

Sure Start Children's Centre summary self-evaluation form for a centre or group of centres

Section A. Self-evaluation

Introduction

This self-evaluation form is linked to the judgements that Ofsted will make at inspection. Its purpose is to:

- help you in your own self-evaluation
- be used as a basis for the inspection of your children's centre/s.

You do not need to complete this form if you have a different way of recording the self-evaluation for your children's centre/s. We will consider any evidence of self-evaluation that you wish us to consider.

Where a centre is part of a group of centres that share leadership and management and integrated services, and is recorded as such for inspection purposes on the Surestart-on database, you should consider only having one SEF for the group.

You should refer closely to the grade descriptors in the evaluation schedule when deciding on a grade; briefly listing your major reasons for deciding on this grade. You should include only the minimum amount of detail in support of your judgement; bullet points are quite acceptable. You do not need to include any detailed analysis or evidence.

Each question in this self-evaluation form starts by asking centres to grade aspects of their work on a four-point scale:

- Grade 1: outstanding
- Grade 2: good
- Grade 3: requires improvement
- Grade 4: inadequate.

Access to services by young children and families	1	2	3	4
Grade:		X		

Briefly list your main reasons for deciding on this grade for the centre or group of centres. Include the strengths of individual centres within a group and key areas for development.

Crediton and Culm Valley children's centre works with the local authority and partner agencies to identify children under 5 and their families within its reach area. New processes have recently been introduced alongside health that theoretically should ensure that the centres capture every new birth in the reach area. These processes and other methods are detailed in the centre's Action Plan which describes the ways in which we aim to ensure that we register every child under 5. Children potentially eligible for future 2 year old funding are known to the centre and this data combined with our own local knowledge helps us to maintain an understanding of where we might need to explore gaps in membership and access to children's centre services by children before these new processes were introduced.

OVERALL REGISTRATION AND REACH FIGURES

The local authority figures indicate a total of 2702 children under 5 living in the Crediton and Culm Valley area. Devon's target registration is that we register 85% of that total. The centres currently have registered 2233 children or 82.6%. Registration and reach rates in relation to access to services by the most vulnerable families are improving. Quarterly general reach and registration data is provided by the local authority, as well as data that indicates how many of the families identified by the local authority as being in "greatest need" are reached through our services. Overall reach to children remains static at just over 50% and reach to children in greatest need is good. (see separate reports). The centres provide a range of universal and targeted services and provide information to families on other groups and activities that are available in the Crediton and Culm valley area.

The centre team monitors access to services using Estart, looking at overall reach as well as reach by target groups and in target areas. From time to time, we produce "Report Cards" that detail attendance, vulnerability factors and completion rates for our parenting programmes This data is discussed at our Cluster Advisory Boards and Local Delivery Groups and also in joint meetings with health visiting colleagues in order to maintain awareness of the families and groups not accessing services. Our challenge for this year is to improve our registration rates particularly in the Culm Valley area where registrations have been increasing at slower rate. Our Action Plan to increase registrations details how we propose to do this.

ARRANGEMENTS FOR THE IDENTIFICATION OF NEEDS AND SUPPORT FOR CHILDREN IN NEED AND THEIR FAMILIES

The children's centre attends 100% of the Initial Child Protection meetings to which we are invited. We maintain a spreadsheet that records and monitors children currently receiving individual family support which includes those involved in CP, CIN, TFS and DAF. There is a positive culture of assessment within the centre team, as well as with partner providers. All Family Support Practitioners have completed Action for Children's Recording, Assessment and Analysis training, supporting clear and child focussed recording in children's case files.

The Family Outcomes Star is now used for all new cases open to one-to-one work. This enables us (and our commissioners) to monitor and review outcomes achieved by families. The family support team in the centres are using the DAF (Devon Assessment Framework) as part of a wider multi-agency initiative. This involves the family in a holistic, strengths-based and multi-agency approach to understanding and prioritising needs. The centre employs 6 family support workers and 2 centre leads who are all DAF trained and DAF2 forms are initiated where appropriate, although in some cases quick communication and joint working with health has moved families on and the need to initiate this next stage has been superseded. The majority of referrals are provided by health who identify family issues early, usually from birth or within two weeks of birth. Referral details are held on our spreadsheet. One current weakness in the system is Health failing to provide centres with the DAF1 form. This may mean that some families are not registered with the centre.

Weekly allocation meetings are led by the Lead Practitioner, ensuring that needs are understood sufficiently to enable the most appropriate allocation of support worker. Referring agencies are encouraged to provide comprehensive information on the reason for referral as well as the desired outcomes.

Assessment, analysis and action is recorded on Action for Children's E-Aspire electronic recording system.

All open case files are regularly reviewed through case supervision and are audited periodically by senior management. The plan, developed with the family is reviewed and revised as appropriate, and progress towards outcomes are recorded on the Outcomes Star. All of the staff team have received safeguarding training appropriate to their role. All members of staff also attend Domestic Violence training at a level appropriate to their role.

All MASH (Multi-Agency Safeguarding Hub) enquiries are logged onto our Family Support monitoring spreadsheet, detailing the level of concern and the level of children's centre involvement with the family. There is a clear process agreed with Action for Children for reporting such referrals. (*See blank CP1 and MASH referral forms*)

Health Services

Regular case discussions are held with health visitors at the centre. This process helps avoid duplication of work and ensures consistency of information and support is provided. Referrals to our ante-natal programmes are made by midwives, although this referral pathway is patchy. There is currently no process in place which ensures that midwives automatically register and signpost expectant parents. Meetings have taken place with senior midwifery colleagues, children's centre staff and other health colleagues to push for greater partnership working and effective signposting to post-natal children's centre activities and to deepen the level of understanding of both agencies' capacity. We invite health staff onto all appropriate training that we deliver or commission.

Our referral process for family support is in place and embedded with health professionals, which ensures vulnerable children are identified and offered support. We jointly deliver services together throughout the area.

REACH TO FAMILIES IN GREATEST NEED AND THE MOST VULNERABLE CHILDREN AND FAMILIES

The service plan provided by the local authority has identified the key priority areas that the centres are required to focus on. Reports are issued quarterly which show numbers of children and families identified as being in "greatest need" that are being reached by the centres. This data is further broken down into vulnerable characteristics and indicates our reach to families having from 1 to 4 recognised vulnerable characteristics. (see separate reports on reach to families in greatest need and families for whom there has been a MASH enquiry who are known to centres)

Working with our Cluster Advisory Board, LDG, Family Voice and partner agencies (Early Years settings, CSP, Social Care) we have identified the following groups as priority targets based on their working knowledge of, and needs, of the local community and interrogating the supporting evidence and data provided.

Our local priority groups are:

- Vulnerable ante-natal parents
- Fathers
- Mothers suffering PND
- Children exposed/potentially at risk to the impact of domestic abuse

Fathers

Fathers are welcomed in and do access universal and targeted sessions. Greater emphasis has been placed on the importance of the role of fathers, particularly where families are receiving additional 1 to 1 support. Family Support Practitioners make efforts to make sure the father or male carer is actively engaged where possible and have worked hard to ensure that fathers, who are often seen as perpetrators of abuse, have a voice at TAC meetings, core groups or child protection reviews. (see action plan to engage fathers)

The centre tracks attendance of male carers on a quarterly basis. Male carers also access our holiday activity

sessions and are attending our ante-natal classes. However, we feel we could do better at engaging fathers, particularly young fathers and we have added this issue as a local target onto our Service Plan for 2015-2016.

Children exposed to or potentially at risk to the impact of domestic abuse

Data suggests that there are fewer children in our locality who are exposed to the impact of domestic abuse than the Devon average, although some wards in the Culm Valley area have higher reported incidents of DV where children have been present. (Reported crime stats from D & C Police up to December 2014). However, our referrals indicate that, although this might not be the primary reason for referral for support (see Family Support Report Card), it is identified as a key issue for a high proportion of the referrals for whom individual family support is offered.

We have very good links with SPLITZ (Devon's chosen provider of D/A services) and our Family Support Practitioners confidently refer to them when risks are identified. We are also members of the DV forum and have co-facilitated Pattern Changing courses this spring and planned a course for the autumn. We report monthly to the Community Safety Partnership's Local Action Groups who have added tackling domestic violence and abuse to their list of priorities this year. We will be part of a Devonwide awareness campaign this November during the national awareness week.

Strong referral tendons are in place with SAFE who regularly use rooms at the centre for one to one work. A specialist D/V social worker is employed by CYPS for Exeter, East and Mid Devon and referrals are made to her for support. Signage and information is readily available at centre and outreach settings to raise awareness of symptoms and behaviours associated with control and abuse. (See separate Domestic Abuse Analysis and Impact Action Plan that details our interventions and outcomes for babies up until the age of 5)

Vulnerable ante-natal parents

Although our partnership work with midwives has not been as strong as it is with health visitors, midwives, from time to time, but not systematically, do refer vulnerable ante-natal parents onto our ante-natal classes which cover all the key health and birth aspects, as well as promoting strong attachment and bonding theories. Where ante-natal parents, for whatever reasons, can't access our classes, we attempt to contact them and provide the information and support on a 1 to 1 basis. Health visitors are now visiting ante-natal parents and through this partnership we are able to see the list of all known ante-natal parents and their due dates. Health either send or pass on our ante-natal flyer to all expectant parents. We are then able to measure the names and numbers of those who have booked on to our ante-natal programme and identify those who choose not to.

We believe that contact ante-natally with vulnerable expectant parents gives us the opportunity to engage at the earliest opportunity to be able to offer close support around developing strong attachment and building self-confidence and esteem of vulnerable parents by being able to offer baby massage either in groups or 1 to 1, here's looking at you baby and early help groups. (See Domestic Abuse Analysis and Impact Action Plan which details planned interventions and the likely outcomes)

Mothers suffering PND

Parental mental health is not usually the primary or even secondary reason for referral for family support, but is often uncovered with further work after Family Support Practitioners have developed further insight into the needs of referred families. PND is often fuelled by feelings of isolation and anxieties around parenting issues which are the usual primary and secondary reasons for referral. The centres offer local 1 to 1 counselling services when appropriate and a support group called "Mamas" is offered across the cluster. This is a therapeutic opportunity for mothers to share experiences supported with input from centre staff on a variety of theories, activities and services that could be supportive.

The centres recognise the importance of promoting early attachment groups as opportunities for mothers suffering PND to access and we, therefore, offer Baby Massage, Busy Babies, Here's Looking at you Baby and Breastfeeding groups as a way to reach vulnerable parents. Health refer specifically to these groups when they assess mothers as suffering PND. We also understand the importance of a range of universal and accessible drop-in groups provided by the centres and local voluntary groups. We offer 1 to 1 support to help mothers suffering

PND to access groups either at the the centres or in outlying community venues. This is often the most important step in getting parents and babies over the "barrier" of walking into a new and often busy environment.

UNDERSTANDING OF THE NEEDS OF FAMILIES

All families referred to the centres for individual support either by another agency or through self-referral are offered a full, holistic assesment of their needs, using the Action for Children recording process; where it is required a DAF 2 will be offered. This ensures that needs are understood, and Action Plans and priorities agreed with the families. Progress towards agreed targets and outcomes is then plotted using the Family Outcomes Star (Family Star). A high number of families referred to the children's centre for individual support are referred by colleagues in Health and Social care services. (see family support spreadsheet for details and numbers of families supported)

The DAF process enables us to bring other agencies in to support the needs of the family. The Family Outcomes Star helps us to identify the agreed priorities with the family and track progress towards them.

COLLABORATIVE APPROACHES TO IMPROVE ACCESSIBILITY OF CHILDREN'S CENTRE SERVICES

We define 'collaboration' in service planning and delivery as the process by which we work with others, including parents and appropriate agencies, to identify need and design a mutually agreed and accessible response to it. 'Partnership' is used as a next step, when the services are delivered as a shared initiative, with resource investment from each partner involved in the process. Crediton and Culm Valley Children's Centre works closely alongside partner agencies in the statutory, community and voluntary sector. We lead termly meetings with early years settings to exchange information, share good practice and to provide other networking opportunities. Relationships with other agencies are being strengthened through the Targeted Family Support Programme. The Centre Lead meets monthly with the Public Health Team Lead to discuss current issues and share practice.

The Lead Practitioner attends CYPS meetings and Early Response meetings, and meets with Health Visitors monthly to discuss families and needs. She is also in the process of establishing meetings with the midwives, for the same purpose. Liaison with key partners in health, education and social care help us to identify the families in greatest need. The majority of our referrals for individual family support come from Health Visitors and some from Social Workers(See Family Support Report Card). Some families are identified through local knowledge (a friend bringing them to the centre, for example), or through observation in universal sessions. Referrals are also received from midwifery, EY Settings and SAFE.

The centre is not directly involved in 2 year assessments, either in settings or with the HV team. However, Health Visitors share findings from developmental checks (including the Schedule of Growing Skills) as part of coloborative support for some families. There is close joint working to deliver Let's Talk More.

Early Years Entitlement

Uptake of the 3 year entitlement is good, as is the uptake of 2 year funding; (see DCC Early Years Take-up Audit). The children's centre involvement in supporting families to access this funding has improved relationships with settings. We have developed a partnership agreement with settings, which will improve information sharing between us in general, and particularly in relation to the funded 2 year old children. We target children eligible for 2 year old funding for Bookstart Corner resources. Inviting them into the centre and using information provided by DCC to check that they are registered with the centre.

The uptake of 3 year funding is now one of the local criteria for younger children participating in the Targeted Family Support programme.

We have reviewed the Foundation Stage Profiles for the schools within the Crediton and Culm Valley Learning Communities. Culm Valley's average FSP is above the Devon and national averages (63.3, 2012). The attainment gap is above the Devon average, and above the national average (28.3, 2012). In Crediton, it is slightly below the Devon average (Devon 67.8%. Crediton 65.8%). However, this is a significant increase on the previous years figures.

Outreach services

We cover a large area of Mid Devon; rural isolation can impact on a family's ability to access services.

Furthermore, families with complex needs may require additional support to initially engage with services. Family Support Workers home visit families when referrals have been received. Parents and children attending parenting courses are home-visited to enable the child attending creche to meet the creche leader prior to attending the course. Additional 1 to 1 Baby Massage and Bookstart Corner services are offered as outreach support services where families are known to be isolated.

Group services are provided where there is particular evidence of local need. We use statistics and feedback from agencies, our LDG and parents to assess where services are required. Delivery takes place in community venues, toddler groups and schools.

Uptake and maintenance of breast feeding

Both centres offer weekly breastfeeding groups, which are run by trained staff and peer supporters. We run regular peer support training groups. Most recent data for Crediton shows a drop in breastfeeding rates (see DCC data). In response to this, we are reviewing our service provision. We will trial 'Feeding Hubs' and work alongside Health for delivery.

We know we need to work harder at enabling disadvantaged and vulnerable carers to uptake breastfeeding and to access support. Multi-agency approaches are vital to this area of work. See breast feeding action plan.

Supporting adults to acquire learning, training and qualifications

We have good links with Learn Devon and their Lead sits on our Advisory Board. Literacy and Numeracy courses are offered locally in both areas. We signpost families to courses and display course details in the centre.

Summary

There is evidence of good practice in the improvements in registration and reach over the last 3 years. We are aware of the locations where we need to improve data. (See action plan) Relationships with partner agencies in general are strong. However, there are elements that we would like to build on. We still need to implement clear and effective processes for sharing information about the most vulnerable children and their families, particularly during ante-natal stages. We are aware that we need to have a clearer process in place for demonstrating our understanding of the needs and whereabouts of the families who are not accessing children's centre services.

The quality and impact of practice and services	1	2	3	4
Grade:			X	

Briefly list your main reasons for deciding on this grade for the centre or group of centres. Include the strengths of individual centres within a group and key areas for development.

We have judged the quality and impact of our services to be " Good". We are able to demonstrate evidence of high quality practice with increasing evidence of improved outcomes for children and families. We are also able to demonstrate a capacity for continuous improvement in our services.

Universal and targeted services

A balance of universal drop-in sessions and targeted groups are delivered across the area. These groups are evaluated regularly and attendance is monitored to help us understand levels of take up by children and families. We are aware of and support our local voluntary run parent and toddler groups. We aim to provide our universal services where we believe there are gaps and where local data (particularly EYFS data) indicates fewer children achieving in the prime areas and also where the disadvantage gap is more pronounced. Many families attend our universal groups and we believe that we need to offer these additional groups because they can often provide a

service which prevents potential negative issues in families from escalating. Families also tell us that groups run by the centres offer a safe and well organised environment for children and families.

Planning sheets indicate the purpose of each service, and are available for service users to see if they wish. All groups are delivered incorporating and demonstrating an understanding of the EYFS. All staff are trained in EYFS and use this training to inform their planning. All groups promote children's personal social and emotional development.

Physical development is promoted through physical activity in our play sessions as well as targeted groups. All staff have an awareness of how to promote the home learning environment, and the importance of doing so, as well as with practical strategies for implementation. Group delivery and one to one work will inform parents how the home learning environment can impact on their children's learning and development. Tracking of children's development will be used initially in targeted groups and creches to evidence to parents the impact of their behaviour change on their child's development. We plan to develop a model that can also be used in universal sessions.

Surveys are currently undertaken with service users in a variety of formats, as appropriate for the service users and the service; findings are used to support future planning in both universal and targeted services. Families have also been involved with the recent consultation process undertaken by the LA to find out from families their views on the future direction of children's centre services in Culm Valley and CREDITON, where our centre buildings will not be available for us to use at a future date within the current contract time.

Individual Family Support

A very large majority (85%) of families referred for children's centre individual support are referred by outside agencies, principally Health Visitors and Social Workers. This demonstrates the growing confidence in our partner agencies as well as parents themselves in the centre's ability to effectively support families in need. We are increasingly seeing referrals from Early Years settings, reflecting positive working relationships with settings and an increased understanding of the importance of identifying gaps in a child's emotional development. Family practitioners are Thrive trained and this also supports Early Years settings in meeting the developing needs of the children they are engaged with.

Assessment of need

All families in receipt of individual family support contribute to their assessment of need and planning of the service to be provided. They are encouraged to be aspirational and forward-looking in this process, recognising the strengths they already have and agreeing on how these can be further developed for the benefit of their children. All families have a Family Outcomes Star which workers use with families to plot their progress towards agreed targets; these are then used, with case studies for some families, to demonstrate the impact of intervention.

Family Support practitioners are trained to use curiosity and challenge in supporting families and improving outcomes for their children. They are also encouraged and supported to build positive working relationships with other professionals who can offer support to the family, so as to improve information sharing, and demonstrate clearly to the family the collaborative nature of family support. Family Support workers sometimes contribute to parenting assessments where this is seen to be an appropriate element within a child protection plan. They also play an active part in the development of de-escalation plans for children and their families when a Child Protection Plan is no longer required, including taking on the lead professional role for a DAF where appropriate.

Planning

Individual Action Plans are shared with parents and referrers, and are reviewed and updated as part of a collaborative process, either through the DAF/TAC (Team Around the Child) or Child Protection/Child in Need review process. Where progress is made, parents and professionals will review the plan and agree moving forward with any new action points. At the point of closure we will ensure that an appropriate ending is undertaken with the family where they will be signposted to other agencies where appropriate and made aware of services available to them.

Feedback will be sought from the family and child (if possible) as we recognise with families that their individual work with us has been part of an on-going journey, which we will continue to follow as part of our commitment to

them. At present we do not yet have a systematic process for understanding the longer term impact of our interventions. We are now planning for a process that will engage the families at closure in a process for reviewing the sustainability of their progress.

Recording

All case files are accessible to parents upon written request, with information such as assessments, plans and reviews agreed and signed by the parents. Regular audits of case files ensures that the quality of recording is consistent with organisational expectations. The process also identifies areas for improvement or additional training, being able to identify patterns emerging. There has been significant improvement in recordings being child focused and outcome focused, including reference to the Action for Children Outcomes Framework. Data is extracted from the electronic recording system for reporting to Advisory Boards and commissioners on various aspects of case work, as well as to assist in management oversight of the work being undertaken.

Case files are audited by the management team. Safeguarding Audits are also completed and submitted to Action for Children as part of the centre's Performance Management reporting. Audits provide an opportunity for quality assurance through objective scrutiny, identifying areas of good practice as well as areas for development. The findings of the audit are fed back to the case file holder and the Lead Practitioner, and filed in the Scrutiny section of the case file. The centres also monitor the use of DAFs as well as use of the Outcomes Star feeding back data to Devon County Council.

Staff training

All staff are trained in Safeguarding as part of their mandatory training with Action for Children. Practitioners also undertake the Multiagency Level 3 Safeguarding training delivered by Devon County Council's Safeguarding Board.

Managers (Lead Practitioner, Centre Lead and Children's Services Manager) also undertake DCC Level 4 Safeguarding training and Action for Children's Safeguarding for Managers programme. All members of staff undertake Level 1 training in Domestic Violence Awareness; all front line staff undertake the Level 2, understanding the impact on children of domestic abuse.

Safeguarding for Managers training also covers safer recruitment, ensuring that recruiting managers have a good understanding of methods for developing a deeper understanding of a candidate's motivations and interests in work with children and families.

All staff undertaking home visits are aware of Action for Children's Lone Working policy.

Children's centre staff are highly qualified, with a wealth of experience. Monthly case supervision and reflective practice support ongoing development and understanding.

A number of additional training opportunities have been made available to practitioners including attachment training and Thrive training. This supports understanding of the child and helping empower parents and carers in supporting their children in achieving better outcomes.

Training records reflect the commitment of the organisation as well as the team to professional and personal development. The team members are highly motivated, and drawn from a wide range of professional backgrounds. Monthly supervision, annual appraisal and 6 monthly annual appraisal review ensure that performance is monitored. Where appropriate, poor performance is challenged and supported with action plans developed through the Performance Improvement process.

Programmes that support parental development

Having identified a local need, a variety of training courses (Parenting courses and Pattern Changing) are delivered. These courses are all evaluated according to the programme schedule. We are also developing a process for recording the progress children make in both universal and targeted provision (Learning Journeys), including creches for the programmes referred to above. We are interested in engaging parents attending programmes which help them to make changes in their own behaviour, to understand the impact their changes

have on the wellbeing and development of their children.

Although we need to demonstrate that those families who need the intervention most are supported to access it, we recognise that these courses should also be available to families who may not have been identified as having a particular area of need.

Partnership work

Partnerships with other agencies are strong and continually developing. Although our relationships with our statutory service providers are in the main good and strengthening, there are aspects of information sharing and communication that we would like to develop further. We need to engage in a more open communication with our midwifery colleagues about the families we do not know, especially when they are understood by others to be vulnerable. We need to maintain a closer dialogue with the schools in our area, and ensure that we have an effective process for supporting the more vulnerable children and their families in the transition into school. Working alongside early years settings with a partnership agreement in place supports this. Our Social Care colleagues are under pressure at the moment; at times, communication is not as good as we would like it to be. The communication between our Lead Practitioner and Family Support Practitioners and our Social Care colleagues will continue to focus on the needs of the children and our combined actions to address them.

Parental involvement

The children's centre cluster is implementing a new **Family Voice** strategy in consultation with the current parents voice, to address the changing work of the centres and the wish the parents have to have greater knowledge in how the children's centres work, targets the centres have and how the family voices can support the centre to reach their goals. The new strategy includes recruiting at least 4 family champions who will be empowered to be knowledgeable on the centre services, service plan, data etc. who are able to attend the Advisory Board and Local Delivery Group as well as being part of our second phase of the strategy which will be to hold two major consultation exercises during the year which will be analysed and used to support service planning. Findings from the consultations will be fed back to parents.

Volunteers

A volunteer co-ordinator works across the cluster to recruit, induct and provide ongoing support and supervision. A volunteer strategy has been written in consultation with current volunteers to look at ways to develop the support given and the roles available. New processes are being implemented which will be known as rainbow journeys, to help volunteers identify what they would like to gain from the experience and how this can be supported while the volunteers enable us to offer a quality service by assisting staff with practical help and interacting with service users. New roles are in development which will open up opportunities to a greater range of individuals and the volunteer co-ordinator will be particularly looking at supporting carers who have been supported by the centre who would like to get back into the work place.

Summary

We are confident that parents and partner agencies value the services the children's centre delivers. We are also confident that we deliver these services with a highly skilled, motivated and committed team of practitioners and volunteers. We are aware that we need to develop more effective and robust processes for tracking progress and for systematically seeking feedback and evidencing how this supports planning. We also plan to include references to the child's progress in relation to EYFS in case files.

We are also in the process of developing more robust systems for evaluating and reporting on the impact of our services. The leadership team in the centre and cluster, including the Advisory Board and Local Delivery Groups have high aspirations and expectations for the children's centre and the local community. There is a good understanding of the strengths within the team, including volunteers, as well as capacity within the wider community. The children's centre team is confident that members know the area well, including the rural areas outside the towns. This enables us to work with local communities to develop and support delivery of services where they are needed.

The effectiveness of leadership, governance and management	1	2	3	4
Grade:		X		

Briefly list your main reasons for deciding on this grade for the centre or group of centres. Include the strengths of individual centres within a group and key areas for development.

We have rated this area as "Good". Action for Children management processes are robust and we are also monitored by Devon County Council. Local oversight is provided through our Local Delivery Groups and Mid Devon Advisory Board.

Overview

The leadership team in the centre and cluster, including the cluster Advisory Board and Local Delivery Group have high aspirations and expectations for the children's centre and the local communities. There is a good understanding of the strengths within the team, including volunteers, as well as capacity within the wider community.

Action for Children and the leadership team place a high priority on recruiting and developing high quality practitioners, deploying their skills to best effect. Service Managers meet termly with the commissioners, while Centre Leads meet with Children's Centre Advisors and statutory partner team leaders termly. These meetings ensure that key messages are shared at both practice and strategic levels. The Centre's relationship with the Local Authority's Children's Centre Advisor is strong; he supports through the Advisory Boards as well as through local tracking of progress towards agreed targets.

Devon County Council

Devon County Council presents challenging targets to Children's Centres. The detail of how these targets will be met, together with locally identified and agreed targets are set out in the Service Plan. DCC provides data demonstrating numbers of children and parents in each children's centre reach area in a wide range of categories, comparing these to Devon and national data. Local targets are identified using the data provided by the commissioners, as well as through consultation with parents, partner providers and others in the community.

Having agreed the year's Service Plan with the Advisory Board and the commissioners, regular reports are presented to the Advisory Board to demonstrate overall progress towards agreed targets, as well as progress in specific areas. These reports include areas for improvement. We have an annual cycle to ensure strategic priority focus for review and planning (See Annual Timetable).

Governance

Governance arrangements currently in place for Mid Devon Children's Centre are an Advisory Board and Local Delivery Groups (LDG). Representatives from the local community, parents and partner agencies attend Local Delivery Group meetings (Link to minutes). We have noticed attendance decreasing and speculate that this could be due to the increasing workloads in the current climate. The Cluster Advisory Board takes a strategic overview of contract compliance, with quarterly reviews of the budget and service targets (see Link to minutes) This strategic group also promotes collaboration between agencies and assist in supporting relationships where this is needed. We would like to have more regular attendance from Social Care at both the Advisory Board and LDG.

LDGs identify and agree local priorities, bringing in parents, local practitioners and community representatives to support and develop initiatives (See Terms of Reference, minutes, Action Plans). They provide a forum for communication and validating services. However, we would like the group to provide more challenge.

The strategic focus of the cluster Advisory Board enables the LDG to focus on local operational issues, reporting key challenges to the Cluster Board for additional support. The local authority reviews the Key Performance Indicators through quarterly reporting of data as well as formal 6 and 12 month reviews.

We also work in partnership with a number of agencies through the use of DAF, the Early Help programme, shared delivery of services (mainly with Health, School, SPLITZ (Domestic Violence support), Devon Adult and Community Learning and the local library)

Finance

Resources are well deployed. Budgets are agreed by Action for Children and Devon County Council and scrutinised regularly throughout the year by both organisations as well as the cluster Advisory Board, to ensure compliance with forecast and to monitor any variance. The Advisory Board contribute to any setting of the budget and are a key part of the decision making process in responding to any changes in budget allocation.

Evaluation and consultation

Led by our Volunteer Coordinator, the Family Voice meets regularly and supports consultation activities around the planning and review of service. See latest service consultation questionnaire ([Link here](#)).

Evaluation is well embedded in our course work, less well embedded in our universal services, although this is currently being looked into with a number of evaluation and impact measurement tools being trialled. Staff are supported to reflect on the impact and outcomes of sessions.

Individual staff performance is monitored through one-to-one supervision for all staff. Volunteers are supported with training and supervision adapted according the level of their involvement in children's centre services. Family Support workers participate in peer/group supervision as part of their allocation meetings.

We collect feedback from parents in a variety of ways, from comments books, to formal questionnaires. We have not received any formal complaints since transfer to Action for Children. Staff are aware of the complaints procedure, and information is made available to service users with open case files and others on request.

Parents and children are consulted about their needs and any changes to services. The Family Voice is aware of the Service Plan and will be involved in the review of existing provision and plans for future development. Although parents generally provide positive feedback, we recognise that we need to provide more consistent processes for seeking feedback and for engaging in planning what we may do as a result.

Data and management information including that from consultations, concerns and complaints are used to plan for continuous improvement. However we do not yet have a coordinated, systematic approach to this.

Partnership and collaborative work

Our partnership work with commissioners and key partners remain strong, with support for collaborative work across the community. Minutes of Advisory Board meetings demonstrate the involvement of parents and partners in challenging and supporting the children's centre to meet the needs of local families. (See Minutes of Cluster AB meeting). Although parents are involved in consultation about service planning, delivery and impact, we recognise that there is a need to be more systematic about this in order to demonstrate the difference consultation findings make to our service delivery.

Links with Social Care and Midwives still need to be improved at a strategic and operational level. We are endeavouring to make change here.

Staffing

The Mid Devon Cluster has a Senior Leadership Team consisting of the Children's Services Manager, Lead Practitioner, Centre Leads, and Finance and Admin Officer. The 'Impact' team meets monthly, sharing good practice and messages from both Action for Children and the commissioners, addressing any challenges arising in practice within the cluster, and identifying opportunities to pool resources and co-ordinate processes. Members find this a very effective and helpful forum, which has led to much more collaboration across the Mid Devon

Centres.

The Staff team of 22 consists of 2 Centre Leads, 5 Family Support Practitioners, 4 level 3 qualified playleaders, 2 Children's Services Assistants (Play), and 3 Administrators. We also have 4 key posts which are shared across the Mid Devon Cluster of Children's centres: Finance and Admin Officer, Lead Practitioner, Breastfeeding co-ordinator and Children's Services Manager. All practitioners and managers have either Health, Education, Community support or Early Years background.

Staff are qualified to a high level:

- 3 member of staff have undertaken NPQICL.
- 5 members of staff are trained to deliver evidence based parenting programmes, and 5 members of staff in our cluster have recently undertaken the Train the Trainers programme for Solihull. They will offer this training to other agencies in due course.
- 4 members of staff have undergone Thrive training and remaining team members are currently undertaking this course.
- 4 members of staff are HENRY trained.
- All current staff trained in NLP and Appreciative Inquiry.
- 2 members of staff EYP and 3 deliver the Here's Looking at You Baby programme.
- 5 members of staff are trained to deliver baby massage.
- 1 member of staff is undertaking a foundation degree in Early Years

Training

All members of staff are encouraged in their ongoing professional development. They are encouraged to feedback to their colleagues following attendance at training programmes. Learning needs are identified at Annual Review and through supervision meetings. Action for Children has a comprehensive learning programme, including accessible free e-learning programmes on a wide range of topics. Training is recorded on the centres' training matrix; Health and safety training is recorded on Action for Children's electronic health and safety data base, and renewal dates flagged up.

Performance Management

All members of staff are committed to Action for Children's performance management procedures. Individual monthly supervision takes place for all staff. The NLP training has supported all members of staff to make better use of this opportunity, by enhancing communication skills. Case work supervision is carried out by the Lead Practitioner. The Performance Improvement process is available for use if needed, and can be supported by HR with Action for Children of required. All members of staff are aware of the organisational resources available to them should they have any concerns or queries affecting their work. Where poor or mediocre performance is identified, the Action for Children Performance Improvement policy and procedures are implemented, which may include the identification of further training and professional development opportunities.

Safeguarding

Action for Children has robust systems in place to ensure a high level of implementation of a safe culture for children and their families. The culture of safeguarding is embedded and robust policies, procedures and practice are in place and ensure that safeguarding and the welfare of children remain at the forefront of the centres' purpose. All members of staff and volunteers attend mandatory training in safeguarding, and most attend training at a higher level. Reporting structures ensure that case work is appropriately and safely scrutinised, staff supervision is undertaken to an agreed framework, and that all services are monitored for effective risk assessment and hazard management.

Organisational and Local Authority systems are well understood and used effectively by members of staff, for example MASH referral, identification of other concerns. Liaison with colleagues in CYPS and Action for Children, as well as safeguarding leads in partner organisations is happening, and helps to ensure that the safety of the child is at the forefront of thinking and decision making.

The centres work collaboratively with partners to reduce the risk of harm to children. Action for Children has signed the organisational protocol to access 'Huddle', the Targeted Family Support data base (now Early Help) for sharing information about the families engaged with the programme. Practitioners and managers have levels of access to this system appropriate to their involvement with the programme. Liaison between children's centre staff

and others with whom they work in supporting children and families is good. It is apparent that statutory service providers recognise the quality of safeguarding practice within the children's centre team. The Children's Services Manager and the Lead Practitioner have recently joined the East and Mid Devon Safeguarding Children's Board. This involvement has further enabled a high level of awareness of local safeguarding issues, such as early opportunities to share learning from Serious Case Reviews. The Lead Practitioner attends regular monthly case discussion meetings with Health Visitors as well as meetings with Social Care colleagues, ensuring that awareness of families in need and the supports available to them is shared and followed up.

Summary

Our key areas for development are:
 To develop robust systems for sharing information with key partners to ensure that the vast majority of children are able to benefit from Children's Centre services.
 To develop clear processes for tracking the progress of children and families through their journey of engagement with the Children's Centres
 To develop a clear and collaborative cycle of planning and review demonstrating the use of local knowledge

Overall effectiveness	1	2	3	4
Grade:			X	

Briefly list your main reasons for deciding on this grade for the centre or group of centres. Include the strengths of individual centres within a group and key areas for development.

Access to services

The centres have, in general, developed strong and effective partnerships with a range of providers. This is enabling us, together with more focused analysis of data and local knowledge, to understand the needs of the more vulnerable families in our area, and to adapt our services to become more appropriate and accessible to them. Our commissioners and Advisory Board recognise the progress that has been made, and are supportive of the continuing efforts of the children's centres' team, while maintaining high expectations of achieving agreed targets and outcomes. The centres receive a high number of referrals from partner organisations for support for vulnerable children and their families, but we are aware that there are still vulnerable children and families that are not yet engaged in centre services.

Quality and Impact

Safeguarding practice and the quality of family support interventions are strengths of these centres, as evidenced with the Outcomes Stars, case studies and case file audits. The principles of 'Working Together' are carried out in practice by the team and partner providers, with members of staff keeping the child at the centre whatever the engagement with the child and family. Data shows many areas of improvement and we are aware of the areas that require further work. By working alongside the Local Delivery Group and the local priorities that have been set, we hope to be able to demonstrate through data that services provided are making a difference.

Services are of good quality and enjoyed by children and parents. Outcomes Stars and case studies show that children and families are able to demonstrate positive outcomes as a result of individual and targeted interventions. We are developing processes to both enable parents to have a stronger understanding of their child's development and how our services support this, and to track children's development and the impact of services over time.

Leadership, governance and management

Staff are well qualified for their roles and supported in ongoing learning and development. There is a very good understanding of child development and of the Early Years Framework; this is promoted to parents, as are strategies to support them to develop their home learning environment in order to effect sustainable benefits for their child. They recognise the particular skills of colleagues in the team and are confident in seeking and receiving support from each other.

Leadership and management structures are clear and well supported by Action for Children, as well as partner providers and the community through the Advisory Board and Local Delivery Group. The core membership is generally consistent and understands very well the needs of the area. Members are confident in raising issues of concern within the community and in constructively challenging the Centres where appropriate.

Team members commit to monthly team meetings as well as individual supervision. Team meetings provide opportunities to share learning, to analyse and learn from adverse or unusual situations, to celebrate success, to understand progress or lack of it, and to develop strategies to stimulate or maintain improvement.

Summary

While the centre recognises areas of good and effective practice, we maintain a focus on the areas we have identified for improvement, in order to deliver good or outstanding children's centre services.

The main areas for development are:

Improved clear and agreed processes for sharing information with key partners about the most vulnerable children and their families.

To achieve 100% registration and to have a more embedded and substantial process to ensure that we are aware of all vulnerable children in our area.

Improved and consistent processes for identifying and tracking the difference made for children and families

Section B. Factual information about your children’s centre/s

This section to include:

Information about the area/locality (centre or group of centres to be inspected)

Include information on the name and number of centres in the group or locality; if appropriate, list separately the numbers of children under five years living in each of the centre’s reach areas.

State the level of the offer made by each of the centre/s.

Crediton and Culm Valley centres cover over 160sq miles and therefore we have split this section into the two geographical areas.

CULM VALLEY

Culm Valley Children’s Centre is in a predominantly rural area; it has one major settlement - Cullompton. It also includes;

Willand, Uffculme, Culmstock, Hemyock, Hockworthy, Clyst Hydon, Ashill, Blackborough, Smithincott, Clyst St Lawrence, Mutterton, and Plymtree, Burtlescombe, Holcombe Rogus, Westleigh, Bradninch, Kentisbeare, and Sampford Peverell.

There are approximately 1514 children 0 – 4 living in the Culm Valley reach area. We have currently registered 78% and have reached 50% in the last 12 months. See E Start reports. The boundary of the Children’s Centre is coterminous with that of the Culm Valley Learning Community . We cover an area of just over 85 square miles, which is served by 14 primary schools. Childcare for under 5s is available through private day nurseries, playgroups and child-minders. The centre does not provide day care. Cullompton is 10 miles from Exeter and has a good bus service which provides a link to all the villages in the Culm Valley as well as linking to Tiverton. However, for families in smaller outlying villages, hamlets and farm dwellings without access to a car, travel to access services is difficult.

The centre receives an annual profile supplied by Devon County Council detailing the statistics listed above and others. A hard copy of this is available at the centre.

The key features differentiating Culm Valley Children’s Centre from others are:

Unemployment is slightly higher than the Devon average which is itself significantly lower than the national average; wages are slightly lower than the Devon average which is significantly lower than the National average.

Housing in the area is mixed, but there is an increasing amount of social housing for families. A number of eastern European families accessing the centre face over-crowding or unsuitable accommodation; we understand from conversations with the local major employer called 2 Sisters Poultry Group that for many of their workers this is a choice as it helps them save more money and send some back home. A high number of young parents and families live in good quality new housing administered by housing associations which has recently been developed in the Swallow Way, Kingfisher Reach and Fairfax Drive developments. The centre’s two highest LSOA’s are both in Cullompton town itself, although we are confident that other smaller pockets of deprivation exist within the whole Culm Valley. The centre building is situated at the heart of our most deprived LSOA and the other incorporates a mixture of local authority and private residences in the immediate area surrounding Willowbank Primary school and another smaller estate adjacent to the local sports centre. See Culm

Valley Children Reached and Regs.xls tracker that details contact with families in all of Culm Valley's LSOA's.

Services are offered from the centre base in Cullompton, our permanent outreach base in Uffculme and other outreach services using local community venues based on local needs identified by us, our partner agencies and Local Delivery Group. Restricted space in the centre means that we have to hire venues to deliver parenting courses with a crèche. .

CREDITON

There are approximately 1212 children 0 – 4 living in the Crediton reach area. We have currently registered 86% and have reached 56% in the last 12 months. See E Start reports. Crediton is a town and civil parish in the Mid Devon district of Devon in England. It has a population of almost 7,000. There is a library and a leisure centre. There is a large state secondary school, two primary schools and four pre-schools. There are bus links to Exeter, Tiverton and surrounding villages and a train station.

The children's centre covers a large rural area of over 100 sq miles, incorporating several small and large villages, some of which are quite isolated. Our boundaries increased in 2015, to include an area in north west Mid Devon, increasing children age 0 - 4 in our locality by 114. This is coterminous with Health boundaries. Early Years provision is covered by twelve primary schools and fourteen pre-schools. Childcare for under 5s is available through private day nurseries, playgroups and child-minders. The centre does not provide day care.

Community Baseline Profile 2015 provides details at LSOA level. Our two areas with higher levels of needs are Bow, and the East Street area of Crediton. There are other small pockets of rural deprivation, which include some social housing. This is contrasted by small, very affluent areas. Registration data within Crediton itself has historically been very high. Data provided by Devon County Council highlights those areas where registration and reach is lower.

In August 2015 we move out of our centre, into temporary accommodation on a school site. Services will be delivered within the community, until we are co-located with the library, in April 2016.

The key features differentiating Crediton Children's Centre from others are:

Unemployment is slightly higher than the Devon average which is itself significantly lower than the national average; wages are slightly lower than the Devon average which is significantly lower than the National average.

Housing in the area is mixed but there is limited social housing for families. A number of families accessing the centre face over-crowding or unsuitable accommodation; a high number of young parents and families live in good quality new housing administered by housing associations.

We have excellent links with Health with whom we shared premises until June 2015.

Governance, leadership and management arrangements

Please outline the governance arrangements – standalone, group or merger (include whether advisory boards are separate or shared).

Please outline the leadership and management arrangements (for example a group or locality manager or leader).

Please outline whether the centre/s is/are managed on behalf of the local authority by a school or other third party organisation.

Action for Children is commissioned by Devon County Council to deliver the Culm Valley and Crediton Area Children's Centre Services.

Action for Children was awarded the contract to deliver from April 2012. The contract was awarded as a Cluster contract including the Children's Centres in Tiverton. The Cluster has a Cluster Management Group which meets monthly. Centre Leads have found that this has extended opportunities for mutual support and developing good practice. The Children's Services Manager (CSM) Sally Kendrick, has been in post since June 2014. Sally reports to Tom McCulloch, Action for Children's Operational Director for Children's Services for Devon, Cornwall and Torbay. The Children's Services Manager also attends a monthly Children's Services Operational Patch meeting with the Operational Director and other CSMs in Devon Cornwall and Torbay. This ensures that key messages within the organisation are shared, and any difficulties addressed.

The Cluster Advisory Board monitors contract compliance across the 4 Mid Devon Children's Centres This strategic group met for the first time in July 2013, and has a good level of support from a range of statutory, community and voluntary leaders within the Mid Devon community. Centre's have a Local Delivery Group, which includes parents, community representatives and local practitioners including Health Visitors and Early Years representatives, to ensure a continuing focus on the needs of the community and to identify the most appropriate and collaborative responses to meeting these needs. (*See minutes of AB meetings, Terms of Reference, and Work Plans*).

The Centre's have Centre Leads, who reports to the Children's Services Manager for the Mid Devon Cluster of Children's Centres. A number of Cluster posts have been developed as part of this commissioning agreement:: Finance and Admin Officer leading the finance and admin team across the cluster. She was appointed following an internal recruitment exercise in January 2013; Lead Practitioner, leading the family support and safeguarding work across the cluster; We have appointed a Volunteer Coordinator for the cluster, who will ensure consistency of process for recruiting, training and supporting volunteers across the cluster and coordination of support for Parent Forums across the cluster

The Children's Services Manager has line management responsibility for the Centre Leads, Finance Officer , Lead Practitioner and Volunteer Coordinator. There is a culture of supporting continuous professional development, including the creation of areas of responsibility. All Family Support Practitioners take a lead role in an area of the Centre's work: DAF and 2 year funding, Domestic Abuse, Thrive, Breastfeeding peer support. Other members of staff also take responsibility appropriate to their role. The Centre Leads line manages the majority of other members of staff. The Lead Practitioner does not directly line manage staff, but carries out all case work supervision throughout the Mid Devon Children's Centres, thus supporting consistent practice throughout the cluster.

Context

Include a description of the geographical area served by the centre/s or area/locality; levels of deprivation; ethnicity of the area.

Deprivation in the Crediton and Culm Valley area: There are no Lower Super Output areas in our reach area in the 30% most deprived. We have set ourselves local target areas based on data and information from partners .

Numbers of children with a Child Protection Plan or recognised as a Child in Need are lower than the Devon average. .

Foundation stage profiles across the learning community are generally above the Devon and national averages and have been improving over the last few years from a point where attainment was lower than both. Where individual schools are showing lower data, we use the opportunity to meet with all the relevant professionals

associated with that school community to see what maybe the underlying factors and what could be done to improve the data.

Child obesity and overweight at school entry both appear to be reducing. See DCC profile tool which details key performance data. Reported Domestic Abuse incidents where a child is present are higher than average in the Culm Valley and average in Crediton. Links with SPLITZ , the Community Safety Partnership and others are helping to develop a more consistent approach to supporting victims of domestic abuse.

Cultural diversity: Many families have lived in the locality for generations, so some families have a high level of family support. However, recent building, food production and farming and the proximity to the Motorway have brought more families into the area, particularly from overseas. Mid Devon has recently experienced a high volume of families moving to the area from Eastern Europe, principally from Poland, Lithuania and Latvia. .

Housing:

Mid Devon District Council is the main Social Housing landlord. There has been considerable housing development over the last few years and much more planned for the future which is detailed in the Mid Devon Plan up until 2030. A significant proportion of the privately owned new-built properties are now let by private landlords. A number of recent developments in Cullompton have incorporated low cost affordable housing and renting opportunities are managed by well established housing provider companies and also private opportunities to join part-ownership schemes are available.

CREDITON

There are no Lower Super Output areas in the Crediton reach area in the most 30% deprived. Wellbeing data provides statistics that enable us to target those locations with higher levels of deprivation. Some villages and hamlets within our patch are very rurally isolated, with no public transport. Travel time to Crediton and Exeter can be significant from some areas. Many people work within the farming industry, although there is also two large factory's. Wages tend to be local than the Devon average. However, levels of poverty and take up of FSM are below the Devon average (see Profile Tool).

There has been a slight increase in Domestic Abuse on the previous years figures, although reported incidents remain below the Devon average. Numbers of children with a Child Protection Plan is below the Devon average but considerably higher than the year before. Historically, the area has tended to have low numbers of Child Protection Plans and it is hard to explain this sudden statistical increase. We are aware that they has been a large number of social housing built within the town.

98% of residents are white British and have lived in the area for generations, with close family and community bonds. There is a small percentage of families from Eastern Europe, particularly Poland. 97% of the population have English as their first language.

Housing within the area is very mixed. Mid Devon District Council is the main provider of social housing. There is some privately rented accommodation. Demand tends to exceed supply.

The needs of children and their families

Describe the significant target groups identified by the centre/s as in most need of support, such as workless households; teenage mothers.

Our local priority groups are:

Vulnerable ante-natal parents

Fathers

Mothers suffering PND

Children exposed/potentially at risk to the impact of domestic abuse

See detailed evidence in 'Access to services by young children and families'.

Any other relevant information

Please provide information of any particular features of the centre/s or area/locality. Note any significant changes since any previous inspection, such as changes to group/cluster arrangements/mergers, etc.

Culm Valley is preparing to be re-located to the Hayridge Devon Centre and Library building in Cullompton at some point prior to the end of the current contract period.

In 2017 the Mid Devon contract is up for re-tender.