

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

## Tavistock Area Children Centre

V1 FEB 2014 – updated AUG 2015

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<b>Access to services by young children and families</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Grade:		<b>X</b>		

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. (Boxes will expand.)

Tavistock Area Children’s Centre is part of an integrated hub of services for families with children under 5 in the area, with all perinatal services accessed from the children centre. This integration of services at the Abbey Rise site allows information to be shared fluidly and enables gaps in countywide data to be addressed and trends identified in particular relation to target groups and support to new families in the area. 60% of calls received weekly are for PHNT or Midwifery, demonstrating clearly our ability to support and signpost appropriately. Access to services for young children and families is recognised as “Good” (OFSTED 2014), with an acknowledgment from OFSTED that staff demonstrate effective multi-agency working.

### **Identifying families and those from target groups**

Tavistock Area Children Centre has a fully integrated approach to supporting families with young children, this is demonstrated by the seamless approach to outreach with all relevant partners and can be evidenced by:

- Information sharing between co-located partners in Health (PHN Team & Midwifery) almost all new births are known and target groups identified.
- Devon County provide regular data and intelligence regarding reach and registration, most recently the profile shows a potential reach of 1482 children. Current registration stands at 1237 A large majority 83.5% children under 5 years now registered with centre (August 2015). This is a significant increase from 56% registered in 2010.

Co-delivery of Great Expectations antenatal sessions with midwifery and Health, since September 2014. This has had a significant impact on registration within the Centre and has further cemented the partner agency working with Midwifery. 178 families have accessed antenatal care between Sept 2014 – August 2015

- Joint new birth/home visits with Health Visitors, monthly joint allocation. During monthly allocation discussions around target vulnerable families allow for careful planning of interventions ensuring families get access to the services they need.
- Health Visitor case load analysis shared and cross referenced with Centre’s family support data to focus on target groups and identify contradictions to county data – e.g. Tavistock Family Health Needs Profile 2011/12 identified that 28% families affected by domestic violence which contradicts relatively low county statistics based on reported incidents in area.
- DAF 1 paperwork now received from HEALTH indicating all new births.to date the Centre has received 20 DAF1 documents since April 2015.
- The Family support team is a well established resource within the community with an average of 4 referrals a week – coming from a wide range of partners, i.e. Preschools/Nurseries, GP’s, Health Visitors, Midwives, Family Intervention, Social Care,

CAB

- Co- delivery of Evidence Based Parenting programmes with Health ensures that almost all participants are from target groups and are able to progress on to and access relevant and strong support services in the community.
- Local intelligence based on e start interrogation and professional knowledge has identified that of those children in the 0-2 age bracket, we have reached 470 of them. Of those children in the 2-3 age bracket we have reached 287 and of those in the 3-4 bracket we have reached 142. We believe that this is due to the good intake of 2gether funding and families accessing quality pre school provision.

### **Establishing and maintaining contact with targeted families**

Strong working relationships with Children and Young People's Services have ensured the Children's Centre Lead or family support lead is invited to and attends 100% of Initial Child Protection Case Conference meetings. This ensures that the centre is able to quickly and effectively offer support to that family as part of their Child Protection plan if required, it ensures the child's needs are appropriately identified through a thorough multi agency assessment and that the child's needs and progress is correctly monitored and reviewed with no waiting list for family support.

The Children's Centre profile data received by Devon for 2014 identifies 98.24 % of children as having English as their first language which is above Devon average.

The Children's Centre are currently supporting the vast overwhelming majority of children with statutory involvement, The Centre has 38 open cases at Level 3 including DAF, CP and CIN and all are receiving needs focused one to one family support. In addition, the Centre has a further 34 open case files, of which some escalate and de escalate through Social Care.

All families have undergone an assessment and the use and introduction of the family star tool has enabled families to participate to more depth in the assessment process allowing for further reflection as well as enabling professionals and parents to track improvement in outcomes. The Children's Centre currently has an open case file for 38 Children with a Child in Need Plan Child Protection or DAF plan, all are being supported on a weekly or fortnightly basis by centre staff. The centre is well respected for its role in supporting children and families with statutory involvement and has been involved in constructive challenge to CYPS on several decisions where families were not deemed at meeting threshold for intervention. In the past 6 months the centre has handled complex cases where referral to CYPS was necessary and all of which are now in the process of initial assessment but maintain contact with the centre for support which is testament to the trust and professional relationships built.

The Children's Centre are aware of 4 children who are in the care of the local authority living in the area, of those 3 are open to family support; one of these children is currently receiving regular family support. The other children have been open to support but are currently not in area, the parents continue to engage with the children centre in preparation for their return following the outcomes of the case review and investigation. Regular contact with Children and Young People Services Practice manager and advanced social worker enables shared information of these priority groups.

Ofsted inspection in Oct 2014 cited staff as going above and beyond what is expected of them to offer robust family support. Furthermore, they said " The Centre works very effectively with a wide range of partners. Good information sharing and a strong emphasis on working with other agencies means the centre is successful in identifying and engaging with those families most in need."

The centre closely monitors and scrutinises data on reach to target and vulnerable groups. The centre has seen increased reach to vulnerable groups since 2010 with a large majority known to the centre and accessing services.

- **Teenage Mothers / Young Parents and pregnant teenagers** – There are currently 48 known young parents in area –of which 38 are registered with us. 32 have received support on a one to one basis .12 of these are currently pregnant and due to deliver in Autumn 2015 and early 2016. Historically we have identified that attendance to universal Antenatal services has been relatively low although improving by teen parents.one to one antenatal support is offered where attendance at the session would otherwise be compromised.
- **Lone Parents** – There are 81 lone parents now registered with the centre with 55 reached with regular contact between August 2014 – August 2015attending universal and target groups. We are offering 1;1 support to 17 lone parents, Devon profile data for 2014 identifies 18.21% of children living in lone parent families which is below Devon average.
- **Fathers** – There are now 994 (Aug 2015) Fathers registered with the centre ( an increase of 142 since Aug 2014), with 179 reached with regular contact between August 2014 – August 2015,
- **BME Children** – 95.49% of all children reached between April 2012 – March 2013 were of white British heritage, with 31 children seen in this period from BME heritage. 44 children are registered as being Black or from a minority ethnic group and 21 of these children have been reached as at Sept 2014.Contact has now been made with the Devon racial Equality Council to liaise to ascertain additional data. There is a new short stay Travellers site on the edge of Plymouth in Woolwell and Barnardo’s have liaised with Devon Racial Equality Council to ensure that where there is a child under 5 years, access to Health services and access to support is offered.
- **Children with additional needs** - Tavistock has a slightly higher than average number of children with additional needs at 14.66 per 1000 under five population according to Devon profile 2014. This equates to approximately 24 children. We are aware that speech and language delay is also calculated within this along with other conditions such as asthma, when that is removed the number is significantly decreased. The centre has registered 09 children with additional needs as of August 2015 with most of those children accessing universal services regularly and 4 receiving family support in the past 12 months to access specialist health services through the DAF process. OASIS sessions for children is now incorporated into Stay and Play sessions on a monthly basis or offered one to one in the Centre. Scott Hospital in Plymouth have also utilized the space within the Centre to carry out assessments on those children who are suspected of being on the autistic spectrum. This is after consultation with parents who have identified that rural isolation inhibits them from accessing transport to travel to Plymouth. The link with Scott Hospital is currently being strengthened to make this facility a more regular event. Lets Talk More sessions are now run from the Centre, with plans to take this into the Lifton community from September 2015. Children will be offered screening, where referrals are received and support offered accordingly.
- **Armed Forces Families** – 123 families are registered as being in the Armed Forces. The vast majority live on the edge of our reach and earlier research undertaken by the Centre in 2013 identified that families felt that provision and access to them within the forces was the “best fit” for their needs. Families told us that the Family Welfare support offered relevant provision for their needs and that of their children. Attendance at Stay and Play sessions is marginally higher in Woolwell from families within the forces where they have the same

## Identifying need and vulnerable families and tailoring support

The centre has effectively engaged the families most in need of intervention and is seen as a centre of good practice with regard to the use of DAF to provide early intervention. The centre knows its area well and the resources available to families and this is reflected in the case load profile of families supported 1:1. OFSTED said "Information and sharing is good so that families have a positive experience of a joined up service from professionals. Completion of the Devon Assessment Framework means that those in need, including children in care and those subject to CP plans are getting the right level of help. Social Care staff are confident in the skills of the Centres family support staff to help families with complex needs".

Children's Centre attends 100% initial Child Protection Case conferences, from this initial attendance within 6 weeks an initial assessment will be completed by the Children's Centre worker and necessary joint visits arranged with allocated social worker or family intervention worker where parenting assessments or home inventories are completed jointly. There is a positive – proactive culture of assessment within the organisation, the centre and from the agencies we regularly work with. All family support staff have been recently trained in the family outcome star as a method of shared assessment between parent and practitioner which has further developed and enhanced the use of assessment and are now being used for all new referrals to the centre for 1:1 family support. This assessment tool also enables us to track, monitor and review improvement in outcomes. The DAF assessment is widely used in partnership with other agencies, ensuring the appropriate package of support for families.

Allocation meetings are held at the centre weekly where referrals received from outside agencies are discussed with the team to ensure that the most appropriate team member is allocated to support the family in regards to most relevant training and support or whether it is felt that signposting to a specialist agency is more relevant initially. Information is often gathered from the referring agency to ensure the referral is as informative as possible to assign the most appropriate worker to complete the assessment.

Where a referral to another agency is required staff support the referral, record this data on Estart systems and follow up to ensure that the support is in place.

All open case files for children are regularly reviewed, monitored and tracked through case load supervision where notes decisions and actions are saved to the child file for transparency and clear tracking and measure of impact.

Senior management are trained to Devon's level four safeguarding requirements and have received Barnardo's Supervision training which is based on the Tony Morrison model, this is to ensure that they can make informed decision regarding safeguarding, referral, support and challenge for staff on the front line. This also ensures that the staff have a key person able to challenge decisions and where practice is deemed unsafe and LADO processes may have to be followed. All family support workers have received group two and group three safeguarding as appropriate.

OFSTED stated "Safeguarding arrangements are strong and staff promote good safeguarding practice with families so they know how to keep their children safe from harm. Staff work well with Devon's Multi Agency Safeguarding Hub and this ensures families get the level of support they need.

All Multi Agency Safeguarding Hub (MASH) enquiries are logged on our newly developed Family Support Monitoring spreadsheet which provides details of the families and reasoning for referral. The completed enquiry sheet enables us to identify if the family has been seen in the past three months and detail to the enquiry agency the contact we have had.

The enquiry agency will inform us of a RAG rating to identify the level of concern and response required. In the last quarter we have received 9 enquires, of these 6 were known to the centre and registered. (the other 3 were identified as being affiliated to the other CC's in our cluster). The DAF process has now superceded the CAF and is being embedded across the county and within the CC. We have initiated 4 new DAF's this quarter (Aug 2015) and support other agencies (ie pre schools) where they are lead professionals.

When referrals are made to the Multi Agency Safeguarding Hub the Children's Centre have a clear procedure regarding the format this is completed in, which includes support to staff and authorisation by the Children's Services Manager. Strong links with Social Care and a clear referral pathway has ensured that the THRESHOLD Tool and MATRIX are used to ascertain levels of risk and for more concise referrals to be made by the Centre. This has resulted in clearer communication between agencies and has ensured the most appropriate intervention is available to the most vulnerable and in a shorter time frame.

- Over 100 referrals for family support in 2014-2015 with the majority of referrals from public health nursing team.
- 4 DAFS currently open (Aug 2015) The Centre has relatively high numbers of case files that are also receiving statutory care at this time. It is likely that of the current 34 cases open at Level 3, a significant proportion of these will be de escalated to DAF by Social Care. Centre staff will then be part of the seamless transition to position of Lead Professional.
- Family Star Assessment tool and Barnardo's outcomes track progress of family support interventions. Currently 72 families have star assessments ( August 2015)
- Early Help - critical help in the Early Years that is fundamental to supporting children to build resilience for the future. Early Help is adept at tailoring support where there are inequalities such as poor physical and mental health, poverty, social or rural isolation, gender issues, socio economic disadvantage and cultural differences. The Centre works relentlessly to support families who may be affected by any of these issues. Attendance at Early Help forums is 100% and staff work closely alongside other key agencies to ensure the early intervention and strive to ensure preventative work is undertaken at the earliest opportunity.
- Pre-school outreach strategy links family support workers to settings. New Partnership Sharing Agreement between pre schools and CC is fully functional, aiding better information sharing between professionals. Management has a close link with the Early Years advisor and co delivery of relevant training ensures all staff work cohesively together.
- Joint home inventories and assessment with family intervention service – with families at level 3 statutory involvement.
- Practitioner Forum chaired by team managers across cluster to look at emerging trends and identifies gaps in specialist provision for vulnerable families locally.
- Peer supervision focuses on reflective practice and sharing knowledge about specialist services creating a robust system for monitoring impact and using group analysis.
- The centre has facilitated access to free early education for disadvantaged 2 yr olds – exceeding target set by Devon and placing 33 children to date. Currently of those 33 placed 12 families have had or continue to receive family support.

- Professional networks and reputation for quality of service allows for information sharing and setting up multi-agency packages of support for families, evidenced by DAF's and case recording where significant partnerships in the area have been developed with: Domestic violence and abuse services, community mental health team, Addaction, Devon Drug service, Homestart, Community Adolescent Mental Health Services, GP's, Shelter, Education and more.

## Prioritising support locally

### Target Groups and Families identified as being most in need:

Tavistock Area Children's Centre establishes and maintains contact with a number of targeted families in our area, for those target groups which have not been identified as obtaining a majority reach to, an individual Action Plan for each target group has been created to set goals and provide leadership roles within the team to ensure this happens.

- **Domestic Abuse:** Since March 2014, SPLITZ has operated in this area and a designated member of their team hot desks from the Centre. As an organisation the CC has already delivered 1 Pattern Changing Course with them where 7 women completed the course. Where there are children under 5, one to one sessions are offered by the worker within the Centre. SPLITZ have currently offered 1;1 support to 29 women in West Devon since April 2014, of which 15 had a child under 5 and lived in Tavistock. The SPLITZ worker has confirmed that 50% of her caseload is families where there is a child under 5 in the home. The Centre is co delivering a Pattern Changing Course from September 2015 with SPLITZ. Currently 14 women are booked to attend. We officially have 37 families registered as being affected by Domestic Abuse, however the true figure is likely higher due to the "hidden harm" nature of abuse.
- **Victim Support** – In May 2015, the Centre's team manager met with the Police Crime Commissioner for Devon and Cornwall Police and discussed services currently available for those women affected by DV. Tavistock Children's Centre is now integrated into the Victim Care Support website. The Centre will receive an engagement fee for referrals it accepts and staff will support women and families to access therapeutic support (MANDALA – Barnardo's service) that will focus on re building fractured relationships whilst promoting emotional resilience.
- **Mental health issues:** Strong effective partnerships with health and the community mental health team raises awareness of post natal depression and allows for good joint working. Analysis of centre case files reveal that parental mental health issues is evident in approx 36% of cases showing this to be the most significant issue for families of young children receiving family support. (case file analysis July 2013 and reviewed August 2015) The Centre prioritises creating plans with families to reduce the levels of stress in their lives, connecting them to a community of support to allow them the capacity to develop good parenting. From September 2015, ReTHINK charity will be delivering self esteem courses / mindfulness as part of a perinatal support package. It will focus on recovery and equipping families with skills to deal with poor mental health. The Childrens Centre will provide a crèche whereby there will be a focus on 5-Thrive principles to promote childrens resilience As of August 2015, the Centre has 44 families
- **Rural poverty and isolation:** The Children's Centre is currently providing 70/30 % ratio of targeted to Universal services. At present 4 outreach sites enable services to be delivered in priority areas but the primary focus of outreach is on providing one to one family support. The SLA with the Citizens Advice Bureau is a highly effective tool in offering outreach and quick response to families where financial crisis is an issue, covering significant issues

affecting families' ability to provide the basics of a loving, safe, nurturing environment for their child. Staff have identified from a mix of LA data and local knowledge that the most ruraly isolated areas within the reach area has altered slightly and so provision has been adjusted accordingly. Sessions are now taken to those who are the most isolated and a range of resources will be made available.

- **Young Parents** weekly YP's group now operational with a designated worker. Weekly attendance varies and average is attendance is 5 YP's per week. Staff have supported Young parents to gain qualifications in "Parents with Prospects" accredited course which focused on parenting, budgeting amongst other key topics. Staff have interrogated local health knowledge to ascertain that 38 of 48 parents in the reach area are registered with the centre and 32 of those have received support from us. The vast overwhelming majority live in Tavistock which has served to reduce some isolation, with only 6 living in the surrounding area.
- **Barnardo's Works** 12 families were supported with this initiative – until July 2014 This is based at the children centre and offers a robust approach to outreach working with target families on personal skills, education, employability and managing re-entry to working life whilst raising young children. (FEB 2014) Whilst this initiative has now ceased, a designated worker within the Centre is still available to support with these skills and signpost where necessary.
- **Mandala Project:** The centre commissioned a specialist systemic family therapy service from September 2013 working with the most vulnerable families where healthy attachment and attunement may have been severely disrupted or affected by domestic abuse, mental ill health, substance misuse. The session brought psychotherapists into the centre who are skilled in delivering play therapy working to build bonds and repair broken relationships between parents/carers and child. Robust analysis of this project has now been received and shows the groups effectiveness. ( Aug 2014) .this has now been re commissioned for September 2015 following Social Care highlighting the difficulties in accessing quality therapeutic provision for those who need it most.
- **Lets Talk More** The Centre has a designated communication champion who undertakes "Let's Talk More" screening / referral pathway for children aged 2 + years, supporting early speech and language development. The Centre runs a weekly session both in the Centre itself or as part of outreach. Currently from September 2015 this will be within Llifton school who have identified high levels of poor communication and language acquisition in their children within the Foundation stage.
- **5 – THRIVE** Barnardo's early intervention with families focuses on early brain development and working with families to share this knowledge. It is based on the principle that the brain needs five key factors to enable children to thrive. These are Respond-Cuddle –Relax-Play and Talk. Staff are trained within this discipline to ensure that this ethos is promoted within universal sessions and that families are better attuned to their child/ren and therefore promote early attachment.

### Outreach to In-reach

Family support workers at the centre develop lead areas based on skills and knowledge. Having leads creates strong respected linkages to specialist agencies and has increased attendance at universal services for vulnerable groups. In the last year there has been a significant increase in

families affected by domestic abuse attending activities.

Parents and children, who are experiencing change, challenges, difficulties and upheaval in their lives show improvement and progress both in their confidence and parenting skills. Parent support from the centre is a recognised and well accessed resource which is improving outcomes and reducing harm to children. The centre has an established knowledge and involvement with the most vulnerable families that significantly contributes to improving safety and a community approach to safeguarding which is evidenced in its effective partner working with CYPS and HEALTH and joint training days between staff, as an on-going commitment.

The CC works on the premise that it will be there for a family for as long as it takes and there is a clear and persistent approach to reaching the most vulnerable groups.

### **Evidence:**

This can be evidenced through case studies, family support case loads, Solihull Evaluation/attendance, Child Protection referrals, attendance at child protection, child in need, core group meetings attended and number of CAF lead professional. Also, significant partnerships relating to vulnerable groups.

### **Areas for improvement**

- Build on well established partnership working by taking the lead on developing the co-location of specialist acute services for vulnerable families out of the children centre locally, prioritising domestic abuse services, adult mental health and substance misuse agencies. Use this co-location to build capacity and knowledge of respective workforces' and set a clearer more long term preventative approach to working with target and vulnerable groups.
- Where DAF 1 paperwork has been received from HEALTH since April 2015, this needs to become more embedded. Where DAF paperwork is completed in partnership with Health at antenatal visit, it is imperative that this is shared with the Centre once the baby is born. Due to the success of partner agency working with midwifery and health, alongside Great Expectations, this Centre already knows the overwhelming majority of families where DAF 1 paperwork is received.
- An interactive assessment tool "TAPESTRY" is now available for all children at Level 3 or who attend crèches / where need is identified. Tapestry focuses on evidencing the Early Years Framework through play. Staff, parents and other professionals can access individual children's accounts through secure and approved means to upload images and text on a child's progress. The account focuses on "next steps" in children's learning and highlights areas for further intervention. The tool also uses The Leuven Scale which focuses on children's emotional development and cross references with the EYFS. Staff now have individual I –pads to carry out observations both in the home and within the community, ensuring that images are uploaded to accounts immediately. Staff are already reporting the re-focus of their work to the child's development and have cited that it offers a facility to ensure long term tracking. This tool will accompany the child during their transition to school. Moreover, where children are subject to level 3 intervention, it ensures that the emotional and physical needs of the child are being addressed in a more formal and appropriate manner.
- Thrive – Tavistock Childrens' Centre has recently trained a number of staff across the

cluster to become licensed THRIVE practitioners. Again, this robust assessment will be offered to all children at level 3 or where need is identified by staff or other professionals

- Learn Devon are to facilitate Maths and English courses from January 2016 within the Centre, with play staff providing a crèche.
- Adult Education accredited courses in English and Maths skills will be offered to increase prospects of Employability from Jan 2016 with crèche provided by the Children’s Centre.
- A 4 week course focusing on Parental Self Esteem to be trialled, particularly where families have been affected by DV, poor mental health, addiction or other. This will be co delivered by the Centre with ReThink and a crèche will be provided.
- Children Affected by Parental Imprisonment – The Centre is currently running 2 training events for a range of professionals, highlighting the impact of parental imprisonment on children. The Centre will be offering the training to Storybook Dads within Dartmoor Prison in October 2015.

The quality and impact of practice and services	1	2	3	4
Grade:		<b>X</b>		

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.

The Integrated approach to service delivery and extensive partnership working has led to outstanding practice in relation to improving outcomes for targeted families in the reach.

The vast majority of referrals to the Centre for one to one family support are received by Health professionals and Children and Young Peoples services. Although the CC is aware that it has always received high numbers of referrals from HEALTH, the most significant increase is that of self referrals. Historically, In March 2013, there were only 3 self referrals which clearly demonstrates that the CCs offer to the community is “normalizing” and stigma in asking for help is decreasing.

Through regular joint team meetings and allocation with health professionals information is shared around the services we deliver to ensure they can promote, signpost and refer families to specific, appropriate services to match their needs, ensuring a more simple, direct and seamless approach to intervention. Joint delivery of some services ensures that children and families receive a strong multi agency approach to meeting their needs and reduce inequalities.

The Centre community profile and communication with parents identified the need to provide a continuum of support with a priority and focus on pregnancy to 33 months, with parents likening parenting to a journey. The centre has balanced the range and delivery of services to meet the needs of the most vulnerable families In the reach.

Since June 2014 the Centre has been committed to **Reflecting on Quality (ROQ)** which has a focus on overall service improvement at every level. As well as focusing on increasing parent participation, staff have been guided to use local data and Devon County data to ascertain areas of greatest need within our reach area. Staff have visited all areas of our reach and interrogated local data, villages and facilities to identify what provision is currently

available for families with children under 5 years of age. Where relevant, staff have worked to residents, education, health and social care to ensure that the Centre has a visible presence where need is identified. Where provision is available through toddler groups, the Centre is now committed to supporting them at least once a term and provides access to information on universal and targeted support. Where no provision was previously available, staff have linked in with education ( or other agencies) to improve links and offer joint services.

The annual Devon profile data and local knowledge is used to inform the service plan at the beginning of every financial year. Local knowledge is gained through key partners, families, annual safeguarding event, family rep's, community profile and strategic partners.

This decision making is done in consultation with staff, advisory board members and parents so that those target areas identified with highest need are given priority in the service plan. Each target is planned to be met through delivery of services from the children's centre, outreach and through partner agencies. Each session has a service specification plan which incorporates profile and local knowledge to inform its purpose and give an evidence informed approach. A clear evaluation timescale is identified and adhered to ensure that the service is continually reviewed and tracked for progress; identifying outcomes achieved and is adapted to ensure it continually meets the needs of service users. OFSTED cited "The local authority's annual checks set precise and challenging targets that lead to improvement, with some targets being exceeded." Also " Governance arrangements are clear and the Advisory Board is well run. The board has a view of the centres strengths and areas for development. Members are enthusiastic and provide a good level of challenge to assist the centre in moving forward".

Parents and families have completed 2 Parent Satisfaction Surveys in 2014 and 2015 and are consulted on any decisions that may affect service delivery. The majority of families cite that they are happy with the service provided and say that communication is good.

The Centre has 22 volunteers currently registered who support universal Stay and Play sessions, Family Reps and Breast feeding Peer supporters.

Ofsted said

"Family Reps enable the views of families who use the Centre to help shape services. Parents feel free to give their views and report a high level of satisfaction with the quality of services." Also " Volunteering opportunities are promoted well and all volunteers undergo comprehensive recruitment and training."

One to one family support work is monitored through supervision and case file audits by management. All family support workers' are responsible for completing timely reviews for each child to monitor change and ensure that the services being delivered is appropriate to the needs of the child, these are now done using the family star assessment tool. The use of the Family Star assessment tool enables staff to use a resource that empowers parents to identify current situations and move these forward in a realistic and achievable way. Through supervision and observation staff are monitored and challenged on their approach using a reflective cycle.

Children's Centre staff are highly qualified and as a team offer a broad base of specialisms that support families in the foundation years. Management observes staff in sessions termly and receive reports from parent reps, staff are witnessed appropriately role modelling and providing support and advice to parents in an empowering and encouraging way.

The centre collates feedback from parents from sessions and those who receive one to one support in a comments folder. Parents have written letters to the centre to feedback and help to complete case studies on the support they have received to capture evidence on the impact of the support. In addition to this longer term tracking on impact of family support and checking on need for potential re-engagement is delivered via a check in contact questionnaire completed 3, 6 and 12 months after family support is closed.

### **Readiness of target children for school**

- Good relationships with pre-schools and childminders are increasing referrals from settings to children centre family support. Since January 2014 there is now a Partnership Sharing Agreement between CC and pre schools and information sharing, in partnership with parents knowledge is increased.
- Open access play sessions delivered by the centre offer safe and stimulating play and are available throughout reach area. Family support workers link to sessions as part of their plan to transfer target families into universal access at close of intervention.
- Both Tapestry and Thrive accounts are utilised for all children at level 3 or where need is identified. Through close observations and long term tracking of childrens development within the EYFS framework, a clear transition document emerges for children at the point of entry to school / pre school.
- Children centre know that 86 vulnerable 2 yr olds are entitled to funded childcare. (Aug 2015)

### **Improved parenting**

- Solihull Parenting Programme: Almost all attendees from target groups with almost all parents completing courses. 16 parents attended evidence based programmes by July 2014. The next course will be held in Princetown as this has been identified as an area of need. Currently 12 families are booked to attend of which more than 80% are receiving statutory support. New evaluation methods underway to track immediate and long term impact of evidence based parenting programmes. Early analysis of Solihull approach evaluation conducted between January – May 2013 gives us an insight into parents perspectives of programme:
  1. A clear expectation that the programme would be about behaviour and solutions- perhaps linked to the super nanny style media and TV representation of parenting issues.
  2. A secure non-judgemental environment in which to learn more
  3. A recognition that I'm not alone - 'others share the same issues as me'
  4. A greater understanding of child emotions, particularly in relating them to similar adult emotions - 'my child has the same emotions as me'
  5. Helped to manage my expectations of my child (reduction usually - especially in relation to emotion)
  6. Developed a more thoughtful, considered, and less emotional response to my child's behaviour (control and patience)
  7. Possibly longer support, and some follow would be helpful

- Targeted individuals are given care and development plans that are built on their existing capacity and strengths through a fully participative process utilising the Family Star assessment tool.
- The professional practice and knowledge of the centre family support team is relied upon as a resource locally and has led the way in contributing to a community focus on often hidden groups of vulnerable children, i.e. delivery of 'Hidden Sentence' training - raising awareness of the effect on children of having a parent in prison.
- The Children's Centre delivers updates on Safeguarding issues to local providers in preschools, nurseries and childminders which has had a significant impact on improved links.
- Every primary school in the learning community has a children centre notice board and information on targeted support and programmes. The area parent support advisor is linked into the centre and joint works DAF and support where a vulnerable child is transitioning to school..
- The children centre works in partnership with health and education to co-ordinate and deliver a learning community safeguarding event annually that helps to improve knowledge and awareness of services available to targeted groups, improve information sharing, create partnerships and raise awareness of issues affecting children in the local community. The last 2 events focussed on increasing awareness of the impact of parental mental ill health on children and the effects of parent alcohol and substance misuse on children.

### **Opportunities for target adults in developing personal skills, education and employability**

- Parents With Prospects course is ran from Sept 2014 – July 2015 with 5 Young Parents attending. All units are now completed and all parents have gained accredited status.
- A recent OCN level 1 course in Personal Development and Employability Skills successfully saw 4 parents complete, with 1 entering paid employment and 1 volunteering (June 2014).
- ETS – the Centre has a dedicated ETS worker who has developed strong links with Job Centre Plus and will be working on further Adult Education courses and opportunities.
- Learn Devon are delivering Maths and English courses from the Centre from January 2016 with Centre staff running the crèche.
- Breastfeeding Peer Supporters - The Centre annually trains a number of peer supporters with an accredited programme. This training promotes breastfeeding and also supports women who have been out of employment and have aspirations to enter the Early years workforce. There are now 19 peer supporters trained

### **Healthy Lifestyles**

Families with young children, including those from vulnerable groups benefit from well

integrated services locally, especially between Midwifery, Public Health Nursing Team and the Children Centre. Service users have good access to a range of services and good take-up rates are leading to improved outcomes.

The trend in rising levels of children classified as obese was identified by the centre as rising over the past two years and included as a priority ahead of County targets through the introduction of the Let's Cook Programme. The programme focussed on healthy eating, cooking on a budget and the importance of eating together with children involvement in preparation and cooking of food as central. A very large majority of participants were from target groups and referred on to programme. Despite rising figures the centre is below Devon average at 20.7% of children at reception classified as obese.

- The breastfeeding group runs weekly at the Children Centre and is now exclusively staffed and supported by parent volunteers who have undergone the accredited breastfeeding peer support programme delivered by the children centre.
  - 61 parents accessed the group between Aug 2014 and Aug 2015. Peer supporters are now visible at all Centre outreach stay and play sessions also.
- Tavistock CC led the Devon implementation of the Baby Friendly Initiative locally and has produced a list of the local establishments where breast feeding is permitted here [Breast feeding friendly venues](#). This list is available from our website, at the children centre and key public facilities in our area. We have 4 members of staff trained in the BFI provided by Devon County Council.
- Antenatal group is delivered in partnership with Midwifery and Health via Great Expectations. – covering all health and baby development during pregnancy, including paediatric first aid, smoking cessation and changes in relationships. A designated member of staff has been integral to the course roll out and has been instrumental in supporting the re design of the sessions with the Lead of the Programme. 178 families have accessed the course (Aug2014-Aug 2015) and the recent Survey Monkey Parent Satisfaction demonstrates that the majority of parents say they first heard about the Centre through their Midwife. Through this collaboration the DAFS we receive through Health highlight families that are already known to us. .
- Let's Cook – Healthy Eating Club – for whole family including school age children. This is run on a “needs” basis within Young parents sessions / or other
- Outdoor Learning and forest school activities promote the use of outdoors in an area of outstanding natural beauty.
- Administration of healthy start vitamins. 5 sets of vitamins have been accessed
- Children Centre and Health staff co-deliver developmental checks ( attended by 180 children from AUg – Aug 2015) and drop in clinics to identify early signs of speech and language difficulties. Centre staff attends speech and language training updates when necessary and have prioritised communication, language and literacy as the underpinning objective across all universal services.. Further focus and the development of the ‘communication champion’ at the centre will further embed practice and identification tools through observation.

Services delivered to compliment the children centre joint working protocol and offer families a continuum of support focussing on early attachment and attunement between parent and child;

- Baby Massage - with a focus on mothers with low mood and attachment issues.
- Significant referrals for support have been made by the GP practices in Tavistock following several information sharing presentations by centre lead to practice meetings and the recent membership of link GP to advisory board – this has led to

an investment in training for staff to develop post-natal exercise sessions as part of baby massage especially for mums identified as having low mood.

Well integrated partnerships with local services enables the centre family support team to use outstanding local knowledge of services available to prepare packages of support for vulnerable families leading to improved health and wellbeing for children and their families.

In the current and last quarter evidence points to a consistent trend in predominant referrals and signposting of families to the following agencies: Domestic Violence and Abuse Services, Citizens Advice and the Food bank.

- Significant number of referrals and links to counselling or community mental health team.
- Working in partnership with Tavistock Area Parent Support & Parent Partnership to promote early intervention and support for children with additional needs. This initiative also seeks to empower parents to support one another and share difficult experiences.

*'Since coming to the group my child has started to eat & drink better and socialise with other children better' 'Cooking course was very good, has helped me' 'Confidence, the ability to be confident with my children In front of others without feeling judged' 'To talk aloud, do different things' 'It helped me become more confident in my parenting skills and in myself' (parental feedback)*

#### **Parent's understanding of their responsibilities for their children's safety and well-being:**

- The Centre currently has 4 "live" DAFS. This number is indicative of the high case files where statutory care is involved.
- Ofsted 2014 stated "parenting courses and courses for those affected by DV, PND and poor mental health are delivered to a high standard. They are well attended. The Centre recognises that poor mental health is an issue for many families. Staff work hard to reduce stress and reduce isolation. One to one guidance is good. For families, especially young parents. As a result, parents report improvement in their self esteem, confidence and in their understanding of their children's behaviour"
- Home safety plans and inventories are carried out in partnership with Family Intervention for the most vulnerable families with good use of the Barnardo's In-House Grant system and other sources of funding locally to provide essential home safety equipment. The centre has successfully applied for and secured approximately £2000 in assistance for the most vulnerable families being supported in 2014-2015
- Lead ETS worker based at children centre from offering weekly on-site referrals into a dedicated mentor for target parents affected by worklessness.
- Mandala – Introduction of this specialist therapeutic service for target groups' young children using systemic family therapy through play –enhance offer and improve outcomes for children affected by domestic abuse, neglect, parental mental health issues or alcohol/substance misuse.
- Thrive practitioner has embedded Thrive principals across sessions and use

assessment for all children being supported at CP, CIN and DAF level.

### Areas for improvement

. \* Tapestry accounts will be operational for all children and families and professionals will be able to utilise this interactive tool, to ensure that children's emotional well being is met. In turn this will act as a transition document for children as they enter the Foundation Stage. Through early intervention of this tool, the Centre is hopeful that children's learning and opportunities will be enhanced and in line with the EYFS, and that the most disadvantaged children are performing and achieving at the same rate as their peers by the end of the Foundation stage.

The effectiveness of leadership and governance	1	2	3	4
Grade:		<b>X</b>		

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.

Leadership and management of the centre work tirelessly to embed practice and systems that pursue excellence and consistent quality improvement. The Centre works strategically to explore and develop partnerships that seek to offer innovative and needs based solutions for the most vulnerable families and seeks commitment successfully not through money but through will, determination and unrelenting focus.

Ofsted said " The Centre has a culture of continuous improvement and the managers are responsive to feedback and strive for the services and systems that will enable them to meet the needs of families most in need."

The local authority, centre leadership, key partners, parents and Advisory Board set challenging targets and service improvement plans to meet the specific needs of target families and the wider community.

Since 2011 the centre has been co-located with health visitors and midwifery leading to highly effective partnerships and often seamlessly integrated services for families.

The Local Authority sets clear targets for the centre based on profile data and levels of need which are monitored through formal contract review meetings twice yearly and quarterly through representation on the advisory board.

Strategic staff from Devon County Council and organizationally recently held an annual review where an acknowledgement was made to the high levels of support that staff offer families within the community and the robustness of support overall ( August 2015)

The Service plan and service improvement plan details local targets identified by the centre and partners as:

- Communication, language and literacy – development of universal provision to include Lets Talk More screening and Bookstart within the home and universal sessions.

- Increase support and collaboration with specialist services to support families affected by domestic abuse.
- Increase voice and influence of children and parents in centre
- Develop, nurture and support parent led support groups, children with additional needs, domestic abuse and families affected by mental health.

The Centre see its partnership with parents as its most important relationship and asset. Parents are overwhelmingly supportive of the centre and report that it has made an enormous impact on their lives, especially at times where early help was of critical importance. Evaluations have shown that parents feel welcome and genuine partners in the centre. The Centre has a good rang of volunteers and is committed to enhancing this further via a Champions Model. This will be a cluster response with implementation planned for Autumn 2015.

The Centre prioritises its services by:

- Regular evaluation and parent feedback, staff reflective and observational approach to critiquing sessions and delivery.
- Working with key partners locally on shared priorities and common goals.
- Regular use of data and interrogation of this data using both county statistics and local data sets.

## **External monitoring and accountability**

### **OFSTED**

- The Centre was inspected as a stand alone Centre on 24 and 25 September 2014. It was awarded a “GOOD” grading.
- Annual service delivery plan developed with local authority, parents and partners sets ambitious targets and local priorities to be met by CC.
- Termly reports, safeguarding audits, family support data and case studies submitted to local authority for monitoring, scrutiny and challenge.
- Annual conversation – DCC provide challenge on targets and look at developments for coming year.
- 6 month reviews - DCC provide challenge on targets and look at developments for coming year.
- The Centre has undergone 2 quality Improvement inspections of which both were graded as “good”. (SEE QIP). The last in August 2014 and another booked for October 2015
- Advisory Board Quarterly review and challenge
- Parent representatives session and activity observations and parent feedback reports

## **Internal monitoring and accountability**

- Barnardo’s Children Centre Quality Improvement Programme – delivered by Ofsted

inspectors.

- Service Quality Assessments – Quality Assessment Framework ROQ
- Annual impact reports
- Family support case files sampling, auditing and sign off procedures. Case files are subject to regular file audits by the safeguarding lead, centre lead and Children's Service manager. This ensures the quality and consistency of records kept. As part of this process CAF's and Family outcomes stars are checked again for quality and consistency. The centre lead and family support lead routinely monitors involvement with CAF's initiated by the centre and those the centre is involved with but initiated by a partner agency.
- Centre lead and Family Support lead support reflective practice and quality improvement through activity observations and feedback to staff.
- Annual performance appraisals for all staff
- Estart monthly monitoring and annual in-depth service use profile to ascertain which sessions/services are being attended by target groups.

### **Safeguarding Practice**

- Leadership qualified at level 4 advanced risk analysis in child protection.
- All staff qualified at level 1 minimum with family support staff qualified at level 3 and above.
- Staff trained in MARAC, ADVA and Pattern Changing to support families affected by domestic abuse.
- Robust safeguarding procedures and policies in place, understood and implemented, i.e. recruitment procedures, staff induction, escalation of concerns, information sharing, whistle blowing, LADO procedures.
- Effective layers of staff supervision to assess risk and promote staff resilience, including case load supervision, operational supervision, clinical supervision for staff delivering domestic abuse programme and peer supervision.
- Community leadership in promoting and improving safeguarding practice, annual event delivered in partnership with health and education (Baby X) – 2012 focus on improving local understanding and information sharing in relation to child and adult mental health services.
- Termly practitioner forum chaired by children centre: The group is represented by a wide stakeholder group including PVI sector, social care, schools, CAMHS, drug services, CAB, JCP and others. The group shares good practice and develops shared consensus on areas for priority in relation to promoting social integration in the community and main vulnerabilities and factors for families locally. Main themes this year have been updates to front line staff on the impact of welfare reforms on children.

### **SLA's – CAB**

A significant service level agreement is with the Citizens Advice Bureau which offers through a commissioned agreement a dedicated outreach worker to support target families in financial crisis and to support in complex appeals against decisions on benefit allocation or disability living allowance decisions. **DATA FROM CAB not yet submitted**

## Partnerships

Health: Co location with PHN Team and Midwifery enables a significant level of integration leading to:

- Joint family visits and assessments, co-delivery of evidence based parenting programmes and antenatal services, developmental clinics and DAF

**SPLITZ:** Domestic Abuse is a priority for target groups in the reach, previously hidden women and children are now accessing services and being linked into specialist services (in 2008 7 clients in area accessing support from DVAS rising to 27 in 2012 , stabilising at 17 over ¼ in 2014) leading to:

- Designated member of SPLITZ working closely with staff via hot desking and weekly contact to ensure those who are “hidden” in the community have access to support. SPLITZ staff and Centre staff committed to co delivery of training opportunities in house to enhance staff overall knowledge.

Health data indicates that over 40 families from Aug 2014 to Aug 2015 have cited Domestic Abuse within the home.

- Assistance in navigating the new online systems for job search and matches.
- Links to satellite staff from JCP – linked through the Centre Barnardo’s Works/Family Action Programme and the Targeted Family Support.

**Plymbridge CC:** Tavistock reach area covers a complex area incorporating a northern suburb of the urban area of Plymouth. In this area parents reported challenges with regard to access of early childhood health services. Weekly session in Woolwell co-delivered and regularly attended by 50+ families

- Weekly attendance by PHN Team members offering health advice and guidance to parents along with signposting to specialist health services.
- A focus on early communication, language and literacy through a ‘chatterbox’ session.

**FIS:** Well established partnership working with family intervention allows for joint working and development of plans for families at child protection or child in need and leads to:

- Families at statutory level attending centre delivered evidence based parenting programmes, universal sessions.
- Joint home safety inventories leading to children centre application to local resources

for improving safety and wellbeing for young children.

**Food bank:** The children centre assisted in a campaign locally to set up and provide a Food bank, leading to: Children centre being the lead agency for distributing vouchers.

- Of all referral agencies in the locality since the Food bank was established, the children centre is the single largest referral agency. We have successfully referred over 20 families from Aug 2014 – Aug 2015

**Mandala:**

- Commissioned Family therapy service for target families at children centre focussing on intensive repair and restoration of family relationships following trauma. Focusing on attachment and parent child bonds. Staff can now refer directly into this support mechanism as per identification of need.
- RETHINK are now co delivering sessions with the Centre to acknowledge the high levels of families who are affected by poor mental health. Rethink staff now able to hot desk from the Centre when relevant.

**Plymouth University:**

- Social work student placement within the family support targeted delivery embedded and further research and evaluation to specific areas of practice has been successful. The Centre has recently had its third student on placement , Aug 2015

**Supervision and systems for monitoring quality and improvement, staff deployment and development**

Staff moral is high despite recent changes to the staff team and they are very well motivated, drawn from a range of professional backgrounds and keep the child at the centre of their work. Since June 2014 the team manager has been promoted and subsequently moved upwards within the organization and a new team manager has been appointed.

Ofsted said

“ Leadership at all levels is effective and underpinned by a secure framework of policies and procedures that staff understand well. Managers use regular supervision, training and appraisal effectively to set goals and give constructive feedback. Staff are passionate about their work and feel well supported with good access to staff development”.

- Family support case load supervision linked to family case files
- Peer Supervision
- Session/staff observations: Sessions and services are regularly observed by centre leadership; children centre teacher and parent reps. Reports and findings are combined to inform the quality improvement and development of services.
- Annual Appraisals:
- Performance management: Staff under performing agree a performance improvement plan with their line manager which is also discussed with the children's service manager.

The centre follows Barnardo's policies and procedures for safeguarding including the recent recruitment of staff ensured safer recruitment procedures were followed and an induction plan in place for those members of staff. Training records are kept up to date which include safeguarding, health and safety, qualifications and other training ensuring a well qualified and experienced staff team with skills to match the specific needs of the community as this evolves.

The Centre lead with support guidance from the advisory board and LA has used the budget to effectively skill up and reinforce staff resource and partnerships to meet the demands of increasing referrals to the centre for family support and made adjustments to the structure within the family support team in 2012 to offer greater support for family support staff and their professional development and personal resilience, these adjustments were made ahead of the dissolution of tier 2 social care and the introduction of Troubled Families which have served well to manage the transformation in service delivery. Minimal resources are currently being used to develop innovative partnerships with specialist agencies to meet the needs of targeted families with an ambition to create a centre of best practice for integrated working. The centre is rightly proud of its achievements in reaching a hidden group of women and children, those affected by domestic abuse and mental health issues continue to act as champions for the centre introducing new families every week for support leading to exciting developments in family therapy.

### **Evaluation and monitoring**

Practitioner led research is valued in Barnardo's and the children centre was one of a handful of pilot sites to embed practitioner led research (see Princetown Project)

This approach will allow staff to lead and engage families and partners in key areas of development to drive forward improvements. The focus for practitioner research in 2013/14 is focused on an area of improvement for the centre – looking into systems, assessments and processes for tracking target children progress using the Thrive approach as they transition to pre-school and into foundation stage, this has led the centres recently trained Thrive practitioner to carry out assessments on all children receiving level 3 intervention and therefore monitor and consider the impact of intervention on the most vulnerable children.

Complaints are treated very seriously by Barnardos and there is a robust system in place for following this up. When families in LSOA Princetown complained about the lack of health services delivered as outreach the centre lead and PHN Team lead were able to meet with a focus group and agree the provision of a joint clinic every 2 weeks.

An evaluation plan is in place for the centre with key deliverables to ensure all stakeholders are involved in the centre development and service prioritization. This includes an annual survey developed with and distributed by parent rep volunteers, session observations by management and CCT and feedback from parent carers.

<b>Overall effectiveness</b>	1	2	3	4
Grade:		<b>X</b>		

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.

The leadership and management team, strategic advisory board and partners have high aspirations, a developing vision and a consistent approach to continually improving quality and impact. The Centre is fully committed to a journey of continuous reflection and improvement, setting a clear direction for the success of the centre which is shared and understood by all stakeholders.

The leaders and managers have an exceptional understanding of staff roles and effective teamwork and ensure that they enthuse, motivate and mobilise staff with their infectious dedication and drive to improve and take appropriate risks to do things differently if needed.

Leadership is not disconnected from the community and maintains complete involvement by role modeling active participation in engaging some of the most vulnerable families in the centre development.

- Team manager will joint visit with family support staff where cases present real complexity and challenge
- Team manager to roll out effective peer supervision and to support the play teams success through evaluating sessions using the ROQ document.
- Team manager prioritises and leads on establishing robust and creative approaches to parent engagement.

Leadership place a high priority in appointing the highest quality staff, developing their skills and deploying them to best effect and allowing autonomy within an area of individual leadership. The Centre trialed the placement of Social Work Masters student at the centre in 2013/14 to undertake a placement which tracked the integration of acute, relevant services at the centre, leading on to 2 more successful placements during 2014 and 2015

The Children's Centre is able to clearly identify strengths, areas for development and priorities for the future by knowing its community and having a view of potential issues affecting families in the future.

The Children's Centre feels confident that it can evidence strengths in relation to knowledge of the local area, understanding the impact of rurality and being able to identify those children and families who reside there from different priority groups. This knowledge and integrated delivery with Midwifery and Health Visitors ensures the Children's Centre can co-ordinate and deliver services in the right areas and meet the needs of the families who live there.

The Centre has an outstanding reputation with regard to effective multi agency working, enabling the sharing of information and ability to identify need and offer support to most targeted children and their families. Safeguarding and child protection are a high priority for managers, partners and the advisory board who work together to ensure good practice at the centre. The Children's Service manager, team manager and senior family support worker and team are highly experienced and proactive in dealing with child protection issues resulting in an excellent reputation with partner agencies.

The Children's Centre understands its areas for development and is involved in a continuous cycle of reflective practice to improve service delivery. Priorities include:

- Measuring sustained change for target children and families and developing the tools used by the play team to capture and record child development linked to activities, giving parents/carers and the child a road map for their development into early education. Systems and processes are now being put in place but we are not yet able to demonstrate the wider impact of engagement in the full range of services and thus demonstrate impact longer term.
- There needs to be more robust evaluation tools used in the centre to evidence real impact and sustained positive change within family relationships that show a significant change in parent/child relationships, attachment and bond. This will be developed through the Mandala programme utilising family therapy tracking tools.
- The children centre's strategic advisory board has a committed and consistent group of individuals providing both challenge and support to the centre but it has untapped potential. This potential lies with community members as champions for the centre, individuals who are seen as leaders within their communities and may be spokespersons within minority groups able to reach communities that can be hard to engage. The board has recently developed a more dynamic approach seeing its potential as a lobby group for causes highlighted through centre support to vulnerable families; this role will be nurtured and developed.
- Continue to develop centre as a hub in the community by leading on further partnerships that place specialist knowledge, skills and support in one place, working together to serve the community.

As Team Manager I am confident in our ability to maintain the pace of development and believe that the team is aware of the areas for improvement. The team is relied upon by the community and has plans in place for improvement and quality.

The Centre is relied upon locally as a resource for early help for those families facing upheaval, stress and difficulties, whilst we work on improvements to longer term tracking of impact on those families the centre will be able to show a bank of evidence that testifies to the centre role in reducing inequalities for children in the earliest years of their life.

We know that Tavistock is a Good centre (OFSTED Sept 2014) and we work relentlessly to realise our aspirations of it becoming an Outstanding Centre.

This section should 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.

Tavistock Area Children Centre is a standalone centre and covers a large rural reach (186 sq miles) and currently has a **population of 1482 children under 5 years.**

The Children's Centre was first designated in December 2007 and is a phase 2 centre. In October 2011 the Children Centre moved to a purpose built building as part of the Tavyside Health Centre Complex. This move created the co-location with Midwifery and Public Health Nursing Team, creating a significant shift in integrated working.

**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.

Tavistock Area Children Centre is a single centre but forms part of the West Devon Cluster of centres managed by Barnardo's. The West Devon Centres have an amalgamated Advisory Board made of members from: Health, Education, Voluntary sector, Parents, Community Members.

The local Authority (DCC) as the accountable body has clear guidance, governance and support which are clearly understood by all. Devon issue targets each year and provides a six monthly and annual contract review to establish if targets are being met or where there are issues that might need challenge or support. This is also monitored throughout the year by the advisory board which is made up of a variety of key representatives whose role is to monitor the progress of the centre and include membership of the responsible body. This provides the centre with transparency and clarity to ensure the services provided are outcome focused and appropriately meet the needs of the demographic area, whilst the individual service plan is developed with local partners to ensure that target children and families' needs are met. Feedback and reports from managers of key partners are sought

by the accountable body to question the level of engagement in partnership work and effectiveness of practice in particular relation to support of vulnerable groups.

Devon County Council via a dedicated children centre advisor also provides two levels of information sharing and feedback at both strategic and operational levels. Devon children centre managers' meetings are attended by the cluster children's service manager (CSM), whilst the South and West Devon locality meeting is attended by the centre lead. These sessions keep leadership informed of national and local directives and policy. The centre has a good constructive working relationship with the LA children's centre advisor who sits on the advisory board and locality cluster. She knows the centre and the area well and provides a key challenge and support role to aid in self-evaluation and quality assurance in the centre, with a particularly strong role in auditing safeguarding practice and procedures.

The responsible body for the centre is Barnardo's which offers robust support to the centre service delivery and quality improvement forming part of a cluster of three centres in West Devon.

The centre is provided with strategic management by the Children's Service Manager (CSM) and Assistant Director Children's Services (ADCS).

The West Devon Locality is strong and the centre has developed strong and sustained partnership with key strategic leaders from other professional fields.

The centre lead is responsible for the day to day management of the centre where there is a clear structure with the team, partners and volunteers having clear lines of responsibility. Policies are clear and shared via Content Server (Barnardo's staff intranet) for team, whilst printed versions are made available for parents and service users. Development and review of staff performance is an integral part of the centre and wider organisations work. Staff members are subject to a performance management cycle which involves targets for development being set once a year, a learning and development plan to support the successful completion of targets.

## Context

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

The Reach covers the parishes of Thrushel, Milton Ford, Mary Tavy, Tamarside, Lydford, Walkham, Burrator, Buckland Monochorum, Bere Ferrers and parts of Bickleigh, a map showing the reach can be found here: [Tavistock Area CC Map](#). The families live throughout the area covered by Tavistock Learning Community, which comprises of 16 primary schools. Although the area is largely rural, Woolwell, in the Parish of Bickleigh, is situated on the edge of Plymouth, and as such is much more urban and densely populated surrounding.

Most families acknowledge the benefits of rural life but the area presents many challenges including: poor transport links, lack of affordable housing, physical isolation and patchy accessibility to services. All these factors have a significant impact on

families' lives, in particular those affected acutely by poverty.

*'We're not on benefits – my husband works – but we've nothing left 3 weeks into the month. It's awful; I can't afford to take my kids to groups. I definitely won't go if I can't pay my way' (parent)*

Most employment in the area is part time and low paid, main employers include NHS, schools and the council, followed by care/service industries and farming. The average income is lower than the national or Devon average, with most people in well paid employment travelling to Plymouth or Exeter for work.

Significant awareness raising and promotion of WTC's has been delivered through our SLA with CAB locally.

Take up of Working Families Tax Credits

2006/07 12.73%

2007/08 13.38%

2008/09 15.79%

2009/10 15.26%

2012 16.51%

The children centre commissioned agreement with Citizens Advice Bureau will continue with an emphasis on income maximisation and guidance through the impact of the most significant reform to welfare in recent history. The commissioned service with CAB is well utilised for support to vulnerable families and groups, not only by children centre staff but by our partners.

*'The rich and the moderately rich in the area mask the deprivation' (practitioner)*

The results of a practitioner research project surveying families undertaken by Owen Gill, (Researcher, Barnardo's) reported the following key poverty drivers:

- Lack of work
- Seasonal work
- Rurality and the cost of commuting
- 'Hidden' poverty in small pockets
- Isolation
- Mothers experiencing poverty as a result of the impact of domestic violence
- Collapse in farming prices
- No affordable housing
- High private rents

14.12% children in 2010 are living in poverty, below Devon and England averages but a rise since 2008. Local knowledge tells us that more and more families are struggling with the rising cost of living in rural areas and the frozen wages. The vast increase in the number of Food bank vouchers being issued by the children centre is a sign of very hard times for families.

Devon County Council's Strategic Intelligence unit produced a profile document for Tavistock providing a statistical overview of what life is like in the area. The profile was updated in February 2013.

The updated profile shows rural isolation as a key social issue which is also confirmed by families. It also demonstrates the scattered nature of deprivation with more deprived families living in close proximity to the less deprived.

Although regarded as a predominately affluent area there are some pockets of identified deprivation and it is also recognised that many vulnerabilities within families may remain hidden due to the family status and professional background. This is particularly pertinent to unreported incidents of domestic abuse and unrecorded post natal depression due to isolation and high expectations of parenting. The present and ongoing economical climate has had an ongoing negative impact on this normally financially stable neighbourhood which is highlighted in the reporting offered by the centre commissioned partner Citizens Advice Bureau and echoed by parents.

The families in the area are predominantly white and of British origin with 98.24% of children having English as a first language. 11.6 % of 0-4 year olds in Tavistock live in a household in receipt of workless benefit.

The Woolwell area also has some services accommodation with 2.45% of children whose parents are in the armed forces.

## 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.

Local knowledge from the commissioned community profile, consultation events, data and information shared from health following analysis of family health needs case assessment point to some specific needs in the area:

- High levels of domestic abuse – Approx 33% of current case load of family support team affected. Case load and statistics provided by the Health Visitor Family Health Needs Profile 2011/12 which identifies a rise to 27% of households in Tavistock affected by domestic violence. This information is not substantiated by Devon Profile statistics but these are only based on reported incidents of DV.
- High levels of substance misuse –. This is difficult to substantiate as data is hard to access but is backed up by CYPS managers who see substance misuse as a significant issue locally in comparison to the rest of the County.
- Parental mental health – Analysis of centre case files reveal that parental mental health issues is evident in approx 36% of cases showing this to be the most significant issue for families of young children. (case file analysis July 2013)
- Housing Issues, poverty and rural isolation– Housing stock and availability is an issue locally especially for women and children fleeing incidents of domestic abuse – a developing partnership with Shelter are providing expert advice for vulnerable families.

#### Other statistics

- 5% Births to teenage mothers, steady decline from 2008 (7%) and below Devon and England Averages (6%).
- 100 Children living in lone parent families, lower than Devon average  
The CC has reached 68 of those children.
- 2.55/1000 children in care in 2012 which is a rise from 1/1000 in 2011.
- 5% BME 0-5 population, just lower than the Devon average (6%).
- 14/1000 rate of children 0-4 with additional needs.
- 2012 - 59% of children achieve at least 78 points at foundation stage profile, below Devon and England average but an increase from 42.2% in 2008. In 2013 alongside renewed assessment processes Tavistock Learning Community achieved a significant improvement in all areas for children. Importantly 66.8% of children achieved a good level of development in 2013 compared to the Devon average of 63.7%
- The most significant improvements are within communication & Language, the Devon average of 81.8% of children reaching expected or higher levels at assessment with Tavistock achieving 85.5%. This can be evidenced against priorities within the CC service plan in relation to groups and activities where communication forms the focus of delivery.
- 2.6% of children have a statement in 2012 which is around the Devon average (prevalent needs are for speech, language and communication and emotional/behavioural difficulties).

#### **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.

