

Sure Start Plus National Evaluation Service Delivery Study: Interim Findings

Executive Summary, June 2003

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Introduction

Sure Start Plus is a pilot programme that aims to reduce the risk of long-term social exclusion resulting from teenage pregnancy through co-ordinated support to pregnant teenagers and teenage parents under-18 years. It forms part of the national Teenage Pregnancy Strategy. Sure Start Plus seeks to offer support through a personal adviser who co-ordinates a tailored support package for pregnant teenagers and young parents, including young fathers. The pilot phase of Sure Start Plus is based in 20 Health Action Zones (or former HAZs) in England, selected for having high rates of teenage pregnancy. Sites vary in complexity from those covering a single local authority to those spanning five authorities. Funding was initially for three years from April 2001 but has now been extended to five years. The Sure Start Unit was managing the programme but this responsibility transferred to the Teenage Pregnancy Unit in April 2003.

Key interim process evaluation findings

- As a pilot programme Sure Start Plus areas were given a brief to develop services to follow local need rather than a national template. This has led to a programme whose hallmark is diversity; there is no one model of Sure Start Plus.
- The major components of the programme design are: providing new services for pregnant teenagers and teenage parents; and working to enhance and influence existing mainstream services. Central to the design is the provision of one-to-one support through personal advisers. Other key aspects of design include group work with young people and training of professionals in young person friendly practices.
- Programmes range from those following an empowerment, user-led model to those that employ a more guidance, target-led approach. In addition to personal advisers, some programmes employ specialist workers (e.g. midwives or counsellors) and a few programmes buy in small portions of time from existing services as well as employing core staff. In general, despite these differences, service providers offer emotional support and referral to other agencies.
- To date, approximately 4,000 pregnant teenagers and teenage mothers have been referred to Sure Start Plus services.
- Both service users and providers think that the services are accessible and appropriate for pregnant teenagers and teenage mothers; they are considered less so for young fathers.
- In general most pilots which experienced smooth early implementation of their programme have some or all of the following factors: a paid co-ordinator with local knowledge and experience; a fully recruited staff team; an established partnership board that offers support and guidance specifically for Sure Start Plus. Programmes that lacked these factors and particularly those programmes that are based in multiple local authority areas, experienced additional pressures and constraints in early implementation.
- Certain key issues will need to be addressed for the future of the programme. Better communication systems should be established to enable programmes to learn and share from each other, as well as to provide clarity about strategic factors. Some programmes feel that they are reaching their full capacity of clients; consideration will need to be given to the best approach for dealing with this. As time elapses, local and national attention will need to consider sustainability of their programmes when funding ends in 2006.

These interim findings, from a team at the Social Science Research Unit at the Institute of Education, focus on the processes of planning and implementing Sure Start Plus and what lessons can be learnt from these. They are based on interviews and surveys of key players in all 20 pilot programmes, in depth study of work in six sites, and interviews with national managers.

Design and Delivery of Sure Start Plus services

Design of the Sure Start Plus programmes varies widely as programmes have taken seriously their brief to develop services that address local needs, rather than follow a national template. As such there is no one model of Sure Start Plus but rather there is variation across the pilot programmes. This variation can provide opportunities to learn when shared amongst programmes.

Despite the variation there are similarities in vision across the programmes: providing equality of opportunity for pregnant teenage women and young parents; and a primary focus on young women rather than their children and teenage fathers.

“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” – Programme co-ordinator

The programmes are based in a variety of different sectors (health, education, voluntary sector) although the majority are situated in the health sector. Although, on the whole, the location of the programmes has not influenced, positively or negatively, the progress of the programme, the original proposed content of the programmes was dictated to some extent by sectoral placement. In addition, conflict and uncertainty about programme location, particularly in programmes located in multiple sectors, has slowed progress.

The focus of programme design ranges on a continuum between influencing mainstream services (to be more accessible and appropriate for teenage parents) and providing new services for pregnant teenagers and teenage parents, according to local need. Most programmes offer a combination of these two extremes. The support models adopted by programmes also differ, ranging from those that employ an empowerment, user-led model to those that employ a more guidance, targeted approach.

Referral systems vary between programmes. Some programmes adopt centralised, professional led referral systems; some with these systems aim to reach all pregnant teenagers in their areas. Other programmes are much more selective about the young people with whom they would work; others primarily encourage self-referrals. In these latter programmes, dependence on self-referral systems as the only means of accessing clients has had to be abandoned due to low uptake, but self-referrals still remain a distinct feature in programmes that follow an empowerment model. Most referrals from other agencies come from: antenatal services; education sector services; and postnatal services.

Most programmes employ personal advisers, and some employ specialist workers in addition (such as midwives; health visitors and counsellors). However, a few programmes use a ‘scattergun approach’ and buy in small portions of time from existing services, instead of, or as well as, employing core staff. Programme staff in both these approaches predominantly offer one-to-one

work (18 programmes), supplemented by group work (13 programmes). A majority also offer training to professionals aimed at influencing mainstream services (15 programmes).

Two thirds of the programmes employ a Sure Start Plus programme co-ordinator to oversee the operational aspects of the programme. Where programmes have a paid co-ordinator, the problems associated with development and implementation were minimised, particularly if the same co-ordinator was in post from the beginning of the programme.

Although all pilot areas were expected to have a local partnership board to help guide the programme, in reality the nature of these boards differs greatly amongst the pilots, and three programmes have no board at all. Where partnership boards have been most effective is when they have been set up specifically to lead on Sure Start Plus. In the five programmes where this is the case, the boards have been in a position to: endorse decisions; and bring status and influence to Sure Start Plus particularly when they are at a high level. On the other hand, in the majority of programmes (12) Sure Start Plus shares its board with, for example, the Teenage Pregnancy, HAZ or Primary Care Trust board. In these cases the boards are perceived as not prioritising Sure Start Plus and burdening the programme with bureaucracy.

The role of the personal adviser

The focus of work done by most of the advisers is on practical and emotional support to young pregnant women and young mothers. Fewer focus on supporting young women in decisions about continuing pregnancy, or supporting young fathers.

All advisers offer one-to-one advice and support and three quarters of them also offer group work. These two aspects take up on average half of their time on Sure Start Plus. A further 15% of service providers’ time is spent liaising with other agencies on behalf of their clients. As well as supporting young people themselves, three quarters of the advisers also support other family members such as grandparents of the child. Part of the adviser role also incorporates aspects of programme operation such as: networking with local partners; administration; and monitoring.

Advisers were asked to explain the nature of their work by providing information about their ‘average’ client. Most contacts are one-to-one (81%), taking place at the client’s home (85%) or by telephone (85%) once a week or once a fortnight (42%), and lasting about an hour, typically over a period of 18 weeks.

“We keep them on our caseload, but after the initial assessment and work at the beginning things settle down and I see them less frequently, but try and involve them in group activities.” - Adviser

The total caseload for advisers ranges from one to 250 clients with an average of 53 clients. Almost half of the advisers feel that their total caseload was ‘about right’ but a considerable number feel that it is too large (42%). On the whole, advisers consider a caseload of more than

40 clients to be too many. Advisers have an average of 22 'active cases' - those that they had at least one contact with in the last six weeks (range 0 to 76 clients). In terms of frequent users, advisers have, on average, 10 clients with whom they have weekly contact (range 0 to 40 clients).

Advisers, collectively, work collaboratively with 100 different agencies and groups. Most commonly reported local partners include: teenage pregnancy co-ordinators, social services, reintegration officers and Connexions, followed by midwives and Sure Start.

Most line managers of advisers are in the health sector, and one quarter of these are teenage pregnancy co-ordinators. The majority of the advisers receive some form of formal supervision. On the whole this takes place once a month or less frequently. Some of the advisers also receive informal support. Just over half receive this once a week or more. A sizeable proportion of advisers feel that they do not receive formal supervision (33%) and informal support (28%) frequently enough. Those advisers who have two managers – one within their primary service and another with Sure Start Plus – experience problems with these supervision systems.

Uptake of services and programme performance

An estimated minimum of 4,000 pregnant teenagers and teenage parents have been referred to Sure Start Plus programmes to date. Considering that many advisers feel their caseloads are too large, this figure represents a number close to the current carrying capacity of the Sure Start Plus programme as a whole.

The majority of young people accessing Sure Start Plus are pregnant, although an increasing number of teenage mothers are also accessing Sure Start Plus. By contrast, in most sites fathers and black and ethnic minority young people are underrepresented. Programme co-ordinators and service providers acknowledge that their programme is less accessible to these groups and believe that specialist staff are needed to effectively access them. In some programmes these specialist staff had been appointed and are already working for greater inclusion of fathers and black and ethnic minority young people.

Service providers generally feel that their programmes are functioning well, particularly in terms of networking with local partners and advice work with young people. However, service providers identify that group work with young people and management of the programmes are the aspects of the programmes that were functioning least well.

Service providers in general feel that their programmes are having most impact on: helping women out of social isolation; helping them gain self-confidence; and enabling them to access the appropriate benefits. They feel they are having least impact on: enabling young fathers to be involved in bringing up their child; and encouraging young mothers to breastfeed for at least 6 weeks.

Views of teenage service users

Young pregnant women, young mothers, their partners, and members of their families were consulted in focus groups and interviews in six case study sites.

Pregnant young women and young mothers highlight that the most important issues that affect them are those related to: housing; benefits; education; health and relationships. To address these issues most of the young women access Sure Start Plus personal advisers for guidance, support and for information about, and referral to, other agencies. The service users are very positive about their interaction with personal advisers; they see the role of advisers as important and necessary.

Service users also access Sure Start Plus for antenatal groups, training, and outings. In general the group activities are less well received by the service users than the individual support. However, popular antenatal and postnatal support groups are those: that are less formal; where young women are encouraged to bring a friend; and where there is less of a health focus. Most of these service users had been put in contact with Sure Start Plus through health workers, education contacts, social workers and Connexions. Very few women had referred themselves.

In general, the pregnant young women and young mothers accessing Sure Start Plus find it accommodating and easy to access.

"It's dead easy to use Sure Start Plus. They do what you want, whatever you want help with. They never say no; they'll always try" – Pregnant teenager

They also find it to be: user friendly; to provide high quality information; and offer good support. In general, they said that Sure Start Plus has helped them begin to address their main needs.

"[Having a personal adviser] takes a lot of stress off of a few things, like worrying about housing and benefits" – Pregnant teenager

At this interim stage none of the female service users have highlighted any gaps in provision by Sure Start Plus, but they generally want more of what is already being offered. However, fathers did identify that they would like more information and activities and a specialist worker to specifically address their needs.

"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 and the amount of restrictions there are on dads as well, especially unmarried ones" – Teenage father

Summary of interim progress

Early implementation of the Sure Start Plus programme was slow, with many areas not fully operational for a year after funding began. Currently, two years into the programme, a few areas are still not completely functional. At local level, early implementation was hindered by:

- delays with staff recruitment;

- changes in programme design from the original work plan;
- poorly functioning local partnership boards;
- difficulties adjusting to limited national guidance;
- problems with baseline data collection; and
- a lack of Sure Start Plus identity.

Complex, multiple local authority, programmes were further hindered by the need for cross boundary negotiations and the development of area wide structures.

Factors that helped with early successful implementation of the programmes included: the original proposal writer carrying forward implementation; the programme co-ordinator having local knowledge and influence; a functioning, dedicated, Sure Start Plus partnership board; and the pilot having a paid operational co-ordinator.

The majority of the Sure Start Plus programmes are making good progress with implementing services. The current speed of progress seems to be influenced by: how well programmes dealt with initial constraints; whether they have had to endure any changes in key personnel; whether there has been uncertainty about the sectoral placement of Sure Start Plus; whether the programme management has adopted a reflective or a pragmatic ethos to implementation; and whether the programme area has multiple local authorities.

Programme staff are particularly proud of their achievements in:

- setting up new services;
- working successfully with partner agencies;
- developing effective referral systems; and
- seeing positive outcomes for the young people as a result of Sure Start Plus support.

At this interim stage, the Sure Start Plus programme generally appears to be offering a diverse range of support services for pregnant teenagers and teenager mothers. These have on the whole been deemed appropriate and accessible by service providers and by the sample of young women surveyed. Referral systems are functioning well, with referrals coming from a wide range of agencies and organisations.

Future challenges

The Sure Start Plus pilot sites have overcome a number of barriers in the development and implementation of their programmes. There are several more that will need to be addressed at both national and local level in the future.

- If the full benefit of the experiences of the pilot programmes is to be felt, then greater opportunities for learning and sharing will need to be developed. There is also scope for greater clarity of communication between national and local level programmes.
- Broadening the reach of the programmes to truly support teenage fathers as well as teenage girls will require more dedicated programming to address their needs. Providing specialist staff or additional services would have resource implications.

- Many programmes are becoming concerned about their capacity to deal with the numbers of clients who are accessing their services. In the face of ever increasing caseloads, consideration will need to be given to different strategies to deal with this situation such as: limiting referrals; operating waiting lists; providing less one-to-one but more group work; providing less intensive one-to-one work; fundraising to pay for greater staff resources.

- An issue that will become of increasing importance over the next few years will be how Sure Start Plus services will be able to be sustained after the pilot funding ends in March 2006. Local and national attention will need to be focused to produce plans for either mainstreaming these services or securing funds to maintain or expand new services.

About the evaluation

This report highlights the interim findings from the service delivery study component of the National Evaluation of Sure Start Plus. It focuses on the lessons to be learnt from examining the processes of planning and implementing Sure Start Plus. This ongoing work is being carried out by a team at the Social Science Research Unit, Institute of Education. The findings discussed here cover research undertaken between January 2002 and March 2003, overseen by staff from the Sure Start Unit. The methods used involved:

- *in depth study of work in six Sure Start Plus programmes* (including interviews and focus groups with those who designed the proposal, provide strategic guidance, co-ordinate the programme, provide services and users of the services);
- *interviews and surveys in all 20 pilot programmes* (with service providers and programme co-ordinators); and
- *interviews with Sure Start Unit staff who had responsibility for Sure Start Plus.*

The National Evaluation of Sure Start Plus consists of a further three components: an analysis of joined-up policy and practice; an evaluation of impact; and an economic commentary on the cost of the programme. The evaluation is advised by panels of teenagers and Sure Start Plus staff, and a steering group of policy makers, service providers and researchers. A final report presenting findings from all components of the evaluation will be completed in December 2004.

How to get further information

This is the summary of a larger report: *Sure Start Plus National Evaluation Service Delivery Study: Interim Findings* (April 2003) by Meg Wiggins, Helen Austerberry, Mikey Rosato, Mary Sawtell and Sandy Oliver. The full report can be accessed from the TPU website: www.teenagepregnancyunit.gov.uk. Hard copies can be also be obtained by contacting Nita Karbaria at the TPU on 020 7972 5309.

For further information about the National Evaluation contact the team on surestartplus@ioe.ac.uk or 020 7612 6397.