

POLICY BRIEFING

# Sure Start in Northern Ireland: Evidence of Impact on Health and Social Care

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Funded by

**UKRI / ESRC**

Data access via

**HSC Honest Broker Service**



## AT A GLANCE

- Sure Start reduces social services referrals by **5.8 percentage points**.
- Around **430 children per year** are diverted from a social services referral because of Sure Start
- Approximately **290 children per year** avoid being categorised as a 'Child in Need'
- Effects are **strongest for mothers aged 21 and under**, who see a 14.8 percentage point reduction in referrals
- Benefits persist beyond Sure Start eligibility age — **no rebound effect** observed after children start school
- No significant impact detected on health outcomes at birth or GP/dental registration

## Background

Sure Start is a long-standing early years programme established in 1999 to improve outcomes for children under four through integrated support for families in disadvantaged areas. Early programmes in England were locally driven, offering outreach, play and learning, childcare, and health-related support tailored to community needs.

Across the 2000s, Sure Start evolved differently across the UK's nations as early years policy became increasingly devolved. In England, local programmes formed a network of over 3,500 Sure Start Children's Centres by 2010, later placed on a statutory footing with a defined core purpose focused on child development, parenting support and family health. Ring-fenced funding for Sure Start centres was [removed in England in 2011](#), although many Sure Start centres and services continued.

In Wales and Northern Ireland, ring-fenced funding for similar services continued and was expanded after 2010. In Wales, [Flying Start](#) is the Welsh Government's place-based programme for families with children under 4 in the most disadvantaged areas, providing high-quality childcare for 2-year-olds, parenting support, enhanced health visitor support, and support for speech, language and communication.

In Northern Ireland, Sure Start retained a more targeted, place-based model for families with children under four in the most deprived areas. Thirty-eight [Sure Start programmes](#) across Northern Ireland, funded via the Department of Education, continue to provide varied services which aim to enhance early learning, support health and wellbeing, and build positive social and emotional development.

Although Sure Start enjoys strong public and political support, early evaluations across the UK often focused on service activity and parental satisfaction rather than long-term measurable outcomes, leading to mixed or limited evidence on impact. More recently, research undertaken by the [Institute of Fiscal](#)

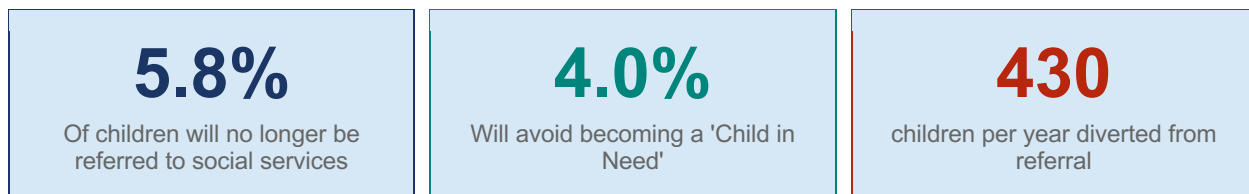
[Studies \(2025\)](#) identified positive impacts from Sure Start in England in relation to a reduction in hospitalisations, improved educational performance, and reduced youth offending. However, there were limited impacts identified in relation to social care outcomes.

This new study, funded by UKRI/ESRC and conducted by researchers at CASCADE Research centre, Cardiff University and Bristol University, addresses that evidence gap using a quasi-experimental design and administrative data covering every child born in Northern Ireland. The research takes advantage of a natural experiment: when the Department of Education expanded Sure Start to new areas in 2006–2010 and again in 2013–2017, areas were included or excluded based on deprivation thresholds. By comparing families just above and just below these cut-off points — who are otherwise very similar — the researchers can isolate the effect of Sure Start access.

## Key Findings

### Impact on Social Services

The most striking finding concerns Sure Start's effect on children's contact with social services in the first five years of life. Children living in Sure Start areas are significantly less likely to be referred to social services and less likely to be assessed as a 'Child in Need'.



These are not trivial numbers. Based on approximately 7,410 births per year in Sure Start areas, the figures translate to around 430 children per year who do not enter the social services referral system, and roughly 293 per year who avoid being assessed as a 'Child in Need', when they have Sure Start in their community.

<b>Why does this matter?</b>	Each referral to children's social services represents a significant administrative burden on overstretched statutory services, as well as stress for the families involved. By preventing unnecessary referrals, Sure Start may be reducing costs for social care while also sparing families from the experience of statutory intervention. This is prevention working as intended.
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Breaking down the data by type of referral, the study finds a 1.22 percentage point reduction in Article 8 referrals — which relate to residence orders often issued after relationship breakdown — and a 3.5 percentage point reduction in domestic violence-related referrals. These patterns are consistent with Sure Start providing neutral meeting spaces, relationship support programmes, and signposting for families in difficulty.

Critically, the protective effect does not appear to reverse once children age out of Sure Start. Analysis of children born between 2006 and 2010 shows that the reductions in referrals remain stable after school entry, with no evidence of a rebound. This suggests Sure Start is genuinely preventing adverse circumstances from developing, not merely delaying their detection.

### Strongest Effects for Young Mothers

The research finds particularly pronounced effects for mothers aged 21 and under — a group that may face additional pressures and vulnerabilities in early parenthood. For this group, Sure Start is associated

with a 14.8 percentage point reduction in social services referrals and a 16.0 percentage point reduction in Child in Need assessments in the first five years of life. These effect sizes are roughly four times larger than those observed for mothers over 21.

### Policy implication

Targeted outreach to engage young mothers more consistently with Sure Start services could yield disproportionate returns. Practitioners note the importance of doing this without stigmatising younger parents — Sure Start's non-judgemental, universal community model is well placed to achieve this.

## Health Outcomes: A More Nuanced Picture

The study does not find evidence that Sure Start significantly improves health outcomes at birth for mothers or babies - including birthweight, APGAR scores, or breastfeeding rates. The researchers suggest this may partly reflect a historical limitation: prior to 2018, Sure Start had limited ability to contact expectant mothers before birth, constraining exposure to antenatal services during the study period.

Similarly, no significant effects were detected on rates of GP registration, dental treatment, or total hospital inpatient episodes for children under five. There is some exploratory evidence of modest reductions in gastroenteritis episodes and external injury incidents, but these require further investigation.

The absence of health effects should not be interpreted as a failure of the programme. Sure Start's core social care benefits are substantial, and health improvements may materialise over longer timeframes or be detectable through outcomes not yet captured in this study — including speech and language development, school readiness, and mental health.

### Note on limitations

The study's estimates are intentionally conservative — because some areas below the deprivation threshold also received Sure Start (and vice versa), the measured effects likely understate Sure Start's true impact. Data linkage constraints also mean that longer-term outcomes, speech and language development, and educational attainment have not yet been captured in this analysis.

## Comparison with England

Sure Start in England experienced severe funding cuts after 2010, with spending falling by 73% from its 2009–10 peak. In contrast, Northern Ireland has maintained a comparatively stable Sure Start programme. This distinction matters for interpreting comparative evidence.

Research on Sure Start in England found no substantial effect on social care contacts between ages 7 and 16, with only a modest reduction in the time children spent as looked-after. The Northern Ireland study finds stronger and more immediate effects on social services — emerging from birth and remaining stable through school entry. This suggests that a sustained, adequately resourced Sure Start programme can deliver meaningful social care prevention at population scale.

## Implications for Policy

This research provides the most robust causal evidence to date of Sure Start's impact in Northern Ireland, demonstrating clear social care benefits, sustained effects beyond early childhood, and disproportionate gains for young mothers. Building on these findings — and aligning with wider system-level early years reforms — the following recommendations are proposed for policymakers.

### 1. Sustain Investment in Sure Start as Preventative Spending

Sure Start demonstrably reduces social care referrals and Child in Need assessments, generating real savings for statutory services and a less stigmatised experience for families. Policymakers should treat continued investment as a core component of preventative early-years spending.

## 2. Prioritise Engagement with Young Mothers

Mothers aged 21 and under experience significantly stronger benefits from Sure Start, representing a major opportunity to improve outcomes by boosting uptake among this group without creating new programmes.

## 3. Factor in Long-Term Benefits When Assessing Cost-Effectiveness

The effects of Sure Start persist beyond age four, with benefits continuing into the school years. Policymakers should incorporate these longer-term returns when evaluating value for money.

## 4. Expand Data Linkage Across Health, Education and Social Care

Improved data linkage would allow Northern Ireland to measure the full lifecycle impacts of Sure Start — including long-term educational attainment, mental health, and adult outcomes.

## 5. Consider Expanding Sure Start to Children Aged 4–10

The 2023 Review of Children’s Social Care Services (Ray Jones) recommended expansion of Sure Start up to age 10; study findings further support extending access beyond the under-4s to maximise impact.

## Further Research

The research team has identified several priority areas for future investigation. These include the impact of Sure Start on educational attainment and school readiness; long-term mental health and wellbeing outcomes; effects on parenting behaviours in families where Sure Start children are now parents themselves; and the specific contribution of speech and language programmes. A separate study by ADRC NI and Ulster University is currently underway examining educational outcomes using school-level administrative data.

The full working paper, including methodology and detailed results, is available as a pre-print: [Zhang, Griffith, Holland & Elliott \(2025\), 'Measuring the Impact of Sure Start Expansion in Northern Ireland on Health and Social Care: Early Results'](#). Note that this paper has not yet been externally peer reviewed.

The research team is also conducting an impact evaluation of Flying Start in Wales.

## Acknowledgements

The authors would like to acknowledge the help provided by the staff of the Honest Broker Service (HBS) within the Business Services Organisation Northern Ireland (BSO). The HBS is funded by the BSO and the Department of Health (DoH). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the author and do not necessarily represent those of the BSO.

This work was funded by UKRI/ESRC (ES/Z502558/1). This work follows on directly from an evaluability assessment funded by the Maternal and Child Health Network (MatCHNet). MatCHNet is funded by the UK Prevention Research Partnership (MR/S037608/1).

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Funded by UKRI/ESRC (ES/Z502558/1). Data accessed via the HSC Honest Broker Service, Business Services Organisation NI.

Supported by the National Children’s Bureau. The views expressed are those of the authors.