

# Inspection report for Billinge Children's Centre

Local authority	St. Helens
Inspection number	366726
Inspection dates	16-17 Feb
Reporting inspector	Gillian Bishop HMI

Centre governance	St Helens Council
Centre leader	Lorraine Flynn
Date of previous inspection	Not previously inspected
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Linked school if applicable	Chapel End Primary School
Linked early years and childcare, if applicable	Not applicable

The inspection of this Sure Start Children's Centre was carried out under Part 3A of the Childcare Act 2006 as inserted by section 199 of the Apprenticeships, Skills, Children and Learning Act 2009.

## 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.

This inspection was carried out by one of Her Majesty's Inspectors and an early years inspector.

The inspectors held meetings with local authority representatives, centre leadership and management, partnership representatives, parents, carers and staff. They observed the centre's work, and looked at a range of relevant documentation.

## Information about the centre

Billinge Children's Centre is located in the grounds of Chapel End Primary School in a semi-rural village in St Helens, close to the Wigan boundary. The centre is within the 70% of most deprived wards in the country. The reach population is relatively small with 240 children aged under four years. A high percentage of local families comprise working parents and carers. Centre data indicates that 2.6% of parents and carers in Billinge are unemployed. A high percentage of grandparents living in the area look after their grandchildren, although some of these children do not live in the reach area. Centre policy dictates that local families have priority access to services.

The majority of local families are of White British heritage; a very small minority are of ethnic minority or dual heritages. The proportion of children attending schools in the area that are known to be eligible for free school meals and those with special educational needs and/or disabilities is below the national average. Most children enter schools with skills and knowledge that are expected for their age.

Billinge Children's Centre is a phase two children's centre designated in 2008 and delivers the appropriate core offer. The centre coordinates its services with Rainford Children's Centre, another phase two centre and Moss Bank Children's Centre, which is the phase one centre. The centre coordinator manages both phase two centres and is line managed by the phase one manager. The centre coordinator and two

clerical staff are based at the centre. Governance arrangements are through an advisory board and the local authority.

## Inspection judgements

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

### Overall effectiveness

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

4

### Capacity for sustained improvement

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

4

## Main findings

Despite some positive features, the overall effectiveness of the children’s centre is inadequate. The centre lacks strong governance and accountability arrangements. Self-evaluation is poor: strategic targets are not used to inform the improvement process and the business plan is not based on a firm analysis of the needs of the local population. Furthermore, systems to monitor and evaluate services are still very much in their infancy. Relevant information is not provided and analysed systematically to inform centre performance and outcomes for families. Weak leadership at a centre level and the lack of rigour within the local authority performance management arrangements have prevented the centre making sufficient progress since its designation. As a result, the centre’s capacity to improve is also inadequate.

Outcomes for children, families and centre users are satisfactory overall. However, it is difficult to determine the level of steady and persistent improvement over time due to the lack of refined local data relating to health and education. As a consequence, the impact of the centre’s work is not effectively measured. The Primary Care Trust does not provide timely local health-related data to aid the centre’s early intervention and service planning. As a result, leaders are inhibited in their ability to reduce health inequalities in their reach area.

Family support interventions are a strength of the centre. Well-planned and targeted support has resulted in families becoming more independent. Centre users are protected by safeguarding procedures which adequately meet statutory requirements. Centre staff work in collaboration with some key partners to identify and support families in crisis or at risk, through effective use of children in need plans and the Common Assessment Framework.

In the main, parents, carers and children enjoy the play and learning activities

provided for them. Parents and carers learn effective strategies to support their children's creativity, literacy and numeracy skills through focused family learning. Children with learning difficulties and/or disabilities are fully included through adapted provision and resources. However, the quality of provision varies due to limited guidance for volunteers and a lack of consistent planning for children's learning and development. Benefit and career advice is provided by Starting Point. Jobcentre Plus no longer provides on-site services and the impact of their earlier work is unknown because this information has not been requested.

Equality of opportunity and tackling discrimination are promoted adequately. Services and provision have been adapted to cater for a large number of grandparent carers in the community, teenage parents, children with disabilities and male carers who attend a variety of groups and activities. However, the centre does not have a clear profile of its community or its needs. The centre is not visible in the community, and the lack of space combined with limited on-site services and staffing severely impedes users' initial and ongoing engagement.

Users contribute to the design and delivery of services through an active volunteer programme, requests for particular services and some engagement on the advisory board. However, users have too few opportunities to contribute at a strategic level and with the lack of key partners to drive it; the advisory board remains ill-equipped to move the centre forward. The absence of strong multi-agency partnerships and a firm strategic steer has resulted in a lack of drive and ambition for the centre.

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

### **Recommendations for further improvement**

- Improve health outcomes for families in the community by:
  - requesting health data at a local level to identify health trends and develop effective, pertinent health services and promotions
  - ensuring the Primary Care Trust routinely provides timely information about pregnancies and births in order that the children's centre can swiftly register all new families and provide early interventions where it is appropriate to do so.
  
- Improve the quality and impact of provision by:
  - developing a clear understanding of the profile of the community and increasing the number of users engaging with services
  - providing a much wider range of appropriate services and activities for, and within, the Billinge Children's Centre community based on a firm needs analysis of need across all service users and the wider community.
  
- Improve the quality and effectiveness of the leadership and management by

ensuring that:

- all key partners, particularly health and Jobcentre Plus, work more collaboratively with the centre to provide effective delivery of integrated services
- the local authority provides a strong strategic steer that rapidly improves the governance of the centre and supports the capacity to improve
- self-evaluation provides an accurate basis for leaders to develop an effective business plan that accurately reflects the identified needs of the centre's reach and details the actions required at both strategic and operational levels
- robust systems are developed to monitor and evaluate the quality and effectiveness of service provision and the impact on outcomes for users
- all leaders fully understand their roles and responsibilities and are held accountable for their work through rigorous performance management procedures
- the advisory board is strengthened by representation from key partners and parents and carers to ensure the board is effective in its duty to challenge and hold the centre to account.

## How good are outcomes for users?

<b>3</b>
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Parents and carers confirm that they now have a better understanding of how to live a healthy lifestyle. Health promotions within the centre have encouraged them to eat healthier food and be more physically active. Activities, such as baby massage and Peers Early Education Partnerships (PEEPs), promote their sense of emotional well-being. 'We really look forward to the community walks' and 'my children eat more fruit and vegetables now' are typical statements from centre users. A small number of Billinge parents access the Breastfriends group and state that they could not have managed without it. Others are now proactively cleaning their baby's teeth as soon as they come through, as a result of the guidance from the oral health team. Breast feeding data provides the centre with an insight into initiation and prevalence rates in the reach area. However, data are not systematically sought or used to evaluate whether their services for smoking cessation, teenage pregnancy, immunisation and sexual health, are making a difference. Parents and carers have limited opportunities to meet with health visitors and midwives at the centre because they rarely provide direct services.

Activities and courses, such as Messy Maths and Story Time are helping to develop children's numeracy and literacy skills and in turn, parents are able to support their learning within the home. Parents and carers confirm these activities contribute to their children's readiness for school. A transition project is just developing with local schools. However, the lack of local reach data or secure planning and assessment procedures prevents a clear picture of children's progress within the Early Years Foundation Stage. Adaptations to the activity programme ensure children with

learning difficulties and/or disabilities can attend various sessions to suit their stage of development. As a result, they can now engage when it is appropriate to do so.

Parents and carers describe how they feel safe in the centre and they verify how home safety visits by staff and the local fire service, have improved safety in the home. Teenage parents are nurtured onto the Keep in Touch programme (KIT) where they benefit from guidance about their sexual health and general well-being. Parenting courses such as Triple P have helped parents and carers to implement positive behaviour management strategies, 'I used to scream and shout at my children but not now', stated one parent. She went on to say that her home life was calmer and more relaxed.

The effective use of family plans, close links with social care and the implementation of the Common Assessment Framework is beginning to reduce the number of looked after children in the area and those on child protection plans. Intensive targeted support work by the family support team has helped families to tackle some very significant difficulties in their lives such as post-natal depression, substance misuse and domestic violence. As a result, some families are more stable, independent, and no longer in need of targeted support.

A well-established volunteer programme provides opportunities for users to gain work-based experience. This in turn led to some volunteers running weekly Twinkle Tots sessions and joining Communities and their Children (CATCH) and helping to fund raise and organise large-scale events. As a result, parents and carers report increased levels of confidence and an eagerness to seek higher-level qualifications and paid employment. A few have already accessed Families Today, an accredited course that led one parent to consider a career in adult learning. However, weak monitoring systems across centre services prevent a secure view of the long-term outcomes on users' economic well-being.

Service requests provide users with an opportunity to influence the range and frequency of groups; Breastfriends, Billinge Buddies and Baby Rhythmic provide some good examples of these contributions. Community Police Officers are frequent visitors to the centre and they contribute local intelligence to the advisory board enabling members to be more aware of anti-social behaviours and community cohesion. However, these findings are not linked to service planning. Although user representation on the advisory board is beginning to increase, parents' involvement in formal decision making remains limited.

*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?**

<b>3</b>
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The centre has firmly established procedures for assessing the needs of children, parents and families. Assessments begin at the point of registration with the implementation of the Universal Contact Schedule (UCS) and referral to both universal and targeted provision. 'The visits are great. Staff suggest things for you that you wouldn't even have thought about', is a typical comment from parents and carers who have been signposted to PEEP's, baby massage and Story Time. However, even when users register with the centre, many do not go on to engage with a full range of activities. If they do, initial contacts are with the Moss Bank Children's Centre. As a consequence, many service users are unaware that Billinge Children's Centre is on their doorstep and more accessible.

Staff endeavour to provide the right resources and environment for children with learning difficulties and/or disabilities attending the crèche and their specific needs are well catered for at the Moss Bank Portage group. Teenaged parents are engaged well through KIT and Males and Their Children (MATCH) provides weekly activity sessions for fathers and male carers. However, the lack of flexible on-site or local services and limited information from the local authority and health services about the profile of the Billinge residents prevents a clear needs analysis. This omission severely limits the range and availability of suitably matched services.

The coordination of family support services is led by the Continuum of Need and the Universal Home Schedule of visits. Where live birth data is prompt, vulnerable families receive swift and intensive support. The family support manager and a team of key workers and link workers effectively support families into targeted provision such as the 'All about me' programme, which helps to tackle feelings of isolation and raise confidence and self-esteem. Where families are not ready to engage in the centre, services and courses are delivered in the home, on a one-to-one basis and with partners. This work achieves positive results.

Care, guidance and support for families in general, are satisfactory. Discussions and case studies reveal some moving examples of intensive support by caring and skilled staff, who parents and carers describe as 'true friends'. Tailored packages of care include baby massage in the home for children with specific medical needs and one-to-one breast feeding support. However, this is not the case for all Billinge residents,

as many are still unaware of the existence of the centre.

The centre signposts users to some valuable learning opportunities such as the Triple P parenting course, Messy Maths and first aid. They are encouraged to think about how they play and interact with their children during focused play sessions with staff. In some cases, parents and carers have much higher expectations of themselves and their future as a result of volunteering opportunities that have led them to consider higher-level training and potential careers. However, take up of family learning programmes by Billinge parents and carers is usually low and difficult to track, as this information is not collated or requested. Where information is available, it includes collective data across all three centres preventing a clear view of the quality of provision and the impact of each centre on user outcomes.

*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>4</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?**

**4**

The governance of the Billinge Children’s Centre is inadequate. Leaders and managers demonstrate a lack of resourcefulness and ambition, which prevents outcomes for families and children being better than satisfactory. They lack a secure understanding of the children’s centre remit and how best to provide for the appropriate core offer through well-targeted services. The centre has made too little progress in developing sustainable and progressive services since its designation. Activities and services are not based on a firm needs analysis because the profile of the local reach population is still unclear. Leaders and partners do not recognise this phase two centre in its own right. The advisory board is weakened by the lack of strategic direction with key partners, such as health, not being represented on the board.

Centre data demonstrate that a very small percentage of the reach population actually access services despite reasonably good levels of registrations achieved through the Universal Contact Schedule. Managers and staff have made some satisfactory attempts to publicise and promote the centre. However, a large proportion of working parents and carers in the area state they do not need or require services. Instead, they have targeted provision for grandparents who undertake childcare responsibilities. As a result, Grand Times is now a reasonably popular group but the building remains underutilised and used mainly for family

contact visits. Space is limited so group activities are restricted and there are few opportunities to meet parents' and carers' requests for more 'drop in' groups. The centre is not valued as the 'hub of the community' and many families are unaware of the services that it provides or even that it exists. With the exception of a recent commitment to use the centre by the local youth service, the centre business plan does not demonstrate how potential barriers to access will be challenged. As a result, the centre's capacity to improve is compromised and managers and leaders are unable to demonstrate clear value for money.

The availability of health data is 'trickling through' with live birth data now provided. However, the range and quality of health and education data provided by both the Primary Care Trust and the local authority is poor. Furthermore, the local authority's lack of set strategic targets, prevent the centre from developing services to reflect health inequalities or to measure and evaluate its performance in relation to national indicators. Systems for monitoring and evaluating outcomes and the effectiveness of partner services such as Jobcentre Plus are still very much in their infancy. These remain weak and ineffective with managers and leaders not requesting relevant information or using it to inform their service delivery.

Arrangements for performance management are not robust. The centre has not been held to account because the local authority has failed to assure the quality and appropriateness of the centre's self-evaluation and business plan. Equally, key stakeholders, centre users and the advisory board have not been adequately consulted about the purpose and intentions of these processes. This, coupled with the fragile status of the advisory board, prevent the board's ability to offer firm support and more importantly, sufficient challenge. Partnerships with libraries, social care and Chapel End School are stronger, however, the lack of engagement with health professionals and Jobcentre Plus significantly impairs the development of a seamless service and prevents the achievement of strategic objectives.

The centre strives to promote anti-discriminatory practice by providing a welcoming and inclusive provision where everybody who chooses to engage in the centre, enjoys and achieves satisfactorily. Grand Times provides a welcoming group for local grandparent carers and Activate provides an annual summer group for older children through links with CATCH. The extent to which equality is promoted is satisfactory. However, the centre has not proactively sought information about minority ethnic groups confirmed to be in the community, preventing the needs of this group being met.

Safeguarding measures are satisfactory. Criminal Record Bureau checks are in place and all staff receive appropriate levels of training, which reflects their role. Although this includes training for volunteers, it does not include training for advisory board members. Supervised contact visiting is well organised and good security arrangements ensure users, staff and visitors are kept safe. Family files are maintained well and particular consideration is given to the confidentiality and transportation of these documents.

*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>4</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>4</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>4</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>3</b>
<b>The extent to which evaluation is used to shape and improve services and activities</b>	<b>4</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>4</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>4</b>

### **Any other information used to inform the judgements made during this inspection**

None

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'Complaining about inspections', which is available from our website: [www.ofsted.gov.uk](http://www.ofsted.gov.uk). If you would like us to send you a copy of the guidance, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

## Summary for centre users

We inspected the Billinge Children's centre on 16 and 17 February 2011. We judged the centre as inadequate overall.

Thank you for speaking with us during the inspection and for helping us to find out all we needed to know about your children's centre. Unfortunately, we found that the leaders and managers are not making sure that the centre is managed effectively. The local authority and the Primary Care Trust are not providing the centre with all the essential information about the people in the community in order to fully meet individual needs. This affects the centre's work in helping to address certain health issues, such as smoking in pregnancy and to know if their work associated with obesity is making a difference to you and your children. Furthermore, the local authority has not monitored the work of the managers carefully enough. As a result, we are concerned that the centre's action plan does not reflect what the community needs. It does not show how the centre managers or the local authority will monitor the service provided or to be able to make sure changes are made.

An advisory board helps to support the centre and values the efforts by staff to provide you with the services you need. However, the board is not fully established because it does not have somebody to lead it. Furthermore, parents, carers and some of the key professionals, such as health visitors, are yet to join the board. This prevents the board from being more challenging by being able to question the managers more rigorously about its work, its successes and plans for the future.

The centre has tried to publicise its work and provide groups that encourage everybody to join, for example, Grand Times for grandparents, MATCH for males and their children and a weekly portage group for children with additional needs. However, the centre is very small and several parents and carers told us that it does not always provide them with the activities they want, or at times which suit them best. There are families living in the area who still do not know the centre exists. The centre has not done enough to address this issue.

One of the best things about your centre is the work of the family support team. We know this because we have found that when they get information from the health visitors about newborn children in the area, they contact you swiftly to see if they can offer you any help. The parents and carers we spoke with have some moving stories about how staff worked with them at home until they were ready to join groups. Parents and carers told us how staff helped with housing problems, safety equipment and encouraged them to attend courses and activities such as Twinkle Tots, All about me, baby massage and PEEP's course. Parents told us, 'I would have given up breastfeeding if it wasn't for the support group', 'Staff are like friends, and everybody is so supportive and will phone to check that we are okay'. In some very special cases, children and families have been reunited following a period of time apart because staff had worked closely with them to make some really positive changes to their lives.

We found that you are beginning to live healthier lives because of the community walks and encouragement to eat more healthily. Some of you said that your children are more willing to eat fruit and vegetables now and weaning parties have helped you to provide healthy foods at an early stage. Breastfeeding support is helping you feed your baby for longer and some of you have received help to overcome post-natal depression and a feeling of being isolated and lonely. However, the centre does not have a clear understanding about the difference health promotions make to your lives because they do not get the right information from the health departments to show them.

Parents and carers told us about all the courses you are encouraged to join, such as first aid, Families Today, Triple P and All about me. As a result, some parents and carers told us they now want to seek work in childcare and adult learning. These aspirations help parents and carers to plan for their future and become more financially independent. One parent described this as a 'journey and a ladder to climb'. Nevertheless, the centre does not keep the right information to show how many people joined and finished the courses, or who went on to do other things. We know that advice about benefits, training and employment can be sought through Starting Point and Jobcentre Plus but again, the centre does not know how many parents and carers from Billinge used these services and they do not know if it improved your chances of getting a job if you need one. This is because the centre does not monitor and evaluate their services well enough and this must change.

Although the centre provides adequately for your health, safety and welfare and they keep you safe by following their safeguarding procedures properly, the leadership and management of the centre must significantly improve. Therefore, we have asked the Primary Care trust and other key partners to work together more effectively by sharing appropriate information so the centre can identify and measure their effectiveness. We have asked the local authority and the advisory board to improve how it supports and challenges the work of the centre's leaders and managers so that it makes a greater difference to your lives.

Thank you for speaking with us and our best wishes for the future.

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