

# Inspection report for Chiswick Children's Centre

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Local authority	London Borough of Hounslow
Inspection number	362456
Inspection dates	29–30 September 2010
Reporting inspector	Sheila Nolan

Centre governance	Local Authority
Centre leader	Cathy Driscoll
Date of previous inspection	Not previously inspected
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Linked school if applicable	The William Hogarth Primary School
Linked early years and childcare, if applicable	The William Hogarth Nursery

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## Introduction

The inspection addresses the centre's contribution to:

- facilitating access to early childhood services by parents, prospective parents and young children
- maximising the benefit of those services to parents, prospective parents and young children
- improving the well-being of young children.

The report is made to the local authority and a copy is sent to the children's centre. The local authority may send the report to such persons it considers appropriate and must arrange for an action plan to be produced in relation to the findings in this report.

An inspection of the maintained nursery was carried out at the same time as the inspection of the centre under Section 5 of the Education Act 2005. The report of this inspection is available on our website [www.ofsted.gov.uk](http://www.ofsted.gov.uk).

This inspection was carried out by one additional inspector and one Early Years inspector.

The inspectors held meetings with the centre leader, the centre manager, a local authority officer, health professionals and front-line staff. They met parents and carers, observed the centre's work and looked at a range of relevant documentation.

## Inspection judgements

**Grades: 1 is outstanding, 2 is good, 3 is satisfactory, and 4 is inadequate**

## Information about the centre

Chiswick Children's Centre is located in an urban area in West London. The reach area includes a further two primary schools. The centre operates on two sites so that there is ready access for targeted families and their children. The locality in which the centre works is very diverse culturally and economically and includes pockets of deprivation in what is a generally affluent area. There is high mobility among the reach population with some families originating from Eastern Europe, Afghanistan and Somalia. Some have below-average incomes. Often, children have little exposure to English outside of the centre.

The centre provides a range of services including education and play programmes for children, particularly those from minority ethnic groups, childminder support groups, a lunch club for the children from the partner school's nursery, family, lone and teenage parent and carer support and community-based health services. There are over a thousand targeted children under five years of age within the reach area. The centre also aims to provide for children with physical disabilities or for those whose parents have physical disabilities, but the need and take-up is small.

Chiswick Children's Centre is directly managed by the local authority as are all children's centres in Hounslow. It was designated as a phase 2 children's centre in March 2007 but the recruitment of staff did not take place until late in 2008. The centre finally opened in January 2009. There has been considerable turbulence in staffing and a part-time interim manager, who also manages a neighbouring Children's Centre, took over the running in October 2009. This arrangement continues to hold. The centre is not yet fully staffed and, thus, has only recently begun to provide a full outreach and home visiting service.

## Overall effectiveness

**The effectiveness of the children’s centre in meeting the needs of and improving outcomes for users and the wider community**

**3**

## Capacity for sustained improvement

**The centre’s capacity for sustained improvement, including the quality of its leadership and management**

**3**

## Main findings

The really important thing about the Chiswick Children’s Centre is that following a very slow start and much staffing turbulence, it is now improving steadily and its effectiveness is now satisfactory. Participation rates are still low but the interim centre manager recognises the importance of reidentifying the target groups. Plans are in hand for robust steps to extend outreach activities and to use a wide variety of means to contact individuals and groups. The centre’s leader and manager are aware of issues facing the communities within the reach area and know that previously too little has been done to advertise what they do so well; the centre provides affordable opportunities that match the plentiful private provision in the area well.

Much of what the centre does is of good quality. The centre can point to individual success stories for children and families, but there is little recorded hard evidence to demonstrate the full impact of the centre’s work. There is only very limited information on the impact of centre provision, for example, on the outcomes at the end of the Reception year for children who transfer to the host school nursery. Evidence gathering is a clearly understood priority for senior managers. Key partners, including the host school’s Early Years Foundation Stage provision, are regularly encouraged to help identify centre users’ priorities. However, there is still a way to go to ensure that all aspects of the centre’s provision are integrated into a comprehensive package of early childhood services. Staffing at the centre is not complete and links with the host school nursery staff have not yet been fully explored to compensate, so that training for session leaders in planning, assessing and recording children’s progress can get underway. However, some real positive outcomes have been initiated from the centre, such as the breastfeeding support clinic which has had a 70% success rate for babies up to six weeks old within the targeted groups.

Parents and carers in discussion and in their surveys are extremely happy with their experiences of the centre. They feel things have moved on significantly over the course of this year. ‘I always tell friends about the centre’, said one, echoing the views of the others, ‘because I am confident they will like it.’ These common views expressed by an ethnically mixed group of parents and carers support the judgement that not only are all comers welcome but that the centre has a satisfactory capacity

to improve further, particularly when staff appointments are complete. The reflective and determined approach of the interim centre manager and the willingness to assess accurately the centre's provision underpins improvements over the year. Safeguarding procedures are very secure and signposting to other services as needed is good.

## What does the centre need to do to improve further?

### Recommendations for further improvement

- Increase participation rates among the reach area population by publicising the centre's programmes more effectively and by making fuller use of the outreach provision to target previously unidentified target groups.
- Develop systems for recording the progress made in sessions so that data collected can demonstrate clearly the impact of the centre's work.
- Establish closer links with the host school's Early Years Foundation Stage provision, particularly with regard to training for providers and the assessment and recording of learning.
- Ensure that all aspects of the provision, including health and social care, are integrated into a comprehensive package of early childhood services

## How good are outcomes for users?

<b>3</b>
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Parents and carers who use the centre are appreciative of the opportunities it offers. 'It has the best resources in the area', commented a parent with a new baby. The disparate reach area and the slow start-up have made it difficult to demonstrate high levels of impact. Thus, outcomes for the children and families are satisfactory. Currently, the centre and its partners hold limited statistical evidence to show the success of its work. Nevertheless, individual case studies point to the centre's success in supporting isolated and lone parents and carers in providing for their children. Teenage and single mothers have appreciated the help from health visitors in sustaining breastfeeding. Although the rate of teenage conceptions is low within the reach area population, rehoused single mothers from other areas benefit significantly from this service. Helpful links with the local health clinic are providing access for the newly appointed outreach worker to make contact with vulnerable parents and carers at the regular baby clinic.

A range of activities such as the lunch club for targeted William Hogarth Nursery children and the 'little chef' sessions have helped parents to introduce healthier options into their children's diet. Children, too, have a growing awareness of the best choices to make through, for example, their 'fruit plates'. Few children are obese and where there is a concern, parents are confident in asking informally for dietary guidance.

Parents, carers and children feel very safe in coming to the centre. New arrivals to the country and area are especially positive about the work of the centre in signposting other services such as work opportunities, English language acquisition classes, and speech and communication expertise where intervention appears necessary. Users say they feel less isolated as a result of coming to the centre. Secure procedures and records ensure that staff and key partners identify rapidly children who may be at risk or who may have learning difficulties. However, there is further work to be done in tracking accurately children's progress in sessions and the centre intends to appoint a qualified teacher to help in the assessment of individual children's learning needs. No children at present known to the centre fall within the Common Assessment Framework processes. The 'stay and play' sessions, attended by parents and carers with their charges, have increased awareness of how children learn through play. Several parents commented on the valuable advice they received when asking for guidance on how to stimulate the children through play. They are influenced strongly by how much the children enjoy their activities and make good progress in social, motor and language skills.

Some users have responded to the support from the centre by setting up special interest groups. There is a Spanish-speaking 'stay and play', for example, and a 'mini multiples' session for those parents who have experienced multiple births. Outcomes from other centre activities, however, are more limited, such as that from the slots for childminders. This is mainly due to erratic attendance, which the centre is striving to address. Likewise, the centre has not been up and running long enough to enable it to show the impact of its work on children's outcomes when they leave the Early Years Foundation Stage at the host school. There are some positive indicators, however, in that those children who continue from the centre to the William Hogarth Nursery are more confident when they start than might be expected and are particularly happy to see familiar adult faces at the centre lunch club for the nursery.

**These are the grades for the outcomes for users**

<b>The extent to which children, including those from vulnerable groups, are physically, mentally and emotionally healthy and families have healthy lifestyles</b>	<b>3</b>
<b>The extent to which children are safe and protected, their welfare concerns are identified and appropriate steps taken to address them</b>	<b>3</b>
<b>The extent to which all users enjoy and achieve educationally and in their personal and social development</b>	<b>3</b>
<b>The extent to which children engage in positive behaviour and develop positive relationships and users contribute to decision-making and governance of the centre</b>	<b>3</b>
<b>The extent to which children are developing skills for the future and parents are developing economic stability and independence including access to training</b>	<b>3</b>

**How good is the provision?**

**3**

There are some real strengths in the centre’s provision for the users, but overall it is satisfactory. Many of the activities for children lead to secure assessments of their needs. Foremost among these are the assessments of speech and language needs and health issues which are quickly referred to the health visitor. Parents and carers genuinely appreciate the informal atmosphere that makes them at ease in asking for advice. Nevertheless, there are few recorded assessments of learning, so that progress over time for the children is sometimes unclear in the documentation. The centre is seeking to rectify this aspect of its work with the help of a fully qualified teacher. Anecdotal evidence from users present during the inspection as well as the centre’s case studies indicates that the very inclusive ethos has optimised the progress of a child with complex needs as well as that of boys. Transition arrangements for helping the children who go on to attend the partner nursery are effective so that children settle quickly and happily.

Although the centre carefully tracks attendance at sessions on both sites and adjusts its timetable to better serve the convenience of users, attendance is often erratic. Participation rates are lower than they should be and the centre is working hard not only to target groups but also advertise its services to the wider population within the reach area. The centre has identified that data on the reach area no longer truly reflect the community and is currently trialling new methods of identifying target families. This work has been hindered in the past by the lack of an outreach family support worker.

The centre regularly surveys users to gather information on the relevance of the services as well as to evaluate its success in meeting their needs and to tailor further provision effectively. Summary data from parent and carer surveys from the last year indicate that users note an accelerated rate of development in many aspects such as children’s social and motor skills. From regular attendees there are high levels of satisfaction on how much they and the children enjoy sessions such as musical steps and world crafts. ‘We love coming and my child can interact and learn English’, commented one parent.

Secure links with health professionals ensure that vulnerable groups such as teenage and lone isolated parents do not miss out on essential services. The baby clinic run at the local health centre is well attended and very positively evaluated by users. It is also supported by the family support outreach worker, who uses it increasingly effectively to contact parents and carers and make them aware of the centre’s provision. For the few users seeking employment, the centre has useful links with the Jobcentre Plus and also helps individuals well in putting together job applications.

### **These are the grades for the quality of provision**

<b>The effectiveness of the assessment of the needs of children, parents and other users</b>	<b>3</b>
<b>The extent to which the centre promotes purposeful learning, development and enjoyment for all users</b>	<b>3</b>



<b>The extent to which the range of services, activities and opportunities meet the needs of users and the wider community</b>	<b>3</b>
<b>The quality of care, guidance and support offered to users within the centre and the wider community</b>	<b>3</b>

### **How effective are the leadership and management?**

<b>3</b>
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The day-to-day management of the centre’s activities is smooth. The interim manager has accomplished much in less than a year and progress in developing the centre has accelerated recently. The alternative means of identifying the target groups within the reach area has resulted in the number of children under five registered increasing by 80 percentage points.

Overall, leadership and management of the children’s centre are satisfactory. However, lines of accountability for the centre’s work are sometimes blurred between the centre leader from the host school and the interim manager. Formal quality assurance procedures for some staff have yet to be implemented. Additionally, the centre is not fully staffed. Thus, despite the centre manager’s accurate evaluation of the centre’s work, its capacity to improve is currently satisfactory. The restructuring of the advisory board is helping to clarify roles and responsibilities and to aid future planning. Policies and procedures are clearly understood by the centre and partner staff.

At present the centre operates on two sites, the result of historical circumstances. The host school site is very pleasant and well kept and its resources are good. The centre does its best to ensure the additional site is up to the mark, but the age of the facilities makes it challenging to maintain well. Nevertheless, it is well liked by users. The centre is increasingly encouraging key partner agencies to help in identifying priorities for the centre’s users. These efforts have yet to bear fruit in ensuring that all aspects of the centre’s provision, including health and social care, are integrated into a comprehensive package of early childhood services.

Chiswick Children’s Centre actively promotes the inclusion of all users. In seeking to clarify the target groups, the centre manager has gained valuable insights into the local area needs and has identified that some sectors of the reach population are unaware of the centre’s provision. Well-considered measures are underway to increase the participation rates from all groups within the local community.

All staff have undertaken relevant training in safeguarding users and all regulations are securely met. Some procedures, however, remain untested as there have been few incidents within the user groups that required their implementation. Health and safety checks are systematically logged and staff recruitment and vetting checks are securely in place. Staff fully understand their child protection training and are alert to risks and concerns. The centre provides satisfactory value for money given the rapid progress made in the past year under the guidance of the interim manager.

**These are the grades for leadership and management**

<b>The extent to which governance, accountability, professional supervision and day to day management arrangements are clear and understood</b>	<b>3</b>
<b>The extent to which ambitious targets drive improvement, provision is integrated and there are high expectations for users and the wider community</b>	<b>3</b>
<b>The extent to which resources are used and managed efficiently and effectively to meet the needs of users and the wider community</b>	<b>3</b>
<b>The extent to which equality is promoted and diversity celebrated, illegal or unlawful discrimination is tackled and the centre fulfils its statutory duties</b>	<b>3</b>
<b>The effectiveness of the centre's policy, procedures and work with key agencies in safeguarding children and, where applicable, vulnerable adults</b>	<b>2</b>
<b>The extent to which evaluation is used to shape and improve services and activities</b>	<b>3</b>
<b>The extent to which partnerships with other agencies ensure the integrated delivery of the range of services the centre has been commissioned to provide</b>	<b>3</b>
<b>The extent to which the centre supports and encourages the wider community to engage with services and uses their views to develop the range of provision</b>	<b>3</b>

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## Summary for centre users

Dear Centre Users

We inspected the Chiswick Children's Centre on 29 and 30 November 2010. We judged the centre as satisfactory overall.

Your centre is improving steadily under the careful guidance of the centre manager, whom you all recognise as having done so much to make things better for you and your children. You get good guidance as you need it on a whole range of things from breastfeeding and health care to providing helpful play activities for your families. You also said how much you value the support of other adults during the 'play and stay' sessions.

Chiswick Children's Centre is a very safe place to bring your charges. There are really good facilities on both sites with quality playthings and educational toys. The summer programme appears to have been particularly exciting. We know that you value the many and varied weekday sessions. However, we have asked the centre staff to work on systems for assessing and recording children's progress. We have also asked them to make sure that there is solid information on the impact of the work on the outcomes for both adults and children.

It is fortunate that there is a nursery adjacent to your centre. Other than the lunch club, links have been few. We have asked the host school to make teacher time available to the centre to help with training in planning and assessment for session leaders. There are good links, however, with some aspects of health services. Breastfeeding programmes are highly successful. Both formal and informal guidance from the midwifery services are also very supportive. Your centre is working hard to ensure that all aspects of its work are integrated into a coherent package of early childhood services.

Above all, your centre needs you as regular users to help advertise its services so that more of the community can benefit from the centre's efforts. We also hope that more of you, following the example of a couple of parents, will feel able to volunteer your services either to run sessions or to help in the new advisory group which is being set up.

Thank you to those of you who spared the time from your busy schedules to speak to us.

We hope you continue to make the best use of this affordable and valuable provision

The full report is available from your centre or on our website [www.ofsted.gov.uk](http://www.ofsted.gov.uk).