

**APPENDIX 1**

**SMART TARGETS**

## SMART targets

Below are listed the 23 Targets for the Close to Home project. In each of the first four columns please indicate the extent to which **you believe** the target meets the criterion by Y (yes), N (No) NS (not sure). If you have no knowledge or no involvement in the specific target please put NA ( not applicable).

For example, if you believe that reduction in the level of postnatal depression is **Specific** and **Measurable** but not **Achievable** nor **Relevant** to the principles of Sure Start, nor possible in the **Time** put Y in columns 1 and 2 and N or NS in columns 3 and 4. In column 6 please, briefly, put any evidence you have about the progress of individual targets.

It would be helpful if you could complete this before we interview you on the morning of 6<sup>th</sup> January 03. If you have any queries about this please do not hesitate to call (9036 6128) or email: [bc.poulton@ulster.ac.uk](mailto:bc.poulton@ulster.ac.uk). We look forward to working with you.

### *Interpretation*

**Specific** - This means that the program has a specific outcome, or a *precise* objective to be accomplished. The outcome is stated in numbers, pounds, percentages, frequency, reach, scientific outcome, etc. The objective is clearly defined.

**Measurable** - This means that the objective can be measured and the measurement source is identified. If the objective cannot be measured, the question of resourcing non-measurable activities would usually be discussed. All activities should be measurable at some level.

**Achievable** - The objective or expectation of what will be accomplished must be realistic given the local conditions, time period, resources allocated, etc.

**Relevant** - This means that the outcome or results of the program directly supports the outcomes of the Sure Start principles.

**Timely**- This means stating clearly when the objective will be achieved.

Target	Specific	Measurable	Achievable	Relevant	Timely
Levels of women suffering from post natal depression down by 15% in 3 years.					
Reduce the level of referral of children in need by 5% over three years.					
Reduce the rates of children on the child protection register that are re-registered by 5% over 3 years.					
Increase access to services for children and families where there are special needs.					
Increase respite care where there are families with special needs.					
Reduce the rate of low birth weight babies by 1% over 3 years.					

Reduce the number of antenatal mothers who smoke by 10% over three years					
Increase breast feeding rates by 5% within 3 years					
Increase rates of child immunisation and vaccination by 2% over 3 years.					
Decrease children's admissions to hospital as an emergency during their first year of life with gastro-enteritis, a respiratory infection or severe injury.					
Reduce the rate of referrals to Speech and Language Therapy services of children at 4 years by 100%.					
Increase the uptake of Speech and Language Therapy Services by 50% over 3 years.					
Ensure that all children will receive WILSTAAR screening at the 7 month developmental assessment.					

Target	Specific	Measurable	Achievable	Relevant	Timely
Increase the percentage of children who regularly access good quality play and early learning opportunities by 10% over 3 years.					
Develop the toy library and increase usage by 30% within 12 months of the start of the programme.					
Develop an outreach toy library for children with special needs within the Sure Start locality.					
Introduce the Sainsbury's Book Start programme to all new born babies at 7 - 9 month developmental assessment.					
Introduce a breast feeding lay health programme and train a minimum of 2 women within 6 months of start of programme					
Increase attendance at Parent and Toddler groups by 30% within 6 months of start of the programme.					

Form a committee for the Parent and Toddler group within 6 months of start of the programme					
Ensure that all families with children under 4 years of age in the Sure Start area are made aware of the availability of the local programme and measure the take up of parenting information and support.					
Ensure that at least a 25% rate of membership of the project steering group is parents					
Initiate a database of information on children within the Sure Start programme.					

**APPENDIX 2**

**PRESENTATION TO MANAGEMENT  
BOARD JANUARY 2003**

## Sure Start Objectives

- Improve social & emotional development
- Improve the health of children
- Improve the ability of children to learn
- Strengthen families & communities
- Reach target families
- Maintain a database of information on children

## Issues identified by Sure Start workers

(from team workshop 6/1/03)

"Hard to reach"	Poor attendance	Esteem-building
Divided communities	Portuguese	Group -v- one-to-one
Domestic Violence	Poverty & Debt	Empowerment, & user involvement
Staff support & development		

## Summary of evaluation (2002)

- Overall well received by the community
- Sure Start workers committed & enthusiastic
- Timeframe for bid short
- Partnership working slow
- Management board operational
- Weak community representation
- Recruitment problems
- Some targets not S.M.A.R.T.
- Not all sure start workers familiar with targets
- Poor levels of user participation & involvement

## Key areas for the future



- Develop & implement strategy for community representation, involvement (and development)
- Reduce/revise targets
- Develop the corporate identity

## Recommendations from evaluation report

- Management board to consider developmental agenda with community
- Fewer, SMARTer targets
- Consider team meeting to inform target-setting
- Need for participation and user involvement research



Target	Specific	Measurable	Attainable	Relevant	Time based
Levels and impact of women suffering from .. depression down by ... and ..					
<del>Reduce the level of referral of children referred by 5% over three years</del>					
<del>Reduce the rates of children on the child protection register that are re-registered by 5% over 3 years</del>					
<del>Provide access to services for children and families where there are special needs</del>					
<del>Increase special care where there are families with special needs</del>					
<del>Reduce the rate of low birth weight babies by 1% over 3 years</del>					

Revision of targets, 1/4

Revision of targets, 2/4	
Reduce the number of antenatal mothers who smoke by 10% over three years	
Increase breast feeding rates by 5% within 3 years	
<del>Increase uptake of child immunisation and vaccination by 2% over 3 years.</del>	
<del>Decrease children's admissions to hospital as an emergency during their first year of life with gastro-enteritis, respiratory infection or severe injury.</del>	
<del>Reduce the rate of referrals to Speech and Language Therapy services of children at 4 years by 100%.</del>	
Increase the uptake of Speech and Language Therapy Services by 50% over 3 years.	
Ensure that all children will receive WILSTAAR screening at the 7 month developmental assessment.	

Additional targets	
Increase parental awareness of "social help" agencies, such as CAB, Woman's Aid, Credit Union etc.	
Plan and offer all parents the opportunity to undergo parenting education, appropriate to their needs	
Offer all new mothers breast-feeding support and achieve ..% uptake	
Engage the community in the scheme through participation at all levels	

Revision of targets, 3/4	
Increase the percentage of children who regularly access good quality play and early learning opportunities by 10% over 3 years.	
Increase usage of the toy library ...	
<del>Develop an outreach toy library for children with special needs within the Sure Start locality.</del>	
Introduce the <i>Sainsbury's</i> Book Start programme to all new born babies at 6 months	
Introduce a breast feeding lay health programme and train a minimum of 2 women per 6 months	
Increase and maintain Parent and Toddler groups	

Revision of targets, 4/4	
Maintain and develop committee for the Parent and Toddler group	
Ensure that all families with children under 4 years of age in the Sure Start area are made aware of the availability of the local programme and measure the take up of parenting information and support.	
Ensure that at least a 25% rate of membership of the project steering group is parents	
Maintain a database of information on children within the Sure Start programme.	

**APPENDIX 3**

**NEW CLOSE TO HOME TARGETS**

**FEBRUARY 2003**



Sure Start Objective addressed	Goal	Action within one year	Performance Indicators over 3 years	Lead Partner responsible
<b>1. Improving social and emotional development of children</b>	1. To ensure early bonding between all parents and children	Deliver ___ baby massage sessions to ___ mothers and ___ fathers  Provide early one to one befriending support	Measurable increase in uptake of Baby Massage sessions  Increase in referrals to Home Start	ADHSST – Health Visitors  Home Start
	2. Identify and support children's emotional and behavioural difficulties	Provide individual or group parenting programmes to ___ families  Provide one to one home based support	Measurable increase in one to one and group parenting  Evaluation to provide evidence of enhanced functioning	ADHSST – Health Visitors  ADHSST – Family Health Worker
	3. Ensure that no children on the child protection register are re-registered over 3 years	Develop and maintain appropriate support package with social services for individual children / families	No re-registered children on the Child Protection register	ADHSST – Health Visitors
<b>2. Improving the health of children</b>	1. Reduce the incidence of direct smoking and raise awareness of the dangers of passive smoke inhalation in the home	Provide smoking cessation / awareness advice on an individual and group basis to mothers, partners and other household members.	Reduction in direct smoking by ___%  Awareness of the dangers of passive smoking by survey	ADHSST - Midwife
	2. Increase the level of breastfeeding	Promote breastfeeding and provide ___ individual family and ___ group supports	Increase breastfeeding rates by ___% at birth ___% at 8 weeks over 3 years	ADHSST – Midwife & Health Visitors
	3. Decrease children's admissions to hospital during the first year of life with a severe injury	Each family to be provided with appropriate advice and equipment through the Home Safety Loan Scheme	Reduce admissions to STH & CAH during first year of life by ___%	CAPT
	4. Reduce the incidence of dental caries	Promote oral and dietary health advice on an individual family basis and encourage registration with a dentist	Increase in registration with dentist. Survey questions on increased awareness	ADHSST – Family Health Worker

<p><b>2. contd</b></p>	<p>5. Raise awareness of the benefits of a healthy lifestyle in the antenatal period</p>	<p>Design and deliver individual and/or group antenatal education opportunities</p>	<p>Survey questions on awareness raising</p>	<p>ADHSST – Midwife</p>
<p><b>3. Improving the ability of children to learn</b></p>	<p>1. Develop an early awareness of parent's role as 'early educators'</p>	<p>Deliver Bookstart packs and promote usage of Toy &amp; Book Library &amp; local library</p>	<p>100% of first time mothers and 40% of fathers Survey &amp; evaluation Increased usage of toy &amp; book library</p>	<p>ADHSST – Speech &amp; Language Therapist</p>
	<p>2. Increase and enhance the 'early educator' role</p>	<p>Deliver the Child Development Programme to all first time mothers and work to include fathers  Promote the importance of play development on an individual and group basis</p>	<p>100% of first time mothers and 40% of fathers  Increases in one to one and group sessions</p>	<p>ADHSST – Health Visitors  NIPPA</p>
	<p>3. Develop early identification of Speech &amp; Language Developmental delay</p>	<p>Ensure WILSTAAR type screening to all children at 8 month assessment and appropriate follow up</p>	<p>Reduction in first time referrals to statutory provision</p>	<p>ADHSST – Speech &amp; Language Therapist</p>
	<p>4. Increase the number of children attending pre-school settings</p>	<p>Promote attendance by ensuring completion of PEAGS forms by all relevant families</p>	<p>90% of children to attend pre-school settings via??</p>	<p>ADHSST – Family Health Worker</p>
	<p>5. Enhance understanding of speech &amp; language development in pre school setting</p>	<p>Offer and deliver the Hanen 'Early Years Educators' program to local pre-schools</p>	<p>80% of local pre school settings to receive course</p>	<p>ADHSST – Speech &amp; Language Therapist</p>

Sure Start Objective Addressed	Goal	Action within one year	Performance Indication over 3 years	Lead Partner responsible
<b>4. Strengthening families and communities</b>	1. Enhance family functioning by providing home based befriending support	Carry out a range of visits to ___ identified families	Evaluation and increased referral rates	Home Start
	2. Increase participation by both parents at one to one antenatal education and positive parenting sessions	Deliver individual antenatal and positive parenting to ___ mothers and ___ fathers	80% of mothers and 50% of fathers receive one to one support	ADHSST – Midwife & Health Visitors
	3. Increase participation by both parents at group sessions, antenatal education, positive parenting sessions and Parent and Toddler group	Design and deliver 2 antenatal and 3 positive parenting sessions Work with ___ mothers and ___ fathers to facilitate attendance at appropriate courses Provide crèche facilities to enable parents to attend courses	60% of mothers and 30% of fathers to have attended group sessions	ADHSST – Midwife & Health Visitors STEP and AN Other NIPPA
	4. Develop a greater understanding of the impact of whole family mental health issues and devise appropriate response strategic	Administer EPND to all mothers at 8 week and provide appropriate follow up  Mental Health Social Worker to work with Midwife and Health Visitors to develop a range of responses to mental health issues	Identified mothers providing evaluation indicating enhanced coping skills  Survey results to demonstrate enhanced family functioning	ADHSST – Health Visitors  ADHSST – Health Visitors & Mental Health team
	5. Raise awareness of the impact of domestic violence on family functioning particularly on children	Direct questioning of mothers to establish awareness, numbers and support available  Develop general awareness raising and support package for individuals	An understanding of what constitutes domestic violence and its impact on children development  Increase in referrals for assistance and support	ADHSST – Health Visitor  Women's Aid
	6. Increase awareness of social 'help' agencies such as CAB, , Credit Union etc	Develop links with agencies and provide information to members  Credit Union to provide group awareness / promotion and individual assistance  Citizens Advice Bureau to provide one to one advice and	Evaluation to confirm awareness level  Evidence of group and one to one contact with members	Information & Research Officer  Credit Union  Citizens Advice Bureau

**4. Contd**

		Develop Family Review meetings with focus on enhancing family control	Analysis of functioning of Family review meetings to Management Board Evaluation and Surveys to reflect family views.	
7. Ensure parental participation at all levels in Sure Start	Put in place a strategy to promote appropriate	Active representation from parents / user groups (March 2004)(1.2)	STEP	
8. Ensure active representation on Management board from voluntary, community and statutory sectors	Identify gaps on Board and invite representation from appropriate organisations	Management Board to have a range of active representatives from voluntary, community and statutory organisations before March 2004 (1.1) Active membership of Sure Start Management Board has changed over time (march 2006)(1.5) At least 40% of Board members have no Sure Start funding (March 2005)(1.4)	Programme Manager	

Sure Start Objective Addressed	Goal	Action within one year	Performance Indication over 3 years	Lead Partner responsible
<p><b>5. Effectiveness in reaching target families</b></p>	<p>1. Ensure that service is accessed by 98% of pre school children in the Sure Start area (2.6)</p>	<p>Actively monitor delivery via ALICE to ensure uptake and under 4 focus in the Sure Start area</p>	<p>90% of children accessing services are under 4 (March 2005)(2.6)  95% of children accessing services live in the defined Sure Start area (March 2005) (2.7)  Uptake of services by Catholic, Protestant and Ethnic groups and children with a disability reflects the population mix of the sure Start area (March 2004) (4.1, 4.2 &amp; 4.3)</p>	<p>Programme Manager</p>
	<p>2. Ensure an appropriate range of universal and targeted services are provided with appropriate sign posting</p>	<p>Refine service delivery to ensure activity reflects Mealey's triangle</p>	<p>ALICE reports to provide evidence of 100% universal, 60% targeted and 15% high needs (2.2 &amp; 2.3)  Evidence of sign posting to relevant organisations</p>	<p>Programme Manager</p>
	<p>3. Sure Start services to be recognised as open, welcoming and valued by the local community</p>	<p>Operational staff to develop an agreed Close to Home, Sure Start in Dungannon team identity (3.2)  Plan and carry out ___ joint activities between Sure Start Partners</p>	<p>Evaluation will reflect a team Sure Start identity (March 2004)  Effective joint working activities / practices have been documented</p>	<p>Programme Manager</p>
		<p>Produce and deliver a publicity strategy to promote Sure Start to parents, other service providers and the wider community</p>	<p>Awareness of Sure Start evidenced through evaluation and surveys</p>	<p>ADHSST – Research and Information Officer and Programme Manager</p>

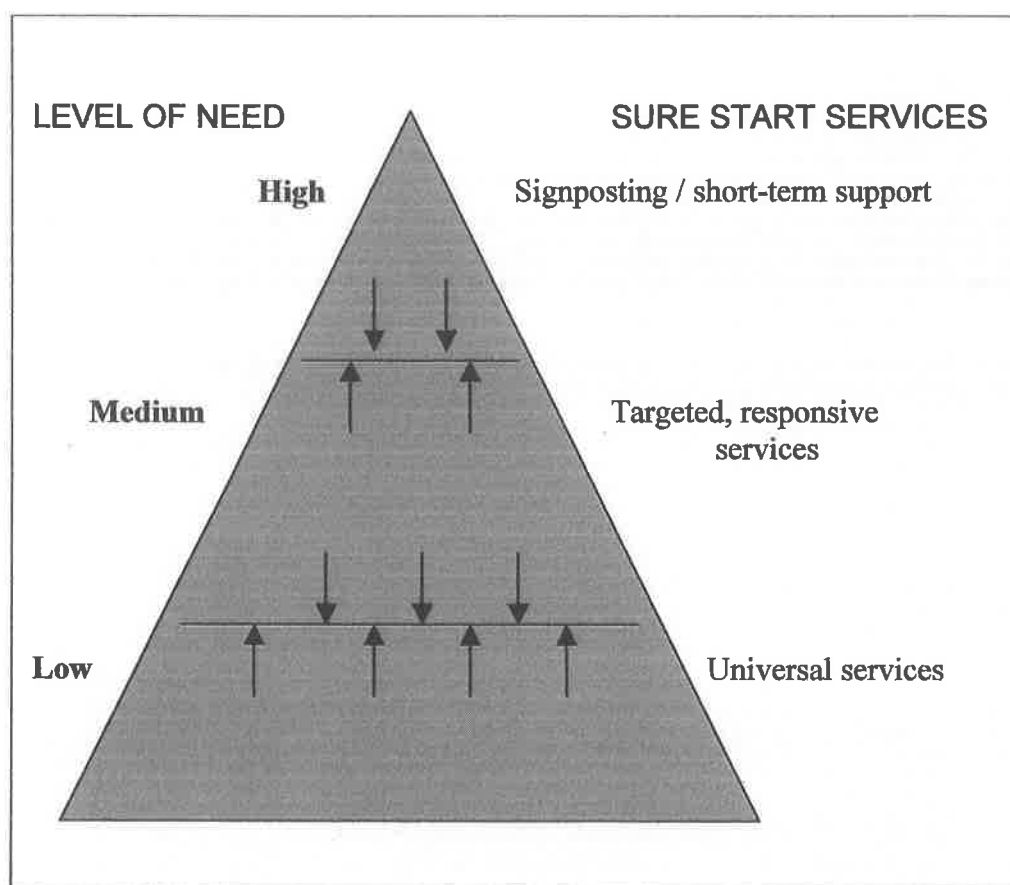
Sure Start Objective Addressed	Goal	Action within one year	Performance Indication over 3 years	Lead Partner responsible
<b>6. Effective Management Board operation</b>	1. Representatives provide effective decision taking for their organisation (1.3)	Partner organisations to confirm nomination of representative with delegated authority	Decisions to be taken by Management Board without the need for referral to Parent organisation (March 2003)  Effective working relationships as evidenced by Management Board minutes (3.1)	Each Partner
	2. Lead body provides effective support to the Programme (1.6)	Management Board agree support required from Lead Body	Evaluation confirms that Lead body performing an effective role	NIPPA
	3. Core services have changed to reflect members needs and partnership working (2.1)	Each Partner to facilitate and support operational staff in exploring new ways of working  Management Board members have changed to reflect programme development (1.5)	Evaluation of programme evidences impact of revised services. Reports of joint management to Management meetings  Procedure agreed to facilitate entry and exit of partner organisation and operational staff	Each Partner
	4. Services offer good value for money (2.8)	Management Board to agree a number of areas for value for money review	Comparative evaluation will evidence level of value for money.  Evidence of changes following value for money review	
	5. A significant health and social care element and joint working is present in the Programme (2.4 & 2.5)	Maintain current elements	Partnership and operational staff reflect a significant health and social care element  Liaison meetings minutes	

**APPENDIX 4**

**EFFECTIVE INTERVENTION  
PYRAMID**

# Sure Start Effective Intervention Pyramid

(Mealey 2001)



1. Families with **low** levels of need living in Sure Start areas will benefit from universal services such as baby massage classes, drop-in health advice sessions, community and home based antenatal services, fun days and play sessions. These services are designed to be open to all local families, and high levels of access are expected.
2. Most families will have times when they need more support, for example after the birth of a new baby, or perhaps if they are encountering financial or relationship difficulties, or even when a child goes through a period of challenging behaviour. At these times Sure Start can provide extra support, for example through home visiting, respite, appropriate emotional and practical support, and through advice and information. This may prevent normal life events and pressures becoming major crises for families. This level of support is also appropriate for families who have recently been through some form of serious difficulty, where they may have been receiving support / treatment etc from statutory agencies, and where the level of support is being reduced as the situation stabilises.
3. A small number of families go through periods of **high need**, where normal dynamics have broken down, or where there are significant issues around mental health, child protection etc. Sure Start has not been allocated resources to respond to this level of need. Our role with these families is to support them in accessing appropriate core services. During times of crisis, families can of course continue to access more universal Sure Start services if they choose to do so.



**APPENDIX 5**

**REGIONAL SURE START TARGETS**

**MAY 2003**

AIM	OBJECTIVES	TARGET DATE	EXAMPLES OF EVIDENCE
1.Management committee is structured to deliver an effective Sure Start project			
	1.1 Active representation from voluntary, community and statutory sectors	March 2004	Progress report, minutes of meetings (including attendance records)
	1.2 Active representation from parents / user groups	March 2004	Progress report, minutes of meetings (including attendance records)
	1.3. Representatives provide effective decision taking for their organisations	March 2004	Progress report, minutes of meetings
	1.4 At least 40% of active committee members have no Sure Start funding	March 2005	Progress report, minutes of meetings
	1.5 Active membership of Sure Start management committee has changed over time	March 2006	Progress report, membership lists, minutes of meetings
	1.6 The lead body has sufficient infrastructure and resources to provide effective support to the project	March 2004	Progress report -description of lead body, examples of additional support provided

AIM	OBJECTIVES	TARGET DATE	EXAMPLES OF EVIDENCE
2. A broad range of services are provided to local children under four and their families			
	2.1 Services are additional to core services	March 2004	Progress report - description of services offered, statements contrasting core services and Sure Start services
	2.2 Both universal and targeted services are provided.	March 2004	Progress report – descriptions of services offered, with quantitative data.
	2.3 Families in high need are given short-term support and signposting to other organisations.	March 2004	Progress report – descriptions of services offered, with quantitative data.
	2.4 A significant health and social care element is present in the project	March 2004	Progress report – details provided on health element, with quantitative data.
	2.5 Sure Start staff work effectively with colleagues in the local Trust	March 2004	Progress report – examples of effective liaison with core statutory services
	2.6 90% of children accessing services are under the age of four	March 2005	Numbers of children accessing services, number of these under four, percentage calculation
	2.7 95% of children accessing services live in the defined Sure Start area	March 2005	Numbers of children accessing services, numbers whose main permanent residence is in the Sure Start area, percentage calculation.
	2.8 Services offer good value for money	March 2004	Evidence of VFM discussions at management level. Quantitative / qualitative data where available

AIM	OBJECTIVES	TARGET DATE	EXAMPLES OF EVIDENCE
3. The Sure Start partnership has developed an effective dynamic.			
	3.1 The management committee has developed an effective working relationship	March 2004	Progress report – examples of effective, needs-based decision-making.
	3.2 Operational staff have developed an effective Sure Start team identity	March 2004	Progress report – examples / indications of effective team dynamic, covering voluntary / statutory and core staff.
4. Sure Start services are available to all local families			
	4.1 Catholic and Protestant families living within the Sure Start area are accessing an appropriate share of services	March 2004	Progress report – evidence of proportionate access with figures where available
	4.2 The needs of ethnic minority groups are being specifically addressed, where there are such families in the Sure Start area	March 2004	Progress report – details provided on local ethnic mix, with information on how service provision is adapted to local needs
	4.3 The needs of children with a disability, and of disabled parents of children under four, are being specifically addressed within the project.	March 2004	Progress report – numbers of children / parents with a disability, examples of specific measures taken to support access to services / meeting people's specific needs.

**APPENDIX 6**

**FAMILY HEALTH PLAN**

