

# *FROM RHETORIC TO ACTION: A CASE FOR A COMPREHENSIVE COMMUNITY-BASED INITIATIVE TO IMPROVE DEVELOPMENTAL OUTCOMES FOR DISADVANTAGED CHILDREN*

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## **Abstract**

This paper aims to demonstrate the urgency of the need to combat child poverty in New Zealand and to action evidence-based strategies to improve outcomes for disadvantaged children. The objective is to promote the development of child-centred policies that will help to eliminate the conditions that create poverty. The paper reports on factors identified in reviews as being key components of successful programmes that intervene early in the lives of children and families to promote positive childhood outcomes. It describes the community-based Sure Start initiative currently being implemented and evaluated in England. It argues that a similarly resourced, community-based initiative could go a long way towards achieving improved outcomes for young children. In the opinion of the authors, it is timely to take a long-term strategic approach to defining social and economic priorities, by putting resources behind thoughtful policies and practices to promote the well-being of children, and thereby the future of the nation's development.

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## INTRODUCTION

How a society addresses the needs of its youngest, most vulnerable members is a measure of that society's moral maturity. It is also an indication of its willingness to move beyond short-term, superficial objectives to real financial investment in policies that will effectively ensure the social and economic well-being of that society for decades and generations to come. The intention of this paper is to demonstrate the urgency of the need to combat child poverty in New Zealand and to identify some evidence-based strategies designed to improve outcomes for disadvantaged children.

The level of child poverty in New Zealand is unacceptably high. Poverty and the social exclusion that accompanies poverty are associated with poor outcomes for children. Improving the income level of the poorest families is an essential component of improving outcomes for children. However, in order to offset the effects of family background and lack of social capital within communities, a comprehensive, community-based package of integrated services for children and their parents will also be needed. Active intervention at the early stages of childhood is critical if successful outcomes in adulthood are to be achieved. While there are child-centred social services in New Zealand, these services tend to be reactive and/or not uniformly available throughout the country. The UK-based Sure Start programme discussed in this article offers a proactive approach that aims to improve access to opportunities for young children. The paper advocates consideration of a similar model for New Zealand in order to reduce the inter-generational transmission of hardship and deprivation.

## BACKGROUND – THE IMPORTANCE OF THE EARLY YEARS

There is increasing evidence that a child's experiences in the early years are critical in shaping outcomes across health, education and welfare throughout that individual's life span. The evidence comes from many methods of inquiry including longitudinal studies (Bynner 2001, Hobcraft 1998, Duncan and Brooks-Gunn 1997, Fergusson and Horwood 1995, Fergusson and Linksey 1995, Rutter et al. 1998, Tremblay 1999) and neurobiological research (Keating and Hertzman 1999, Perry 2001, Shonkoff and Phillips 2000).

Attachment, security and stimulation have long been known to affect the healthy development of infants (Ainsworth 1979, Bowlby 1969), and now there is increasing research evidence to support the following points.

- Children need to be bonded to their carers and feel secure in their care (Belsky 1997, Seigel 2001).
- Children need protection from inappropriate discipline and violence (Glaser 2000,

Hertzman 2000, Perry 2001, Straus 1991, 1996, 2000, Straus and Mouridian 1998, Straus, Sugarman, Giles-Sim 1997).

- Children who are stimulated with attention and encouragement to learn are more ready to learn when they start school than those who are not (Hertzman 2000).
- There are critical periods where the brain develops optimally in regard to specific functions (Glaser 2000, Hertzman 2000, Perry 2001).

The following factors influence the quality of nurturing that young children receive:

- **Parenting style**

Demonstration of warmth and affection, consistent and non-abusive parenting practices, and provision of social and cognitive learning opportunities are associated with more positive outcomes for children (Hertzman 2000, Shirley et al. 2000).

- **Family income**

Poverty negatively impacts on outcomes for children (Blaiklock et al. 2002, Hertzman 2000, Huston et al. 1997, Ministry of Health 2000, Roberts 2000a, Shirley et al. 2000, St John et al. 2001).

- **Housing**

Inadequate housing and homelessness negatively impact on outcomes for children (Dibiase and Waddell 1995, Lynch 2000, Masten et al. 1993).

- **Neighbourhoods**

Outcomes are influenced by the quality of neighbourhoods and community life as distinguished by a range of social and economic indicators such as physical and social infrastructure, as well as factors such as safety, neighbourhood cohesion, social capital and access to adequate community resources (Coulton et al. 1999, Chase-Lansdale et al. 1997, Hertzman 2000, Shirley et al. 2000). This includes access to high-quality day care and other early childhood education (Hertzman 2000, Smith et al. 2000, Zigler 1998).

As social democratic governments in OECD countries struggle to offset the increase in inequality between rich and poor, some commentators argue that shifting the redistribution of wealth towards the very young may reduce cycles of deprivation (Giddens 2000). Some governments have recognised that there are potential long-term economic gains to be made when nations invest in children to save on later costs in areas such as health, unemployment and criminal justice (Vimpani 2001, Shonkoff and Phillips 2000, McCain and Mustard 1999, Keating and Hertzman 1999). Governments in Australia, Canada and Britain have

acknowledged the value of early intervention and have allocated increased funding for a variety of services that address the needs of children and families in the early years. There have been some tentative steps to provide targeted and coordinated social services for disadvantaged families with dependent children in New Zealand, but there has been no significant increase in financial resources for these social services apart from the introduction of Family Start.

A range of social services provides guidance and support to families experiencing difficulties in New Zealand. However, their availability is patchy and they are characterised by being largely reactive; that is, they come into play once the family is in trouble. Intensive home-visiting programmes targeted at individual families identified as in need of extra support are available in tightly defined geographical areas. Examples are Family Link, Early Start, Naku Enei Tamariki and Family Start. Family Start is the most extensive of these, although it is limited to 16 sites offering services to approximately 2,500 families. It is currently being evaluated. Overseas research has shown that while some similar programmes have been effective in improving some outcomes for children (e.g. Olds, Henderson, Chamberlain and Tatelbaum 1986; Olds, Chamberlain and Henderson 1986; Olds and Kitzman 1993), the combination of case management and parenting education delivered through home-visits is not enough to overcome the effects of poverty and inadequate parenting (Chaffin et al. 2001, Goodson et al. 2000, Olds, Henderson and Kitzman 1994).

Other services in New Zealand that provide children and families with positive social and/or learning experiences, information and sometimes personal support include well child health services, early childhood education services, and an array of parent education courses and parent support groups. HIPPY is one of the few whose effectiveness has been evaluated against a control group, showing improvements in cognitive development (Barhava-Monteith et al. 1999). With the exception of HIPPY, good information about which families access these services and groups is very limited in New Zealand. Anecdotal reports indicate that mainstream well child services and parent education programmes are not as well utilised by families from socioeconomically disadvantaged backgrounds as they are by more affluent families. It is known that the percentage of Māori and Pacific preschool children attending early childhood education services are significantly less than the proportion of European children attending early childhood education services (Boyd and Gendall 1999).

A consistent criticism of services for children and families in New Zealand is that they are poorly coordinated in the communities in which they exist. This is particularly true in the area of child abuse prevention (McClay 2000, Brown 2000). Nor can it be said that consistent efforts are being made to address the needs of parents as well as the needs of children. Community and neighbourhood developments have not yet been widely promoted as part of the strategy to improve the parenting and well-being of the nation's young children.

## THE ASSOCIATION BETWEEN POVERTY AND POOR OUTCOMES

The associations between poverty, income inequality and poor outcomes in health, education and welfare are well recognised, with children who experience chronic poverty suffering the worst outcomes (Duncan and Brooks-Gunn 1997, Huston et al. 1997, Keating and Hertzman 1999, Roberts 2000b, Shirley et al. 2000).

While there are a variety of ways of conceptualising and measuring child poverty, the rates of child poverty in New Zealand exceed the rates of adult poverty irrespective of measurement technique. Using an income-based poverty measure, the Ministry of Social Development estimates that 24% of all children and young people in New Zealand are poor (Ministry of Social Development 2001b). Measuring poverty as 60% or less of the median equivalent household disposable income, in 1998, 20.4% of New Zealand's children were poor, with 50.9% of children living in one-parent families being below the poverty line compared to 14.8% of those living with two parents (Stephens and Waldegrave 2001). The incidence of poverty also dramatically increases with the number of dependent children. It is also clear that Māori, Pacific peoples, recent Asian immigrants and refugees are disproportionately poor. However, the greatest numbers of poor children in New Zealand are of European descent living in two-parent families. Therefore, the needs of all children must be the focus for policy (St John et al. 2001).

Provision of financial resources will alleviate the worst effects of hardship, but financial resources do not represent a cure. Mayer (2002) has argued that when parental background variables are controlled for, the impact of parental income on child outcomes is relatively small. However, other commentators disagree, claiming that the interdependence between parental features such as education, asset holdings and psychological well-being with income has a cumulative impact on child outcomes (Brooks-Gunn and Duncan 1997, Smithies and Stephens 1999). Thus the long-term solution to child poverty requires both additional financial resources and an integrated and coordinated package of social services and education. Targeting for more intensive or comprehensive services may be inevitable because of financial restraints. However, it is essential that enrolment strategies avoid stigmatising those the services are designed to help. For example, there is some evidence to suggest that population-based enrolment strategies are likely to be more effective in early home visitation services to prevent physical abuse and neglect than screening-based strategies (Guterman 1999).

### Addressing Child Poverty

Evidence suggests that the first priority in improving outcomes for children is a national commitment to reduce child poverty. Based on 1992 data, Stephens and Bradshaw (1995) made international comparisons of child benefit packages paid to families among 18 OECD

countries. Even though New Zealand targeted financial assistance to low-income and beneficiary households with dependent children, it was shown to be one of the least generous countries in offsetting the costs of children. A more recent international comparative study using 2001 data for 22 countries shows that New Zealand, alongside Japan, Spain, Holland,<sup>2</sup> Portugal and Greece, lags behind the majority of OECD nations in providing investment in child benefit packages. Crude international comparisons are, by definition, problematic as the actual level of child benefit packages varies by family type and size, children's ages, housing, benefits and services, including childcare, education and health costs. Nonetheless, whether the calculations are based on purchasing power or average earnings, New Zealand is consistently in the worst-performing group of countries for child benefit packages. The best-performing countries include Austria, Finland, Norway and France. It does not appear to be the level of a nation's wealth that produces these differences between nations, but more the overall level of social expenditure and the proportion of this expenditure that goes to families with children rather than to older persons (Bradshaw and Finch 2002).

Countries that experience low rates of child poverty such as Austria, Finland, Norway and France all have extensive public assistance programmes (for example, a universal child benefit, paid parental leave, affordable high-quality childcare and more equitable income distribution), which ensure that young families do not experience overwhelming poverty. For families with young children, New Zealand has very high childcare costs, with limited offsetting support from government policy. The results of the Bradshaw and Finch study support the fiscal recommendations from the report of the Child Poverty Action Group, *Our Children – the Priority for Policy*, aimed at achieving a reduction in child poverty in New Zealand (St John et al. 2001).

It is unrealistic to think that it is possible to achieve enough improvement in outcomes for children, short and long term, without directly addressing child poverty and income inequality. However, substantial gains in outcomes for children can also be made by introducing a complementary range of measures to promote the physical, emotional, social and cognitive development of babies and young children.

What will work? What will make a difference? This article describes the Sure Start initiative currently being implemented and evaluated in England. Sure Start was based on extensive literature reviews to identify approaches that work. This programme demonstrates a move away from interventions that focus solely on attempting to strengthen an individual family in isolation from their community.

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<sup>2</sup> Holland's low ranking status does not appear to reflect low social expenditure but more a priority for social expenditure on the elderly population.

## THE CORE COMPONENTS OF SUCCESSFUL PARENT EDUCATION AND SUPPORT PROGRAMMES

The English Sure Start initiative employs many of the same elements as the Canadian project “Better Beginnings, Better Futures” (OMCSS 1989), which was designed to prevent young children in low-income, high-risk neighbourhoods from experiencing poor developmental outcomes, which then require expensive health, education and social services. The Canadian project identified the following characteristics as being essential for a successful programme:

- based on an ecological model – programmes that address the whole child and the family in the community;
- accessible and tailored to meet local needs to address specific risk factors that vary from community to community and neighbourhood to neighbourhood;
- comprehensive – involve a variety of prevention programmes to address the strengths and needs of specific communities and neighbourhoods;
- based on evidence-based interventions, in particular, high-quality home-visiting and early childhood education;
- high-quality management and administration plus well-trained, well-supervised and well-paid staff;
- integrated – linked with other programmes and community activities, including the development of common goals, objectives and collaboration;
- significant parent and community involvement rather than tokenistic involvement of parents and community members; and
- non-stigmatising enrolment strategies.

### Sure Start

Sure Start is an early childhood strategy in the United Kingdom designed to promote positive childhood outcomes. It consists of universal and targeted programmes within deprived neighbourhoods.

The aim of Sure Start is to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children. (Department for Education and Employment 2001)

The objectives of Sure Start communities, along with the projected target outcomes, are (Department for Education and Employment 2001):

- improved social and emotional development – 20% reduction of 0–3-year-olds on child

protection registers by 2004;

- improved health – 10% reduction of pregnant mothers smoking by 2004;
- improved children's ability to learn – 5% reduction of children with serious communication difficulties requiring specialist attention by 2004; and
- strengthened families and communities in which children live – reduction of number of 0–3-year-olds living in workless households.

Sure Start programmes in chosen local communities have governance bodies that consist of parents, community leaders, and non-government and government agencies within targeted neighbourhoods. Communities try to meet the government's objectives by coordinating, adding value to and streamlining existing services to provide the following comprehensive core services:

- outreach and home-visiting programmes;
- support services for families and children;
- high-quality early childcare, learning and play facilities;
- community healthcare, including information about child health and development; and
- support for children with special needs, including help accessing specialist services.

Communities are also encouraged to identify and respond to local needs through providing additional services (for example, parenting programmes, literacy training, debt counseling) (Glass 1999). The Sure Start Unit provides material on suggested mechanisms for identifying and responding to these local needs. The emphasis is on neighbourhoods and communities, not individual families. Each Sure Start community is committed to the development of its children. Parents are automatically members and every child is born a member.

There is considerable money attached to Sure Start – approximately £500 million per annum, which equates to more than £800 per child per year. Sure Start began in 1999 with 250 projects, and has now been doubled to 500 projects.

### The Development of Sure Start

The New Labour Party was elected in the UK in 1997 on a manifesto that highlighted the education of children and strengthening of the family. More recently the New Labour government has made a commitment to halve child poverty by 2010 and abolish it by 2020.

Sure Start includes strengthening community and personal responsibility, alongside improved access to opportunities for young children and their parents. It is one of the British Government's flagships to reduce intergenerational transmission of deprivation. The British government appears to be willing to take this long-term view of decreasing child poverty and social exclusion.



The development of Sure Start was driven by Norman Glass, an economist who until recently worked in the UK Treasury. Child advocates and researchers persuaded him that a focus on the early years of life would reap the best long-term cost benefit rewards for society. He initiated strong links with experts within non-government organisations, obtained information from programmes in the USA and Sweden, and became familiar with the international literature on what is most likely to improve outcomes for children.

### The Evidence Base for Sure Start

The details of the Sure Start strategy stemmed from a Treasury-initiated cross-sectoral review of services for young children (Glass 1999) and a strategic literature review on risk and protective factors for young children (Pugh 1998). The strategy is based on research findings, predominantly from America, on what is most likely to work in early intervention services (Burn 2001, Glass 2001, Little and Mount 1999, Macdonald and Roberts 1995, Pugh 1998, Roberts 2000b, Shonkoff and Phillips 2000).

So far the high-profile initiative appears to have had very little negative feedback from experts or the media in the UK. A systematic search of the independent ChildData database (National Children's Bureau) revealed no criticisms of Sure Start. However, researchers have argued that the strategy is limited because not all disadvantaged children live in the targeted areas (Bynner 2001, Roberts 2000a) and the different community-driven programmes will be difficult, if not impossible, to evaluate for outcomes.

### The Potential of Sure Start

Sure Start has the potential to produce invaluable information in the long term through: the Sure Start Unit, the national evaluation and local evaluations

The Sure Start Unit produces and disseminates information (guidelines, applied research reports, case studies, working with the media, evaluation guides) through its web site [www.surestart.gov.uk/infoGuides](http://www.surestart.gov.uk/infoGuides). For example, "A Guide to Evidence-Based Practice" is a simple series of case studies of innovative British programmes that have been evaluated (to varying extents), with contact details and references for more information (Sure Start Unit 1999). The Unit also provides links to other associated government strategies and agencies (such as the Social Exclusion Unit) and non-government agencies (such as Barnardos). It provides an information base to improve the documentation and sharing of evidence-based practice and, potentially, to increase community capacity to deliver high-quality programmes. This will be even more likely if it is developed to generate increasing information flow between sites, and from sites to the central unit as well as vice versa.

The first phase of the national evaluation is funded for six years from 2001. It consists of five integrated components.

- **Implementation**

This module will investigate management and coordination, access to services, quantity and quality of services, allocation of resources, and community involvement through a national survey, in-depth studies of 25 programmes and a series of themed evaluations.

- **Local context analysis**

This module will describe and document over time the provision of local services and the social, demographic and economic context of each community through archival records.

- **Impact**

This module will:

...assess children, families, and communities in Sure Start and non-Sure Start communities in order to determine which features of the Sure Start programme prove most effective in enhancing lives of children, families and communities. In addition the evaluation will investigate for whom Sure Start works and under what circumstances. (Melhuish et al. 2001)

There has been some concern expressed that refugee communities have been excluded from the evaluation, and concern that the diverse nature of the programmes under the umbrella of Sure Start will render weak conclusions from the impact evaluation.

- **Cost effectiveness**

This module will attempt to examine the true cost of Sure Start, the efficiency of delivery of outcomes and the positive and negative effects of Sure Start through cost-benefit analysis.

- **Support for local evaluations**

The University of London-based research team (Birkbeck College) in partnership with the national "Making Research Count" partnership will offer training, a web-site forum, technical advice and support to local evaluators.

Local evaluations are supposed to help programmes to understand how well services are performing and to monitor whether they meet the government objectives. Local evaluators are asked to focus on the process of delivering services, how well the Sure Start principles have been implemented and the effects these are having on progress in service provision (Melhuish et al. 2001). Each local evaluation is intended to act as a feedback loop to the management and delivery of the programme.

## THE KEY INNOVATIVE ELEMENTS OF SURE START

There are six key innovative elements of the Sure Start programme.

### Cross-Departmental Strategy

The development of intersectoral collaboration is a key to improving childhood outcomes (Hertzman 2000). The development of the Sure Start strategy is significant in its own right as a process to promote collaborative action for children across government departments, with significant input from experts and researchers from outside the government (Glass 1999). The cross-cutting review that preceded Sure Start focused on interventions across government departments, not only those traditionally associated with early childhood (for example, health, which includes personal social services, and education) but also other stakeholders (employment, social security, transport, home office, the Lord Chancellor's department – family law, culture, media and sport, and the Treasury). This intersectoral collaboration had the potential for pooling scarce government resources and promoting collaborative initiatives between traditionally competing departments.

Since the start of the programme the structures have continued to reflect interdepartmental processes. The Secretary of State for Education speaks for the programme in Cabinet. The Minister for Public Health has ultimate day-to-day responsibility for the programme. An official from the Treasury chairs the Management Group, which comprises officials from central government departments, local government and non-government organisations (Glass 1999). This collaborative structure could act as a model for local communities, as well as helping to ensure the multi-sectoral success of the initiative.

### The Funding Structure Potentially Promotes Collaboration

Sure Start funding is ring-fenced and can only be accessed through collaborative initiatives. Therefore, community providers and government agencies have incentives to collaborate to access the significant funding available. They are also funded to collaborate with up to the equivalent of approximately NZ\$35,000 towards the cost of parental/community involvement and partnership planning, plus support from a consultant adviser and a further NZ\$35,000 grant to develop a final plan (Department for Education and Employment 2001). While the principles of collaborative practice are not new, the funding makes it happen (Burn 2001).

### Building on Existing Services

Communities within targeted geographical neighbourhoods are facilitated to build on existing services to ensure that all children and families within those neighbourhoods have access to core services as defined by the government, and as defined locally according to local needs.

### Outcome-Driven and Community-Led

There is parent and community involvement in planning and delivery of the services. Local governance bodies are required to comprise 50% parents, although there is anecdotal evidence that many fall short of this requirement. The government has set specific measurable target outcomes, distinguishable from outputs of particular departments, to be achieved through the Sure Start package. It is a potentially useful combination of centrally driven policy and locally driven delivery, targeted to outcomes for children.

### Focused on Communities, Not Individual Families

Children within targeted communities are born members of Sure Start, rather than enrolled or referred. All local families are automatic members, with the right to a say in the services provided. Parents, grandparents and other carers are involved in ways designed to build on their existing strengths. Sure Start is also linked with other services, such as transport, sport and leisure services, housing and libraries. These factors make the interventions locally accessible and non-stigmatising, and therefore more acceptable to families. As the services are locally accountable, they are more likely to be appropriate to community needs and delivered across agencies. These factors are more likely to achieve positive outcomes (Pugh 1998).

### The Sure Start Unit

The Unit has the potential to promote evidence-based practice through the dissemination of high-quality information to local sites. This increases the chance that communities can access information of relevance to them in their design and delivery of interventions.

## THE POTENTIAL FOR A SURE START APPROACH IN NEW ZEALAND

The principles of Sure Start fit with the broad policy direction of central government: a focus on community development, a knowledge-based society, increased power of local government, and strengths-based, multi-agency approaches. However, the New Zealand Government has not yet committed anything approaching proportionally comparable funding to that of the UK to maximise the chances that community development initiatives will achieve positive outcomes per se, let alone directed and funded community development initiatives to deliver better outcomes for children.

The development of an appropriately funded New Zealand strategy, adopting some of the elements of Sure Start, could promote current government policies. It could add potential value to existing services (for example, Māori social services, Plunket and Barnardos) and

programmes (for example, Family Start, Early Start, Naku Enei Tamariki and Family Link) and recent focus on community development (Everyday Communities). It could effectively coordinate, add value to and streamline the delivery of existing plans for preschool children and their families. Finally, it could promote the delivery of existing action plans and agendas such as the Family Violence Strategic Plan, the Early Childhood Development Strategy and the Agenda for Children (Ministry of Social Development 2001a).

The intense involvement of the Treasury in the UK Sure Start strategy has helped to develop the impetus for change in England (Glass 1999, 2001). It would seem wise for the Ministry of Social Development to generate similar Treasury involvement in New Zealand, offering an integrated and coordinated package of assistance including the other significant players such as local government, District Health Boards, Education, Department of Child, Youth and Family services, Māori social services, non-government organizations, and researchers. Because Sure Start is an example of intersectoral social policy, it is appropriate for the Ministry of Social Development to take the lead role for the development, coordination and implementation of the policy, as well as determining the appropriate governance structure to ensure accountability for service delivery. It may prove useful to utilise the Regional Partnership Programme for regional development as one of the vehicles for implementation.

Sure Start, as a strategy for reducing inter-generational child poverty and social exclusion, is much broader than Family Start or any programme or service offered in New Zealand and focused on the needs of preschool children and their families. Family Start and equivalent home-visiting programmes are just one component of a Sure Start community, which is focused on the community, not individual families. There is considerable merit in a universally accessible programme, where all children are born members, even if it is only available in targeted geographical areas.

Collaboration takes time and therefore costs money in the short-term. Funding to promote collaboration between services in particular neighbourhoods would be welcomed in New Zealand. Communities are rarely funded to collaborate on promoting positive childhood outcomes, a factor that reduces agencies' ability to be involved in initiatives such as Strengthening Families. This collaborative funding can build on the extra funds made available in the 2001 Budget for paid coordinators in the Strengthening Families project. Of equal importance, the collaborative structures and processes need to be mirrored from the top of government through to service delivery.

The Sure Start strategy reinforces the importance of building on existing services. It attempts to facilitate both outcome-driven and community-led development. The Sure Start Unit and the extensive evaluation may contribute to a knowledge base for future evidence-based policy-making in England. The long-term funding of the national evaluation strategy is likely to act

as a feedback loop to the development of the strategy and should provide interesting information of relevance, if not direct applicability, to New Zealand. Similar extensive evaluation of New Zealand strategies would likewise contribute to building our “knowledge society”. In the words of Norman Glass (2001):

The doctrine of opportunity costs and knowing how valuable things are (not just whether they are valuable) is absolutely essential if we are to move from “What works?” to “What is to be done?”

The authors do not wish to suggest that the Sure Start model employed in the United Kingdom can be transferred wholesale to New Zealand. Clearly there needs to be a great deal of discussion on adaptations that would need to be made for the New Zealand context. However, there is a case for serious consideration of the principles of the approach and for identifying appropriate departmental leadership, with the policy development and management of these projects to improve life outcomes for children and their families being overseen by an appropriate intersectoral senior officials group.

Some risks and limitations can be identified in relation to the Sure Start programme in United Kingdom. These would likely apply in New Zealand and consideration of them should be factored into any development. They include:

- risks that the information requirements of local and national monitoring and evaluation would take an undue amount of time and resources from the core tasks;
- problems attached to community ownership and leadership – who defines the leader and who sets priorities for outcomes;
- some communities may not have the human and social capital, skills or necessary infrastructure (including existing networks of people that trust each other to build on) to be able to deliver a package that works;
- lack of trust and ingrained competition between sectors within communities;
- lack of back-up services in targeted neighbourhoods;
- disadvantaged children who do not live in the targeted neighbourhoods may not have their needs met (Roberts 2000a);
- adaptation of the strategy to rural areas; and
- interventions may end too early in children’s lives (Cashmore 2001, Shonkoff and Phillips 2000). There does appear to be increasing evidence pointing to the need for a focus on the early years as a key component – although not an exclusive one – to a strategy to promote positive childhood outcomes.

## CONCLUSION

The level of child poverty in New Zealand is unacceptably high. Poverty and social exclusion are major contributors to poor outcomes for children. Greater financial assistance reduces some of the detrimental impacts on child development from material hardship, but does not necessarily offset the effects of family background and lack of social capital within communities. There is increasing research evidence to substantiate the value of intervening early in the lifespan to promote better outcomes for children and ultimately for society as a whole (Fancourt 2000, Keating and Hertzman 1999, Shonkoff and Phillips 2000).

New Zealand lags behind the majority of OECD nations in providing investment in child benefit packages. It does not appear to be our relative lack of wealth that produces our poor performance, but more our overall level of social expenditure and the proportion of this expenditure that goes to families with children rather than to older persons (Bradshaw and Finch in preparation). Over the past decade previous laggard countries such as the United Kingdom and Canada have substantially increased their financial commitment to offset the financial burden of children, with a clearly stated objective of reducing child poverty.

The evidence suggests that a similar commitment needs to be made to increase social expenditure to reduce child poverty in New Zealand, particularly in the early years. Likewise, it suggests a parallel commitment to improving the quality of nurturing that all children receive, particularly the very young. The Strengthening Families initiative was an excellent start, with the provision of services to at-risk families, but it is largely a reactive programme for existing individual problems. The two overseas models referred to in this article are proactive, community-based initiatives improving access to opportunities for young children. The models have been based on extensive reviews of interventions and approaches that are likely to contribute most to both these goals. Promoting community ownership, involvement and development forms a significant part of these initiatives. The most recent of these, Sure Start, offers an approach that could be applied in a New Zealand setting. To have the best chance of working well, it would need to be a similarly resourced, community-based strategy. It would be unwise to reduce it to a programme targeted at those few with the greatest needs in any given community.

Defining measurable outcomes, coordinating monitoring, promoting community capacity, addressing power issues between sectors and agencies and the development of processes to achieve genuine collaboration would be some of the challenges to be faced in New Zealand if an initiative such as Sure Start is established. However, it is timely to take a long-term strategic approach to defining social and economic priorities, putting resources behind thoughtful policies and practices to promote the well-being of children. Not to do so would be to put at risk the future of the nation's social and economic well-being.

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