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## Abbreviations

ASQ: Ages and Stages Questionnaire

BME: Black and minority ethnic

BMI: Body Mass Index

CAF: Common Assessment Framework

CBC: Child Behaviour Checklist

CCs: Children's centres

DCS: Directors of Children's Services

DWP: Department for Work and Pension

DfE: Department for Education

ECAT: Every Child A Talker programme

EYFS: Early Years Foundation Stages

EYFSP: Early Years Foundation Stages Profiles

FNP: Family Nurse Partnership programme

GLD: Good Level of Development (under the EYFS criteria)

HCP: Healthy Child Programme

IHE: Institute of Health Equity

JCP: Job Centre Plus

KIPS: Key Interactive Parenting Scale

LAs: Local authorities

LBW: low birth weight

REAL: Raising Early Achievement in Literacy programme

PEEP: Peers Early Education Partnership programme

WEMWBS: Warwick-Edinburgh Mental Well-being Scale

## Executive summary

In 2012, the Institute of Health Equity (IHE) developed the 'Equal Start'<sup>1</sup>, a framework that identifies the most important outcomes on which children's centres (CCs) should focus on to improve children's development and reduce health inequalities. In 2014, the IHE reviewed the best ways to measure the 21 outcomes of the 'Equal Start' and published the 'Measuring What Matters' report<sup>2</sup> which identifies a collection of robust indicators and measurement tools that could be used in CCs to evidence the impact of their services. Representatives from local authorities (LAs), CCs, Ofsted, academic institutions and 4Children were on the steering boards for these two reports. Many of these actors highlighted the need for a more central outcomes monitoring system in order to help CCs build their local evidence and to allow valid comparisons within and between areas.

### Objectives and methods

The main aim of this project was to describe the overall picture of children's outcomes monitoring in CCs across England. The specific objectives of this project were:

- Identify the main frameworks currently used to guide the outcomes monitoring in CCs
- Identify the measurement tools and data sources currently used to monitor outcomes in CCs
- Inform the global reach of the 'Equal Start' outcomes framework and the 'Measuring What Matters' recommendations

The methodology for this mapping project was based on different data sources. First, a survey was sent by email to all Directors of Children's Services (DCSs) in LAs, to a sample of CCs in all LAs and to the main charity organisations that run CCs. Phone and face-to-face interviews with a semi-structured questionnaire have also been conducted. All respondents were asked to share their different monitoring documents. The data analysis was conducted to describe the main frameworks, indicators, measurement tools and data sources currently used for the outcomes monitoring in CCs and to then compare this data with the 'Equal Start' framework and the 'Measuring What Matters' recommendations.

Through the variety of sources, the total number of LAs from which we received information on CCs' monitoring was 46, representing 30% of all LAs across England

### General information on the outcomes monitoring

Regarding the **frameworks used to inform the outcomes monitoring**, this project has shown that the vast majority of LAs have their own locally-developed performance management frameworks. The choice of their key performance indicators (KPIs) is usually based on various national frameworks, programmes and guidelines, and also on their local priorities, informed by a mixed set of data. The 'Ofsted framework' and the 'Early Years Foundation Stages' documentation (EYFS) were cited by almost all respondents, followed closely by the 'Core Purpose of Sure Start Children's Centres'. The 'Healthy Child Programme' (HCP) and the 'Common Assessment Framework' (CAF) were also reported by a significant proportion of participants as frameworks used to inform the outcomes monitoring. The 'Public Health outcomes framework' and the

'Family Star' tool were also cited, to a lesser extent. Finally, the use of the 'Equal Start' and other frameworks based on it were reported by some respondents.

Concerning the different **tools and methods employed to measure outcomes** in CCs in general, our results showed that there are a wide variety of tools currently used in CCs across England. The most cited methods to monitor outcomes in CCs were the use of external data (e.g. EYFSP, obesity rates, breastfeeding rates, adult learning registration data, etc.) and the use of process indicators, that were both reported by the vast majority of participants (> 90%). Also, more than 50% of respondents reported using the 'Family Star' (or similar types of tools) to track progress of families in their settings. Furthermore, locally-developed tools designed to evaluate impacts of specific interventions were cited by almost half of participants. Other types of tools like case studies, case files and the CAF were also often reported. Finally, according to our results, a small proportion (we estimate equating to between 10-30%) of CCs and LAs are currently using the type of standardised measurement instruments recommended by IHE to evidence impacts of their services.

### Monitoring on specific outcomes

This project has also provided information in regards to the monitoring being done on specific outcomes of the 'Equal Start'. In general, the **monitoring on outreach and engagement** of families seems very good, with all respondents reporting that data is systematically collected on this matter. However, each CC must define its own criteria for 'reaching' and 'engagement', resulting in a wide variety of indicators being used across England. A majority of respondents reported measuring 'sustained engagement with a particular focus on targeted families' by the number of contacts with a family in the last year, but many of them have not detailed their exact definition of 'sustained engagement' or their 'targeted families' criteria.

Regarding the **monitoring on children's development**, all respondents reported that children's development in general is monitored in CCs, with the communication and language outcomes being more specifically measured than the other areas of development. By far, the most cited way to monitor children's development outcomes was the use of external data, i.e. the EYFSP and the 2 year-old check data (with the ASQ), shared by the LA to CCs for their reach area. The monitoring of the 'Narrowing the Gap' indicator was reported by less than half of participants. Besides the use of external data, a significant proportion of participants also reported that children's development outcomes are directly measured in the CCs' settings, using a mix of 'Learning Journey' types of tools (based on the EYFS), locally-developed tools and programme-specific evaluations to track children's progress. However, only a few respondents reported making comparisons between the outcomes of children who attend CCs and the EYFSP of their reach area. Finally, other monitoring tools were also reported by a small proportion of participants, for example the use of case studies, CAF data and very few standardised instruments other than the EYFS and the ASQ.

Concerning the **monitoring of health outcomes** recommended in the 'Equal Start', a majority of respondents reported that CCs are currently monitoring obesity and breastfeeding rates, and to a lesser extent, low birth weight (LBW) and smoking during pregnancy. The most cited method to monitor health outcomes was by far the use of external data shared to CCs by the LA (e.g. public

health data, HCP data) or directly from health partners (e.g. midwiferies, local hospitals, GPs, health visitors). Less than half of participants reported that CCs are collecting data on health outcomes directly in their settings to evidence impacts of their interventions. When they do so, CCs use mostly process indicators and locally-developed tools for those attending their services (e.g. breastfeeding support sessions, smoking cessation sessions). None of the respondents reported using health statistics in the LA to make comparisons between those who have attended CC's services and those who have not.

Furthermore, our results showed that the vast majority of CCs and LAs are currently monitoring **outcomes surrounding parenting knowledge and skills**, and that they are using a wide range of different measurement tools to do so. The most frequently cited tools were those from specific evidence-based programmes (mainly BookStart, Triple P and The Incredible Years evaluation tools) and those locally-developed by CCs to evaluate impacts of their services that aim to improve parenting skills. The majority of respondents also reported using process indicators from a variety of parenting programmes (evidence-based or locally-developed) as a way to monitor outcomes in this category. A few respondents reported using standardised and validated instruments (e.g. Strengths and Difficulties Questionnaire and the Parenting Daily Hassles scale) to monitor parenting outcomes in general. Finally, other types of tools are also used by few CCs to measure parenting outcomes, for example the 'Family Star', the CAF and case studies.

Regarding **parents' mental wellbeing**, the outcomes from this area of the 'Equal Start' seem to be measured in a lesser proportion than for other areas, with less than half of the respondents reporting some monitoring by CCs on these specific outcomes. Here again, a wide variety of measurement tools are used across England. The most frequently cited monitoring instrument was the 'Family Outcomes Star' (or other similar types of tool), while only a few respondents reported the use of standardised instruments (e.g. the Parenting Daily Hassles scale and the WEMWBS). Process indicators and locally-developed evaluation tools were also mentioned as a method to monitor different services about mental wellbeing of parents. Finally, a few respondents reported monitoring this category of outcomes with only qualitative sources of data (e.g. workers' observations noted in case files, CAF and case studies).

Concerning **parents' skills, education and employment**, the vast majority of respondents reported this outcomes area of the 'Equal Start' as being monitored in their CCs and many of them are using high-quality measurements. Process indicators (e.g. attending or completing an adult learning courses offered by CCs or by a partner organisation) were the most cited method to monitor these outcomes, followed by the tracking of hard outcomes after a course completion (e.g. gaining an accredited qualification or moving into employment). A few CCs and LAs are even tracking longer term outcomes (e.g. still in employment after 6 months). Other types of monitoring are also widespread, with the use of locally-developed tools, of 'Family Star' types of tools and of case studies being reported by many respondents as a method to evidence CCs' impacts on parents' skills, education and employment. Finally, a significant proportion of respondents also reported using external data, mainly from DWP, JCP and Citizens Advice Bureau.

On a general point, there was consensus across respondents that the outcomes monitoring should be improved in CCs and that a more comparable monitoring system would help them.

Finally, we conclude that the use of the measures recommended by 'Measuring What Matters' really depends of the category of outcomes. To summarise, this project has shown that the monitoring on outreach and engagement and on the outcomes surrounding parents' skills, education and employment seems to be of high-quality. In general, the indicators around children's development and children's health are those recommended by 'Measuring What Matters, but most of CCs use only external data shared by LA for these outcomes, without making comparisons for those who have attended their services. Finally, the monitoring on parenting and on parent's mental wellbeing is generally of less quality, with very few or almost none of the respondents who reported using measures and tools recommended by 'Measuring What Matters'.

## Further work and Recommendations

It is important to note that only a quarter of Directors of Children's services responded, and in addition we have little information from other sources. We cannot claim this is an accurate national picture but do believe it provides a useful summary that illustrates, even within this sample, a high level of heterogeneity between areas and centres.

This was a short unfunded project and so those readers wishing to get a definitive answer to the picture of children's outcomes monitoring across England may want to consider a larger and more robust funded study. Nevertheless given the results from our sample we do feel that we can suggest some recommendations. In the light of our project's results, we recommend the following to central government:

- The DfE should develop a common outcomes monitoring system for all CCs, and include its use as an inspection criterion in the new Ofsted framework to enable commissioners, policy makers, and researchers to better understand what is and is not effective practice in children's centres;
- The monitoring system in CCs could helpfully build on the work of an 'Equal Start' framework and the recommendations of 'Measuring What Matters' because currently there is little uptake of standardised and robust measurement tools;
- The roles and responsibilities of CCs and health actors (e.g. public health, health visitors, GPs) in regards to children's health and parents' mental wellbeing should be clarified.
- Data sharing agreements between CCs, health actors (health visitors, midwiferies, local hospitals) and adult learning centres at the CC's reach area are problematic and ways to improve this should be looked at, including the use of legislative measures and the integration of data sharing agreement as an inspection criterion in the new Ofsted framework.

We also recommend the following measures to LAs and CCs:

- LAs should collaborate with the central government on the development of a more central and comparable outcome monitoring system, and they should have the responsibility for its implementation in CCs;

- Before the development and implementation of this new monitoring system, LAs and CCs should use the 'Measuring What Matters' recommendations to improve their existing outcomes monitoring. They are summarised in table 1:

Table 1. Summary of the general recommendations on outcomes monitoring from 'Measuring What Matters' <sup>3</sup>

- Standardised and validated instruments should be used wherever possible, as the gold standard of measurement, and modified versions of these tools should be avoided
- Other monitoring tools should be evaluated against external validated measures
- Independent assessments of the accuracy of measurement by internal staff should be routinely undertaken to benchmark and inform weighting factors to apply if relevant
- The monitoring should focus on hard outcomes instead of soft outcomes wherever possible
- Output and process indicators may be useful as interim outcome indicators when they are part of a theory-of-change model linking them to hard outcomes
- Qualitative methods are useful to provide information on the context in which the interventions take place, but they should not be used as a tool to evidence impacts and monitor outcomes

- LAs should ensure that they have sufficient numbers of trained staff to utilise robust evaluation tools in their settings and that the use of these tools is not perceived as an additional burden by CCs' workers;
- When programme-specific evaluation tools are used to monitor specific outcomes, LAs and CCs should ensure that the program is evidence-based for these outcomes and that the implementation of its activities is of high-quality before inferring trials results on those attending the program locally;
- To better evidence impacts of CCs, LAs should develop a system that allows comparisons of data between children and parents who have attended CCs' services and those who have not.

## Introduction

In 2012, the Institute of Health Equity (IHE) developed the 'Equal Start'<sup>4</sup>, a framework that identifies the most important outcomes on which children's centres (CCs) should focus on to improve children's development and reduce health inequalities. In 2014, the IHE reviewed the best ways to measure the 21 outcomes of the 'Equal Start' and published the 'Measuring What Matters' report<sup>5</sup> which identifies a collection of robust indicators and measurement tools that could be used in CCs to evidence the impact of their services. Representatives from local authorities (LAs), CCs, Ofsted, academic institutions and 4Children were on the steering boards for these two reports. Many of these actors highlighted the need for a more central outcomes monitoring system in order to help CCs build their local evidence and to allow valid comparisons within and between areas.

The reports were intended to help local areas better monitor important outcomes for children and their families. The rationale being that this will help to drive improvements in children's outcomes. Since the publication of the reports IHE have been made aware that some areas have been utilising the reports to varying degrees to help inform their measurement frameworks. . IHE therefore decided that it would be useful to get a better picture of the impact of their own work to help inform future next steps. We are also aware that there is little information regarding what children's centres are actually measuring that is publically available.

We cannot guarantee that this work is a statistically accurate picture of outcomes monitoring in England, given that the results rest on a three month piece of unfunded work, however we believe that it provides a useful indication that could be further tested and validated if this would be of interest.

## Aim and specific objectives of the project

The main aim of this project was to describe the overall picture of the outcomes monitoring in CCs across England.

The specific objectives of this project were:

- Identify the main frameworks currently used to guide the outcomes monitoring in CCs
- Identify the measurement tools and data sources currently used to monitor outcomes in CCs
- Inform the global reach of the 'Equal Start' outcomes framework and the 'Measuring What Matters' recommendations

## Methodology

### Target populations

This mapping project provides information in regards to the outcomes monitoring currently being done in Children’s Centres (CCs) across England. Thus, our target population for this project was mainly the Directors of Children’s Services (DCS), as they are the ones who are currently commissioning children’s services in local authorities (LAs). We also contacted the main charity organisations who are running CCs across England, asking them to share their monitoring system with us. Finally, we decided to collect data directly from CCs to compare their viewpoints and triangulate the results with the information provided by the LAs and the charity organisations. Table 2 shows the details on the recruitment and the participation of LAs and CCs for this project.

Table 2. Target populations and recruitment for the project

Target Populations	How they were contacted	# contacted	Positive responses	% of participants	Details
DCS in LAs	- Emails sent to all DCS in England, contacts provided by the Association of DCS	152	N=35	23%	- Most of the email’s addresses were accurate - Initially they had 2 weeks to participate, then a reminder was then sent to give them 2 more weeks
Charity organisations who are running CCs	- Emails sent by searching on different organisations’ websites	6	N=1	17%	- Emails sent through a general inquiry email, with a reminder sent when there were no answer
CC’s leaders	- Emails sent to a sample of 5 different CCs in each LA, with contacts provided by the website “Find a Sure Start Children’s Centre”	654	N=7	1%	- No direct access to emails of CC’s leaders - Many emails sent through a general inquiry email - A high proportion of email addresses were not accurate - Participants were often leaders of a hub of many CCs - CC’s leaders participating in the project gave us information on the monitoring system in their CC, but also in their LA.
IHE contacts from previous pieces of work	- By emails	N= 4 contacts (new information on 5 other LAs)			- Email exchanges with CC’s leaders, charity organisations, LA managers and academics - These contacts gave us information on the monitoring system in 7 LAs, including 5 LAs from which we did have any other data.
<b>Total number of LAs from which we got information on the monitoring system in their CCs (from DCS + from CC’s leaders + from IHE contacts) = 46 LAs (30%)</b>					

As shown in table 2, the participation for the charity organisations and the CCs was very low. This might partially be explained by the fact that we did not have a direct access to the emails of people in charge of monitoring in these organisations as we had for LAs. To contact them, we often had to proceed by contacting the general inquiry email and it's possible that our request for the project's participation never got through the relevant people. Because of this low participation rate, it was decided to combine all the data together to get a general picture of the current monitoring being done in CCs, mostly from the LAs' point of view, instead of trying to distinguish specificities from these different target populations. Therefore, a total number of 36 LAs did participate to the project, but the responses from the participating CC's leaders could inform us on what is being monitored in 10 more LAs, because they have shared with us information on the district-wide approach in their LA. Moreover, because of its previous pieces of work on outcomes monitoring in CCs, the IHE team had different contacts with some CC's leaders, charity organisations, LAs managers and academics involved with children's services. Therefore, some information from email exchanges with these contacts has also been used to complete the data collection for this project. As a result, combining all this, the total number of LAs from which we have received information on CCs' monitoring is 46, representing 30% of all LAs across England.

### Data collection

The email that was sent to DCS, CCs and charity organisations gave them the choice to participate in the project by 3 different ways: completing a survey, participating in a phone or a face-to-face interview, and/or sending us their documents on monitoring in CCs. They were told that all shared information and documents would be kept confidential and anonymous. Table 3 shows the details of these 3 different data sources. No matter what the chosen method to participate, the same basic questions were always asked to LAs and CCs about the following topics:

- The main frameworks used to guide their outcomes monitoring in CCs
- Their specific monitoring in regards to the 21 outcomes of the 'Equal Start' framework
- The other outcomes being monitored
- How all these outcomes are being measured (e.g.: tools, questionnaires, indicators, etc.)
- Other data sources used for their outcomes monitoring (e.g.: socio-demographic data, health data, data from DWP or from DfE, etc.)

Table 3. Data sources used for the project

Data sources	Numbers of participants	Details
Surveys	N=28 (LAs=24, CCs=4)	<ul style="list-style-type: none"> <li>- Many variations in the level of details provided and the quality of responses</li> <li>- Many referred to shared documents</li> <li>- Questions were not always interpreted correctly by all participants</li> </ul>
Phone interviews	N=6 (all from LAs)	<ul style="list-style-type: none"> <li>- Between 20-60 minutes, average of +/- 35 minutes</li> <li>- Most of times, very relevant and detailed information on monitoring and CCs' context</li> <li>- Most of participants also shared monitoring documents</li> </ul>
Face-to-face interviews	N=7 (LAs=4, CCs=2, Charity organisation=1)	<ul style="list-style-type: none"> <li>- Between 20-120 minutes, average of +/-60 minutes</li> <li>- Most of times, very relevant and detailed information on monitoring and CCs' context</li> <li>- Most of participants also shared monitoring documents</li> </ul>
Shared documents	N=28 (LAs=24, CCs=4)	<ul style="list-style-type: none"> <li>- Most common shared documents:                             <ul style="list-style-type: none"> <li>o Management performance framework/performance strategy</li> <li>o Key performance indicators/targets/priorities</li> <li>o Self-evaluation forms and annual conversation templates (for Ofsted's inspections)</li> <li>o Main frameworks used to guide their monitoring system (see next section)</li> <li>o Examples of evaluation tools</li> <li>o Examples of data shared with CCs by other partners</li> </ul> </li> <li>- The wide variety of shared documents have made the analysis of data very complex</li> </ul>

### Analysis of data

The collected data has been analysed by the main author of this report during a period of approximately 4 weeks. Each survey and shared document was read twice. The phone and face-to-face interviews that had been recorded (with their participant's agreement) were transcribed and re-read. An analysis framework was gradually developed to summarise all the collected data. The main challenge of the analysis concerned the wide diversity of information provided in the surveys and the shared documents. In fact, participants have interpreted the questions in a variety of ways and the level of given details also differs significantly. The collected data from the interviews are probably the most accurate, because it was possible to better explain what we were looking for and to ask participants for clarification.

For all these reasons, it was decided to describe the results with a 6-level classification rather than presenting precise numbers or percentages. Hence, it's obvious that the results of this project

are based on the relatively subjective judgement of the author, whose task it was to make sense of all this collected data. We believe that these results can be trusted to provide an indicative picture of the variety in outcomes measurement, but not to provide an accurate picture of the percentages utilising different frameworks or monitoring different outcomes. Table 4 details the classification system used in the next section on the results of the project:

Table 4. Classification system used for the data analysis

<b>% of respondents with a specific result</b>	<b>Approximate number of respondents with a specific result</b>	<b>Different terms used in the report</b>
> 90%	41-46	All/almost all
70-90%	33-40	A vast/large majority/most of
50- 70%	23-32	The majority/more than half/many
30-50%	14-22	A significant number/less than half
10-30%	5-13	Few/a minority/some
< 10%	0-4	Very few /none

### Limitations and strengths of this project

As already described in the last section, our analysis of the results was limited by the wide variety of the collected data and by the different levels of details reported by respondents. Because of the low participation rates, another limit of this project is the possibility of a participation bias, with respondents who might share different characteristics than non-participant CCs and LAs. However, although it is impossible to identify the influence this participation bias would have on the results we the information that we got, we have no indication that our project underestimates or overestimates the quality of the outcomes monitoring in CCs across England.

Furthermore, this mapping project was part of a traineeship, and the main author was a foreign fellowship student not familiar with the context of the UK who had just 3 months to conduct the work. Nevertheless, we believe that our results are as robust as they could be in the context of these constraints and they can provide useful information to improve the monitoring system in CCs. One of the major strengths of this project was the use of many different data sources (i.e. surveys, semi-structured interviews, documents analysis and field observations), with a mix of quantitative and qualitative information. We could compare the data from these different methodologies and take into account perspectives of LAs and CCs. We've collected a huge amount of data in a short period of time. Finally, almost all respondents reported that this mapping project was very relevant for their work and that they would be interested to read this report. There was a consensus on the fact that the outcomes monitoring should be improved in CCs and that a more comparable monitoring system would help them.

## Results and discussion

### General information on the outcomes monitoring in CCs

#### Frameworks used to guide the outcomes monitoring in CCs

In this section, we present the most frequently cited frameworks being used by LAs and CCs to guide their outcomes monitoring. The vast majority of LAs have their own locally-developed

Performance Management frameworks, but they are using these different kinds of documents to decide on which key performance indicators (KPI) their CCs should work on. In general, these KPI are influenced by a combination of different national frameworks, programmes and guidelines (table 5) and their local priorities, based on a mixed set of external data. It is important to understand that even though these frameworks have been reported by LAs and CCs as an influence to their monitoring system, it does not mean they have necessarily integrated every outcome and indicator from them. In most cases (except for the Ofsted framework), they are usually utilising just parts of these frameworks to align with their local priorities.

Unsurprisingly, the Ofsted framework<sup>6</sup>, including its self-evaluation form, annual conversation and inspection handbook used by the inspectors, was by far the most often reported framework used to guide the monitoring system in CCs. In almost all LAs, the outcomes being measured are organised around the Ofsted's requirements and targets, because CCs' performance is regularly inspected against them. Two other statutory documents for CCs were frequently cited to guide the monitoring: The 'Core Purpose of Sure Start Children's Centres' and the 'Sure Start Children's Centres Statutory Guidance'<sup>7</sup>. Even though these three documents are used by almost all CCs because of the legal requirements they encompass, they do not detail the specific outcomes on which CCs should work on. Instead, they describe wide categories of objectives. Therefore, LAs and CCs still need to identify precise targets, and to demonstrate the impact of their services on those locally-chosen outcomes.

Many other documents are used by LAs and CCs to guide their monitoring system, as detailed in table 5 that contains responses reported more than one time by respondents. Among them, the Early Year Foundation Stage<sup>8</sup> is the statutory framework for all early year providers (including childminders, preschools and nurseries) that sets standards for the learning, development and care of children from birth to 5 years old. It is thus often used by CCs to guide outcomes around these areas, even if the CCs do not necessarily provide childcare in their settings. The 'Public Health Outcomes Framework'<sup>9</sup> and the 'Healthy Child Programme' (HCP)<sup>10</sup> were also cited as major influences to decide which health issues are to be reported on by CCs. The 'Common Assessment Framework' (CAF)<sup>11</sup> and the 'Family Outcome Star'<sup>12</sup> were also cited as frameworks used to guide outcomes monitoring in CCs.

Finally, it seems that the 'Equal Start' framework has also influenced the monitoring in a significant number of LAs. A few respondents reported having directly used it directly to develop the outcomes monitoring in their LA (n=6). Moreover, some participants mentioned that their outcomes monitoring was either based on the 4Children 'Narrowing the Gap Outcomes Framework'<sup>13</sup> (n=4) or the 'Children and Families Framework'<sup>14</sup> developed by CA Salt Consultancy Ltd (n=3). These two latest frameworks are directly incorporating the Equal Start outcomes, thus we could consider that the 'Equal Start' has played a direct influence in the monitoring of approximately 30% LAs.

Table 5: Most important frameworks and other influential documents used to guide outcomes monitoring in CCs

Frameworks/Documents	% who reported using it in their CCs	Details
The Ofsted framework	> 90%	<ul style="list-style-type: none"> <li>- Statutory framework for all CCs, with their performance being regularly inspected against its criteria</li> <li>- Includes a self-evaluation form, an annual conversation template (meeting between CCs and LAs) and the inspection handbook used by inspectors</li> </ul>
The Early Year Foundation Stage framework (EYFS)	> 90%	<ul style="list-style-type: none"> <li>- Statutory framework for all early year providers (including childminders, preschools and nurseries)</li> <li>- Sets standards for the learning, development and care of children from birth to 5 years old, divided into 3 prime areas and 4 specific areas</li> </ul>
The Core Purpose of Sure Start Children's Centres	50-70%	<ul style="list-style-type: none"> <li>- Outlines the Government's vision about the goal of CCs: "improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities"</li> <li>- Focuses on 3 main areas: child development and school readiness; parenting aspirations, self-esteem and parenting skills; child and family health and life chances</li> </ul>
The Healthy Child Programme (HCP)	30-50%	<ul style="list-style-type: none"> <li>- Department of Health programme for the early life stages</li> <li>- Describes universal preventative services to implement like physical and mental health review, screening, immunisation, development check and counseling about different topics (e.g. healthy behaviours, parenting practices, etc.)</li> </ul>
Common Assessment Framework (CAF)	30-50%	<ul style="list-style-type: none"> <li>- Although designed as a needs assessment tool (see next section), the CAF was reported by many as a framework used to guide their outcomes monitoring</li> <li>- Also referred as the Early Help Assessment (EHA)</li> </ul>
The Public Health Outcomes framework	10-30%	<ul style="list-style-type: none"> <li>- Defines a series of desired outcomes to improve public health from 2013 to 2016, and the indicators to measure them</li> <li>- Divided into 4 domains: wider determinants of health, health improvement through healthy lifestyles, health protection and healthcare</li> </ul>
The Family Outcomes Star	10-30%	<ul style="list-style-type: none"> <li>- Although more designed as an evaluation tool to track family's progress (see next section), the Family Star was reported by many as a framework used to guide their outcomes monitoring</li> </ul>
The Equal Start outcomes framework	10-30%	<ul style="list-style-type: none"> <li>- Developed by the IHE, identifies the 21 most important outcomes on which CCs should focus on</li> <li>- A specific question was asked about the use of the Equal Start framework, thus possibly inducing a bias that overestimates its reach</li> </ul>
The Narrowing the Gap Outcomes Framework	< 10%	<ul style="list-style-type: none"> <li>- Developed by 4Children, commissioned by DfE</li> <li>- Based on the 'Equal Start', with only some outcomes rephrasing and reorganisation</li> </ul>
The Children and Families Framework	< 10%	<ul style="list-style-type: none"> <li>- Developed by CA Salt Consultancy Ltd</li> <li>- Incorporates outcomes from different frameworks, including those from the 'Equal Start'</li> </ul>

## Measurement tools and other data sources used to monitor outcomes in CCs

This section outlines the different methods employed to measure and evidence outcomes in CCs. Our results show that there is a wide variety of tools currently used in CCs across England, some of them being prescribed by LAs while other CCs have more autonomy of deciding how they organise their outcomes monitoring. Sometimes the outcomes are measured by quantitative tools, sometimes they are evaluated by qualitative data. Sometimes CCs use standardised instruments, sometimes they prefer developing their own evaluation questionnaires. Finally, sometimes progress made is assessed only by the parents, sometimes solely by the workers, but most of times, it is from a consensus between both of them. Summarising all the collected data was a complex task, because the respondents provide different kinds of information and different levels of details to our semi-structured questionnaire. We have divided the measurement tools into 8 main categories, detailed in table 6. For each of these categories, a proportion of respondents who reported using this type of tools was estimated, based on our data analysis.

The most cited methods to monitor outcomes in CCs were the use of external data (e.g. EYFSP, obesity rates, breastfeeding rates, adult learning registration data, etc.) and the use of process indicators, that were both reported by the vast majority of participants (> 90%). Also, more than 50% of respondents reported using the 'Family Star' (or similar types of tools) to track progress of families in their settings. Furthermore, locally-developed tools designed to evaluate impacts of specific interventions were cited by almost half of participants. Other types of tools like case studies, case files and the CAF were also often reported. Finally, according to our results, only a small proportion (between 10-30%) of CCs and LAs are currently using standardised measurement instruments to evidence impacts of their services. Table 6 also presents an overall judgment on the quality of those different ways to monitor outcomes in CCs, based on the recommendations of 'Measuring What Matters'.

Table 6. Different types of monitoring tools used in CCs

Types of monitoring tools	% using this type of tool to monitor outcomes	Details	Quality of this type of tool according to 'Measuring What Matters'
Use of external data	<b>&gt; 90%</b>	<ul style="list-style-type: none"> <li>- Data that is not collected directly in CCs and that is shared with them by different organisations: health visitors, midwiferies, local hospitals, social care, DWP, adult learning course providers, JCP, etc.</li> <li>- Mostly intended to inform priorities targets in CCs and their planning of services, but sometimes used for their monitoring</li> <li>- Few CCs currently compare outcomes from families attending their services with data from their reach area, but there is an interest to do so, especially for the EYFSP and some health outcomes like breastfeeding and tobacco cessation</li> <li>- Details on the use of external data is presented in each section on specific outcomes monitoring</li> </ul>	<ul style="list-style-type: none"> <li>- Some of the external data shared with CCs is aligned on the recommendations of 'Measuring What Matters' (e.g. EYFSP, ASQ, breastfeeding rates, obesity rates, etc.)</li> <li>- Only monitoring trends in the reach area is a very weak method to assess CCs' impacts because of considerable numbers of possible bias</li> <li>- Comparing data for children attending CCs with external data from their reach area would be a robust way to monitor outcomes</li> </ul>
Process indicators	<b>&gt; 90%</b>	<ul style="list-style-type: none"> <li>- Data collected on those registering, attending or completing a specific service, activity or programme provided in CCs (or by a partner organisation)</li> <li>- Process indicators can be a number of participants (e.g. number of mothers attending a breastfeeding session) or a proportion (e.g. % of targeted families who were referred to a Family Support worker, or % of registered parents who have completed an evidence-based parenting programme)</li> </ul>	<ul style="list-style-type: none"> <li>- Generally, using only process indicators to track individual progress is not recommended, as receiving an intervention does not necessarily improve outcomes</li> <li>- Process indicators are recommended to monitor the reach and the sustained engagement of families, because of the distinctive nature of this outcomes category</li> <li>- For a few specific outcomes, 'Measuring What Matters' suggests the use of process indicators as satisfactory measures. It is the case for some outcomes on children's health and on parent's education, skills and employment.</li> </ul>

Types of monitoring tools	% using this type of tool to monitor outcomes	Details	Quality of this type of tool according to 'Measuring What Matters'
'Family Outcomes Star' and similar types of tools	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- This category of tools are usually designed as a needs assessment tool</li> <li>- Each outcome is periodically assessed with a numerical rating outcome (e.g. from 1 to 10), based on a consensus between parents and workers</li> <li>- In most cases, these tools are used by CCs to track individual progress within the context of a 1:1 support intervention for targeted families</li> <li>- Many other tools based on the same principles as the 'Family Star' were reported by respondents: the 'Soft Outcome Universal Learning' (SOUL) tool developed by 4Children, the 'Journey of Change' from the Children and Families framework, or different locally-developed similar tools</li> <li>- Data provided by these tools is often compiled by CCs to evidence impacts of their interventions as well as to monitor trends for some specific problems among the most disadvantaged of their service's users</li> </ul>	<ul style="list-style-type: none"> <li>- In general, 'Measuring What Matters' recommends the use of standardised and validated instruments</li> <li>- The 'Family Star' has been tested by front-line workers in service delivery settings, but the validity and reliability of the tool has not been assessed</li> <li>- If a specific tool from this type is used, external validation is recommended to inform its robustness</li> <li>- If used, these kinds of tools should focus on measuring hard outcomes instead of soft outcomes</li> </ul>
Locally-developed evaluation tools for specific intervention	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- For group intervention participants excluding more widespread accredited programmes</li> <li>- Depending of the type of intervention, sometimes filled at the end of each session, sometimes filled at the beginning and the end of multi-sessions intervention</li> <li>- Usually consist of a mix of close-ended and open-ended questions on child/parent's progress according to the parent's point of view</li> <li>- Few CCs ask their workers to complete evaluation forms for the overall group's participation</li> <li>- Ex: Evaluation forms for stay-and-play session, breastfeeding support session, locally-developed language programme, adult learning course, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- Locally-developed evaluation tools are generally considered a methodologically weak method to monitor outcomes</li> <li>- If used, these tools should focus on measuring hard outcomes instead of soft outcomes whenever possible</li> <li>- If used, external validation of this type of tools is recommended to inform their robustness</li> </ul>

Types of monitoring tools	% using this type of tool to monitor outcomes	Details	Quality of this type of tool according to 'Measuring What Matters'
Other types of tools: case files, CAFs and case studies	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- The case files are used by workers to note the needs assessment, the details of the intervention and their observations on the progress of a family/parent/child, using almost exclusively qualitative information</li> <li>- The CAFs is a statutory needs assessment used when there are issues about safeguarding and welfare, or when more than 2 organisations are involved with a child. It also contains the action plan for a family and track their progress, using almost exclusively qualitative information</li> <li>- Case studies are also based on qualitative information to capture a family/ parent/child's journey through a specific service or the overall positive impact of attending the CC's services</li> </ul>	<ul style="list-style-type: none"> <li>- Although 'Measuring What Matters' recognises a certain value of using qualitative data to describe the family context in which the interventions take place, it does not recommend it as a way to monitor outcomes in CCs</li> <li>- These types of tools are subject to many possible bias (e.g. setter bias, social desirability bias)</li> </ul>
Standardised instruments	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Quantitative measurement instruments that have usually been validated by robust studies to evaluate their accuracy in measuring a specific concept</li> <li>- Measure hard outcomes rather than soft outcomes</li> <li>- In this classification, do not refer to an evaluation tool from a specific programme, but rather to a general tool to evaluate an outcome or a group of outcomes</li> <li>- These instruments can be used to track individual progress in a 1:1 support intervention or for a group intervention's participants</li> <li>- A list of standardised instruments used by CCs is presented in each section on specific outcomes monitoring</li> </ul>	<ul style="list-style-type: none"> <li>- Considered as the gold standard of measurement, as they were subject to robust validity and reliability testing</li> <li>- Should thus always be used when feasible</li> <li>- The staff should always be trained before using specific standardised instruments</li> </ul>
Programme-specific evaluation tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific programme to track progress of those who are attending/completing it</li> <li>- Do not refer to locally-developed programme, but rather to programmes usually implemented in many LAs, with some evidence base supporting its use</li> <li>- A list of programme-specific evaluation tools used by CCs is presented in each section on specific outcomes monitoring</li> </ul>	<ul style="list-style-type: none"> <li>- In general, 'Measuring What Matters' recommends the use of standardised and validated instruments not linked to a specific programme</li> <li>- However, these types of tools could be of good quality if some external validation have been made against robust measurements</li> </ul>

## Monitoring on specific outcomes

In this section, we present the information concerning the specific outcomes that are currently monitored in CCs across England. Because one of the aims of this project was to evaluate the global reach and impact of the 'Equal Start' framework, a comparison was made with its 21 outcomes. However, to facilitate the synthesis of the collected data, the outcomes classification used here is slightly different than in the 'Equal Start'. We actually rearranged them in 6 categories because most of CCs and LAs organise them that way. For example, all the health outcomes (low birth weight, obesity, breastfeeding, tobacco during pregnancy) are regrouped.

For each of these outcomes categories, we first outline the corresponding 'Equal Start' outcomes with the recommended measures of 'Measuring What Matters'. We then present a general picture of the monitoring of the specific outcomes in this category and some links are made with the Ofsted's framework (appendix A). Some examples of outcomes and indicators as labelled in the monitoring documents shared with us by CCs and LAs are presented for each category in appendix B. Finally, we analyse the most cited monitoring tools of the category and compare the overall measurement of these outcomes against the recommendations of 'Measuring What Matters'.

### 1. Monitoring on outreach and engagement

This section presents our results in regards to the monitoring currently being done in CCs on outreach and sustained engagement with families. Table 7 presents the only outcome from the 'Equal Start' related to this category, and the recommended measures from 'Measuring What Matters'.

Table 7. 'Equal Start' outcome on outreach and engagement and recommended measures from 'Measuring What Matters'

**A. Effective outreach and sustained engagement with the wider community, with a particular focus on the most disadvantaged families**

- % of disadvantaged and all families with young children (0-5) registered and who have sustained contact with children's centre (community and population - level measure) (*satisfactory measure*)

In general, the monitoring on outreach and engagement of families seemed very good (table 8). All respondents with no exception reported that CCs are systematically collecting data on this outcome, with many different indicators. The fact that CCs are evaluated against many Ofsted's targets related to this outcome category may explain the importance according to it (appendix A, table XY). According to Ofsted, each CC must define its own criteria for 'reaching' and 'engagement'.

The data on the number and percentage of families that are registered, reached and engaged with the CC is collected in an electronic database system, compiling all individual children and parents that have attended a specific activity. CCs also need to identify the targeted families on which

they should focus on (e.g. lone parents, children living in poverty, BME, etc.) according to their local needs assessment. All respondents to our project reported breaking down data on the number of registered, reached targeted families, according to their own definitions of targeted families. A majority of them also reported measuring sustained engagement with the number of contacts with a family in the last year, but many of the survey's respondents haven't detailed their exact definition of sustained engagement. Examples of different indicators outcomes and indicators used by CCs are shown in appendix B (table 30). Comparing to the 'Measuring What Matters' recommendations, the monitoring on outreach and engagement (with a particular focus on targeted families) in CCs seems excellent, but more details would be needed to conclude that all of them are effectively measuring sustained engagement with families.

**Table 8. Monitoring on outreach and engagement**

Outcome from the 'Equal Start'	% monitoring this specific outcome	Details on monitoring
A. Effective outreach and sustained engagement with the wider community, with a particular focus on the most disadvantaged families	<b>&gt; 90%</b>	<ul style="list-style-type: none"> <li>- Data on the number / % of registered, reached and engaged families, with each CC defining these terms according to the number and the type of contacts with these families</li> <li>- Data is collected on the number / % of families attending every activity or session, and those completing a specific programme</li> <li>- All respondents reported breaking down this data for different targeted families, also defined by each CC</li> <li>- A majority reported measuring sustained engagement by the number of contacts with the family (e.g. 2, 3, 6 contacts in the last 12 months)</li> <li>- All this data is collected and analysed with an electronic database system like 'E-Start' or 'CCM Soft Smart'</li> </ul>

## 2. Monitoring on children's development

This section presents our results in regards to the monitoring currently being done in CCs on children's development. Table 9 presents the outcomes from the 'Equal Start' related to this category (with the exception of outcomes on physical development included in the next section on health outcomes), and the recommended measures from 'Measuring What Matters'.

Table 9. 'Equal Start' outcomes on children's development and their recommended measures from 'Measuring What Matters'

- 1. All children are developing age appropriate skills in drawing and copying**
  - 2. Children increase the level to which they pay attention during activities and to the people around them**
  - 3. Children are developing age appropriate comprehension of spoken and written language**
  - 4. Children are building age appropriate use of spoken and written language**
  - 5. Children are engaging in age appropriate play**
  - 6. Children have age appropriate self-management and self-control**
- Good level of development' indicator - % of children achieving a 'good level of development' on the EYFSP at age 5 (*satisfactory measure*)
  - 'Narrowing the gap' indicator - narrowing the gap between the lowest achieving 20% in the EYFSP and all children (*satisfactory measure*)
  - Early Years Foundation Stage Framework (EYFSP) and supporting non-statutory guidance (typical behaviours at different developmental milestones) (*satisfactory measure*)
  - Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire Social-Emotional (ASQ:SE) (*gold standard measures*)

Outcomes monitoring on children's development seems to be very important in CCs, as the improvement of children's development and school readiness is perceived as a major objective of their services. As shown in table 10, more than 90% of respondents reported monitoring children's development outcomes in general. The fact that CCs are evaluated against many Ofsted's targets related to children's development and school readiness may explain the importance accorded to this category (appendix A, table 25). It was more difficult to get details on the specific outcomes 1 to 6 of the 'Equal Start', as many participants only provided information for all them together. Nevertheless, it is obvious that the communication and language outcomes are monitored specifically in a higher proportion than outcomes on socio-emotional development or cognitive development. Some examples on children's development outcomes and indicators described in the monitoring documents that were shared with us by CCs and LAs are presented in appendix B (table 31).

The monitoring of children's development outcomes in CCs across England is composed of a wide variety of measurement tools and data sources (table 11). More than 90% of respondents reported using external data, mostly the EYFSP shared with CCs for their reach area, with around 30-50% who break down the 'Good Level of Development' data to get the 'Narrowing the Gap' indicator. Data on different subgroups of children is often shared with CCs to inform their choices of targeted families and plan their services, for example the EYFSP in the most deprived areas or

for a particular priority groups. Moreover, a significant proportion of CCs ( $\approx 30-50\%$ ) also seems to receive data from the HCP, with information on the 2 year-old check done by health visitors in their reach area (based on the ASQ). However, even though the vast majority of CCs seem to receive external data on the EYFSP and/or the ASQ, a very few of respondents reported using this data to make comparisons between those who have attended CCs and those who have not.

Furthermore, about 30-50% of respondents reported the use of 'Learning Journey' types of tools based on the EYFS or the ASQ directly in their CC's settings (excluding those providing childcare as it is mandatory in these settings) and a similar proportion reported using locally-developed tools (not validated) to track progress on children's development. Less than 30% reported making comparisons between the internal data collected from these tools and external data, but some LAs told us that they plan to do such comparisons in the short term. Many program-specific evaluation tools are also used in CCs as a way to monitor outcomes on children's development, the most important ones being tools from communication and language interventions like BookStart, Every Child A Talker (ECAT) and WellComm. Finally, other measurement tools and data sources used for children's development outcomes monitoring in a lesser proportion are summarised in table 11.

Finally, comparing to the 'Measuring What Matters' recommendations, the monitoring on children's development could be improved if more validated and standardised instruments were used to directly track progress of children in CCs. A promising avenue would be to compare EYFSP and the ASQ data from the 2 year-old checks between children attending CC's services and those who don't in the reach area. An external validation of locally-developed tools is desirable, or at least some randomly assigned testing with more objective measurement to assess the probability of a setter bias or a social desirability bias. Using solely other kinds of tools (CAF, case studies, etc.) and process indicators is not recommended, as we consider they are very weak methods to evidence impacts on children's development outcomes.

**Table 10. Overall monitoring on specific outcomes from the ‘Equal Start’ about children’s development**

Areas for focus from the ‘Equal Start’	Outcomes from the ‘Equal Start’	% reported monitoring this specific outcome	Notes
Children’s development in general		<b>&gt; 90%</b>	<ul style="list-style-type: none"> <li>- This category was created during the data analysis to classify participants’ responses when their monitoring system and measurement tools were more about children’s development outcomes in general rather than about specific outcomes of the <i>Equal Start</i></li> <li>- As demonstrated by this very high percentage, almost all participants reported monitoring children’s development in general, but some of them only use EYFSP data for their reach area, meaning that they do not necessarily track progress of children attending their CCs.</li> </ul>
	Cognitive development	1. All children are developing age appropriate skills in drawing and copying	<b>&lt; 10%</b>
2. Children increase the level to which they pay attention during activities and to the people around them		<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Was often seen as being part of the monitoring on communication and language outcomes, as paying attention is a step towards speech comprehension (e.g. ECAT programme tools measure attention)</li> </ul>
Communication and language	3. Children are developing age appropriate comprehension of spoken and written language	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- Most of participants made no distinction between outcome 3 (comprehension of language) and outcome 4 (use of language), so it was impossible to separate them here</li> </ul>
	4. Children are building age appropriate use of spoken and written language		
Social and emotional development	5. Children are engaging in age appropriate play	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Most of participants made no distinction between outcomes 5 and 6, because their monitoring was about socio-emotional development in general, so impossible to separate them here</li> </ul>
	6. Children have age appropriate self-management and self-control		

**Table 11. Monitoring tools for children’s development outcomes**

Monitoring tools	% using this type of tool to monitor outcomes	Notes
External data	<p style="text-align: center;"><b>&gt; 90%</b></p> <p>Comparisons between children who attend CCs and those who don’t: <b>&lt; 10%</b></p>	<ul style="list-style-type: none"> <li>- Data not collected directly in CCs, but rather shared by different organisations or by their LA</li> <li>- There was some confusion in participants’ responses about this external data being actually used for their monitoring of children’s development outcomes, or only being used to evaluate local needs and inform planning</li> <li>- Shared EYFSP data is always for CC’s reach area, but variable for other data that is sometimes only shared for the area of a locality, a city, a borough, etc.</li> <li>- Most cited sources of external data:               <ul style="list-style-type: none"> <li>o EYFSP data &gt; 90%</li> <li>o EYFSP Narrowing the Gap indicator: 30-50%</li> <li>o HCP data 30-50%</li> <li>o Data from health visitors and GP</li> </ul> </li> </ul>
‘Learning Journey’ types of tool based on the EYFS or the ASQ	<p style="text-align: center;"><b>30-50%</b> (all EYFS, no ASQ)</p> <p>Comparisons between the data from these tools and external data: <b>10-30%</b></p>	<ul style="list-style-type: none"> <li>- Tools directly based on the EYFS or the ASQ, used in CCs to track progress of children attending their services in general or attending a specific activity that aims to improve development</li> <li>- Mostly based on the worker’s observations, but parents’ opinions often taken into consideration</li> <li>- Those who only use this kind of tools in the CC with childcare (as it is a statutory framework for them) were not included in the analysis</li> </ul>
Locally-developed tools to track children’s development progress	<p style="text-align: center;"><b>30-50%</b></p>	<ul style="list-style-type: none"> <li>- Locally-developed tools to monitor different areas of children’s development (language, play, social and emotional learning, etc.), used to track progress of those attending CC’s services in general or a specific activity that aim to improve development</li> <li>- Are not directly based on the EYFS, ASQ nor any other validated measurement tools</li> <li>- Sometimes these tools are based on workers’ observations, sometimes on parents’ opinions</li> <li>- These tools can use both quantitative data (e.g. rating a development area from 1 to 5 in regards to some statements) or qualitative data (e.g. give an example of a typical sentence your child would use to ask for something)</li> </ul>
Programme-specific evaluation tools	<p style="text-align: center;"><b>30-50%</b></p>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific programme that aims to improve children’s development in general, or some specific areas of development</li> <li>- Do not refer to locally-developed programme, but rather to programmes usually implemented in many LAs with some evidence base</li> <li>- Most of these programmes focuses on improving speech and language outcomes, but some of them aim the overall child’s development</li> </ul>

Monitoring tools	% using this type of tool to monitor outcomes	Notes
		<ul style="list-style-type: none"> <li>- List of cited programme-specific tools:               <ul style="list-style-type: none"> <li>o Book Start Corner tools 10-30%</li> <li>o ECAT tools &lt; 10%</li> <li>o WellComm tools &lt; 10%</li> <li>o REAL tools &lt; 10%</li> <li>o EXE screening &lt; 10%</li> <li>o Baskets and Opportunities programme tools &lt; 10%</li> <li>o PEEP tools &lt; 10%</li> </ul> </li> <li>- Evaluating the robustness of each of these tools and reviewing the evidence base of these programmes was beyond the objectives of this project</li> </ul>
Process indicators	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Types of indicators that provide information on the number of children attending a specific activity or completing a programme to improve development in general (e.g. Stay-and-Play sessions) or a specific area of development (e.g. speech and language programme)</li> <li>- All CCs and LAs probably collect data on process indicators, but only respondents who have identified them as a way they use to monitor children's development outcomes are recorded here</li> <li>- These indicators were almost always used for some locally-developed activity or programme, and not for well-known evidence-based programme</li> </ul>
Standardised instruments (other than EYFS and ASQ)	<b>&lt; 10%</b>	<ul style="list-style-type: none"> <li>- Measurement instruments composed of a standardised set of questions, usually validated to evaluate children's development in general or some specific areas of development</li> <li>- EYFS and ASQ were excluded, as they constitute a distinct category because of their importance</li> <li>- These tools are not linked to a specific programme but can rather be used to evidence impacts of different kinds of interventions</li> <li>- List of cited standardised instruments:               <ul style="list-style-type: none"> <li>o Strengths and Difficulties Questionnaire &lt; 10%</li> <li>o Child Behaviour Checklist &lt; 10%</li> <li>o Children's Global Assessment Scale &lt; 10%</li> </ul> </li> <li>- Evaluating the robustness of each of these tools was beyond the objectives of this project</li> </ul>
Other types of tools	<b>&lt; 10%</b>	<ul style="list-style-type: none"> <li>- This category regroups other types of tools that have been reported by CCs and LAs as a way to monitor children's development outcomes</li> <li>- List of cited other measurement tools (all of them reported only by one participant):               <ul style="list-style-type: none"> <li>o Family Outcomes Star and similar kinds of tools &lt; 10%</li> <li>o Case studies &lt; 10%</li> <li>o CAF &lt; 10%</li> </ul> </li> </ul>

### 3. Monitoring on children's health outcomes

This section presents our results in regards to the monitoring currently being done in CCs on children's health. Table 12 presents the outcomes from the 'Equal Start' related to this category (physical development is also included here), and the recommended measures from 'Measuring What Matters'.

Table 12. 'Equal Start' outcomes on children's health and their recommended measures from 'Measuring What Matters'

**7. Fewer children born with low birth weight**

- % of term babies born with low birth weight (*gold standard measure*)

**8. Fewer children with high or low Body Mass Index**

- % of children with high or low Body Mass Index (standardised BMI measure) (*gold standard measure*)

**9. Fewer women are exposed to tobacco smoke during pregnancy**

- Smoking status at time of delivery indicator (*satisfactory measure*)
- % of women identified as being exposed to carbon monoxide (CO) during pregnancy (*satisfactory measure*)
- % of households with at least one smoker: referred to smoking cessation programmes; who set a quit smoking date, and who ultimately quit (*satisfactory measures*)

**10. More mothers who breastfeed**

- % of mothers who totally or partially breastfeed at initiation, 6-8 weeks and longer (*gold standard measure*)
- % of mothers attending breastfeeding / peer support groups (*satisfactory measure*)

Outcomes monitoring on children's health in CCs seems important for the majority of LAs and CCs. However, compared to children's development, improving health outcomes is less likely to be perceived as the main objective of CCs, but more as a shared responsibility with other organisations. As shown in table 13, the majority of respondents reported outcomes 7 to 10 of the 'Equal Start' as being monitored in some way, with a higher proportion for the monitoring of obesity and breastfeeding. The Ofsted framework is less clear about health requirements than for others categories of outcomes (appendix A, table 26), although it describes a sub-area about improving families' lifestyles and also evaluates if the health targets set up by the CC are met as a result of their services or by services provided by partner agencies. Nevertheless, some participants highlighted the debate around their level of responsibility towards the HCP in general, with a few of them reporting that the monitoring of health outcomes is solely the responsibility of the health sector.

The monitoring of children's health outcomes in CCs across England is composed of a wide variety of measurement tools and data sources (table 14). A vast majority of respondents reported using external data from different health partners and organisations, mainly from public health, health visitors, midwiferies and local hospitals. Most of the health information shared with CCs includes

indicators similar as those recommended by 'Measuring What Matters'. Examples of different indicators used by CCs concerning LBW, BMI, tobacco smoking and breastfeeding are shown in appendix B (table 32). However, the health data sharing was described as very challenging by many respondents, with many statistics only available for the whole borough and not for CCs' reach areas, or data not shared in a timely manner. Locally-developed tools are also used by a few LAs and CCs to evidence impacts of their health services, for example self-reported pre- and post-intervention measure on soft outcomes (e.g. knowledge, attitudes, confidence to change) and harder health outcomes (e.g. willingness to stop smoking in the next month). These locally-developed tools are not based on any validated instruments and are thus possibly subject to different kinds of bias. Less than half of the respondents also reported using process indicators to monitor health outcomes in their CCs, for example the number of parents attending activities antenatal sessions, healthy eating sessions, smoking cessation sessions or breastfeeding support sessions. Finally, no standardised instruments were cited for monitoring this outcomes category and no one reported making comparisons between outcomes of families attending CCs and the data for the reach area or the borough.

In summary, although LAs and CCs are currently monitoring many health indicators recommended in 'Measuring What Matters' on LBW, BMI, tobacco during pregnancy and breastfeeding, CCs do not use these measures within their settings for those attending their activities. They rather utilise the data shared from LAs and health partners to inform their priorities on these health outcomes. The measurement tools used directly in CCs to evidence impacts of their services on health outcomes seem weak and would gain to be upgraded by the monitoring harder outcomes, or to be evaluated by external validation. Nevertheless, some process indicators used by many CCs (e.g. mother attending breastfeeding support sessions and parents who have completed a smoking cessation programme) are identified as satisfactory measures in 'Measuring What Matters' and their utilisation should be encouraged until more robust measures are implemented.

**Table 13. Overall monitoring on specific children’s health outcomes from the ‘Equal Start’**

Areas from the ‘Equal Start’	Outcomes from the ‘Equal Start’	% reported monitoring this specific outcome	Notes
Physical development	7. Fewer children born with low birth weight	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- The vast majority of those who reported this outcome as being monitored in their CCs only make comparison between LBW for their reach area (when available) and borough-wide data to inform their services</li> <li>- Only one respondent reported monitoring LBW for expectant mothers attending their services</li> <li>- Very few reported using process indicators and soft outcomes in links with their antenatal sessions to monitor LBW</li> <li>- Many reported LBW as being a shared responsibility with health partners</li> <li>- Many reported that their role about LBW was unclear, or that it is not an outcome under their responsibility</li> </ul>
	8. Fewer children with high or low Body Mass Index	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- The majority of those who reported BMI, obesity or overweight as being monitored in their CCs only make comparison between obesity rates for their reach area and borough-wide data to inform their services</li> <li>- None reported BMI as being measured directly for children attending CC</li> <li>- Many monitor this outcome only via process indicators</li> <li>- A few use soft outcomes about healthy eating and physical activity (e.g. knowledge, attitudes, confidence, etc.)</li> <li>- Many reported obesity and overweight as being a shared responsibility with health partners</li> <li>- Many reported that their role about obesity was unclear, but only very few consider CCs have no responsibility toward it</li> </ul>
Creating a safe and healthy environment	9. Fewer women are exposed to tobacco smoke during pregnancy	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- The majority of those who reported this outcome as being monitored in their CCs only make comparison between ‘Smoking during pregnancy’ rates for their reach area (when available) and borough-wide data to inform their services</li> <li>- Many monitor this outcome only via process indicators for their smoking cessation sessions</li> <li>- Very few use hard outcomes like stopping tobacco for those attending CC’s services</li> <li>- Tobacco smoke during pregnancy is often seen as a shared responsibility with health partners</li> </ul>

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	% reported monitoring this specific outcome	Notes
	10. More mothers who breastfeed	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- A few consider that CCs have no responsibility toward this outcome</li> <li>- The majority of those who reported this outcome as being monitored only make comparison between breastfeeding rates for their reach area (when available) and borough-wide data to inform their services without tracking progress for those attending CCs</li> <li>- A majority monitor this outcome only via process indicators or satisfaction questionnaire for those attending breastfeeding support sessions</li> <li>- A few reported measuring breastfeeding rates in their CCs</li> <li>- Many reported breastfeeding as being a shared responsibility with health partners</li> <li>- None reported that breastfeeding is not the CCs' responsibility</li> </ul>

**Table 14. Monitoring tools on children’s health outcomes**

Monitoring tools	% using this type of tools to monitor outcomes	Notes
External data	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- Data not collected directly in CCs, but rather shared to them by different health organisations or by their LA</li> <li>- There was some confusion in participants’ responses about this external data being actually used for their monitoring of children’s health outcomes, or only being used to evaluate local needs and inform planning</li> <li>- Respondents have identified many challenges with the sharing of health data</li> <li>- Breastfeeding and obesity rates are often shared for CC reach area, but it is rarely the case for LBW and ‘smoking at delivery’ data, most often shared for a locality area or at wide-borough level.</li> <li>- Most cited sources of external data:               <ul style="list-style-type: none"> <li>o Public health data</li> <li>o Health partners data (GP, health visitors, midwiferies, local hospitals)</li> <li>o Data from the HCP</li> <li>o ChiMat data</li> <li>o FNP data</li> <li>o Data from GP</li> </ul> </li> </ul>
Process indicators	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- Types of indicators that provide information on the number (or percentage) of parents attending/completing a specific activity/programme about child’s health in general or on specific health issues in links with the <i>Equal Start</i> outcomes</li> <li>- All CCs and LAs probably collect these kinds of data for all their activities, but here are only the respondents who have identified process indicators as a way they use to monitor children’s health outcomes in their settings</li> <li>- Types of activities with process indicators being used to monitor the <i>Equal Start</i> health outcomes:               <ul style="list-style-type: none"> <li>o Antenatal sessions</li> <li>o Healthy lifestyle sessions</li> <li>o Smoking cessation sessions</li> <li>o Breastfeeding sessions</li> </ul> </li> </ul>
Locally-developed evaluation tools for a specific activity/intervention	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Locally-developed tools to monitor progress of children or parents attending an activity or completing a local programme about child’s health in general, or on specific health issues in links with the ‘Equal Start’ outcomes</li> <li>- Almost always based on pre-post questionnaire with self-reported progress by parents</li> <li>- Almost always measure soft outcomes (e.g. feeling supported, improving knowledge), with few of them monitoring hard outcomes (e.g. smoking cessation or breastfeeding rates)</li> </ul>

Monitoring tools	% using this type of tools to monitor outcomes	Notes
		<ul style="list-style-type: none"> <li>- These tools can use both quantitative data (e.g. rate your willingness to stop smoking from 1 to 5) or qualitative data (e.g. describe something you've learned in this session)</li> <li>- None of participants reported making comparisons on health outcomes between those who attended CC's services and data for the reach area, except one CC that track LBW babies for mother attending antenatal sessions</li> </ul>
Programme-specific evaluation tools	<b>&lt; 10%</b>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific programme that aims to improve children's health outcomes in general, or some specific areas of health</li> <li>- Do not refer to locally-developed programme, but rather to programmes usually implemented in many LAs with some evidence base</li> <li>- Only the HENRY programme evaluation forms were cited for this category of measurement tools, with questions asked about knowledge and attitudes on healthy lifestyle</li> </ul>

#### 4. Monitoring on parenting

This section presents our results in regards to the monitoring currently being done in CCs on parenting. Table 15 presents the outcomes from the 'Equal Start' related to this category (including outcome 20 on knowledge and application of good parenting), and the recommended measures from 'Measuring What Matters'.

Table 15. 'Equal Start' outcomes on parenting and their recommended measures from 'Measuring What Matters'

**11. More parents are regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes**

**12. More parents are reading to their child every day**

- The Early Home Learning Environment Index (EHLEI) (*satisfactory measure*)

**13. More parents are regularly engaging positively with their children**

**14. Improved parental responsiveness and secure parent-child attachment**

**15. More parents are setting and reinforcing boundaries**

**20. More parents are increasing their knowledge and application of good parenting**

- The Keys to Interactive Parenting Scale (KIPS) (*satisfactory measure*)

The monitoring on parenting outcomes seems very important in CCs, as the improvement of parenting skills is perceived as a major objective of their services. As shown in table 16, more than 90% of respondents reported monitoring parenting outcomes in general. The fact that CCs are evaluated against many Ofsted's targets related to parenting may explain the importance according to this category (appendix A, table 27). In terms of the 'Equal Start', specific outcomes related to the home learning environment are being monitored by less than the majority of the respondents, while those related to positive parenting seem to be monitored by more than half of them. Monitoring on outcome 20 (knowledge and application of good parenting) was reported in the highest proportion (~70-90%). Some examples on parenting outcomes and indicators described in the monitoring documents that were shared with us by CCs and LAs are presented in appendix B (table 33).

The monitoring of parenting outcomes in CCs across England is composed of a wide variety of measurement tools, as detailed in table 17. The most frequently cited tools, in a proportion of 50-70% each, were those from specific evidence-based programmes (mainly BookStart, Triple P and The Incredible Years evaluation tools) and those locally-developed to evaluate impacts of different CCs' services that aim to improve parenting skills. This latter type of tools is almost always based on pre- and post-intervention questionnaire with progress against - sometimes soft, sometimes hard - outcomes being self-reported by parents. These locally-developed tools are not based on any validated instruments and are thus possibly subject to different kinds of bias.

Furthermore, a few respondents ( $\approx 10-30\%$ ) reported using standardised and validated instruments to monitor parenting outcomes in general, with the Strengths and Difficulties Questionnaire (SDQ) and the Parenting Daily Hassles scale being slightly cited more often than the 6 others. Only one respondent reported the use of the Key Interactive Parenting Scale (KIPS), the recommended measure from 'Measuring What Matters' for outcomes 13, 14, 15 and 20 of the 'Equal Start'. The majority of respondents also reported using process indicators from a variety of parenting programmes and activities as a way to monitor outcomes in this category. A distinction was made between process indicators for evidence-based programmes ( $\approx 10-30\%$ ) and those from locally-developed parenting programmes ( $\approx 50-70\%$ ) because the former is considered a more robust way to measure impacts if the evidenced-based programme is well implemented (concept of inference to a local context). Finally, other types of tools are also used by few CCs to measure parenting outcomes, for example the 'Family Star', the Common Assessment Framework (CAF) and case studies (table 17).

In summary, although the vast majority of CCs and LAs are currently monitoring many parenting outcomes from the 'Equal Start' in some way, a very few of them use the recommendations of 'Measuring What Matters'. The majority of respondents rather reported the use of not sufficiently validated tools to track progress of parents. The monitoring of parenting outcomes in CCs would be a lot more robust if it was based on standardised and validated instruments as the EHLEI and the KIPS. In general, the evaluation tools should measure harder parenting outcomes (e.g. reading more to their child, setting boundaries) and would benefit from an independent assessment to inform about potential bias. Nevertheless, process indicators and specific tools from well evidence-based parenting programmes are used by many CCs and their utilisation should be encouraged as a satisfactory measure (given a high-quality implementation) until more robust instruments are employed.

**Table 16. Overall monitoring on specific parenting outcomes from the ‘Equal Start’**

Areas for focus from the ‘Equal Start’	Outcomes from the ‘Equal Start’	% reported monitoring this specific outcome	Notes
Parenting skills in general		<b>&gt; 90%</b>	<ul style="list-style-type: none"> <li>- This category was created during the data analysis to classify participants’ responses when their monitoring system and measurement tools were more about parenting outcomes in general rather than about specific outcomes of the <i>Equal Start</i></li> <li>- Many of those who responded ‘no’, ‘indirectly monitored’ or ‘not labelled like this’ about the specific outcomes of the <i>Equal Start</i> were classified here as monitoring parenting outcomes in general after reviewing details of their measurement tools</li> </ul>
Promoting an active learning environment	11. More parents are regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- There was much overlap and some confusion in participants’ responses between outcome 11 and outcome 12, as many have common tools for monitoring the home learning environment in general, so impossible to distinguish them in the data analysis</li> <li>- Also some overlap in participant’s responses with the measurement of these outcomes and the monitoring of children’s language outcomes</li> <li>- A vast majority reported using soft outcomes (e.g. knowledge of the importance of talking to the child, self-confidence in reading more regularly)</li> <li>- Many of the reported tools also include some questions to evaluate harder outcomes (e.g. learning new songs, having access to new reading material, or reading more to their child)</li> <li>- Monitoring of this outcome almost exclusively via self-reporting, with no direct observation by CCs’ workers</li> </ul>
	12. More parents are reading to their child every day		
Positive parenting	13. More parents are regularly engaging positively with their children	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- There was much overlap and some confusion in participants’ responses between outcome 13 and outcome 14, so impossible to distinguish them in the data analysis</li> <li>- Often monitored by a mix of measurement tools</li> <li>- A vast majority reported using soft outcomes (e.g. increasing knowledge or self-confidence in active listening)</li> <li>- Many monitoring tools only use self-reported outcomes by parents, but many of them also include direct observations of the parent-child interaction by CCs’ workers</li> </ul>
	14. Improved parental responsiveness and secure parent-child attachment		

Areas for focus from the 'Equal Start'	Outcomes from the 'Equal Start'	% reported monitoring this specific outcome	Notes
	15. More parents are setting and reinforcing boundaries	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- Often monitored by a mix of measurement tools</li> <li>- Many reported using soft outcomes (e.g. knowledge and confidence in managing their child's behaviour)</li> <li>- A few reported tools evaluating hard outcomes (e.g. application of setting a routine, application of setting boundaries)</li> <li>- Monitoring of this outcome almost exclusively via self-reporting, with no direct observation by CCs' workers</li> </ul>
Knowledge and skills	20. More parents are increasing their knowledge and application of good parenting	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- Many of those who reported monitoring this outcome just referred to their responses for the <i>Equal Start</i> outcomes 11 to 15</li> <li>- Higher proportion of no answer for this outcome for those who have completed the survey</li> <li>- Often monitored by a mix of measurement tools</li> </ul>

**Table 17. Monitoring tools for parenting outcomes**

Monitoring tools	% using this type of tools to monitor outcomes	Notes
Programme-specific evaluation tools	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific parenting programme</li> <li>- Do not refer to locally-developed programme, but rather to programmes usually implemented in many LAs with some evidence base</li> <li>- Programmes focusing on the home-learning environment to improve language development were included in this category (e.g. BookStart tools evaluating if parents read to their child)</li> <li>- List of cited programme-specific tools:               <ul style="list-style-type: none"> <li>o BookStart evaluation tools 10-30%</li> <li>o Triple P evaluation tools 10-30%</li> <li>o Incredible Years evaluation tools 10-30%</li> <li>o Solihull evaluation tools &lt; 10%</li> <li>o ECAT evaluation tools &lt; 10%</li> <li>o REAL evaluation tools &lt; 10%</li> <li>o Early Words Together evaluation tools &lt; 10%</li> <li>o PEEP evaluation tools &lt; 10%</li> </ul> </li> <li>- Evaluating the robustness of each of these tools and reviewing the evidence base of these programmes was beyond the objectives of this project</li> </ul>
Locally-developed evaluation tools for a specific activity/intervention	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- Locally-developed tools to monitor progress of parents attending an activity or completing a local programme about parenting in general, or on specific parenting skills directly in links with the 'Equal Start' outcomes</li> <li>- Almost always based on pre-post questionnaire with self-reported progress by parents</li> <li>- A few reported also using worker's observations to complete parent's self-reported evaluation forms</li> <li>- These tools almost always measure soft outcomes (e.g. feeling supported, improving knowledge and self-confidence in parenting)</li> <li>- Few of these tools measure hard outcomes (e.g. reading more to their child, setting boundaries)</li> <li>- These tools can use both quantitative data (e.g. rating a statement from 1 to 5 about a specific parenting practice) or qualitative data (e.g. name something you've changed after attending this course)</li> </ul>
Process indicators	<b>50-70%</b>	<ul style="list-style-type: none"> <li>- Types of indicators that provide information on the number (or percentage) of parents starting/attending/completing a specific parenting programme</li> <li>- All CCs and LAs probably collect this information for all their parenting programmes, but here are only the respondents who have identified process indicators as a way to monitor parenting outcomes in their settings</li> </ul>

Monitoring tools	% using this type of tools to monitor outcomes	Notes
		<ul style="list-style-type: none"> <li>- A distinction was made between process indicators for evidence-based programmes and those from locally-developed parenting programmes (or not otherwise specified) because using the concept of inference, the former is a more robust way to monitor impacts than the latter.               <ul style="list-style-type: none"> <li>o Evidence-based programmes: 10-30%</li> <li>o Locally-developed programmes (or not otherwise specified): 50-70%</li> </ul> </li> </ul>
Standardised instruments (not linked to a specific programme)	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Measurement instruments composed of a standardised set of questions, usually validated to evaluate parenting skills in general or some specific aspects of parenting</li> <li>- List of cited standardised instruments:               <ul style="list-style-type: none"> <li>o Strengths and Difficulties Questionnaire &lt; 10%</li> <li>o Parenting Daily Hassles scale &lt; 10%</li> <li>o Key Interactive Parenting Scale &lt; 10%</li> <li>o Parenting Stress Index &lt; 10%</li> <li>o Parent-Infant Relationships Global Assessment Scale &lt; 10%</li> <li>o Parent Problem Checklist &lt; 10%</li> <li>o Warwick-Edinburgh Mental Well-being Scale &lt; 10%</li> <li>o Parental attachment scale &lt; 10%</li> </ul> </li> <li>- Each of these instruments was only reported once, except for the SDQ (n=3) and the Parenting Daily Hassles (n=2)</li> <li>- Evaluating the robustness of each of these tools was beyond the objectives of this project</li> </ul>
'Family Outcomes Star' and similar types of tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- The Family Outcomes Star and similar types of tools evaluating and tracking parents' progress are used by some LAs and CCs to monitor impacts on parenting skills in general</li> <li>- For example, the Family Star includes a rating on managing behaviours, setting boundaries and family routine</li> <li>- The rating is generally a consensus between worker's observations and the parent's opinions</li> </ul>
Other types of tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- This category regroups other types of tools that have been reported as a way to monitor parenting outcomes</li> <li>- It was difficult to understand from participants' responses if these tools were actually being used to monitor parenting outcomes in CCs, or only to guide the action plan with a family</li> <li>- List of cited other types of tools:               <ul style="list-style-type: none"> <li>o Case studies 10-30%</li> <li>o CAF &lt; 10%</li> <li>o Worker's observations in case files &lt; 10%</li> </ul> </li> </ul>

## 5. Monitoring on parents' mental wellbeing

This section presents our results in regards to the monitoring currently being done in CCs on parents' mental wellbeing. Table 18 presents the outcomes from the 'Equal Start' related to this category, and the recommended measures from 'Measuring What Matters'.

Table 18. 'Equal Start' outcomes on parents' mental wellbeing and their recommended measures from 'Measuring What Matters'

**16. More parents are experiencing lower levels of stress in their home and in their lives**

**17. More parents with good mental wellbeing**

- General Health Questionnaire (GHQ-12) / Patient Health Questionnaire (PHQ) or similar (*satisfactory measure*)
- Life Satisfaction and Affect Balance indicators (*satisfactory measure*)

**18. More parents have greater levels of support from friends and/or family**

- The Multi-dimensional Scale of Perceived Social Support (MSPSS) (*satisfactory measure*)

The parents' mental wellbeing is an area where outcomes monitoring in CCs seems to be done in a lesser proportion than other areas, as detailed in table 19. Outcomes 16 and 17 from the 'Equal Start' on stress and mental wellbeing, as well as outcome 18 on social support are reported as being currently monitored by less than half of the respondents. To our knowledge, the Ofsted framework doesn't not identify any specific targets surrounding mental wellbeing of parents, and only describe a broad sub-area on improving families' health and wellbeing (appendix A, table 28). As for the children's health outcomes, there is a debate around the responsibility of CCs towards the HCP in general, including parents' mental health. A few respondents reported that the monitoring of this category of outcomes was the sole responsibility of the health actors and not theirs. More generally, improving parent's stress, mental health and support is more perceived as a shared responsibility with CCs' partners, like health visitors and mental health workers. Some examples of outcomes and indicators of this category, as described in some monitoring documents shared by CCs and LAs, are presented in appendix B (table 34).

The outcomes monitoring on parents' mental wellbeing outcomes in CCs across England is composed of a wide variety of measurement tools, as detailed in table 20. The most frequently cited monitoring tool was the 'Family Star' ( $\approx$  30-50%), as 3 of its areas rated together by CCs' workers and parents are directly aligned on mental wellbeing, namely 'your well-being', 'meeting emotional needs' and 'social networks'. It is important to note that although the 'Family Star' has been tested by front-line workers in service delivery settings, validity and reliability of the tool has not been assessed<sup>15</sup>. Only a few respondents reported the use of standardised instruments (six different ones), the most cited being the Parenting Daily Hassles scale (n=2) and the WEMWBS (n=2). Solely one respondent reported the use of a standardised and validated instrument recommended in 'Measuring What Matters', namely the Patient Health Questionnaire (PHQ). All other types of monitoring tools were reported as being used by less than 30% with details shown in table 20. Process indicators and locally-developed evaluation tools were mentioned as a way

to monitor different activities about mental wellbeing of parents, for example support intervention for cases of post-natal depression and group sessions to link families together. Finally, a few reported monitoring this category of outcomes with only qualitative sources of data (e.g. workers' observations noted in case files, CAF and case studies).

In summary, it appears that almost none of CCs are using the recommendations of 'Measuring What Matters' to measure outcomes on parents' mental wellbeing. When some monitoring is done, the majority of respondents reported the use of not sufficiently validated tools to track progress of parents. The monitoring of this category of outcomes in CCs would be a lot more robust if it was based on standardised and validated instruments, for example the PHQ to measure stress and mental health, and the MSPSS to measure the social support. In general, the locally-developed evaluation tools should measure hard outcomes (e.g. feeling sad, quality of sleeping) and they would benefit from an external assessment against more validated instruments to inform about potential bias. Nevertheless, the first challenge here is probably to convince CCs that they have a responsibility toward parents' mental wellbeing, as it is an important outcome to focus on in order to improve children's development and reduce health's inequalities.

**Table 19. Overall monitoring on specific parents' mental wellbeing outcomes from the 'Equal Start'**

Area from the 'Equal Start'	Outcomes from the 'Equal Start'	% reported monitoring this specific outcome	Notes
Good mental wellbeing	16. More parents are experiencing lower levels of stress in their home and in their lives	30-50%	<ul style="list-style-type: none"> <li>- There was much overlap and some confusion in participants' responses between outcome 16 and outcome 17, as many have common tools for monitoring the mental wellbeing in general, including stress, so it was impossible to distinguish them in the data analysis</li> <li>- Stress and mental wellbeing are monitored in CCs by a wide variety of methods, the most common being the 'Family Star' type of tools</li> <li>- A few LAs and CCs reported some evaluation tools on hard outcomes but most of times, only soft outcomes are monitored</li> <li>- Many respondents reported that they are developing partnership with health workers to improve parents' mental health and share information between organisations</li> <li>- A few respondents reported that mental health outcomes are not the responsibility of CCs, as for other health outcomes under the HCP</li> </ul>
	17. More parents with good mental wellbeing		<ul style="list-style-type: none"> <li>- Even though a significant proportion of respondents reported this specific outcome as being monitored in their CCs, a few provided details on how it is measured</li> <li>- The most common cited tools to monitor the parents' level of support was the 'Family Star' and other similar tools, mostly used by family support worker during their 1:1 intervention</li> <li>- A few reported using a pre- and post-intervention questionnaire based either on a standardised instruments or a locally-developed evaluation tool</li> </ul>

**Table 20. Monitoring tools on parents' mental wellbeing outcomes**

Monitoring tools	% using this type of tools to monitor outcomes	Notes
'Family Outcomes Star' and similar types of tools	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- The Family Outcomes Star and similar types of tools evaluating and tracking parents' progress are used by some LAs and CCs to monitor impacts on parents' mental well-being</li> <li>- For example, the Family Star includes a rating on 'your well-being', on 'meeting emotional needs' and on 'social networks'</li> <li>- Rating from 1 to 10 is based on a consensus between the worker's observations and the parent's opinions</li> </ul>
Standardised instruments (not linked to a specific programme)	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Measurement instruments composed of a standardised set of questions, usually validated to parents' mental well-being in general or some specific aspects of it or some related factors</li> <li>- In most cases, these tools are only used within 1:1 intervention when the family worker suspects that mental well-being might be an issue, and not systematically for all parents attending a particular activity</li> <li>- List of cited standardised instruments:               <ul style="list-style-type: none"> <li>o Parenting Daily Hassles scale &lt; 10%</li> <li>o Warwick-Edinburgh Mental Well-being Scale (WEMWBS) &lt; 10%</li> <li>o Patient Health Questionnaire &lt; 10%</li> <li>o Parenting Stress Index &lt; 10%</li> <li>o Relation Quality Index &lt; 10%</li> <li>o Positive and Negative Affect Scale &lt; 10%</li> </ul> </li> <li>- Each of the instruments cited above was only reported by one respondent, except for the Parenting Daily Hassles (n=2) and the WEMWBS (n=2)</li> <li>- Evaluating the robustness of each of these tools was beyond the objectives of this project</li> </ul>
Locally-developed evaluation tools for a specific activity/intervention	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Locally-developed tools to monitor progress of parents attending an activity or completing a local programme to improve their mental wellbeing in general (e.g. support groups for mothers with post-natal depression) or some specific aspects related to it (e.g. activity to improve social support by linking families together)</li> <li>- Almost always based on pre-post questionnaire with self-reported progress by parents, sometimes measuring soft outcomes, sometimes asking for change on harder outcomes</li> <li>- These tools can use both quantitative data (e.g. rating a statement from 1 to 5 about a specific symptom like feeling sad) or qualitative data (e.g. name something that has changed after attending this course)</li> </ul>
Process indicators	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Types of indicators that provide information on the number (or percentage) of parents starting/attending/completing a specific activity to improve their mental well-being</li> </ul>

Monitoring tools	% using this type of tools to monitor outcomes	Notes
		<ul style="list-style-type: none"> <li>- All CCs and LAs probably collect these kinds of data for all their activities on parents' mental well-being, but here are only the respondents who have identified process indicators as a way they use for their outcomes monitoring</li> <li>- Examples of cited process indicators about parent's mental well-being:               <ul style="list-style-type: none"> <li>o Number attending a programme to link families together</li> <li>o Number of mental health counselling done</li> <li>o Number of parents referred to specialised services for substance dependencies</li> <li>o Number attending to post-natal depression programme</li> <li>o Number of families experiencing mental health issues seen</li> </ul> </li> </ul>
Other types of tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- This category regroups other types of tools that have been reported by CCs and LAs as a way to monitor outcomes on parents' mental well-being</li> <li>- It was difficult to understand from participants' responses if these tools were actually being used to monitor mental health outcomes in CCs, or only to guide the action plan with a family</li> <li>- List of other cited types of tools:               <ul style="list-style-type: none"> <li>o Worker's observations in case files 10-30%</li> <li>o Case studies &lt; 10%</li> <li>o CAF &lt; 10%</li> </ul> </li> </ul>
External data	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- Data about mental health outcomes not collected directly in CCs, but rather shared with them by different health partners or by their LA</li> <li>- Many more CCs probably receive this kind of data, but here are only the respondents who have identified it as a way to help their monitoring on parents' mental well-being</li> <li>- There was some confusion in participants' responses about this shared data being actually used for their monitoring of mental health outcomes, or only being used to evaluate local needs and inform planning</li> <li>- Respondents have identified many challenges with data sharing about mental health, as it is the case for other health outcomes (see section XYZ)</li> <li>- Examples of cited external data:               <ul style="list-style-type: none"> <li>o Information from different health workers (health visitors, FNP workers, mental health workers)</li> <li>o Data from the HCP (maternal mood assessments at the 6-8 week visit)</li> <li>o Data on postnatal depressions and adult depressions within a CC's reach area</li> <li>o Social care data (domestic violence, substance misuse, etc.)</li> </ul> </li> </ul>

Monitoring tools	% using this type of tools to monitor outcomes	Notes
Programme-specific evaluation tools	<b>&lt; 10%</b>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific programme that includes some monitoring of parents' mental well-being.</li> <li>- All the reported evaluation tools here were from evidence-based parenting programmes, and none was specifically targeting parents' mental health issues</li> <li>- List of cited programme-specific tools: <ul style="list-style-type: none"> <li>o Incredible Years evaluation tools n=2 &lt; 10%</li> <li>o Triple P evaluation tools n=1 &lt; 10%</li> <li>o Solihull evaluation tools n=1 &lt; 10%</li> </ul> </li> <li>- Evaluating the robustness of each of these tools and reviewing the evidence base of these programmes was beyond the objectives of this project</li> </ul>

## 6. Monitoring on parents' skills, education and employment outcomes

This section presents our results in regards to the monitoring currently being done in CCs on parents' skills, education and employment. Table 21 presents the outcomes from the 'Equal Start' related to this category (except outcome 20 that was included in the section on parenting), and the recommended measures from 'Measuring What Matters'.

Table 21. 'Equal Start' outcomes on parents' skills, education and employment outcomes and their recommended measures from 'Measuring What Matters'

**19. More parents are improving their basic skills, particularly in literacy and numeracy**

- % of CC users with low-level qualifications achieving entry, foundation and intermediate level numeracy and literacy qualifications (*satisfactory measure*)

**21. More parents are accessing good work or developing the skills needed for employment, particularly those furthest away from the labour market**

- % of families in work (*gold standard measure*)
- % of families identified as willing, ready and able to work in receipt of job-seekers allowance and/or low income benefits (*satisfactory measure*)
- 'satisfaction with allocation of time' indicator (*satisfactory measure*)
- % of families attending and completing 'work readiness' and learning skills programmes (*satisfactory measure*)
- % of families accessing high quality, affordable early education (*satisfactory measure*)

Outcomes monitoring on parents' skills, education and employment seems important for the majority of LAs and CCs. However, improving the outcomes in this category is often perceived as a shared responsibility with other organisations. As shown in table 22, the vast majority of respondents reported outcomes 19 and 20 of the 'Equal Start' as being monitored in some way. The Ofsted's framework states quite clearly that CCs should provide opportunities for parents to participate in activities to work on their basic skills, their education and their employability (appendix A, table 29). Ofsted also describes specific targets about improving literacy, numeracy and language skills, as well as enhancing their chances of qualifications and employment. It is thus not surprising that the monitoring in CCs against outcomes 19 and 21 of the 'Equal Start' is well developed compared to other outcomes categories. Some examples of outcomes and indicators, as labelled in some monitoring documents shared by CCs and LAs, are presented in appendix B (table 35).

There is a wide variety of monitoring tools used to measure parents' skills, education and employment outcomes in CCs across England (table 23). A vast majority of respondents reported using process indicators to monitor these outcomes, and many of them are tracking some of the satisfactory measures recommended in 'Measuring What Matters'. For example, CCs and LAs compile the number (and/or percentage) of targeted parents attending activities to improve their numeracy and literacy skills or completing an adult learning course that can be offered directly by CCs or by a partner organisations. Furthermore, more than the majority of respondents (~30-50%) reported monitoring hard outcomes by tracking those who obtained an accredited qualification or who moved into employment after completing any kind of adult learning course by CCs or by

a local partner to whom the parent had been referred by a CC's worker. A few CCs and LAs are even tracking longer term outcomes (e.g. still in employment after 6 months). Besides process indicators and hard outcomes monitoring, a significant proportion of respondents also reported using socio-demographic data (e.g. children living in workless household, children living in poverty, level of education) almost always shared with CCs for their reach area and coming from different organisations, mainly from DWP, JCP and Citizens Advice Bureau. Data sharing challenges were also outlined here, but in a lesser proportion than for health data.

Moreover, locally-developed tools are also used by many of LAs and CCs ( $\approx$ 30-50%) to evidence their impacts on parents' skills, education and employment. Almost all cited evaluation tools of this type are about self-reported soft outcomes (e.g. improving knowledge or self-confidence on how to write a CV or find a job, self-reported improvements in literacy and numeracy, etc.) and because none of them are based on validated instruments, they are possibly subject to different kinds of bias. Finally, other types of monitoring tools were also reported by a few respondents, for example the 'Family Star', case files and case studies, as detailed in table 23.

In summary, the outcomes monitoring being done by LAs and CCs in regard to parents' skills, education and employment is generally of relatively good quality if we compare it against 'Measuring What Matters' recommendations. As a matter of fact, a majority of respondents reported using process indicators and/or tracking hard outcomes for those attending adult learning course, identified as satisfactory measures. Nevertheless, many reported using methodologically weak measurement tools and would gain to move towards more robust monitoring to evidence the impacts of CCs on improving outcomes in this category.

**Table 22. Overall monitoring on specific outcomes from the ‘Equal Start’ about parents’ skills, education and employment**

Area from the ‘Equal Start’	Outcomes from the ‘Equal Start’	% reported monitoring this specific outcome	Notes
Knowledge and skills	19. More parents are improving their basic skills, particularly in literacy and numeracy	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- There was much confusion and overlap in participants’ responses between outcome 19 and outcome 21, as many reported common tools, so it was impossible to distinguish them in the data analysis</li> <li>- Basic skills, education and employment outcomes are monitored by a wide variety of methods, the most common being the use of process indicators on those who attend/complete different adult learning courses and the numbers of parents volunteering in CCs</li> <li>- LAs and CCs reported monitoring on soft and hard outcomes in similar proportions</li> <li>- Many respondents reported that they have developed partnerships with local adult learning providers and data sharing protocols, as it is one of the Ofsted’s criteria</li> <li>- Some respondents reported these outcomes as being a shared responsibility with other partners</li> <li>- A very few respondents reported these outcomes are not the responsibility of CCs</li> </ul>
	21. More parents are accessing good work or developing the skills needed for employment, particularly those furthest away from the labour market		

**Table 23. Monitoring tools on parents' skills, education and employment outcomes**

Monitoring tools	% using this type of tools to monitor outcomes	Notes
Process indicators	<b>70-90%</b>	<ul style="list-style-type: none"> <li>- Types of indicators that provide information on the number (or percentage) of parents starting/attending/completing a specific activity/course/programme to improve their basic skills, education and employment outcomes</li> <li>- Many more CCs and LAs probably collect this type of data, but here are only the respondents who have identified process indicators as a way they use to monitor outcomes on parents' skills, education and employment</li> <li>- Process indicators for 3 different kinds of CC's service were highlighted:               <ul style="list-style-type: none"> <li>o Adult learning courses (including on basic literacy/numeracy): 50-70%</li> <li>o Volunteering in CCs: 30-50%</li> <li>o Sessions on financial management (budget, debt advices, welfare, etc.): 10-30%</li> </ul> </li> </ul>
Data to track hard outcomes after a course completion	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- This category includes all respondents who have reported tracking hard outcomes on basic skills, education and employment in their CCs</li> <li>- This kind of data is collected after the completion of an adult learning course or a job training to evaluate if the attending parent have gained an accredited qualifications and/or have moved to employment</li> <li>- A few respondents reported tracking long term outcomes (e.g. still in employment after 6 months)</li> <li>- The course/training can be offered directly in CC's settings or throughout a partner adult learning centre (or local JCP) where the parent has been referred by the CC               <ul style="list-style-type: none"> <li>o Monitoring of 'accredited qualifications' outcomes: 10-30%</li> <li>o Monitoring of 'moving into employment' outcomes: 30-50%</li> </ul> </li> </ul>
Locally-developed evaluation tools for a specific activity/intervention	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- Locally-developed tools to monitor progress of parents attending an activity or completing a local programme to improve their basic skills, education level or employment status</li> <li>- All the evaluation tools in this category are about soft outcomes (e.g. improving knowledge or self-confidence on how to write a CV or find a job, self-reported improvements in literacy and numeracy, etc. ), as measurement of hard outcomes is included in the next category below</li> <li>- These locally-developed evaluation tools can use both quantitative data (e.g. rating a statement from 1 to 5 about a specific statement) or qualitative data (e.g. name something that you have learned during this course)</li> </ul>

External data	<b>30-50%</b>	<ul style="list-style-type: none"> <li>- Data on education, employment or financial situation of families that is not collected directly in CCs, but rather shared with them by different partners or by their LA</li> <li>- Those who reported using external data (adult learning providers and JCP linked to CCs) for tracking hard outcomes (see above) or for monitoring process indicators (see above) were excluded from this category, to keep only those who have not specified how they use this data</li> <li>- There was some confusion in participants' responses about this shared data being actually used for their outcomes monitoring, or only being used to evaluate local needs and inform planning on parents' skills, education and employment</li> <li>- Examples of cited external data: <ul style="list-style-type: none"> <li>o Socio-demographic data (e.g. children living in workless household, children living in poverty, level of education in the CC's reach area)</li> <li>o Data from Citizens Advice Bureau</li> <li>o Data from DWP (e.g. on unemployment and pensions)</li> <li>o Data from Family Learning</li> </ul> </li> </ul>
'Family Outcomes Star' and similar types of tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- The Family Outcomes Star and similar types of tools evaluating and tracking parents' progress are used by some LAs and CCs to monitor impacts on outcomes surrounding basic skills, education and employment</li> <li>- For example, the Family Star includes a rating on 'progress to work' and on 'home and money' The rating from 1 to 10 is generally a consensus between the worker's observations and the parent's opinions</li> </ul>
Other types of tools	<b>10-30%</b>	<ul style="list-style-type: none"> <li>- This category regroups other types of tools that have been reported by CCs and LAs as a way to monitor outcomes on parents' basic skills, education and employment</li> <li>- It was difficult to understand from participants' responses if these tools were actually being used to monitor outcomes in CCs, or only to guide the action plan with a family</li> <li>- List of other cited types of tools: <ul style="list-style-type: none"> <li>o Worker's observations in case files &lt; 10%</li> <li>o Case studies &lt; 10%</li> </ul> </li> </ul>
Programme-specific evaluation tools	<b>&lt; 10%</b>	<ul style="list-style-type: none"> <li>- Evaluation tools linked to a specific programme used in many LA (not locally-developed) that aims to improve outcomes surrounding parents' education and employment</li> <li>- Only the evaluation tools from the ESOL programme was cited here by 4 participants</li> <li>- Evaluating the robustness of the ESOL evaluation tools was beyond the objectives of this project</li> </ul>

## Conclusion and recommendations

### Main findings of the project

The main aim of this project was to describe the overall picture of the outcomes monitoring in CCs across England. It is important to note that only a quarter of Directors of Children's services responded, and in addition we have little information from other sources. We cannot claim this is an accurate national picture but do believe it provides a useful summary that illustrates, even within this sample, a high level of heterogeneity between areas and centres.

The most cited frameworks used to guide this monitoring were the Ofsted's framework, the EYFS and the Core Purpose, and to a lesser extent, the HCP and the CAF. The 'Equal Start' and other frameworks based on it were reported by about 10-30% of respondents. Concerning the different tools and methods employed to measure outcomes in CCs in general, our results showed that there is a wide variety of tools currently used in CCs across England. External data and process indicators were by far the most cited methods used to monitor outcomes, followed by the 'Family Star' types of instruments and tools locally-developed by CCs. Other types of tools like case studies, case files and the CAF were also often reported. However, only a small proportion (between 10-30%) of CCs and LAs are currently using standardised measurement instruments to evidence impacts of their services.

Finally, we conclude that the use of the measures recommended by 'Measuring What Matters' really depends of the category of outcomes. To summarise, this project has shown that the monitoring on outreach and engagement and on the outcomes surrounding parents' skills, education and employment seems to be of high-quality. In general, the indicators around children's development and children's health are those recommended by 'Measuring What Matters, but most of CCs use only external data shared by LA for these outcomes, without making comparisons for those who have attended their services. Finally, the monitoring on parenting and on parent's mental wellbeing is generally of less quality, with very few or almost none of the respondents who reported using measures and tools recommended by 'Measuring What Matters'.

### Recommendations for the central government, LAs and CCs

This was a short unfunded project and so those readers wishing to get a definitive answer to the picture of children's outcomes monitoring across England may want to consider a larger and more robust funded study. Nevertheless given the results from our sample we do feel that we can suggest some recommendations. In the light of our project's results, we recommend the following **to central government**:

- **The DfE should develop a common outcomes monitoring system for all CCs, and include its use as an inspection criterion in the new Ofsted framework to enable commissioners, policy makers, and researchers to better understand what is and is not effective practice in children's centres.** This project has shown that the monitoring in CCs includes a wide variety of different outcomes, indicators and measurement tools. Each LA and often each CC in the same LA monitors outcomes differently and therefore, it does not allow valid comparisons. A more central monitoring system

designed at the central level in collaboration with LAs would thus be highly valuable for commissioners, policy makers and researchers. Moreover, it seems that the Ofsted framework is a very powerful tool to improve the outcome monitoring in CCs and LAs because of its mandatory requirements to guide CC's performance. Therefore, the implementation of this new monitoring system in CCs across England would be facilitated if it was incorporated in a new Ofsted framework that would detail specific outcomes to work on and suggest robust measurement tools to track them.

- **The monitoring system in CCs could helpfully build on the work of an 'Equal Start' framework and the recommendations of 'Measuring What Matters' because currently there is little uptake of standardised and robust measurement tools.**

The 'Equal Start' framework describes the 21 most important outcomes to focus on in order to improve children's development and reduce health inequalities, according to the evidence-based literature. All these outcomes are of great relevance for CCs and should thus be integrated in their outcomes monitoring. 'Measuring What Matters' identifies the most valid, reliable and feasible measures that should be used to monitor the 'Equal Start' outcomes. Integrating the 'Equal Start' and 'Measuring What Matters' recommendations in a more central monitoring system would help to build a robust evidence base for CCs. It would also allow more valid comparisons between LAs and between CCs located in the same LA.

- **The roles and responsibilities of CCs and health actors (e.g. public health, health visitors, GPs) in regards to children's health and parents' mental wellbeing should be clarified.**

This project has shown that there is lack of clarity around the responsibility of CCs towards the 'Equal Start' outcomes surrounding children's health (i.e. LBW, obesity, smoking during pregnancy, breastfeeding) and parents' mental health, that are mostly encompassed within the HCP. The central government should thus clearly define who is responsible of the monitoring for these outcomes and identify if CCs should be evaluated against the HCP in general.

- **Data sharing agreements between CCs, health actors (health visitors, midwiferies, local hospitals) and adult learning centres at the CC's reach area are problematic and ways to improve this should be looked at, including the use of legislative measures and the integration of data sharing agreement as an inspection criterion in the new Ofsted framework.**

Our results have highlighted how important are data sharing agreements in order to improve the outcomes monitoring system in CCs. Even if the problem around data sharing is recognised since a long time by CCs and LAs, there are still major barriers on the ground, like issues around confidentiality and information technology compatibility. Thus, in order to accelerate the development of data sharing agreements between CCs, health actors (health visitors, midwiferies, local hospitals) and adult learning centres, it should be encompassed in a legislative measure and integrated as an evaluation criterion in Ofsted's inspections.

We also recommend the following measures **to LAs and CCs**:

- **LAs should collaborate with the central government on the development of a more central and comparable outcome monitoring system, and they should have the responsibility for its implementation in CCs.**

As stated above, a more comparable monitoring system designed at the central level would be highly valuable for all CCs. LAs should be strongly involved in the development of this new outcomes monitoring system and should consult CCs to take into account on-the-ground realities. Moreover, LAs should have the responsibility to implement this new central outcome monitoring system and give CCs all the support they need to track progress of families with high-quality measures.

- **Before the development and implementation of a central monitoring system for all CCs, LAs and CCs should use the ‘Measuring What Matters’ recommendations to improve their existing outcomes monitoring.**

This project has shown that a wide variety of indicators and measurement tools are currently used in CCs. Few of these measures are of good quality to track families’ progress and evidence impacts of services. Therefore, before the implementation of a more central monitoring system across England, LAs and CCs should use the recommendations of the ‘Measuring What Matters’ report to improve the quality of their monitoring system. Table 24 summarises the general recommendation of this report:

Table 24. Summary of the general recommendations on outcomes monitoring from ‘Measuring What Matters’

- Standardised and validated instruments should be used wherever possible, as the gold standard of measurement, and modified versions of these tools should be avoided
- Other monitoring tools should be evaluated against external validated measures
- Independent assessments of the accuracy of measurement by internal staff should be routinely undertaken to benchmark and inform weighting factors to apply if relevant
- The monitoring should focus on hard outcomes instead of soft outcomes wherever possible
- Output and process indicators may be useful as interim outcome indicators when they are part of a theory-of-change model linking them to hard outcomes
- Qualitative methods are useful to provide information on the context in which the interventions take place, but they should not be used as a tool to evidence impacts and monitor outcomes

- **LAs should ensure that they have sufficient numbers of trained staff to utilise robust evaluation tools in their settings and that the use of these tools is not perceived as an additional burden by CCs’ workers.**

This project revealed that a minority of LAs and CCs use validated tools to evaluate the impacts of their services, despite the fact that it is the most robust way to build a local evidence base. To improve their monitoring system and reduce the probability of introducing different kinds of bias, LAs should ensure that they have sufficient numbers of trained staff to utilise robust evaluation

tools in their settings. LAs should also develop meaningful arguments adapted to CCs' workers to convince them of the relevance to use more robust evaluation tools in their settings. Completing standardised questionnaires with families should not be perceived as an additional monitoring burden by CCs' workers, aside from other tools they need to use. On the contrary, these tools should be the cornerstone of progress tracking and need to be integrated in a more simple monitoring system.

- **When programme-specific evaluation tools are used to monitor specific outcomes, LAs and CCs should ensure that the program is evidence-based for these outcomes and that the implementation of its activities is of high-quality before inferring trials results on those attending the programme locally.**

This project has shown that LAs and CCs often use programme-specific evaluation tools to monitor outcomes around parenting knowledge and skills, and around children's development to a lesser extent. These tools have usually been developed for large-scale programmes (e.g. Triple P and The Incredible Years) implemented in many LAs, with some evidence base supporting its use. As an alternative of more valid and standardised measurement instruments, it could be possible to infer from the evaluations of these tools that the success rate of the evidence-based programmes would be similar at the local level. Nevertheless, when using these types of monitoring tools, LAs and CCs should ensure that the programme is implemented with high quality and fidelity compared to the evaluation trials. Also, they should only use these tools for the specific outcomes for which the evidence base is strong.

- **To better evidence impacts of CCs, LAs should develop a system that allows comparisons of data between children and parents who have attended CCs' services and those who have not.**

This project has demonstrated that the vast majority of LAs share health data and EYFSP to CCs, and that the centres are using it to inform their local priorities. However, only a very small proportion of LAs are currently using data at the reach area to compare outcomes of children and parents who attended CCs and those who haven't. To do such comparisons, LAs would need to develop a system that would link different kinds of data (e.g. EYFSP, public health data, health visitors and midwiferies data, etc.) with the participation in CC's services. Furthermore, when CCs are internally collecting their own data to track progress of children and families, it would be interesting to make comparisons with external data from the LA, if the indicators and the measurement tools are comparable. These two types of comparisons would be robust ways to monitor outcomes in CCs and to evidence the impacts of their services.

## Appendix A: Ofsted requirements according to different outcomes category

**Table 25. Ofsted's requirements and targets for children's development outcomes**

- Ofsted sub-area:
  - o 'Quality and impacts of services on the readiness of target children for schools'
- Specific Ofsted targets:
  - o 'Assessment at age two, where available to the centre, identifies which children are most in need of early intervention and the centre works with families and other agencies to enable most (80-96%) children identified through this process to access the help they need.'
  - o 'Tracking shows that a large majority (65-79%) of children from target groups have made good progress from their individual starting points in their personal, social and emotional development, physical development and communication and language skills so that most (80-96%) children are working within age-related expectations when starting school.'

**Table 26. Ofsted's requirements and targets for children's health outcomes**

- Ofsted sub-areas:
  - o Quality and impacts of services on the development of healthy lifestyles for target children and families
  - o Quality and impacts of services on parent's understanding of their responsibilities for their children's safety and wellbeing, and of interventions in protecting target children and securing their well-being
- Specific Ofsted targets:
  - o Almost all (97-100%) of the centre's health-specific targets are met as a result of services provided directly by the centre, or by services provided by partner agencies.
  - o Ofsted also asks if these health issues are a priority: smoking, alcohol and substance abuse, obesity, oral health, immunisation

**Table 27. Ofsted's requirements and targets for parenting outcomes**

- Ofsted sub-area:
  - o Quality and impacts of services on improved parenting, and evidenced-based parenting programmes offered to appropriate parents/carers
- Specific Ofsted targets:
  - o A large majority (65-79%) of targeted families in the area identified as needing to develop and extend their parenting skills complete appropriate courses and tracking shows the positive impact of the course on family life.
  - o A large majority (65-79%) of adults who access courses complete them

### Table 28. Ofsted's requirements and targets for parents' mental wellbeing

- Ofsted sub-area: Families are healthy and have good emotional health and well-being
- Specific Ofsted targets:
  - o None, to our knowledge

### Table 29. Ofsted's requirements and targets for parents' skills, training and employment outcomes

- Ofsted sub-area:
  - o Quality and impacts of services on opportunities for target adults to participate in activities that improve their personal skills, education and employability, and about facilitating opportunities to volunteer and how volunteers contribute to centre
- Specific Ofsted targets:
  - o The centre provides access to high-quality services for most (80-96%) adults identified as needing help to acquire the learning, training, qualifications and advice necessary to improve their economic stability and chances of employment
  - o A large majority (65-79%) of adults who access courses complete them
  - o Tracking shows that targeted adults improve their literacy, numeracy and/or language skills and/or the qualifications or skills needed to improve their chances of employment
  - o Ofsted also asks if these issues are a priority: poverty, education, training, employment
  - o Ofsted has a requirement about JCP outreach services, and about debt and money advice
  - o Ofsted also has a target on volunteering

## Appendix B: Examples of outcomes and indicators

**Table 30. Examples of outcomes and indicators phrasing about reaching and engagement**

Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples indicators phrasing
<p>A. Effective outreach and sustained engagement with the wider community, with a particular focus on the most disadvantaged families</p>	<ul style="list-style-type: none"> <li>- Improving engagement and outreach</li> <li>- Families who are identified in 'greatest need' receive appropriate services for young children and their parents through a children's centre</li> <li>- Improving engagement of vulnerable families</li> <li>- Increase the overall reach of ..." (complete with a specific target group, e.g. fathers, BME children, lone parents, families living in deprivation, LAC, etc.)</li> <li>- Most (80-96%) families with young children in the reach area are known (exact phrasing of an Ofsted's target)</li> <li>- An appropriate balance of universal and targeted services successfully engages a large majority (65-79%) of families in the area (exact phrasing of an Ofsted's target)</li> <li>- A large majority (65-79%) of families from target groups within the area the centre serves are registered with the centre (exact phrasing of an Ofsted's target)</li> <li>- Outreach work is effective in supporting families in target groups and helping them to access and sustain their involvement with services so that the large majority (65-79%) of families in those groups continue to remain engaged until their needs are met effectively (exact phrasing of an Ofsted's target)</li> </ul>	<ul style="list-style-type: none"> <li>- Number / % of population under 5 who are registered with CC in the LA area"</li> <li>- Number / % of families/children with sustained engagement (seen 12 times or more)</li> <li>- Number / % of targeted families seen 3 times or more in the last year</li> <li>- Number / % of registered children under 5 reached with 2 or more significant contacts in the 12 last months"</li> <li>- "Number / % of children 0-4yo living in deprivation (30% IDACI) accessing CC's services</li> <li>- Number / % of priority families registered, seen, engaged</li> <li>- Number / % of new babies born in locality, # of families with new babies contacted, # of families with new babies registered</li> <li>- Number / % of home visits to new parents by Outreach Workers</li> <li>- Number / % of reached (with a specific target group) parents</li> <li>- Number / % of families with a new baby registered, at a Children's Centre within 3 months of date of birth</li> </ul>

**Table 31. Examples of outcomes and indicators phrasing about children’s development**

Areas from the ‘Equal Start’	Outcomes from the ‘Equal Start’	Examples of outcomes phrasing	Examples indicators phrasing
Cognitive development	1. All children are developing age appropriate skills in drawing and copying	<ul style="list-style-type: none"> <li>-Children are developing well and are ready for school</li> <li>-School readiness is improved</li> <li>-Children are ready for school at age 5</li> <li>-Increasing the level of development of children in target groups, under the EYFSP criteria</li> <li>-Narrowing the gap between children achieving well on the EYFSP and those doing less well</li> <li>-Children are emotionally and physically healthy and well</li> <li>-Improving the language and communication development</li> </ul>	<ul style="list-style-type: none"> <li>- % of parents attending Early Years sessions who reported improvements from child’s starting point</li> <li>- % of parents attending Early Years sessions who reported improved understanding of their child’s learning and development</li> <li>- % of 2 year-old on funded early education attending children with an improved wellbeing and involvement score on EXE screening</li> <li>- % of children achieving a Good Level of Development (GLD) at EYFS</li> <li>- % gap between lowest 20% achievers and the average at EYFS</li> <li>- % gap between FSM eligible children and the average at EYFS</li> <li>- Number / % of children achieving a satisfactory score in their 2 year old check</li> </ul>
	2. Children increase the level to which they pay attention during activities and to the people around them		
Communication and language	3. Children are developing age appropriate comprehension of spoken and written language	<ul style="list-style-type: none"> <li>-The child demonstrates increased communication and language skills</li> <li>-Children develop and improve their listening skills</li> <li>-Children develop and improve their speaking skills</li> </ul>	<ul style="list-style-type: none"> <li>- % identified with a communication difficulty that have improved in at least one targeted area of communication</li> <li>- % identified with a communication difficulty that have achieved expected levels of communication for their age</li> <li>- % of those attending language programmes who have achieved expected checklist indicators</li> </ul>

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples indicators phrasing
	4. Children are building age appropriate use of spoken and written language	<ul style="list-style-type: none"> <li>-Development of language skills (talk, listen, take part)</li> <li>-Children show increasing enjoyment of looking at books</li> <li>-The child demonstrates increased social skills and confidence in their own abilities</li> <li>-Children are learning to share and take turns with friends</li> </ul>	<p><b>Process indicators :</b></p> <ul style="list-style-type: none"> <li>- Number attending to the Stay-and-Play sessions</li> <li>- Number of 2 year-old accessing School Readiness activities</li> <li>- % of 2.5 year olds registered that have completed the integrated review or 2yo health check Number / % of families completing speech and language courses</li> <li>- Number / % attending Speech and Language Drop in and Speech and Language Chatterbox</li> <li>- Number / % of under 11's that are registered with their local library</li> <li>- % of children that have been identified by the CC as experiencing speech and language delay that have been referred to specialist services or attend targeted groups</li> <li>-Number attending the BookStart programmes</li> </ul>
Social and emotional development	5. Children are engaging in age appropriate play	<ul style="list-style-type: none"> <li>-Improving social competence and self-concept</li> <li>-Improving emotional wellbeing</li> <li>-Many monitoring documents use the exact specific Ofsted targets phrasing</li> </ul>	
	6. Children have age appropriate self-management and self-control	<ul style="list-style-type: none"> <li>-A few CC and LA use the exact phrasing of the Equal Start (or the 4Children Narrowing the Gap framework)</li> </ul>	

**Table 32. Examples of outcomes and indicators phrasing about children’s health**

Areas from the ‘Equal Start’	Outcomes from the ‘Equal Start’	Examples of outcomes phrasing	Examples of indicators phrasing
Physical development	7. Fewer children born with low birth weight	<ul style="list-style-type: none"> <li>- More children are physically healthy</li> <li>- Children are emotionally and physically healthy and well</li> <li>- Improving physical health for young children, expectant mothers and mothers of young children</li> </ul>	<p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>- % of LBW births</li> <li>- % of LBW in reach area compared to local and national levels</li> <li>- % of children in the reception who are obese or overweight</li> <li>- % of overweight or obese at reception in reach area compared to local and national levels</li> <li>- % of children at reception who are underweight or with a low BMI</li> <li>- Number and % of parents who have identified positive changes after completing a healthy eating programme</li> <li>- Smoking prevalence</li> <li>- % of mothers smoking during pregnancy</li> <li>- % giving up smoking during pregnancy</li> <li>- % mothers smoking at delivery compared to national and local levels</li> <li>- Number and and % of those who attended the Smoke free session who successfully gave up smoking for 28 days or more</li> <li>- % of mother’s breastfeeding at 2 weeks</li> <li>- % of mother’s breastfeeding at 6-8 weeks</li> <li>- % of children being breastfed at six to eight weeks</li> </ul>
	8. Fewer children with high or low Body Mass Index	<ul style="list-style-type: none"> <li>- Reducing LBW births</li> <li>- Fewer children born with low birth weight</li> <li>- Reducing childhood obesity and overweight</li> <li>- Fewer children with high or low Body Mass Index</li> </ul>	
Creating a safe and healthy environment	9. Fewer women are exposed to tobacco smoke during pregnancy	<ul style="list-style-type: none"> <li>- More mothers breastfeed</li> <li>- Increasing breastfeeding initiation</li> <li>- Increasing breastfeeding at 6-8 weeks</li> <li>- Fewer parents smoke</li> <li>- Fewer women are exposed to tobacco smoke during pregnancy</li> </ul>	

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples of indicators phrasing
	10. More mothers who breastfeed		<p><b>Process indicators :</b></p> <ul style="list-style-type: none"> <li>- Number of parents starting a healthy eating programme and number / % of parents completing it</li> <li>- Number of parents attending healthy living sessions at the CC</li> <li>- Number of sessions on promotion of healthy eating per quarter</li> <li>- Number of pregnant mothers referred for smoking cessation programme</li> <li>- Number of referrals to Smoke Free sessions</li> <li>- Number of parents that have been supported by trained breastfeeding champions at the CC</li> <li>- Number of parents completing smoking cessation programs at the CC</li> </ul>

**Table 33. Examples of outcomes and indicators phrasing about parenting outcomes**

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples indicators phrasing
Promoting an active learning environment	11. More parents are regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes	<ul style="list-style-type: none"> <li>- Parents have good parenting skills and are able to provide an appropriate environment to support their child's development</li> <li>- Parents have high aspirations for their children, good self-esteem and the skills to help their children grow and develop</li> <li>- Achieving positive outcomes around parenting skills and aspirations</li> </ul>	<ul style="list-style-type: none"> <li>- % of parents who have shown improvements (PS score and/or WEMWEBS score) after completing an evidence based parenting programme</li> <li>- Of those completing Triple P or equivalent evidence-based programs, % who achieve a 'good outcome' as defined by the program's agreed evaluation standards</li> <li>- Number / % of parents who have identified positive changes after completing a parenting programme</li> <li>- Number / % who have completed a parenting course and demonstrated improved outcomes</li> <li>- Number / % of parents reporting improvements in their parenting capacity after completing a parenting programme</li> <li>- % who attended services that improved their knowledge or skills</li> </ul> <p><b>Process indicators :</b></p> <ul style="list-style-type: none"> <li>- Number of parents commencing Triple P or equivalent evidence based programs at the CC</li> <li>- Number of parents accessing parenting programmes</li> <li>- % of parents completing parenting programmes</li> <li>- Number of parents attending the Dad's Groups and the Parenting Services</li> </ul>
	12. More parents are reading to their child every day	<ul style="list-style-type: none"> <li>- Improving parental skills</li> <li>- Supporting/modelling behaviour management strategies</li> <li>- Increase parent's confidence in their ability to parent</li> </ul>	
Positive parenting	13. More parents are regularly engaging positively with their children	<ul style="list-style-type: none"> <li>- Impact of Evidence-Based Parenting Programmes</li> <li>- Parents and carers of under-5s are equipped to give their children the best start in life</li> </ul>	
	14. Improved parental responsiveness and secure parent-child attachment	<ul style="list-style-type: none"> <li>- The parents reports or demonstrates an increase in home learning activity and an improvement in the home learning environment</li> <li>- Children show increasing enjoyment of looking at books</li> <li>- Children are read to at home more often</li> </ul>	
	15. More parents are setting and reinforcing boundaries	<ul style="list-style-type: none"> <li>- More parents are supporting their children's learning at home</li> <li>- More parents are reading to their children every day at home</li> <li>- More parents are setting and reinforcing boundaries (behaviour management)</li> </ul>	
Knowledge and skills	20. More parents are increasing their knowledge and application of good parenting	<ul style="list-style-type: none"> <li>- More parents are regularly engaging positively with their children (interaction)</li> <li>- There is improved and secure parent – child attachment</li> <li>- A few CC and LA use the exact phrasing of the Equal Start (or the 4Children Narrowing the Gap framework)</li> </ul>	

**Table 34. Examples of outcomes and indicators phrasing about parents' mental wellbeing**

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples indicators phrasing
Good mental Wellbeing	16. More parents are experiencing lower levels of stress in their home and in their lives	<ul style="list-style-type: none"> <li>- Families are healthy and have good emotional health and well-being</li> <li>- Improve the health and wellbeing of children and families that access early help services</li> <li>- Increase parent's self-confidence</li> <li>- More parents have mental well-being (self-esteem) confidence)</li> <li>- Develop friendships, networks, prevent isolation</li> <li>- More parents have a greater level of support from friends and family</li> <li>- Increase access to preventative services for families suffering mental health problems, domestic abuse and substance misuse</li> <li>- A few CC and LA use the exact phrasing of the Equal Start (or the 4Children Narrowing the Gap framework)</li> </ul>	<ul style="list-style-type: none"> <li>- % of parents who have completed an evidence based parenting programme and have shown an improved PS score, and those who have shown an improved WEMWEBS score</li> </ul>
	17. More parents with good mental wellbeing		<p><b>Process indicators :</b></p> <ul style="list-style-type: none"> <li>- % of parents identified with drug or alcohol dependencies that have been referred to specialist services</li> <li>- Number of families experiencing mental health issues seen</li> <li>- Number of families experiencing substance and alcohol issues seen</li> </ul>
	18. More parents have greater levels of support from friends and/or family		

**Table 35. Examples of outcomes and indicators phrasing about parents' skills, education and employment**

Areas from the 'Equal Start'	Outcomes from the 'Equal Start'	Examples of outcomes phrasing	Examples indicators phrasing
Knowledge and skills	OC19. More parents are improving their basic skills, particularly in literacy and numeracy	<ul style="list-style-type: none"> <li>- Improving adult learning achievements or community involvement</li> <li>- Increase the number of parents attending an adult learning course and improving outcomes for learners</li> <li>- More parents have progressed to further training</li> <li>- More parents have developed skills to enable them to access work</li> <li>- Volunteers have gained more confidence in progressing onto training or work</li> </ul>	<ul style="list-style-type: none"> <li>- % of parents entering employment as a result of education and or training</li> <li>- % identified as requiring adult learning provision who are still in employment after 6 months after attendance at an adult learning course</li> <li>- % who attended services that gained a hard outcome (job, training qualification, significant volunteering experience)</li> <li>- % of parents identified as requiring adult learning provision who have gained an accredited qualification</li> <li>- % of parents identified as requiring adult learning provision who have successfully gained employment after attendance at an adult learning course</li> <li>- % who attended services that were job ready or had got a job</li> </ul>

<p>Be financially self-supporting</p>	<p>OC21. More parents are accessing good work or developing the skills needed for employment, particularly those furthest away from the labour market</p>	<ul style="list-style-type: none"> <li>- More parents are accessing good work</li> <li>- Encouraging parents back into employment</li> <li>- Parents of under-5s achieve economic well-being</li> <li>- Improving families economic and social wellbeing</li> <li>- Parents have a greater understanding of how to manage their financial situations</li> <li>- A few CC and LA use the exact phrasing of the Equal Start (or the 4Children Narrowing the Gap framework)</li> </ul>	<ul style="list-style-type: none"> <li>- Number / % of volunteers moving onto employment and/or training</li> <li>- % workless and low income parents attending economic well-being sessions at CC, that have gone on to find employment during the following year or have moved above the low income threshold</li> </ul> <p><b>Process indicators</b></p> <ul style="list-style-type: none"> <li>- Number of parents in adult training programmes, number / % of parents undertaking qualifications</li> <li>- Number of referrals to adult learning courses</li> <li>- Number of parents attending to maths sessions and English sessions</li> <li>- Number of parents who attend accredited and non-accredited training, number / % of parents who complete these training</li> <li>- % parents identified as requiring adult learning provision who have successfully completed an adult learning course</li> <li>- Number of volunteer hours</li> <li>- Number of volunteers at CC</li> <li>- Number of parents attending to “Money Matters” sessions, the “Working Together” programme, “Economic Well-being” sessions</li> </ul>
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