

# Evaluation of the child development grant pilot

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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# EXECUTIVE SUMMARY

## Introduction

1. This evaluation report details the learning resulting from the Child Development Grant (CDG) pilot. The pilot was one of nine Child Poverty pilots funded by the Child Poverty Unit between 2008 and 2011. York Consulting and Ipsos MORI were commissioned to undertake the evaluation in April 2009.
2. The CDG pilot aimed to encourage economically deprived and disengaged parents, through (cash) incentives to utilise the services offered by their local Sure Start Children's Centres (SSCC), in particular those services that have a positive impact on the child's development and family. Families received £50 when they completed an agreed four week action plan and/or £200 when they completed an agreed twelve week action plan. An action plan is a tailored programme of activities and support available at, or provided/referred through, the SSCC to meet families' jointly agreed needs – formalised in a co-signed agreement.
3. Ten local authority areas were successful in bidding to deliver the CDG pilot: Bradford; Ealing; Dudley; Knowsley; Lambeth; Lancashire; Northumberland; Telford and Wrekin; Tower Hamlets; Worcestershire.
4. The CDG pilot straddled two different government administrations. The pilot and the original methodology were conceived under a Labour Government. In July 2010 the Department for Education decided to bring forward the end of the CDG pilot because, in light of the prevailing fiscal position, Ministers did not see this approach as forming part of the Coalition Government's ongoing policy agenda. Although, they were keen to learn lessons resulting from the pilots around delivery and impact.

## Methodology

5. The agreed methodology was a longitudinal study involving interviews with parents covering a target (or treatment group) and two control groups of identically disadvantaged families, as follows:
  - **target group (T1)** – this group were to receive outreach support funded by the CDG pilot, an action plan with payment of the grant;

- **control group one (C1)** – this group were to receive outreach support funded by the CDG pilot, an action plan, but no payment of the grant;
  - **control group two (C2)** – this group were to be those families that might receive normal SSCC services (that is, they should not be affected by the CDG-funded activity), they would receive information on SSCCs and the services they offer.
6. The methodology changed significantly following the announcement to bring forward the close of the CDG pilot. Original plans for longitudinal interviews with parents were not carried forward, therefore the key elements of the methodology which contributed to this report were:
- **Scoping and design** – involving early visits to local authorities to establish what data was available and to discuss questionnaire designs. This phase also involved close working with Department researchers on all design aspects;
  - **Quantitative fieldwork** – a pre-test to be completed by parents prior to starting an action plan to establish specific attitudes and behaviours in advance of starting the programme – this was completed by target parents and control group 1 parents (with similar characteristics) who only received support through the action plan. As the longitudinal interviews did not take place the control group 2 families were not contacted;
  - **Qualitative interviews** – with local authority staff, SSCC managers and SSCC staff at two stages during the programme;
  - **Reporting and dissemination** – including an interim report, this report, presentations at LA networking events and a presentation at a conference held on 15<sup>th</sup> November 2010 involving CDG pilot project managers.
7. The result of the changes was that the original robust method could not be implemented. In order to maximise the learning from the pilot we have utilised the data and management information collected within the project, together with qualitative interviews with local authority and SSCC staff. This has resulted in a hybrid report that seeks to offer definitive findings where possible and learning where not. Therefore, analysis of data needs to be

treated with caution as it may not be representative of the true population under investigation.

### Key Findings

8. In terms of **structure** and **operation** of the pilots the key findings are:
    - the pilots were highly diverse in terms of size, number of SSCCs involved and geographical location. They established similar governance and project management arrangements; although some did not bid to have project managers funded by the CDG pilot, which put significant pressure on some individuals;
    - most pilots used the four week and 12 week action plans as originally intended – Lambeth only used 12 week plans;
    - timing of payments to pilot participants differed between areas with some LAs providing interim payments during the 12 week plan and others leaving the full amount until the end of the 12 week period;
    - most pilots used the Post Office payments system; Knowsley used the LA's own payment system and Tower Hamlets used a pre-payment card.
  
  9. In terms of sources used to **target** and **identify families** the key findings are:
    - the CDG pilot encouraged use of a wide range of data sources to support the identification of families;
    - the most commonly used data sources were e-start databases or SSCC records and health visitor data;
    - some areas focused more on families which were already registered but not attending SSCCs, others focused on those families that had no previous contact with the SSCC;
    - relationships with health teams varied considerably across the CDG pilots; where good relationships existed with health teams the referrals and joint work was very effective at contacting new families;
    - a thematic approach worked successfully in some areas, for example, in relation to traveller families, those in temporary accommodation and refugees and asylum seeker families;
    - the CDG pilot led to an improved understanding of the needs of families in each SSCC catchment area.
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10. Key findings in relation to **outreach** and **operational delivery** are that:

- it takes time to set up a data-led approach and to establish relationships through outreach workers;
- outreach activities were highly effective at targeting vulnerable families that had not engaged with SSCCs previously;
- the action plan approach was not universally liked by all practitioners;
- stay and play sessions were the most useful introductory, non-threatening sessions for new families;
- a wide range of services were used by CDG pilot families covering: activities directly focused on their child; activities for the parent's own learning and development; activities to help with debt and health issues; activities linked to gaining employment;
- in-home delivery has been evidenced to have a place in supporting some families to eventually engage with the SSCC. Although, a few staff were less convinced that it was an appropriate or optimal approach;
- anecdotal evidence suggests payments of the grant were used for appropriate purchases, in line with families experiencing poverty;
- developing partnerships has helped to overcome barriers to effective collaborative working.

11. Key findings in relation to the **engagement of families** are:

- the majority of CDG pilot parents were women (95%); the age profile of CDG pilot parents indicated more under 24 and less over 35 than the National Survey of SSCCs<sup>1</sup>;
- CDG pilot parents were less likely to have used SSCC services (only 29% of parents had done so) compared with the national survey of SSCCs (45%);

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<sup>1</sup> DCSF, 2009, Sure Start: Children's Centres – A Survey of Parents 2008, TNS Social

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- CDG pilot parents were generally less aware of the more common types of services on offer at SSCC (compared with parents of under fives interviewed as part of the national survey), but similar levels of awareness of more intensive services for more needy parents, such as parenting advice and courses, employment services and financial advice;
- parents of under fives in general were more likely to have used childcare services and health and well-being services than CDG pilot families. For all other services, levels of use were similar or higher, among CDG pilot parents, in particular more intensive services such as parenting advice;
- a large majority (96%) of CDG pilot parents rated SSCC services as good or very good;
- where available, local level evaluations of the CDG pilot found similar results to the findings from the national analysis across all areas of analysis, which supports the validity of findings.

12. A number of **specific outcomes** resulted from the CDG pilot. These are grouped into the following categories:

- **Outcomes for families:**
  - over nine thousand (9,164) families were supported to develop a range of parenting skills, greater confidence in parenting and greater awareness of support services as a result of the CDG pilot;
  - ultimately the CDG pilot encouraged families not previously engaged or registered with the SSCC to try out services;
  - many improvements in family outcomes have been documented such as better communication between parents and children, more play and reading with children, safer home environments and training or employment outcomes for some parents.
- **Outcomes for SSCCs and staff:**
  - The CDG pilot led to improved knowledge about targeting the needs of vulnerable families, where different groups were located and how to engage them; it put the hard to reach back in focus;
  - through improved targeting and knowledge of vulnerable groups it helped SSCCs to expand their reach, as noted by Ofsted inspectors during recent inspections;



- the effect of increased outreach capacity helped to improve dialogue with local communities, particularly where outreach workers had a thematic focus;
  - the particular importance of language barriers was highlighted both for families from Eastern Europe and those from outside of Europe;
  - some specific processes were established which helped to overcome difficulties for example with data protection;
  - administrative processes such as data entry and data analysis capabilities were improved in some SSCCs;
- **Outcomes for local authorities:**
    - the CDG pilot contributed to an increased strategic focus on those in poverty;
    - there is evidence that, as a result of the CDG pilot, LAs reviewed policy linkages for example between children’s services and health services; resulting in improved, more efficient referral processes;
    - joint commissioning has been informed by the importance of data sharing to ensure that data transfer is not constrained by artificial or bureaucratic barriers.
13. Overall, the CDG pilot supported the development of greater understanding about how to target and engage vulnerable families in poverty. It provided extra outreach resource and the freedom to try out new approaches. In particular the CDG pilot refocused and revitalised some local authorities and some SSCCs to address this group more effectively. This has led to the engagement of groups not previously attending SSCCs.
14. The CDG pilot created increased capacity to target outreach in the community, it created a renewed energy in SSCCs and it raised awareness of partners and families about SSCCs. This resulted in greater confidence and trust with SSCCs by vulnerable families.
15. The key effect of the cash incentive was to grab people’s attention. Although outreach was said to be more valuable by families and SSCC staff, the money was the precursor. The limited analysis of management information suggests that the grant element may not have been significant

in encouraging families to stay engaged compared with a control group that did not receive the grant. Qualitative evidence suggests that outreach support was the most valuable element of the CDG pilot.

### Key lessons for the future

16. A range of lessons have been identified for future delivery:

- **use of a data-led approach** by SSCCs works and should continue;
- supporting **targeted outreach work** is an added value activity which has the potential to change patterns of behaviour for the benefit of families experiencing poverty;
- particular **aspects of outreach work** which staff said they would continue to use included:
  - taking a structured approach to introducing families to services;
  - encouraging families to try services in a range of settings;
  - use of incentives such as trips and books, in the absence of the grant;
- **in-home delivery** can be an important stepping stone for some families to engage with the SSCC. However, it should be used sparingly as it is more expensive and can lead to dependency on the outreach worker;
- **action planning** is an effective way of motivating families – the use of a shorter period action plan of four weeks is perceived to be less intimidating at the early stages for vulnerable families;
- it is **not clear whether spreading the payments resulted in net benefits**. There was a feeling that a sum as high as £250 was not necessary to achieve similar results. Some staff feel non-cash items, such as ‘fruit and veg’ boxes or day trips as rewards for engagement, could achieve a similar outcome;
- **clear understanding regarding definitions of targets** must be achieved between partners of a programme of this nature, otherwise, lack of clarity creates misunderstanding and unnecessary tensions;
- **support from LAs to SSCC to help maximise the use of data** may be required in SSCCs which do not have such analytical skills available;

- **continued relationship-building** with organisations that can share important information such as health teams and other teams in the local authority is an essential aspect to engaging with vulnerable families. Even where data protection issues were raised, pragmatic, legal solutions were found, such as the use of referral postcards;
- a **range of successful methods to contact families have been piloted**, for example, proactive use of live birth data, door knocking and use of fliers linked to the Family Information Service. Their selection and success in a given area depends on the methods of working in a SSCC or LA and on the needs of local families;
- **future evaluation of pilot work** between local authorities and the Department can build on this as an example of good practice but must recognise the importance of having protocols for agreeing decisions; recognising the constraints and internal workings of each other.

# 1 INTRODUCTION

1.1 This evaluation report details the learning resulting from the Child Development Grant (CDG) pilot. The pilot was one of nine Child Poverty pilots funded by the Child Poverty Unit between 2008 and 2011. The former Department for Children Schools and Families (now Department for Education) commissioned York Consulting and Ipsos MORI to undertake the evaluation in April 2009.

## Summary description of the Child Development Grant pilot

1.2 The Child Development Grant (CDG) pilot aimed to encourage economically deprived and disengaged parents, through (cash) incentives to utilise the services offered by their local Sure Start Children's Centres (SSCC), in particular those services that have a positive impact on the child's development and family.

1.3 It was announced in 2008 as one of a number of pilots looking at innovative approaches to tackling child poverty. The CDG pilot was targeted at specific types of 'hard to reach' families, including lone parents, families with disabled children, those on benefits, and ethnic minority parents with children under the age of 3. This was expressed in terms of reach as 35% of the most disadvantaged families in 2009/10 and 50% of the most disadvantaged families in 2010/11. The intention was that the CDG pilot would involve a data-driven approach to identifying families.

1.4 The cash incentive was provided to families that took up and completed a programme of activity at SSCCs based around an agreed parental 'action plan'. Once the action plan had been completed, a payment was received – £50 for four week action plan and £200 for 12 week action plan<sup>2</sup>. The maximum one family could receive was £250.

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<sup>2</sup> note that one pilot area did not use cash incentives as part of its approach

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1.5 The policy logic fitted within the ‘families and life chances’ building block of the Child Poverty Strategy, as it addressed the importance to child development of high quality service provision in the 0–3 age group from improving health and emotional cognitive development of children alongside supporting parents.

1.6 The expected outputs were:

- increase understanding of effective practice in terms of initial and sustained engagement;
- understanding what impact the grant could have on influencing parental behaviour;
- families with little or no previous engagement with children’s services to engage or re-engage with their SSCC and attend regularly;
- completing agreed action plan activities.

1.7 The expected outcomes were:

- awareness and engagement with a range of services beneficial to the family and child;
- families involved with SSCC are incentivised to engage more intensively in their child’s development – through wider family support or parenting classes;
- parents and families become more involved in activities which will have a positive impact on improving the home learning environment for the child;
- increased parental confidence;
- greater impact on child’s involvement in positive social activities such as play.

1.8 Local authorities were given the freedom to innovate and therefore some of the differences which evolved were intentional in order to try out different approaches.

## Background

- 1.9 Antecedents for this pilot are conditional cash transfers operating in developing countries (see Fiszbein and Schady 2009<sup>3</sup>) that reward school attendance and up-take of primary healthcare such as immunisation.
- 1.10 New York City's 'Opportunity NYC' programme, a full-scale experimental pilot of a range of incentives for poor families to improve school-based education participation, healthcare up-take and parental employment (Miller, Riccio and Smith 2009<sup>4</sup>) has been a particular point of policy reference for the CDG pilot.
- 1.11 British evidence indicated lower up-take of childcare for young children among multiple disadvantaged families, *"the more disadvantage children experienced the less likely they were to receive childcare. For instance, 60% of pre-school children who experienced the highest level of multiple disadvantage received some form of childcare in the reference term time week, compared with 73% of all pre-school children and 81% of children who were not disadvantaged."* (Speight et al 2010 p1).
- 1.12 The 2008 Parents Survey (TNS Social 2009<sup>5</sup>) showed differential up-take of non-childcare services at Children's Centres for services aimed at younger infants.
- 1.13 Thus the CDG pilot was established as one of a number of Child Poverty Pilot programmes by the former Labour Government.

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<sup>3</sup> Fiszbein, A. and Schady, N., 2009, Conditional Cash Transfers Reducing Present and Future Poverty, The World Bank, Washington DC

<sup>4</sup> Miller, C., Riccio, J., and Smith, J., 2009, A Preliminary Look at Early Educational Results of the Opportunity NYC - Family Rewards Program, MRDC, New York

<sup>5</sup> DCSF, 2009, Sure Start: Children's Centres - A Survey of Parents 2008, TNS Social

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1.14 The CDG pilot was developed and operated during a unique period of economic and political changes. These changes included the uncertainty of the financial crisis and economic recession, the results of local authority financial decisions (including in some cases a headcount freeze) and the election of the Coalition Government in May 2010.

## **CDG pilot development**

1.15 In 2009 local authorities were invited to bid to deliver the CDG pilot in their area. Ten local authority areas were successful:

- Bradford;
- Ealing;
- Worcestershire;
- Lambeth;
- Tower Hamlets;
- Dudley;
- Lancashire;
- Knowsley;
- Northumberland;
- Telford and Wrekin.

1.16 Dudley local authority decided, following a cabinet meeting, that they would not offer cash incentives to families and thus operated as a control within the pilot.

1.17 The bidding process involved certain fixed elements such as the amount of money that could be bid per family expected to participate. Other elements such as overheads, project management, administrative support and marketing were variable.

1.18 Successful local authorities participated in a series of meetings with the Department to develop the design of the pilot and the evaluation element. The Department commissioned the evaluators in April 2009. Contracts were agreed with local authorities during the summer of 2009. During this period the evaluation methodology was discussed and refined; this is discussed in detail in the next section.

1.19 Overall local authority staff and SSCC staff were initially sceptical about the effect of the conditional cash transfer aspect of the CDG pilot. However, as the pilot got underway most resistance turned to enthusiasm.

## **Report structure**

1.20 Apart from the next section on methodology the main body of this report is split into three parts covering seven sections as follows:

- Part A: pilot design;
  - structure and operation of pilots;
  - sources used to identify families;
- Part B: delivery;
  - operational delivery;
  - performance and service users;
- Part C: impact;
  - engagement effects on families;
  - effects of pilots on practitioners, local authorities and Sure Start Children's Centres;
  - conclusions.



## 2 METHODOLOGY

2.1 The CDG pilot straddled two different government administrations. The pilot and the original methodology were originally conceived under a Labour Government. The methodology changed significantly following the election and the formation of the Coalition Government. We briefly describe how the original methodology was intended to work and then describe the changes that were made after it was announced that the programme would close early.

### Original methodology

2.2 The high level objectives of the evaluation were to:

- measure the impact of the CDG in each of the pilot areas to identify effective practice in terms of initial and sustained engagement;
- assess the impact the grant has had on influencing parental behaviour;
- assess how the pilot Local Authorities have implemented the CDG to potentially inform a wider roll out of the grant;
- identify key lessons for policy development and implementation;
- identify the most successful and cost effective pilots.

2.3 The original methodology was primarily quantitative with a focus on measuring changes in outcomes for families supported. The Department had identified a treatment group (T1) and two control groups consisting of similar families; Control Group 1 who would receive support in the form of the action plan but no cash incentive (C1) and Control Group 2 who would be families not targeted by the first two elements who just receive the status quo from SSCCs.

2.4 The broad approach to the evaluation was as follows:

- **Scoping and design** – involving early visits to local authorities to establish what data was available and to discuss questionnaire designs. This phase also involved close working with Department researchers on all design aspects;
- **Quantitative fieldwork – to involve three elements to cover 450 parents per local authority area:**
  - a pre-test to be completed by parents prior to starting an action plan to establish specific attitudes and behaviours in advance of starting the programme;
  - a main questionnaire to be completed face to face as early as possible during the individual’s participation in the programme;
  - a follow-up questionnaire to be completed by telephone to explore changes and outcomes six months after starting the programme;
- **Qualitative interviews** – with local authority staff, SSCC managers and SSCC staff at two stages during the programme;
- **Reporting and dissemination** – including two reports and a number of presentations at events involving CDG pilot project managers.

2.5 The quantitative surveys were specifically designed to measure the impact of the grant. A longitudinal design was proposed with face-to-face surveys taking place before the intervention and telephone surveys afterwards. Respondents resident in SSCC catchment areas in the pilot LAs would be assigned in equal numbers to a treatment and two matched control groups, as follows:

- **treatment group** – families given the opportunity to participate in a supported Action Plan and receive a Child Development Grant (£50 for completion of a 4 week plan and/or £200 for 12 weeks);
- **control group 1** – families of similar demographic make-up offered the opportunity to participate in a supported action plan but will not receive the grant incentive for completion;

- **control group 2** – where families of similar demographic make-up are not offered the Action Plan or CDG, but just receive information on SSCCs and the services they offer.

2.6 The target population for the grant was parents of children aged under 3, living in the 10 pilot LAs and defined as the most economically deprived/‘hard to reach’ on a number of advisory criteria with discretion given to LAs to how they implemented this to address local needs. Assignment to the three groups was made by the LAs, and was envisaged for most to be based on allocation of geographical clusters of SSCCs to each of the three groups – i.e. three clusters per LA with families in each cluster receiving the same treatment/control condition. Sample sizes of 150 per group in each authority were planned (i.e. 450 per LA, 4,500 overall).

2.7 This design would enable comparisons of those who received the grant with two alternative states – (i) outcomes without any cash payment; and (ii) outcomes without cash payment or action plan. The design is depicted below, where NR indicates non-random assignment to the groups, O1 and O2 the outcomes at pre and post treatment stages, and X1/ X2 the two forms of treatment (grant plus action plan or action plan alone; administered over 4 weeks, 12 weeks, or both). The post-test was proposed six months after the pre-test, giving sufficient time for families to complete the action plan(s).

**Table 1. Untreated control group design with dependent pre-test and post test samples**

NR	O <sub>1</sub>	X <sub>1</sub>	O <sub>1(2)</sub>	X <sub>3</sub>	O <sub>2</sub>	(treatment group)
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NR	O <sub>1</sub>	X <sub>2</sub>	O <sub>1(2)</sub>	X <sub>4</sub>	O <sub>2</sub>	(control group 1)
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NR	O <sub>1</sub>				O <sub>2</sub>	(control group 2)

2.8 The variant of this design with a single control group receiving no treatment is probably the most common of all quasi-experiments<sup>6</sup>. Adding an additional control group strengthened the design conceptually, allowing the effects of the payment and action plan to be measured separately. Non-random assignment meant that the groups were non-equivalent by definition, and so selection bias was presumed to be present.

2.9 In order to consider the effectiveness of the evaluation proposed evaluators considered potential threats to drawing valid conclusions about changes in the outcome (i.e. conclusions that the cause of any observed effect was the treatment). Here we take the view that while statistical controls are a useful and necessary part of analysis of data intended to prove causal inferences, these are no substitute for a carefully planned and thought out design which invalidates plausible alternative conclusions. The scoping phase highlighted where practical implementation of the intended design presented risks or challenges to validity. Therefore some modifications were made (e.g. the pre-test was introduced when it became clear that the first planned stage, the face-to-face interviews, would take place well after commencement of the action plans/grant).

2.10 A major issue which arose during the scoping phase was that not all areas were able or willing to operate a control group 1, as they felt SSCC were too closely located and would result in a contamination effect and complaints about unfair treatment. Therefore, Table 2.2 outlines the intended and agreed plan for all local authorities.

**Table 2.2: Overview of participation in the evaluation**

	Tower Hamlets	Bradford	Lambeth	Lancs	Telford & Wrekin	Worcs	North UMBER land	Ealing	Knowsley	Dud ley
T	✓	✓	✓	✓	✓	✓	✓	✓	✓	<b>X</b>
C1	<b>X</b>	✓	<b>X</b>	✓	✓	✓	✓	✓	✓	✓
C2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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<sup>6</sup> Shadish, W. Cook, T. and Campbell, D (2002). Experimental and Quasi-Experimental Designs for Generalised Causal Inference. Houghton Mifflin Company

2.11 The benefit of having matched control groups from the same local authorities as treatment groups was that any area characteristic differences at the local authority level were designed out of the evaluation (assuming matching within LAs is effective). Where it was not possible to compare groups from the same LA comparisons could be made across LAs; but these were likely to be less effective if area-level differences were present, for example where inner-city comparisons with suburban areas were used or where there were differences in service levels between LAs. A further issue was the higher likelihood of individual-level selection differences.

2.12 At the overall level however, particularly when drawing conclusions about the seven pilot areas participating in all aspects, the lack of three pilots was not felt to be critical, although a weakness in London may have become evident.

2.13 In practice there were a range of experiences among local authorities:

- some experienced no difficulties especially where SSCCs were spread out, with little room for contamination effects;
- some experienced difficulties resulting from dense urban locations with SSCCs closely located; this resulted in some parents disengaging from control SSCCs as they felt was unfair that they were not offered a payment;
- other difficulties were related to prioritisation of the target group over the control group; this weakened the experimental approach as effectively both groups were not receiving similar attention. This happened partly due to the need to get the programme underway and the largest group was the target group and partly as a result of a desire to maximise the number of families who received the benefit of the grant. Project managers tried hard to explain the purpose of the control group approach; this experience serves to demonstrate how hard it is to undertake such an experimental approach when recipients and delivers are not 'blind' to the attributes.

## **Adapted method**

2.14 In July 2010 the Department for Education decided to bring forward the end of the CDG pilot. The decision was taken because, in light of the prevailing fiscal position, Ministers did not see this approach as forming part of the Coalition Government's future policy. This meant the adaptation of a partially completed methodology to generate useful findings from the evidence collected to date.

2.15 Therefore, the main sources of evidence used in this report include:

- qualitative findings from discussions with local authorities and SSCC staff;
- results of the pre-test questionnaires;
- management information data from the Department;
- management information data from the local authorities.

2.16 Some caveats and limitations relating to the analysis of pre-test questionnaires and LA management information are outlined below.

### **Pre-test questionnaires**

2.17 At sign-up to the CDG programme parents (target group and control group 1) were asked by children's centre staff to complete a four page 'pre-test' self-completion questionnaire. The primary purpose of the questionnaire was to capture parents' knowledge and use of children's centre services prior to starting their action plans to provide a baseline measurement of service use. In addition questions on attitudes to parenting and demographics were captured for control group matching.

2.18 In total 1,914 pre-test questionnaires were completed and returned by parents, 21% of all those who signed up to the CDG programme. As the table below shows, the completion rate varied by local authority area from 8% in Bradford to 83% in Telford and Wrekin. Results based on local authorities with a higher completion rate could hence be considered more reliable; those with lower completion rates are open to the greatest risk of non-response bias.

**Table 2.3: Pre-test returns against total families signed up**

Local authority	Pre-test returns (n)	Total parents signed-up (n)	Returns as percentage of parents signed-up
Bradford	182	2,263	8%
Ealing	70	781	9%
Worcestershire	72	708	10%
Tower Hamlets	131	1,199	11%
Lambeth	157	872	18%
Dudley	91	272	33%
Lancashire	857	2,538	34%
Knowsley	59	163	36%
Northumberland	181	231	78%
Telford and Wrekin	114	137	83%
<b>TOTAL</b>	<b>1,914</b>	<b>9,164</b>	<b>21%</b>

Note: Outreach for most LAs began in Q3 2009 but pre-test questionnaires were not available until January 2010, which explains some of the shortfall, especially for those who started earlier.

### LA management information

2.19 Each local authority was asked, at the end of 2010, to provide individual-level monitoring data for parents recruited to the scheme (both CDG payment parents and control group parents without payment) as well as for parents planned for the second control group (no CDG activity). The data included action plan and SSCC attendance record information along with a small number of demographic variables.

2.20 Inevitably the analysis of findings based on this monitoring data must be preceded by a number of important caveats. The following are noted concerning the quality of the data:

- some of the LAs were unable to provide all of the data fields requested, and where fields were provided, most returns reflect substantial amounts of missing data;
- the total numbers of individual cases provided by LAs should be (but for most are not) similar to the total numbers provided to the DE as aggregated monitoring returns. The individual figures were provided more recently than the aggregate returns and as such could be expected to be slightly higher than the aggregates. This is only the case for four LAs. The other LAs all fall further short and as such there may be biases if cases left out differ to cases provided.

2.21 In addition the findings attempt to report on the impact of the grant, by comparing session attendance records between the control groups and payment group. For these analyses the following additional (data quality) caveats are noted:

- many of the LAs have recruited small numbers of control group one participants and some none at all (both intentionally – some LAs opted out of this part of the evaluation – and unintentionally as some LAs were unable to provide the data due to problems with database coding);
- only two LAs provided control two group data (primarily as this stage had not begun when the evaluation was stopped). One of these (Telford and Wrekin) was operating both control group one and the grant group and as such provides full data for the evaluation, while the other (Lambeth) was not running control group one;
- the reported total number of sessions attended during action plans (provided for four week and 12 week plans), and the number of sessions attended summed across the months during which the action plans are reported to have run, do not correspond for most LAs. Only three LAs have figures which are reasonably close, which would appear to indicate inaccuracies in the data;

2.22 As a result of these factors the quantity of useable data is low for a number of the LAs.



## Department approach to involving LAs in method development

- 2.23 An important aspect to the development of the CDG pilot programme and therefore the evaluation was the involvement of the local authority staff at an early stage in developing the evaluation approach.
- 2.24 A number of meetings, of all LAs and the Department, were held where the approach to evaluating the programme was discussed. The Department recognised that the local authorities would need to consent to structuring the evaluation in order to make it work effectively.
- 2.25 The importance of personal relationships meant that changes in personnel at the Department, with programme management responsibility, had an impact on how close LAs felt to the Department. After a good start with the initial meetings there was a period of less intensive, direct contact before the eventual programme manager took over. Her close working with LAs helped re-establish the relationships with LAs.
- 2.26 In practice the dialogue and meetings between the Department and LAs was positive. However, tensions arose when the evaluation design (prior to and after the evaluators were commissioned) was seen to be in conflict with some local approaches to delivering the programme. In particular the introduction of the control group 1 was hotly debated but generally accepted, where as local authorities perceived the control group 2 approach was foisted on them without consultation. Similarly the pre-test questionnaire was seen as difficult to operate in some areas.
- 2.27 The control group is critical to an experimental design and allowing opt out threatened the robustness of the methodology.

2.28 A major challenge to the longitudinal evaluation design was the variation in models, as local authorities exercised their right to tailor the CDG pilot to their circumstances. While this would not have hampered the overall analysis of the impact of the programme, it would have limited the extent to which individual areas could be compared with each other, as too many of the programme design variables were different. For example, the action plan periods, payment points and approaches to control group treatment.

2.29 The key lessons to learn from this are as follows:

- involving a large number of local authority partners in the development of the programme will inevitably require compromises to balance the interests of the national approach against the local – this is a challenge for all parties but is necessary;
- understanding and communicating the principles of research and evaluation to maximise aspects of design and results is critical;
- late decisions taken without the opportunity for discussion can be damaging to the trust required for a true partnership rather than a funder–deliverer relationship. Equally there needs to be a recognition of the political realities and decision–making which can constrain timescales and room for manoeuvre at a national level.

## **Local evaluation**

2.30 The approach to local level evaluation has been varied across the local authorities, briefly described below:

- Bradford – project manager report (not yet received);
- Ealing – project manager report;
- Worcestershire – SSCC managers wrote reports of their experiences including case studies;
- Lambeth – the project manager wrote an evaluation report based on observation, analysis of data, case studies, surveys of parents and focus groups;
- Tower Hamlets – the project manager wrote a report which is currently awaiting clearance from the Council’s communication team;

- Dudley – the project manager wrote an evaluation report based on observation, analysis of data and interviews with SSCC staff;
- Lancashire – undertook focus groups, case studies, data analysis and a set of facilitated participatory evaluation sessions resulting in a summary report;
- Knowsley – the project manager has written an evaluation report based on analysis of data, case studies, questionnaires, stakeholder interviews and focus groups and a project learning log and commissioned a number of external evaluation reports including ethnographic research and results of creative art sessions;
- Northumberland – commissioned an external evaluation utilising a theory of change approach and interviews with parents;
- Telford and Wrekin – undertook a facilitated celebration event involving SSCC staff, to which some parents were invited to give their views. This was written up following the event, including an analysis of performance.

2.31 Where possible we have drawn on reports and materials that have emerged from these local evaluation approaches to inform the findings of this report.

## Key findings

2.32 The key findings to emerge from this section are as follows:

- joint projects involving the Department and local authorities require clear agreement on how decisions will be taken. They will inevitably require aspects of compromise. A clear intention to make this work and active participation of key decision-makers is necessary to avoid drawn out dialogue and inconsistent approaches;
- agreements (such as operating control groups) outside of formal contracted numbers need to be documented and confirmed;
- there needs to be mutual understanding of different perspectives:
  - Departmental responsibility for cost effectiveness dictates the importance of evaluation approaches. Ultimately Ministers drive the decisions;

- adequate time is required for local authority staff to seek the necessary agreements and consents to decisions.
- the specification of how the local evaluation should be undertaken was very broad. This led to a variety of approaches. A greater degree of consistency would add value to the national evaluation although it may constrain freedom to pursue approaches relevant to local areas.

## **Key questions**

2.33 Questions to consider for the future include:

- can the tensions be overcome between national research interests and local authority delivery interests to achieve effective research and evaluation in the future?

## **PART A: PILOT DESIGN**

Part A of this report describes the characteristics of the local authority CDG pilots and the sources that they used to identify families.

### **3 STRUCTURE AND OPERATION OF PILOTS**

- 3.1 In this section we explore the structures in place to support the ten CDG pilots and aspects of their design.
- 3.2 As described in the previous section the development of the pilots was very much a partnership between local authorities and the Department. This allowed for innovative approaches which were tailored to local needs. Most aspects of the design were discussed and agreed through negotiation between pilot local authorities and the Department.
- 3.3 Elements covered within this section include: different structures; design; and, targets.

#### **Different Structures**

- 3.4 Some differences and some similarities existed across the pilots in terms of relative size, governance arrangements, project management and staffing.

#### **Relative size of pilots**

- 3.5 The ten pilots range in size from large county authorities to small unitary authorities. Similarly the number of SSCCs participating in the pilot varied (from eight to 29) as did the total budgets for each area (ranging from £411k to £1,270k).
- 3.6 In total 163 SSCCs were involved, with 128 addressing target families and 66 addressing control group 1 families (some addressed both, hence totals do not sum). Around a third of the SSCCs were school-based, a third local authority operated and a third operated by organisations such as Action for Children, Barnardos, YMCA and other voluntary sector organisations.

- 3.7 For most LAs the claims were much lower than planned due to the reduced timescale of operation. Essentially a two year pilot was operational for less than a year in total.

### **Governance arrangements**

- 3.8 All projects linked to the local authority via children's services or early years teams. Some had clearly-defined, high-level boards which involved external partner organisations; for others the responsible department or committees of the local authority fulfilled this role.
- 3.9 Most (eight) had an operational project group which involved all SSCC managers and in some cases other partner organisations. The regularity of these meetings tended to reduce over the life of the pilots as the set-up phase was completed.

### **Project management and staffing**

- 3.10 The experience of those undertaking the project management function varied; two of the project managers were former SSCC managers, two had direct experience of SSCC delivery and others had broader local authority project management experience (generally from within the children's services team or similar).
- 3.11 Some of the project managers were full-time (five), some part-time (three) and others' time was not funded through the pilot. This raised an issue of consistency of bidding for this type of pilot. The two areas where no time was allocated to the project management function, did so in good faith to allocate the maximum budget to families but this created major constraints and pressures on members of staff who were responsible but had limited or no time to allocate. This was probably exacerbated by the economic climate prevailing when the projects were operating.
- 3.12 Similarly administration time for SSCCs to support data entry of family details into management information systems was funded in some bids but absorbed into SSCC staff roles in other areas.

3.13 Recruiting additional family support workers was constrained in some areas as local authorities had frozen recruitment across the board. This led some areas to use agency staff or to add to the responsibilities of existing staff. Generally the use of agency staff worked, although this is seen as a less optimal route than recruiting direct employees.

3.14 Some areas recruited specialists with specific knowledge and experience of target groups, for example, Lambeth recruited experts in refugee and asylum seeker families, families in temporary accommodation, families with children with additional needs, Polish families and families with extra support needs.

## **Design**

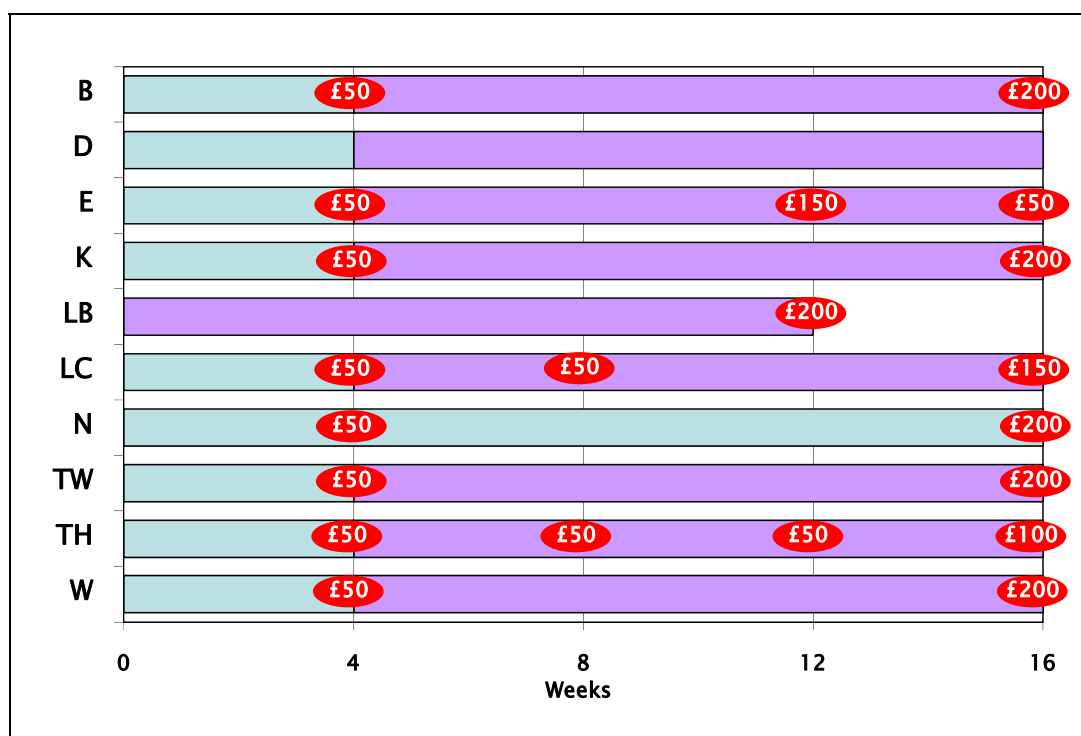
3.15 At a high level all areas broadly adhered to the original design of the programme. The main areas of difference related to action plans and methods of payment.

### **Action plan payments**

3.16 The original design envisaged testing whether a longer action plan period (12 weeks) worked better than a shorter period (four weeks). In fact various approaches were adopted with regards to the length of action plans and payment points for the incentive (**Figure 3.1**).



Figure 3.1: Action plan and payment models



Source: York Consulting analysis, 2011

3.17 In terms of length the following variations were used:

- Lambeth only used 12 week plans for all families, with no four week element, as they felt that four weeks was too short a period;
- Northumberland designed their approach around using 16 week action plans for all families (unless they dropped out early).
- others generally used four week plans initially and then moved families on to 12 week plans if they required more support – however in many cases families were aware that they could achieve £250 if they participated further – rather than if they ‘needed’ further support. Deciding on ‘relative need’ was difficult for SSCC staff; by definition all engaged families could potentially benefit from further support.

*“The four week plan is used to look at the family unit as a whole, focusing on for example benefits, debt, housing and child safety. Then the 12 week plan is centred specifically around the needs of the child.”* SSCC Manager

3.18 One variant of the action plan periods, used where both parents were involved, was to use the four week action plan to support the father and the 12 week action plan to support the mother.

3.19 Generally the experiences of all LAs are that the action plans worked best across consecutive weeks with no breaks, as this disrupts their momentum and the value to the family. Therefore, although there was flexibility in the scheduling of sessions most SSCCs said to families that they needed to attend regularly; then any interruptions caused by illness, holidays or other absence could be accommodated without threatening the family with not receiving their payment.

3.20 In terms of payment points the following variations were used:

- Lambeth made a one-off payment of £200 at the end of the 12 week action plan;
- half the LAs made most payments at the end of each action plan (£50 for the four week action plan and £200 at the end of the 12 week action plan), these included Bradford, Knowsley, Northumberland, Worcestershire and Telford and Wrekin;
- others made interim payments (Lancashire, Ealing, Tower Hamlets).

3.21 Some differing definitions of achievement were in evidence. For example some saw the completion of the four week plan as being about attending for four weeks others saw it as attending four or more sessions (a session is an activity at the SSCC) – which might be over a longer or shorter period than four weeks.

3.22 One area, Ealing used ‘bonus sessions’ as an additional incentive for families to attend and complete their action plan. A ‘bonus session’ is an additional activity at the SSCC. These helped families to value the sessions rather than seeing them as requirements.

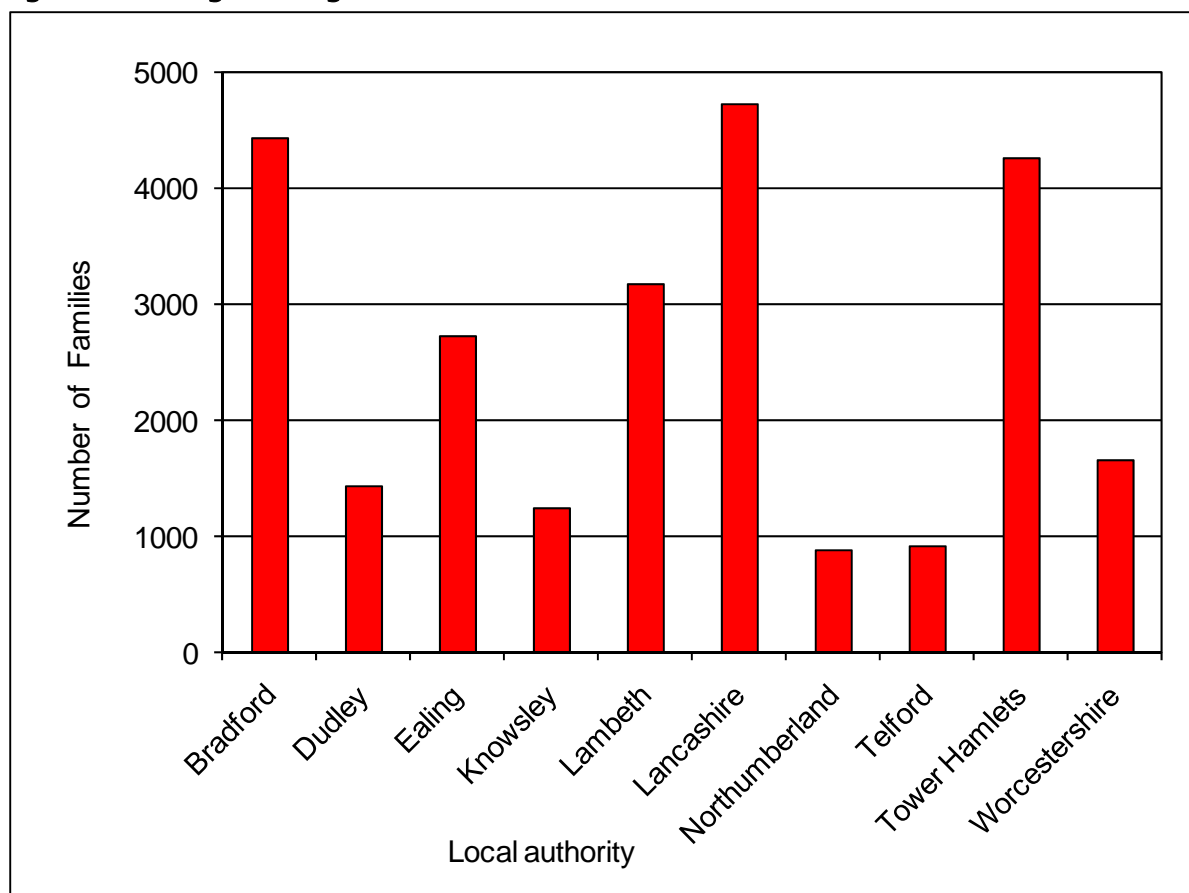
## Payment processes

- 3.23 Most areas (seven out of nine) used the Post Office for making payments. Knowsley used the local authority payment system to pay families; they had originally considered using a local credit union, but this proved too expensive in terms of administration. Tower Hamlets used a payment card operated by a private company called Grass Roots Financial; this proved to be well recognised and people understood how to use it at local retailers.
- 3.24 Northumberland also considered using a pre-payment card but eventually decided to revert to the Post Office system.

## Targets

- 3.25 The original target number of families varied considerably by LA linked to factors mentioned above (such as their difference in size), for example Bradford, Lancashire and Tower Hamlets had original targets of over 4000 families (**Figure 3.2**).
- 3.26 Initially there were different understandings of reach relating to the targets in terms of whether they were measuring initial contact, sign-up or completion. It was agreed that they related to sign-up.
- 3.27 There was also some misunderstanding initially about the split of the reach target between the target group and the control 1 group. Where numbers allowed, it was agreed that 200–300 would be recruited to the control 1 group so that interviews for the intended survey could guarantee a minimum of 150.

Figure 3.2: Original targets



Source: Department for Education data, 2011

## Key findings

3.28 The key findings to emerge from this section are as follows:

- the pilots were highly diverse in terms of size and geographical location;
- the pilots were similar in terms of governance arrangements and project management; although some did not have project managers funded by the CDG pilot, which put significant pressure on some individuals;
- most pilots used the four week and 12 week action plans as originally intended. Lambeth just used 12 week plans;

- there were a number of variations in when payments were made with some LAs providing interim payments during the 12 week plan and others leaving the full amount until the end of the 12 week period;
- most pilots used the Post Office payments system; Knowsley used the LA's own payment system and Tower Hamlets used a pre-payment card.

### 3.29 Key lessons for future similar programmes include:

- the use of a shorter period action plan of four weeks is perceived to be less intimidating at the early stages for vulnerable families;
- some local authorities did not feel that spreading the payments was necessary and added some cost to the administration of the programme;
- there was a feeling among many local authority CDG pilot staff that a sum as high as £250 was not necessary to achieve similar results;
- completion of action plans should be about completing actions agreed rather than purely timebound; although the counter argument is that the time factor can help chaotic families to priorities their attendance in return for the incentive;
- understanding definitions of targets is critical to all partners of a programme of this nature. Misunderstandings work against the motive to establish a true partnership.

## Key questions

### 3.30 Questions to consider for the future include:

- How can the lessons on use of action plans be passed on to other SSCCs?
- Are there consistent issues in design and implementation which could be implemented across the network of SSCCs or is the flexibility to make local decisions more important?

## 4 SOURCES USED TO IDENTIFY FAMILIES

- 4.1 One of the most important and distinct aspects of the CDG pilot is the way that local authorities used a data-led approach to focus on groups with greatest needs.

### Use of data

- 4.2 Two stages of data analysis were generally used by the pilots. First relating to the selection of SSCCs and the second relating to the activities of the SSCC staff to identify individual families.

### Stage one data analysis

- 4.3 The selection of SSCCs to participate in the pilot was consistent and data driven by all local authorities.
- 4.4 Initially, a range of data sources were used to identify the key geographical areas experiencing the highest levels of deprivation within each of the local authorities. Participating SSCCs were then drawn from these areas. The most used sources of data were the Index of Multiple Deprivation<sup>7</sup> (IMD) and the related Income Deprivation Affecting Children Index<sup>8</sup> (IDACI) which was used to identify the most deprived Super Output Areas (SOA).
- 4.5 A number of LAs used mapping software to represent the areas selected and to help SSCC staff understand which areas were targeted.
- 4.6 The control group areas that were to receive the support and action plan but not the grant (called Control 1) were to be selected in the same way using the same characteristics.

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<sup>7</sup> The Index of Deprivation covers the following domains: Income; Employment; Health Deprivation and Disability; Education Skills and Training; Barriers to Housing and Services; Crime; and Living Environment.

<sup>8</sup> The supplementary Income Deprivation Affecting Children Index (IDACI) is a subset of the Income Deprivation Domain, and shows the percentage of children in each SOA that live in families that are income deprived (ie, in receipt of Income Support, Income based Jobseeker's Allowance, Working Families' Tax Credit or Disabled Person's Tax Credit below a given threshold)

4.7 We are not able to confirm that this was achieved without a matching exercise although LAs were concerned about selecting close neighbours due to the potential ‘contamination’ effects. In addition, staff were uncomfortable with selecting families to receive, as they saw it, the lesser benefit of the action plan only, compared with the action plan and the grant.

**Stage two data analysis**

4.8 Many varied sources of data and approaches to identifying individual families were used (Table 4.1). All pilots used multiple sources of data.

4.9 The most common source was e-start<sup>9</sup> or similar data, used to target families registered but not attending SSCCs. This was used by nine out of ten pilots. It was also the most used source for three pilots and considered the most effective source by two pilots.

**Table 4.1: Sources used to identify families by local authorities**

<i>Sources</i>	<i>Used</i>	<i>Most used</i>	<i>Most effective</i>
e-start or similar database	9	3	2
Health visitor data	8	1	2
SSCC records/information	8	1	0
PCT live birth database	5	2	2
Teenage pregnancy unit	3	2	1
Door knocking	2	1	1
LA benefits data	2	1	1
Leaflets and fliers	1	1	1

Note: assessment of use and effectiveness was based on responses to a simple survey of CDG pilots conducted as part of the qualitative consultations

4.10 Health visitor data and SSCC records were the next most used sources; used by eight pilots. Pilots report varying relationships with health visitors; some had strong operational links with referrals being made, others felt a lack of communication and common purpose with health visitors reluctant to share information.

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<sup>9</sup> e-start is a proprietary database system used in eight of the ten pilot LAs

- 4.11 The NHS live birth database was used by five pilots and was regarded as the most used and most effective by two pilots. Some pilots not using the live births data reported problems accessing this data from their local NHS trust. It was also felt to have limitations for transient populations where it would become out of date very quickly.
- 4.12 Three areas worked closely with their local teenage pregnancy unit and one in particular found this to be the most effective means of accessing families.
- 4.13 Two areas engaged in more direct approaches involving targeted door knocking to make contact with families. In these cases the personal relationships and trust are regarded as a critical element to their success. However, it was also resource intensive with two staff required to undertake some visits, where safety concerns existed. Other areas tried this approach and found it unsuccessful or had strong views that it was not an appropriate or effective method. For example, it was felt to be counter-productive for refugees and asylum seekers who were highly suspicious.
- 4.14 Two areas used local authority data relating to benefit payments to identify and target families.
- 4.15 One area (Ealing) found leaflets and fliers to be the most useful and most effective means of targeting families. They used the fliers to generate interest and prompted people to call the local Family Information Service on a freephone number.

### **Targeting vulnerable families**

- 4.16 The CDG pilot supported the development of greater understanding about how to target and engage vulnerable families in poverty.
- 4.17 In particular the CDG pilot refocused and revitalised some local authorities and some SSCCs to address vulnerable families more effectively. This led to the engagement of groups not previously attending SSCCs.



4.18 There was a difference in focus by pilots between new families and those already registered but not attending. For example, some LAs did not focus on those who were registered but not attending. Other LAs concentrated on this group using e-start as a main source to identify those who were registered but not attending.

## Effects of using a data-led approach

4.19 All areas recognised the positive effects of utilising a data-led approach to targeting families. It helped them to recognise, in a more systematic way, where vulnerable families were living and to identify newer groups emerging such as asylum seekers and economic migrants.

4.20 Some areas used a thematic focus to target particular groups:

- the Ealing CDG pilot worked closely with the Ealing Traveller Achievement Service (ETAS) to support travellers. The pilot supported the council's aims to remove long-term barriers preventing travellers from accessing a wide range of support services. This was facilitated by a 'parent champion' structure, in which families are supported to make their initial engagement with a SSCC;
- in Lambeth the focus was on refugee and asylum seeker families, families in temporary accommodation, families with children with additional needs, Polish families and families with extra support needs.

## Key findings

4.21 The key findings to emerge from this section are as follows:

- the CDG pilot encouraged a wide range of use of data sources to support the identification of families;
- the most commonly used data sources were e-start databases or SSCC records and health visitor data;
- some areas focused more on families which were already registered but not attending SSCCs, others focused on those families that had no previous contact with the SSCC;

- where good relationships existed with health teams the referrals and joint work was very effective at contacting new families;
- a thematic approach has been proven to work, for example, in relation to traveller families, those in temporary accommodation and refugees and asylum seeker families;
- the CDG pilot has led to a better understanding of families in each SSCC catchment area.

#### 4.22 Key lessons for the future include:

- use of a data-led approach by SSCC should be continued;
- support from LAs to SSCC to help maximise the use of data may be required in SSCCs which do not have such analytical skills available;
- continued relationship-building with organisations that can share important information such as health teams and other teams in the local authority;
- a range of successful methods to contact families have been piloted, for example, proactive use of live birth data, door knocking and use of fliers linked to the Family Information Service. Their selection and success in a given area depends on the methods of working in a SSCC or LA and on the needs of local families.

## Key questions

#### 4.23 Questions to consider for the future include:

- How can consistent partnership development be supported across all SSCCs, especially around relationships with health teams and access to live birth data? What role could be played by local authorities?
- How can the good practice on targeting families, identified through this project, be shared more widely, in addition to this report?

## **PART B: DELIVERY**

Part B of this report describes in detail the aspects of operational delivery and the extent to which target families used the services

## 5 OPERATIONAL DELIVERY

5.1 The aspects of operational delivery that have been explored include:

- initial engagement;
- action plans;
- outreach activities;
- capacity issues;
- use of services;
- promotion and marketing;
- payment processes;
- partnership working.

5.2 For each of these we describe the overall approaches drawing out particular examples which worked well or not so well.

### Initial engagement

5.3 A number of strategies were used to ensure initial engagement was achieved with families, these included:

- outreach staff generally agreed that “a good sales pitch” was the best way to ensure engagement; therefore, experience of the outreach worker plays a key role as does their ability to ‘sell’ or ‘persuade’;
- in Northumberland they used postcards as reminders to attend sessions. They tried texting but found families changed their numbers/mobile phones too often to be a reliable system;
- an important aspect of re-assurance is to agree that a familiar member of staff would attend the initial session to help instil confidence for the family;

- Worcestershire operated a ‘bring a buddy’ month in some SSCCs (which involved a £5 Morrison's voucher) if families brought along another eligible family this helped recruitment and sustainable engagement.

When asked what worked SSCC Managers said:

“Short sessions work best, that are fun, informative and non-confrontational.” SSCC Manager

“Personalising the contact through reminder visits or phone calls, although this is very intensive and would be harder with larger numbers.” SSCC Manager

## Action Plans

- 5.4 The action plan was a major feature of the CDG pilot, but not all staff were convinced that it worked. In such cases staff saw it as more of an administrative tool than something that parents recognised and engaged with. Some expect to continue using it to support families in SSCCs, but most are less likely.
- 5.5 Most action plans followed a simple Word document format. In some areas they used the CDG pilot as an opportunity to standardise their own different action plan formats and systems across their SSCCs.
- 5.6 Three areas developed specifically printed materials which included a copy of the action plan for the families:
  - In Lancashire they used a ‘life plan’ format which was already in use across the LA area to support council interventions. It consisted of an A5 ring bound folder with printed contents such as recipes and good practice tips. It was highly structured and was found to be too detailed for some of the target families. Another challenge was getting families to remember to bring their folder to sessions;

- Lambeth produced a similar but much more simplified folder, based around a theme of ‘Early Years Explorers’. It consisted of less text but encouraged families to document their journey and their progression. This is partly done by collecting stickers which recognise stages of achievement for families;
- Knowsley developed an A5 ring binder entitled, ‘Child Development Journey’ later in the timescales, which was just starting to be used when the programme was ended. This contained an action plan template, recipes, photograph insertion opportunities, and useful telephone numbers. It also used stickers as a token economy system and to verify attendance.

5.7 The action plan was generally seen as less effective at motivating families during the early stages of engagement in the CDG (such as the four week action plan) and more effective over longer periods of time. Many said that the action plan worked because there was a monetary payment tied to it. However, Dudley’s experience (where no grant existed) would challenge this. In Dudley, they found the action plan to be an effective part of supporting families to achieve their goals.

5.8 Different approaches to using the action plan were noted across LAs:

- some LAs gave families a choice of sessions, others ‘challenged’ (in a positive sense) families to engage in activities of benefit to them;
- different intensities of action plans; some families undertook one activity per week others were closer to two. Some LAs stipulated that families engage twice per week, for example in Ealing, or even 2–3 times per week in Lambeth (the local evaluation in Lambeth identified that this was a demanding aspiration and around 1.9 sessions per week were actually achieved).

5.9 Those who say they will continue using the action plan approach identified that it helped to tailor different ideas and approaches to individual families support needs.

5.10 Some variants of the action plan have been used to help families understand their progress such as picture pockets used in Lancashire.

Lancashire Picture Pockets  
 Plastic wall hangers with pockets for photographs, images and drawings are used by families to document the activities they have undertaken. SSCC staff use these as part of the discussion with families to raise their self esteem and help them recognise what they have achieved.

## Outreach activities

5.11 Practitioners and SSCCs managers feel that the additional outreach supported by the CDG pilot was the most important aspect of the pilot combined with the targeted approach to families.

5.12 In practice it is hard to separate out the different effects – of the motivational influence of the grant element and focused support though the action plan – without empirical data.

5.13 Three different models of outreach operated across the local authorities (Table 5.1).

**Table 5.1: models of outreach funded by the CDG pilot**

	B	D	E	K	LB*	LC	N	TW	TH	W
O/R staff in each SSCC	X	X				X			X	X
Shared O/R staff			X	X			X	X		
Thematic O/R staff					X					

Note: \* in addition to thematic outreach workers individual SSCC outreach workers also participated

5.14 The two main models were:

- SSCC-based outreach staff that focused on the catchment area of that centre (operated in five areas);

- mobile SSCC staff who worked across a number of centres (operated in four areas).

5.15 In Lambeth a thematic approach was undertaken; this is only likely to work in concentrated geographical areas, such as London boroughs, due to the costs of travelling.

5.16 Some particular groups required a tailored and dedicated approach for successful engagement which the CDG pilot enabled, these groups included:

- country-specific and ethnic groups, for example, Bangladeshi, Eastern European, Somali, Sri Lankan and Gypsy Roma Travellers;
- those with special educational needs;
- those living in temporary accommodation;
- fathers;
- those living furthest away from their nearest SSCC.

5.17 Activities undertaken by outreach workers varied across the local authorities. In some areas their main responsibility was to engage the family and get them into the SSCC.

5.18 More commonly outreach workers acted as case workers while the family was engaged with the CDG pilot, performing follow-up visits, particularly if problems arose or further support needs were identified. Families valued the development of a strong trusting relationship with the same person. In some cases, the outreach workers might arrange to be present during the families' first stay and play session to provide familiarity and a link to the first person the family had contact with. One approach, used with some families, was to have the parent attend the first crèche session that the child attended so they got used to the crèche workers and how it operated. This boosted trust and made the parents feel more comfortable leaving their child at the crèche.

5.19 In some areas outreach workers were delivering elements of the action plan in the home. The extent and nature of home delivery is described below.



5.20 The operation of the outreach role required the creation of some new procedures and systems of working. For example, in some areas specific protocols were agreed such as making a minimum of three attempts to contact a family, rather than only making a single attempt. Other approaches which were tried included pre-arranged visits, but many found this to be less successful, with the family often being out at the appointed time. The staff speculated that this was due to mistrust; with families being unavailable on purpose.

5.21 The outreach role was regarded by all local authorities and SSCCs as demanding. The role required the most experienced staff to be effective which had implications for other aspects of operating SSCCs, such as backfill and quality of delivery (described in **Section 8**). The role also required time to build up effective relationships, especially with more vulnerable families.

## Capacity Issues

5.22 Capacity issues were experienced by all local authority areas. However, some SSCCs experienced more difficulties than others.

5.23 A common problem was with a lack of crèche facilities. The available crèche facilities became full very quickly and most SSCCs did not have the option to expand numbers, either because of limited physical space or resource constraints.

5.24 Some SSCCs were forced to ask families to come back another time, although generally CDG pilot families were prioritised. Other SSCCs operated waiting lists or queuing systems. Strategies and solutions to address these problems included:

- directing families to other nearby SSCCs if they were located at a reasonable distance;
- moving families on; recognising this is necessary in order to utilise limited resources effectively;

- use of other locations such as community facilities located nearby (although the extent of use was often limited as the facilities may not have been appropriate or safe for some services);
- use of volunteer staff, recruited and trained by SSCCs, to support paid staff and increase the overall resource capability.

5.25 Some negative effects resulted from the capacity constraints including existing families leaving the SSCCs either due to higher volumes or due to negative perceptions of different families using the SSCC. SSCC staff feel that this assimilation process took time but the atmosphere in centres soon settled down. In fact some SSCC staff feel there were positives which results from this apparent negative process; they feel that the changes to established groups were beneficial. Some centres also say that they developed a new understanding of what a maximum number in a group could be (within legal limits); it also challenged some staff to develop new approaches to teaching and facilitating sessions.

5.26 In Telford and the Wrekin they focused the outreach workers (who worked across the SSCCs) on recruiting in specific geographical areas where they knew that they had capacity.

5.27 The approach to targeting the families most in need challenged the concept of a universal service within SSCCs. For example, in some areas they were initially resistant to changing this. In other areas they readily focused on the needs of the harder to help and accepted that there may be an impact on existing, 'less-needy' families.

## **Use of services**

5.28 Stay and play sessions were the most used services across the CDG pilots and seen by SSCC staff as the best lead-in activity to help families become engaged with the SSCC. Other popular activities included:

- nurturing sessions;
- English for speakers of other languages (ESOL) linked with crèche facilities;

- links with the library service;
- attending Citizens Advisory Bureau (CAB) meetings for financial/debt management advice;
- drop-in sessions;
- physical activities – rhyme, music and sport;
- parental programmes.

5.29 Less common forms of services which were identified as helpful for vulnerable families included:

- the establishment of outreach activities closer to those living a distance from their nearest SSCC. This was in the form of a play bus (used in at least three areas) or use of temporary/community facilities to deliver simple services such as stay and play sessions (in one area the housing department of the LA allowed a spare flat to be used in a tower block on a temporary basis);
- some areas made good links with other parts of the LA such as the regeneration team, so that parents could use the longer-term action plan to attend employment or skills development programmes.

### **In-home activities**

5.30 Use of in-home activities, as part of the action plan, were found to be effective at engaging vulnerable families. In particular these sessions proved a good starting point for those who were under confident and whose first language was not English.

5.31 Examples of in-home activities included spending time playing with children, taking the children to the park to play, reading with children, and baking with children.

In one case a lone parent mother had experienced depression and was low on confidence, to such an extent that she did not get out of her pyjamas or open the curtains. One of her early activities was to get dressed and to draw the curtains for a week. This helped to focus and motivate her so that she was ready to progress to attending a stay and play session.

- 5.32 Where in-home activities were used the objective was generally to move the family into the SSCCs to access activities, but different policies and practices on its use existed. In-home activities were used extensively in two areas, to some extent in five areas and not at all in three areas.
- 5.33 The use of in-home visits were focused on initial engagement during the four week action plan rather than as part of the longer-term support.
- 5.34 Particular benefits of in-home delivery were to address home safety, for example providing a stair gate or electric socket blanks, and to develop trust between the family and the outreach worker.

## Promotion and marketing

- 5.35 Word of mouth was seen as a powerful form of marketing by all areas, although it proved more effective in some than others (especially where target communities and SSCCs were very close together).
- 5.36 A few areas tried mailshots; some found them ineffective, others found them to work. Two successful examples are described below, although Lambeth were disappointed with 32% response, this would be regarded as successful in traditional mailshot terms:

**Ealing** produced a flier to help recruit and generate interest. They labelled the CDG programme the 'welcome programme' as a means to engage families.

**Lambeth** worked in partnership with their Housing team to send a mailout to all 600 families (with a child under three or a pregnant mother) living in temporary accommodation to offer outreach support. This resulted in 80 families requesting outreach worker support through the CDG pilot, although 167 responded to a face to face interview with a Housing Officer.

5.37 Where mailshots were used effectively, methods that worked included:

- using stamps rather than franking machines so the correspondence did not seem so official and corporate;
- hand-writing addresses or using handwriting fonts – to create a more personal feel;
- leaflet drops in areas prior to door-knocking were effective in some areas but were regarded as less effective in others; a major factor was the confidence, skills and experience of the outreach workers to engage in direct contact.

5.38 Events such as coffee mornings worked well – often organised for wider purposes than just the CDG pilot. In other areas parents champions worked well as a trusted source of information for target families.

## **Payment processes**

5.39 Experience of the Post Office system was generally similar and eventually positive across the pilots. Initially most areas experienced difficulties as the Post Office system was perceived as cumbersome and not user-friendly. However, as use of the Post Office system settled down it was felt to work well.

5.40 Only a few minor difficulties were experienced with the Post Office system:

- Identification – one local Post Office wanted photographic evidence and since most target families do not have passports or driving licences this posed a problem. Part of the solution was for younger parents to get a Connexions Card which had a photograph and was free;
- Families not claiming their money within one month of receiving their letter would not be able to claim their payment from the Post Office as it would have ‘expired’. In all cases the SSCC just renewed the letter and the families then understood that they needed to claim payment soon after receiving their letter.

5.41 The Grass Roots system worked well and families soon became used to using the payment cards. Similarly the Knowsley system of using the LA payments process worked well with no major problems.

## Use of the payment

5.42 The Departmental guidance to local authorities was that use of the payments was not to be monitored or stipulated. Although some local authorities did provide indications or suggestions of good things to spend the money on.

5.43 Anecdotal evidence and evidence from local pilot evaluations indicate that the money is typically spent on family oriented activities or items. Some SSCCs provided guidance on the sorts of things families could spend the money on, but most left it up to the families. For example, in Ealing they held events at the SSCCs when families completed their action plans; the events included advice and information on where to buy educational toys.

5.44 Some examples from across the pilots are set out below:

- bunkbeds for the children;
- driving lessons for the parent to gain independence and a better chance of getting a job in the future;
- toys for a child's birthday;
- new clothes for children;
- paying bills.

5.45 This anecdotal evidence suggests that the CDG pilot has helped families facing material poverty.

## Partnership Working

5.46 Pilots reported many improved relationships with partner organisations. In particular, greater awareness and understanding of SSCCs has been achieved. This was often driven by the attractiveness of the financial aspects of the CDG pilot programme and has led to stronger relationships; some of which are expected to continue.

5.47 One of the major areas of improved relationship is with health visitors. This is generally reported to have improved in most areas; although is regarded as requiring further improvement in some areas.

5.48 Other partners commonly referenced by pilots included:

- teenage pregnancy units/teams;
- NHS/Primary care trusts;
- social care services;
- midwives/Family Nurse Partnership;
- asylum seeker groups;
- temporary accommodation groups;
- groups representing ethnic minorities.

The Lancashire evaluation report identified that:

“Where the relationships with health visitors and midwives are well established and data is shared, the centre had more opportunities to become involved in offering support before the family reached crisis point.

Centres who are PCT led or had Health Visitors co-located found out more readily about families living in the reach area who were not known to the centre. For example the Chai Centre in Burnley led by the East Lancashire PCT operates the FLOW project (The Family Learning and Wellbeing Project) and was able to identify a high number of eligible families through the visits made to families as part of this project.”

## Key findings

5.49 The key findings to emerge in terms of operational delivery are as follows:

- it takes time to set up a data-led approach and to establish relationships through outreach workers;
- outreach activities are highly effective at targeting vulnerable families that have not engaged with SSCCs previously;
- the action plan approach is not universally liked by all practitioners as it was felt to be ineffective for some families;
- stay and play sessions are the most useful introductory, non-threatening sessions for new families;
- a wide range of services have been used by CDG pilot families covering: activities directly focused on their child; activities for the parent's own learning and development; activities to help with debt and health issues; activities linked to gaining employment;
- in-home delivery has a place in supporting some families to eventually engage with the SSCC. A minority of staff are less convinced that it is an appropriate or optimal approach;
- anecdotal evidence suggests payments were used for appropriate purchases, in line with families experiencing poverty;
- developing partnerships with other agencies has helped to overcome barriers to effective collaborative working.

5.50 Key lessons for future similar programmes include:

- use of existing data, accessing data held by other organisations and analysing data effectively are important to maximise the benefits of such data to identify and target hard to reach families;
- supporting targeted outreach work is an added value activity which can help to support hard to reach families but is time-consuming and expensive so must be used carefully;
- in-home delivery can be an important stepping stone for some families to engage with the SSCC. However, it should be used in a targeted way to achieve the maximum benefits;



- while the action plan is not universally favoured across all SSCCs other methods of measuring distance travelled for individual families as well as monitoring centre performance can be used. For example, the picture pockets used in Lancashire;
- developing effective partnerships is critical to joint-working between agencies and services.

## Key questions

5.51 Questions to consider for the future include:

- how can consistent analysis of data be undertaken by all SSCCs? Particularly smaller SSCCs with less resources. What role could be played by local authorities? In some cases support is strong in others it is more distant and difficult to access.
- is there a need for more detailed understanding of how effective in-home delivery is to support longer-term engagement of families into SSCC??
- do SSCCs need more support on strategic development of relationships with partner organisations, beyond what can be achieved by an individual SSCC manager?

## 6 PERFORMANCE AND SERVICE USERS

6.1 In this section we review the performance of the pilots in delivering against the original targets and explore the characteristics of service users and the services.

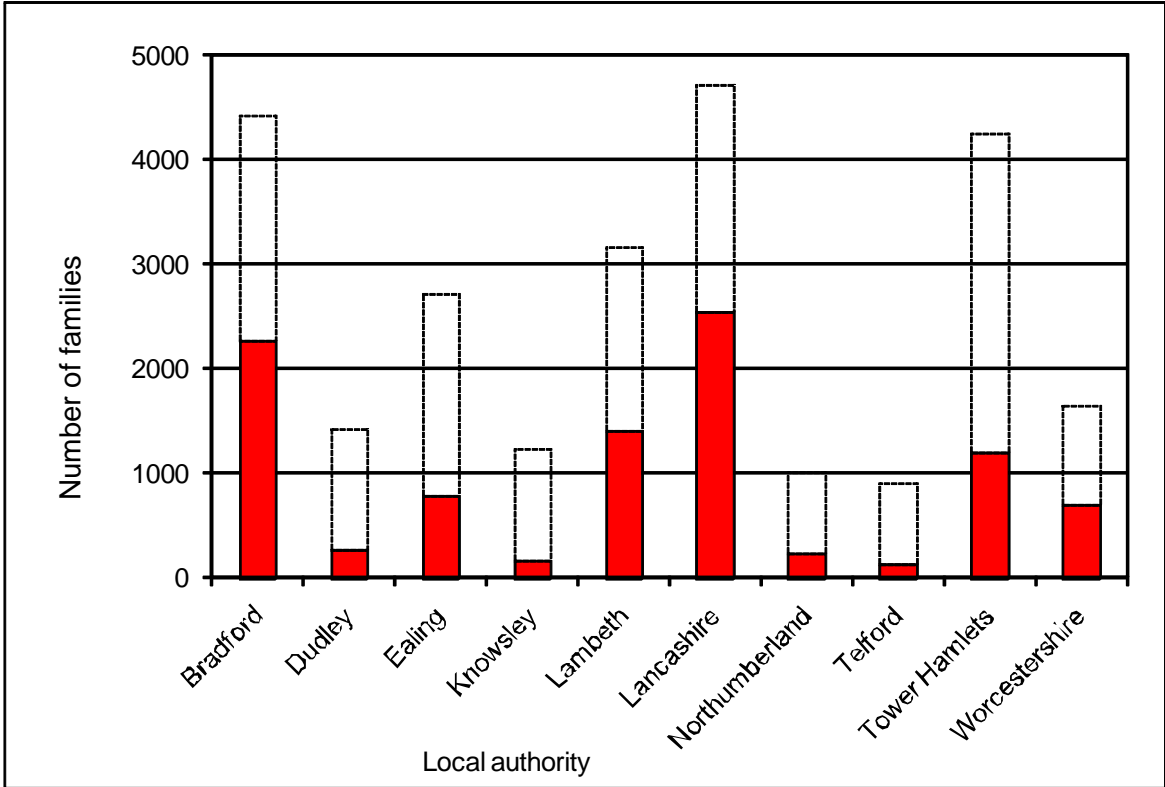
### Performance

6.2 Progress against the original targets was severely hampered for the reasons outlined earlier. All areas were unable to achieve the volumes originally intended. A few managed to achieve or nearly achieve half of their originally anticipated volumes (**Figure 6.1**).

6.3 Performance of the pilots against their original targets was severely constrained by a number of factors including:

- delays to signing a contract with the Department and thus fully starting the programme;
- delays associated with recruiting or allocating staff;
- severe winter weather in December 2009 and January 2010;
- challenges with motivating SSCC staff to recruit to the control group;
- capacity constraints;
- delays caused by the implementation of the pre-test element of the evaluation methodology;
- the election and associated ‘purdah’ period between April and May 2010.

Figure 6.1: Performance against original targets



### Characteristics and experiences of service users

6.4 At sign-up to the CDG pilot programme parents were asked by SSCC staff to complete a four page 'pre-test' self-completion questionnaire. The primary purpose of the questionnaire was to capture parents' knowledge and use of children's centre services prior to starting their action plans to provide a baseline measurement of service use. In addition questions on attitudes to parenting and demographics were captured for control group matching.

- 6.5 In total 1,914 pre-test questionnaires were completed and returned by parents; 20% of all those signed up to the CDG pilot programme. For the reasons set out in section 2, the data from the pre-test questionnaires is not representative of all areas and may not be representative of all families. So the comparison with wider SSCC parent survey data is only indicative in nature.
- 6.6 Below we explore the following aspects, drawing on comparators with other surveys where possible:
- the profile of service users;
  - awareness and use of Sure Start Children's Centres;
  - awareness and use of specific Sure Start Children's Centre services;
  - use of specific Sure Start Children's Centre services;
  - user rating of Sure Start Children's Centre services.

## Profile of users

- 6.7 The majority of CDG pilot parents were women (95%) and, as might be expected from a sample of parents of children under five, half (48%) were aged between 25–34 years (**Figure 6.2**).
- 6.8 The results can also be compared with results from the Sure Start Survey of Parents, which explored similar themes of SSCC service awareness/use (in 2008), as a means to establish how CDG pilot parents differ to a representative sample of parents who might be using children's centres <sup>10</sup>. CDG parents are more likely to be younger parents and from a BME background (see chart below).

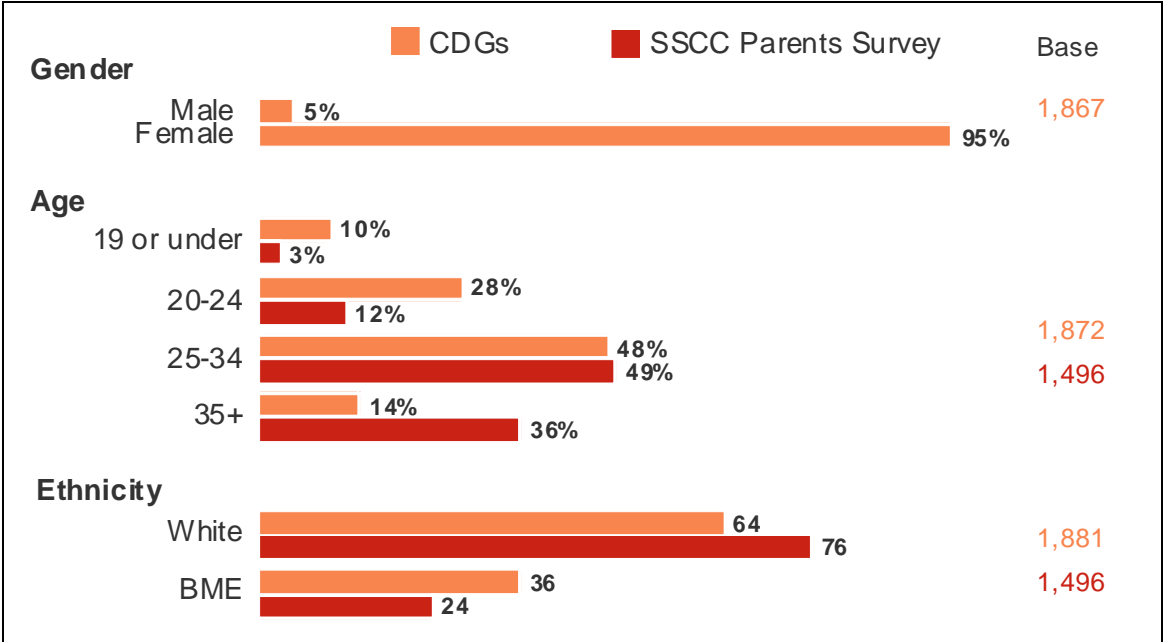
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<sup>10</sup> Based on the Department for Education Sure Start Survey of Parents (2008), (<http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR083.pdf>); the survey is based on a random sample of parents of under five year olds living in the catchment areas of the first 120 children's centres established in England and Wales, interviewed face-to-face in home.

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6.9 Almost three in ten (28%) CDG parents were aged between 20–24 and more than a third (36%) were from BME backgrounds (compared with 12% and 24% respectively for parents of children under five as a whole).

Figure 6.2: Profile of CDG parents versus profile of parents from 2008 survey

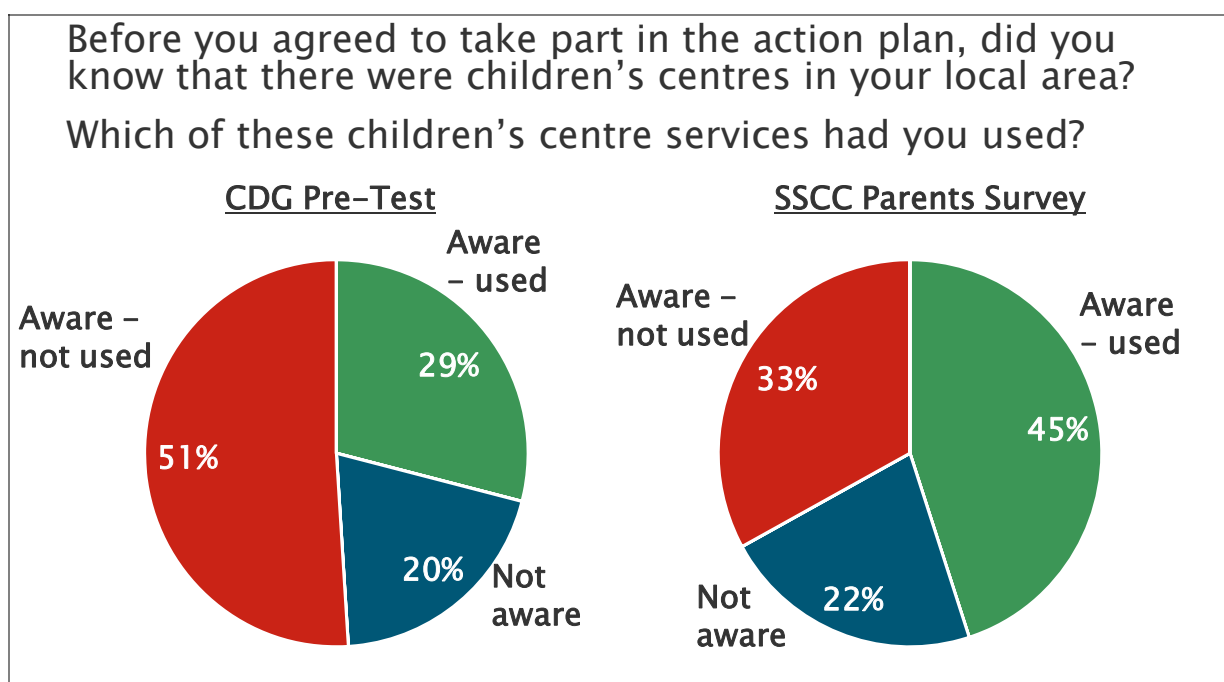


Base: All valid responses. Sure Start Children’s Centres Survey of Parents 2008 – all respondents

## Awareness and use of Sure Start Children’s Centres

6.10 One in five (20%) CDG pilot parents said that they were not aware of children’s centres at all; similar to levels of awareness amongst parents of children under five in 2008 (Figure 6.3). However, CDG pilot parents were less likely to have used the services (29% compared with 45%).

Figure 6.3: Awareness of children’s centres



Bases: CDG Pre-test – All valid responses (1,884); Sure Start Children’s Centres Survey of Parents, 2008 – All respondents (1,496)

6.11 The table below shows levels of awareness and use of children’s centres by local authority (Table 6.1). CDG pilot parents in Ealing were the least likely to be aware of children’s centres in their local area (54%), while Northumberland were most likely to be aware (96%).

6.12 Parents in Worcestershire, Northumberland and Bradford were most likely to have used the services before (43%, 42% and 40% respectively), and those in Ealing least likely (19%).

**Table 6.1: levels of awareness and use of children’s centres by local authority**

Local authority	Not aware of children’s centres	Aware, but not used services	Aware and have used services	Base
Northumberland	4%	54%	42%	178
Knowsley	12%	78%	10%	55*
Worcestershire	14%	43%	43%	72*
Bradford	19%	41%	40%	179
Lancashire	20%	56%	24%	845
Tower Hamlets	21%	55%	24%	131
Dudley	23%	49%	28%	91*
Lambeth	24%	39%	37%	154
Telford and Wrekin	31%	46%	23%	113
Ealing	46%	35%	19%	66*

\*note small base

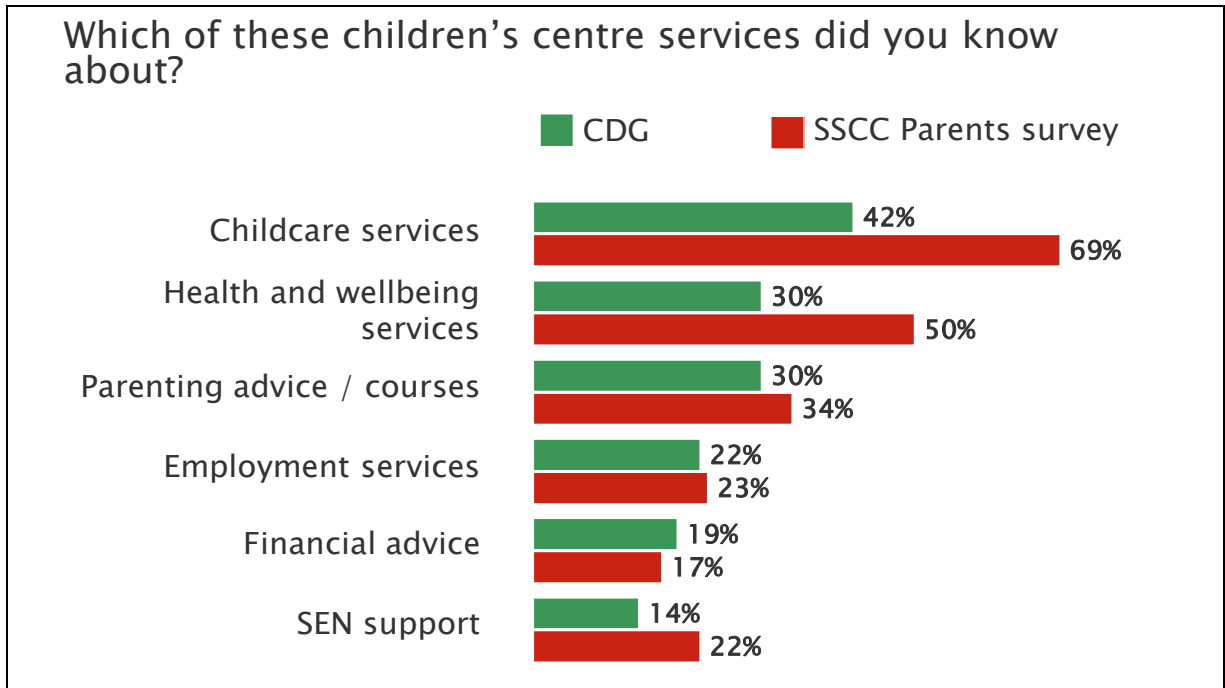
### **Awareness and use of specific Sure Start Children’s Centre services**

6.13 CDG pilot parents were generally less aware of the more common types of services on offer at children’s centres (compared with SSCC Survey of Parents of under fives), but relatively more aware of more intensive services for families who require them, such as parenting advice and courses, employment services and financial advice.

6.14 Two in five (42%) CDG pilot parents said they were aware of childcare services compared with seven in ten (69%) parents of children under five (Figure 6.4). Three in ten (30%) said they were aware of health and wellbeing services compared with half (50%) of parents in general.

6.15 Of the more intensive services, levels of awareness were similar for parenting advice/courses (30% of CDG pilot parents were aware compared with 34% of parents in general) and employment services (22% of CDG pilot parents compared with 23% of parents overall).

**Figure 6.4: Awareness of specific children’s centre services**



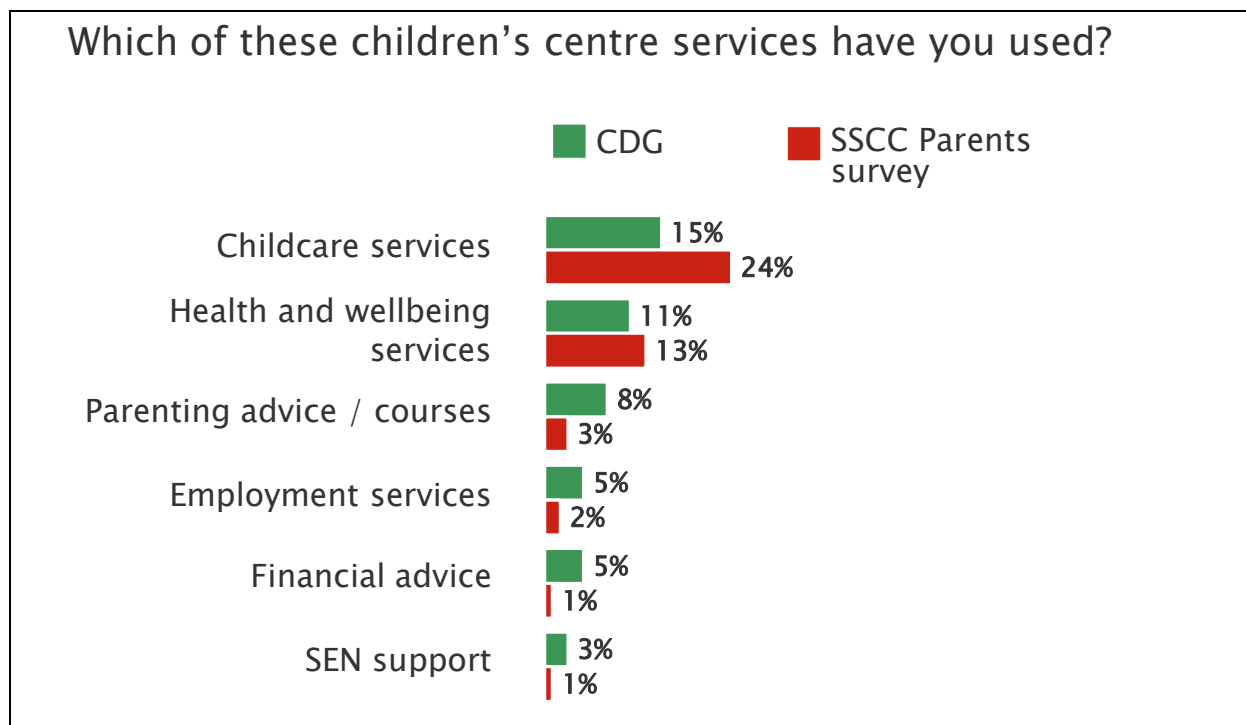
Base: All responses (1,914); Sure Start Children’s Centres Survey of Parents 2008 – all responses (1,496)



## Use of specific Sure Start Children’s Centre services

6.16 Fifteen percent of CDG pilot parents said they had used childcare services before and one in ten (11%) had used health and wellbeing services (**Figure 6.5**). Parents of under fives in general were more likely to have used childcare services (24%) but levels of use were similar or higher, among CDG pilot parents, for all other services, in particular more intensive services such as parenting advice.

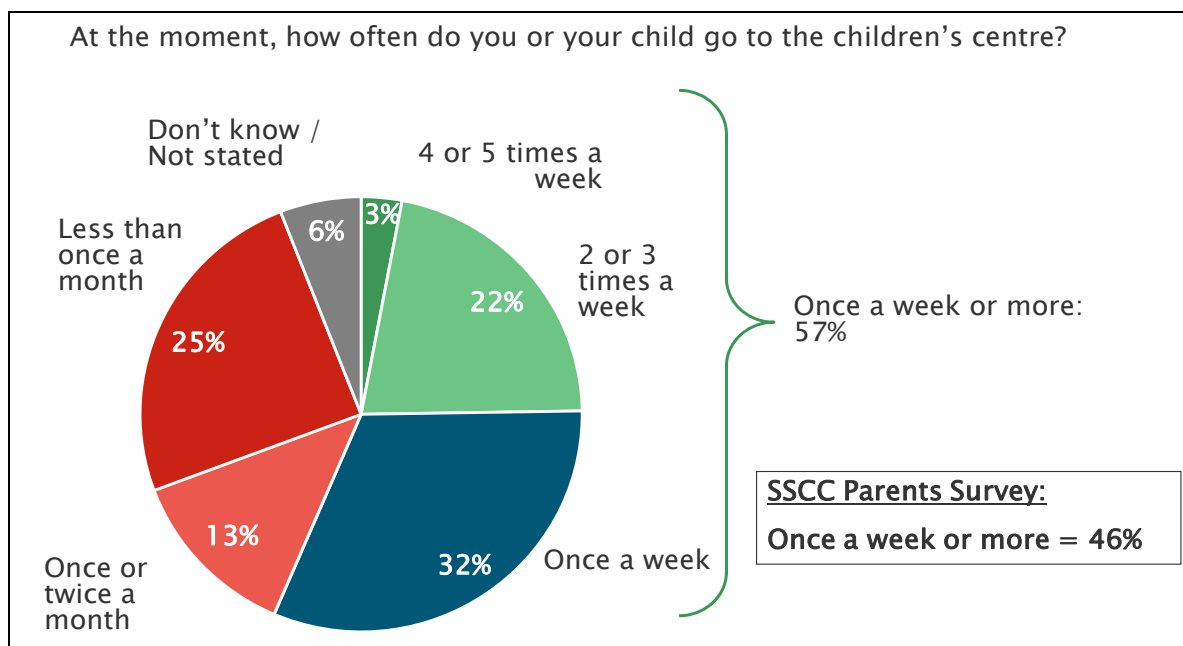
**Figure 6.5: Use of Children’s centre services**



Base: All responses (1,914). Sure Start Children’s Centres Survey of Parents 2008 – all responses (1,496)

6.17 Of those CDG pilot parents who had used their local children’s centre almost three in five (57%) said that they did so once a week or more, while a quarter (25%) said that they did so more than twice a week (**Figure 6.6**). This reflects a slightly more intensive level of use than parents of under fives in general (among whom 46% said they used their local children’s centres once a week or more).

**Figure 6.6: Frequency of children’s centre usage<sup>11</sup>**



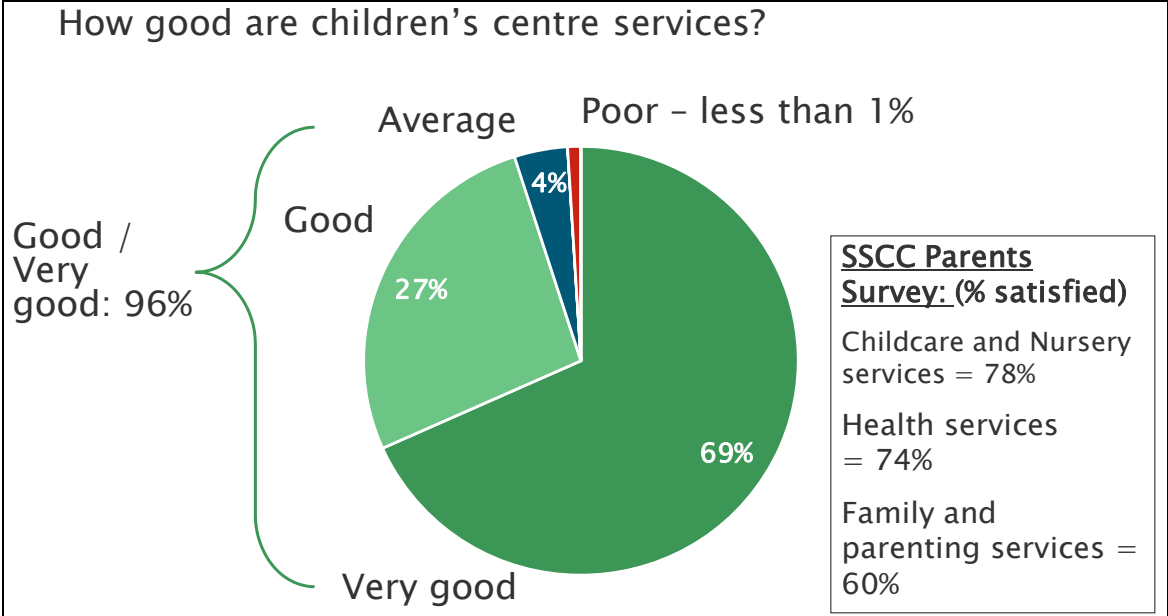
Base: All that use their local children’s centre (777); Sure Start Children’s Centres Survey of Parents 2008 – all who have used their local children’s centre (676)

## User rating of Sure Start Children’s Centre services

6.18 Amongst users of children’s centres the vast majority are positive about the services provided; 96% rate services as at least ‘good’, while seven in ten (69%) rate services as very good (**Figure 6.7**). Compared with user ratings from the Sure Start Children’s Centre Survey these ratings appear in line or more positive although different rating scales and question wordings mean the questions are not directly comparable.

<sup>11</sup> The base of 777 implying 41% of families currently using their SSCC is higher than the 29% stated in Figure 6.3 as this intentionally asked about use prior to agreeing to take part in the action plan

Figure 6.7: User rating of children’s centre services



Base: All users of children’s centre services that knew that there were children’s centres in the local area before the start of their action plan – valid responses (855); Sure Start Children’s Centres Survey of Parents 2008 – all who had used services: valid responses (128 – 324).

## Local evaluation data

6.19 Evidence from local evaluation reports supports the above points. See examples below:

- in Lambeth:
  - major groups included Black African (33%) and Black Caribbean (21%). The group described as 'White, White British or Other White' (28%) included a significant number of Polish and other Eastern European families;
  - 43% of families did not speak English as the main language at home;
  - 14% of families were teenagers when their children were conceived;
  - 31% of families described themselves as lone parents, higher than the borough's average of 23%;
  - 11% of children taking part were described by their parents as having a disability or development delay;
  - 21% of families were living in temporary accommodation;
  - 7% of families were from Refugee and Asylum Seeker backgrounds;
  - 8% of children had a Common Assessment Framework (CAF) undertaken or a CAF in process by the end of the CDG action plan;
- in Lancashire:
  - families who engaged included lone parents (40%), families who spoke English as an additional language (25%), teenage parents (13%) and families with additional needs (9%).

6.20 In Knowsley ethnographic research<sup>12</sup> revealed some important descriptions and perceptions of families considered to be in the target group. For example:

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<sup>12</sup> Pharaoh, R., Harris, K., Basi, T., 2010, Family Case Studies in Knowsley, Knowsley Metropolitan Borough Council

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- social differentiation and stigma – families define themselves relative to others and self isolate;
- social isolation – due to the above but also to the lack of family and social networks, families’ resources to remove themselves from poverty are limited;
- mistrust of services and in particular fear of statutory services;
- qualifications mismatched with employment expectations – parents awareness of what was possible was low;
- parents adore their children – it is important to recognise that these parents *“are not ignorant of the potential future and life choices that their children may experience”*;
- reluctant fathers and partners – the lack of ability to cope with responsibility and resultant impact on role models to the mother and to the child were recurring themes in the research.

## Key findings

6.21 The key findings to emerge from this section are as follows:

- the majority of CDG pilot parents were women; the age profile indicated more parents under 24 and less over 35 than the national survey of SSCCs;
- CDG pilot parents were less likely to have used SSCC services compared with the national survey of SSCCs;
- CDG pilot parents were generally less aware of the more common types of services on offer at SSCC (compared with parents of under fives), but relatively more aware of more intensive services for more needy parents, such as parenting advice and courses, employment services and financial advice;
- parents of under fives in general were more likely to have used childcare services and health and well-being services than CDG pilot families. For all other services, levels of use were similar or higher, among CDG pilot parents, in particular more intensive services such as parenting advice;

- a large majority (96%) of CDG pilot parents rated SSCC services as good or very good;
- local level evaluations found similar results to the findings from the national analysis;
- some local level evaluations explore the issues that families were facing such as the ethnographic research undertaken in Knowsley.

## **Key questions**

6.22 Questions to consider for the future include:

- are action plans an effective way of achieving sustained engagement with SSCCs?
- Is longer-term engagement different for families attending SSCCs as a result of incentives such as the CDG pilot as opposed to those attending of their own volition?

## **PART C: IMPACT**

Part C of this report describes the engagement effects achieved with target families and the effects on practitioners, local authorities and Sure Start Children's Centres.

## 7 ENGAGEMENT EFFECTS ON FAMILIES

7.1 In this section we explore the extent to which management information and local evaluation findings provide evidence of impact resulting from the programme.

### Analysis of programme data

7.2 Using the management information data, provided by the local authorities and described in the methodology section, we have been able to undertake some limited analysis.

7.3 In addition to the data quality caveats already noted in the methodology section, it is especially important to note that it has not been possible to statistically match the CDG and control groups and so differences between them may reflect sampling bias. Findings should hence be interpreted as indicative. This is further explained below:

- membership to the groups has not been randomly assigned, which means that valid impact analysis requires the groups to be matched statistically using demographic and attitudinal variables. This has not been possible as these variables were not collected as the quantitative surveys did not take place. It is also not possible to tell whether the attempts by LAs to recruit similar parents to the groups were successful, due to there being insufficient data to do so. As such the analysis makes the assumption of random assignment, without the ability to say how much of a leap of faith this might be;
- it has also not been possible to collect outcome measures before and after engagement. Instead the main analysis has looked at whether engagement appears to have been sustained following the action plans, in comparison to the level of activity *during* the plans (the original evaluation intention was to compare activity levels before the action plans with levels afterward, which would have provided a better indication of impact).



## Completion of action plans

- 7.4 At the time of data provision, overall a greater proportion of grant parents had not dropped out of (had completed or were still underway with) their action plans (86%, n=5,906) than control group one parents (54%, n=690). A similar difference is observed if the analysis is restricted to LAs which provided both grant and control one sample (Bradford, Ealing, Worcestershire, Lancashire, Knowsley, Northumberland and Telford and Wrekin), where 84% of grant parents had a status of completed/ongoing (n=4,285) compared with 50% of control group one parents (n=529).
- 7.5 Levels of completion were similar for four and 12 week action plans (where LAs have made a distinction between the two in the data).
- 7.6 In the case of four week plans:
- Out of all – 74% of grant families (n=2,621) compared with 51% of control one (n=448) completed/were ongoing.
  - Out of LAs who provided data for both groups – 66% of grant families (n=1,639) compared with 40% of control one (n=288) completed/were ongoing.
- 7.7 For 12 week plans:
- Out of all – 84% of grant families (n=2,331) compared with 65% of control one (n=202) completed/were ongoing.
  - Out of LAs who provided data for both groups – 88% of grant families (n=1,739) compared with 45% of control one (n=118) completed/were ongoing.
- 7.8 In addition to these fairly conclusive differences in completion rates (notwithstanding the caveats already noted), it might also be concluded that it was difficult to recruit parents to the programme without the cash incentive given how many fewer control group one parents there are in the data (although problems with recruitment may also have reflected differential effort on the part of staff rather than the impact of the incentive per se).
-

## Sustained engagement

- 7.9 Control one parents, who signed up to the action plans without a cash incentive, were however *more likely* to re-attend the children's centres at least once after a period of three months post completion of their action plans had elapsed, irrespective of whether the plans were completed or not (grant: 49% returned at least once, n=2,122, vs control one: 60%, n=173).
- 7.10 The figures presented are out of those LAs which provided both grant and control one sample only; if all data are used the rate of re-attendance of grant parents is even lower, however this predominantly reflects lower re-attendance rates in London, where two of the LAs did not provide control one sample. Given the small control group one sample size the finding should be treated with caution.
- 7.11 A further avenue of analysis was to compare the average number of sessions attended per month during and after the action plans. This analysis is limited to parents with action plans that began in 2010 and ended during or before July 2010 (thus providing at least three months of post-action plan data).
- 7.12 The average number of sessions attended during action plans was slightly higher for grant parents, at 3.7 per month (n=2,403), compared with control one parents, at 2.8 per month (n=288). However grant parents' monthly attendance fell further, to similar levels as control one parents, following action plan conclusion (grant: 1.2, n=2,403; control one: 1.2, n=288).
- 7.13 If the analysis is restricted to LAs providing both forms of data, as above, control one parent levels of monthly sessions actually overtake grant parents following the action plans as follows:
- average monthly attendance during action plans - grant: 3.6 (n=2,037), control one: 3.5 (n=169);
  - average monthly attendance after action plans - grant: 1.1 (n=2,037), control one: 1.5 (n=169).

## Discussion

7.14 To the extent that we can draw conclusions from this data there appears to be some evidence that the cash is not necessary to achieve similar outcomes, to using action plans alone, assuming that families can be attracted onto the programme. However, this is a critical assumption.

*“most families valued the outreach activity more than the money.”*

SSCC Manager

7.15 This finding is in line with anecdotal evidence that the cash was not a major motivator to complete the programme compared with the effect of outreach work, but the cash was reported to have helped attract families in the first place.

## Evidence from local evaluations

7.16 This subsection represents a flavour of key findings and examples from local evaluations. Local evaluations are very different in approach and structure which limited internally consistent comparison.

### Sustained attendance

7.17 Within Worcestershire across five CDG pilot SSCCs the average percentage of families returning after the action plan was 83%<sup>13</sup>, ranging from 75% to 93%:

- *“ultimately the CDG pilot encouraged families not previously engaged or registered with the SSCC to try out services”.*

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<sup>13</sup> exact period not defined

7.18 In Lambeth the average monthly attendance was 1.9 sessions during the action plan, ranging between those who attended once a week to those who attended three times a week. 94% were still attending three months after completing their 12 week action plan. A drop-out rate of 27% during the course of the action plan period may have indicated that the 12 week plans were too long for some families; in these cases the four week plan may have been a better start.

7.19 In Telford and Wrekin there was a higher drop-out from the action plan for the control families (56%) compared with target families (11%). Just over two thirds are still using the SSCC after completing their plan 67%. This number only drops slightly for control group families (63%).

7.20 In Lancashire some SSCCs identified between 80% and 90% of families continuing to engage with the SSCC six months after the incentivised period.

7.21 In Ealing 78% of families said they had used the SSCC since the programme ended. Parents reported that the CDG pilot had really helped their child and enabled them to make new friends, develop confidence and new social networks. This was seen as important particularly for lone parents, many of who felt isolated, and parents for whom English was their second language

### **Evidence of outcomes**

7.22 Some specific examples highlight the particular issues faced and overcome by families:

- another parent on completing a 12 week plan said *“[the CDG pilot] made me more serious about coming to the Children Centre. Sometimes you think 'I will go' and then think, yes, 'I must go'”*;
- one parent said after four weeks *“my child’s speech is really coming on ....there has been a big difference”*. She also observed that her child's sleep patterns had improved, *“he sleeps longer throughout the night because he is more active during the day”*;

- a parent after completing a 12 week action plan, *"[the CDG pilot] helped me overcome fear of meeting new people and gave me confidence. My child loved it because she was around loads of children, she loves singing, dancing, making things and helped her learn to share etc. plus by attending regularly we are familiar with staff and other parents"*.

7.23 Some comments from parents six months after starting an action plan demonstrate the range of ways in which the CDG pilot has supported families:

- *"This scheme has helped me in lots of ways such as building my confidence, interacting with other mums, especially going to young mother's group. Before I was unable to go out and depressed but now I am going to start a course. I'd like to thank everyone who's involved for making me look forward to the future."*
- *"I find the services that I take part in very useful although in the past I was reluctant. I find it has really developed me in a way that I am more confident, motivated and have developed more understanding in parenting physically and mentally."*
- *"The Children Centre has really been helpful in a lot of ways, I on my part have made friends with other mums, my 2yrs old son is now more outspoken and mixing with other kids as well as being able to play with sand without crying or feeling his hands are dirty. Also the talk with the nutritionist helped my son. My five month old baby enjoys the story and singing time, she smiles all through."*

7.24 Some case studies help to show how families moved through the programme and demonstrate the range of needs, from challenges many families face, to more difficult problems:

**Case Study:** young family in the CDG pilot target area

**How did family find out about project?** Mail out to families that had not engaged within the children's centre in a while.

**Any parental issues?** Sleep – Mom sitting upright and holding baby all night. Holding baby all day, not eating until partner comes home after work. Mother sleep deprived and care of older child was becoming difficult.

**Contents of action plan:**

Initial home visit – controlled crying – sleep tips.

2<sup>nd</sup> visit – clinginess in the day – tips given.

3 weeks of baby massage.

Come to Baby Time to gain support from staff and other mothers.

**How Family Support Worker approached work:** Mom knew what she needed to do, just needed reassurance.

**Any problems/challenges?** Mum and dad's own anxiety.

**Outcome of Child Development Action Plan:** Mum and dad have more confidence and feel it's ok to leave her on floor so can do jobs etc. Mom feels better in herself now she can sleep and enjoy time with both children. Mom is enjoying practicing baby massage at bath times. Baby seems more content and both enjoy Baby Time sessions.

**Case Study:** family in a CDG pilot control one area (therefore action plan only support)

**How did family find out about project?** Parent came to SSCC looking for support.

**Any parental issues?** Mother wanted some support to help build her relationship between herself and her son who's currently 2 years old. She also wanted some help with her daughter's (10years old) behaviour. She felt these issues were causing problems between herself and her husband.

**Contents of action plan:**

- family support home visits to work with mother and son together putting different strategies into place to encourage bonding and mother's self esteem
- mother to attend parenting course
- mother to attend the freedom programme (for domestic abuse).
- referral made to 5–13 family support to request support with older daughter.
- counselling sessions arranged for both mother and father, to attend separately to different counsellors.

**Any other agencies involved?** Counselling service, 5–13 family support worker

**How Family Support Worker approached work:** Sensitively due to nature of relationship between mother and father. Explained the nature of the CDG project.

**Any problems/challenges?** Trying to sort out counselling for both mother and father to see separate counsellors.

**Outcome of Child Development Action Plan:**

- mother and father both attended the 10 week parent to parent course
- both parents attended the counselling sessions.
- mother started the freedom program.

- mother and father are working together better in the home to share out time spent with the son, this is helped by a visual time table.
- both parents have times when they spend time on their own with their son and times when they do things together and as a family

**Case Study:** young, lone parent with an 8 month old son

The parent responded to the invitation to take part in the CDG project sent to families in temporary accommodation. She has a difficult relationship with her family. Her child has weekly contact with his father. She had no previous involvement with children's centre services.

**CDG Outreach Worker comments:** Initially she said she had enough friends and that all she wanted was to focus on activities for the child and the CDG action plan. As the worker got to know her better she disclosed that she was depressed and would like to meet more friends in the area and build better social networks.

The action plan a good tool to generate discussion and identify the initial needs of the parent and child, and to start exploring the different SSCCs.

The CAF explored the child's and parent's needs in more depth and to identify what other agencies and professionals to get involved. Needs identified through the CAF process included support for the child's development and re-establishing contact and support from their new Health Visitor, access to a grant for safety advice and equipment for around the flat, parenting advice and support, benefits and housing advice and support with career goals.

**Outcomes for the family:** The mother feels her son is more confident around other children and settles into a crèche very quickly. The family will continue to use the children's centre. The mother feels her depression is decreasing and her confidence increasing. She will continue to look at career prospects. She will research local childcare options for her child in preparation for working part time. She will continue to attend a young parents' groups.

## **8 EFFECTS OF PILOTS ON PRACTITIONERS, LOCAL AUTHORITIES AND SURE START CHILDREN'S CENTRES**

8.1 In this section we review the effects on the other three stakeholder groups involved in implementing and delivering the CDG pilot.

### **Local authorities**

8.2 Similar to the views of SSCC staff the CDG pilot was felt to have contributed to an increased focus on those in poverty. There is evidence that, as a result of the CDG pilot, LAs reviewed policy linkages for example between children's services and health services; resulting in improved, more efficient referral processes.

8.3 LA staff cited joint commissioning as having been informed by the importance of data sharing to ensure that data transfer is not constrained by artificial or bureaucratic barriers.

8.4 Some LAs rebranded the CDG pilot. For example, in Ealing they called it the 'Welcome Programme', more recently Northumberland introduced the 'New to Us' programme. Each of these was designed to make families feel comfortable attending the SSCC and partly to reduce the use of the term 'grant'. Other LAs encountered this problem early in the programme with those in control areas wondering why it was called the 'Child Development Grant' when they were not receiving any cash.

8.5 Involvement in the CDG pilot helped some LA staff recognise that they needed to exercise a more directive approach to working with SSCCs in order to ensure consistency, for example, some had very different approaches to the action plan which needed to be made more consistent.

8.6 Some LAs have made good connections with other teams in their council. For example, those teams focusing on skills, learning and employment which have supported progression towards employment as part of the twelve week action plan.



- 8.7 Some LAs have used Early Years Foundation Stage Results to target support. For example, in Telford and Wrekin they identified children in families with weaker performing older siblings as vulnerable. However, this does require experienced management information analysts to undertake the requisite analysis.
- 8.8 All areas used the CAF where particular issues triggered concerns. Two areas used the CAF structure to develop their initial assessment processes. For example, Dudley is building this initial assessment requirement into future contracts with SSCC providers.
- 8.9 As a result of the CDG pilot there is recognition by LA staff that some groups can only be reached through a proactive, targeted approach. An example of how this is being put into practice includes the requirement for more effective transfer of data; this is now being built into future arrangements, for example, with primary care trusts.

## **Sure Start Children's Centres**

- 8.10 A number of specific outcomes resulted from the CDG pilot in relation to the awareness and understanding of SSCCs.
- 8.11 Through improved targeting and knowledge of vulnerable groups it has helped SSCCs to expand their reach, as noted by Ofsted inspectors during recent inspections.
- 8.12 Some specific processes were established which helped to overcome difficulties with data protection. For example, the use of post cards for referral was an effective way around data transfer problems but relied on the commitment of partner organisations to make it work. Essentially, a practitioner who identified a relevant family would fill in a formatted postcard, with the consent of the parent, which enabled the SSCC to make contact with that family.

8.13 In trying to use data better some SSCCs recognised limitations in their administrative processes, for example, improving data entry and data analysis capabilities. This emerged as the difficulties of entering large quantities of data were exposed since the CDG pilot required up to date data.

8.14 Overall, stakeholders feel the CDG pilot has resulted in better marketing of SSCCs at both a LA level and at a local level. From a SSCCs perspective the CDG pilot raised the LA's interest in supporting the development of the brand to facilitate maximum engagement of target families.

## **Practitioners**

8.15 By practitioners we refer to SSCC workers in the main managers, outreach staff, community engagement workers (although a variety of other descriptions exist) and those who run activities within SSCCs.

8.16 Successful outreach workers tended to be the more experienced staff, thus the problem created in some SSCCs was one of backfill to their previous positions. In some cases this created valuable opportunities, in others it put pressure on less experienced staff. There were a few examples of sessions where managers quickly spotted that less experienced staff needed further support, especially working with families facing complex problems.

8.17 For SSCCs staff involvement in the CDG pilot had the following effects:

- led to improved knowledge about where different groups were located and how to engage them;
- highlighted the particular importance of language barriers both for families from Eastern Europe and those from outside of Europe;
- dialogue with local communities was developed through increased outreach capacity, particularly where outreach workers had a thematic focus.

8.18 Overall, the more effective use of data and increased outreach helped to develop practitioners' understanding about particular groups that were not attending the SSCC.

8.19 The outreach role was certainly challenging for SSCC staff. However, it had a clear positive effect. As mentioned earlier some approaches are very much context-specific, such as the importance of local knowledge and use of thematic outreach staff in smaller geographic areas.

8.20 Initially staff were uncertain but were won over and convinced that the CDG approach could have benefits in engaging harder to help families. A small number of staff remained in disagreement with paying parents but managers said *"they went along with it"*.

8.21 One staff member said *"the money gets people in and they stay longer than they would have done without it"*. Another staff member gave an example of a dads programme which had been struggling which then became full through the CDG.

8.22 Staff felt administering the action plan and updating e-start (or equivalent) took up a lot of time.

8.23 Overall staff felt enthused and responded well to the challenges. It was clear that some families required more intensive support. As one member of staff said *"it put 'hardest to reach' back on the management focus"*. They felt that they were more able to identify complex needs and to provide support as a result of the CDG pilot.

8.24 In one area a staff survey indicated that the CDG pilot was positively regarded: *"there is a feeling the CDG is returning workers to the core of their work"*.

8.25 Particular aspects which staff said they would continue to use in outreach work included:

- taking a structured approach to introducing families to services;
- encouraging families to try services in a range of settings;
- use of incentives such as trips and books, in the absence of the grant.

8.26 In Lambeth they feel the folder and use of stickers to chart the families' progress worked very effectively and helped to maintain families' motivation.

## 9 CONCLUSIONS

- 9.1 The operation of the pilot was constrained by a number of factors including the early termination of the programme. However, the commitment of those involved in its delivery including SSCC staff, LA staff and Department for Education (formerly the Department for Children Schools and Families) staff ensured that a number of aspects of good practice were trialled and identified as successful.
- 9.2 Overall, the CDG pilot supported the development of greater understanding about how to target and engage vulnerable families in poverty. It provided extra outreach resource and the freedom to try out new approaches. In particular the CDG pilot refocused and revitalised some local authorities and some SSCCs to address this group more effectively. This has led to the engagement of groups not previously attending SSCCs.
- 9.3 There was evidence of prioritisation of families with the greatest needs although this concerned some SSCC staff. Their concerns related to the potential consequences for perceptions of SSCCs as not universal; in particular that they might suffer from stigmatisation.
- 9.4 The local authorities and SSCCs involved gained valuable experience of targeting and supporting vulnerable families.
- 9.5 A number of specific outcomes resulted from the CDG pilot. These are grouped into the following categories:
- **Outcomes for families:**
    - over nine thousand (9,164) families were supported to develop a range of parenting skills, greater confidence in parenting and greater awareness of support services as a result of the CDG pilot;
    - ultimately the CDG pilot encouraged families not previously engaged or registered with the SSCC to try out services;

- many improvements in family outcomes have been documented such as better communication between parents and children, more play and reading with children, safer home environments and training or employment outcomes for some parents.
- **Outcomes for SSCCs and staff:**
  - it led to improved knowledge about the *needs* of vulnerable families, where different groups were located and how to engage them; it put the hard to reach back in focus;
  - through improved targeting and knowledge of vulnerable groups it helped SSCCs to expand their reach, as noted by Ofsted inspectors during recent inspections;
  - the effect of increased outreach capacity helped to improve dialogue with local communities, particularly where outreach workers had a thematic focus;
  - the particular importance of language barriers was highlighted both for families from Eastern Europe and those from outside of Europe;
  - some specific processes were established which helped to overcome difficulties for example with data protection;
  - administrative processes such as data entry and data analysis capabilities were improved in some SSCCs;
- **Outcomes for local authorities:**
  - the CDG pilot contributed to an increased strategic focus on those in poverty;
  - there is evidence that, as a result of the CDG pilot, LAs reviewed policy linkages for example between children’s services and health services; resulting in improved, more efficient referral processes;
  - joint commissioning has been informed by the importance of data sharing to ensure that data transfer is not constrained by artificial or bureaucratic barriers.

9.6 Overall the CDG pilot created a renewed energy in SSCCs, it raised awareness of SSCCs with partner agencies and families. This resulted in greater confidence and trust in SSCCs by vulnerable families.

9.7 The key effect of the cash incentive was to grab people's attention. Although outreach was said to be more valuable by families and SSCC staff, the money was the precursor. The limited analysis of management information suggests that the grant element may not have been significant in encouraging families to stay engaged compared with a control group that did not receive the grant. Qualitative evidence suggests that outreach support was the most valuable element of the CDG pilot.

9.8 Major barriers to families, identified through the CDG pilot programme, continue to be:

- the existence of multiple challenges for some vulnerable families;
- lack of awareness of SSCCs and what they provide, although the CDG pilot helped address this to some extent;
- fear of the unknown for families attending for the first time;
- fear of perceived statutory services by families conditioned to be suspicious of government support.

9.9 However, these barriers can be overcome. Some SSCCs feel that small focused incentives such as 'fruit and veg' boxes and tokens earned for days out can help generate engagement with SSCCs. Ultimately a stronger bond of trust with the local SSCC is perceived to have helped make a difference for families.

9.10 Overall the refocusing effect and use of data, outreach and partnership working were important factors.

9.11 The cash incentive generated a point of focus; the question is can outreach and targeting alone generate the same effect? Unfortunately, the changes to the evaluation methodology constrained the extent to which this question can be answered.

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