What is a Sure Start Local Programme?

Sure Start local programmes form a cornerstone of the Government's drive to tackle child poverty and social exclusion, based on firm evidence of what works.

Sure Start local programmes main aims are to improve the health and well being of children (0-4) and families before, and from birth, so that they are ready to thrive when they go to school. It will be done by:

- The setting up of a multi-agency team, which will work in close liaison with health visitors, GPs and local schools
- Increasing the availability of childcare for all children
- Improving health and emotional development for young children
- Supporting parents as parents and in their aspirations towards employment.

This will be achieved by:

- Helping services development in designated areas alongside financial help for parents to afford childcare
- Rolling out the principles driving the Sure Start approach to all services for children and parents.
- The setting up local Sure Start activities to support and improve services for families with young children in key areas i.e.
  - Childcare
  - Parenting skills
  - Play
  - Home-support
  - Financial advice
  - Employment training
  - Information points
Sure start local programmes in Sandwell are situated in 8 neighbourhoods in the Borough (Cradley Heath, Rowley Regis, Tipton, Tividale, Smethwick, Uplands, Friar Park, Rood End, Oldbury, & West Bromwich) where the number of children living in these areas is between approximately 700-1000 under 4 year of age.

**What Local Sure Start Programmes do?**

Sure Start local programmes work with parents and parents-to-be to improve their children's life chances through better access to:

- Family support
- Advice on nurturing
- Health services
- Early learning

Sure Start local programmes in Sandwell (and nationally) are set up to deliver a number of Public Service Agreement (PSA) and Service Delivery Agreement (SDA) targets set out by the government, and provide a variety of activities to meet these targets, (see attached)

The Staff team of Sure Start Local Programmes typically consist of a multi disciplinary team with workers e.g.

- **Sandwell PCT (Health)** - Health Visitors, Psychologists, Speech and Language Therapists
- **Sandwell NHS Trust** - Midwives, Maternity Support Workers
- **Sandwell CAB and Welfare Rights Workers**
- **Educational Workers** - Early Years Workers, Library Workers
- **Community Development/Involvement workers**, etc.
The delivery and management of Sure Start’s will equally be made of representatives of the above partners (and other relevant organisations or agencies), who form a formally (or informal) constituted partnership group to steer the overall direction of the programme/s.

Sure Start Local Programmes in Sandwell have various lead & accountable bodies i.e. Education & Lifelong Learning, Social Inclusion & Health, Sandwell PCT, Barnardo, Murray Hall Trust, but in the recent move by the Government to develop “Children’s Centres” some of these functions may change to the Local Authority.
Typical Activities & Services Delivered by Sandwell Sure Start Programmes During the Year

Schedule of Growing Skills (SOGS)

SOGS is a tool for assessing a child’s progress against developmental milestones used by Health Workers. The main purpose is to provide an accurate, reliable method of developmental screening and set a standard that encourages common practice.

Home Safety Equip Loan

Is a free service for all Sure Start families, who can loan a variety of safety equipment to help prevent accidents in their home environment. Examples of equipment provided include: Stair gates, Fireguards, Safety Harnesses, Smoke Alarms, Socket Covers etc

Enhanced Play

Enhanced play sessions are designed to provide additional support through play to develop a child’s full potential. The objectives of the sessions are: to support early bonding between a child & parent, promote early learning, develop and improve language skills, & encourage confidence and social skills.

Child Care

The programme provides childcare for parents to attend the activities on offer.

Citizens Advice Bureau (CAB) / Welfare Rights

We provide an advice service to all families in the area offering help and advice on a range of issues from Debt, Immigration, Housing Issues, Relationship Issues, and Welfare Benefits. The service operates on a “Walk In” and “Appointment” Basis.

Parents Forums:

This activity is designed to ensure that parents have a direct say in the running of the project. Parent forums play a vital role in making
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sure that the parents views are heard at management board meetings and are acted on at these meetings. Parent representatives are nominated from these forums to have voting places on the management board.

Ante Natal classes:

Are run on a five weekly schedule of courses. Parent’s benefit from these sessions especially if they are first time parents, the classes inform parents of what to expect when labour begins and upon their arrival at hospital.

Summer Playseheme:

Are run throughout the school summer holiday period, which caters for local parents, parents in crisis, and working parents. The age ranges are from 3 to 14 years old.

Baby Massage:

Are designed to promote stronger bonds between parents and babies, some of the benefits are to: improve communication between parents and babies, helps calm babies and relieve stress, helps muscle tone, coordination/suppleness & strengthens the immune system

PEEP (Listen play “n” Learn):

Encourage language and interaction between mom and baby, promote brain development through various activates given different development experiences

Baby Club:

Baby clubs support parents with babies under six months, and offer advice on various health topics including: Weaning, Infant Resuscitation, importance of play.

Parental Support Sessions (Handling Children’s Behaviour HCB)

The aim of this activity is to raise parents’ awareness of what constitutes normal childhood behaviour as well as what is acceptable and unacceptable behaviour. Prior to the programme some of the parents can feel apprehensive about attending because they feel that they have failed as parents, however, once the sessions start they feel relieved. No stigma is attached and
the programme is informal and fun. What parents gain from the course is alternative strategies to cope with difficult behaviour, develop new bonding skills with their children and meeting new friends.

**Antenatal Visits**

All families are offered antenatal contact which includes registration/information about Sure Start and are actively promoted breast feeding and advice on smoking cessation if required.

**Postnatal Visits**

Visit take place within 8 weeks of birth and includes registration of baby, Sure Start info and invitations to relevant groups (baby Massage, listen play “n” learn etc). Support is also given to families up to six months if required, and all mothers receive a “gift Pack”

**Family Health Clinic**

Open access clinic any mom in the locality (not Sure Start Specific) targeted to SS but not specific) advice and info given for any concerns /information requested by mothers, home visits arranged f requested to discuss more personal issue (low mood) and height weight measurements checked if requested by mother. Feeding weaning sleeping behaviour manage teething etc

**Health Eating / Cooking Classes**

This activity provides an opportunity for parents to gain new skills in the preparation and cooking of family meals. Parents develop their knowledge of the nutritional aspects of a variety of foods, improving their choices in the preparation of a more healthy diet for their family. The recipes used are easy to prepare and the session also enables parents gain support and make new friends.

**Play “n” Stay / Parent and Toddler Sessions**

These sessions focus on all areas of a child’s development utilising toys and specific activities to encourage and enhance the child’s development, and encourage parents to play an active role in organising and developing the activities.
Soft Play

This session promotes the physical development of young children; the activity room is transformed into a playground of slides ball pools, tunnels, etc and the children gain confidence, exercise, and co-ordination skills.

Rollover

These sessions offer a wide variety of activities, which are “rolled over” or changed approximately every school term. These activities give parents and children new experiences and skills in a number of areas e.g. Swimming, Dance & Movement, the Emerald Cave, Jungle Mania, Nature Walks, & Story Sacks.

Lat Top Library

The laptop library offers a mobile library service to families by visiting the venues where the activities are being held. The library includes a wide range of children's books, videos and a parent’s collection. Parents and children use the mobile service, as it is easier for them to access. All the loans are free of charge and we offer information on events connected to the library and sure start.
SURE START PUBLIC SERVICE AND SERVICE DELIVERY AGREEMENT TARGETS:

Applicability to Sure Start local programmes
The Sure Start Unit’s overall aim is to increase the availability of childcare for all children, and 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 flourish at home and when they get to school, enabling their parents to work and contributing to the ending of child poverty. This aim is underpinned by targets within a published Public Service Agreement (PSA) and Service Delivery Agreement (SDA).

Sure Start local programmes will make a contribution towards the overall aim, objectives, and all or most PSA/SDA targets. However, some targets relate specifically to local programme areas, rather than more broadly to all disadvantaged areas or to all areas in England. The table below lists all of the Unit’s targets, and highlights (by shading the geographic area column) those, which relate specifically to Sure Start local programme areas. It also indicates the sources of data to measure targets, highlighting (by shading the source of data column) those targets for which monitoring data must be returned to the Unit by Sure Start local programmes.

<table>
<thead>
<tr>
<th>PSA/SDA Reference</th>
<th>Target, by March 2006</th>
<th>Notes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PSA1</td>
<td>Improving the availability, accessibility, affordability and quality of childcare</td>
<td></td>
<td>Sure Start Local Programmes and Children’s Centres</td>
<td>The Office of National Statistics’ Labour Force Survey, and benefits data from DWP</td>
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<td></td>
<td>In operational programmes, a 12% reduction in the proportion of young children aged 0-4 living in</td>
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<tr>
<td>SDA1</td>
<td>households where no-one is working by March 2006</td>
<td></td>
<td></td>
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<td>SDA2</td>
<td>To create 250,000 new childcare places for at least 450,000 children, (approximately 280,000 children net of turnover) in 2004-2006, in addition to the new places for 1.6m children to be created between 1997 and 2004.</td>
<td>All of England</td>
<td>Local authorities/OFSTED</td>
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<tr>
<td>SDA3</td>
<td>To create 180,000 new childcare places in the 20% most disadvantaged wards (and smaller areas of disadvantage).</td>
<td>All disadvantaged wards in England</td>
<td>Local authorities/OFSTED</td>
<td></td>
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<tr>
<td>SDA4</td>
<td>To establish Children’s Centres in areas of disadvantage extending</td>
<td>Sure Start local programmes will continue to be</td>
<td>Children’s Centres</td>
<td>Children’s Centres/ Local authorities</td>
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<tr>
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<td>core Sure Start services to a further 300,000 children aged 0-4, so that by March</td>
<td>measured on their reach to children aged 0-3 (via forms M3 and M5)</td>
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<td>2006 at least 650,000 children have access to Children’s Centre services</td>
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<td>SDA5</td>
<td>To increase the percentage of childcare providers inspected by Ofsted rated as good</td>
<td>Level to be set by 2004 when Ofsted system in place and initial</td>
<td>All of England</td>
<td>OFSTED</td>
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<td></td>
<td>or better by 2006.</td>
<td>baseline data available.</td>
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<td>SDA6</td>
<td>To at least double the number of users of the Childcare Link website and local</td>
<td></td>
<td>All of England</td>
<td>Local authorities</td>
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<td>Children’s Information Services</td>
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<td></td>
<td><strong>Improving learning</strong></td>
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<td>PSA2A</td>
<td>In operational programmes, an *increase in the proportion of children having normal</td>
<td>Target level to be set by end of 2003-04 when first Foundation</td>
<td>Sure Start Local Programmes and</td>
<td>The Qualifications and Curriculum Agency’s</td>
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<td></td>
<td>levels of communication, language and literacy at the end of</td>
<td>Foundation Stage Profile data available.</td>
<td>Children’s Centres</td>
<td>Foundation Stage Profile</td>
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</table>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>PSA2B</td>
<td>In operational programmes, an increase in the proportion of young children with satisfactory speech and language development at age 2 years</td>
<td>Target level to be set by mid 2003 when further analysis of Sure start speech and language measure available</td>
<td>Sure Start Local Programmes</td>
<td>Sure Start local programmes. Data will be collected for a sample of children living in each local programme area and collated to produce national level analysis. Data collection and analysis will be carried out by City University on behalf of Sure Start.</td>
</tr>
<tr>
<td>SDA7</td>
<td>95 per cent of Foundation Stage provision inspected by Ofsted rated good or better by 2006</td>
<td>All of England</td>
<td>OFSTED</td>
<td></td>
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<tr>
<td>SDA8</td>
<td>To increase the number of children who have their needs identified in line with early years action and early years action plus of the SEN</td>
<td>Target percentage increase in number of children to be set by end of 2003-04 when</td>
<td>All of England</td>
<td>DfES Early Years Census</td>
</tr>
<tr>
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<td>code of practice and who have either a group or individual action plan in place.</td>
<td>baseline data available</td>
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<tr>
<td>SDA9</td>
<td>To increase the use of libraries by families with young children aged 0-5.</td>
<td>Target percentage increase in use to be set by 2004 when baseline data available. Sure Start local programmes will continue to collect data on library use by children aged 0-3 (in form M5).</td>
<td>All of England</td>
<td>Local authorities</td>
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<td></td>
<td><strong>Improve social and emotional development</strong></td>
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<td>PSA3</td>
<td>In operational programmes, an increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and</td>
<td>Target level to be set by end of 2003-04 when first Foundation Stage Profile data available</td>
<td></td>
<td>The Qualifications and Curriculum Agency’s Foundation Stage Profile</td>
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<td>PSA4</td>
<td>Improving health</td>
<td></td>
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<td>SDA10</td>
<td>All families with new born babies in Sure Start local programme and Children’s Centre areas to be visited in first 2 months of their babies’ life and given information about the services and support available to them</td>
<td>Sure Start Local Programmes and Children’s Centres</td>
<td>Sure Start Local Programmes and Children’s Centres/ Local authorities (via forms M3 and M5).</td>
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<td>emotional development for their age</td>
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<td>within 2 months of birth. They will ask mothers:</td>
<td>Sure Start Local Programmes and Children’s Centres</td>
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<td>Did you smoke in the year before your pregnancy was confirmed?</td>
<td>Sure Start Local Programmes (via form M5) and Children’s Centres/Local authorities</td>
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<td></td>
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<td></td>
<td>Did you give up smoking completely, at any time prior to, or during your pregnancy, until after the baby was born?</td>
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<tr>
<td>SDA11</td>
<td>Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start local programme and Children’s</td>
<td>The proxy measure for this target will continue to be breastfeeding rates at birth, 6</td>
<td>Sure Start Local Programmes and Children’s Centres</td>
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<td>Did you start smoking again after the birth of your baby?</td>
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<tr>
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<td>Target, by March 2006</td>
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<td>SDA12</td>
<td>Reduce by 10 percent the number of children aged 0-4 living in Sure Start local programme and Children’s Centre areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury</td>
<td>weeks and 4 months</td>
<td>Sure Start Local Programmes and Children’s Centres</td>
<td>Department of Health’s National Hospital Episodes Statistics</td>
</tr>
<tr>
<td>SDA13</td>
<td>Ante-natal advice and support available to all pregnant women and their families living in Sure Start local programme and Children’s Centre areas</td>
<td></td>
<td>Sure Start Local Programmes and Children’s Centres</td>
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<td></td>
<td><strong>Strengthening families and communities</strong></td>
<td></td>
<td>Sure Start Local Programmes (via forms M3 and M5) and Children’s Centres/Local authorities</td>
<td></td>
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<tr>
<td>SDA14</td>
<td>In operational programmes, an increase in the proportion of families, with young children aged 0-4, Target provisional until measurability established. Target levels to be All of England, and all disadvantaged wards in England</td>
<td></td>
<td>To be determined</td>
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<tr>
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<td>SDA15</td>
<td>reporting personal evidence of an improvement in the quality of family support services.</td>
<td>set, as percentages for families in disadvantaged areas and in all areas, by end of 2003-04 when baseline data available.</td>
<td>Local authorities, <strong>Sure Start Local Programmes</strong> and Children’s Centres</td>
<td>To be determined – may require data from <strong>Sure Start local programmes</strong></td>
</tr>
</tbody>
</table>
If you've ever wondered why SureStart programmes are expected to achieve things as diverse as reducing smoking in pregnancy, increasing library use or working in partnership with Job Centres, this report is for you.

It starts by explaining what PSA & SDA targets are, then looks at each of the SureStart targets and attempts to show why we have been asked to undertake work in this area.

The 'reasons' given are drawn from research evidence & are not necessarily the factors the Government took into account when setting the targets. The aim is to demonstrate the importance of each target. 'Reasons' that are not referenced (by a number in brackets at the end of the bullet point) are common sense interpretations.

**About PSA & SDA targets...**

Each Government Department is required to commit to a series of PSA (Public Service Agreement) and SDA (Service Delivery Agreement) targets. These set out what the Department will achieve/ work toward in return for the funding the Treasury (i.e. the Government) provide to the Department.

The SureStart Unit has committed to a number of PSA/ SDA targets. SureStart Local programmes are part of the SureStart Unit. As such, we are responsible for delivering on some of the PSA/ SDA targets set.

Essentially, the Government fund SureStart programmes. In return, we are required to deliver certain results - to justify the public money being invested.

PSA targets relate to outcomes - actual difference made to the lives of the families we work with. SDA targets relate to outputs, things that we are required to do that will hopefully lead to a change in families' lives.

**Why do targets change?**

Every 3 years the Government conducts a spending review - it looks at where it is spending money, what has been achieved and at current priorities and then determines
where it needs to make changes. This can result in PSA and SDA targets being revised to ensure they match the priorities of the Government and the Public.

There have been some changes in the targets set for SureStart programmes since their introduction in 1999, as shown in appendix A. The changes thus far have been changes in emphasis and revision of targets against which it proved difficult to measure progress.

To ensure there aren’t any gaps between a previous and new set of targets, PSA periods (the 3 years for which PSA/SDA targets apply) overlap. We are currently working toward targets for 2003-6 - the 3 financial years 2003/4, 2004/5 & 2005/6. The next PSA period will be 2005-8. This will cover the financial years of 2005/6, 2006/7 and 2007/8. As you can see, the year 2005/6 falls within both of these. For this year, and later for the years 2007/8 and 2009/10 etc etc Departments need to work toward 2 sets of targets - the old and the new (where targets have been revised).

This makes things a bit more complicated but is designed (I think!) to ensure continuity of service and smoother transition when targets change.

To increase the proportion of babies & young children with normal levels of personal, social & emotional development for their age

This is measured by the results children in our area achieve in their foundation stage profile - assessment undertaken by schools at the age of ??

Why?

- Reported incidence of emotional problems in children is rising (1)
- Children in deprived neighbourhoods have a higher risk of developing emotional & behavioural problems - the increased risk is discernable in children as young as 2 years old. The evidence suggests that the environment effects the parents, whose capacity to care for their children is then placed under stress (2)
- Early ‘bonding’ (the characteristic close relationship between a parent and child) is an important element of this, as is ‘attachment’ the relationship demonstrated by the baby toward the parent. A low level of bonding is associated with lower IQ, impaired ability to control emotions/behaviour & inability to sustain attention. Warm attachment makes it less likely that a child will display anti social behaviour later in life (2)
- A lack of early bonding effects a child’s cognitive and language development. Language & thought develop in response to talk, touch & gaze on the part of
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caregivers. When this is absent, children are likely to have delayed language development (2)

To visit 100% of new parents within 2 months of birth

This is measured by the proportion of babies in our area who we visit before they are 2 months old

Why?

- To ensure early intervention starts early. If families are aware of SureStart from the time their baby is born they are able to make maximum use of the services on offer. In 2003, the targets around early intervention were taken a step earlier by programmes being asked to make contact antenatally (information below).

To provide parenting support & information for all parents

This is measured by the proportion of children in our area who have contact with the programme over the course of the year. We are expected to see 80% of the children in the area, at least once, every year.

Why?

- SureStart programmes are targeted with making changes to families who live in a particular area. Not with making changes to individuals or families in the area who happen to come along to the activities put on by the programme. However valuable this is.

- Many practitioners will argue that it is quality not quantity that counts. The reality is that both count. Quality is a prerequisite, but if we provide a quality service to some families in the area it is very unlikely that we will reach targets such as improving the level of speech & language or social/ emotional development in the area as a whole. To meet our targets we need to be in contact with the majority of the families in the area.

- Parenting style is a risk factor for anti-social behaviour (2)
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Achieve a 6 percentage point reduction in the proportion of mothers who continue to smoke during pregnancy

This is measured by the proportion of women who stop smoking just before or during their pregnancy.

Why?

- Maternal smoking is linked to higher rates of SIDS (Sudden Infant Death Syndrome) (1)
- Smoking during pregnancy is associated with low birthweight, which is associated with higher rates of neonatal death & poorer health later in life (1)
- Smoking during pregnancy is a risk factor for later childhood behaviour problems and arrests in adulthood for both violent & non-violent crime (2)
- Studies indicate that exposure to nicotine during pregnancy is associated with adverse changes in babies neural functioning & cognitive deficits (reasoning and understanding) (2)

Provide information & guidance on breastfeeding, nutrition, hygiene & safety to all families

This is measured by proportion of women breastfeeding at birth, six weeks and 4 months.

Why?

- Despite efforts to encourage breastfeeding, the level in the UK has remained static for the last 20 years with a strong social class bias (those with lower socio-economic status are less likely to breastfeed) (1)
- Breastfeeding is associated with lower rates of SIDS (Sudden Infant Death Syndrome) (1)
- Breastfeeding is a key determinant of the nutrition, health, development & emotional well-being of infants and of long term health gains that extend into adulthood (1)
- Nutrition in fetal life & in the very early months may critically influence adult behaviour & learning, however we don’t truly understand the impact of maternal nutrition on fetal development as even famine conditions produce surprisingly small effects on growth (1)
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- Accidents to children under 5 are most likely to take place in the home, where they spend most time (1)

- A child from the lowest social class is 9 times more likely to die in a house fire that a child from a well off home and are more likely to die in an accident (1)

- Areas with higher deprivation have higher accident rates (1)

**Achieve a 10% reduction in children admitted to hospital as an emergency with gastro-enteritis, respiratory infection or a severe injury**

This is measured by the number of times children in our area are admitted to hospital with the conditions mentioned.

Why?

- Reported incidence of ill health in children is rising, particularly respiratory diseases including asthma (1)

- Injury is the major cause of death for children over the age of 1 (1) (see target above for additional information on accidents)

**Provide antenatal advice, support & information available to all pregnant women & their families**

This is measured by the proportion of pregnant women in contact with the programme whilst they are pregnant

Why?

- Providing social support to pregnant women with a history of low birth weight is associated with their having babies with a slightly higher birth weight and more positive results later in life, including fewer behavioural problems at age 7 and less anxiety in mothers. Low birth weight is associated with higher risk of neonatal death and poorer health later in life (1)

- Stress in pregnancy is associated with low birth weight and prematurity and all of the negative implications this has (noted elsewhere in this report) (2)

- Anxiety experienced by mothers during pregnancy has been linked to behavioural & emotional problems in children, and elevated anxiety levels late in pregnancy are associated with attention deficit, hyperactivity disorder in boys.
Differences persist at age 7 and are independent from the effects of maternal postnatal depression (2)

Increase the proportion of children with normal speech & language development at age 2 and the proportion with a normal level of communication, language & literacy at the end of foundation stage

Development at age 2 is measured by the SureStart Language Measure - a tool SureStart programmes are required to use to record the speech & language development of a random sample of 60 2 year olds in the area each year.

Development at age 4 is measured by the results children in our area achieve in their foundation stage profile - assessment undertaken by schools at the age of ??

Why?

- Delayed language may increase a child’s stress levels & hinder the process of socialisation & is a risk factor for criminal behaviour up to the age of 30 (2)
- Language development is a key factor in the ability to learn.
- Economic disadvantage puts children at risk of developing a language delay (3)

For all children have access to good quality play & learning opportunities, helping progress toward early learning goals when they get to school

This is measured by the proportion of parents who say their child has had access to good quality play & learning opportunities over the last 12 months. Sure Start programmes are required to undertake community surveys in their 1st and 3rd year of operation to collect this information and track changes in opinion.

Why?

- Early education & parental support for education are strongly associated with overcoming early disadvantage and outcomes such as, higher IQ, greater school achievement, improved behaviour, less antisocial behaviour later in life (1)
- Longer term benefits include higher levels of employment at age 19, higher rates of attendance at college/ job training, fewer in receipt of welfare assistance, fewer teenage pregnancies (1)
Increase the use of libraries by parents with young children

This is measured by the proportion of children who are active library members. Active membership is defined as being a member of the library and having borrowed at least one book in the year.

Why?

- Sharing books with children is seen as a good way of assisting their language development & helps them develop grammar, to communicate and helps later literacy skills (3)

  - Rate of language development at 30 months is related to the proportion of mother's speech to the child during shared activities such as joint book-reading, play or sharing household chores. (3)

Reduce the number of families living in a house where no one is working by 12%

This is measured by the proportion of household in the area who are claiming unemployment benefits.

Why?

- Children born into poverty are more likely to be born early or born small - & are more likely to die in the first 28 days of life, have poorer health later in life, are more likely to die prematurely, display behavioural problems at school & means an anxious start to parenthood (1)

- At all ages, lower social class brings an increased risk of mortality, most marked between the ages of 1 & 4 (1)

- Poor parents are at greater risk of a still born baby (1)

- Major life stressors such as poverty, unemployment, overcrowding & illness can have a negative impact on parenting & are associated with many childhood problems including conduct disorders (2)

- Just before their second birthday, children were given four simple tasks to see how they were developing their skills:
  
  - The ability to point to different facial features when asked
  - Putting on and taking off a pair of shoes
  - Stacking a pile of coloured bricks
• Drawing lines and circles on a piece of paper, as opposed to simple scribbles

It was discovered that the children of middle-class, professional backgrounds were far better at completing the tasks than children of working-class parents. A difference in income of £100 a week was equal to a 3% improvement in the ability to do the tasks. (3)

For 75% of families report personal evidence of an improvement in the quality of services providing family support

This is measured by the proportion of parents who are satisfied/ dissatisfied with local services for families with young children. Sure Start programmes are required to undertake community surveys in their 1st and 3rd year of operation to collect this information and track changes in opinion

Why?

- If parents perceive services to be poor, they are less likely to make use of them. Sure Start aims to raise awareness of the service available and to help make services more accessible and user centred.

To have parent representation on the board

This is measured by the number of male and female carers represented on the programmes management board.

Why?

- So that parents get the Sure Start programme they want and need, rather than the one agencies thing they want and need.
- As a move toward sustainability by engaging the community.
- To build capacity in the community & enhance the skill base and employability of local parents.

Ensure effective links with Job Centres

There is no set way of measuring this. Programmes are required to devise their own way of monitoring whether or not they have effective links with Job Centre Plus & local training and further educational establishments.
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Why?

- Related to target on decreasing the number of families where no-one is working and the reasons for this.
- There are already a number of Government initiatives to support parents into work. Sure Start programmes are targeted with working in partnership with Job Centre Plus & training/ educational establishments to remind them that they can provide a service by acting as a gateway - they do not need to be the service provider in all cases, and in many cases it is more efficient, effective & sustainable if they deliver by working in partnership.

To increase the availability of accessible childcare

This is measured by the number of full time equivalent childcare places available for children under 4 within the Sure Start area. Places provided by Sure Start and other sources are included toward this target.

Why?

- To remove the barrier childcare can present to parents wishing to return to work.

References:

The majority of information in this document has been taken from 2 systematic reviews of the literature about what works in early intervention. For simplicity, references to individual pieces of work have not been given, just a reference to the relevant review.


3 - www.literacytrust.org.uk
# Appendix A: SureStart targets over the years

<table>
<thead>
<tr>
<th>Objective 1: improving social &amp; emotional development</th>
<th>1999-2001</th>
<th>2001-3</th>
<th>2003-6</th>
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<tbody>
<tr>
<td>to reduce by 10% by 2002 the proportion of children registered on the child protection register (compared to year ending March 97) (measured by re-registrations)</td>
<td>PSA: to reduce the proportion of children aged 0-3 who are re-registered on the child protection register within the space of 12 months by 20% by 2004</td>
<td>SDA: target on child protection/ working with social services under consideration</td>
<td>PSA: by 2006, achieve a x% increase in the proportion of babies &amp; young children with normal levels of personal, social &amp; emotional development for their age. Measured by % of children meeting appropriate early learning goals at foundation stage.</td>
</tr>
<tr>
<td>All programmes to have agreed &amp; implemented in a culturally sensitive way, ways of caring for and supporting mothers with postnatal depression by 2002</td>
<td>SDA: to have agreed and implemented, in a culturally sensitive way, ways of caring for and supporting mothers with post-natal depression.</td>
<td>SDA: 100% of families with young children to have been contacted within the first 2 months of birth</td>
<td>SDA: 100% of families with young children to have been visited within the first 2 months of birth</td>
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<tr>
<td>100% of families with young children in contact with the local SureStart programme within first 2 months of birth</td>
<td>SDA: 100% of families with young children to have been contacted within the first 2 months of birth</td>
<td>SDA: Parenting support &amp; information available for all parents.</td>
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<tr>
<td>Parenting support &amp; information available for all (but measured by unauthorised absence from school, primary school exclusions &amp; % of families contacted within 2 months of a birth) (was a target under improving health)</td>
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<th>Objective 2: improving health</th>
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<tr>
<td>5% reduction in proportion of low birthweight babies by 2001-02 (measured by birthweights and % of parents smoking during pregnancy &amp; first 2 years of child’s life)</td>
<td>PSA: 10% reduction in mothers who smoke in pregnancy by 2004</td>
</tr>
<tr>
<td>SDA: parenting support and information to be available for all parents</td>
<td>SDA: information &amp; guidance on breast feeding, nutrition hygiene &amp; safety available to all families</td>
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<tr>
<td>10% reduction in the number of children admitted to hospital in 1st year of life with gastro-enteritis, respiratory infection or severe injury</td>
<td>SDA: 10% reduction in children admitted to hospital as an emergency with gastro-enteritis, a respiratory infection or a severe injury</td>
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<tr>
<td>SDA: give guidance on breast feeding, hygiene &amp; safety</td>
<td>SDA: information &amp; guidance on breast feeding, nutrition hygiene &amp; safety available to all families</td>
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**Notes:**
- **PSA:** Partnership Service Agreement
- **SDA:** SureStart Development Agreement
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#### Objective 3: improving children’s ability to learn

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<tr>
<td><strong>At least 90% of children have normal speech &amp; language development at 18 months &amp; 3 years by 2001–2</strong></td>
<td><strong>PSA:</strong> by 2004, 5 percentage point reduction in number of children with speech &amp; language problems requiring specialist intervention by the age of 4.</td>
<td><strong>PSA:</strong> by 2006, a x% increase in proportion of children with normal speech &amp; language development at age 2 and a x% increase with normal levels of communication, language &amp; literacy at end of foundation stage.</td>
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<tr>
<td><strong>100% of children under 4 have access to good quality play &amp; learning opportunities by 2001–2, helping progress toward early learning goals when they get to school (measured by Key stage 1 tests, adult literacy rates, no of parents reading to children &amp; having toy libraries &amp; parental reading initiatives)</strong></td>
<td><strong>SDA:</strong> All children have access to good quality play &amp; learning opportunities, helping progress toward early learning goals when they get to school</td>
<td><strong>SDA:</strong> All children have access to good quality play &amp; learning opportunities, helping progress toward early learning goals when they get to school</td>
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<tr>
<td><strong>SDA:</strong> Increase the use of libraries by parents with young children</td>
<td><strong>SDA:</strong> Increase the use of libraries by parents with young children</td>
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#### Objective 4: Strengthening families & communities

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<td><strong>75% of families reporting personal evidence of an improvement in the quality of services providing family support</strong></td>
<td><strong>PSA:</strong> by 2004, reduce the number of children living in a household where no-one is working by 12%</td>
<td><strong>PSA:</strong> by 2006, reduce the number of children living in a household where no-one is working by 12%</td>
</tr>
<tr>
<td><strong>all local programme have parent representation on board (wide variety of measures looked at in addition to no of parents on board)</strong></td>
<td><strong>SDA:</strong> 75% of families report personal evidence of an improvement in the quality of services providing family support</td>
<td><strong>SDA:</strong> 75% of families report personal evidence of an improvement in the quality of services providing family support</td>
</tr>
<tr>
<td><strong>SDA:</strong> to have parent representation on the programme board</td>
<td><strong>SDA:</strong> to have parent representation on the programme board</td>
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<tr>
<td><strong>SDA:</strong> have developed local targets for ensuring links between partnership &amp; Job Centres</td>
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<td><strong>SDA:</strong> work with EYDCP to help close the gap between the availability of accessible childcare between SureStart and non-SureStart areas.</td>
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