EDUCATION AND TRAINING INSPECTORATE

Second Sure Start Evaluation Report

June 2019

ETI: Promoting Improvement in the Interest of all Learners

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The Education and Training Inspectorate
Promoting Improvement

Providing inspection services for:

Department of Education
Department for the Economy
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CUSTOMER SERVICE EXCELLENCE

CSE

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1.   INTRODUCTION

The Education and Training Inspectorate (ETI) published their first evaluation of Sure Start[1] in May 2018. The focus of the first evaluation was evaluating the effectiveness of Sure Start in developing children's speech, language and communication skills and the quality of the support provided for parents.

The first evaluation report identified strengths in aspects of the outcomes, provision and leadership and management within the five projects visited, and also a number of areas requiring further development and improvement. Recommendations were made for the leadership and managers within the projects, the Child Care Partnership (CCP) managers, the Department of Education (DE) and the Health and Social Care Board (HSCB).

The ETI carried out a second evaluation of Sure Start between November 2018 and April 2019. The evaluation findings are based on first-hand evidence gathered by the ETI inspection teams during two-day visits to five further individual Sure Start projects. This second evaluation, while not a direct follow-on from the first evaluation, builds on the initial evidence base to confirm many of the original strengths, identify areas still requiring development and improvement and provides additional findings.

While it was not expected that all recommendations and areas for development from the first evaluation would be addressed within the twelve month period between reports, this report comments upon the actions that have been taken and any notable improvements made as a result.

2.   FOCUS OF THE EVALUATION

The evaluation focused on:

- how effectively Sure Start promotes and improves the development of children's speech, language and communication skills to prepare them for the next stage of learning and development;

- how effectively Sure Start supports the role of the parent as the child's first educator and promote improvements in the home learning environment;

- the progress being made to developing systematic and meaningful self-evaluation at all levels leading to improvement;

- the effectiveness of communication and partnership working between Sure Start and feeder pre-school and schools;

- action taken and improvement made in areas identified from the previous evaluation; and

- case studies to illustrate effective practice.

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[1] https://www.etini.gov.uk/sites/etini.gov.uk/files/publications/surestart-evaluation-report-may-2018.pdf

3.   SUMMARY OF KEY FINDINGS

Strengths

- The high quality age-appropriate interaction of most of the staff with the children continues to be a key strength in most programmes and is reflective of the high level of ongoing quality training they received.

- An enabling culture is being developed across all services that recognises that speech is "everybody's business" and not just that of an individual specialist speech and language therapist or individually targeted support.

- A range of individual case studies clearly show that parents with a very complex range of needs can make progress when provided with the relevant support and the time required.

- Pre-school settings, to which the children from the Developmental Programme for 2-3 year olds transfer, report consistently on improvements in the children's settled behaviours, attention and listening skills. Most pre-schools acknowledge the benefits of Sure Start and would like to develop closer working relationships for the benefit of children and families.

- The increasing contribution of the Speech and Language Therapists to the planning process in collaboration with childcare staff is having a positive impact on the quality of the support being provided to meet children's individual language needs.

- The wide range of high quality programmes, information and support provided for parents contribute to improved emotional well-being for parents and improvements in the home learning environment.

- Parental participation is maximised when appropriately high expectation of participation is core to the vision of the project.

- Midwives and health visitors play an important role in often being the first early point of contact for mothers and in contributing to the effective multi-disciplinary and collaborative approach with other Sure Start staff.

- The effective co-ordination and strategic leadership and management of the team responsible for the ongoing implementation of the Regional Speech Language and Communication Model (RSLCM) is a strength; fostering capacity building, reflective practice and the development of a consistently effective approach across projects.

- Strategic planning to disseminate best practice regionally, by the Childcare Partnership Managers with responsibility for Sure Start, is improving. There are increasing examples of reflective practice and improvement emerging both across and within projects.

- The business planning process required by DE and implemented through the HSCB is shifting more effectively, from an emphasis on collecting mainly quantitative data to one which focuses more clearly on analysing a range of data to measure the impact and outcomes of the work of Sure Start work for families and children.

Areas for further development

- Recording relevant assessment information of the children's progress remains an area requiring further development across almost all projects.

- Insufficient consideration is given to preparing parents for when their child is deregistered at age 4 years so that gains made are built upon.

- The numbers of parents and children attending many groups are small; more needs to be done to increase participation and retention rates.

- Evaluation of the lasting impact of programmes on changes made within the home learning environment is too limited in many projects.

- Systematic and effective self-evaluation, monitoring and evaluation continues to be an area for development across most projects.

- There is insufficient consultation with under-represented groups to identify the barriers to participation and plan for improvement.

- Improvements to be made, identified in the feedback to the Developmental Programme staff provided by the Programme Support Specialists, is not monitored and measured sufficiently.

- There is too much variation in the frequency and range of contact between pre-schools and their local Sure Start resulting in insufficient information being shared to ensure that the children's progress and parents participation is sustained and built upon.

4. HOW SURE START PROMOTES AND IMPROVES THE DEVELOPMENT OF CHILDRENS SPEECH, LANGUAGE AND COMMUNICATION SKILLS TO PREPARE THEM FOR THE NEXT STAGE OF LEARNING AND DEVELOPMENT

The promotion of children's speech, language and communication skills is a high priority in all Sure Start projects.

In the Sure Start projects visited, almost all of the programmes provide high quality, enjoyable experiences which promote well the children's speech, language and communication skills. In the best practice, the language rich learning environments, combined with the warm and supportive relationships of the staff, provide a very good ethos in which the children are supported to communicate.

There is evidence that children who participate make improvements in their speech, language and communication skills. This is verified through a range of evidence including first hand observation, well documented case studies and an increasing range of qualitative and quantitative data. Babies and children aged under 1 year to 3 years old within both targeted and universal groups and during home visiting, were observed giving good eye contact, responding well to stories and songs and developing their communication skills through exploration and investigation of resources using their senses.

In the best practice, observation records track clearly the progress children make. For example, the staff tracked a child who moved from being non-verbal and with no communication skills, to using gestures, on to making their needs known and by the end of the year progressing well to using more complex sentences.

Most of the pre-schools to which the children who attend the Developmental Programme for 2-3 year olds transfer, report consistently on improvements in the children's settled behaviours and attention and listening skills. In addition, a majority report that the children are eager to learn, can initiate conversations with adults and follow relevant rules and routines.

The high quality age appropriate interaction of the staff with the children continues to be a key strength in most programmes and is reflective of the high level of ongoing training they receive. *(Case Study 1: Building capacity).*

The staff develop a good rapport with the children using a calm and nurturing tone, good facial expression, body language and visual cues. They model and scaffold language and make meaningful commentary as they play alongside the children. A non-verbal child was observed as highly animated by balls going down a helter-skelter and began to respond to the adults interactions repeating "down". The staff play "peek-a boo" with the babies, sing, read and model vocabulary as they join in play with toddlers and reinforce messages such as "we care, we share" for the three year olds.

In a small number of settings, the addition of either an effective male worker who related well to male carers, or those who spoke the language of minority groups, was advantageous in promoting the engagement and subsequent speech, language and communication skills of parents in these less well represented groups. *(Case Study 2: Increasing male participation).*

The speech, language and communication support for individual children is developed most effectively when the project Speech and Language Therapist works collaboratively with staff to contribute to the planning process. In the very best practice, in a minority of programmes, the planning, where appropriate, also takes account of the views of children, parents and a range of other professionals.

The most effective planning in the Developmental Programme for 2-3 year olds is informed not only by one screening tool but also a broader range of first-hand observations and assessments of the progress children are making.

Speech, language and communication delays continue to be identified through the full range of staff teams and a good range of approaches are being used to provide suitable interventions to help the children. These interventions are often threaded appropriately through existing programmes and support such as home visits.

In a small number of projects, where social communication and other needs of a child are too complex for existing programmes, additional high quality specialist groups are being established. The continued success and sustainability of such groups is dependent on ongoing resources and training to build the capacity of the staff to meet these complex needs. *(Case Study 3: Quality services for children with additional needs).*

The systems for disseminating key "messages for the month" focusing on health and speech, language and communication are becoming more effective; there is a more systematic and strategic approach in communicating them to staff and parents. A small number of projects are beginning to share these with local pre-schools to provide a more joined-up approach.

While it is very positive to note the many strengths there remain a number of areas within projects that require ongoing development to ensure that every child has the best start.

There is at times, still too much variation in the quality of provision and outcomes both across and within projects.

In the least effective practice, the staff lack sufficient understanding or experience of how to promote the children's speech, language and communication skills in an age and stage appropriate manner. Consequently, there are missed opportunities to promote the children's speech, language and communication skills effectively, with too much formality and a focus on sitting and listening rather than active engagement and physical play by the children. Where the staff are less skilled the children are less responsive in their communication.

Staff are, at times, insufficiently aware of what more effective practice looks like and do not recognise shortcomings in their interactions with the children and lack understanding of what types of resources are age and stage appropriate. A small number of staff are resistant to make relevant changes to their practice.

The recording and use of relevant assessment information of the children's progress remains an area requiring further development across almost all projects. Staff require more support to develop efficient systems to record progress for non-verbal children and those with particular additional needs. In addition, there remains a need for staff to understand how to use their observations of the children's responses to inform their planning. The next steps, targets and strategies are too often unclear. Children for whom English is an additional second language are not always screened or their progress tracked.

The implementation of the Message of the Month is too variable across some projects. At times, staff miss opportunities to promote the message, they do not fully understand it, it is not shared with pre-schools or their own practice does not always align with the message.

The opportunities to develop speech, language and communication skills during outdoor learning is not sufficiently well developed in a significant minority of the Developmental Programmes for 2-3 year olds. This is often linked to less effective planning for outdoor play and, at times, the limited space available. The over emphasis on the development of the children's fine motor skills in preference to their gross motor skills needs in these settings to be redressed as language and physical development are so closely linked.

In a small number of settings the timing of programmes was not suitable for children to benefit fully as they became excessively tired and less responsive in the afternoons.

Some programmes have small numbers of children and parents involved. Staff need to keep value for money and best use of resources under review for smaller groups and where appropriate, seek to increase participation and retention rates.

5. HOW SURE START SUPPORTS THE ROLE OF THE PARENT AS THE CHILD'S FIRST EDUCATOR AND PROMOTES IMPROVEMENTS IN THE HOME LEARNING ENVIRONMENT[2]

A key strength of all the Sure Start projects visited continues to be the respectful, welcoming and supportive ethos in which parents are valued.

A wide range of high quality programmes are planned for parents and children with a clear focus on supporting the children's speech, language and communication skills. In the most effective practice the role of the parent as the child's first educator is very evident and a range of supporting materials and advice are provided, helping parents/carers to take and replicate their learning into their own home environment. *(Case Study 4: Supporting the home learning).*

Parents who engage and participate in Sure Start programmes have improved confidence, skills and knowledge to support their own child's speech, language and communication skills. For many this starts with the development of early attachment and bonding with their baby.

Midwives and health visitors are often the first engagement with Sure Start for many mothers. They report many benefits such as being able to breastfeed for longer due to the support provided and understanding the importance of talking with their babies as they change them through the key message "Changing time is Chatting Time".

Childcare and family support staff also contribute to helpful sessions for parents/carers attending with their babies (0-12 months old). The focus is on talking with, making eye contact and sharing books and singing with their baby with support materials provided for parents. Some sessions operate a combined approach with half the session for the parent and session facilitator only (while the child is in a crèche) allowing the parent to listen and ask questions and engage fully. During the second half of the session the parent and child are together, allowing them to put their learning into practice, with staff support and encouragement. Many

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[2] The Home Learning Environment is defined here as "the physical characteristics of the home in addition to the quality of the implicit and explicit learning support they receive from care givers."

parents are keen to try out the ideas at home with their children when provided with good resources, guidance and encouragement from the staff. For example, parents who attended the 'Heads Up and Communicators' programme highlighted how the programme has impacted positively on how they engage with their babies and toddlers. One parent stated, "It's amazing for ideas. I have bought and gathered together resources for a treasure box after attending the session on 'Treasure Basics and Baby Massage'. I've also bought a bubble machine and used cooked pasta with my child." *(Case Study 5: Support for babies).*

The joined up working and support pathways enable the skills of the whole staff team to contribute to the support of parents in an integrated and holistic approach. Effective communication and planning underpins home visits undertaken by family support workers, childcare workers, speech and language therapists or health visitors, or a combination, to optimise the impact of the support provided. *(Case Study 6: Joined-up working)*.

A very good range of high quality written information and oral advice are made available for parents. Staff make every effort to provide a comfortable and safe environment and to present information in a form that is easily understood by parents. For example, the message of the month "Let your child hold a book" was shared in meaningful contexts to parents in all of the sessions. Displays, newsletters and additional materials further emphasised the messages. Parents are sent birthday cards at 1, 2 and 3 year old stage with speech, language and communication milestones integrated. This has led to an increased number of self-referrals as parents recognise that their child may not be hitting the expected developmental milestones.

There are also improvements in the parents' understanding of the wider aspects of learning that are linked to their children's development and readiness to learn. Reduced stress levels and improved emotional well-being for parents, allows them to engage more meaningfully with their child at home and enables them play with them and have a conversation with their child rather than just give out instructions. They also have higher levels of expectation of how the child can be independent. For example, a parent engaged in a conversation about herself and her needs using the Family Star tool with a member of staff. This helped her to see the positive in herself and identified the need for her to look after herself. She attended the "Because you are worth it programme" and in becoming more aware of her own needs has become calmer with her own responses to her child. *(Case Study 7: Nurturing parents emotional well-being).*

A range of individual case studies clearly show that parents with a very complex range of needs can make progress when provided with the relevant support and the time required; for some this can take several years of small steps forwards. It can result in reduced social isolation and improved mental health for the parent and child; improved skills for the parents such as managing their child's behaviour, budgeting, developing healthier attachments and play skills. *(Case Study 8: Supporting through a crisis).*

There are examples, of those who have moved from being socially isolated to gaining employment; volunteering in the project and continuing with their own education as a result raising the aspiration of the whole family. The bridge created into education is helped in some projects through their effective links with a local college and training centre.

The increased emphasis on supporting Speech Language and Communication within projects is beginning, in some areas, to reduce the need for individual referrals to community Speech and Language Therapy appointments.

Parental participation is maximised when the role of the parent and an appropriately high expectation of parental participation is core to the vision of the project. A lack of agreed participation, such as involvement in the Developmental Programme for 2-3 year olds, is followed up by action and there is careful planning and regular review of the use of support and crèche facilities.

Parents also benefit where managers have improving links and collaborative working with community organisations such as Woman's Aid and Home Start to compliment and optimise the use of Sure Start resources.

While there are many strengths in the promotion of the role of the parents and in the development of the home learning environment, there remain areas that require further review and improvement.

Projects do not review sufficiently whether their approaches increasingly empower and prepare parents for the next stage of life and learning when their child is deregistered at age 4 years or whether there are parents who are becoming too dependent on the services and who may not cope once they are no longer eligible. It would be important for projects to identify and plan carefully for the transition of the most vulnerable families, so that the many gains they have made through Sure Start involvement are not lost once they are deregistered but sustained or built upon. This will require good networks being built within the local community agencies/hubs and pre-schools to help parents transition into a post Sure Start phase.

The level of parental engagement and retention remains too variable due, in part, to a lack of consistent follow through by staff to find out why this is the case and plan to improve the situation. Expectation of parental participation in the Developmental Programme remains too variable ranging at best from once a week with planned follow through with parents who do not attend, to 50% of parents attending once a month for an hour and a lack of planned follow through to improve this figure. There is also insufficient planning, monitoring and evaluating of the impact of the parental play and stay sessions.

Difficulties with staff recruitment and retention impacts negatively at times on the participation of parents. For example, the lack of midwives impacts negatively on the continuity and building of relationships before and after birth for some mothers.

Evaluation of the lasting impact of programmes on changes made at home is limited in many projects.

There remains, at times, a lack of clarity on the purpose of respite crèche facilities and a reduction in meaningful daily links with parents whose children arrive by bus.

The challenge of identifying and working with hardest to reach families that lie beyond the boundaries of the post code remains an ongoing challenge.

6. PROGRESS BEING MADE IN DEVELOPING SYSTEMATIC AND MEANINGFUL SELF-EVALUATION AT ALL LEVELS LEADING TO IMPROVEMENT

Strategic planning carried out by the Childcare Partnership Managers responsible for Sure Start is beginning to improve the mechanisms for the dissemination of effective practice regionally with an increasing number of events planned to share effective practice. The impact of these events should be monitored and evaluated to capture the increased knowledge and skill of staff and changes made within projects as a result of their attendance.

At the time of the evaluation, the Outcomes Based Accountability model was in the process of being implemented at a strategic level, in liaison with DE, by the Childcare Partnership managers responsible for Sure Start. The business planning process required from project managers is shifting from an emphasis on collecting mainly quantitative data to one which focuses more clearly on analysing a range of data to measure the impact and outcomes of the work of Sure Start for families and children. This process is at an early stage of development.

There are regular opportunities for Sure Start managers and Programme Support Specialists to meet together to reflect, share practice and support one another in their work. It is planned to have an increased focus on sharing effective practice to inform improvement as a more central part of this work. This is in addition to weekly internal staff meetings to provide a joined up approach in supporting families.

A key strength is the effective collaborative work, leadership and management being provided to plan strategically and implement the Regional Speech, Language and Communication Model across all projects. There is clear evidence that this approach is leading to increasing reflective practice, consistency of approach and effectiveness across the projects. There are clear lines of accountability to support the monitoring, support and advice provided. *(Case Study 9: Self-evaluation and improvement).*

A broad range of project staff are developing well their skills to promote Speech Language and Communication throughout the service, as a result of the extensive training and support being provided. There is a helpful and holistic culture being developed that recognises that speech is "everybody's business" across all services and not just that of an individual specialist speech and language therapist or individually targeted support.

There are some very effective examples of the use of specialist Speech Language Therapists training by the clinical lead for Autistic Spectrum Disorder services to support children with social communication difficulties. A number of projects are putting this training to very good effect in small specialist groups to support children with autism and their parents. Training is also benefiting other settings to build further staff capacity to provide an autism friendly environment in the Programme for 2-3 year olds and in understanding an autistic child's perspective.

The use of specialist tools for measuring outcomes for parents are being piloted in a number of projects and guidance on how to use it effectively is being developed to promote a consistent approach in its implementation.

There are universal Speech Language and Communication messages being developed across all projects to provide consistency of approach. In the best practice, individual projects also take a strategic view within their geographical area and work closely with pre-schools and schools to promote the same messages to families.

There are examples of good links with other organisations to provide a joined up approach to delivering key messages. All of the projects, for example, support the book trust initiative and use these resources to encourage families to read with their children.

Close links with a national charity (Save the Children) and feedback from consultation with parental focus groups are being developed through the Regional Speech Language and Communication Model to inform ongoing work to develop ideas and products that will enhance the universal delivery of messages such as 'Changing Time is Chatting Time'.

There is overall, a high level and breadth of qualification among the project staff teams. It is positive to note the high number of staff at all levels who continue to develop their own professional expertise with additional qualifications. This includes, for example, staff who have moved from a level 4 to a level 5 qualification and leaders who have completed post-graduate qualifications in managing integrated services.

Ensuring that staff continue to have the necessary skill set and knowledge is an important consideration in light of the many changes and increased responsibilities of staff as Sure Start has developed and expanded in recent years.

While systematic and effective self-evaluation continues to be an area for development in some aspects of all Sure Start settings, it is encouraging to note that there are increasing examples emerging of reflective practice leading to improvement. A number of projects have, usefully, reviewed and updated their mission statement to ensure a shared vision of the purpose of Sure Start with the whole staff team.

The process of self-evaluation still requires further development to be fully effective; however, many of the projects have examples of reflective practice and improvement that can be built on further. The following examples were evident in a number of the projects visited. Further detailed examples can be found in the case studies in Appendix A.

Effective aspects of self-evaluation leading to improvement are being developed through:

- high expectation from leadership, effective monitoring of attendance and following up absences with phone calls or home visits as appropriate and adjusting the timing of sessions following consultation with parents, leading to improving participation and retention rates of parents;

- the use of an audit to identify a gap in the provision for the 6-12 month age range and planning an appropriate developmental programme for families with this age group leading to improvement in the continuity of experiences and support for children from age 0-4;

- piloting a range of specific tools to capture the progress of children and parents in their journey though Sure Start and improving the level of consultation and feedback with well-focused questions on what they are now doing differently at home, improving the breadth of evidence to measure the impact of services;

- effective monitoring of practice through the use of video footage of adult/child interactions to provide evidence about the impact of staff development and parental training to improve speech and language; and

- using current DE guidance such as "Standards in Partnership Working" as a starting point for reflection and identification of actions to be taken.

These and other examples of practice leading to improvements need to be shared and built on further.

Leadership and management almost all reported that they are aware of the need to develop further their processes for monitoring and evaluation and some are already beginning to restructure aspects of work to develop more robust systems. In many cases the current feedback questions being asked of staff and parents are too general to provide meaningful information to inform future actions.

In all projects there is either insufficient quality data being collected or limited analysis being made of the qualitative and quantitative data to identify strengths and areas for development. In addition, where challenges and needs are identified no actions plans are put in place to bring about improvement and monitor the impact of any improvement work.

Project managers and team leaders with responsibilities for monitoring and evaluating quality and impact are not clearly enough identified. They require further guidance and training on how to gather relevant data and how to analyse and use it to inform the improvement process and measure the impact.

Those in leadership and management need to ensure suitable risk assessment and training is in place to manage lone working and potential risks within local communities.

There is, at times, insufficient planning on how to promote resilience incrementally and foster parental independence to prepare parents for the next stage of pre-school education.

Under-represented groups of parents are not consistently enough consulted in order to identify the barriers to participation and plan for improvement.

Leadership, management and staff do not take enough cognisance of their shared mission statement in understanding and identifying the common threads/link between health and education.

The feedback provided by the Programme Support Specialists does not have a consistently clear baseline position and monitoring by the project to support and measure improvements made more fully.

7. THE COMMUNICATION AND PARTNERSHIP WORKING BETWEEN SURE START AND FEEDER PRE-SCHOOLS

Sure Start staff had the opportunity to provide evidence of their links with pre-schools during the evaluation visit. In addition, pre-school staff had the opportunity to present their views through a questionnaire, issued prior to the visit, and the opportunity to take part in focus group discussions with the ETI.

Twenty five pre-schools responded to the questionnaire and a range of pre-school leaders from both the statutory and voluntary/private sector attended each of the focus groups.

It was positive to note that all of the pre-school staff report a good understanding of the aims and purposes of Sure Start and that most agree that there are effective transition arrangements in place with the Sure Start Developmental Programme for 2-3 year olds.

Just over three-quarters of pre-school staff agree that they have a good understanding of the content and purpose of the Development Programme for 2-3 year olds and know what speech, language and communication support has been provided for parents and children in Sure Start. It is of concern that almost one-quarter do not. Pre-schools need to communicate more fully with their local Sure Start projects so that relevant information is shared and understood, enabling the children's progress and parents participation to be sustained and built upon.

It is encouraging to note that a high proportion of staff (72%) agree that there is a strategic approach to developing early years learning and development between Sure Start, pre-schools and schools within the project's geographical area. The most commonly reported example was the collaborative approach to sharing the key message of the month with parents.

There is too much variation in the frequency and range of contact between pre-schools and their local Sure Start. The frequency of contact ranged from no contact at all, to an informal needs based approach and through to regular planned meetings annually, monthly, to 2-3 times a week. It would be helpful for individual projects to identify a member of staff as the key point of contact to develop links with the local pre-schools and agree the purpose, nature and frequency of contact. Examples of effective practice based on evaluation of the impact should then be shared across projects to provide a more consistent and effective regional approach.

The most consistent communication between Sure Start and pre-schools is the transfer of information for children who have attended the Development Programme for 2-3 year. It is encouraging to note that most of the pre-schools report that they use the transition information from the programme to identify and plan for any additional needs and build on the children's previous learning experiences. About one-half of the pre-schools have signposted parents for specific services.

While 10 pre-school settings plan for and build on the parenting strategies and support provided in Sure Start, a considerable number do not. If support for parents is not continued there is a risk that any gains could be minimised or lost.

A small number of pre-school leaders reported that transition forms were late or inaccurate.

Improvement in a range of the children's skills is reported by pre-school staff for those children attending the Developmental Programme for 2-3 year olds. In particular, improved play skills, more settled behaviour on arrival at pre-school, better attention and listening and good understanding of daily routines. Less than one-half noted an improvement in oral Speech Language and Communication skills. However, only a small proportion of children have access to this programme.

The parents of children who attended Sure Start are more aware of key messages, such as, the importance of playing, talking and reading to your child and of limiting screen time and use of dummies.

A majority of the pre-school staff report that they have a knowledge of the training being provided for Sure Start staff including ELKLAN, WELLCOMM, ICAN, Solihull, Nurture and COMET. Most of the staff build on the use of WELLCOMM and ELKLAN and a small number continue with the Solihull Approach. Where pre-school staff report they have had similar training it enables them to build on these approaches in pre-school.

Five settings report that they are unaware of what training staff have in Sure Start. This poor level of communication needs to be addressed by both the Sure Start and the pre-schools to which children in the project transfer, so that the approaches can be built on and the children and parents benefit.

Most of the pre-schools have signposted parents to Sure Start services and report the benefits to families within their local Sure Start area. The key benefits were identified as early identification of need and intervention programmes, parental support for parenting skills, building confidence, providing nurture, engaging early with parents and giving support for vulnerable families. In addition it was noted that Sure Start provides extended play experiences that may not be evident in the home, provides important socialisation for both children and parents, especially in rural areas, and contributes to improved physical and mental health for parents and children and facilitates transitions into pre-school.

Most pre-schools report that they would like to develop stronger links with their local Sure Start project through more effective communication and explore potential shared training and develop common approaches to working with children and parents. *(Case Study 11: Supporting transitions).*

A majority would like to like further opportunities to share expertise, experiences and ideas, for continuity of learning and create a better shared understanding of each other's practice. A small number of pre-schools report that they had benefited from shared training on mental health with their local Sure Start. A school hall was made available to Sure Start for physical play and there was co-facilitation of training for parents with school, a charity and Sure Start. While it is good when Sure Start and pre-school leaders are part of the same partnership group within a local area, currently there is insufficient evidence of the impact of these partnerships.

The most common barriers for developing closer links were reported as time constraints and lack of a mechanism to make connections.

A number of pre-schools report that too many children are coming without any prior support for Speech, language and communication and that Sure Start reports are not always accurate. However, some Sure Start projects report that their work is not always taken seriously and their approaches to pre-schools are not always welcomed. These perceptions need to be overcome through more effective dialogue to build a better understanding of the importance of both the work of Sure Start and pre-school in supporting vulnerable families together.

Projects need to identify a key point of contact to develop links with their local pre-schools, plan and agree the nature, frequency and purpose of contact and evaluate the impact to provide a more consistent and effective regional approach.

8.   THE ROLE OF THE PROGRAMME SUPPORT SPECIALIST

Since the last evaluation aspects of the role of the Programme Support Specialist (PSS) have been reviewed and updated. The specialists are working to a more proportionate to risk model to provide support where it is most needed. How the new approaches will be evaluated to measure improvement and who takes responsibility for monitoring the implementation of recommendations by the PSSs is not yet clear enough. Feedback from the PSS and the staff of the Developmental Programme for 2-3 year olds is needed to evaluate the effectiveness of any new approaches being developed.

The Programme Support Specialists identify relevant and accurate areas for development, provide a range of relevant training and disseminate best practice. In the best practice, a minority, the PSS reports clearly indicate where staff have addressed areas identified for improvement and have action plans to inform further improvement. *(Case Study 12: Implementing PSS advice).*

The PSSs bring a high level of professional experience and expertise to their role and undergo continued professional development. It is good to note the examples where they provide support and resources to enhance the group's work with parents and for children's transition to pre-school.

The closer links developing between the projects' Speech and Language Therapists and the early years/childcare staff is improving the planning process with key support for language being highlighted more explicitly.

In the best practice any staff in the project who are working with children in the two to three years age bracket are invited to training sessions with the PSSs giving more value for money and promoting consistency of approach for all children.

The effectiveness of the PSS and ongoing developmental work has been impeded at times through staff absences, a lack of sufficient communication between staff, the early learning co-ordinator and the PSS, or resistance to the advice being provided.

Monitoring and evaluating consistency in the quality of provision in the 2-3 year old developmental programme, by the PSS and managers is at times, too variable within and across projects.

9.   ADDITIONAL CONSIDERATIONS

Transport

There are a number of barriers to participation for some parents. These included the cost of transport for parents within rural areas and poor public transport to reach premises within a city. Where a project provides a bus service, although beneficial to enabling children to attend, it can also result in too limited direct contact between staff and parents.

Premises

There are ongoing challenges for projects regarding premises. It can be challenging to locate premises with suitable security of access, sufficient size and outdoor space and to provide accessibility to the whole community within what is often perceived to be a single identity area.

While there can be advantages of accessibility and links when sited within a local primary school, the space is often reclaimed by the school when numbers of pupils in the school increase. This results in a lack of continuity and certainty for staff and money that has been invested being lost. There is a need for sustainable premises and longer term leases on premises.

Staffing

Improvement is impeded where there are frequent staff changes, sickness and absence.

There is too often a lack of skills to cover staff absences adequately.

Some projects have insufficient access to health professionals such as midwives and health visitors.

The lack of midwifery services and reported recruitment crisis is impacting on the support for antenatal care and follow through on early registration of those who will benefit most.

10.   KEY RECOMMENDATIONS

The project managers need to ensure that:

- a culture of systematic self-evaluation, including consultation, action planning and monitoring and evaluation of impact and outcomes is embedded throughout the project;

- sufficient consideration is given to how parents are prepared and supported more fully to make the next step in their children learning and development when their child is no longer eligible to be registered; and

- a key person is identified within projects to develop links with local pre-schools to ensure that sufficient information is shared between Sure Start and pre-school settings in order to sustain and build upon the children's progress and parental participation.

The Childcare Partnership managers responsible for Sure Start need to:

- monitor how effectively the project managers are implementing the recommendations and bringing about improvement.

DE need to:

- strategically support the ongoing developmental work required to bring about further improvement;

The HSCB need to:

- ensure project managers have the necessary support and guidance required to manage effectively their resources and continue to bring about the necessary improvements identified in this and the previous report by the ETI; and

- build further on the early start being made to developed relevant quality indicators by the Sure Start Performance Management Group to inform self-evaluation and monitoring of effective practice.

11.   CONCLUSION

This evaluation confirms that many of the key strengths within Sure Start are being replicated and embedded across the five additional projects evaluated. There is evidence of reflective practice led by individual project staff and examples of emerging improvements in provision, leadership and management. At all levels leadership and management need to build on this work, take forward more fully the recommendations in both the ETI evaluation reports, and plan for and monitor the extent of their implementation and subsequent outcomes.

CASE STUDIES TO ILLUSTRATE EFFECTIVE PRACTICE

The following case studies illustrate specific examples of effective practice that were observed and evaluated by the ETI during the five project visits. While all projects will develop their practice within their own local context, there are transferable principles such as reflective practice, consultation and effective monitoring and evaluation that can be transferred to any context.

CASE STUDY 1: Health professionals develop the skill and capacity of staff and parents

Two health visitors attended professional development training, and carried out personal research and development to enhance their skills in engaging parents to support their children's speech, language and communication. Effective interaction with parents about the importance of good physical and mental health in order to support relationship-based intervention with children was observed by the inspectors in the parent and child-focussed sessions. Parents were becoming more sensitive and attuned to their child's behaviours, emotional needs as they understood more fully the individual stages of speech and language development.

The health visitors were observed using skilful and well-informed running commentary about the children's stages of language development from babies to older children during play. They work in a respectful and collaborative way, using edited video clips of communication between adults and children as the basis for reflective dialogue about how to develop the adult-child relationship further and to identify the child's stage of language development. The health visitors are also trained in the use of a language screening tool and use the information from the videos to supplement the data from the screens and importantly to identify strategies to improve speech, language and communication.

During the home visits, parents are also provided with video evidence to help to explain the results of the WELCOMM screens and given a contextual understanding of their children's stage of development and associated language. Strategies to promote language in the home environment are reinforced across and within the targeted and universal programmes.

CASE STUDY 2: Increasing male participation in Sure Start programmes

Scrutiny of attendance data and anecdotal evidence revealed low male engagement in the open programmes which were perceived as largely female-dominated.

The family work team and fathers identified the need to champion separately the involvement of significant males within the Sure Start. A highly experienced and well-qualified male family worker, in consultation with fathers and grandfathers, developed learning and social programmes to target specifically their various interests and requirements and take account of the men's individual circumstances, such as shift work patterns, family care commitments or additional language support needs.

The men access a regular and varied programme of activities including fathers and kids messy play, fathers and families swimming, music and rhyme workshops, gift-and art-making, baking, dads and kids dental visits, dads' football and family fishing trips.

Alongside the many benefits of the social engagement aspects, the programmes include and combine specific key learning and support elements; for example, understanding and managing behaviour; using positive discipline strategies (Solihull Approach); speech therapy and early language development sessions; 'Health by Stealth' targeting mental health issues; and, support pathways to accessing benefits, training and employment.

The men value the high levels of consultation and effective ongoing communication, including regular text messages, which support and sustain the success of their programmes. They are growing in personal confidence and improving their parenting skills through participation in planned sessions which target males specifically. The additional benefits reported by the men include positive bonding with other males to share parenting experiences, concerns and successes and building more sustainable networks of friendship and support.

CASE STUDY 3: Partnership working to provide quality services for children with additional needs

A Sure Start project identified an increasing number of children presenting with communication difficulties. As the services on offer were not meeting their needs they sought and found a partner to reshape the core service to meet the needs of these children. They partnered closely with the local Health Social Care Trust Child Development, Speech and Language Therapy Service to share resources, skills and knowledge.

Combined with the motivation and commitment of the staff at all levels, they provide a high quality needs led developmental programme for children aged 2-3 years presenting with more specific social and communication difficulties. Key features of this very effective practice include the high quality training and strategic direction provided by the Lead Speech and Language Therapist and the resulting high quality interactions of the staff team. They consistently implement their underpinning principles in the playroom as they work with the children and parents and skilfully use child-led interactions to guide, model, show and wait for a response. The staff make learning motivating and fun within a tailored learning environment that supports the children's independence. Parents are very well supported to use resources and strategies into their own home environment to reinforce the learning and development.

The partnership working, reflective practice, systematic monitoring and evaluation of quality, continuous training and support for staff and the tracking of children's progress all combine to provide high quality services for the children and families involved.

CASE STUDY 4: Supporting home learning

A family support worker registered a family struggling with their child's diagnoses of Autistic Spectrum Disorder (ASD) and the associated lack of social and oral communication skills. The worker built a trusting working relationship with the parents and provided resources and advice and support. During a home visit a young child diagnosed with ASD showed progress as he responded for the first time to a lift the flap story book. The child engaged with the pictures as the mother read the story and lifted each flap, maintaining interest and concentration during the story. This was a big step forward for the child and their parent and one on which they can build.

CASE STUDY 5: Progressing support for babies

The health visitor runs an eight week group "sociable babies" building on the mothers' prior involvement in baby yoga and baby massage. This course emphasises early intervention and progresses parents learning into more direct guidance and information on key milestones and strategies to develop speech, language and communication.

The baby café is organised to allow one-half of the parents to access the information session and the other half to play with the children on the floor while accessing high quality play modelled well by the staff. Parents report on how much they have learned. The health visitor sang personalised goodbye songs as they prepare to end the session and signposted parents to other programmes which parents were keen to join.

CASE STUDY 6: Joined-up working supporting the role of the parent

A home visit was arranged by a home support worker to a mother who was struggling to understand the implications of a recent diagnoses. She was supported very effectively to interpret and understand messages from a recent meeting with health professionals about a possible diagnoses of autism for her child and consideration of attending a special school. The family support worker had a very supportive, non-threatening working relationship with the mother and was able to help the mother accept the diagnoses and make informed choices about her child's future. She reinforced key messages and modelled approaches of "observe, wait, listen", with the child. The mother was also signposted to a suitable play and discover group and given time to consider this option. The mother contacted the support worker who took her to the meeting the following day. The mother gained confidence and was then content to then go to the next session by herself.

CASE STUDY 7: Nurturing parents skills and emotional well-being

Parents attend a regular 10 week nurture group. The parent support worker took time at start of session to encourage mothers to reflect on how their morning had been and how they were feeling. One mother, who arrived late was asked about how she was feeling emotionally. She had had a bereavement the previous weekend and still came to join the group as she clearly valued the emotional support of the parent worker and the group. During the session they share experiences of how they put the behavioural approaches they have learned into practice at home with their children. The parents are comfortable within the relaxed and inclusive ethos to share what worked and didn't work with each other and the parent support worker. They reflected on and thought about their own behaviours and how their children responded. The mums are open and honest in their discussions within a safe and friendly atmosphere. One mum reflected on how the programme had helped her to lose her temper less often and be calmer.

CASE STUDY 8: Supporting families through a crisis

A family support worker identified a family where the dad, with four children, had been hospitalised for a significant period. The respite crèche helped to support the family during this period of stress. One of the children, who had been identified with speech language and communication difficulties attended an additional programme and received support for their language needs. The child is now in year 1 and is progressing well with very few SLC difficulties. An older child in the family has also settled better in school and is doing well.

CASE STUDY 9: Self-evaluation and improvement

The lead speech and language therapist (SLT) has a clear strategic view of how to support and implement the Regional Speech, Language and Communication Model. She has developed a comprehensive resource data base with, for example, communication and interaction strategies and key milestones which the new Speech, LT in the project is using to inform her work. Mechanisms are being developed to share effective practice regionally across projects. There are clear action plans and systematic tracking of targets being met and analysis of data across projects is used to note trends and identify assess training needs of staff. The project SLT is well-supported in her role and analyses video footage to reflect on how to build on existing practice and improve further.

CASE STUDY 10: Effective use of monitoring and evaluation to support parents

The Early Years Co-ordinator monitors and uses the outcomes from a tool from the Incredible Years programme to measure parental confidence in managing children's behaviour and associated engagement in sessions. One parent was observed to be lacking in confidence,

sitting with her coat on and head down, then observed by staff at a later stage to be relaxed and interacting with the group. Staff are trained to be sensitive to body language and the use of strategies to monitor attendance and absence through follow-up phone calls. Time is given to parents having opportunities to get to know each other and build supportive networks. As a result attendance improved and parents felt empowered to engage in sessions.

CASE STUDY 11: Supporting transitions to pre-school

A Sure Start project has developed an approach using a toy character help the children transition from the Developmental Programme to pre-school. Transition forms are completed by Sure Start staff and passed to pre-school setting and efforts are made to make one-to-one contact with pre-school staff. Some pre-school settings visit the children in the setting and the Sure Start staff use the toy character to support the children's transition. The toy bear wears the uniform of the setting to which the child is transferring and can accompany the child on their initial visit to the setting.

Parents and children are supported during this transition period through the delivery of a transition information session. Parents are provided with prompts and ideas on how to support child's progression to pre-school. In addition Sure Start staff share examples of the toy bear's adventures (visiting pre-school settings) modelling the type of activity in which their child can be involved during the transition period. Parents are invited to record in written, photographic or digital form the experiences of their child with the toy bear during a visit to the pre-school setting. This is then used as a reference in the build up to commencing pre-school, reducing the anxiety some children may experience.

Feedback received from Sure Start staff and from discussions with a parent focus group highlighted the benefits both to the child and their parent of the toy bear - notably easing the transition period, reducing the uncertainty for the child and providing parents with a tangible resource to support their child's transition which they may refer to during the summer months.

CASE STUDY 12: Using information from Programme Support Specialists to plan for improvement

The implementation of the oral and written feedback provided from the development programme support specialist is monitored by the Sure Start management team. The staff use this information to help them to honestly and openly reflect and ask questions of one another about their practice.

In particular, they have been reflecting on how well they are guiding parents to support their children's language and communication skills. As a result of their discussions, they are exploring new ways to increase parental participation in the associated 'stay and play' sessions so that the parents are better equipped with strategies to promote language development. The well-focused feedback and the sharing of the 'key message' to the parents at the end of the daily session provided pointers for parents to value play, social and language development opportunities at home.

At a strategic level, the Sure Start management team is beginning to use the information provided by the staff in the programme to prioritise areas for improvement. This reflective process is helping to build the confidence of the staff for self-evaluation and continuous improvement about how best to engage and involve parents.

SUMMARY EVIDENCE BASE

This evaluation report is based on the following first-hand evidence from five Sure Start projects.

Sample visits to:

- Developmental Programmes for 2-3 year olds;

- programmes for 2-3 year olds but not part of the Developmental Programme;

- sessions focusing on antenatal care, parents and babies;

- a range of workshops for parents including those focused on nurture, parenting skills, play and health;

- universal sessions for children and parents together with a focus on communication and play;

- sessions providing targeted support for children with additional social and communication needs;

- sessions providing targeted support for children and parents together;

- crèche facilities; and

- home visits.

Meetings and discussions with:

- project leaders, managers and co-ordinators;

- allied health professional including speech and language therapists, mid-wives and health visitors;

- focus groups of parents and incidental conversations with parents attending sessions;

- focus groups of pre-school leaders;

- Programme Support Specialists;

- the Childcare Partnership managers with responsibility for Sure Start; and

- the co-ordinator of the Regional Speech Language and Communication Model.

Reading documentation including:

- policies and procedures;

- sample planning, observation and assessments of programmes being delivered;

- individual projects own evaluation of programmes;

- case studies;

- business plans;

- information for parents; and

- any other materials provided.

EVALUATION METHODOLOGY

Five Sure Start projects were selected to represent each of the five geographical Sure Start areas and to reflect projects set in both rural and urban locations. They also took into account a range of lead and accountable bodies and Child Care Partnerships.

The projects received two weeks advanced notification of a formal two day visit as part of the evaluation followed up by a phone call from the Reporting Inspector to discuss and confirm arrangements.

Questionnaires were issued to the leaders of the pre-schools to which most of the children transfer from each project.

In response to the feedback from the previous evaluation and to reduce any additional workload and bureaucracy, the safeguarding form and self-evaluation form were not issued during this evaluation.

A team of three inspectors, led by the ETI, visited each project over a two-day period. Each project manager received oral feedback at the end of the visit.

Documents providing guidance on the evaluation model were prepared and made available on the ETI website at: https://tinyurl.com/Eval-Sure-Start

- Guidance for the evaluation of Sure Start 2018

- Key indicators for the Evaluation of Sure Start

During the two-day visits the inspectors gathered a range of first–hand evidence which was used to provide oral feedback to each project and collated along with the questionnaire responses to inform the evaluation report.

LIST OF SURESTART PROJECTS VISITED AS PART OF THIS EVALUATION

ABBEY Sure Start

Ards Sure Start

Shantallow Sure Start

Glenbrook Sure Start

Splash Sure Start

The Education and Training Inspectorate thanks all of the projects that provided the photographs from their settings and which are used within this report.

THE VIEWS OF THE PROJECTS ON THE INSPECTION PROCESS

Project managers and their teams were invited to reflect and comment on the inspection process. There were three returns, representing five projects. This information will be used to inform the development of future Sure Start evaluation work by the ETI.

The following is a summary of the feedback provided:

- All of the projects strongly agreed that the information prior to the visits was relevant and communicated clearly, with opportunities to answer any queries.

- All of the projects agreed or strongly agreed that the preparation required for the visit was reasonable.

- All of the projects strongly agreed that the information and guidance on the ETI website was informative.

- All of the projects strongly agreed that the oral feedback provided was helpful and that the team intend to make changes as a result of the feedback provided.

What was the most helpful aspect of the visit by the ETI?

All of the projects reported on the visit as being a positive and helpful experience. In particular staff report that the visits supported and encouraged reflective thinking and confirmed their own plans for further development. Staff also welcomed the opportunity to talk about their work and parents appreciated the chance to "tell their story". Some comments have led to a review of aspects of practice.

What was the least helpful aspect of the visit by the ETI?

One project reported it all to be helpful. One project would have preferred separate meetings with some of their staff to allow more time to discuss their unique roles. In response to recommendations made one project expressed frustration at the lack of reciprocation from pre-schools in response to their approaches for partnership working.

Was the visit in your view, too long, too short or insufficient to present the necessary evidence?

Overall the projects reported that it was sufficient for the focus of the evaluation. Staff would have liked to have more time to discuss further particular aspects of their work.

What do you plan to do differently, if anything, as a result of the evaluation visit?

As a result of the evaluation the projects all reported on a range of areas of review and consolidation including for example to:

- continue to review and improve evaluation processes;

- continue the process of reviewing the rationale for crèche and bus provision i.e. purpose, timing and expectations with regards to parental involvement;

- seek additional training for Early Years staff on planning and observations to increase staff's understanding of planning and links from observations;

- continue to build on links with pre-school providers in relation to sharing practice, resources, training if appropriate;

- reduce plastic resources throughout all our programmes and plan to develop the outdoor play areas in the Developmental Programme for 2-3 year olds, within budgetary constraints;

- review IEPs, end of year reports and time frames for sharing information with parents;

- implement current plans to develop further some of the environments both indoors and outdoors; and

- use the early years Focus Groups to continue to review collectively how to improve transitions.

How could the evaluation process be improved?

The projects reported on the benefit of the oral feedback but would value short written feedback also.

Second Sure Start Evaluation Report

June 2019