

All Party Parliamentary Group on Sure Start Children's Centres

Meeting, 27th November 2013

Minutes

Members Attending

Andrea Leadsom MP (Chair)
Sharon Hodgson MP (Vice-Chair)
Earl Listowel (Vice-Chair)
Sarah Champion MP

Introduction

The Group's Chair Andrea Leadsom opened the meeting, saying that it was an opportunity to discuss some of the key recommendations made in the Group's recent "*Best Practice for a Sure Start*" report, and explore how to take these forward in practical terms. Three speakers were introduced, each of whom would make presentations during the session:

- Mark Rimmer (Chair of the Local Registration Services Association) who would be speaking about birth registration in Children's Centres
- Sabrina Fuller (Head of Health Improvement at NHS England) who would be discussing issues around health integration
- Dr Angela Donkin (Senior Adviser at the UCL Institute of Health Equity) who would be presenting on evaluation frameworks for Children's Centres

Mark Rimmer (MR) – Birth Registration

MR began by noting that as well as being Chair of the Local Registration Services Association, he has also worked as Director of Registrars Services in Brent Council and had recently been appointed Head of Registration and Nationality at Barnet Council, so was able to bring a front-line perspective to the debate.

At the outset, MR expressed his support for the idea of registering births in Children's Centres, and affirmed that all his comments should be framed in that context. However, he wanted to highlight some of the practical challenges which surrounded running registration offices in Centres.

In particular, MR noted that there is currently huge resource pressure on registration services, particularly in terms of staff resources and employment. Given this, MR said that his priority needed to be the delivery of the most effective registration service possible within the resource constraints he was facing.

There were, in MR's view, efficiencies connected with the delivery of registration services in a civic centre setting, as opposed to a Children's Centre. For one, there would be less demands on staff time and resource if registration was co-ordinated from a centralised location such as a civic centre, as staff would not be required to visit all the Children's Centres in a local authority in order to deliver the service. MR also suggested that good transport links to central civic locations meant that these were often appropriate places for registration services to be situated, as they would be accessible to new parents from across the local authority.

Recognising the importance of Children's Centres, MR argued that one cost effective alternative could be to have Children's Centre staff stationed within civic centres, from where they could distribute information about Centres and collect contacts for new parents who present to the registrars.

In response to the presentation, the Group's Chair Andrea Leadsom expressed the strong disappointment of the APPG in MR's assessment, and stressed that there was political interest in implementing birth registration in Children's Centres across Government. She was aware, for example, that the Prime Minister had shown specific interest in the proposal.

Anne Longfield (Chief Executive, 4Children) also noted that the Department for Education had provided evidence to the Group, which had been published as part of its *"Best Practice for a Sure Start"* report, which highlighted the benefits of delivering birth registration in Children's Centres from the perspective of local registration services themselves.

In a contribution from the floor, Jonathan Rallings (Barnardo's) noted that there were, for example, some areas where transport links to central civic locations were not necessarily as strong as in London, and in these areas the availability of

registration services through local Children's Centres was vital for reaching new parents.

Sabrina Fuller (SF) – Health Integration

In the second presentation of the session, SF discussed the integration of health services and Children's Centres (Powerpoint presentation available), particularly in the context of the new commissioning regime that will take effect from 2015.

SF highlighted that NHS England is responsible for commissioning 4,200 additional health visitors and a transformed service by 2015. After this point, responsibility for service transformation will pass to local authorities, along with the rest of public health commissioning for 0-5s.

The service transformation agenda sits very comfortably with the role of Children's Centres according to SF, and NHS England is currently working closely with both the Local Government Association and Areas Teams within local authorities to ensure that service transformation ultimately leads to a sustainable service.

NHS England aims to ensure that commissioning of public health services for 0-5s is embedded with commissioning of other early years services, and SF stated that a partnership approach was key to this. As part of the service specifications, there is a requirement for area-based health-visiting services to be structured in line with local children's services, and for the delivery of integrated services for children and families.

SF pointed to case studies in Manchester and Bolton as examples of good practice in the integration of health visiting services and Children's Centres (see Powerpoint presentation for further details).

Group Vice-Chair Sharon Hodgson asked SF for an update on how the recruitment of 4,200 additional health visitors was progressing. In response, SF said that recruitment was just 0.3% behind trajectory. Figures were reported on a monthly basis, including to Health Minister Dan Poulter, and there were monthly meetings to monitor progress. SF added that recruitment had just passed the 1,000 mark, and that she expected the September and October figures to show a big rise.

Group Vice-Chair Earl Listowel then asked SF about supervision of midwives and whether it was necessary to make this more formalised, and about what she was seeing in terms of drop-off rates amongst health workers.

In response, SF noted that this was a challenging time, given both the influx of new and inexperienced staff into the profession and the transition to local authority health commissioning. NHS employers have been commissioned to undertake a piece of work examining the value of experienced workers and ways of minimising drop-out, and a lot of work has also been done around how health visitors are selected and supported.

With respect to supervision, SF said that she thought this was an issue, and that a consultation was about to be launched on the service specification – she invited thoughts on what should be included regarding requests for supervision.

Dr Angela Donkin (AD) – Evaluation

In the session's final presentation, AD discussed the issue of evaluation in Children's Centres (Powerpoint presentation available), and particularly the UCL Institute of Health Equity's *"An Equal Start: Improving outcomes in Children's Centres"* report, which had been commissioned by 4Children.

The report identified 21 outcomes which have significant predictability for children and young adults, and which are therefore important to monitor during the early years. Given that the research has identified the outcomes that we need to measure, the next step is to determine how to measure them, and AD stated that this is subject of a forthcoming research report entitled *"Measuring What Matters"*

AD suggested that Children's Centres are gradually moving towards a situation where everything that they do is evaluated, but are currently stronger in some areas than others. Outcomes identified in the *"An Equal Start"* report are grouped into three sections: children's development, parenting and parenting context.

With respect to children's development, key outcomes include paying attention, age appropriate drawing and copying skills, comprehension and use of language, play, emotional self management and control, BMI and low birth weight. Measures used to monitor these outcomes include the ages and stages

questionnaire, the percentage of babies born with low birth weight and the percentage of babies at age 5 with a low or high BMI.

The second set of key outcomes, for monitoring improved parenting, include decreases in smoking, increases in breastfeeding, wide use of language, reading every day, engaging positively, increased responsiveness/attachment and reinforcing boundaries. Measures used to monitor these include the Public Health Outcomes Framework and vital signs monitoring for smoking and breastfeeding, the Early Home Learning Environment Index and the Keys to Interactive Parenting Scale.

The final set of key outcomes, for improving the context in which parents live, include reduced parental stress and improved mental wellbeing, support from friends and family, improved literacy and numeracy, improved knowledge of good parenting and improved financial security/getting into work. Measures used to monitor these include the Keys to Interactive Parenting Scale, and the percentage of parents in working households, satisfied with life, attending work-related programmes etc.

AD said that she saw great potential for Children's Centres to support children and families, and also noted her support for delivering birth registration in Centres as this would help provide more information and data for monitoring. Factors such as Centres' role in delivering free early education to all three and four-year olds and disadvantaged two-year olds, and local authorities' statutory duty to provide sufficient Centres to meet need, mean that in AD's view Children's Centres can make a real difference.

In terms of the challenges that Children's Centres need to overcome if they are to evaluate services more effectively, AD highlighted the fact that Centre staff are not recruited because of their expertise in evaluation and measurement, but for a different skill set – they are busy people, so there is a need for proper support and resourcing. AD also pointed out that incentives can exist to over or under-report which needed to be managed effectively, and that there was a balance to strike when conducting evaluation (as if this placed excessive demands on parents it could end up driving them away).

Finally, AD pointed towards the next steps that were needed to build Centres' capacity to undertake evaluation, such as moving towards uniform monitoring across all Children's Centres, the need for resources and training to be made available to enable Centres to monitor and evaluate effectively, and the need for buy-in from others (it was important to know the population statistics and to define the population covered). The "*An Equal Start*" research had also highlighted the need to move from measuring outputs (such as number of families reached) to outcomes as discussed at the start of the presentation, and to base-line information at the beginning.

Following the presentation, Group Chair Andrea Leadsom asked whether the Institute of Health Equity had done any work on inputs as part of its research, alongside the focus on shifting from outputs to outcomes. AD responded by saying that it had not as yet, but this was an obvious next step forward.

Group Vice-Chair Sharon Hodgson then welcomed the recognition of the importance of breastfeeding amongst the key outcomes that had been identified for improved parenting, which was echoed by AD who also noted the importance of this outcome from an obesity perspective.

Question and Answer Session

Following the conclusion of AD's presentation on evaluation, a short Question and Answer session took place, providing the opportunity for a small number of questions to be taken from the floor.

Vicki Lant (Barnardo's) urged the need for what she termed a "golden thread" running throughout service provision, starting with birth registration and continuing all the way through. In response, SF agreed, noting that integration was at the heart of the new commissioning framework.

Jenny Deeks (Coin Street) also used the opportunity to stress the value of provision for 0-2s, and the importance of the role that Children's Centres have to play in this regard.

After the end of the Question and Answer session, the Group's Chair Andrea Leadsom thanked all three speakers for their contributions and formally closed the meeting.