Why on earth are we expected to…?

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 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)
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)
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 form 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?
  o 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)
  o Language development is a key factor in the ability to learn.
  o 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. SureStart 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?
  o 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)
  o 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. SureStart 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. SureStart 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 programme management board.

Why?

- So that parents get the SureStart 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.
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. SureStart 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 SureStart area. Places provided by SureStart 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

#### Objective 1: improving social & emotional development

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<thead>
<tr>
<th>1999-2001</th>
<th>2001-3</th>
<th>2003-6</th>
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<tbody>
<tr>
<td><strong>PSA:</strong> to reduce by 10% by 2002 the proportion of children registered on the child protection register (compared to year ending March 97) <em>(measured by re-registrations)</em></td>
<td><strong>SDA:</strong> target on child protection/working with social services under consideration</td>
<td><strong>PSA:</strong> 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. <em>(Measured by % of children meeting appropriate early learning goals at foundation stage)</em></td>
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<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><strong>SDA:</strong> to have agreed and implemented, in a culturally sensitive way, ways of caring for and supporting mothers with post-natal depression.</td>
<td><strong>SDA:</strong> 100% of families with young children to have been visited within the first 2 months of birth</td>
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<td>100% of families with young children in contact with the local SureStart programme within first 2 months of birth</td>
<td><strong>SDA:</strong> 100% of families with young children to have been contacted within the first 2 months of birth</td>
<td><strong>SDA:</strong> 100% of families with young children to have been contacted within the first 2 months of birth</td>
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<td>Parenting support &amp; information available for all <em>(but measured by unauthorised absence from school, primary school exclusions &amp; % of families contacted within 2 months of a birth)</em></td>
<td><em>(was a target under improving health)</em></td>
<td><strong>SDA:</strong> Parenting support &amp; information available for all parents.</td>
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#### Objective 2: improving health

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<tr>
<td><strong>PSA:</strong> 5% reduction in proportion of low birthweight babies by 2001-02 <em>(measured by birthweights and % of parents smoking during pregnancy &amp; first 2 years of child’s life)</em></td>
<td><strong>PSA:</strong> 10% reduction in mothers who smoke in pregnancy by 2004</td>
<td><strong>PSA:</strong> 6 percentage point reduction in mothers who continue to smoke during pregnancy by 2006 <em>(now comes under social &amp; emotional development)</em></td>
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<td><strong>SDA:</strong> parenting support and information to be available for all parents</td>
<td><strong>SDA:</strong> give guidance on breast feeding, hygiene &amp; safety</td>
<td><strong>SDA:</strong> information &amp; guidance on breast feeding, nutrition hygiene &amp; safety available to all families</td>
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<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>
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### Objective 3: Improving Children’s Ability to Learn

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<tr>
<td>At least 90% of children have normal speech &amp; language development at 18 months &amp; 3 years by 2001-2</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>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)</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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### Objective 4: Strengthening Families & Communities

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<td>75% of families reporting 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>
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<tr>
<td>All local programme have parent representation on board (wide variety of measures looked at in addition to no of parents on 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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