

DEVELOPING **CHILDREN'S ZONES** FOR ENGLAND

What's the evidence?

MANCHESTER
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FOREWORD

Having worked for Save the Children in the past, I was delighted to join the Board of Save the Children last year and particularly pleased that my Board role is to champion Save the Children's UK anti-poverty work.

Last year I welcomed the publication, *Developing Children's Zones for England*. This area of work came from our desire not only to identify stand-alone interventions that could help children from poor families, but also to explore how within local communities a whole range of interconnected services could ameliorate the impact of poverty on outcomes for children.

Our recommendation of establishing English children's zones provides a framework for supporting children across the age range and within all the contexts that affect their lives: education, health, the physical environment, access to leisure and sports facilities. The idea is for English children's zones to be holistic, intervening across all relevant aspects of children's

lives, rather than focusing on isolated issues and problems, and providing persistent support from early infancy through to young adulthood.

This follow-up report brings together further evidence on how children's zones represent a powerful over-arching strategy for off-setting many of the risks that children and young people encounter in their day-to-day lives. Implementation of the strategy has the potential to make a real and measurable difference for children, particularly in some of England's most disadvantaged communities.

We know the need is great, and increasing. English children's zones could make a significant contribution to meeting that need.



Naomi Eisenstadt CB

I BACKGROUND

In a 2012 report (Dyson, Kerr, Raffo, Wigelsworth and Wellings, 2012), Save the Children and The University of Manchester advocated the development of children's zones in England.

Informed by the Harlem Children's Zone in the USA (www.hcz.org), the zones are intended to improve outcomes and life chances for children and young people in some of England's most disadvantaged areas. To do so, they must be responsive to England's distinctive local and national contexts and must:

- develop a 'doubly holistic' approach to improving outcomes and enhancing life chances, working with children and young people from birth to young adulthood and across all aspects of their lives that are important for them to do well
- focus on an 'area' where there is a common set of issues facing children and young people
- involve a range of partners and develop a strategy for joint action to be sustained over time
- base their strategy on a deep analysis of the processes in the area that can limit outcomes and life chances.

Our case for developing English children's zones is grounded in a powerful evidence base. First, to demonstrate that there is a strong rationale for children's zones, we have drawn on the wider evidence about the mechanisms through which social disadvantage, and the distinctive dynamics of particular places, are linked to poor outcomes. Second, to demonstrate that children's zones can make a difference, we have reviewed all the publicly available studies on zone-like approaches in the USA and UK that are the most comprehensive and that have sought to identify and quantify the outcomes from working in this way. We conclude that while there has yet to be a study that captures all the elements of a zone's doubly holistic approach, when the available evidence base is considered as a whole, there are convincing reasons to believe that children's zones would have positive impacts on children and young people and on the families and communities where they live.

Here we present our case in full, setting out the rationale for children's zones and considering, on the strength of the available evidence, how likely it is a children's zone approach will make a significant difference for children and young people in some of England's most disadvantaged areas.

2 THE RATIONALE FOR ENGLISH CHILDREN'S ZONES

The idea of children's zones is based on a two-part rationale, which can be summarised as follows.

First, we know that the relationship between disadvantage and poor outcomes is far from straightforward. Children's lives are complex and shaped by a wide range of interacting contexts, ranging from the family, school and neighbourhood, to national policies and international affairs. There are many factors within these contexts that can stop children doing well, such as poverty, poor family support, emotional vulnerability; and there are other factors that can help them to succeed against the odds, such as positive social networks, good school experiences, access to sufficient material and financial resources. Second, we know that children's lives are shaped by where they live – in terms of both access to resources and opportunities, and ways of being and doing – and that these factors can be supportive of, or create barriers to, achieving good outcomes. By marrying these two elements, a children's zone – with its doubly holistic, area-based approach – offers a powerful strategy for offsetting many of the risks that children and young people encounter, and for strengthening those factors that can help them to do well.

This argument is elaborated below through reference to the existing research evidence.

DISADVANTAGE AND OUTCOMES

It has long been known that children and young people experiencing socio-economic disadvantage tend, as a group, to do less well than their more advantaged peers. For instance, a recent survey (Bradshaw, 2011) notes poorer outcomes with regard to mortality, morbidity, fatal accidents, mental illness, suicide, child abuse, teenage pregnancy, poor housing conditions, homelessness, low educational attainment and smoking. A government survey of evidence from education (Schools Analysis and Research Division,

Department for Children Schools and Families, 2009) concluded that "deprivation can have a large and pervasive impact on educational attainment" (p 6). In particular, gaps in cognitive development are evident from an early age, schooling does little to reduce these gaps, and there are also clear links between deprivation and reduced employment opportunities, poorer health outcomes and increased criminality.

Although the link between socio-economic disadvantage and poor outcomes is unequivocal, it seems improbable that one 'causes' the other in any simple way. Instead, it seems that there is a complex set of mediating factors linking the two. These might include a lack of material resources, parental attitudes and behaviours, children's own attitudes and behaviours, access to good schools, the characteristics of the neighbourhoods where children live, and the parents' levels of education (Chowdry, Crawford and Goodman, 2009, p 2). The causal links between these factors, and their relative contributions to poor outcomes, are not yet fully understood, however, and continue to be the focus of research. Nevertheless, there is a powerful theoretical model, put forward by Bronfenbrenner (1979), which can help make sense of this complexity, and which can be advanced as part of the rationale for a children's zone approach.

Rather than focusing on single 'presenting problems', Bronfenbrenner's 'ecological systems theory' sees the child as interacting with a series of 'systems', which together form an 'ecology' that shapes outcomes. These 'systems' include: the family, the school, the neighbourhood, the wider social and cultural context in which these are located, and the links between these different levels and contexts. These different 'systems' may influence the child directly, but they can also have an indirect influence as one system interacts with another – for instance, changes to family tax credits at national level can directly influence how families live, which in turn influences children. It follows that explanations for outcomes are never going to be simple. It is never enough to say simply that the family 'causes' the child to do better

or worse, or that the school 'produces' educational outcomes, or that the family doctor 'ensures' good health. Each system plays its part, some with powerful direct effects, some with weaker and more indirect effects. The key to explaining outcomes is to understand these complex interactions, and the key to improving outcomes lies in being able to intervene in these interactions.

This has important implications both for how, and how far, it might be possible to intervene in the link between socio-economic disadvantage and outcomes. If the link were a simple, causal one, then all children from poor families would have equally poor outcomes, and the only way to change the situation would be to abolish poverty. However, the evidence shows that children experiencing similar levels of economic disadvantage in fact achieve quite different outcomes. For example, although the government report on deprivation and education referred to earlier paints a depressing picture of the low levels of educational achievement of children from poorer backgrounds *as a group*, it also shows that some such children apparently do very well, with over one-fifth achieving benchmark levels of attainment at the end of statutory schooling and some 13% going on into higher education (Schools Analysis and Research Division, Department for Children Schools and Families, 2009, p 25). This suggests that there are multiple, mediating factors at work in the different 'systems' that shape children's lives, and that these factors may be more supportive for some children, less so for others.

Some researchers conceptualise this situation in terms of 'risk' and 'resilience' (see, for instance, Schoon, 2006). Some factors in children's ecologies – poverty being one – pose risks to good outcomes. However, some children and young people do well in spite of these risks and in that sense are resilient. This is because their ecologies also contain factors that protect them from risk – a good school, perhaps, or a supportive family, or a positive community culture. This perspective has two implications. First, the experience of economic disadvantage puts a child at increased risk of poor outcomes, but it does not condemn that child to doing badly. Second, it is possible to imagine interventions that reduce the risks children are subject to, and that increase the strength of protective factors, making children resilient to those risks. Alongside activity which reduces poverty, it might also be possible and arguably necessary to strengthen families, improve schools, enhance access

to supportive adults, develop better health provision and so on. In other words, children's ecologies can be changed to improve the chances of their doing well, and the role of a children's zone is to bring about these changes.

THE IMPORTANCE OF PLACE

Where a child lives, and the neighbourhood 'systems' they experience, are of particular importance for children and therefore to a children's-zone approach. Although to some extent economic disadvantage is the same wherever it is experienced, and children from poorer families will tend to do worse regardless of where they live, this is not the whole story. There are places where poor families live in particularly high concentrations and which, even when these families move on, appear to remain poor (Dorling and Pritchard, 2010). The emerging evidence suggests that such concentrations may create 'neighbourhood effects' which compound the existing disadvantages people experience (see contributors to van Ham, Manley, Bailey, Simpson and Maclennan, 2012). Quite how these effects arise and operate is still not fully understood, but various combinations of stressed services, limited social networks, and restricted education, leisure and employment opportunities might be implicated. This suggests that a children's-zone approach is important in its potential to join up services locally and develop opportunities strategically at an area level.

It is also clear that different areas create different dynamics, pose different challenges and offer different opportunities. Areas with similar levels of economic disadvantage differ in, among other things, the composition of their populations (for instance, in terms of ethnicity), the accessibility, quality and organisation of services, their transport connections to other areas, the range of leisure facilities, the nature and availability of employment opportunities, and the character and quality of housing stock. Not surprisingly, therefore, in-depth studies repeatedly find that the experience and implications of living in areas that appear to be similarly disadvantaged are in fact markedly different. To take two of many possible examples, one study (Webber and Butler, 2007) found that different neighbourhood characteristics shaped children's educational outcomes over and above the effects of social class or the overall deprivation levels of the areas. Similarly, another study (Kintrea, St Clair and Houston, 2011) found that young people's

aspirations were shaped significantly by a wide range of characteristics of where they lived rather than simply by the level of deprivation. As the authors conclude, “places with a shared status of deprivation can be quite different in their social make-up and the way that this plays out in the life experiences of residents” (p 7). Children’s zones have the potential to develop bespoke initiatives which can engage with the specific challenges and opportunities of the places where children live, and in doing so, offset risks and build resilience.

THE NEED FOR ENGLISH CHILDREN’S ZONES

Putting all of this together offers a powerful rationale for a children’s-zone approach. That rationale starts from the evidence that, although socio-economic disadvantage is strongly associated with poor outcomes for children and young people, it does not ‘cause’ those poor outcomes in some straightforward way, and children from poorer families will not inevitably do badly. Instead, children have to be seen as living and developing in complex ecologies where factors can interact in ways which produce different outcomes for different children. There is a good deal of sense, therefore, in intervening in those ecologies to reduce the risks to which children are subject and, equally important, to strengthen the protective factors that enable them to do well despite those risks.

Moreover, children’s ecologies are grounded in particular places – and place matters. Living in an area of concentrated disadvantage may well make it more difficult for children and young people to do well. It will certainly provide them with distinctive experiences, challenges and opportunities. The implication, therefore, is that interventions in children’s ecologies should also be interventions in particular places. This is partly a pragmatic matter of using the opportunity of working locally to marshal a coordinated approach to disadvantage. However, it is also a matter of understanding the complex processes and interactions that generate poor outcomes in particular places, and formulating interventions so that they tackle the local dynamics of disadvantage.

It is for these reasons that children’s zones aim to be holistic, intervening across all relevant aspects of children’s ecologies rather than focusing on isolated issues and isolated problems. This is also why they are focused on particular areas and base their work on understanding the dynamics of the areas they seek to serve.

3 EVIDENCE ON INTERVENTIONS

A children's zone needs to have a strong rationale but, just as importantly, it must be able to demonstrate that it can have a significant impact on outcomes.

That said, being able to identify and quantify a children's zone's full range of impacts presents considerable challenges. To do this through a single study would require an extensive evaluation designed to capture the sheer complexity of a doubly holistic, long-term, area-based strategy, and the 'wicked' nature of the issues a zone seeks to address. Not least, a full evaluation would need to explore:

- the impacts of single-issue interventions – ie, specific interventions built into a zone to address particular factors within a child's ecology
- the interactions between different interventions and outcomes within the zone
- the impacts on children and young people (with different experiences of disadvantaging factors)
- the impacts on different 'systems' in children and young people's ecologies – eg, their families, schools and communities.

As yet, no single study of a zone-like initiative has been undertaken which comprehensively addresses all of these elements – and given the difficulties of evaluation, this is perhaps not surprising. But there is a body of evidence and experience relating to each element which demonstrates that positive impacts can be achieved. We suggest that when this evidence base is considered as a whole, there are good reasons to believe that zones can make significant impacts on children and young people's outcomes, and that these impacts are likely to be greater than those that could be achieved through uncoordinated single-issue interventions.

Here, we present this argument by setting out the available evidence step by step. We start with what we know about ways of improving individual outcomes through single-issue interventions, and build up to what we know about initiatives that share some of the complexities of children's zones.

'STAND-ALONE', SINGLE-ISSUE INTERVENTIONS

The rationale we have presented for children's zones suggests that to be effective, zones will need to offset 'risk' factors, and strengthen those factors within a child's ecology that can support good outcomes. It will therefore be important for zones to identify effective interventions that can have an impact on particular factors, and to build these into their overall strategy.

There is already a considerable body of knowledge that children's zones can draw on about 'stand-alone' single-issue interventions – ie, interventions used to target short- to medium-term outcomes in a single aspect of a child's life, in the form of improved health and wellbeing, or educational achievement, for instance. There is overwhelming evidence that well-formulated interventions of this kind, implemented appropriately, can bring about significant improvements in children's outcomes. In fact, the evidence is sufficiently robust for it to be possible in some cases to produce guides that compare the effectiveness and costs of different interventions. The Sutton Trust's *Teaching and Learning Toolkit* (Higgins et al, 2013) and the evaluative list of early intervention strategies provided in the 'Allen Report' (Allen, 2011) are examples of such guides.

Available well-evidenced strategies reach across most aspects of children's lives. **There is, therefore, good evidence that it is possible to make a difference to, among other things, children's risky behaviours, health, social skills, emotional wellbeing, engagement in criminal activity, educational attainments, and aspirations, as well as to their families' nurturing skills.** In many cases, these effects are likely to go some way towards ameliorating existing or potential problems. In some cases – for instance, where young people achieve at higher educational levels, or avoid engaging in risky behaviours or criminal activity – it is reasonable to suppose that interventions may play a part in shifting the direction young people's lives are taking and to that extent be transformative.

This suggests that there is a considerable amount that zones could achieve simply by assembling a package of high-quality interventions to address particular factors in children and young people's local contexts. If, in this way, zones were able to provide a comprehensive response to the needs of an area's most vulnerable children and young people, and they were able to coordinate this provision to eliminate the duplication of effort between agencies, they would have considerable potential to achieve better outcomes, and to do so more efficiently.

However, the situation is more complex than this would suggest, and children's zones, with their doubly holistic design, have the potential to achieve much more. Most importantly perhaps, while stand-alone interventions are typically aimed at single outcomes, implemented in well-controlled conditions, children's zones, by definition, involve multi-strand interventions aimed at improving outcomes overall, and implemented in customised ways, over time, in complex, open environments. Far from being a weakness, it is precisely these complexities that can allow children's zones to address some of the known limitations of single-issue interventions. These include the 'fade-out' of gains over time, the fact that interventions may not 'work' equally well in different contexts (Higgins et al, 2013), and the destabilising situation – not least in terms of 'initiative overload' and of contradictory goals – that can result if multiple uncoordinated interventions are introduced into an area (Ainscow et al, 2007).

In sum, children's zones should be in a position to capitalise on the best available evidence on stand-alone interventions. However, a well-formulated children's zone should never just be a collection of off-the-shelf single-issue interventions. Rather, these should serve as building blocks within an overarching, doubly holistic, area-based strategy. A zone should explicitly plan how interventions might best work together, over time, across childhood, and how they can be adapted to respond to the challenges and opportunities of particular places.

TRANSFERRED OUTCOMES

In seeking to engage with the complex nature of children's ecologies, children's zones anticipate that particular outcomes in one aspect of a child's life can influence their outcomes in other aspects. In

planning how stand-alone interventions might work together, this will be an important consideration. In support of this, there is good evidence on which the leaders of children's zones can draw, which shows that stand-alone interventions, aimed at particular aspects of children's lives, can generate 'transferred' outcomes. By this we mean outcomes in aspects of children's lives that are not the immediate target of the intervention, and which may be achieved over a much longer timescale than the duration of the intervention itself.

Some forms of transfer are straightforward. For instance, the Harlem Children's Zone has an asthma initiative with the primary aim of reducing the morbidity of the condition in its area. However, a positive side effect of doing this is that non-attendance at school has also fallen (Nicholas et al, 2005) and it seems likely that, as a consequence, educational attainment for the children in the programme will have risen. In the same way, many schools offer their students a range of activities outside of normal school hours. These activities enrich the students' experience and offer them an alternative to less engaging and potentially more risky activities outside the school. There is also evidence that a much wider range of positive outcomes is achieved, including improvements in: school attendance, engagement in learning, attainments, self-concept, health, and even parents' attendance at work (Afterschool Alliance, 2011).

Other forms of transfer are more complex. There is evidence, for instance, that an intervention that produces positive outcomes at one point in a child's life can lay the basis for positive outcomes at a later point. The most obvious examples of this come from provision in the early years. The well-known HighScope study, for instance, has found that a relatively brief exposure to high-quality preschool provision, with fairly modest outcomes at the time, continues to bring benefits throughout childhood and adolescence, and on into adulthood in terms of, among other things, higher achievement, better employment prospects, and reduced criminality (Schweinhart et al, 2005). Likewise, the Effective Pre-School, Primary and Secondary Education Project (EPPSE 3-14) in this country is finding that the effects of high-quality preschool provision last into adolescence, and can be felt in terms of both higher academic attainments and better social and behavioural outcomes (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2012).

As we might expect from our earlier discussions, the processes at work here are likely to be complex. It seems improbable that what happens in preschool has a *direct* impact some 10 or 20 years later. However, it is possible that there is an indirect, cumulative impact, that children who get off to a good start are then able to take greater advantage of the next and each subsequent set of experiences, and so end up doing significantly better than children who might perhaps have done only marginally less well in the first place.

What this points to is that the effect of interventions is not necessarily an additive one, where a series of interventions work in isolation from one another, each adding a little more to the final outcome. Instead, there are likely to be interactions between interventions, such that one enhances or diminishes the contribution made by another. As Duckworth (2008) points out, economic status, parenting practices and school quality are all important for how well children will do, but they also interact with each other. Where all of these are poor, the outcomes are poorer than might be supposed from looking at the effects of each factor separately. On the other hand, when one of the factors is positive in this situation, the impact on outcomes is greater than it would be for children in more favoured circumstances. To take another example, a longitudinal study of schooling in Chicago (Bryk, Sebring, Allensworth, Luppescu and Easton, 2010) has found that there are better outcomes for children in schools that have a set of strong ‘supports’ (including leadership, a focus on learning and ambitious teaching). However, each of the supports does not simply add an amount to student outcomes. Rather, it creates conditions under which the other supports can have maximum effect, so that schools with all the supports present do particularly well, while schools with weakness in two or more of the supports do badly.

Overall, then, there is considerable evidence that interventions in one part of a child’s ecology can have a series of indirect, positive impacts that improve outcomes other than the ones directly targeted. Children’s zones will need to ensure that, insofar as possible, they develop strategies that can maximise this potential, and so achieve impacts that are greater than the sum of those achieved through the individual interventions and activities they employ.

MULTI-STRAND INTERVENTIONS

The notion of ‘transferred’ outcomes indicates the importance of multi-strand interventions in which one can facilitate and build on the other. The rationale for children’s zones asserts that a doubly holistic approach, where interventions take place across the whole of the child’s ecology and throughout the childhood and adolescent years, is likely to prove particularly effective in improving outcomes. There are good reasons to believe that, if the right portfolio of interventions can be marshalled, they are likely to facilitate and build on each other in ways that are much more powerful than if a more fragmented approach were adopted. As the Harlem Children’s Zone argues, it should be possible to:

“create a ‘tipping point’ in the neighborhood so that children are surrounded by an enriching environment of college-oriented peers and supportive adults, a counterweight to ‘the street’ and a toxic popular culture that glorifies misogyny and anti-social behavior.”

(<http://www.hcz.org/about-us/the-hcz-project>)

Here we consider the available evidence on whether such tipping points exist and can be reached by holistic, children’s-zone-like approaches.

There are certainly many examples of multi-strand approaches where there is strong evidence of improvements in children and young people’s outcomes. Community schools in the USA (more often known in this country as ‘extended schools’) for instance, work simultaneously on learning, personal and social development, family engagement and support, and, in many cases, community engagement and development. Moreover, because schools are located in particular places and typically serve children from local communities, these kinds of initiatives are *de facto* area-based and, in some cases, have many of the characteristics of children’s zones. There is considerable evidence that children and young people – often along with their families and communities – achieve a range of better outcomes as a result of these multi-strand approaches (Cummings, Dyson and Todd, 2011).

For instance, the Tulsa Area Community Schools Initiative (TACSI) in the USA operates in schools in districts with high levels of poverty, offering interventions in early care and learning, health and health education, social care, youth work, family and community engagement, neighbourhood development

and lifelong learning. The evidence suggests that children in schools where the TACSI approach is well established outperform comparable children in non-TACSI schools academically (Adams, 2010). Similarly, the Full Service Extended Schools initiative in England encouraged schools serving highly disadvantaged areas to develop wide-ranging approaches to supporting students, their families and local communities. Although only small impacts on *overall* levels of academic attainment in the schools were found, there were important – even transformational – impacts on *individual* children, adults and families who experienced the greatest disadvantages and were therefore the target of schools' activities (Cummings et al, 2007). These impacts took the form of retention in education, higher achievement, increased family stability, and the re-engagement of adults with learning and employment.

Overall, the state of knowledge in this field is captured by a survey of the evidence from the Coalition for Community Schools. This concludes that community schools are capable of producing outcomes in four domains:

Student learning: Community school students show significant and widely evident gains in academic achievement and in essential areas of non-academic development.

Family engagement: Families of community school students show increased stability, communication with teachers and school involvement. Parents demonstrate a greater sense of responsibility for their children's learning success.

School effectiveness: Community schools enjoy stronger parent–teacher relationships, increased teacher satisfaction, a more positive school environment and greater community support.

Community vitality: Community schools promote better use of school buildings, and their neighborhoods enjoy increased security, heightened community pride, and better rapport among students and residents.

(Blank, Melaville and Shah, 2003, pp 1–2)

There are other school-centred initiatives which, while not quite adopting the holistic approaches of children's zones, nonetheless suggest that such approaches might well be effective. City Connects, for example, is an initiative in Boston MA which identifies children and young people 'at risk' in schools and then links them

to a customised package of services. These might include sports and physical activity, health and wellness curricula, arts enrichment programmes, classroom-based health intervention, academic support, family support and counselling. There is evidence of the effects of these services on health-related knowledge and behaviour (Boston College Center for Child Family and Community Partnerships, 2009; Boston College Center for Optimized Student Support, 2011). There is also evidence for positive impacts on attainment, wellbeing, behaviour, attendance and drop-out reduction as well as on school atmosphere and teachers' practice (Boston College Center for Child Family and Community Partnerships, 2009; Boston College Center for Optimized Student Support, 2011, 2012; City Connects, 2011). The reported improvements are impressive in themselves – with claims, for instance, that students perform at or about state benchmark levels, despite their disadvantaged backgrounds – but are doubly so given that the greatest gains are claimed to accrue to those who experience the greatest disadvantages.

The Redwood City 2020 initiative in California is even closer to a children's zone model, since it brings together a range of local organisations, including but not restricted to schools, in pursuit of a wide range of outcomes for children and young people. We have been unable to find any substantial evaluation of the initiative as a whole, but research has been done on the work of: the initiative's community schools (Castrechini and London, 2012); youth development services provided by a resource centre (John W Gardner Center, 2011); and mental health services provided by a school-based family centre (John W Gardner Center, 2008). Again, the findings are encouraging, with evidence for positive impacts on targeted outcomes, including attainment, wellbeing and health-related behaviours. Moreover, there is evidence of the kind of 'transfer' we outlined above; for example, with greater gains in attainment by users of mental health services than by their peers, and with community school approaches being associated not only with higher attainment, but also with greater affiliation to school, increased motivation and greater confidence.

It is also possible to look at evidence from other multi-strand initiatives, which may fall short of children's zone status but which, like the Full Service Extended Schools initiative cited above, are located in an English context. One obvious example is Sure Start which, at least in its original form, provided a range of services to young children and their families

in highly disadvantaged areas. Although Sure Start did not have the transformational impacts that some of its advocates might have hoped for, it did nonetheless have a positive impact on parenting styles and parents' wellbeing, with the strong probability that there were also positive impacts on later child outcomes in the primary school (though these were disguised by the availability of preschool education in both Sure Start and non-Sure Start areas) (The National Evaluation of Sure Start [NESS] Team, 2012).

Other examples are found in the extensive history of area-based initiatives (ABIs) in this country. Typically, ABIs have been government-sponsored initiatives directing additional resources and energies at disadvantaged areas. They have often been focused on the economic and material regeneration of the area, but have deployed multi-strand approaches to this end and have often also been concerned with social regeneration and the development of human capital (Batty et al, 2010). Outcomes from ABIs, though variable, have generally, like those from Sure Start, been modest but positive (Dyson, Kerr and Raffo, forthcoming). Perhaps the most ambitious ABI has been New Deal for Communities (NDC) which established local partnerships in disadvantaged areas and encouraged them to devise their own strategies for improving outcomes in crime, community, housing and the physical environment, education, health, and worklessness. Partnerships tended to marshal a range of interventions, some of them focused on improving the area and residents' perceptions of the area, and some focused on developing the capacities, experiences and life chances of those residents. The evaluation of NDCs suggests that the initiative was broadly successful in improving the outcomes it targeted, that the gap between disadvantaged NDC areas and other areas decreased, and that the benefits of the initiative significantly outweighed its costs (Batty et al, 2010). Moreover, although there is ample evidence from NDC of individual interventions producing their intended outcomes, there is also evidence of the 'transfer' of effects. For instance, there was evidence of improvements in residents' mental health, despite the fact that local partnerships did not tend to see this as a priority for intervention. It appears that as people experienced other improvements in their areas, their mental health also improved (Lawless and Beatty, 2013).

Overall, there is considerable evidence that multi-strand initiatives, with many similarities to children's zones, can produce improvements

across a range of outcomes for children and young people, but also for families, adults and communities. Moreover, some of this evidence suggests that impacts come not simply from the direct effects of the individual strands of intervention, but from interaction between those strands within a strategic and holistic approach.

EVIDENCE FROM THE HARLEM CHILDREN'S ZONE

While the evidence from multi-strand interventions is encouraging, none of those that we have reviewed can claim to be a fully fledged children's zone. Some are school-based rather than being genuinely area-wide initiatives; some focus on all issues in an area rather than just those relating to children and young people; some focus only on part of the childhood years. Similarly, some of the evaluations tend to be limited by focusing only on school-related outcomes, or on particular strands of a more wide-ranging initiative.

Unfortunately, it is too early for initiatives modelled on the Harlem Children's Zone (such as Promise Neighborhoods in the USA) to have begun to generate meaningful evaluation data. However, there is such evidence relating to HCZ itself. This does not yet take the form of a comprehensive evaluation, but there is a good deal of evidence from HCZ's own monitoring of its interventions (see, for instance, Harlem Children's Zone, 2011) and from independent studies, which have focused principally on educational outcomes (Dobbie and Fryer, 2011; Whitehurst and Croft, 2010). Both types of evaluation point to important positive outcomes. HCZ's monitoring points to large numbers of children and their families accessing services, to improved health outcomes, parenting practices and school readiness, and to impressive levels of educational attainment and participation. The independent studies confirm the significant educational impacts of HCZ, arguing that they are "enough to close the black-white achievement gap" in core curriculum subjects (Dobbie and Fryer, 2011, p 158).

These independent studies are also important because they try to investigate the extent to which the holistic approach of HCZ is responsible for its impressive educational outcomes. However, whereas some of the studies cited in the previous section identified some important 'transfer' effects, the HCZ studies

conclude that educational outcomes are attributable to the improvements in the Zone's schools rather than to the range of other interventions it deploys. They argue that both school improvement and wider area interventions produce positive outcomes, and that ideally both are needed, but that one does not significantly enhance the other (Fryer Jr and Katz, forthcoming 2013). HCZ itself has disputed some of these findings, arguing that the research was methodologically flawed (Canada, 2010). In this circumstance, the lack of a comprehensive evaluation

does not help (though one is promised) since it is not clear whether the findings are due to an absence of transfer effects – which seems improbable – or simply to the fact that the evaluation methodology has been too narrowly focused to find them.¹

If the precise causal mechanisms are in doubt, however, **there is no doubt as to the powerful evidence that HCZ has important positive impacts on a range of outcomes for children, not least in relation to educational achievement.**

¹ Put simply, evaluators have hypothesised that children in the Zone receive additional services and therefore should do better than comparable children elsewhere who do not receive services. They find that this is not the case. However, it is possible that (as HCZ argues) the comparator children themselves receive services from elsewhere, or that many of the Zone's children do not receive a full set of additional services, or that the effects of these additional services are felt strongly only by particular groups of children. It is also the case that school-related outcomes are likely to be overwhelmingly shaped by school factors, and that the effect of non-educational services is likely to be very small by comparison. These issues cannot be resolved without further evaluative efforts.

4 DOES THE EVIDENCE SUPPORT THE NEED FOR ENGLISH CHILDREN'S ZONES?

There are six key conclusions from this review:

1. All we know about why some children do better than others suggests that outcomes arise from children's complex ecologies, and that place plays a role in these ecologies. The implication is that improvements in outcomes for those facing the greatest difficulties in the most disadvantaged areas are possible through holistic area-based approaches. This means that the idea of children's zones, which are about precisely such approaches, is based on a sound rationale.
2. It is possible to achieve a positive impact on a range of outcomes for children and young people, even when they experience significant disadvantages. There are many well-evidenced interventions available. If children's zones were to marshal a portfolio of such interventions in their areas, and manage these in ways that overcome some of the known limitations of stand-alone single-issue interventions, their existence would be justified.
3. There is evidence that the effects of individual interventions can 'transfer' to a wider range of outcomes and can continue to be felt after the intervention is finished, perhaps even into adulthood. This not only strengthens the case for undertaking interventions, but also suggests that multiple interventions of the type undertaken by children's zones may well build on each other to produce more powerful effects than isolated individual interventions might. That children's zones are doubly holistic across childhood, not simply at a single point in time, maximises this potential.
4. There is evidence that multi-strand interventions can have impacts on a range of outcomes and that there can be positive interactions between the different strands of intervention.
5. There is evidence that the Harlem Children's Zone itself has a positive impact on a wide range of outcomes for children and young people.
6. All of this suggests that there are good reasons for developing children's zones in England. If such zones were to marshal a range of powerful interventions, there is every reason to believe that they would offer a comprehensive strategy for addressing all of the disadvantages experienced by children and young people in highly disadvantaged areas. Moreover, there is good evidence that they would be able to generate a range of 'transfer' effects so that the outcomes from their comprehensive approaches would be significantly better than outcomes from more fragmented interventions.

It is also important to note that we have focused our review of the available evidence specifically in relation to outcomes for children and young people. We have not sought, for instance, to review the evidence of impacts on professional development, or on the potential efficiencies and long-term costs and benefits associated with a children's-zone approach. There is certainly more that could be said in support of children's zones in these respects. For example, Ainscow, Gallannaugh and Kerr (2012) report positive impacts on the professional knowledge and partnership practices of education and health professionals who worked together to develop a holistic intervention to support speech, language and communication skills in a disadvantaged area. It is also of considerable interest that where attempts have been made to quantify the costs and benefits of multi-strand interventions (both NDC and the FSES initiative provide evidence here), the value of benefits is very high and may significantly outweigh the cost of intervention.

For generations England has struggled with how to help the most disadvantaged children in the poorest

places. For all the gains that have undoubtedly been made, the life chances of those children continue to be blighted by repeated failures to find interventions capable of making a real difference. Innovative responses to poor outcomes in disadvantaged places are needed and the rapidly changing landscape of service provision since 2010 could create space for action at a local level.

We believe responses will need to incorporate stand-alone, evidence-based interventions but will also need to intervene across all relevant aspects of children's ecologies to maximise their chances of doing well. English children's zones are necessarily complex and therefore cannot be implemented in predetermined

ways with a virtual guarantee of their outcomes. By definition, this kind of approach signals a necessary step into the unknown. Local initiatives must monitor their outcomes carefully and an overarching evaluation must be undertaken to fill some significant gaps in our knowledge. However, there are powerful evidence-based reasons to believe that children's zones should have significant impacts on children and young people's outcomes and that the changes for children will be better than could be achieved through single-issue fragmented interventions. English children's zones are already desperately needed and long overdue. In the coming years, the need can only become more acute.

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“A children’s zone would provide a real step-change in the way we manage services for young people. It is an exciting opportunity to work more closely in our area with a shared single vision across all of the services. I have no doubt this could be a real legacy for the young people in our area.”

David Baldwin, Headteacher, Churchill Community College and Chair of the North Tyneside Learning Trust, Wallsend, Tyne and Wear

“New Charter has a substantial investment through its housing stock and its Academies in an area of high deprivation. A children’s zone would provide the children in the community with the full range of support they need to thrive and help stimulate generational change and improvement.”

Tony Powell, Executive Director for Neighbourhoods, New Charter Housing

“Save the Children’s work in this area demonstrates that low attainment and poor life chances are part of local cocktails of circumstances in which poor health, poverty and deprivation combine in different ways. At a time of rapid policy change in England, children’s zones could be a way of galvanising local effort and joining up provision in ways which could transform outcomes and expectations for children and young people.”

Professor Chris Husbands, Director of the Institute of Education

“For some time now, Teach First has had a strong interest in testing collective impact as an approach to improving the educational outcomes of young people in the most disadvantaged areas of the UK. Children’s zones offer a compelling model for working at a local level to do just this, providing an holistic approach to meeting the needs of young people in some of the areas of greatest need.”

John Colenutt, Acting CEO, Teach First

“It is increasingly clear that this type of holistic approach is essential if we want to improve outcomes for children and young people in our most disadvantaged communities, and Save the Children’s report on English children’s zones is therefore both necessary and timely.”

Professor Daniel Muijs, School of Education, University of Southampton

“Children’s zones are an excellent model for delivering interventions that are planned and managed in a sustainable way. There’s a great need for more joined up models of interventions across the social sector, with a shared theory of change underpinning them, so it’s great to see this work being done by Save the Children towards an exciting vision.”

Tris Lumley, Head of Development, New Philanthropy Capital

“What children and young people caught in today’s widening achievement gap between rich and poor desperately need are innovative collaborations between schools and other agencies. A great example of this is the idea of English children’s zones, powerfully explained in Save the Children’s excellent report.”

Professor Liz Todd, School of Education at Newcastle University

“As Michael Marmot has clearly demonstrated poor health outcomes in later life are based on early life experiences. Children’s zones with a ‘cradle to career’ approach focused on our most disadvantaged communities offer an exciting opportunity to address these issues. The NHS through the new Clinical Commissioning Groups and Public Health England need to be active partners in work to develop children’s zones.”

Professor Chris Drinkwater, President of the NHS Alliance

“Children’s zones offer an exciting model of community-driven and holistic partnership working at local levels to improve outcomes for our most disadvantaged children and their families. The case that Save the Children have made for children’s zones in England is compelling and persuasive. The National Children’s Bureau (NCB) is an enthusiastic and committed supporter of bringing the children’s zone concept to England and putting the evidence into practice.”

Dr Hilary Emery, Chief Executive, National Children’s Bureau

“When I visited Harlem Children’s Zone in 2011 I was persuaded that the model needed to be introduced in Britain, and Only Connect has been developing plans to pilot a similar scheme in west London. It’s really encouraging to see Save the Children’s work showing the potential and establishing the rationale for English children’s zones.”

Danny Kruger, Chief Executive of Only Connect

DEVELOPING CHILDREN'S ZONES FOR ENGLAND

What's the evidence?

For generations England has struggled with how to help the most disadvantaged children in the poorest places. For all the gains that have undoubtedly been made, the life chances of those children continue to be blighted by repeated failures to find interventions capable of making a real difference. Innovative responses to poor outcomes in disadvantaged places are needed and the rapidly changing landscape of service provision since 2010 could create space for action at a local level.

This report considers the evidence base for English children's zones. It draws on the wider evidence about the mechanisms through which social disadvantage, and the distinctive dynamics of particular places, are linked to poor outcomes. It also reviews all the publicly available studies on zone-like approaches in the USA and the UK that are the most comprehensive and that have sought to identify and quantify outcomes from working in this way.

The report suggests that when this evidence base is considered as a whole, there are good reasons to believe that English children's zones can make significant impacts on children and young people's outcomes, and that these impacts are likely to be greater than those that could be achieved through uncoordinated single-issue interventions.

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