SeaMoor Children's Centre Self-Evaluation Form 2015-16

SeaMoor

A Sure Start Children's Centre

Updated Sept 2015 by Karen Pearce Lead Practitioner

Section A. Self-evaluation

Introduction

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

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

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

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

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

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

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

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

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

The reason for choosing requires improvement is although our registration figures have greatly improved they are still just below **Devon's target of 80% our registration figures have improved from 55% in Q1 2012 to 72% Q1 2014, to 76% Q1 2015 and 78% Aug 15 this is an increase of 2% since March 15 which means a large majority of families are registered.**

This would be increased further if we could include the families that are accessing services through Plymouth Children Centres from our reach area as we cannot affiliate with these centres they are not counted in our **figures this equates to 78 children 5.05% the latest figures (2013-14). This would bring us over our target of 80% (83.40%).** We have registration and reach action plan in place and are being monitored by Devon County Council. **(See registration and reach folder)** There has been a continuous upward trend for registrations.

SeaMoor has a wide rural reach area and registration has been challenging; we have introduced a new simplified registration form which has freepost. These have been distributed to key partners including health visitors' midwives and early years settings. We have introduced regular update weeks where the centre staff encourage parents to review their registration details to ensure that we are able to capture any change of circumstance and maintain registration of all of the children. We are working with our partners to improve this further using the DAF 1 pages 5-6 as a registration which is improving the figures however we are not yet receiving all of the new births DAF's. Due to the challenges with registrations it is harder to identify target families. We have been using the DAF process and targeted families to support our more complex families that do not meet the threshold for

social care intervention- **2014-15 the centre was involved in 10 DAF's**. **(See Family support data report folder)** With the crucial support of our partners our registration figures should improve even more.
We have met with key service leads to encourage our partners to register families. We meet with the Centre Lead from Plymstock and Plympton Children's Centres to discuss boundaries, services and families accessing CC services from out of area. We exchange out of area figures on a ¼ basis this has been more challenging recently due to change of provider. We also have several new small housing developments in the area and these are currently not recognised on e-start therefore impacting further on the figures.

When families are registered they are regularly informed about the services they can access through the centre by post or e-mail. The centre has a **Face-book page** as requested for our parents to keep them updated with events and changes. This is being monitored and supported by our admin team. **Highest weekly reach was 725 in Q1 2015-16.**

Potential reach of 1543 children under 5 in 2015-16 this is a fall of 34 children on 2014-15. Reach is a challenge due to the size of the reach area and the rural nature of the patch. We have reduced our outreach services to enable us to focus on targeted work which has meant that our reach figures have plateaued. **Devon average reach for the centres is 50.4% and the centres need to be within 10% of this. In 2014-15 our reach was 39.25% Q1 2015-16 40.4% Aug 2015 43.7% target met minority reached. Achieved service plan target for Q1 2015-16 of reach over 40%.** Our aim is to focus our service delivery on reaching children under 2. We are working with the Health teams to deliver midwifery care, parent education, baby clinics and coffee and cuddles to support this age range. **(See registration and reach folder)**

They also provide the centre with the potential reach in the target LSOA's. The SeaMoor area has no LSOA's in the 30% most deprived. However the centre has chosen 2 from local data Ivybridge Central and South Brent based on local data.
We utilise data to identify families and have increased our marketing and monitoring of LSOA's and in addition we have completed service reviews and the full report shows the link between the reviews and actions for change. Our centre has robust assessment and review processes for 1-2-1 support. This ensures we offer the appropriate package of support to the families. The centre has a 70/30 split of targeted to universal services. The centre has started to use maps of the reach area to identify where families are accessing services and identify any gaps in provision and access.

The Health Visiting team hold baby clinics in the medical centres in Ivybridge, Yealmpton, Modbury and South Brent the Den once a week, this enables the centre staff to support register and reach families. **(See health data file)** Part of the midwifery team hold their clinics at the centre which enables us to register parents to be and offer them access to ante-natal classes through the centre. These parents will have the opportunity to speak to a Children Centre member of staff about the services that we can provide and are encouraged to attend sessions held at universal and when appropriate targeted activities. Parents are kept informed about the centre's services through newsletters and Face-book.

SeaMoor Children's Centre works with partners to identify children in the area and their families. The Health visiting team regularly provide the centre with new birth figures. The Health team place the centre's registration form in the files for all in families transferring into the area. The "Tell us once" system allows the centre to send families registration and Children's Centre details out to new parents. **(See TUO spread-sheet)** The Health Visiting team are our main referrers for families to 1-2-1 support alongside centre staff.

We co-deliver ante-natal classes with midwifery, health visiting and car seat safety. We have been co-facilitating our parenting programmes with the health visiting team and this is due to continue. This joint working is effective and would be at a 'good' level. We have commissioned the FAST team to deliver a parenting programme for us in January 2016. **(See family support data file for programme reports)**

Health visiting and CYPS meet with the service co-ordinator on a monthly basis to discuss new referrals, current case load and future referrals. This means that families are identified and can be targeted for individual tailored support. During this meeting service updates are also shared ensuring

that changes are identified and new activities are discussed. **(See liaison meetings minutes)** Breakfast meetings have been introduced to support networking and sharing of information. The agenda and timings were agreed in an initial consultations meeting. Next meeting is in September 2015. **(See access to services folder for meeting minutes)**

Our main avenues for meeting families are through the universal and targeted services the centre provides and through referrals from partner agencies. When the families engage with the services the centre provides they often maintain contact. This is reflected in the case files which contain an e-start print off of contacts and case studies. These case studies are shared with Devon 6 monthly. **(See family support data file)**

We are tracking families that have attended courses e.g. Learn Devon and Webster Stratton. This allows us to follow up with the families, record any changes, maintain contact with them and offer additional services if required. We are **tracking our referrals out to other agencies to ensure the parents are receiving the support they need and this again enables us to offer additional services if required. 2014-15 125 referrals were made these include MASH, Safe at Home, Food-bank, JCP and CAB.** We have introduced a new review system with 1-2-1 families to track their progress after the cases have been closed. **(See family support data file)**

The centre is invited to initial CP conferences and we attend 100% of meetings we are invited to. This enables the centre to offer support to these families in a timely way and the centre can support the CP plan if required. This ensures that the children's needs are identified through a multi-agency assessment of need and the progress will be monitored. **In Q¼ 2015-16 we were working with 17 children at level 3 and 4 (CIN and CP). Devon profile shows a rate of 3.80 per 1000 for the area which is below the Devon average of 7.08 this equates to approx. 5.2 for the centre and our figures show that we have worked with 19 level 3 and 4 cases (2014-15)** this evidences we are working with the overwhelming majority of cases (this would be at an outstanding level). **(See family support data file)**

All of the Family Support Workers (FSW) have received recording and analysis training through AFC. All MASH enquires are recorded on contact sheets which provides the family's information and we now have access to the reason for referral. An e-start report is completed for registered families when an enquiry is telephoned in and these details are shared with the early years coordinators. **We received 14 MASH enquiries in 2014-2015.** Referrals made to MASH are recorded on MASH forms and for cases that are already open to Social care a CP1 form (AfC internal procedure) will be used. **7 MASH enquiries and 2 CP's were submitted by the team in 2014-2015. (See family support data file)**

Referrals for 1-2-1 support are RAG rated and allocated to a FSW. Each accepted referral is entered onto the AfC e-aspire system and either No Further Action (NFA) is selected or an assessment is completed. Parents are offered a DAF/Outcomes star which is a key part of the assessment process. This then leads to a service plan being developed which is reviewed regularly to ensure that we are meeting the current needs of the family. When an intervention is finished a closure is completed summarising the work, support offered and outcomes achieved. **(See case files)** These processes enable us to monitor, track and review improvements in outcomes. Our 1-2-1 home visits support has consistently supported target groups using the structure described above. **In 2014-2015 49 cases were supported and there is currently no waiting list for support**. **248 home visits were completed which gives an average of 7.08 visits per family. Other SMART contacts total 1,194 which gives an average of 34.11 contacts per family. (See family support data file)**

The Centre Lead (CL/LP), Children's Services Manager (CSM), Service coordinator (FSW4) and BSO3 have received Managing Safely Safeguarding Training through AfC and the CL is currently attending Action Learning Sets to support the cluster role of the Lead Practitioner (LP). All of the FSWs have attended Level 3 safeguarding training and administrative staff have completed the Child Protection awareness training**. (See training portfolios)**

Parents are consulted on a regular basis via evaluations, parent surveys and 'air and shares'. Comments boxes are available for parents to use in the groups to give feedback. The 'air and share' feedback forms are collated and a report formulated with actions. When planning our services we look at the data from DCC, partners, parent feedback and local knowledge.

For example:
The families asked for a trip/family event supported by the centre. We were fortunate to secure a FedEx grant and took targeted families to Crealy. **We had 24 carers and 35 children (aged 0-11 years) - 5 dads, 10 young parents, 8 workless households, 2 disabilities and 1 non White British. There were 3 CP families, 1 CIN family, 1 LAC and 2 DAF families. Parents and children's comments were collected on the day via wow moments: "**Crealy was fantastic, the ball pool was awesome", "thank you so much for the best day ever, we spent most of the time on the log flume and waterslides and the girls loved it", "being with mummy and looking at all the animals, most of all getting wet in the splash zone". **(See family support data file for report)**

We provided 2 events in the summer holidays for families in Yealmpton and Modbury hiring the musikgarten to reach the families in these areas as we are not currently providing a stay and play in the area. We are planning an event for October ½ term and at Christmas in the Ivybridge area to ensure that reach is maintained due to feedback from the parents. As from Sept 2015 we are not providing messy play but we are providing book start sessions in conjunction with the library instead to maintain reach in the Ivybridge area and develop our community links.

Evaluations are completed for home visiting, Incredible Years, Solihull and any new/pilot activities. A **very large majority** of feedback is positive about the centre and identifies reducing social isolation as a result of attending the centre which is particularly important in a rural reach area. **(See family support data file or evaluation file)**

Children who attend a crèche and from September 2015 Young parents group at the centre will have a Learning Journey completed including starting points which are shared with the parents **(see case files, young parents' group folder or course reports).** These are based on observations and are linked with the EYFS. They show the child's current development and can identify any developmental needs. Our planning has been evolving and the most recent change focuses on observation led planning using the EYFS and the 2 simple app**.**

We have established a way of working that encourages outreach to in reach, so securing contact with families through universal services and feeding them into more targeted support when required. We also work in reverse feeding families from targeted support into universal groups. These contacts are recorded which reflects the levels of support offered through the universal activities. This is a crucial use of the universal services that we provide. **We reached 304 service users through our enquiries system in 2014-15.The highest reach enquiries were related to CC services 99, other 55 and MASH 33. The volume of contacts was 437 through the enquiries system in 2014-15. The highest volume enquiries were related to CC services 105, enquiries other 79 and behaviour issues 35. (See access to services folder)**

The Children's Centre establishes and maintains contact with targeted families as follows (figures are for 2014-15):

Teenage mothers and pregnant teenagers:

Potential (CC Profile)	***Registered (e-start)***	***Reached (e-start)***	***Highest reach activities***	***Volume (e-start)***	***Highest volume activities***
27= 100%	***20= 74% of potential***	***15= 75% 0f registered reached***	***Midwife clinic Young parents group Baby clinic***	***160= seen on average 11.72 times***	***Young parents group SMART Contacts Midwife clinic***

These figures are above DCC rate (63%) and above service plan reach target of 65% (2015-16). The parents are able to access our universal services and the centre also offers a target group once a week for young parents (under 25). We have good links with Highland Villas which is supported housing for young parents. Activities are planned for this group during Sept-Dec 2015 to include budgeting for Christmas, healthy eating, child development and healthy relationships. 3 sessions have

been planned with a crèche to support parents learning. Learn Devon October 14 offered fun with food 10 parents accessed these sessions and 4 parents gained a food hygiene certificate. **We are reaching a large majority of teenage parents.** **(See teenage/young parent's folder)**

Lone parents:

Potential (CC Profile)	*Registered (e-start)*	*Reached (e-start)*	*Highest reach activities*	*Volume (e-start)*	*Highest volume activities*
130= 100%	*93= 71% of potential*	*59= 63.44% of registered reached*	*Midwife clinic Young parents group Baby clinic*	*907= seen on average 15.37 times*	*Young parents group SMART Contacts Midwife clinic*

These reach figures are above DCC rate (61%) and just below service plan target of 65% (2015-16).
These figures are difficult to compare as one measures the parents and the other measures the children. The parents are able to access our universal services and **are reaching a large majority of lone parents.** **(See lone parent's folder)**

Children in a workless household:

Potential (CC Profile)	*Registered (e-start)*	*Reached (e-start)*	*Highest reach activities*	*Volume (e-start)*	*Highest volume activities*
93= 100%	*68= 73.19% of potential*	*42= 61.76% of registered reached*	*SMART contacts Home visits counselling*	*693= seen on average 16.50 times*	*SMART Contacts Home visits Young parents group*

These reach figures are below DCC rate (68%) and is just below service plan target of 65% (2015-16).
The figures from the CC profile show that there were 10.2% of children living in poverty in 2013 in the Ivybridge area which is a drop of 1.3% on 2012. This is below the Devon average and has dropped for the last 2 years. The % of eligible families benefiting from the childcare element of the working tax credit is 15.7% this is showing an increase of 1.1% (2012-13). The percentage of pupils eligible for free school meals is 10.2% (2014) which is again below the Devon average and has seen a drop since 2013 of 0.2%. It is hard to compare figures as they measure different things. The parents are able to access our universal services and the centre. **We are reaching majority of workless households.** **(See workless house-holds folder)**

Children in black and minority ethnic groups:

Potential (CC Profile)	*Registered (e-start)*	*Reached (e-start)*	*Highest reach activities*	*Volume (e-start)*	*Highest volume activities*
38= 100%	*28= 73.68% of potential*	*17= 60.71% of registered reached*	*Chatterbox Messy play Baby clinic*	*254= seen on average 14.94 times*	*Messy play Midwife clinic chatterbox*

The figures from the CC profile shows pupils with English as a first language as 98.6% which is an increase of 0.4 %. E-start figures show we have 1199 children registered by ethnicity and 832 (91%) are registered as White British and 276 are unknown and 59 are not yet obtained. This combined

gives a figure of 1167 = 97.33%. This indicate we have an identified registered population of 2.66 % which is approx. 32 children (Aug 2015).
The highest number is 14 (1.16%) under Other White Background and the 2nd highest is White and Asian with 7 (0.58%). These families have access to universal services and 1-2-1 support. Families are signposted to the English as an Additional Language group in Totnes for more targeted support. **We are reaching majority of BME families.** **(See ethnicity folder)**

Children with a disability/SEN:

Potential (CC Profile)	***Registered (e-start)***	***Reached (e-start)***	***Highest reach activities***	***Volume (e-start)***	***Highest volume activities***
31= 100%	***37= 119% of potential***	***34= 91.89% of registered reached***	***Let's talk more Step by step Home visiting***	***437= seen on average 23 times***	***SMART contact Let's talk more Home visits***

These figures are above DCC rates and is well above service plan target of 65% (2015-16). The families have access to universal services as activities offered are inclusive or can be differentiated to meet the needs of the children in the groups. They also have access to 1-2-1 support. The families are offered more targeted support in our Step by Step group which is co-facilitated with a Portage home visitor. We have strong links with the local donkey sanctuary and the groups will be running bi-weekly from there as from October 2015. 16 children were reached 2014-15 through step by step at an average of 4.5 times. Let's talk more group (referral only group for assessed children with SAL difficulties) 2014-15 reached 15 children, they were seen on average 5.6 times. **We are reaching a very large majority.** **(See Disabilities folder)**

Parents with a disability /SEN:

Potential (CC Profile)	***Registered (e-start)***	***Reached (e-start)***	***Highest reach activities***	***Volume (e-start)***	***Highest volume activities***
90= 100%	***66= 73.33% of potential***	***47= 71.21% of registered reached***	***Home visits Counselling Midwife clinic***	***1183= seen on average 25.17 times***	***SMART contact Home visits counselling***

These figures are below potential DCC rates and is above service plan target of 65% for target groups (2015-16). The parents are supported through universal groups e.g. Chatterbox 10 and home visits 28 as well as 19 parents accessed our counselling services in 2014-15. **We are reaching a large majority of parents with additional needs/disabilities in our reach area.** **(See Disabilities folder)**

Fathers:

Potential	***Registered (e-start)***	***Reached (e-start)***	***Highest reach activities***	***Volume (e-start)***	***Highest volume activities***
Maximum of 1543=100%	***817= 55.94% of potential***	***125= 15.30% of registered reached***	***Midwife clinic Great expectations Dads group***	***572= seen on average 4.58 times***	***Midwife clinic Great expectations SMART contacts***

Fathers are welcome in our universal groups and are offered 1-2-1 support. Fathers/male carers are offered more targeted support through our Dad's group which we run once a month on a Saturday. We have found retaining contact with dad's challenging due to the high level of working dad's. We

have changed the times to see if this makes an impact moving the group to an evening and now to a Saturday afternoon. We are liaising with Dangerous Dad's Network to look at ways forward for the group as well as consulting with our dad's. We have also discussed the recording of dad's that do not live at the same address as their child as currently they cannot be entered onto e-start. **We are reaching a very small minority of male carers in our reach area.** **(See Dad's folder)**

2gether funding:

The system for 2gether funding has changed and is now electronic. We support parents to access the scheme, hold an up to date list of providers and receive a list of potential families to follow up from DCC on a termly basis. We hold the 2 years old book-start packs for the families however we have not had many families claim them. We contacted the summer term list and invited them to collect their packs from the centre and only 1 family took this up.

Current barriers for effective access to services:

- The tender process and change to delivery space/staffing in the next financial year
- The lack of affordable and accessible public transport in the area
- Property costs make up a large proportion of our delivery costs as we utilise different spaces for delivery which incur costs that could be utilised in different areas to support delivery
- Ongoing issues around support from partner agencies with registrations and reach
- Reduction in universal groups to compensate for targeted work has meant a reduction/plateauing of reach figures.

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

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

The reason for choosing good is that we collect information and data regarding impact and practice and have a good level of evidence of change. We are we also starting to implement tracking systems for families in a variety of areas and have not yet been collating the data for long enough to show longitudinal impacts.
The vast majority of the referrals received for 1-2-1 support are received from Health, CC staff and CYPS. The referrals are prioritised by the multi-agency team. Joint delivery of some services ensures that families receive integrated support to meet their needs and to help reduce inequalities.

All of the referrals allocated for 1-2-1 support have a clear structure for recording, tracking and monitoring of outcomes. The e-aspire recording system currently used has been up-graded recently which offers recording of needs, interventions and outcomes and has the ability to produce reports to reflect this. The centre started to use this new system in May 2015. Overall impact report for 1-2-1 families for 2014-15 is available and results are below:

Distinct service users	***Number of outcomes selected***	***Case where outcomes have improved***	***Case where outcomes have not changed***	***Cases where the outcomes have deteriorated***	***Case where no result is recorded***
71	***336***	***265= 78.86%***	***53= 15.77%***	***15= 4.46%***	***3=0.89%***

This shows each case on average had approx. 5 outcomes selected and the impact of the 1-2-1 work where outcomes were selected 78.86% have seen improved outcomes, this means a large majority of outcomes are improving. The highest selected outcome was a child maintains or improves Physical health and or meets developmental milestone, this was selected 57 times and 50 saw an improvement in this outcomes. Individual outcome levels are recorded in case files**.** **(See family support data file for centre outcome report)**

The children's development is tracked through the use of starting points and the use of the 2simple app which allows the centre to produce a learning journey for the children targeted for tracking. Through this system and appropriate referrals and signposting is completed as and when required e.g. SAL, and Children's Centre services. **(See individual case files/course feedback reports)**

We work closely with CYPS and offer support and services to families that are at level 3 and 4. The e-aspire assessment, DAF process and outcome star support families with action/service plans that include well-being and safety, giving a clear process for review and measuring changes and impacts on outcomes. We were involved in 10 DAF's 2014-15 5 initiated and 5 involvement. Regular monthly supervision is provided for casework and structure includes when the child was last seen, risk and protective factors and effectiveness of services to promote reflective practice**. It is felt that this aspect of practice and provision is "Good".**

The case files contain assessments of need and reflect the families' journeys. They are up-to date and contain the families' views and wishes by use of assessment tools which they contribute to e.g. outcome star and DAF. When a case file is closed the families are asked to complete an evaluation to reflect on the work they have done and the support they have been offered. With permission from the parents some of these will form the basis for a case study summarising their journey. The cases are monitored through supervision and allocation sessions and file/safeguarding audits. Audits are completed by the Lead Practitioner with the worker and an action plan is formulated to support quality and consistency. **(See case file audits)**

Lead Practitioner attends SPA meetings. We work with the Early Help Team and FSW4 attends/ feeds into the Early Help/TFS meetings. We work closely with tier 3 social workers to support CP and CIN plans for families and attend CP, CIN and core group meetings. **(See family support data file)**

ICPC meetings attended (2014-15)	DAF meetings attended (2014-15)	CP/CIN and core group meetings attended (2014-15)
12	22	58

We also support supervised contact through the centre when possible. DAF action plans are agreed as a multi-agency team. Family liaison meetings allow for regular information sharing between agencies breakfast meetings have also have been introduced to support networking and relationship building. Our 1-2-1 referrals are graded by the multi-agency team and are prioritised for support.

Parenting courses are offered to universal and targeted families. The impact is measured through evaluations and Outcome Star assessments which reflect the changes for families. The parenting courses are now being co-delivered with the health team. Solihull was provided in the summer term for September 2015 and Webster Stratton is planned to be delivered by the FAST team in January 2016. **A very large majority of families completing the programmes have reported a positive behaviour change.** A report is completed from these assessments and the parents' evaluations to show distance travelled and the levels of targeted families. **(See family support data folder)** We are just introducing follow up contacts with parents after their support has finished. The focus will be on the families who have the greatest needs and they will have agreed to the process. **We believe that this aspect of practice and service provision is 'Good'.**

We have been offering a new drop-in session for parents on a Friday. These sessions will be moved to the local library enabling us to continue when the centre closes in April 2016. We are also piloting some parent support drop in sessions in the local early years settings. These have been used for parents needing grant support, 2gether funding support and tracking supported by a FSW. We are looking at piloting these support sessions in some of our early years settings, this allows us to support families not necessarily accessing other services and supports our reach.

Parents/carers receive regular safety advice e.g. child safety week is promoted in all of the groups, car seat safety is promoted in Parents-to-be course which also includes how to safely bathe a baby and sterilising bottles/equipment. We refer families for safety equipment to be fitted in the home and apply for grants for safety equipment and for fencing to make their gardens safe.

The centre has been aiming to improve links with early years providers in the reach area and last year we had a selected a link worker to improve these relationships. She focused on our targeted LSOA's first with the aim of improving working relationships, registrations and contact with families. In addition the link worker encouraged the settings to sign a working agreement (9 agreements have been signed and 2 of these were child-minders). We also supplied them with an information file for the parents to promote and signpost services provided through the centre. In 2014-2015 we visited all of the preschool settings in the area. Centre Lead attends early years network meetings and meeting is arranged to catch up with the settings in October 2015.

Children's Centre staff are well qualified and receive access to personal development which is discussed and monitored through supervision and APR's. When observed in sessions they are witnessed as being supportive, informative, empowering, reassuring and appropriate role models. Each team member has a training portfolio which contains their training certificates which reflects the value given to professional development. **(See training portfolios)**

We have risk assessments in place for our venues which are reviewed regularly **(see risk assessment file).**

The centre works in conjunction with Learn Devon to support adults' and children's learning. We offered fun with food in our young parents group and the opportunity to gain their Food Hygiene qualification in November 2014 and completed by 4 parents.

We offer opportunities for parents to volunteer for the service. As part of this volunteering they are offered access to training that is appropriate to fulfil the role e.g. safeguarding, breastfeeding peer support. **We currently have 9 active volunteers**. Parents have always been involved in recruitment processes for the team at SeaMoor it is crucial for parents to have an input into who is going to be supporting them and their children. We have signposted families to the work club in the Watermark. We also have JCP parent's interviews for TFS families.

The Ivybridge midwives run their antenatal and post natal clinics from the centre and they facilitate 1 session of Parents-to-be and a maternity care assistant facilitates the breastfeeding session. The centre maintains the appointment system for these services.
Health Visitors run baby clinics in the medical centres weekly in Ivybridge, Yealmpton, Modbury and South Brent in the Den with support from CC staff. They offer weaning support for parents through our coffee and cuddles group and they facilitate a session on baby brain development as part of Parents-to-be. This enables the centre to have regular contact with expectant parents and parents with young children.

We offer a counselling service in 2 areas of the reach and the evaluation of this service shows that it better enables parents to cope with the challenges of parenthood. In 2014-15 24 parents were supported through the counselling service. The parents were seen a total of 100 times which equates to average of 4 sessions per parent. A parent commented that they felt "more able to show their emotions and not to revert back" and rated the service as a 10 out of a scale of 1-10 and they were happy with the service provided. **(See Disabilities File)**

Devon supply the centre with a profile of data which enables us to plan services to meet the local needs and identify the priority areas**. (See Ofsted action plan and implementation plan file)** We offer a range of services across the reach area and are part of the local community. There is an approximate 70-30 split in services supporting targeted and universal families. This ensures that our resources are focussed on the most vulnerable families.

The centre completes regular service reviews with the whole team to discuss service delivery, local need and target groups. This process identifies actions required to improve reach, quality and understanding of local needs, last review held 02/09/15**. (See evaluation file for full report)** A home visit review takes place regularly. Besides monitoring impact it also ensures that the paperwork systems which support our 1-2-1 working are being adhered to. **(See evaluation file for review report)**

Part of the service review process is also to ask the views of the parents through our 'air and share' questionnaires which are distributed termly. A report is then formulated and resulting actions put into

place. A “you said we did” has been introduced to feedback to the parents from the action plan. **(See evaluation folder)**

Current challenges for providing quality and impactful services:

- The support of partner agencies for registrations and reach
- The level of complexity of families has increased which means that input tends to last longer in the more complex families, meaning decreased capacity for new referrals
- Improving participation in family learning activities
- Joint working with the learning community
- Tracking families for longitudinal impacts is complex and time consuming

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

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

The reasons for choosing good are as follows:

The centre has a good management and leadership structure in place and has good levels of professional development and support. 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. Targets are discussed during Advisory Board meetings. We are challenged on areas where there are needs for improvement towards meeting set targets. We were challenged regarding our registration figures and reach figures and can show that our rates have improved continuously for registration and since action plans have been put into place the reach figures have improved as well. Ways for our partner agencies to support this were discussed. **A large majority of targets are met by the centre.**
The CSM concentrates on strategic level management and support. The CSM meets with the Children's Services Operational Director (CSOD) on a regular basis for support and supervision. The CSM meets with the cluster Business Support Officer (BSO3) to discuss and monitor the budget. The CL focuses on the day to day management of the centre and meets with the CSM regularly for support and supervision. The CL meets with the FSW4 to discuss support needs and for supervision. The CL and service coordinator also has regular update and team meetings.
The South Hams Cluster Leadership Team meet on a regular basis to develop and share good practice across the cluster. The agenda is always very ambitious for the time allotted. The CSM/CL meet regularly with service leads from partner agencies to discuss partnership working and operational needs. Lead Practitioner attends SPA meetings, MSLC meetings and MACAs when required.

A service plan is developed for the financial year which is pre-populated by the LA and also contains localised targets identified by the centre e.g. targeting LSOA areas and offering the freedom programme. These targets are explored discussed and agreed during the service reviews. Data is collated and analysed by the local authority and the centre and used to identify the areas the centre needs to target for improved outcomes. **(See Ofsted folder)** The centre has also been following an Ofsted action plan and this has been reviewed with DCC regularly. Last review 08/06/15 to action plan contains ragged actions: **(See Ofsted folder)**

Review summary Jan 15	Reds 1	Ambers 17	Greens 35
Review summary June 15	Reds 0	Ambers 8	Greens 42

The four local advisory boards of the South Hams amalgamated into one strategic cluster South Hams Advisory Board. The local authority has produced new terms of reference for Advisory Boards

(May 2013) and this was approved by the cluster Advisory Board meeting. The South Hams Advisory Board meets on a quarterly basis to discuss and monitor targets, challenges and improvements. Members represented on the board include the LA, Health, Midwifery, and representation from learning communities, parents, voluntary / community groups, JCP, local councillors and Learn Devon. This has extended and now has a representation from CYPS. The centre sees the parents as key partners and the parent's feedback is overwhelmingly positive about the support/services offered however has struggled to maintain parental input to the board. **(See Ofsted folder for Advisory Board reports)**

We have a safeguarding protocol in place with the health visiting team and this is going to extend to the midwifery team. We have comply letters supplied by partner agencies regarding their CRB/DBS processes. We hold a central register for CRB/DBSs. Our safeguarding policies have been agreed by the Advisory board. **(See safeguarding folder)**

The staff team has remained stable with the CL, CSM, BSO3 and FSW4 all being present from the start of the centre and 1 casual FSW 2's securing a permanent contract. Staff are highly motivated and supportive of each other and all bring their own skills, backgrounds and knowledge to the team. They are focused on supporting families and empowering parents to change outcomes for their children. Monthly supervision and annual APR's ensure that performance is measured, monitored and challenged. Case files are used to track vulnerable families' needs, engagement with services and outcomes for the family. Case files are subject to auditing by the LP and FSWs implement the action plans. Areas for improvement are identified and shared with the team, ensuring consistency and quality of the recording processes. **(See case files)**

Professional development needs are identified and supported. **(See training portfolios)** The CSM and CL have completed the NPQICL and the FSW4 and BSO3 have completed ILM training. The senior management team have all attended safer recruitment training and supervision training provided by AfC. Training portfolios are in place for all staff members to demonstrate their professional development journey including safeguarding, health and safety and qualifications.

Safeguarding referrals are prioritised through the RAG rating process. The centre follows the AfC policies regarding safeguarding children. **(See safeguarding file)** Information sharing has improved through the family liaison meetings. The centre shares all relevant information with partner agencies with the permission of the parents. However, improved information sharing from partner agencies could better support the continued identification of families with the greatest needs within the centre's large reach area. The CL attends HV allocation meetings which are held regularly. The centre has adapted paperwork to be very explicit about our information sharing with partner agencies which is discussed with the parents. This is signed and will enable appropriate support levels and joint working to meet their family's needs. **(See liaison meeting minutes)**

The centre has been completing learning journeys for children who attend crèches and these are linked with the EYFS using the 2 simple app. The centre has developed their planning for sessions and have just introduced and using an observation led planning system linked with the EYFS. This gives the parents a record of their children's developmental achievements. **(See case files)** The % of children achieving a good level of development at foundation stage is 73.6% in 2014 and this is an increase of 5.8% on 2013 (CC profile).

Resources are allocated according to priorities, targets and locally identified needs. The budget is mainly used for staffing and building/hire costs. We make good use of community grants to enable us to support families to improve their home environment, transport and child care. The centre has recently reviewed its group provision and home visiting processes to improve practice and services. **(Reports available)**

Parent views are collected on a regular basis through "air and share" questionnaires, evaluations, and electronic surveys and comments cards. We use this feedback to influence our service planning and delivery. Examples of this are the provision of paediatric first aid, trips/events for families. **(See Evaluations File)**

Marketing is a vital part of the centre as it helps to promote the services we provide. An information pack has been produced to be used in EY provision and GP surgeries. A marketing strategy ensures

that we are covering as many areas as possible. We have a BSO who supports the marketing processes for the centre, keeping the website up to date, promoting the centre through local publications and preparing marketing tools to be used by the staff. We utilise a centre face-book page for the parents and this is supported by the BSO team. This has enabled us to market our centres to a wider number of families as requested by the parents. **(See marketing file)**

Overall effectiveness	**1**	**2**	**3**	**4**
Grade:			**X**	

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

The reason for choosing overall effectiveness as requires improvements is that we have elements that need improvement so therefore we are not yet at a good. This is reflected in our reach and registration figures that have seen a steady increase in registration and plateau of reach with a greater improvement with the implementation of action plans. However we do have elements that reflect a good e.g. family support.

The leadership and management team have high aspirations for the centre, its users and staff team. They have developed a clear vision and a consistent approach to improving outcomes and practice. The leadership team is committed to offering a clear direction of travel to provide a successful centre. They have a good understanding of the needs of the families and monitor, evaluate and further improve the services to address these needs. Key to this is the management and support of the team, enabling effective teamwork and ensure that training is offered and completed appropriately to develop their skills and drive improvement. The centre can identify its strengths, areas for development and its main priorities for the future.

Relevant data is being collated and analysed to identify needs and develop services that are focused on quality and effectiveness. The impact of rurality and the challenge of the size of the reach area are well understood and the centre together with partner agencies is good at identifying families at greatest need within the reach. Reviewing of services and impact is completed regularly and systematically which leads to services improvements where appropriate.

The governance and management processes are robust and ensure that the centre's provision is monitored and resources are used effectively. The Advisory Board has a good representation from partner agencies but requires an improved level of parent participation. The reporting systems to inform the Advisory Board have been developed for a cluster approach to ensure thorough monitoring of targets show impact of services. **(See AB minutes Ofsted file)**

The centre has good procedures in place for safeguarding and working relationships with Early Help team and with CYPS. The family support team work well as part of the multi-agency planning for families and are part of the CP and CIN plans. Furthermore, the centre has good Health and Safety procedures in place to protect and support staff, service users and visitors.

The centre works hard to provide the best possible services within the limited resources. Quality of support is paramount while trying to reach as many families as possible.

The strengths are identified as:

- The relationship building with families to maintain contact and support. This is reflected in evaluations and feedback from families
- A well-qualified, caring, enthusiastic and stable staff team
- Making a difference for local families, empowering them through volunteering opportunities
- Effective partnership work
- Continuous improvement of services and recognising that even the smallest changes are important and celebrated
- The systems of recording, evaluation and planning to improve outcomes.

The main priorities and areas for development, identified through the service evaluations and which are included in the service/ action plans are:

- Increasing registration and reach for which actions have been identified and are being completed **(See Ofsted/Reach and registration files)**
- Following up and measuring longitudinal changes of outcomes/impacts for families for which evaluation processes are being introduced
- Learn Devon engagement through long-term planning
- Further development of robust review processes for services, 1-2-1 support and staff development

As a centre we feel our overall grade for effectiveness is requires improvements with some areas of good.

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

This section to include:

Information about the area/locality (centre or group of centres to be inspected) Include information on the name and number of centres in the group or locality; if appropriate, list separately the numbers of children under five years living in each of the centre's reach areas. State the level of the offer made by each of the centre/s.

Introduction

- SeaMoor Children's Centre is a stand-alone centre however it is a part of the South Hams Cluster. This was put into place as part of the restructure through Action for Children we are clustered with KACC, DACC and TACC we have a separate staff team to deliver services however share some cluster posts (BSO 3, Lead Practitioner, Children's Services Manager and Advisory Board).

- SeaMoor Children's Centre aims to improve outcomes for all children under 5 in its reach area with particular focus on those families with the greatest need for support. The dedicated team have worked hard to build relationships with families, partners and the community.

- SeaMoor Sure Start Children's Centre is a phase 3 setting which opened its doors to the public in September 2009 after an extensive road-show consultation in the summer. Together for Children first designation happened in November 2009 and the assessor was impressed by how much has been achieved within a short time. This was due to effective recruit of a team with a good skill mix and considerable experiences in Children's Centre work and there was already an established steering group in the area which was supportive of the development of Children's Centre services.

- The centre was initially run by Barnardos and then Action for Children were successful in securing the tender bid to run the centre in April 2011 and are the current providers for 5 years and this term is due to end March 16. We are re-entering the new tender phase and should have a preferred provider identified by the end of 2015. The team has been through restructuring changes which has made an impact for staff at all levels. **(See staffing structure)**

- The centre currently has a main office in Ivybridge, and a small delivery space from which services are delivered e.g. antenatal clinics, young parents group and coffee and cuddles group. This building is being closed from March 31st 2016 as part of the Children Centre changes. There is a part time delivery space for 2 days per week in South Brent which is situated on the primary school site. We use community venues within the villages to deliver specific sessions. A new delivery model is being utilised to deliver universal outreach services across the reach area. We are using the Learning through Play model supporting existing provision with activities which are aimed at supporting the home learning environment. This will aim to strengthen community links in existing provisions and increase registrations and reach within the area.

Area Profile

• There has been significant population growth since 1991 in the area with Ivybridge Parish growing by nearly 30%. Growth in the area as a whole is above the district rate but below that for the county.

• The Market Town area includes 19 parishes: Aveton Gifford, Bickleigh, Bigbury, Brixton, Cornwood, Ermington, Harford, Holbeton, Ivybridge, Kingston, Modbury, Newton and Noss, North Huish, Ringmore, Shaugh Prior, Sparkwell, Ugborough, Wembury and Yealmpton. However, Aveton Gifford, Bickleigh and North Huish are not part of our reach. Instead, South Brent has been added to our service area. Geographically the SeaMoor Children's Centre reach area is from Bigbury-on-Sea down south to Wembury and Shaugh Prior up north on the Dartmoor boarder – hence the name SeaMoor. Over half of the children under 5 and their families live outside of Ivybridge town in rural communities. The average reach of a rural Children's Centres in England is 769 (Commission for Rural Communities, November 2010) and in our case we have the additional Ivybridge town families which doubles the reach. The area is described as affluent with pockets of deprivation and has a higher than average proportion compared to the rest of Devon of people living in rural areas far from urbanisation leading to the possibility of social isolation. All of the rural parishes have between 20-50% of this group of people in their area (Ivybridge Mosaic 2010).The population of Ivybridge is over 36,000 and the largest age range is 45-64. Ivybridge has seen an increase of 1% in its population (Census 2011)

• Median earnings in the South Hams is £17,000 and the employment rate is 79% meaning a large majority of families are employed (South Hams and West Devon profile of local area June 2013) however the rate in Ivybridge is 56% meaning the majority of families are employed (census 2011). Typical employment consists of Health and Social work, Education and wholesale and retail trade and there is a high level of professionals/managerial occupations (Census 2011).

• Public transport is expensive and sporadic in the area therefore making employment difficult to maintain unless the families have access to their own transport. There is a very large majority of car ownership in the area and only 9% of Households do not have at least one car in Ivybridge and 10% in South Brent these have both reduced slightly since 2001 (Census 2011).

• SeaMoor is part of the Ivybridge learning community which consists of 1 community college, 14 primary schools and 23 early years' settings. We have 6 GP surgeries.

Reach

• The Children's Centre serves the learning community of Ivybridge and South Brent with 1543 children under 5 this is a decrease of 34 children on the 2014-15 figures however this Children's Centre is one of the bigger reach areas in Devon. Our registration figures show a large majority of families are registered 78 % (Aug 15) 39% of these registered families had been seen by the centre in 2014-15. However through the implementation of a reach action plan this has increased to 43% in Aug 2015 and 46% 02 Sept 2015 711 children reached.

Level of offer

• The Children's Centre does not have childcare provision. It offers services to families at universal, targeted and outreach/1-2-1 levels. Services provided are as follows **(See timetable marketing file):**

Universal

• **Ante-natal clinics and-Post Natal clinics**- up to 4 sessions weekly for up to 12 hours per week. The centre currently organises the booking system, registrations and telephone enquiries.
• **Baby clinics/chatterbox sessions-** weekly sessions for up to 6 hours per week in Ivybridge Health Centre, Yealmpton Health Centre, Modbury Health Centre and South Brent the Den. The centre signs parents in and registers the families.
• **Parents to be -** course of 4 weekly 2 hour sessions total of 8 hours per course, the centre currently organises the booking in system.
• **NCT Ante Natal classes**- sessions held when required each session is for 2 ½ hours
• **Stay and play/messy play sessions**- South Brent session is 1 ½ hours 0-18 months group 1 ½ hours our other stay and play sessions have gradually been reduced from April 2014 to introduce the

new outreach model from September 14 using learning through play delivered via existing groups in the reach area.

- **Coffee and cuddles group 0-6months** - 7 week rolling programme 1 hour a week
- **Book-start/Bounce and Rhyme sessions-** 45 minutes per week in conjunction with the library
- **Bosom buddies-** breastfeeding peer support. This group is parent led and runs weekly for 1 hour
- **Family learning courses-** length and venue varies
- **Parent support sessions-** offered weekly transferring to the library from September 2015. Offering parenting support. 2 hours per week

Targeted

- **Step by Step Group-** bi-weekly session for 1 ½ hours during term time in conjunction with Portage held at the donkeys
- **Let's Talk More group**-course of 5 weeks for 1 hour sessions
- **Webster Stratton Incredible Years/Solihull Parenting course**- course of 12 weeks weekly 2 hour session total of 24 hours per course 2x per year
- **Healthy Start Vitamins**- available at the centre and during outreach sessions
- **Dads Group-** monthly for 1 ½ hours
- **Young parents group**- 1 ½ hours per week
- **Freedom programme**- to support parents who have been subject to domestic abuse
- **Counselling-** 2 x weekly sessions for 1x4 hours total of 8 hours in Ivybridge and South Brent

Outreach 1-2-1 support (Family Support)

- Case load receiving 1-2-1 support is offered to more than 1% of the reach
- These families will be referred into the FS service by self-referral, children's centre staff and other agencies. They receive needs led tailored support.

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.

Accountability

Accountable body:

The centre is accountable for service delivery to Devon County Council who offer clear guidance, governance and support. Devon issue targets each year which form part of the Centres service plan. DCC monitor these targets through annual reviews to establish achievements and challenges last review July 15. DCC arrange regular meetings for Centre Leads and these forums are divided to focus on multi-agency working, good practice and to keep us informed of national and local directives and policies. The centre has a good working relationship with the LA's Children's Centre Advisor who sits on the Advisory Board, updates the tracker and the safeguarding audits. She provides support and challenge when needed.

Responsible Body:

The responsible body is Action for Children who provide HR, H&S, finance and training support. They have a structure of support ensuring that the CSM meets his peers and is supported by the area director.
The CSM facilitates regular cluster meetings for the Centre Leads to discuss local achievements, share good practice and challenges. The CL and service co-ordinator meet regularly with the team to explore local delivery, share good practice/practice improvement and look at specific service delivery

challenges. Lead Practitioner support practice improvement for 1-2-1 home visiting service through supervision and training.

Advisory Board:

Advisory Board monitor the provision of services and finances and are there to provide support and challenge. The board amalgamated with KACC, DACC and TACC to form the South Hams Cluster Advisory Board. The board membership has good representation across agencies e.g. Health Visiting, Midwifery, Learn Devon. Parent representatives are invited to attend the meetings to offer parental feedback regarding services. A community representative is the elected chair. DCC have produced clear terms of reference for the Advisory Board outlining membership, roles, responsibilities and core purpose. Separate project reports are shared and discussed at this meeting and the reporting system has been reviewed and developed to offer opportunities for discussion, challenge and celebration.

Leadership

Context:

- Our Leadership team consists of Dani de Beaumont CSM for the South Hams Children Centres, Karen Pearce Centre Lead for SeaMoor/ Lead Practitioner for the South Hams , Michelle Dobb BSO3 for the South Hams and Sarah Roberts FSW4 (service co-ordinator).
- They are committed to leading learning within the centre and improving outcomes for families.
- Although the centre has experienced the loss of a management level in the AFC restructure the management has remained stable. Dani de Beaumont became CSM for the cluster from Centre Lead for SeaMoor and Karen Pearce became Centre Lead from Centre Deputy and has since become Lead Practitioner for the South Hams Cluster, Michelle Dobb became BSO3 for the cluster from BSO2 at SeaMoor and Sarah Roberts has become FSW4 from FSW3.

Strategic lead:

CSM has completed NPQICL (2008), he acts as the strategic lead for all 4 South Hams Children centres. He offers monthly supervision to Centre Lead and cluster BSO 3.

Centre Team/day to day management

- CL has completed NPQICL (2012) BSO 3 and FSW4 have completed ILM (2013).
- CL is also the Lead Practitioner across the cluster appointed to drive practice improvement.
- The CL is responsible for the day to day management of the centre where there is clear structure and lines of responsibility.
- Policies and procedures are available on the "Loop" (AfC intranet) for the team and some of the key policies are available in a paper format for staff to read. They are asked to sign when they have read the policies.
- Development and review of staff performance and services are a key part of the centre. This is supported by service reviews, air and shares, supervisions and APR's.
- We have introduced a timetable of monthly full team meetings and monthly team updates ensuring that the team meet regularly to discuss provision, developments and partnerships.

Structure

- CSM meets monthly with AFC at CSOP meeting
- CSM and CL meet with other CL's monthly as a cluster to discuss cluster needs
- CL and FSW meet monthly to discuss local needs
- CL meets with BSO3 as and when required
- BSO 3 leads on BSO meeting
- FSW4 leads on FSW2 meetings termly
- Each member of staff receives regular supervision where service provision and performance is discussed
- LP provides level 3/4 case supervision bi-monthly in other centres

Strategic partners

- Key partners attend the Advisory Board
- Key professionals meet monthly with the FSW 4 to discuss cases, referrals and developments in the family liaison meetings
- Key partners deliver services in the centre including, Midwifery, NCT, health visitors and counselling. The health team has been involved in the co-facilitation of our parenting programmes
- CSM meets regularly with strategic team leads and the CL meets with child-minders, Midwifery and the Health visitors through their allocation meetings
- Practitioner network meetings are offered through DCC to support joint working and networking
- CL meets with Learn Devon coordinator to plan courses for the centre
- Close links with agencies including JCP, Police, and YOT are being forged through the Early Help forums

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 area consists of towns, villages and hamlets. This means working within urban, semi-rural and rural localities. For more in-depth details please refer to section B1.

Levels of deprivation

The Ivybridge area varies greatly in economic background which makes the gaps in the area the centre covers wide and unpredictable. We rely on up to date data, partner agencies and local knowledge to identify areas of need**.** Although the area is identified as being affluent local knowledge tells us there are pockets of deprivation.

Although 12.11% of children in Ivybridge live in poverty which is a very small minority the families that access the centres services have financial /budgeting needs as the centre apply for grants for families to improve their home environments.

- 16.5% (decrease of 0.6 %) of children living in lone parent families which is below the Devon average of 26% (CC profile 2012) which is very small minority.
- 10.2% (decrease of 1.3%) of children living in workless households which is below the Devon average of 16% (CC profile 2013) which is very small minority.
- 12.11% of children in Ivybridge live in poverty this is a reduction from 12.76% (2011) which is a very small minority.
- 15.7 % (increase of 1.1%) of families eligible for child care element of working tax credit and this is above the Devon and England average (CC profile 2012-13)
- 10.36% of children are eligible for free school meals which is a very small minority.
- 10.2% (decrease of 0.4%) of children are eligible for school meals which is below the English and Devon averages (CC profile 2014) which is a very small minority.
- 0.6% (decrease of 3.6%) of child with a statement (CC profile 2014) which is a very small minority.

(Ivybridge update 2013) Most deprived areas (note these figures do not include South Brent which is one of our target LSOA's but comes under Totnes):

Overall Cornwood and Sparkwell
Income Deprivation Cornwood and Sparkwell
Employment Deprivation Wembury and Brixton
Health Deprivation and Disability Cornwood and Sparkwell
Education, Skills and Training Deprivation Cornwood and Sparkwell
Barriers to Housing and Services Charterlands
Living Environment Deprivation Erme Valley
Crime Ivybridge Central

Least deprived areas:

Overall Ivybridge Woodlands
Income Deprivation Bickleigh and Shaugh
Employment Deprivation Bickleigh and Shaugh
Health Deprivation and Disability Avon and Harbourne
Education, Skills and Training Deprivation Wembury and Brixton
Barriers to Housing and Services Wembury and Brixton
Living Environment Deprivation Ivybridge Filham
Crime Bickleigh and Shaugh

This is why we are providing concentrated services in Ivybridge and South Brent and outreach services to via learning through play through existing groups to offer support in the way of activities and information for parents to support the home learning environment. Outreach services will remain in Ivybridge and South Brent as they have highest density of population in the reach and have been identified as having locally identified needs and are our chosen target LSOA's.

Housing

• There are a high % of owner households in the Ivybridge area 77% which is a large majority. Council and social rented comprises 8% which is a very small minority but is up 1%. Private renting has increased in the area by 4 % (Census 2011). Small housing developments are currently under way in Brixton and Wembury which include a small amount of social housing. The Sherford development is about to start.

- There is usually a waiting list for housing in the area and many families are bidding on properties through the Devon choice website.

Dispersed/physically isolated communities

The area is described as affluent with pockets of deprivation and has a higher than average proportion of rural living compared to the rest of Devon far from urbanisation leading to the possibility of social isolation. All of the rural parishes have between 20-50% of this group of people in their area (Ivybridge Mosaic 2010). Therefore over ½ of the children in our reach area live in rural parishes and potentially the majority of children up to 50% of them could be socially isolated. This means that potentially approx. 400 children could be living with social isolation. Asking about the impact of our services in our air and share consultations “feeling less isolated” is one of the highest scores from parents who attend our activities. This shows the need for outreach provision into the rural communities and why we offer services across the reach area.

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.

Workless households

Information from JCP (Work age Claimants 2012) shows our highest areas of working age claimants by super output areas the highest needs are:

• E01020177 South Brent - has a high rate of workless households, ESA and lone parents
• E01020149 Cornwod Sparkwell- has a high rate of lone parents and workless households and have been identified as being the most employment deprived
• E01020161 Ivybridge Central- has a high rate of workless households, ESA and lone parents and has been identified as being the most income deprived
• Number of children aged 0-15 living in workless households is the highest in South Brent (177) at 70 and Ivybridge Central at 80. We have 22 families registered in Ivybridge Central and 9 in South Brent (177) classified as a workless household.

The priority areas for delivery based on these figures would be South Brent and Ivybridge Central. Our main delivery spaces are based in Ivybridge and South Brent. Outreach services have been delivered in Cornwood and Lee Mill were the level of deprivation is higher within the Cornwood Sparkwell LSOA. Universal outreach sessions using Learning through Play will be delivered through existing groups across the reach area from September 2015.

We receive regular updates from JCP re JSA counts and the number of claimants is dropping. We do not have separate figures for our area as we come under Plymouth for Ivybridge reach families and Totnes for South Brent families.

Lone parents

• 16.5% (decrease of 0.6 %) of children living in lone parent families which is below the Devon average of 26% (CC profile 2012) and is very small minority.

Teenage Parents

• 2.1% (decrease of 1.7%) of births are to teenage mothers which is below the Devon and English average (2013-14) and is a very small minority.
• Teenage parents are invited to our young parents group in Ivybridge. We work closely with the young parents supported housing placement in Ivybridge to ensure that the mum's are aware of the services offered at the Centre. We also work closely with the midwifery service to ensure the teenage parents are identified and referred to the service ASAP.

Children with a disability

•7.59% of children have additional needs which is below the Devon average of 13.13% (2012) and is a very small minority.
We feel we have a good level of engagement with children with disabilities in our targeted groups and with 1-2-1 support.
• The rate of children with SLC needs per 1000 is 4.42 which is below the Devon average of 6.95. We have seen a reduction in the availability of SAL therapy in the Ivybridge area to support parents and children. We are delivering a Let's Talk More group for children identified with speech and language delay. In these sessions we offer parents strategies to try at home with their children to support their development. The children are being tracked using, lets' talk more assessment, starting points and transition documents for preschool. We are due to start another course in September.

Disabled parents

• From a potential of 90 (CC Profile 2014) we have registered 73.33% (66) and of these we have reached 71.21% (47). This includes parents with mental health conditions, Crohns disease and epilepsy. We have a good level of engagement with parents with disabilities through all of our services.

- There is also a high level of mental health needs from low mood to more complex diagnosed conditions. We offer a counselling service in 2 areas of the reach to support parents that are suffering with low mood, relationship difficulties and historic issues. In 2014-15 24 parents were supported through the counselling service. The parents were seen a total of 100 times which equates to average of 4 sessions per parent. The evaluation of this service shows that it better enables parents to cope with the challenges of parenthood.

Children in Black and Ethnic Minority Groups

- The overwhelming majority of population consists of a White ethnic background 98.5% in Ivybridge and 98.62% in South Brent of British Origin 96.42% are in Ivybridge and 95.89 % in South Brent (Census 2011). 98.8% (increase of 0.4%) of children have English as their first language which is well above the English average and slightly above the Devon average. (CC profile 2013) and is a very small minority.

- 7.8% (increase of 0.7%) of children at foundation stage are BME. This is below English average and slightly above Devon average (CC profile 2013) and is a very small minority.
- 98.6% have English as their first language (Children's Centre profile 2014). The largest group being White other at 14 which have a mixture of second languages including French, Dutch and Spanish. Registered (Aug 14) 1199 out of these 832 were registered as White British, 276 were unknown and 59 were not yet obtained. This is a total of 97.33% of White British/ white other /unknown. We have a growing population of ethnic groups therefore racial diversity is becoming more apparent. However overall still small numbers with the biggest groups being white Asian 7 and white other 14.

Fathers

• We run a dad's group y for male carers and we have a high level of working dad's in the area and therefore the group runs on a Saturday once a month
• We have 817 fathers registered with the centre and 13 dads attended our Dad's group (2014-15). We had contact with a total of 124 dad's across all of our groups.

Safeguarding

• The profile for the centre area shows we have 2.5 of children per 1,000 under 5's on a child protection plan. **In Q1 2015-16 we were working with 17 children at level 3 and 4 (CP and CIN). We received 14 MASH enquiries in 2014-2015.** Referrals made to MASH are recorded on MASH forms and for cases that are already open a CP1 will be used. **7 MASH enquiries and 2 CP's were submitted in 2014-2015.** **(See family support data-safeguarding record)**

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.

SeaMoor is a phase 3 Children's Centre starting in 2009. Since this time the centre has undergone several changes as a result of DCC tendering in 2011 the centre moved from Barnardos to Action for Children as the responsible body. This has resulted in a re-structure and clustering of the South Hams Children's Centres. It has meant that the skills and training of some team members is now utilised across the cluster. It has involved staff being re-trained and introduced to new systems and policies and procedures. The team have worked hard to ensure that these changes have not impacted on the delivery of services to families. The centre is entering the next tendering phase for delivery from 2016 and the Town Hall delivery space used by the Children Centre is due to close March 31st 2016. Totnes will be the main site and South Brent will remain as a link site for the Ivybridge area.