start Plus programmes tried to address the incidence of low birth weight primarily through: group work that focused on information about healthy eating in pregnancy; one-to-one work on access to benefits and appropriate housing; and emotional support to reduce stress levels. Additionally, some projects supplemented this with support for young women in giving up smoking.

Of the young mothers who completed the impact questionnaire, 7% had had a baby that weighed less than 2500g, the classification of low birth weight. The incidence of low birth weight babies did not differ significantly between Sure Start Plus and matched areas.

Affecting the low birth weight measure was perhaps beyond the scope of the programme. Positive impact on low birth weight is strongly dependent on having
positive impacts on other health targets, especially smoking reduction, or upon a factor outside the capacity of Sure Start Plus, namely preventing socio-economic deprivation pre-conception. A recent systematic review concluded that interventions offering additional support during pregnancy are unlikely to prevent a low birth weight baby.\cite{35}

**Summary: Improving health**

- **Sure Start Plus programmes** developed close working partnerships with the health sector. Half of the programmes employed, or worked alongside, a specialist teenage pregnancy midwife. Diverse, innovative practice has developed to improve general health and target specific health issues.

- The specific health objectives did not capture any impact programmes were potentially having on improving general health and wellbeing, an objective that is difficult to measure through 'hard' measures, but was an area of high priority for programmes.

- These health objectives were difficult for the evaluation to measure. The quality of monitoring data on health objectives returned by programmes was particularly poor, and the finer distinctions pertinent to the health objectives, such as whether repeat pregnancies were unintended or not, or the quality of service provision, were at times problematic to assess using the impact questionnaires for young women.

- Data from the questionnaire for professionals from partner agencies indicated that those in Sure Start Plus areas viewed the provision of health information in pregnancy in their areas more positively than their colleagues in matched areas. This was also the case regarding support around decision-making and for termination. Despite this, on the young women’s impact questionnaire, there were similar levels in Sure Start Plus and matched areas who reported having received health information in pregnancy and postnatally, having a low birth weight baby, and having repeat under-18 conceptions.

- Similar levels of young women in Sure Start Plus and matched areas accessed health services before 14 weeks of pregnancy. Most referrals to Sure Start Plus programmes came after young women had seen a health professional about their pregnancy.

- Many Sure Start Plus workers found the objectives of reducing smoking and increasing breastfeeding difficult ones to address with young people. Although some programmes had developed specific initiatives around smoking, most workers saw this as an inappropriate and alienating target to focus on with their young clients, especially early on in the relationship. Support and information around breastfeeding was provided, but this was considered to be an area where entrenched views made progress difficult without substantial resources and specialist expertise, for instance from teenage pregnancy midwives. When comparing data from the young women’s impact questionnaires in Sure Start Plus and matched areas there were no significant differences on the proportions who had received support around breastfeeding or smoking cessation.

- None of the models of Sure Start Plus service delivery made much difference to meeting the specific health targets. Most interesting is that those Sure Start Plus programmes that put most emphasis on health by, for instance, having advisers based in the health sector or having a strong relationship with health services made
no more of a significant impact on specific health objectives than programmes that
did not emphasise this sector. Those areas that took a strong target-led approach
to service delivery also had little impact on these objectives. This may have been
because more staff time and resources were needed for dedicated health work to
achieve an impact. Alternatively, more emphasis may have been placed on health
work where a gap was perceived in existing health sector provision, so this work
may have brought these sites up to the standard of others in achieving health
targets rather than surpassing them.
4E. Improving the lives of young fathers

4E.1 Introduction

The original guidance provided to Sure Start Plus programmes highlighted the importance of the role of young fathers. In particular programmes were to help young women to stay in contact with the father of their child and support young fathers in being helpfully involved in the upbringing of their children. (See section 3D).

Sure Start Plus programmes were expected to support young fathers and work towards specific objectives for them including: "joint involvement by the father and attendance at parenting classes; active encouragement of the father in his child's upbringing; and continuation of the father in full-time education or employment".

In this section we explore the extent to which Sure Start Plus programmes have worked with young fathers and met these objectives.

4E.2 Sure Start Plus service delivery to young fathers

4E.2.1 Early programme delivery

Data gathered for the service delivery study highlighted that, in the first two years of the Sure Start Plus pilot initiative, the large majority of programmes focused less on young fathers than any other group. At this time Sure Start Plus co-ordinators did not identify young fathers as part of the vision of their programmes.

As a result, few programmes were accessing and working with young fathers. Any work that did take place with them generally took the form of practical advice rather than in-depth emotional support. This often occurred as a result of opportunistic encounters, rather than systematic accessing of young fathers. Sure Start Plus co-ordinators and service providers gave multiple reasons for the lack of service provision for young men. The most common was that they did not have the financial or staff resources to work with young fathers, particularly as they were considered to be hard to access and engage. Some programmes also considered themselves to be a service only for women; or saw their focus to be on objectives for young women; and considered that working with young fathers might lead to a conflict of interest in relation to their work with young women. Finally, some programmes identified an absence of national guidelines for work with this group and a reluctance of other organisations to collaborate in working with young fathers.

'The problem that we’ve got (in relation to working with young fathers) is that we haven’t got the time and the capacity to do this...or the advisers haven’t because of their day to day work with young women’. (Sure Start Plus Co-ordinator)

Young fathers themselves pointed to the need for more opportunities and services specifically for them and were particularly keen for specialist men’s workers to be available. Early on, this was the case in very few programmes.
'It would be nice if they could do something more specifically for the dads as well as the mums. The amount of stuff there is for dads is ridiculous.' (Young father)

'I think they should do a group, cause lads get on better with lads than trying to talk between lads and girls.' (Young father)

The lack of attention being placed on work with young men was further highlighted in previous interim reports by the National Evaluation team. Other research suggests that young fathers receive little professional support in the transition to fatherhood and feel excluded from the birth process, and that health professionals lack the skills to engage with them.

4E.2.2 Recent programme delivery

However, in the most recent interviews with Sure Start Plus co-ordinators (March 2004) there appeared to be a shift towards more focus on work with young fathers. In these interviews, all co-ordinators said that they felt it was important for Sure Start Plus programmes to work in some capacity with young fathers.

'It is extremely important...research needs to be done to identify what (programmes) need to do about (young fathers). It is part of the Sure Start Plus focus, or should be.' (Programme Co-ordinator)

Co-ordinators felt it was important to work specifically with young fathers because they too were in need of support and through supporting them programmes felt they would be achieving Sure Start Plus targets and indirectly helping young women.

Approximately two thirds of programmes had translated these attitudes into particular strategies for working with young fathers. These strategies employed by programmes fell within a number of categories:

- Funding or part funding specialist fathers workers or working closely with fathers workers from other agencies to deliver services.
- Changing their ways of working to help access young fathers.
- Working with other agencies to access young fathers, encourage cross referrals and provide groups.
- Carrying out research into the needs of young fathers to inform future policy and practice.

'I think our work with young fathers (has changed over the past year). We have a specific worker now...We put a separate bid in to the Neighbourhood Renewal Fund and the European Social Fund to be able to extend out outreach areas and to employ someone to work with young dads. Both of these were successful and now we have a full-time dads worker and I think that’s pretty cool really...Now there’s parenting groups for dads specifically...it doesn’t feel to the dads like this is a mums’ project and I think that’s been a huge step forward.' (Sure Start Plus Co-ordinator)

Specific examples of work with young fathers being carried out by different Sure Start Plus programmes are listed in the companion Practice Guidance.

Thus by the third year of the pilot initiative, work with young fathers was becoming a greater priority for many programmes. However, this work still remained a secondary priority for other programmes and had not yet translated into large numbers of young
fathers using their services. Data from the Sure Start Plus service provider questionnaire shows that only 57% felt that their service was accessible to young fathers. The Sure Start Plus monitoring data shows that in the period January to June 2004 a total of 107 young fathers and young fathers-to-be were in contact with Sure Start Plus programmes (in the 26 programmes for which data were available). Young men thus accounted for only 4% of all young people seen by programmes in this period.

4E.2.4 Partner agencies’ perceptions of Sure Start Plus accessibility to young fathers

Questionnaire data from professionals in partner agencies working alongside Sure Start Plus indicated that most did not feel Sure Start Plus was targeting or reaching young fathers. Only 16% of these professionals felt that programmes were being successful in reaching this client group. Through interviews it was apparent that partner agency workers in many areas assumed that young fathers were not prioritised by Sure Start Plus programmes and that this, for them, explained the lack of success identified in the professionals’ questionnaire.

In Sure Start Plus areas where the fathers were a priority and there was a specific strategy for reaching and working with them, professionals did feel that there was significantly more success in reaching teenage fathers than professionals in areas without such a strategy.

4E.3 Impact of Sure Start Plus on objectives for young fathers

The impact questionnaire for young fathers was completed by a small sample of 85 young fathers. As indicated in the Section 2, partners of respondents to the young mothers’ questionnaire primarily completed the fathers’ questionnaire. The demographic characteristics of those who responded varied greatly between respondents in Sure Start Plus and matched sites; although obvious differences were adjusted for in analysis, others remain. The small size of the sample, the fact that respondents were sourced via their partners and the lack of heterogeneity between the groups could have effects on the findings presented here and should be considered by the reader when interpreting them.

4E.3.1 Health

Information provided to young fathers about being at the birth and being a father

The fathers’ impact questionnaire revealed trends favouring better health information in Sure Start Plus areas compared with matched areas, although these were not statistically significant. This trend was most obvious in relation to information about contraception and smoking, and indeed the data for smoking was borderline significant.

4E.3.2 Learning of teenage fathers and their children

Young fathers’ participation in education, employment and training

At the time of completing the fathers’ impact questionnaire, just under one quarter of the male respondents in Sure Start Plus areas were in education or training, a further half were not but had completed year 11 at school, and the remaining quarter had dropped out of education before completing year 11. Those still in education and training were most likely to be in college or work-based learning schemes.
Just over half of the young fathers in Sure Start Plus areas who completed the young fathers’ impact questionnaire were in paid employment. These young fathers had a variety of different jobs including: mechanics; electricians; sales person; labourers and catering. A similar proportion of young father’s in matched areas were in paid employment.

Analysis of data from the young fathers’ impact questionnaire found no significant difference in participation in either education or employment between young fathers in Sure Start Plus and matched areas. Data from the professionals’ impact questionnaire show that partner professionals felt there was no difference between Sure Start Plus and matched areas in relation to provision of information and advice about education and skills training to young fathers. However, they did feel that young fathers in Sure Start Plus areas were significantly more likely to receive information about employment opportunities than in matched areas.

**Young fathers awareness of the existence of Connexions**
Awareness of the Connexions service was very high in young fathers: 87% of young fathers in Sure Start Plus areas and 86% in matched areas had heard of the service. However, less than a third of young fathers overall had used Connexions at any point since they found out they were going to be a father. There is no evidence of a significant difference between young fathers in Sure Start Plus and matched areas in their awareness or use of Connexions.

**4E.3.3 Families and communities**

*Reducing the incidence of family break-up*
Data from the young fathers’ impact questionnaire found that young fathers in Sure Start Plus areas compared to matched areas were not significantly more likely to receive help with their relationships with their partner, parents or other family members or to still be together with the mother of their child.

*Reducing the incidence of domestic violence*
Although analysis of the data from the young fathers’ impact questionnaire finds no statistically significant difference between young fathers in Sure Start Plus and matched areas in relation to receiving help with domestic violence, the data still shows an interesting trend. No young fathers in matched areas reported receiving such help while one in ten of young fathers in Sure Start Plus areas reported receiving help in relation to domestic violence issues.

*Attendance of young fathers at parenting classes*
Only one in ten of young fathers who replied to the questionnaire had attended parenting classes although a quarter had received help in learning about being a parent. Analysis of data from the questionnaire found no significant difference between young fathers in Sure Start Plus compared to matched areas on either of these objectives.

This was backed up by data from the impact questionnaire for professionals from partner agencies, which found little difference between Sure Start Plus areas and matched areas in relation to young fathers’ attendance at parenting classes or learning about being a parent. However, in Sure Start Plus areas where programmes had a specific young fathers’ strategy for reaching and working with them, professionals from partner agencies were significantly more likely than those in matched areas to feel that provision of information about parenting was adequate for fathers.
**Housing for young fathers**

Although over one third (39%) of young fathers responding to the impact questionnaire in Sure Start Plus areas were receiving help in relation to housing issues compared to only one quarter in matched areas, this difference was not statistically significant.

Data from the professional impact questionnaire also shows that young fathers in Sure Start Plus areas are not perceived as receiving better provision of accommodation (including supported housing) or provision of information and advice about housing and benefits than young fathers in matched areas. Indeed, only 12% of professionals from partner agencies in Sure Start Plus areas felt that the programme had had a positive impact on enabling young fathers to obtain accommodation.

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**Peer advice from young fathers**

The young fathers who filled in the impact questionnaire, from both Sure Start Plus and matched areas, had a great deal of advice for other young men who were about to become fathers. Their views, although interesting, should be interpreted with caution. They are likely to represent those of a group that is considerably more involved than average because of the way the sample was sourced - 86% were still together with the mother of their child compared with 55% of our sample of young mothers still being with their child’s father.

On the whole, our sample of young men advised that having a child was hard and life changing but that it was a positive and special experience.

**Most common advice from young fathers to a father-to-be**

- Stand by your partner
- Put the baby first
- Be prepared
- Find a job
- Start saving

'Keep your chin up and always be there with your partner when they need you most.' (Young father aged 19)

'Stupid but hey...this sort of thing happens so don’t go running away...It’s your child and you have to take care of it now.' (Young father aged 19)

'Always be there for him or her, no matter what, and your child comes before everyone and show lots of love towards your child.' (Young father aged 18)

'Make sure you keep your head straight and bring in enough income for the young one even before it’s born.' (Young father aged 17)

'Having a child is probably the hardest job out there. But it is by far the best”.' (Young father aged 19)

4E.3.4 **Self esteem, emotional wellbeing and confidence of young fathers**

Very small proportions of young fathers from Sure Start Plus areas reported receiving help in relation to emotional problems and depression. Young fathers in Sure Start Plus
areas were not significantly more likely to receive this support than young fathers in matched areas.

Professionals from partner agencies were significantly more likely to regard provision of emotional support for young fathers to be adequate in Sure Start Plus sites than matched sites. This suggests that despite a need to develop more services providing emotional support for young fathers universally, Sure Start Plus was starting to address an issue that was not being addressed elsewhere.

**Summary: Improving the lives of young fathers**

- In the first two years of the Sure Start Plus initiative, few of the programmes did any specific work with young fathers. Key reasons for this included: lack of resources, prioritisation of work with young women; perception that there was a conflict of interest between working with young female clients and young fathers; and lack of guidance on work with young fathers.

- Over the life of Sure Start Plus, more programmes have started doing specific work with young fathers individually, as couples with their partner, and in groups. By the third year, all programme co-ordinators said they thought it was important to work with young fathers; and two-thirds of the programmes had specific strategies for young father’s work in place. However, work with young fathers remains a secondary priority for most.

- Professionals from partner agencies in Sure Start Plus areas where the programme had a specific strategy for reaching and working with young fathers, felt the programmes were significantly more successful in reaching teenage fathers than professionals in areas without such a strategy.

- Although very few significant differences were found in professionals' perceptions of services for young fathers in Sure Start Plus and matched areas, professionals from partner agencies were significantly more likely to regard provision of emotional support for young fathers to be adequate in Sure Start Plus sites than matched sites.

- Although not statistically significant, a higher proportion of young fathers in Sure Start Plus areas compared to matched areas are receiving: information about health; advice and provision of contraception; help in giving up smoking; advice about domestic violence; and help about housing issues.

- The impact study questionnaire for young fathers had a small, opportunistic sample. It is unlikely to include fathers with more negative attitudes. Unsurprisingly, given the size of the sample, no significant differences were found between young fathers in Sure Start Plus compared to matched sites on the basis of any of the objectives.
5. Findings: What has it cost to deliver Sure Start Plus?

5.1 Introduction

This economic commentary reflects on issues relating to the funding of the programme. In this section we initially explore early issues relating to funding and service delivery of the programme, utilising data gathered in interviews with those involved in the planning and operation of the programme. Once the Sure Start Plus pilot was well underway, we investigated the annual costs of providing Sure Start Plus programmes by reviewing financial claims and asking programme co-ordinators to complete an economic questionnaire. This provides a snapshot of revenue and expenditure from one financial year (2003-4) as well as outlining co-ordinators views on a variety of programme cost issues. Finally, this section concludes with an exploration of how funding related to the objectives of the programme.

5.2 Early funding issues and service delivery

5.2.1 Background

The Sure Start Plus Guidance document laid out the parameters of the grants that would be available to run the local programmes. It highlighted that the costs of individual programmes would vary on the basis of:

’...size of area to be covered by the programme, the likely level of caseloads, existing services and the exact nature of the activities proposed.’

The Guidance also specified that an average pilot programme would receive £100,000 per year and that grants of more than £200,000 per year were unlikely. In due course, this was the case.

In the first years of the Sure Start Plus pilot, the two major financial issues raised appeared to be contradictory: there was substantial programme under-spend, but many staff thought the funds available to them were insufficient.

5.2.2 Under-spend

Analysis indicated that the under-spend was primarily a result of delays experienced in early implementation of the programmes. Early implementation was particularly hampered by: problems with staff recruitment; changes in vision from the original proposal; poorly functioning local advisory boards; difficulties with a lack of national guidance; baseline data collection; lack of a Sure Start Plus identity; and complex programme areas.

Although all of these issues had some impact on early spending, the major one for the under-spend centred particularly around difficulties in recruiting staff and subsequent delays that occurred in starting up services. In a typical example, in one area protracted negotiation was undertaken with the three host organisations for advisers regarding the job descriptions and grading of the Sure Start Plus adviser posts before these could be advertised and recruitment undertaken. It took seven months before agreement was reached and a further three months before any advisers were in post.
Not only were ten months of budgeted salary costs not spent, but also associated costs of setting up and running the service.

'We’ve got under-spend because we couldn’t make the appointment in the time that we wanted because we were doing some really good partnership work... Developing job descriptions, agreeing salaries, management, and all that that brought with it, in three different organisations was extremely challenging... We’ve got it in place extremely well now, but it took a long time. Partnership work is very, very slow, and if you’re going to take everybody along with you, then you often have to work to their time lines too.’

(Programme co-ordinator, end of 1st year of funding)

Some co-ordinators identified that tensions between those planning programmes and those making these plans operational contributed to early under-spend.

'The main problem is the manner in which it was agreed funding would be spent. I was not involved in that process. For example, £10,000 on childcare in the first year is an impossible amount to spend in the first year of any project! The plans were written by people without a real understanding.’ (Programme co-ordinator)

5.2.3 Under funding

The second main early funding issue was that programmes felt that the initiative was under funded. Through interviews and our discussions at national conferences, we were told by many strategic and operational staff about the limited resources available to the programme, and how much more could be done with greater funding. Some of the co-ordinators said the funding was adequate for their needs, but most felt that with greater resources they would have been able to extend their services by employing more staff, notably programme co-ordinators, additional advisers, and greater portions of time of specialist workers (e.g. midwives, fathers’ workers, counsellors). As described in chapter 3A, the feeling of being under-resourced was especially the case for dual and multi-local authority ‘complex’ sites, where the original allocation was then sub-divided for the different areas. The level of individual funding they received was lower than for comparable single sites.

'(The funding is) not enough, not enough. I think it was very haphazard in terms of allocation. It wasn’t based on actual need in terms of the plan, cause we put in quite an ambitious programme, starting from scratch. ... I don’t think they’ve allocated enough in terms of staff, two posts are not enough for us but that’s all we can afford. There’s no recognition that you need admin staff, it’s very short sighted.' (Programme co-ordinator, complex site)

'The amount is utterly inadequate for the job needing to be done.’ (Programme co-ordinator, complex site)

'(The one thing that would help the programme most is) more money. Yes, because we’ve got the processes in place, we know that we can get more staff, it’s just so that I don’t have to penny pinch in giving the kids what they deserve.’ (Programme co-ordinator)

Many projects were working under the misapprehension that they would be able to roll over their total under-spend into the next year, although this was not the policy of the DfES. Although some projects applied for, and were granted, permission to roll over
substantial amounts of money for specific targeted projects, others lost out on the bulk of the money they had not spent. For some areas this proved especially problematic, because costs associated with starting up the programme, for instance for publicity materials, then had to be met in subsequent years, despite not being accounted for in original budgets. As such, what were considered to be ‘tight’ funds became further squeezed.

5.3 One Year snapshot: the resources received by Sure Start Plus programmes from April 2003 - March 2004

5.3.1 How much funding did Sure Start Plus programmes receive?

In 2003/4 the Government was allocated £3,390,000 for the Sure Start Plus Grant. This was distributed to local programmes via local authorities as a ring fenced addition to the Teenage Pregnancy Local Implementation Grant.

The total amount of funding received by individual Sure Start Plus programmes ranged widely due to the manner in which funding was allocated and the effectiveness of programmes in gathering additional funding from different sources. In total, in this financial year, programmes received an average of £128,929 from all sources. The annual total received by programmes ranged from £57,500 to £232,750 - over four times as much.

The source for the majority of this funding was the Sure Start Plus Grant, which provided an average of £96,700 (range £39,000 - £200,000) per financial year. Eighty five percent of programmes also received funding from other sources in the order of an average of £27,484 (range £0 - £165,000) per financial year. Exploring these ‘other’ sources of funding shows that the largest proportion of programmes (43%) received additional funding from the Teenage Pregnancy Local Implementation Grant. One quarter (26%) received additional funding from Connexions and 17% received funding from the Neighbourhood Renewal Fund.

5.3.2 How much funding did Sure Start Plus programmes receive per teenage conception?

The estimated amount of funding programmes received per teenage conception ranged widely in 2003/4. In relation to total funding from all sources, programmes received on average an estimated £459 per teenage conception (range = £241 - £843). In relation to the Sure Start Plus Grant, programmes received on average £347 per teenage conception for this financial year (range = £152 - £576).

5.3.3 What non-funding resources did Sure Start Plus programmes receive?

The majority of programmes (85%) received (non-financial) resources in kind from a number of different organisations. These ‘non-funding’ resources consisted mainly of worker time, use of premises, facilities or equipment. Programmes mainly received these resources from the health sector (57%) although over one third received them from Connexions (38%) and the voluntary sector (38%). Sure Start (29%) and the Teenage Pregnancy Strategy (28%) provided these resources to a smaller proportion of programmes. Programmes that felt funding was insufficient were significantly more likely to be receiving these ‘non-funding’ resources than programmes that felt they were sufficiently funded.
5.3.4 How adequate did Sure Start Plus programmes find the funding they received?

The majority of programmes (84%) felt the total funding they received from all sources per financial year was insufficient. On average, programmes suggested that £198,560 would be sufficient funding although this ranged from as low as £90,000 to as high as £400,000. This would average £70,000 per year more than they were currently receiving from all sources, and more than double the average Sure Start Plus grant they received.

Programmes identified some specific things they were unable to do because of insufficient funding. Over half identified lack of funds as a barrier to reaching and working with some groups, offering some activities and employing staff. Just under half also felt that lack of funding meant they could not address all the Sure Start Plus objectives and thus had to prioritise the ones they considered to be most important.

5.3.5 How important was the funding from Sure Start Plus?

All programme co-ordinators felt support services for pregnant young women and young mothers had been inadequately funded in their areas before Sure Start Plus started. The funding brought into areas by Sure Start Plus was thus considered to be very important. In particular, nearly all programme co-ordinators felt that Sure Start Plus funding had allowed for the provision of new services for pregnant young women (96%) and young mothers (100%) and had also allowed for adding value to existing services for pregnant young women (89%) and young mothers (89%). Three-quarters of co-ordinators said that it had allowed for the provision of new services or added value to existing services for young fathers. A further benefit of funding for Sure Start Plus, identified by 11% of programme co-ordinators, was that it had enabled them to draw in additional funding.

5.4 One year snapshot: Sure Start Plus programme expenditure

5.4.1 What were the main expenditures of the Sure Start Plus programmes?

Salaries constituted the major expenditure of Sure Start Plus programmes in the financial year 2003/4. On average programmes spent £81,228 that year on salaries, which equates to an average of two thirds (68%) of total annual programme funding received from all sources. The average spent on salaries ranged from £15,000 (15% of total annual funding) to £159,000 (97% of total annual funding) - over ten times as much. These salaries were used to pay for an average of 110 worker hours per week, which is the equivalent of approximately 3 full-time staff per programme. The range for worker hours per week was from 37 worker hours per week (1 full-time equivalent) to 224 worker hours per week (6 full-time equivalents).

On average, programmes employed:

- **Advisers** - approximately 1.33 full-time equivalent advisers (range = 0 full-time equivalent staff - 3.5 full-time equivalent staff) employed for 49 hours per week (range = 0 hours - 131 hours) and paid £24,782 pro rata.
- **Co-ordinators** - approximately 0.66 full-time equivalent co-ordinators (range = 0 full-time equivalent staff - 2 full-time staff) employed for 24.33 hours per week (range = 0 hours - 74 hours) and paid £30,037 pro rata.
- **Specialist midwives** - approximately 0.25 full-time equivalent midwives (range = 0 full-time staff - 1 full-time equivalent staff) employed for 8.48 hours per week (range = 0 hours - 38 hours) and paid £26,872 pro rata.

- **Specialist men’s workers** - approximately 0.1 full-time equivalent men’s workers (range = 0 full-time equivalent staff - 0.5 full-time staff) employed for 2.8 hours per week (range = 0 hours - 19 hours) and paid £28,646 pro rata.

- **Other staff** - programmes also spent on average £4,518 that year on administration assistance.

Programme average annual expenditures on things apart from salaries accounted for much smaller proportions of total annual programme funding received from all sources and included:

- Rent - £4,467 (range = £0 - £20,000).
- Advertising - £3,672 (range = £0 - £25,000).
- Room hire - £2,383 (range = £0 - £20,000).
- Staff travel - £2,343 (range = £0 - £8,000).
- Young peoples’ travel - £2,269 (range = £0 - £12,000).

In two thirds of the Sure Start Plus programmes, the local Teenage Pregnancy Partnership Board was ultimately responsible for administering programme funds. The individual with operational responsibility for the programme had ultimate responsibility in only 19% of Sure Start Plus programmes.

### 5.4.2 What resources did the Sure Start Plus programmes donate to other organisations for free?

Sure Start Plus programmes donated a considerable amount of non-financial resources to other organisations. Most commonly they donated worker time (41% of programmes), which equated on average to £3,379 per financial year (range = £466 - £16,726 per year). Just over a fifth of programmes (22%) also provided training sessions free of charge to other organisations. The main recipients of free resources from Sure Start Plus programmes were voluntary and health sector organisations. Sure Start, Connexions and Sexual Health services were also common recipients of these resources.

### 5.4.3 Where was spending in Sure Start Plus programmes focused?

Programmes did not spend funding on objectives equally. The three objectives on which programme co-ordinators said they consistently focused most funding were those around:

- Education (38% of programmes).
- General health (38%).
- Social and emotional wellbeing (29%).

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*xi The programmes donated free resources to other organisations. These resources were not financial and included: worker time, use of rooms/facilities; equipment; etc*
The three objectives on which programmes co-ordinators said they consistently focused least funding were those around:

- Smoking (58% of programmes).
- Breastfeeding (53%).
- Targets for fathers (16%).

Programmes also did not spend funding on different groups equally. Programmes focused more funding on young women than on young men. They also spent more on young women who were already pregnant or mothers, than on young women who thought they might be pregnant. Programmes spent money on different groups in the following order (from most to least funding):

1. Young mothers - all programmes were spending some funding on this group.
2. Pregnant young women - all programmes were spending some funding on this group.
3. Young women who think they are pregnant - 11% of programmes were not spending funding on this group.
4. Young fathers-to-be - 11% of programmes were not spending funding on this group.
5. Young fathers - 30% of programmes were not spending funding on this group.

5.4.4 What did programmes consider to be cost effective?

Almost half (46%) of programmes identified staff as the most cost effective use of their funding. Many specific project activities were also mentioned as being cost effective; all of these examples are highlighted in the Sure Start Plus practice guidance that accompanies this report. On the other hand, one quarter (25%) of programmes felt that publicity had been least cost effective. Local evaluations (17%) and programme databases (17%) were also identified as being not cost effective.

5.4.5 Where do programmes expect funding to come from in the future?

The majority of programmes anticipated that post April 2006 when Sure Start Plus funding is expected to end, that the programmes would be funded jointly from a number of different sources. These included Connexions (44%), the local PCT (44%); midwifery services (41%); local authority (26%) and Sure Start or Social Services (15%). A fifth (22%) of programmes expected funding to continue to come through the Sure Start Plus Grant and only 7% anticipated that no one would fund the programme in the future.

5.5 The relationship between funding and programme objectives

Comparison of economic and impact data suggested that the amount of total funding received by Sure Start Plus programmes influenced the impact that they had on a number of objectives for pregnant young women and young mothers.

Professionals from partner agencies in Sure Start Plus areas with higher levels of total funding, compared to those with low levels of total funding, were more likely to feel that the programme had had a positive impact on objectives which included:

- Support for decisions about pregnancy outcomes.
- Access to appropriate health care and information.
- Continuing or returning to studies.
- Children accessing good quality play and learning experiences.

### 5.5.1 Lack of funding

In the context of limited funding, programmes were finding it difficult to work equally on all objectives for pregnant young women and young parents. In addition, some objectives are not considered as important as others and thus were less likely to have money spent on them. Some objectives cost more to achieve than others. This may be because of the amount of worker hours that are needed or the materials and resources that have to be used. Professionals in Sure Start Plus areas where programmes felt they were not receiving sufficient funding were significantly more likely to feel that provision of emotional support was inadequate. To be helpful emotional support needs to be intense, flexible and long-term and requires considerable staff time. As a result, emotional support is a resource-intensive aspect of Sure Start Plus provision; and this finding suggests that unless funding is sufficient the extent of this essential provision will suffer.

The data from the young women’s impact questionnaire showed a number of objectives were better for young women in Sure Start Plus areas that were receiving non-funding resources from other organisations and services than for young women in Sure Start Plus areas that did not receive any of these non-funding resources. These included: currently being in education, training or employment; receiving help in relation to domestic violence issues; receiving help in relation to giving up smoking; using Connexions; and receiving help in relation to housing. This suggests that having better joined-up working with partner agencies can influence outcomes for young women, even where funding is felt to be insufficient.

### Achieving positive outcomes with low funding

Some programmes managed to achieve relative success on objectives despite having low levels of funding from the Sure Start Plus grant. We reviewed characteristics of those programmes who had achieved in these circumstances, and found that the following things made a difference:

1. Early implementation of formalised strategic partnerships with other agencies. These often led to sharing of ‘in kind’ resources. Over time, as these relationships developed and the partnership was solidified, some additional funding was acquired from the partner agency, or through other funding bodies, as a result of the proven track record of partnership working.

2. Having a dynamic programme co-ordinator who engendered respect from other agencies and loyalty from own workers.

3. Continuity of programme workers.

### 5.5.2 Specific Client Groups

**Fathers**

Evidence from the economic questionnaire showed that fathers received the least funding compared to other Sure Start Plus client groups, reflecting the lack of specific work being done with them in many programmes. Professionals from partner agencies in areas where Sure Start Plus programmes concentrated funding on work with fathers
perceived them to have had more impact on fathers than those in programme areas that were not spending resources on them.

Similarly they perceived more impact on a number of objectives for young fathers where programmes had supplemented their Sure Start Plus grant with funding from other sources than in areas where programmes had not attracted much additional funding. This suggests that Sure Start Plus programmes needed additional funding to be able to prioritise services for young fathers, and thus influence outcomes for them.

**Pregnant young women**
The economic questionnaire showed that pregnant women as a group received a greater proportion of programme funding compared to other client groups. However, where funding was low, expenditure on young mothers was given priority.

This may help to explain why Sure Start Plus did not have an impact on all objectives for pregnant young women. Comparison of economic and outcome data supports this assumption. Where the Sure Start Plus programme co-ordinators said they were unable to reach certain groups because of insufficient funding, professionals were significantly less likely to feel provision was adequate for pregnant young women in relation to a number of issues. These included: support for decision making about pregnancy outcome; emotional support through pregnancy; information and advice about health issues; and groups for pregnant young women.

**Summary: What has it cost to deliver Sure Start Plus?**

- Key early funding issues for the Sure Start Plus programme included: under-spending their initial allocation due to delays in recruitment of staff and programme implementation; and feelings that the programme was under-funded to provide the services expected.

- Sure Start Plus co-ordinators considered the funding for support services for pregnant young women and young parents was inadequate before Sure Start Plus. Sure Start Plus funding has been extremely important for the programme areas and has enabled them to add value to existing support services and develop new ones.

- Programmes received widely different amounts of funding and, as a result, level of funding was one factor that appeared to mediate the impact Sure Start Plus had on some objectives and some groups.

- Lack of funding meant that some programmes were not able to work on some objectives or were unable to have an impact on others (particularly expensive outcomes such as those needing intensive continued contact).

- The limited and largely insufficient funding that programmes were receiving also constrained them from prioritising some groups above others and allocating resources along these lines. Young fathers were most likely to be overlooked although where funding was very tight pregnant young women were also given second priority.
6. Discussion

6A. Overall learning from Sure Start Plus

6A.1 Introduction

One of the research questions the National Evaluation aimed to answer was: “What can be learnt from Sure Start Plus programmes that can be disseminated to other programmes and relevant partner services?” In this section, we summarise the learning from Sure Start Plus, combining analysis from all aspects of the evaluation. This is structured around the key evaluation questions.

6A.2 What does Sure Start Plus look like in practice?

What are the main features of the way Sure Start Plus is implemented and what lessons can be learnt from this?

6A.2.1 Main programme features

The main feature of Sure Start Plus was the one-to-one holistic support offered via an adviser to young pregnant women and mothers. All programmes offered this service, and in the main, this was delivered as had been laid out in the original guidance for the initiative. However, the programmes provided this support to a narrower group of clients than originally envisaged. The service focused almost exclusively on the pre- and post-natal period, up to the first months or year of the baby’s life, rather than until the baby was four years as anticipated, because young women at this time period had the most obvious urgent needs and were a priority for tight resources. Additionally, caseloads were considerably smaller than expected (averaging 55 rather than between 350 - 500) because many of the most vulnerable clients required intensive support. Unlike the original intention, one-to-one support to young fathers was not a key priority for most programmes.

Despite a shared vision for the programme, major diversity was apparent in terms of the contexts in which the Sure Start Plus programmes were operating, their specific aims, and the methods and models of delivery. This diversity means that a single clearly defined, recognised model of Sure Start Plus does not exist. Instead, Sure Start Plus has evolved in each area to fit local preferences and existing service provision. Some local programmes were slow to start operating, taking over a year to begin seeing clients.

Despite the range in service delivery, there are some general aspects of implementation that appear to lead to more successful programme operation. These include the following:

- **Having a paid co-ordinator** who has operational responsibility for the implementation of the programme was very beneficial. Even if only part-time, this role was key for getting the programme off the ground and for keeping its profile high. When this role was combined with that of being the local Teenage Pregnancy Co-ordinator, some found the job too demanding, as it required a high level of both strategic and operational responsibility. Having a Sure Start Plus co-ordinator who was managed by, or had strong links with, the Teenage Pregnancy Co-ordinator worked well, however, in many areas.
• **Providing services across one local authority only** was much more successful than trying to co-ordinate services over a wider area.

• **Having a dedicated partnership board** providing both strategic and operational support in the development and implementation of the programme helped the smooth running of the programme.

• **Employing advisers** with a remit to deliver a package of one-to-one support that begins with help around crisis issues and is adaptable to the expressed needs of the young woman.

• **Prioritising the young people with the most complex needs**, so that caseloads are not overwhelmed. Supplementing this long-term intensive one-to-one support for those with the greatest need, with shorter interventions, group work and referrals to other agencies for those with less complex needs.

• **Surprisingly, not using the name 'Sure Start Plus'** was operationally beneficial for many programmes. There was better understanding of the programme by young people and other service providers when a more generic title was used that included the specialist function of working with young pregnant women and young parents.

The Sure Start Plus 'team', was a concept that brought together expertise from a variety of sectors, providing effective joined up working with local agencies and services, and enabled young pregnant women and parents easier access for having their needs met. These teams, whether housed in the same office or acting more virtually, worked best when they allowed for both the more generic support role of the personal adviser and also the specialist roles for specific aspects of support: breastfeeding, smoking cessation, pregnancy options, re-integration to school, work with young fathers.

### 6A.2.2 Do programmes address the needs of pregnant teenagers and teenage parents?

The Sure Start Plus adviser role was a universally popular one. Young service users saw it as very supportive and the staff working on the programme found it an efficient, appropriate way to provide support. Professionals from partner agencies in Sure Start Plus areas saw the advisers as having improved the local context for support for pregnant teenagers and teenage parents.

Through the advisers, and other specialist workers, Sure Start Plus programmes appeared to have been successful in providing a service that fulfils the needs of pregnant young women (who were continuing with their pregnancies) and young mothers. They have, on the whole, created a very responsive service for these groups. Most projects were more concerned with, and better at, addressing the young person's expressed and immediate needs, rather than working towards the initiative’s specific official objectives and targets.

Young women who were deciding whether to continue their pregnancy were supported by two thirds of the Sure Start Plus programmes. Those programmes that did provide this service describe what they offer to be very needs led and supportive, often offering counselling options beyond a decision to terminate the pregnancy. Although these appear to be appropriate and accessible services, the National Evaluation was constrained by ethical approval and we were not able to interview these young women. As such, we had very little information about whether the needs of young women
deciding whether to continue their pregnancy were met by the Sure Start Plus programme.

The needs of young fathers and fathers-to-be were not universally addressed by Sure Start Plus programmes. Those programmes that did work with young fathers appear to have been more successful at targeting their expressed needs if they had a separate project worker or specific project for young men, rather than including them in the generalised work of the programme.

6A.3 How well has Sure Start Plus joined up with other local agencies and services?

How far has Sure Start Plus helped to reshape mainstream services to be more responsive to the needs of pregnant teenagers and teenage parents, fill gaps in services and co-ordinate service delivery?

6A.3.1 Reshaping mainstream services

Sure Start Plus programmes have had variable success in reshaping mainstream services to be more responsive to the needs of pregnant teenagers and teenage parents. Most programmes have tried to influence and improve mainstream service delivery through their strategic and operational contacts. These issues have been discussed globally at partnership boards and in specific one-to-one meetings with key services. A number of programmes have provided specialist training to mainstream services about working with young pregnant women and parents; some have used young people as co-trainers to ensure their voices are part of the message. Some programmes, rather than putting on the training themselves, have organised and paid for specialist training to be held locally and invited mainstream practitioners to attend (e.g. training run by the Maternity Alliance on benefits for teenage parents). Other programmes have run ‘mystery shopper’ activities, with young people critiquing their experiences of statutory services and their views being fed back via Sure Start Plus to the mainstream services.

These efforts appear, on the whole, to have been received positively by the mainstream service providers, who acknowledged these efforts in the impact questionnaires for professionals from partner agencies and interviews carried out by the National Evaluation team. Despite this, young people and Sure Start Plus staff continue to report some incidences of unhelpful, insensitive and inappropriate behaviour by mainstream service staff towards young pregnant women and parents. As such, it appears that in-roads have been made by Sure Start Plus programmes, but that there is still work to be done to modify mainstream services to be more responsive to their young service users.

6A.3.2 Filling gaps in provision

Sure Start Plus appears to have been more consistently successful in filling gaps in local service provision. Programmes have worked with local partners and have identified areas where services for young pregnant women and parents could be improved. In addition to the one-to-one support from advisers, the programmes have provided a range of new services, including groups and classes. In addition Sure Start Plus has enhanced existing provision, for instance by paying for additional sessions of clinics, providing additional specialist staff, etc. When comparing with matched areas,
professionals from partner agencies in Sure Start Plus areas identified fewer areas where gaps existed in service provision for young pregnant women and parents.

6A.3.3 Co-ordinating service delivery

Some Sure Start Plus programmes have taken on a co-ordination role for local service delivery for pregnant young women; others have not. In those areas where this is occurring, programmes have organised regular meetings with other key services to ensure smooth referral systems and adequate provision. Taking on the role of service co-ordination has caused some friction and professional rivalry in a few areas.

6A.3.4 How effective is Sure Start Plus in linking to mainstream services and other relevant initiatives, and in contributing to the Teenage Pregnancy Strategy?

Ease in implementing the programme was very much determined by having a partnership board with specific remit for Sure Start Plus. Additionally, having a strong partnership board was key for good joined-up relationships with mainstream services and other initiatives. Where these were not available at a strategic level, having active forums between service providers with strong Sure Start Plus input helped fill this gap.

Many strong examples of positive joined up working exist. For many areas, the strong links between Sure Start Plus and other partner agencies were the cornerstone of the service: without these, the referral system would not operate and the support plan could not be implemented. Different models of working positively with partners have operated. When such partnerships were slow to form or conflicts arose, implementation of the programme was delayed and/or constrained.

6A.4 Has Sure Start Plus made a difference?

How effective are Sure Start Plus advisers in reaching young pregnant women and parents and supporting them and their children in terms of improving their health, wellbeing and education and reducing their risk of social exclusion?

Comparison of data from young people and professionals in Sure Start Plus and matched areas suggest that the Sure Start Plus programme has had mixed success in achieving its aims and objectives.

- Sure Start Plus appears to have been successful in addressing the crisis needs of pregnant young women and mothers.
- Following this, it has helped young women to lay foundations for their future lives.
- In some circumstances, Sure Start Plus programmes were able to then support young women to take the next steps of returning to education or seeking employment.
- There remained some objectives - notably to do with improving health issues, supporting children and improving circumstances for young fathers - which remained illusive.

This section will explore each of these aspects further.
6A.4.1 Addressing crisis needs

Sure Start Plus has been especially successful in helping pregnant young women and young mothers manage the most immediate crises facing them when they present to the service. Young women in Sure Start Plus areas have benefited compared to those in matched areas by receiving more support, advice and information in relation to crisis issues. The data from the questionnaire for young women suggested that they were more likely to have received support in relation to:

- Their decisions about pregnancy outcome
- The process of termination if they make this decision
- Relationships with their parents and other family members (both during pregnancy and after the baby is born)
- Domestic violence issues (if having experienced a problem with this)
- Housing issues
- Emotional problems (young women and young men).

Potentially as a result of this supportive intervention, pregnant young women and young parents in Sure Start Plus areas compared to matched areas were more likely to have reported some positive spin-offs in relation to these crisis areas. Those in Sure Start Plus areas were more likely to:

- Feel their parents and other family members have been helpful since they found out they were pregnant
- Not be experiencing violence at home or from someone they are close to
- Be placed in accommodation.

The Sure Start Plus initiative has been successful in providing crisis support, on both a practical and emotional level. It has achieved this largely by providing emotional support and improving family relationships, especially relations between young women and their mothers. Previous research has shown that teenage pregnancy and parenthood is a consequence of social exclusion\(^2\), and there is an increased likelihood of young pregnant women and mothers living in difficult circumstances, characterised by poverty, lack of family support, violence, disaffection from school and social isolation. This crisis work has been valuable in targeting the most vulnerable young women with most pressing needs and thereby helping to address immediate inequality and long-term social exclusion.

Furthermore, crises, by their inherent nature, have to be addressed before young women can move forward. By not prioritising this work, programmes would be providing a service that was more appropriate for, and accessible to, more settled clients - those not facing crises.

Intensive working

Programmes working in a more intensive way with specific groups rather than providing a higher coverage of lower level support had more of an impact on certain objectives:

- More help with domestic violence issues
- More help with housing issues.

Young women requiring help in relation to domestic violence and housing issues included the most vulnerable young people and those most at risk of social exclusion. It appears that working in a more intensive manner allowed programmes to offer more effective and long-term support in relation to these complex issues and thus reach and provide support to more disadvantaged groups, perhaps in a way that programmes
reaching a broader spread of young people may have been less able to do, because of competing priorities for available resources.

6A.4.2 Laying foundations for the future

Sure Start Plus has also helped pregnant young women and young parents lay the foundations necessary for improving and providing choices in their lives and those of their children in the future. They were more likely to:
- Have received help from services in relation to information about health issues in pregnancy
- Have received help from services in relation to learning about being a parent
- Be aware of, and using, Connexions
- Be participating in education if under 16 years of age.

When compared with matched areas, it appears that the intensive work done by Sure Start Plus advisers has provided an important bridge between crisis management and future development for young parents. The one-to-one support of the Sure Start Plus adviser role seems to provide pregnant young women and young parents help earlier and for longer with greater continuity of carer, and helps take them out of crisis mode and into a capacity that will allow them to think about future development. This seems a unique aspect of the programme, as other services on the whole tend to provide one or the other of these two categories, but seldom are they doing both.

By overcoming the crises in their lives and setting things in motion for the future, pregnant young women and young parents are able to bring themselves to a place where their lives are less chaotic and they are feeling more emotionally stable and supported. It is with this basis that they are likely to feel they can start to address wider, longer term issues like: being a better parent; taking care of their health; considering a return to education or learning a skill for future employment.

6A.4.3 Positive impact through specific models: Participation in education, training and employment

For many young people, the next tier of issues facing them included the step of returning to or entering further education, training and employment and the gaining of qualifications. These were not immediate priorities for many young people when they first became a client of Sure Start Plus; non-attendance at school prior to the pregnancy was common amongst the young women who took part. In addition, data from the service provider questionnaire and interviews with Sure Start Plus co-ordinators suggested that programmes consider these objectives to be important but only after crisis issues have been addressed.

Young pregnant women and mothers under the age of 16 from Sure Start Plus areas were more likely than those in matched sites to be in school. However, overall young women above statutory school age in the Sure Start Plus areas were no more likely to be in education, employment or training than those in matched areas. This was also true of comparisons of data from young people of all ages in terms of support around educational and employment issues and in the acquisition of qualifications.

However, a comparison of the different models in which Sure Start Plus is delivered reveals that particular approaches have been successful in influencing some of these
objectives where no impact was found across Sure Start Plus areas as a whole. When compared to matched sites:

- Sure Start Plus programmes that based their advisers in social services, the education sector or with Connexions had significantly improved participation in education, work and training for young women over age 15
- Young women in areas where Sure Start Plus programmes took a more target-led approach or had strong links with the education sector gained significantly higher qualifications.

However we would be cautious about advocating a more target-led approach, or providing future teenage parenthood support from within Connexions, for example. This is because we could find no evidence to show that focusing on educational objectives with pregnant teenagers and new young mothers has a more favourable long-term outcome for families than a more holistic or needs-led approach.

6A.4.4 Objectives with no apparent impact

There remain further objectives on which Sure Start Plus does not appear to have had an impact. This remains the case even when different models of delivery are compared. There appear to be different reasons why some of these objectives have not been met.

Health objectives
Sure Start Plus programmes showed the least impact on objectives relating to improving health, namely: smoking cessation; support for breastfeeding; lowering incidence of low birth weight babies; and improving support around postnatal depression. On first sight, this lack of impact appears unexpected for two reasons. First, improving health in a broad sense was a high priority for the programmes. Secondly, most Sure Start Plus pilots worked closely with health colleagues, especially those in midwifery. Most programmes employed, funded or had links with teenage midwifery services and many developed innovative services around health issues.

On reflection and when looking at the findings of Sure Start Plus in the context of other research, we feel that some of the health objectives were unlikely to be significantly impacted by the Sure Start Plus programme. The specific health objectives chosen to demonstrate impact on health proved to be challenging to achieve, or to show achievement in, for a number of reasons. Some have proven difficult to measure (smoking, postnatal depression); others had entrenched causes that were beyond the scope of the programme (low birth weight). In general, more time and resources may have been necessary for health work to achieve an impact on these objectives in such a vulnerable and disadvantaged client group.

Objectives for children
The children of teenage mothers in Sure Start Plus programme areas were not shown to be having more good quality play and learning experiences than children in matched sites. This was unsurprising for several reasons. The average age of the children was nine months - too young to assess many aspects of play and learning. Also, because of resource issues, with a few exceptions, the Sure Start Plus programmes worked with young parents only for the first few months after the birth of their child. Hence, during this time period, the children were not the main focus of the intervention.

Objectives relating to fathers
Overall, Sure Start Plus had little impact on objectives relating to fathers. The programme was not as accessible for young fathers as it was for young women, and
until the latter years of the pilot most programmes had not prioritised time or resources to work with this group. As such, the lack of proven impact on these objectives, in general, was unsurprising.

6A.4.5 Conclusion

Projects were more successful at addressing the young person’s expressed and immediate needs and averting crises. In that sense the priority of most programmes has been to target the most vulnerable young women because their needs were most pressing. In so doing they have improved the wellbeing of these young people and strengthened their ties with family. Some of this work may have been at the expense of reaching programme objectives that were difficult to achieve with such a vulnerable and disadvantaged group at a time of transition and upheaval in their lives. However, in targeting the most vulnerable young women, the work has contributed towards achieving a reduction in inequalities and combating social exclusion, which are themselves important aims of the Sure Start Plus programme, as well as government policy more generally. For some of these vulnerable young women, once crises had been averted, they had begun to lay foundations for their future by: learning parenting skills to give their children positive experiences, building up their social support networks; and returning to education. The experience of Sure Start Plus therefore adds to the currently limited evidence on the best ways of improving outcomes for teenage parents. The most effective interventions previously identified appear to take account of the additional needs of this group, and take place in the context of providing social support.

6A.5 Costs of achieving objectives

- **Were funds sufficient?**

Overall, it appears that the funding was not at a sufficient level across all pilot programmes. Lack of funds was the primary reason why many programmes chose not to deliver Sure Start Plus services to young fathers. Lack of funding also influenced how others viewed the programme: professionals from partner agencies in Sure Start Plus areas where programmes felt they were receiving insufficient funding were significantly more likely to feel that provision of emotional support to young people was inadequate than in those areas who felt their funding was sufficient.

The areas with the very highest numbers of conceptions often had additional factors that made service delivery especially complex. Actual resource spent per service user was considerably lower in these sites. Also, pregnant young women and young parents in Sure Start Plus London areas do worse in relation to a number of objectives compared to all other young women. This suggests that in areas where crisis levels are most acute impact on even some of the most pressing objectives are still out of reach at present.
6B. The strengths and limitations of the evaluation

A recent King’s Fund study found complex community initiatives are hard to evaluate because they are trying to address multiple problems in shifting political environments.\textsuperscript{16} The authors of the Kings Fund study concluded that in order to build knowledge about what works best, tensions and problems should be acknowledged and debated amongst policy-makers, evaluators and practitioners. In this section we will highlight aspects that we feel strengthen and limit this National Evaluation of Sure Start Plus.

6B.1 The strengths of the evaluation

There were strengths within the design and methods utilised by this National Evaluation of Sure Start Plus.

- It was carried out by an independent team of researchers, so was separate from the Government Department that funded the initiative.
- It utilised a mixed method approach to evaluation, combining both a process evaluation and impact study, and used both qualitative and quantitative means to obtain data. These mixed methods informed one another.
- It utilised panels of young people and service providers to develop research methods, questions and tools.
- It obtained the views of service users and professional partners as well as programme staff.
- It employed a matched case control design, so comparative difference was easier to ascertain.
- It was formative and thereby helped identify areas of crisis or aspects of implementation that appeared to work well, and fed these back to programme staff and managers over the course of the evaluation.

6B.2 Limitations of the evaluation

The authors are aware that there are limitations to this evaluation of the Sure Start Plus pilot initiative. In this spirit, in this section we highlight those limitations we have encountered that we think have influenced the evaluation and its results most.

6B.2.1 Evaluation and programme design

This evaluation was not a randomised controlled trial, and as such, cannot with certainty determine programme effectiveness. The matched case control design we have chosen to replace this has a comparison group that differs from the programme areas in both obvious and unknown ways, despite our efforts to minimise these differences.

The diversity of Sure Start Plus means that there has been no one model of the programme to measure against others to determine effectiveness. The variation across local programmes means that the power of comparison is diluted. The numbers of respondents in particular models of service delivery are too low for many meaningful sub-group analyses. This problem was exacerbated by the fact that the programmes on the whole chose to work in-depth with smaller numbers of clients than originally
forecast. With smaller numbers, changes of any magnitude are more difficult to show quantitatively as a difference between the intervention and the comparison group.

When investigating the possible impact of Sure Start Plus by comparing Sure Start Plus areas with matched areas that were not part of the pilot, it became apparent that components of Sure Start Plus were also being delivered in these areas. For example some areas had teenage pregnancy midwives; others had specialist Connexions Personal Advisers who were offering a holistic service to teenage parents; and still others had specialist housing support in place. This is not surprising, given that the Teenage Pregnancy Strategy has universal nationwide targets around the support of young parents. The components of the Sure Start Plus programme are, therefore, not unique. During the time of the Sure Start Plus pilot there was also a proliferation of other government-funded area-based initiatives. These issues have further complicated the ability to attribute the cause of differences where they were found or explain their absence when they were not found.

The evaluation was commissioned ten months after the programme started. No reliable baseline data from either Sure Start Plus or matched sites existed to provide comparative ‘distance travelled’ information. Local area level statistics are not routinely collected on key Sure Start Plus objectives, so this avenue of comparing the before and after change was not available. In addition, a flawed programme monitoring system was already in place and being used in local areas by the time the evaluation was commissioned. Although improvements were made, there was no opportunity to compare progress over time.

6B.2.2 Limitations that arose during the evaluation

We had difficulties in gaining ethical approval for the impact study component of the evaluation. The committee was particularly concerned about allowing women under 16 years to give their own consent to participate and about the potential disclosure of sensitive information. A very protracted period of negotiation was required, with a number of changes to the evaluation methodology, before approval was granted. Considerable delays to the distribution of impact study questionnaires resulted. The evaluation was also limited by consent and confidentiality issues in work it could undertake with young women who had chosen to have terminations.

The evaluation took the advice of its young people’s panels and considerably cut the length of the original drafts of the impact study questionnaires for young women and men. Some areas about which we removed multiple questions related to smoking and breastfeeding practice. These had been criticised by the members of our panel as being both too complicated and inappropriate. On reflection, we feel that it was a mistake that we did not find an acceptable compromise and included more questions on these key objectives.

We overestimated the number of young men who would respond to the young father’s impact questionnaire, especially via the distribution route of group workers. We had hoped that approaching young fathers via young mothers might provide us with a portion of the sample that was not accessing specialist services. A route like the Child Health Databases used for the mothers, was not available for fathers. In practice, the very limited response via services and relatively larger one from the route via partners means that our respondents were uncharacteristic of young fathers as a whole - this was a group who remained in a relationship with, or at least contact with, the teenage mother. Only very few had used Sure Start Plus services, and as such, do not provide a firm foundation for evaluating the impact of Sure Start Plus services for fathers. Had
there been more time and resources, the evaluation team would have adopted additional and alternative methods for obtaining their views.

The Sure Start Plus name has created difficulties for promoting the initiative and networking with partners. This has also created confusion for us as evaluators: some of the young people and professionals from partner agencies, who replied to questionnaires and took part in interviews, used the name Sure Start and Sure Start Plus interchangeably. At times we were unclear as to which of the two services they were referring, and had to exclude some data as a result.

6B.2.3 Conclusion

Overall, it appears that across evaluations of social programmes being carried out in real world settings, it is difficult to obtain hard evidence of effectiveness. In this context, we feel that although our mixed-method evaluation has limitations, it also has been able to provide a reasonably clear picture of the strengths and weaknesses of the Sure Start Plus initiative.
7. Recommendations

7.1 Recommendations for commissioners and local policy makers:

**Personal Adviser for pregnant teenagers, teenage mothers and teenage fathers**

1. Our primary recommendation is that teenage parents as a whole need targeted support. Every Children’s Trust as part of its Children and Young People’s Plan should fund personal advisers for these young people. The primary role of the adviser would be to provide a holistic, one-to-one package of support. The adviser would act as a lead professional delivering a tailored support package in close liaison with a multi-disciplinary team. The role of the adviser would be to assess overall emotional and practical needs with individual clients in drawing up this tailor-made support package. In order to target the most vulnerable young people as well as providing support for pregnant teenagers and teenage parents more generally, advisers would provide crisis management support as a priority, where appropriate, in the context of longer-term work with clients to lay foundations for more socially included futures.

2. The core aspects of the role would include: befriending socially isolated young parents; negotiating relationships with families and partners; work around domestic violence; and providing information, advice, advocacy and support in relation to housing, benefits, healthcare, contraceptive advice, educational opportunities and childcare.

3. Separate advisers should be put in place for young women and young men. This will help staff avoid situations of conflict of interest that have arisen when trying to support both young mothers and fathers (for instance with domestic violence or custody issues) and to help ensure that the needs of young fathers are not subsumed by the often more obvious support needs of young mothers.

4. The advisers should target services at the most vulnerable and socially excluded young pregnant women and young parents, and expect to work intensively with them in pregnancy and throughout the first postnatal year. An option for further one-to-one work should be available for these young people up to the point when their child turns four as those in vulnerable situations may continue to have multiple needs. The adviser should support other young pregnant women and parents with less critical needs through short-term, one-to-one interventions and group work, and referring them to appropriate local service provision depending on expressed needs.

5. Capacity should be resourced such that: advisers’ caseloads can be small (25 - 50) in order to carry out this core intensive work effectively; and there is opportunity for advisers to work with clients over a longer period of time should they require it. Depending on the level of local need, one or more advisers for young women may need to be employed, but the young fathers’ adviser may only need to be a part-time post.

6. Organisational placement of this adviser should be based on local assessment of capacity of services and ability to provide an integrated support package, rather than the adviser being placed in one specific service or sector. It is critical that in whichever service advisers are based, the distinct holistic support role is allowed to predominate, and is not subsumed by host agency
7. Close partnerships with local service providers will be necessary for the role to work. As such, the role should have formal, strategic linkages with the area’s Teenage Pregnancy Strategy. The particular nature of these links will depend on the way an area’s strategy is integrated into local Children and Young People’s Plans by 2006. The adviser should be accountable to the local Teenage Pregnancy Partnership Board, or whichever body takes over the role of that board if it is disbanded in 2006 when, as anticipated, the Children and Young People’s Strategic Partnership or the Children’s Trust Board takes on responsibility for teenage pregnancy.

8. Formal supervision, including clinical supervision should be in place for these advisers from the outset, to provide opportunity for debriefing, especially following intensive or complex work with vulnerable young people.

9. Assuming the functions of Regional Teenage Pregnancy Co-ordinators are integrated into the Children and Learners Groups in Government Offices who have responsibility for overseeing the delivery of the Change for Children programme, officers from these groups should organise annual regional events to ensure that advisers have an opportunity to meet together and share good practice.

10. Personal advisers should be branded with a name related to the role they perform, for example Teenage Parent Adviser. The name Sure Start Plus should not be used (except in situations where it is already now widely recognised) because of confusion with the name Sure Start.

11. Although the primary role of the adviser should be to provide one-to-one support, it is crucial that the role is supported by the presence of local group provision to provide pregnant young women and parents with peer support and informal, age-appropriate learning and social opportunities.

12. To be effective in areas with high annual rates of teenage parenthood, and in those inner city areas working in the most complex contexts, this support work will require higher levels of funding than were available to Sure Start Plus programmes. This will allow multiple advisers to be employed, ensuring smaller caseloads and longer term working with clients.

**Team of specialist provision for young parents**

We recommend that the team approach of providing support to pregnant teenagers and teenage parents is retained or adopted in Children’s Trusts. This should allow for both the generic adviser role and specialist roles, such as re-integration to school, smoking cessation, counselling for Postnatal Depression, etc. At the core of this team should be an operational level forum, meeting at regular intervals, that involves the key individuals providing specialist provision for pregnant teenagers and teenage parents. This forum can be used to discuss joint initiatives and events, referral pathways and individual cases. Permission for any sharing of individual information should be obtained from the client, in line with local arrangements for the Common Assessment Framework and information sharing for vulnerable groups.
Support for pregnancy options
We recommend that Children’s Trusts should work closely with Primary Care Trusts to ensure specialist provision should be put in place in each local area for supporting young women through their early decisions about pregnancy options. This provision should include non-judgemental counselling and should be placed in, or strongly linked to sexual health/family planning provision. This role requires specialist skills and is distinct from the personal adviser role. It should be taken on by a separate individual or service from the holistic support adviser detailed above.

Management
1. There should be a co-ordinated approach to managing targeted support for teenage parents. We recommend that every Children’s Trust should fund a co-ordinator to manage the advice and support service for pregnant teenagers and teenage parents, even if only part-time. This role would include strategic and operational responsibility for ensuring the needs of teenage parents are met through a multi-agency approach.

2. A local teenage pregnancy/parent support service should serve the Children’s Trust area rather than serving or being co-ordinated over more than one local authority.

3. We recommend that after 2006 when there is no longer a requirement for local areas to have a Teenage Pregnancy Partnership Board (TPPB), that local areas retain a dedicated lower level strategic body, such as the TPPB, to provide both strategic and operational support for the teenage pregnancy/parent support service. This board would report to whichever body takes on responsibility for teenage pregnancy, whether this is the Children and Young People’s Strategic Partnership or the Children’s Trust Board.

Needs assessment
We recommend that needs assessment, with input from young parents, is undertaken to ensure targeted support meets local need and informs commissioning and planning of services.

Reshaping mainstream services
Through partnership work, the teenage pregnancy/parenthood support service should take a lead within the Children’s Trust to influence mainstream services, such as maternity, health visiting and housing services, to be more responsive to the needs of pregnant teenagers and teenage parents. Work could include, for example, making available specialist training to mainstream staff about working with this client group or enabling feedback from young people about their views on services.

Maternity services
We welcome the maternity service standards set out in the National Service Framework for Children, Young People and Maternity Services and the recognition it gives to the specific needs of pregnant teenagers and teenage parents. We endorse the appointment of specialist teenage pregnancy midwives to ensure the provision of accessible, non-judgmental, and age-appropriate services that aim to offer health-promoting activities within a context of support.
7.2 Recommendations for national policy makers

Recommendations for the mainstreaming of Sure Start Plus

*Care to Learn*
We recommend that the Care to Learn programme is amended to provide greater flexibility around age of entry. Many young mothers spoke of wanting to have a few years at home with their child before entering education; others spoke of more urgent immediate needs that took precedence over education or employment. Raising the current cut off age of under 19 years to 23 would allow a more appropriate incentive for returning to education for those who would prefer not to, or are unable to, combine being a student and being the mother of an infant or toddler.

*Post-16 Education*
We recommend that policy makers consider ways in which they could make post 16 education more flexible for young mothers, in terms of course deadlines, extensions, national guidelines and more transparent maternity leave policies.

*Maternity services*
We believe that the national shortage of midwives had a negative impact on the ability of young mothers on the Sure Start Plus programme to initiate and continue breastfeeding. We would recommend that more funding and priority be given to ensuring that special trained workers are in place to help with breastfeeding if more young mothers are to adopt this practice.

A surprising number of teenage mothers expressed an interest in becoming a midwife. The possibility should be considered of providing a special subsidised midwifery training scheme for young mothers.

Recommendations for setting up new pilot initiatives

*Objectives and targets for national initiatives*
Some of the objectives and related targets for Sure Start Plus were judged to be inappropriate and unworkable by staff providing the programme, which is an issue common to other programmes, such as the Sure Start programme. For future government pilot initiatives (be they in health, education or other sectors), we would recommend that panels of potential service providers and users are convened in advance of programme funding to develop more sensitive and appropriate objectives and targets.

Additionally, we recommend that some ‘staged’ targets are devised that provide interim points towards which a programme can aim. In Sure Start Plus, this might have included attendance at an informal weekly parents group as stage 1 of a participation target, with more formal types of education as subsequent stages.

*Randomised controlled trials for evaluating social interventions*
To be able to determine the effectiveness of new pilot initiatives, we would advocate that future evaluations of such initiatives contain more rigorous methodology for ascertaining programme effectiveness. We would recommend the use of randomised controlled trials to determine effectiveness. To retain a clear understanding of the issues around developing and delivering such initiatives, we would recommend a
process evaluation component to be carried out alongside the trial. For this to be possible evaluators would need to be appointed earlier in the development of such pilot initiatives.

7.3 Areas for further research

*Long term effect of one-to-one support for pregnant and parenting teenagers*

We recommend that a sample of Sure Start Plus users be followed up five years after using the programme to try to determine longer-term consequences of taking part in the programme.

*Young fathers*

The Sure Start Plus evaluation looked at the extent to which Sure Start Plus programmes have worked with young fathers, but obtained little data on the specific needs of young fathers or the effectiveness of different strategies of working with them. We recommend that further research be carried out with this group.

*Peer support for teenage parents*

We recommend that further research be carried out on the role of peer supporters in providing information and befriending to other teenage mothers. In some Sure Start Plus programmes, these peer supporters were being used for general support and for breastfeeding support.
### Appendix 1. Sure Start Plus pilot programmes sites

<table>
<thead>
<tr>
<th>The original 20 sites</th>
<th>The 35 devolved sites</th>
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<tbody>
<tr>
<td>Bradford</td>
<td>Bradford</td>
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<td>East London and the City</td>
<td>Hackney</td>
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<td>Newham</td>
<td>Tower Hamlets</td>
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<td>Kingston upon Hull</td>
<td>Kingston upon Hull</td>
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<td>Lambeth, Southwark and Lewisham</td>
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<td>Southwark</td>
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<td>Leeds</td>
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<td>Leicester</td>
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<td>Liverpool and St Helens</td>
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<td>St Helens</td>
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<td>Manchester and Salford</td>
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<td>Nottingham</td>
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<td>Plymouth</td>
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<td>Rochdale</td>
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<td>Sandwell</td>
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<td>Sheffield</td>
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<td>South Yorkshire Coalfields</td>
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<td>Redcar &amp; Cleveland</td>
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<td>Tyne and Wear</td>
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<td>Wolverhampton</td>
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Appendix 2. Sure Start Plus aims, objectives and outcomes

<table>
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<tr>
<th>Original aim</th>
<th>Original objectives</th>
<th>Outcomes</th>
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</table>
| Improving health | a. Increasing the numbers of pregnant young women in contact with health services by 14th week of pregnancy | 1. Proportion of young women that have seen a health professional about their pregnancy before the 14th week  
2. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact in enabling pregnant young women and young mothers to access appropriate health information  
3. Proportion of professionals from partner agencies that felt provision of information and advice about health issues for pregnant young women was adequate  
4. Proportion of professionals from partner agencies that felt provision of information and advice about health issues for young mothers was adequate |
|                | b. Increasing the percentage of young mothers breastfeeding for 6 weeks | 5. Proportion of young women receiving support in relation to breastfeeding  
6. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on encouraging young mothers to breastfeed for six weeks |
|                | c. Reducing the numbers of young women smoking during and after pregnancy | 7. Proportion of young women receiving support in relation to giving up smoking  
8. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on encouraging young women to stop smoking before and after pregnancy |
|                | d. Reducing the rate of unplanned repeat conceptions, particularly to under 18s | 9. Proportion of young women who had two or more conceptions under the age of 18  
10. Proportion of professionals from partner agencies that felt provision of support for young women in their decisions about pregnancy outcome was adequate  
11. Proportion of professionals from partner agencies that felt provision of support for young women through the process of termination |
|                | e. Reducing the proportion of low birth weight babies to young mothers | 12. Proportion of young women giving birth to babies weighing less than 2500g |
| Improving learning of | a. Increasing the percentage of pregnant young women, young mothers and young fathers participating in education, training or employment | 1. Proportion of young women in education or training  
2. Proportion of young women in employment  
3. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on supporting young women to continue in education or employment  
4. Proportion of professionals from partner agencies that felt provision of support for pregnant and parenting young women to remain in or re-enter education was adequate  
5. Proportion of professionals from partner agencies that felt provision of education and skills training for pregnant and parenting young women was adequate |
<p>| teenage mothers and fathers and their children | | |</p>
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<tr>
<th>Strengthening families and communities</th>
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<tbody>
<tr>
<td>a. Increasing the percentage of young mothers who report the involvement of their family, father of their child, or partner in their child’s upbringing</td>
<td>1. Proportion of young women who feel their family is helpful</td>
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<td></td>
<td>2. Proportion of young women who feel the father of their child is helpful</td>
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<td>b. Increasing the percentage of pregnant young women and young mothers obtaining qualifications at NVQ Level 1 or above</td>
<td>13. Proportion of young women receiving educational qualifications of NVQ Level 1 (or higher)</td>
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<td>c. Increasing the percentage of pregnant young women, young mothers and young fathers aware of the existence of Connexions personal advisers and how to access their services</td>
<td>14. Proportion of young women aware of Connexions</td>
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<td></td>
<td>15. Proportion of young women who had used Connexions</td>
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<td></td>
<td>16. Proportion of young fathers aware of Connexions</td>
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<td></td>
<td>17. Proportion of young fathers who had used Connexions</td>
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<tr>
<td>d. Increasing the percentage of children of young mothers and young fathers having access to good quality play and learning experiences</td>
<td>18. Proportion of young mothers who play with their children (including playing together at home, reading together, visiting friends and relatives with children and attending group activities)</td>
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<td></td>
<td>19. Proportion of professionals from partner agencies that felt Sure Start Plus had a positive impact on enabling children of young mothers to access play and learning experiences</td>
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<td></td>
<td>20. Proportion of young fathers who play with their children (including playing together at home, reading together, going to the playground/park, visiting friends and relatives with children and attending group activities)</td>
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<td></td>
<td>21. Proportion of professionals from partner agencies that felt Sure Start Plus had a positive impact on enabling children of young fathers to access play and learning experiences</td>
</tr>
<tr>
<td>e. Increasing the percentage of young mothers and fathers who read to their children</td>
<td>22. Proportion of young mothers reading to their children</td>
</tr>
<tr>
<td></td>
<td>23. Proportion of young fathers reading to their children</td>
</tr>
<tr>
<td>6. Proportion of professionals from partner agencies that felt provision of information and advice about employment opportunities for pregnant and parenting young women was adequate</td>
<td></td>
</tr>
<tr>
<td>7. Proportion of young fathers in education or training</td>
<td></td>
</tr>
<tr>
<td>8. Proportion of young fathers in employment</td>
<td></td>
</tr>
<tr>
<td>9. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on supporting young fathers to continue in education or employment</td>
<td></td>
</tr>
<tr>
<td>10. Proportion of professionals from partner agencies that felt provision of information and advice about education for young fathers was adequate</td>
<td></td>
</tr>
<tr>
<td>11. Proportion of professionals from partner agencies that felt provision of education and skills training for young fathers was adequate</td>
<td></td>
</tr>
<tr>
<td>12. Proportion of professionals from partner agencies that felt provision of information and advice about employment opportunities for young fathers was adequate</td>
<td></td>
</tr>
</tbody>
</table>
| b. Reducing the incidence of family break-up | 3. Proportion of professionals from partner agencies who felt Sure Start Plus had a positive impact on maintaining supportive links between young women and their families
4. Proportion of young women receiving help with their relationships with their partner, parents and other family members
5. Proportion of young women who are still together as a couple with the father of their child
6. Proportion of professionals from partner agencies who felt Sure Start Plus had a positive impact on maintaining supportive links between young women and the father of their child
7. Proportion of young fathers receiving help with their relationships with their partner, parents and other family members
8. Proportion of young fathers who are still together as a couple with the mother of their child
9. Proportion of professionals from partner agencies who felt Sure Start Plus had a positive impact on maintaining supportive links between young fathers and the mother of their child |
| c. Reducing the incidence of domestic violence | 10. Proportion of young women experiencing domestic violence
11. Proportion of young women receiving support with domestic violence issues
12. Proportion of young fathers receiving support with domestic violence issues |
| d. Decreasing the percentage of children of young mothers on the child protection register | 13. Proportion of young women attending parenting classes
14. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on young women attending parenting classes
15. Proportion on young women receiving help in learning about being a parent (including parenting classes)
16. Proportion of professionals from partner agencies that feel provision of information about parenting (including parenting classes) for young women is adequate
17. Proportion of young fathers attending parenting classes
18. Proportion of professionals from partner agencies that felt Sure Start Plus had an impact on young fathers attending parenting classes
19. Proportion on young fathers receiving help in learning about being a parent
20. Proportion of professionals from partner agencies that felt provision of information about parenting (including parenting classes) for young fathers is adequate |
| e. Increasing the attendance by young mothers and fathers at parenting classes | Improving social and emotional wellbeing |
| a. Increasing identification and appropriate support of all young women with post-natal depression and reduction in percentage of young mothers with post natal depression | 1. Proportion of young women receiving support in relation to post natal depression
2. Proportion of young women receiving help in relation to emotional problems
3. Proportion of professionals from partner agencies who felt provision of emotional support for young women was adequate |
<table>
<thead>
<tr>
<th>Outcomes for young people added by the National Evaluation following consultation with programme staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improving health</strong></td>
</tr>
<tr>
<td>a. Increasing the amount of information provided to young</td>
</tr>
<tr>
<td>women and fathers about being at the birth and</td>
</tr>
<tr>
<td>being a father</td>
</tr>
<tr>
<td>b. Increasing the amount of contraception advice and</td>
</tr>
<tr>
<td>provision</td>
</tr>
<tr>
<td>c. Reducing the numbers of young fathers smoking</td>
</tr>
<tr>
<td><strong>Strengthening families and communities</strong></td>
</tr>
<tr>
<td>a. Decreasing the social isolation of pregnant young</td>
</tr>
<tr>
<td>women and young mothers</td>
</tr>
<tr>
<td>b. Reaching hard to reach groups</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>c. Improving the housing situation of pregnant young</td>
</tr>
<tr>
<td>women, young mothers and young fathers</td>
</tr>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Improving social and emotional wellbeing</strong></td>
</tr>
<tr>
<td>a. Improving the self esteem, emotional wellbeing and</td>
</tr>
<tr>
<td>confidence of pregnant young women, young mothers</td>
</tr>
<tr>
<td>and young fathers</td>
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### Table: Summary of methods

<table>
<thead>
<tr>
<th>Methods</th>
<th>Evaluation component</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Young people</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people’s advisory panels</td>
<td>Advising on methodology for service delivery &amp; impact</td>
<td>12 pregnant teens, 16 mothers, 2 fathers, Total: 30 young people consulted</td>
</tr>
<tr>
<td>• 10 - 11/02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 07 &amp; 10/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face interviews and focus groups</td>
<td>Service delivery and joined up policy and practice</td>
<td>From the 6 case study areas:</td>
</tr>
<tr>
<td>• 11 - 12/02</td>
<td></td>
<td>27 pregnant teens, 66 mothers, 8 fathers, Total: 101 young people consulted</td>
</tr>
<tr>
<td>• 08 - 09/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young women’s impact questionnaire</td>
<td>Impact</td>
<td>243 pregnant teens, 838 mothers, Total: 1081 respondents</td>
</tr>
<tr>
<td>• 07/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young fathers’ impact questionnaire</td>
<td>Impact</td>
<td>24 fathers-to-be, 61 fathers, Total: 85 respondents</td>
</tr>
<tr>
<td>• 08/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme strategic leads and designers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face and telephone interviews</td>
<td>Service delivery and joined up policy and practice</td>
<td>8 strategic leads from the 6 case study areas</td>
</tr>
<tr>
<td>• 03 - 07/02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme co-ordinators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face and telephone interviews</td>
<td>Service delivery and joined up policy and practice</td>
<td>35 programme co-ordinators (or individual with overall operational responsibility)</td>
</tr>
<tr>
<td>• 03/02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 02/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 02 &amp; 03/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic questionnaire</td>
<td>Economic</td>
<td>27 programme co-ordinators</td>
</tr>
<tr>
<td>• 08/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sure start plus advisers and service providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face interviews and focus groups</td>
<td>Service delivery and joined up policy and practice</td>
<td>38 SS+ advisers and other service providers from the 6 case study areas</td>
</tr>
<tr>
<td>• 07 - 08/02</td>
<td></td>
<td></td>
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<tr>
<td>• 09/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service provider questionnaire</td>
<td>Service delivery and joined up policy and practice</td>
<td>152 service providers</td>
</tr>
<tr>
<td>• Q1: 01/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Q2: 06/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals from partner agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face and telephone interviews</td>
<td>Service delivery and joined up policy and practice</td>
<td>52 SS+ areas, 10 matched areas, Total: 62 professionals from partner agencies</td>
</tr>
<tr>
<td>• 05 - 09/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 09/04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals from partner agencies’ impact questionnaire</td>
<td>Impact</td>
<td>522 SS+ areas, 392 matched areas, Total: 914 respondents</td>
</tr>
<tr>
<td>• 08/04</td>
<td></td>
<td></td>
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<tr>
<td>Regional Teenage Pregnancy Co-ordinators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone interviews</td>
<td>Service delivery and joined up policy and practice</td>
<td>7 regional co-ordinators</td>
</tr>
<tr>
<td>• 09 - 12/03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sure Start and Teenage Pregnancy Unit staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face -to-face interviews</td>
<td>Service delivery and joined up policy and practice</td>
<td>4 staff</td>
</tr>
<tr>
<td>• 10/02</td>
<td></td>
<td></td>
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<tr>
<td>• 09/03</td>
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</tbody>
</table>
Detailed methods

1 Data collection - service delivery study and joined up policy and practice analysis

1.1 Sure Start Plus strategic leads

Programme strategic leads were identified as those individuals who had strategic rather than operational responsibility for the programme. Some of these individuals had been involved in planning and designing the programmes. Face-to-face and telephone interviews were carried out with the eight strategic leads from the case study areas in March through July 2002. The interviews covered: the background to Sure Start Plus in the area; and how the reality of the programme differed from the vision.

1.2 Sure Start Plus programme co-ordinators

Programme co-ordinators were identified as those individuals who had day-to-day operational responsibility for the programme. Some of these workers co-ordinated the project as their only role while others also provided services to teenagers themselves. These co-ordinators were consulted annually about a number of issues: e.g. the teenage pregnancy context of the area; the needs of service users; the planning, design and content of the programme; systems and management; barriers and facilitators to implementing the programme; relationships between the programme and key partners; relationships with local Teenage Pregnancy Strategy structures and the Sure Start / Teenage Pregnancy Units; work with particular hard to reach groups; and plans for the future.

Face-to-face interviews were carried out with the nine programme co-ordinators from the case study areas in March 2002. Telephone interviews were subsequently carried out with the programme co-ordinators from the remaining 26 Sure Start Plus programmes in April 2002. Telephone interviews were also carried out with programme co-ordinators from all 35 programmes in February 2003 and February/March 2004.

1.3 Sure Start Plus service providers

Sure Start Plus service providers are those individuals carrying out one-to-one work with young people on behalf of Sure Start Plus programmes. These individuals include: Sure Start Plus advisers, midwives, health visitors, counsellors and childcare workers etc. These service providers were consulted about a number of different issues including: what their job entailed; the content of what they offer young people on behalf of Sure Start Plus; the systems and management of the programme; the implementation and uptake of the programme; perceptions of the impact the programmes were having; and relationships between the programme and key partners.

Eight focus groups were carried out in July/August 2002 with a total of 24 Sure Start Plus service providers from case study areas. Follow up interviews were carried out in September 2003 with 14 service providers from the case study sites who were nominated to represent their programme. The first Sure Start Plus service providers’ questionnaire in January 2003 was distributed to 85 workers from 31 Sure Start Plus programme areasxii. A total of 68 questionnaires were returned (a response rate of 80%) with at least one questionnaire coming from all of the areas. In June 2004 a second questionnaire was distributed to 130 Sure Start Plus service providers in all 35 programmes. A total of 84 questionnaires were returned (a response rate of 65%) with responses from 26 of the programmes.

xii Questionnaires were not given out in remaining four programme areas as they had not yet begun providing one-to-one advisory work.
1.4 Young people: Sure Start Plus service users

Eight interviews and six focus groups were carried out in October and November 2002 with young people from the case study areas who used Sure Start Plus. In total information was gathered from 41 young people of whom 19 were pregnant, 18 were mothers and four were fathers. These young people were consulted about a number of different issues including: their background and characteristics of their lives; their needs and the issues that affect them; what Sure Start Plus services they had used and their feelings about them; and the extent to which they felt their needs were being addressed.

1.5 Professionals from partner agencies

A total of 46 representatives from key partner agencies and services working alongside Sure Start Plus were interviewed between May and September 2003. These partners came from all of the case study areas and included the Teenage Pregnancy Co-ordinator in each area and representatives from Connexions, Sure Start, education services (usually the Reintegration Officer), antenatal services and other key local partners identified by the local Teenage Pregnancy Co-ordinator.

1.6 Regional and National staff: Teenage Pregnancy Unit & Sure Start Unit

Interviews with two Sure Start Unit staff were carried out in October 2002. In March 2003 responsibility for the Sure Start Plus programme shifted to the Teenage Pregnancy Unit. When these interviews were repeated in September 2003 two interviews were carried out with Teenage Pregnancy Unit staff. They were consulted on: the history, design and current implementation of the Sure Start Plus programme at a national level; their perspectives of how the programmes were working at a local level.

The seven Regional Teenage Pregnancy Co-ordinators with Sure Start Plus programmes in their areas were intervieweved on the telephone between September and December 2003. These interviews covered: their roles and involvement in Sure Start Plus and feelings about the transfer to the TPU; perceptions about the implementation of Sure Start Plus in their region and the joined-up work it is doing; and their thoughts about the future of Sure Start Plus.

2 Detailed methods: impact study data collection

2.1 Young women’s impact questionnaire

The pregnant young women’s impact questionnaire was distributed in 35 Sure Start Plus and 35 matched areas in July 2004. It covered: their background and characteristics; the issues that affect them; their participation in education, employment and training; their emotional feelings; their relationships with the father of their child, their family and their child; how getting pregnant affected them; the services they did and did not use, including use of Sure Start; and the extent to which they felt their needs were being addressed.

The questionnaire was distributed through two routes: a) approximately 50 per area via the Teenage Pregnancy Co-ordinator to local groups working with pregnant young women and young mothers; and b) via the local NHS child health database to the 50 young women under the age of 18 years who had given birth most recently

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xiii Ethics approval was gained from the Metropolitan MREC, one of 13 research ethics committees. Distribution using Child Health Databases occurred in only 34 of the 70 areas. The remaining areas did not have child health databases or declined to participate because of limited staff time or concerns of their local Caldicott Guardian. The 34 areas were evenly split between Sure Start Plus and matched sites, with 17 in each.
distributed. Young women who filled in the questionnaire were sent a £5 gift voucher to thank them for their help\textsuperscript{xiv}.

In total 5515 questionnaires were sent for distribution via the two routes. As third parties carried out distribution, it is not clear how many questionnaires subsequently reached young women; it is apparent that not all were passed on. In total 1081 questionnaires were returned with 55\% of these coming from Sure Start Plus areas and 45\% coming from matched areas. On average approximately 17 questionnaires were received from each Sure Start Plus area and 14 from each matched area. Although the response rate is 20\% (19\% from Sure Start Plus areas and 21\% from matched areas) we believe this is an underestimate of the actual response rate. No questionnaires were returned from any young women in one Sure Start Plus area and three matched areas.

2.2 Young fathers’ impact questionnaire

The impact questionnaire for young fathers was distributed August 2004, following similar methodology to that of the young women. The two distribution routes were somewhat different, with questionnaires being sent: a) via local groups working with young parents; and b) via young women who had filled in the young women’s impact questionnaire and asked for a copy of the young fathers’ impact questionnaire for their partner. Approximately 240 copies were sent out via groups, but it is uncertain how many were actually distributed. Only 20 of these were returned, making a 8\% or higher response rate. 176 copies were sent to young fathers via their partners; 66 were returned, making a response rate of 38\%.

In total 86 questionnaires were returned with 58\% of these coming from Sure Start Plus areas and 42\% from matched areas.

2.3 Interviews with young parents

On impact questionnaires in case study sites (Sure Start Plus and matched), respondents were asked if they would be willing to be interviewed: 104 young women expressed an interest. Home interviews were carried out in September 2004 with the 56 young women who were contactable, gave consent and were available to be interviewed at the arranged times. Of those interviewed, 29\% were Sure Start Plus users, 30\% came from Sure Start Plus areas but were not using the programme and 41\% came from matched areas. Four young fathers participated in the interviews with their partner. Interviews with young women covered: feelings about their housing situation, financial circumstances, emotional state since pregnancy, and social support from family, partner and professionals; how their time had been taken up since becoming pregnant; their short-term aspirations and what would help them achieve these; challenges and conflicts in being a young mother; and how motherhood had changed their lives.

2.4 Impact questionnaire with professionals from partner agencies

In May 2004 the impact questionnaire for professionals from partner agencies was sent out to individuals in key service areas in all Sure Start Plus and matched areas. These were selected as those most likely to work with pregnant and parenting teenagers and included services working: around pregnancy and physical health issues; in education, employment and training; around social and emotional wellbeing and mental health; around housing and benefits; and in the voluntary sector. These professionals were identified in two ways: a) through a form completed by the Sure Start Plus programme co-ordinators; and b) from a search of relevant internet sites.

The self complete postal questionnaire covered: the role of their organisation in relation to pregnant and parenting teenagers; the content of their work with these groups; their perceptions on adequacy of services for these groups and the gaps they feel exist in provision.

\textsuperscript{xiv} Young people who wanted to receive the thank you voucher supplied their name and address details for this purpose. Up to this point, the national evaluation team had no access to these details.
In addition these professionals in Sure Start Plus areas were asked about the programme: their relationship with Sure Start Plus; their perceptions about its impact; and the future of their work with it. Meanwhile professionals in matched areas were asked about their perceptions of the need for and usefulness of a specialist adviser (like those in Sure Start Plus) in their area.

A total of 2,200 questionnaires were distributed. A total of 914 questionnaires were returned with 58% coming from Sure Start Plus areas and 42% coming from matched areas. Each Sure Start Plus area returned an average of 15 questionnaires (range from 7 – 35) and matched areas an average of 11 (range 2 - 24). A further 121 questionnaires were sent back uncompleted because either the addressee was unknown or had received duplicate copies. Given the identification of potential recipients via internet sites, it is likely that other non-returned questionnaires were also inappropriately addressed. As a result, although the response rate is 44% (45% from Sure Start Plus areas and 43% from matched areas) this is likely to be an underestimate of the actual response rate.

2.5 Interviews with professionals from partner agencies

Following the questionnaire for professionals from partner agencies, a total of 86 professionals, from case study and matched case study areas, expressed their willingness to be interviewed. Twenty eight of these were selected so that: a) at least one came from each case area; and b) they represented the key organisations. In total, due to difficulties organising interviews, only 18 of these 28 were interviewed by phone in September 2004. One third (38%) of them came from case study areas and 63% came from matched case study areas, between them representing 15 of the 24 selected areas.

3 Detailed methods: Statistical analysis

3.1 Analysis of Sure Start Plus service providers’ questionnaire and economic commentary questionnaire

The service providers and the economic questionnaires were collected only in Sure Start Plus areas. These data were explored descriptively using SPSS in terms of means and percentages. Chi square statistical tests were carried out on the data when comparing different types of programmes or provider roles.

3.2 Analysis of Impact questionnaires

Demographic data from young women’s, young fathers’ and professionals from partner agencies’ impact questionnaires in Sure Start Plus areas were compared to data from the same groups in matched areas. Chi square statistical tests were used to see if the populations differed significantly in relation to demographic characteristics.

Using STATA, data from the young women’s, young father’s and professionals from partner agencies’ impact questionnaires were examined, using logistic regression, for statistical association between local characteristics and outcomes where, theoretically, there might have been a causal link. These included area level teenage conception rates, deprivation rates, and under 19 population size. These characteristics were only included in subsequent logistic regression models where they were significant confounders of the outcome. As a result, their association with the outcome was controlled.

Logistic regression models were built for the data from the young women’s and professionals from partner agencies’ impact questionnaires. Each model looked at and statistically compared the association between an outcome and whether the respondent came from a Sure Start Plus area or not.

xv It is not clear how many of the remaining 1165 questionnaires were not returned because they did not reach the intended recipient, duplicated other questionnaires or, where more than one was sent to staff in the same organisation, one professional filled it in on behalf of the whole organisation.
Different models of Sure Start Plus service design and delivery were identified from process data. Each Sure Start Plus programme was categorised and labelled for each of the following:

- Target vs. needs-led approach to service delivery: target; needs; or mixed
- Sector where Sure Start Plus advisers were based: health; education/Connexions; social services; voluntary; mixed
- Numbers of young people worked with: high coverage; low coverage
- Programme location: Outside London; London
- Level of Funding: high; low

Further logistic regression models were built for the data from the young women’s and professionals from partner agencies’ impact questionnaires that took into account the service delivery and design models. The low numbers of father’s impact questionnaires meant this analysis could not be undertaken on this data. These models looked at and statistically compared the association between an outcome and whether the respondent came from a Sure Start Plus area that employed a specific model of service delivery. For example, the association between an outcome and whether the respondent came from a Sure Start Plus area that followed a needs-led approach, or a target-led approach or from a matched area. In this report, the most relevant significant results of these analyses are reported. Some non-significant results are reported where they are particularly interesting.

Logistic regression models were built that looked at and statistically compared the association between an outcome and whether the respondent came from a Sure Start Plus area and used the programme, came from a Sure Start Plus area and did not use the programme or came from a matched area.

Further logistic regression models were built for the data from the young women’s and professionals’ impact questionnaires. These models looked at and statistically compared the association between an outcome and whether the respondent came from a Sure Start Plus area where the programme was delivered in a number of different ways and used the programme, came from a Sure Start Plus area and did not use the programme or whether the respondent came from a matched area. For example, the association between an outcome and whether the respondent came from a Sure Start Plus area that followed a needs-led approach and used the programme, or a target-led approach and used the programme, came from a Sure Start Plus area and did not use the programme or came from a matched area.

In Sure Start Plus areas, additional questions were asked of professionals from partner agencies about their relationship with the programme and views of programme impact. These were analysed descriptively and comparatively between different models of service delivery. Analysis was also undertaken comparing the association between an outcome and different aspects of programme funding and expenditure. Chi square statistical tests were carried out on the data.
Appendix 4: Details of participants

Sure Start Plus service providers

<table>
<thead>
<tr>
<th>Interviews / focus groups</th>
<th>n = 38</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role – Advisers</td>
<td>47%</td>
</tr>
<tr>
<td>Role – Sure Start Plus Midwives</td>
<td>16%</td>
</tr>
<tr>
<td>Role – Health visitors</td>
<td>8%</td>
</tr>
<tr>
<td>Role – Counsellors</td>
<td>3%</td>
</tr>
</tbody>
</table>

Questionnaires 2003  

| Role – Advisers           | 71%    |
| Role – Counsellors        | 9%     |
| Role – Sure Start Plus Midwives | 7%     |

Questionnaires 2004  

| Role – Advisers           | 56%    |
| Role – Sure Start Plus Midwives | 10%     |
| Role – Counsellors        | 6%     |
| Role – Health visitors    | 5%     |
| Role – Young men’s workers | 4%     |
| Role – Childcare support workers | 4%     |

Young people - questionnaires

<table>
<thead>
<tr>
<th>Young women</th>
<th>Young men</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS+ areas</td>
<td>Matched areas</td>
</tr>
</tbody>
</table>

Questionnaires

| Avg. age of respondents | 17.4 | 17.5 | 18.2 | 18.1 |
| Age range of respondents | 14 - 21 | 13 - 21 | 16 - 21 | 15 - 20 |
| Pregnant young women / Fathers to be | 24% | 26% | 24% | 42% |
| Young mothers / Young fathers | 80% | 80% | 80% | 69% |
| Had used Sure Start Plus | 51% | NA | 20% | NA |
| Housing – Council | 50% | 41% | 63% | 48% |
| Housing – Privately owned | 22% | 22% | 23% | 11% |
| Housing – Housing association | 9% | 10% | 3% | 15% |
| Housing – Privately rented | 9% | 18% | 8% | 19% |
| Housing – Supported | 5% | 3% | 0% | 0% |
| Housing – Temporary | 5% | 5% | 5% | 7% |
| Ethnicity – White | 88% | 90% | 87% | 86% |
| Ethnicity – Black | 6% | 5% | 3% | 11% |
| Ethnicity – Mixed | 4% | 3% | 8% | 0% |
| Ethnicity – Asian | 1% | 1% | 3% | 4% |

Young people focus groups and interviews

<table>
<thead>
<tr>
<th>Young women</th>
<th>Young men</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS+ areas</td>
<td>Matched areas</td>
</tr>
</tbody>
</table>

Focus groups / interviews

| Avg. age of respondents | 17.5 | 17.1 | Not known (NK) | 0 |
| Age range of respondents | 14 - 20 | 14 - 20 | NK | 0 |
| Pregnant young women / Fathers to be | 36% | 13% | 50% | 0 |
| Young mothers / Young fathers | 67% | 87% | 50% | 0 |
| Had used Sure Start Plus | 79% | NA | 100% | NA |
| Housing – Council | 47% | 35% | NK | 0 |
| Housing – Privately owned | 20% | 25% | NK | 0 |
| Housing – Housing association | 17% | 20% | NK | 0 |
| Housing – Privately rented | 10% | 10% | NK | 0 |
| Housing – Supported | 3% | 5% | NK | 0 |
| Housing – Temporary | 3% | 5% | NK | 0 |
### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Mixed</th>
<th>Asian</th>
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### Professionals from partner agencies - interviews

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<tr>
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<td>Sector - Family planning</td>
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<td>Sector - Social services</td>
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<tr>
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### Professionals from partner agencies - questionnaires

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### Methods used in work with young people

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### Service works with which young people

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<tr>
<td>o 17 - 19</td>
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<tr>
<td>Target - Young mothers</td>
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<tr>
<td>o 17 - 19</td>
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<td>66%</td>
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<tr>
<td>Target - Young fathers</td>
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Appendix 5: References


Founded in 1990, the Social Science Research Unit (SSRU) is based at the Institute of Education, University of London. The Unit’s mission is to engage in and otherwise promote rigorous, ethical and participative social research and to support evidence-informed public policy and practice across a range of domains including education, health and welfare. Its work is guided by a concern for human rights, social justice and the development of human potential.

The views expressed in this work are those of the authors and do not necessarily reflect the views of the Department of Health or the Department for Education and Skills. All errors and omissions remain those of the authors.

http://www.ioe.ac.uk/ssru/reports/ssplusevaluationfinalreport.pdf

The photographs on this report were taken as part of a partnership project between Sure Start Plus Liverpool and Healthy Arts at Hope Street Ltd. Photography & Design - Alexandra Wolkowicz; Styling - Steven Marc Jones.

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