
Early Years Policy Development Board (the 'Board' or the 'EYPDB') Meeting 3
Friday 2nd August 2019, 0930 – 1130hrs

Board:

Minister for Education, Senator Tracey Vallois (TV) (Chair)
Assistant Minister for Education, Deputy Jeremy Maçon (JM)
Minister for Children and Housing, Senator Sam Mézec (SM)
Deputy Louise Doublet (LD)

Executive Support:

Strategic Policy, Performance and Population:
Andrew Heaven – Director Children's Policy (AH)
Sarah Stoten – Policy Principal, Children's Policy (SS)

Ministerial Support Unit:

Martin Keith (MK)

Children, Young People, Education and Skills (CYPES):

Mark Rogers – Director General CYPES
Cathy Hamer – Chair Best Start Partnership

Apologies:

Nicola Mulliner – Head of Early Years – Childcare and Early Years Service

1. Welcome and apologies

1.1 TV welcomed all those in attendance, apologies were received from Nicola Mulliner.

2. Family Nursing & Home Care (FNHC) Presentation

2.1 Bronwen Whittaker (**BW**) CEO of FNHC gave a comprehensive presentation of their work with children and families and the role of Health Visitors in the Early Years. Included in her presentation pack, were several documents highlighting the work of Health Visiting

at a National level. The reports, The Healthy Child Programme published in 2009 by the Department of Health and a report published by the Local Government Association and the Institute of Health Visiting Improving outcomes for children and families in the Early Years, are available on the Board's website. BW pointed out the interconnectedness with other areas delivering services to families and children often with Health Visitors having the first and consistent contact with families during children's Early Years.

Health Visiting is a population-based service driven by 4 key principles:

- The search for health needs
- The stimulation of an awareness of health needs
- The influence of policies affecting health
- The facilitation of health-enhancing activities

The Health Visiting Model has 3 levels of service provided:

- Universal Services – for all using screening and monitoring at milestones such as the ages and stages assessments
- Universal Plus Services – targeted as required using enhanced services
- Universal Partnership Plus – Multi-Disciplinary collaborative approach

The need to exploit and build community capacity by delivering self-sustaining projects was discussed, such as the Closer to Home project overseen by the Customer and Local Services Department. Bringing Mums, Dads and communities together using social prescribing was BW added, a positive move that had been adopted by Local Authorities in the UK representing a proactive rather than reactive response to commissioning models.

High employment rates of both parents can affect the reach and uptake of services. Saturday clinics are held to enable working parents to access services outside of normal working hours. Teaching children how to be good parents, developing healthy relationships and ultimately being responsible members of their communities was important. Other examples included de-medicalisation approaches delivered alongside professional and clinically based interventions to strengthen social prevention. BW stressed that generational learning had been lost as modern society had developed, reassurance about breastfeeding might be delivered by an experienced grandmother to a group of parents who don't have family support and Health Visiting could support this kind of activity.

2.2 BW went on to share the work of Health Visiting teams that co-ordinate the two-year check. Accessibility and attendance information suggest that full time working parents may have found it difficult to attend appointments in the past but that out of hours clinics were now offered as well at Saturday clinics for Dads. The uptake of the 2 year check (often seen as a pre-school readiness indicator) is higher than the UK benchmark at around 92% although the 1 year check is not as high as the UK, around 78%. BW suggested that the introduction of a three-month check could improve breastfeeding uptake specifically as this is the period at which some mothers stop. Additionally, the re-introduction of a three-and-a-half-year assessment could also provide opportunity to further identify need not seen at the age of two but requiring referral to support services.

The Board discussed the family friendly employment legislation and return to work patterns for parents that might provide greater flexibility of access to assessments and initiatives delivered by FNHC and other agencies.

2.3 BW referred to David Cameron's previous support for increasing Health Visiting services in England in 2012 making more checks and the delivery of more support to families possible. In Jersey, FNHC face capacity challenges in meeting antenatal checks, safeguarding support and demand on the service.

BW had previously worked in Suffolk County Council where pathways were developed in the six high impact areas of i) Transition to Parenthood ii) Maternal Mental Health iii) Breastfeeding iv) Healthy weight (nutrition and exercise) v) Accident prevention and vi) child development assessments. Having contributed to the development of this programme and identified it as exemplar practice, BW said she would be keen to replicate the cutting-edge tools available for Health Visitors. Meeting this new way of working would require a re-think of Jersey's Health Visiting services and the creation of District Nursing leads to strengthen multi-agency support etc.

2.4 The Baby Steps Programme was targeted originally but is now offered universally in partnership with the NSPCC (originally initiated as part of the 1001 critical days campaign). Nine sessions are delivered over a five-month period, a positive response has been received from those participating. Thirty parents currently attend, anyone identified as experiencing difficulties is invited to move to the MECSH programme. LD queried how many parents / carers of the circa 1,000 births per year enrolled, and whether the evaluation data could be shared with the board. **BW agreed to provide these.**

Whilst it is envisaged this initiative will be very popular, there is currently no waiting list. Those attending are more likely to be first time parents. Some parents choose to attend privately provided parenting course such as those delivered by the National Childbirth Trust (NCT).

Identifying the right universal service will depend on the format of delivery and BW questioned if a blend of initiatives could work better. What was important, she stressed, would be to maintain a continuity of relationship with a Health Visitor and that this should be prioritised for investment as well as individual interventions.

2.5 The Maternal Early Childhood Sustained Visiting (MECSH) is targeted for new mothers struggling with their mental health, health and wellbeing or attachment issues. The programme of intensive visiting and relationship building provides about 25 home visits over two years for clients. The dropout rate is very low and there are currently about 150 families on the programme.

The role of Health Visitors in delivering, sign-posting and supporting Early Help is often made possible because of their whole population and family access. The profession is often the first contact and referral point or simply the only profession in a position to offer help.

2.6 There is no on-Island training for Health Visitors (Public Health Nurses) and no student Health Visitors or opportunities to grow community nursing at home which BW felt contributed to the recruitment crisis and prevented Jersey becoming a centre of excellence.

Deputy Maçon asked **MK to arrange a meeting with Health and Community Services officers and FNHC to discuss this further.**

3. Income Support Presentation

3.1 Policy Principal, Social Security Policy Team, gave an overview of the Income Support system and the components that relate to children and families.

Eligibility to claim Income Support (IS) which provides benefit for low income household subject to 3 tests:

1. Residence test – 5 years plus in Jersey
2. Work test – work or look for work if expected to
3. Income test – looks at whether you have any income or capital

Statistics shared with the Board included;

Roughly 50% of all claims with children are single parents with an average of 1.9 children where a claim is made by multiple adults and 1.5 where the claimant is a single adult with children. This does not necessarily reflect public presumption that benefit claiming families have lots of children.

The Policy Principal went on to highlight that only a small percentage of households with children are wholly reliant on Income Support.

Many parents claiming Income Support are working, those not working include grandparents or incapacitated carers.

Only 24% of children live in an IS claiming household with no earned income. When questioned regarding rent increases for single parents or overpayment of incomes support, the Policy Principal clarified that this was likely to result from claimants not informing Social Security about changes in circumstances.

On the matter of entitlements for care leavers, Income Support can accommodate need by making exceptions.

Meeting primary care costs for families and pregnant women on low income is also possible through Income Support. Children up to the age of 25 are considered the responsibility of their parents unless they have children themselves, are care leavers or cannot live with their parents.

The Income Support fund doesn't have capacity to support individual adults at degree level unless the course is defined as a critical skill such as Nursing, Social Work or on Island teacher training. This means that anyone on Income support seeking to access full-time study on non-critical courses must 'actively seek work' to continue to claim Income support making study impossible. One of the foundation degree courses being suggested by students as needing to be included as a critical skill includes Childhood Studies. The Board acknowledged that certain industries had a responsibility to skill up their staff but that the

Government, through the work of Skills Jersey should understand where shortages existed. This included what barriers students faced when pursuing career development.

Back to Work – parents on schemes are offered support but the Board was aware that once their child(ren) qualified for the 20 funded nursery hours or statutory education they were obliged to ‘actively seek work’ to be able to claim Income Support. These parents often face challenges finding part-time employment in term-time, wrap-around care such as breakfast and after school clubs are not covered by the Nursery Education Fund hours. The Board would take note of this when considering policy options.

The presentation is available on gov.je

The Board thanked both Bronwen from FNHC and the Policy Principal of Social Security Policy Team for their presentations and for giving the Board so much to think about.

The next meeting is scheduled for 30th September 2019, 2:30 – 17:00

5. Action Points

	Action required	Allocated to	Required by	Date completed
1	To arrange a meeting between FNHC and relevant HCS officers to discuss Health Visitor training.	MK	10 th September 2019	18 th September 2019
2	To provide data on uptake and evaluation of the Baby Steps programme	BW	10 th September 2019	18 th August 2019
3				
4				

Minutes agreed:



Senator Vallois
Chair of the Policy Board

Date:

XX September 2019

Agreed for publication:



Senator Vallois
Chair of the Policy Board

Date:

XX September 2019