

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:			✓	

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.)

The Central Cluster of Exeter Children’s Centres need to improve registration rates We have good partnership working with health and the delivery of health services in the centres. All families who register their child’s birth and joins the Tell Us Once scheme, receives and information pack and registration form from the children’s centre. Currently our reach and volume figures for families living in the Central area are lower than the target set by the local authority and require improvement. However, the Local Authority data of the number of children under 5 years, living in target LSOA areas is higher than the number recorded by our Public Health team. We are currently working with the LA and Public Health nursing to improve the accuracy of these figures in order to have a realistic profile of areas in our catchment that we need to focus on reaching more families. Public Health our currently collecting information on the numbers of children they have registered in each street and their ages. The children’s centre are then cross referencing this information with our own registrations. We are contacting families we have registered, that health no longer have recorded, to find out where they have moved. We are also looking at which streets most of our Family support and MASH referrals come from in order to ascertain areas of Greatest Need. To address this issue of reach we are taking the following steps.

- Some of the groups changed from drop-in the sign up from January 2014. This has allowed us to prioritise families living in our area, and particularly those who benefit the most from a particular service.
- Planning special events and inviting families personally to these events, as well as leafleting the community to reach new families.
- Increase outreach working to identify need and plan services accordingly. A programme of outreach visit to community early groups is being developed to support their service and to access a broader range of local families.
- Working with the team on effective practice and increasing awareness of the need to ensure the local families, with the greatest need, access the services
- Improve partnership working. This currently works well at Chestnut with the health team as they are co-located, sit on the advisory board and are

the main source of referrals for family support and groups. Further links have started to develop with local schools, pre-schools and nurseries and community provisions. The Depression and Anxiety Service run sessions from Chestnut Children's Centre supported by childcare provided by the children's centre.

- Most early years settings have now signed a partnership agreement with us and we have started to receive referrals for family support. Families access early years and community settings now have regular access to a member of staff, who can provide information and advice, as well as linking families to suitable CC services. The children centre staff are also offering communication, speech and language screening with the health visiting team to ensure early identification and interventions for children needing this support.
- Community team need to be collecting evidence of local need and feeding back to the wider team in order to plan services
- Need to use e-start data, and profile data to support identification of need to feed into planning
- To improve on partnership working with midwifery. We have developed an antenatal programme, which started in January 2014, with midwifery, held at the children's centre to ensure that all families have an early introduction to children's centre services and early support, advice and guidance can be offered to ensure that parents are able to make informed parenting choices. Planning sessions are booked with the midwifery team to work on the development of joint antenatal provision, and will continue on a 6 weekly basis. Midwifery are currently offering some antenatal and postnatal appointments in the centres and refer expectant parents into family support services.
- Development of the Here's Looking at You programme across the cluster, alongside baby massage to offer a universal preventative programme to increase parental sensitivity, parent child relationships and the development needs of a young child.

Health provide contact details of new births, giving permission for children's centre contact. From April 2015 the health team will be completing a DAF1 for every new birth, which includes permission to share with the children's centre. This will replace our current registration form for most families. All families with a new born then receive an information pack about children's centre services.

Good links have been made with some supported housing in the city centre areas. In the Flying Start area, which has the 4th highest rate of births to teenage mothers at 8%, we are working with The Grapevine, which is supported housing for 16 – 18 year old parents. All these parents are referred to our family support service. This is picked up by one link family support worker, who assess each

family need and develops a plan of support for each individual family. This can include linking the families into existing CC services or delivering bespoke services from the Grapevine. A similar provision is currently developing with Shauls Court, which is temporary accommodation, and the housing officer responsible for this provision. Currently there are 7 families with under 5's living there, and we are providing family support to 1.

The Children's centres are delivering Solihull Parenting Group each term. All but 1 of the current 15 families attending the current group, running from Chestnut Children's Centre are families in "Greatest Need," or currently working under a DAF Action Plan.

Currently the health team are monitoring Accident and Emergency Admissions in the Central area (June and November statistics) to support our understanding of the high rates for accidental and non-accidental injuries (25.53% per 1000 of the population under 5 years in Chestnut area and 23.12 in Countess Wear). Their current data is showing that there is a high rate of admissions to A&E, however this is due to local families access this provision instead of GP or other out of hours services. Currently admissions are predominantly for colds, coughs and temperatures. Our Community Work Team have approached the local GP practice serving the Chestnut area, and they have agreed to come and talk to families regarding access to Devon Doctors as an alternative to A&E.

Health have identified that families living in the Chestnut area have a high need for information and support on nutritional needs and this is demonstrated in health issues such as poor dental health and obesity in later life. The profile data does not demonstrate a high rate of overweight or obese children in the chestnut area. The following support has been identified to meet this need;

- Nutritional advice and information available in the centres
- HENRY and cookery courses
- Dental advice and information to improve dental health
- Staff training
- BFI compliance and training for all the staff team

The Community Team are currently developing working links with the Health Trainers attached to the local GP surgeries to look at working together. Active Devon have planned fitness events aimed at the whole family.

The family support team work closely with CYPS locally to ensure families have access to the right package of support to meet their needs. We are currently invite and attend all initial CP case conferences and are able to offer a piece of focussed work as part of the CP Action Plan and support to engage families in the centre services. We are currently working with 34 families under a DAF Action Plan (all of which we are Lead professional), 16 as Child in Need, 13 at Child Protection and 2

under Child in Care.

The centre receives MASH enquiries, through Devon Early Years and Childcare team, in order to ensure all relevant information regarding a child is in place for MASH to make an assessment of need following a referral. The Children's Centre has developed a log to record information received and information given. This log is then reviewed to ascertain reviewing services, planning individual support and following up identified need, particularly with health to ensure that the families are receiving appropriate support. This information also improves general information regarding local need overall. Figures demonstrate that we consistently know a high proportion of these families and are actively working with about one third. We are currently developing systems to ensure communication channels are kept open for families where a piece of support work has been closed, to prevent escalation to level 3 and 4 risk factors developing. Family support staff are planning to keep in touch using a range of methods, such as ensuring families are signed up for group work support and keeping in touch to review sustained change 3 months, 6 months and 9 months post case closure.

Until September 2013, all referrals for the 2 year targeted entitlement came to the children's centre to process and assess need. The system has recently changed and families can now check their eligibility online and then approach a setting of choice. We signed partnership agreements with local settings in order to provide a route for referrals for any additional support a family may require complimenting the childcare. This may be family support, adult education, debt or money management advice or support to return to work. We are currently working with Countess Wear School to develop a joint provision for 2 year old childcare attached to their foundation unit and the Countess Wear Children's Centre. This provision has been launched in January 2015. Currently 12 children attending are claiming the 2 year old funded childcare. To increase the uptake of 2gether we will be using DCC eligibility list to invite families to workshops to support their child's transition to nursery and to learn how they can meet their child's developmental needs through home learning. These workshops are planned to start over the summer 2015.

The children's centre is working as part of Early Help to identify and support local families who meet the criteria, in order to improve the outcomes for the children. The Children's Centre Manager attends the Early Help Forum. We currently have a target to identify and to engage with 27 families in our area who require additional support under a DAF Action Plan, following a DAF assessment, who meet the 6 criteria of need for support in order to make and sustain change needed to improve the outcomes for their children. We are currently working with 34 families under a DAF who meet these criteria.

Flying Start has the highest number of families in Devon who speak English as an additional language. We need to improve our data collection on first languages spoken, as many families are not filling this in on their registration forms. We currently work with translation services to ensure family support services are inclusive, but we need to develop a wider range of written information for families

accessing the universal provisions. We are also developing a translating volunteer service. This will involve recruiting a range of volunteers who speak a variety of languages who can attend group services, welcome new families who speak little English and provide them with group information, general CC information and translate general information available for all group attendees. All confidential information will always be translated via the professional services.

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

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.

Over the last year we have established a robust evaluation system of all children's centre services across the cluster, as it was felt that the current systems were not adequate for monitoring impact.

The community team are developing a SMEF (Self-Monitoring Evaluation Form) for each area of the service plan, to establish aims and objectives and outcomes to meet the identified needs in each community. All services will be evaluated termly and report cards to summarize the impact and effectiveness of each service. This information can then be used for future planning to ensure we are meeting the needs of the community. We have recently signed up to Perspective database to improve the efficiency of collecting this data and to reduce the time staff spend inputting data. Evaluations from this 2014 -15 for group services demonstrate that parents had received information about the EYFS and were developing a good understanding of characteristics of effective learning. They reported to feel more confident with regard to playing with their children and had tried some of the activities and ideas at home. Parents also reported to have gained and understanding of their child's behaviour and how to manage this, alongside how behaviour is linked to early brain development.

Family Support uses the DAF Assessment to identify children's needs and the development of action plans. Individual Family Support is measured by using the

Outcome Star, in order to agree areas of family support need, measure progress and review outcomes with the family. Individual case studies are also used to capture the qualitative impact on children and families. Systems are being put into place to follow up closed cases after 3 and 6 month to ensure that change has been sustained.

All open cases to family support are supervised on a monthly (as a minimum) basis by the family support manager, to analyse the need and effectiveness of the support offered and ensure that all protective and risk factors have been identified accurately and acted upon as appropriate. Case files are regularly audited to check the quality of assessment and recording.

Between April 2014 and March 2015 the family support team received 77 referrals; Out of these 77 the primary concern was;

6.5% young parents

3.9% isolated parents

2.5% for bridging into group services

6.5% were on a CP plan

13% for Domestic Abuse support

13% for mental health 6.5% child development

11.6% debts/housing

15.5% child's behaviour

2.5% substance misuse

1.2% child's disability

The following list is the types of issues that family support worked with and the number of support sessions given to providing this support;

Adult health (including mental health) – 127

Benefits advice – 124

Child health and behaviour – 293

Domestic Abuse – 48

Financial advice – 155

Grant applications – 73

Housing – 142

Referrals to SAFE – 23

Referrals to MASH – 59

Safe at Home referrals – 40

Family Action referrals - 87

All children attending sign-up groups or those children who are receiving support through our Family Support team, CYPS or Targeted Families Programme, have an "All About Me" book, tracking their development using the EYFS. Parents and Children's Centre staff can contribute to this. Progress is then tracked in order to identify any needs early and to support transitions into other settings. Chestnut have a Ready, Steady, Pre-School group for children who need an extra boost, in a small nurturing environment, prior to pre-school or nursery. We do have the most recent, from 2014, End of Foundation Stage data for the Central Exeter Learning Community which will now be informing our practice. 69.7% of children have been assessed as reaching the expected or higher level, which is just above the Devon average and well above the national average. This is just over a 7% increase compared to 2013. Out of a cohort of 393 Foundation stage pupils, 83 are in receipt of free school meals (21.1%), 51.8% of these achieved a good level of development compared to 74.5% of the non FSM children. This gives us a 22.7% gap, which we are working to reduce.

We are currently working with local settings and schools to develop systems to track certain cohorts of children, for instance the children attending "Ready, Steady, Pre-school" or the "Chatter" group to monitor the effective of these services on the children's development to the end of foundation and beyond.

We are currently planning Roadshow style workshops, for early years and community settings, designed at demonstrating the importance of home learning. These will be starting in September 2015 and will giving parents' practical ideas to support their child's learning and development, alongside information on early brain and emotional development.

Profiling of parents progression is currently being developed to ascertain progression and impact of volunteering and adult education programmes available in the centres. Numbers of parents attending adult education basic skills classes is starting to increase gradually. We currently have 8 parents on the maths course at Chestnut and 5 attending English at Countess Wear.

The effectiveness of leadership and governance	1	2	3	4
Grade:			✓	

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 Central Cluster of Children’s Centres was formed in April 2012. Prior to this date Flying Start was a standalone centre, covering the city centre areas, and managed by Exeter Community Initiatives (ECI). Chestnut and Countess Wear were managed directly by the LA. ECI have managed the 3 centres since April 2012 and have undertaken a re-structure, which has included TUPE arrangements for some staff, a new management structure and some staff changes of roles and responsibilities. Added to this there is a new Children’s Centre Manager in post from 30/9/2013.

The LA set clear targets for the cluster, based on local profile data sourced to demonstrate local need. Children’s Centres are able to add their own targets, based on their own local knowledge and gathered evidence. Service Plans are formed to record planning and actions and are monitored through

formal contract review meetings and termly Advisory Board meetings. At a recent CC team meeting (13/11/2013) a decision was made that future service planning and termly timetables will be decided by representatives from all the staff teams, management, health and parent representatives, to ensure that everyone has a clear idea of needs, targets and the purpose of plans and services’.

Partners represented on the Advisory Board are health, midwifery, education, parents LA authority. Exeter City Council and ECI Trustees. Childcare will be provided from January 2014 to support parents to ability to attend the meetings. The Advisory Board will challenge on areas of the Service Plan which has not made significant progress and identify actions to address this. Currently the advisory board have requested a separate operational sub-group to support children’s centre planning and track the progress and effectiveness of the service plan.

Data is used to track reach, vulnerable families and target group engagement. This information is feedback to the staff team, Advisory Board and ECI. The LA collects quarterly data on registrations, reach and volume, as well as quarterly reports and case studies for family support.

Staff are recruited through an application and interview process. No member of staff starts in post until this process is complete, including DBS/CRB check. Currently one Trustee has completed the Safer recruitment training, but a target for the next year will be for all managers to have completed this. Parents are included in the interview process. All staff completes a planned induction when they commence employment to ensure they are competent and familiar with policy and procedure. Staff training is logged to ensure that all staff are up to date on essential training. Training requirements are monitored through the supervision and appraisal process.

The staff team have a mixture of professional heritage and demonstrate a high level of professionalism and dedication to keep the child in the centre of all that they do. The management team includes;

Children’s Centre Manager – NPQICL, MA Integrated Services for Children and Families

Early Years and Community Lead – Qualified Teacher, EYP

1 Family Support Lead – Qualified Social Worker

1 Family Support Lead – Qualified Teacher and experience in managing a variety of Family Support services such as FIP. She is also a VIG trainer and is introducing this approach to the CC team.

In the wider team there is a range of qualifications include social work, teaching, community and early years degrees, psychology degree, nursery

nurses (level 3 or working towards)

As a team we have worked hard over the last year to improve the quality of practice across the cluster services. Evaluations of services demonstrate that we have been successful in raising the quality and improving outcomes for families.

Policies guiding practice are developed, in conjunction with ECI, and are reviewed annually or following any change to procedures or services.

Parent Voice is developing to run across the cluster, which includes parent representatives who sit on the advisory board, are involved with staff recruitment and interviews and support parent consultations in groups and in outreach. There are currently 6 parent representatives, 2 of which have attended the last 2 advisory board meetings.

Overall effectiveness	1	2	3	4
Grade:			✓	

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 Central Cluster has a whole is an area containing a diverse population and a high level of need in many areas, however we feel confident that the centres are now developing practice at a fast pace and hope to reap the benefits for families over the forthcoming year.

Our priorities over the next term are to improve registration and reach, by ensuring that the families who need the support most have a clear access to the services. To achieve this it is essential that we continue to develop our working practice we our key partners. Early identification of need is also an essential requirement and therefore we will be working on the development of targeted antenatal provision. The first of these sessions has run at the Grapevine Centre,

who provide residential support to teenage parents. The aim will be to offer early support and information to ensure parents can make informed choices as well as identifying families who may need additional support.

We also have identified a need to improve our work in outreach in order to meet a wider range of families who currently do not access centre services.

The staff and governance demonstrate high aspirations for the families in our cluster. As a leadership team our priority is to work with staff to move practice forward and ensure good communication within the team to aid effective practice.

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

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.

The Central Cluster of Children's Centres consists of 3 centres covering Flying Start in the City Centre, Countess Wear and Chestnut Ave in the Wonford area

Chestnut Children's Centre has 452 under 5 year olds

Countess Wear Children's Centre has 1026 under 5 year olds

Flying Start Children's Centre has 1030 under 5 year olds

Chestnut is a phase 1 children's centre designated in 2005 to deliver the full core offer, Flying Start and Countess Wear are phase 2 centres Flying Start was designated in 2008.

The cluster covers the central area of Exeter, moving out towards the South of the City following the line of the river Exe. The City Centre area is very densely populated and families tend to be housed in flats or terraced housing; a mixture of private, private rentals and social housing. Chestnut areas is predominantly covered by one social housing estate and Countess Wear is a mixture of social housing estate, private housing and 2 new mixed housing developments. Public transport links are good between the areas and into the city centre. However the new Rydons development in Countess Wear currently lacks any local amenities. The park has just opened, the community centre should open shortly, but there is no local shops, schools or nursery provision. Families currently need to travel into the main Countess Wear estate or Clystheath. Outreach is being developed in these areas to ensure that families have access to service without incurring the cost of travel.

Countess Wear, Topsham and Clystheath have a primary school and nursery and there is another primary school with a nursery on the outskirts of the Countess Wear and Chestnut area. There is one local primary school and 3 nurseries and pre-schools in the Chestnut area (one maintained, one private daycare provider and one pre-school). In the City Centre there are 4 primary schools, one with a maintained nursery, 3 pre-schools in St. Davids, St. Leonards and Newtown and numerous private day care providers.

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.

Accountable Body

The Local Authority (DCC) are the accountable body offering guidance and support through regular meetings, 6 monthly reviews and access to a Children’s Centre Advisor. DCC set annual targets that are reviewed 6 monthly and profile data of each children centre areas. Service Plan targets are also reviewed termly by the advisory board.

Responsible Body

Exeter Community Initiatives – supporting individuals and communities to fulfil their potential.

Exeter Community Initiatives **believes** individuals experiencing vulnerability in their life can fulfil their potential given the right opportunities and support.

Our **purpose** is to support individuals and communities to fulfil that potential.

Our **vision** is for our communities to be mutually supportive and economically and socially vibrant (‘strong’ communities).

Our **aim** is to achieve our vision and purpose through:

- Running projects that respond to unmet need
- Promoting, enabling and undertaking community development
- Working collaboratively with other organisations
- Challenging and addressing the causes of disadvantage

Through everything we do we value:

social justice: identifying and seeking ways to alleviate structural disadvantage and advocating strategies for overcoming exclusion, discrimination and inequality

respect: recognising that people are not the same, but they are all of equal worth and importance and entitled to the same degree of respect and acknowledgement

responsibility & self-reliance: empowering individuals, communities and our projects

to take more control over their future and encourage independence

professionalism & partnership: having the skills, experience and attitude necessary to deliver a professional service and to work in partnership

ECI offer management support, supervision and guidance, as well as the opportunity to be linked to other community projects relevant to the families in our community. For example, The Jelly Shop project that sells second hand children's clothes, toys and equipment, or the Ripple Effect that will be provide specialist support for individuals who have experience drug and alcohol dependency.

Advisory Board

The advisory board is made up of partner agencies, relevant community members and parents representatives from parent forum. It has been recently agreed that advisory board members will be offered training and support in their role from DCC. It has also been requested that the Children's Centre provide a termly update on the service plans, RAG rated to monitor progression on the targets.

Strategic Partnerships

Links are currently being made to strengthen working partnerships with health, midwifery, the local learning community and adult education to ensure that in future we have systems in place for joint working and planning.

Centre Team and Day to Day Management

This is the responsibility of the children's centre management team which consists of;

Children's Centre Manager

2 part-time Family Support Managers

1 part-time Early Years and Community Team Lead

1 Admin Lead, who manages both Children's Centre Admin and ECI.

As a management team we meet monthly to plan and monitor service provision. As a full team we also meet monthly to ensure that every team member understands our priorities, targets and is part of planning effective services across the staff teams. In addition we hold 2 operational planning meetings a month, including representatives from each staff team, strategic partners and parents, to plan the following terms timetables and services.

Parent Voice

This is in the process of developing from Parent Forum to broaden the represented views of the parents living in our cluster to ensure they have a greater voice in the development of the centres as well as providing information from the management. Any parent can attend the parent voice meetings, which is a 2 way process of collecting views and sharing information. From this group Parent Representatives are chosen to represent those views at Advisory Board and to actively become involved in the governance of the centres and parent consultations from centre and outreach services.

Context

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

Flying Start Children's Centre covers the wards of St James, St David's, Newtown, Duryard and St Leonards in the centre of Exeter, Devon.

This is a wide range of differing communities. A significant proportion of the population is transient living in either social housing. The supported accommodation within the area includes Shauls Court, Esther House and Grapevine. Exeter University and Exeter Prison are within the reach area and contribute to the changeable nature of the population.

Starting in the East, the St. Leonard's ward covers an area of relatively high affluence. There is one state funded primary school, St. Leonard's, and four privately funded primary schools.

The Newtown area covers part of the centre of the city and surrounds. There is high deprivation and a highly transient population due to high levels of social and temporary housing.

There are high levels of deprivation in the St. David's area which also covers part of the centre of the city and surrounds.

The St. James area has relatively high levels of deprivation, but less so due to the large number of students living here.

The Duryard area and beyond has low levels of deprivation and houses the University.

The Flying Start population is an ethnically diverse area, particularly in the wards of St. James, Newtown and St. David's.

Countess Wear Children's Centre is situated at the heart of the community collocated with Countess Wear Primary School and Nursery. This phase 2 Children's Centre is well resourced with good quality play space and some office accommodation for staff.

The reach area includes the wards of St Loyes, Topsham, some of Priory and a small patch of Alphington. The area includes a mixture and private and social housing, including pockets of deprivation. There are 2 very new housing developments Clyst Heath and The Rydens, which is still under construction.

The integrated **Chestnut Children's Centre** initially grew from a long established purpose-built LEA Nursery School and has been a highly regarded community resource since 1949.

In 1995 the work was enhanced by a NCH (now Action for Children) Family Centre and in 2002, the centre was accepted into the Early Excellence programme in recognition of integrated Education and Family Support services to local families

and children.

In 2003 after rebuilding and refurbishment the PCT Locality Health Visiting team joined the centre and in 2005 the centre was granted Children's Centre status.

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.

Breastfeeding

Initial Breastfeeding rates are the lowest in Devon in the Chestnut area (41.9%). Countess Wear (67.1%) and Flying Start is 77.9 in line or just above the Devon average. Rates at 6-8 weeks and fallen further in the Chestnut area to 38.5%. 57.8 in Countess Wear and 65.3% in Flying Start above Devon average. To increase breastfeeding each centre holds a weekly Breastfeeding Baby Oasis group where a qualified breastfeeding Peer Supporter is present to offer breastfeeding advice, information and support. In addition a qualified breast feeding practitioner attends the health clinics and the "Bump to Baby" group, a universal group for new parents or parents to be. The antenatal programme, which started in January 2014, introduces families to the early support available in the Children's Centre. One of the Peer Supporters has also registered as a hospital volunteer to meet mothers in the early days of breastfeeding, when they are more likely to experience difficulties and switch to formula feeding.

Rate of Accident and Emergency Admissions

The rate of A&E admissions for the Central Cluster area is at 10.3 per 1000 of the under 5 year population; these are for accidental and non-accidental injuries. As previously mentioned, our health team are monitoring this, and currently A&E admissions are predominantly for colds and temperatures, however this may vary seasonally. The health team are providing A&E stats

twice a year in June and November in order for us to track trends.

The local GP practice is going to offer advice to families on using the Devon Doctor service as an alternative. The A&E department is located within the Chestnut area and is located with the Walk-in Centre. All patients are triaged, prior to accessing either service, therefore, registering in A&E stats.

Monitoring through the health team will continue to identify any areas of advice and guidance commonly needed for local families to ensure their children are safeguarded from injuries.

Domestic Abuse

Domestic Abuse rates are particularly high in the Chestnut area (30.3 per 1000 of the population in 2013) compared to Countess Wear (10.1) and Flying Start (14.8). Most staff have accessed Domestic Abuse training and are able to provide good support and advice. Family Support Team refer to MARAC and will attend meetings when appropriate. Family support also refer to SAFE project and complete CAADA-DASH risk assessment to ascertain the level of risk. All MARAC emails received from the police are responded to, with any information held, within 3 working days.

In addition we have good links with Splitz, who support the referrals who meet medium to high risk and SAFE. The family Support Team will work in partnership with these services.

We are currently piloting a new service called "Family Vision." The first course ran from Flying Start Children's Centre and the second is ran from Chestnut. This is being developed by a qualified life coach and is responding to the need for families to access additional support once they have moved on from a relationship with a perpetrator of Domestic Abuse. This is particularly aimed at giving lone parents the confidence to take control of their family life and develop a vision and future alongside their children. The programme is being evaluated for effectiveness.

Children on CP Plans

10 children per 1000 of the under 5 year population were on a Child Protection plan on 30/9/2013 in the Chestnut area; In Countess Wear this is 1.9 and Flying Start this is also 10. We attend all Initial Child Protection Meetings and will take on a specified family support role as part of the CP Plan and support the family to attend children's centre services, tracking the child's progress through the EYFS. We are currently working with 13 families, who children's are on a CP Plan, in the central cluster.

Foundation Stage

In 2014 69.7% of the children in the Central Cluster achieved a good level of development, above the English and Devon average. However, as previously

mentioned it is the percentage gap, between children in receipt of Free School Meals and children who are not, which needs to reduce. We are now working within partnership agreements with all our early years' settings to reduce this gap. It has been identified that communication speech and language development along with social and emotional development are the areas which would impact on the outcomes of this group of children. The partnership agreements have strengthened links between the children's centres and early years settings and as a result referrals for family support have increased. In the last year there have been 11 referrals from Early Years Settings, 3 of these from Nursery Plus. We have also received 10 referrals from schools. Two members of the Early Years team has been trained to screening young children and have been offering a "Let's Talk - Chatter" group from January 2014 to support children's language development and give advice and guidance to parents. Children who are identified as needing specialised support will then be referred to Speech and Language Therapy.

We are also working with these settings to increase the uptake of the 2gether funding and offer additional support to families identified as having additional needs. Countess Wear Community Primary School and the children's centre have worked together to identify children from the local area who are eligible for 2gether funding. The school have extended their nursery provision for 2 year olds and are now using the children's centre facilities to meet their needs.

English as an Additional Language

Nearly 37% of children under 5 years in the Flying Start area have English as a second language. This figure has been rapidly increasing over the last few years. We currently translate information into other languages, including the website and family support material. We regularly access translation services, particularly for individual family support. We are currently ascertaining which languages are requested most frequently in order to ensure that we supply written information in a range of languages.

We have recruited 2 volunteers who speak Polish to welcome families into groups and translate universal, non-confidential information. We are looking to recruit volunteers with additional languages. One member of the Family Support team is a language teacher and her skills are being used to support other staff to use systems such as "Google Translate" which operates more efficiently with an understanding of sentence structure. This is useful to use when texting parents who you are unable to talk to on the phone due to the language barrier.

Non-White Bristish

Flying Start Children's Centre has a non-white British population of 35.3% at Foundation level, the highest in Devon. Our e-start records show the

following ethnicity classification recorded on registration;

We are currently making links with community groups serving the needs of the BME community, such as the Mosque, The Hindu Society (who recently volunteered with us to develop the Chestnut garden), Polish School (who will be using the Chestnut building from September 2015 to deliver their Saturday school, Refugee Support Group).

% of Children 0-4 years living in Poverty 2013- 2014

Poverty is a particularly high issue for the Chestnut and Flying Start Children's Centre areas. 24% of under 5 year olds in the Chestnut area live in households claiming out of work benefits. This figure is 17.7% in the Flying Start area; both are from 2013 figures. Related to this is the high percentage of lone parents, which is 30.4% (2012) in Chestnut area and 23.1% in Flying Start area. Please see section below for teenage parent statistics.

To support these needs we are forming relationships with the temporary housing associations and accommodation for young parents in the Flying Start area and then will offer support with the transition when families eventually move into permanent housing. The Family Support and Community Team are trained to give advice on the new Welfare Reform. Monthly advice sessions are booked into each centre for parents to meet with Job Centre Plus for Benefits advice and support with returning to work. We are also about to employ a Parent Coach, as part of the Family Support team, who will be able to support any parents open to family support by looking with them to develop aspirations and support them to work towards achieving these.

The Family Vision Course works with lone parents to empower them to develop their confidence in leading their family unit by themselves. The aim is to develop aspirations for both the parent and the children. It also has a focus on relationships and building awareness and confidence in developing future positive relationships.

ECI have opened a Community Initiative in Exeter, known as the Jelly shop, selling good quality second hand children's clothing, toys and books. The Children's Centre has emergency access to supplies for the neediest families and all new families registering are given a discount voucher.

The Cluster referred 19 families (7 from Flying Start, 2 from Countess Wear and 10 from Chestnut) to the Foodbank, between April 2014 and March 2015 and Chestnut and Countess Wear have some emergency Foodbank boxes stored on the premises.

Births to Teenage Mothers

In the Chestnut area 10.1% births are to teenage mothers and in Flying

Start area we have 3.3% of births to teenage mothers. However many of these mothers are temporarily housed in the City Centre with Chapter One at The Grapevine. We are therefore offering a package of support in conjunction with Supported Housing, including parenting support, developing confidence, skills and education and antenatal support in order to improve outcomes.

We currently have 30 teenage mothers registered or affiliated and have reached 13 of these parents in the last 3 months (5/3/2015 to 5/6/2015).

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.

Since the children's centres were last inspected there has been a change in cluster arrangements. Flying Start was inspected when it was a standalone centre manager by ECI; Chestnut was managed directly by the Local Authority and Countess Wear was inspected just after it had merged with Chestnut and Flying Start as one cluster, managed by ECI. The Countess Wear population is currently growing rapidly due to a building development called The Rydons, containing a mixture of social and private housing. This cluster of children's centres has had a new Children's Centre Manager in post from 30/9/2013.

