

# Inspection report for Stepping Stones Children's Centre

Local authority	Bury
Inspection number	365733
Inspection dates	9-10 June 2011
Reporting inspector	Allyson Ingall

Centre governance	Local authority
Centre leader	Heather Critchley
Date of previous inspection	Not previously inspected
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Linked school if applicable	Radcliffe Hall Primary
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 additional inspector and an early years inspector.

The inspectors held meetings with the centre coordinator and staff, Chair of the Advisory Board, representatives from a wide range of partners, local authority members and users of the centre.

They observed the centre's work, and looked at a range of relevant documentation.

## Information about the centre

Stepping Stones Children's Centre is a phase two, purpose-built community hub situated in the grounds of Radcliffe Hall Primary School, currently the only school within its reach area. With over 800 children aged up to four-years-old in its reach area, the centre delivers additional services from satellite sites in the East Radcliffe area and works in a cluster with two other children's centres in Radcliffe, High Meadow and Coronation Road. Until March 2011, governance of the centre rested with the school but, with both a new headteacher and a new centre coordinator in January 2011, the school decided to hand back governance of the centre to the local authority. The Radcliffe Service Advisory Board, which includes the headteacher of the school, serves all three Radcliffe children's centres.

The area served by the centre is economically and socially disadvantaged, being ranked as in the top 10% to 30% of the most deprived wards in the country. With a 95% White, British population, there are smaller percentages of a range of different ethnic groups, children from Traveller families and a declining number, currently around 3%, of asylum seekers. Although reach data is not specific, local intelligence points to high levels of teenage parents, workless households, families on benefits, crime, domestic violence, mental health issues, overcrowding and poor housing

conditions. In addition, there are low numbers of breastfeeding mothers and low levels of qualifications among the adult population. Children's skills on entry to the early years provision are generally well below those expected for their age in communication, language and literacy, and in their personal and social development. There is currently no integrated nursery provision, although the centre has partnerships with more than one provider.

The centre currently provides approximately 90% of the full core offer. Where there have been challenges in meeting the full offer, such as Jobcentre Plus funding and staffing issues, the centre fills the gap with solutions, such as signposting, joint Connexions visits and the development of new partnerships with the Housing Benefit Advisory Service, the local library and Work Club. Registrations have risen in the last few months. The centre feels it is unique in that it is contributing to community cohesion in an otherwise transient community.

## 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**

**3**

### Capacity for sustained improvement

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

**3**

## Main findings

This is a satisfactory centre that is held in high esteem by those members of the community that use its services. As summed up by one user, 'The building is in the centre of our community and is an asset to all the families and organisations that use it'. However, this quote was from a self-declared 'busy businessman' and needs to be tempered with the fact that many families in the reach area either do not know about the centre or do not use its services because they do not see what benefits they could gain from it.

After a period of instability, the centre now has a clearer view than before of some of the issues facing its reach area, based on local intelligence and increasingly valid data. The development plan clearly outlines strategies designed to address the perceived needs of the community, including those of the hardest-to-reach groups. The strategies employed by the centre to identify needs and to make more of the community aware of what the centre offers, are beginning to have a positive impact. In the five months the centre coordinator has been in post, there have been 90 new

registrations, one third of which are from outside the immediate reach area and around half of which are of children aged under five.

This increased intelligence gathering is gradually helping the centre to match its services more closely to need, but the impact of universal provision is neither evaluated nor widespread because there are no effective systems for evaluating outcomes. Despite the improvement in uptake by some who have previously proved reluctant, there are a number of groups within the reach area who are not accessing the centre's services. Targeted provision is good and outcomes are improving, mainly due to the excellent outreach work. However, resources are limited and, although the centre aspires to providing more targeted provision for individuals and their families, less emphasis has been put on preventative work through focused universal services.

The good care, guidance and support for individual families, plus the partnership with the Women's Housing Action Group (WHAG), are addressing the high incidence of domestic violence in the reach area and have contributed significantly to some users' feelings of safety. The centre is regarded by some as a safe haven, as encapsulated by users' views that staff have helped them relax, whilst giving them both confidence and a better routine which, in turn, have helped keep them and their children safe. However, safeguarding arrangements, whilst well known, understood and applied by staff, are compromised by weaknesses in administration and accountability which have led to some information gaps. This is confirmed by the centre's self-evaluation which refers to challenges with the sharing of information and the use of the Common Assessment Framework (CAF). Whilst some of these are being addressed and safeguarding can be judged as satisfactory overall, this remains a key area for improvement.

As systems are now in place to help the centre plan provision around actual need, the quality of the available provision is at least satisfactory, and the centre's self-evaluation is broadly accurate, the centre has a satisfactory capacity to improve further.

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

### **Recommendations for further improvement**

- Improve safeguarding arrangements through:
  - consistent application of administrative procedures
  - focused sharing of information with partners, including the consistent use of the Common Assessment Framework
  - regular monitoring of documentation for compliance and effectiveness.
- Improve outcomes for higher proportions of families in the reach area through:
  - more accurate assessment of community need, including the most vulnerable and hard-to- reach groups
  - allocation of more resources to achieve a balance of targeted and universal, preventative provision

- developing monitoring and evaluation systems, using both qualitative and quantitative data from both the centre and its partners, to guide planning.

## How good are outcomes for users?

3
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The centre provides a range of activities to promote families' personal development and capacity to secure their economic well-being, often in partnership with others. However, there is an imbalance of provision, which means outcomes are variable and there is insufficient evidence of how these are making a difference to most families in the reach area. An increased knowledge of diet, exercise and healthy cooking on a budget is particularly evident, reflecting the high focus given to such activities within the centre, although there is little evidence to confirm that other aspects of health are addressed. This is in spite of mental health being a known issue within the community and the fact that the counselling service has a waiting list, whereas a number of other sessions are under-subscribed. Breastfeeding initiatives are underway but, as yet, there is no measurable impact on initiation rates. Feedback from users such as, 'I would probably have given up after three months', suggests that the centre may be targeting those who need to sustain breastfeeding, more effectively than those who have yet to initiate it. Nonetheless, on-site, ante-natal support and post-natal home visits by the health trainer do both encourage breastfeeding, but the impact of such work is yet to be monitored to demonstrate the centre's success compared to key performance targets and national indicators.

The high levels of care exhibited by centre staff for those families of whom they have knowledge, are good and the outreach work is exceptionally effective in supporting the most vulnerable families. For example, support for a disabled child and mother who said she 'couldn't have managed otherwise' included form-filling for the Disability Living Allowance, a place at the crèche and signposting to other services. The support for children subject to a child protection plan or those who are looked after is satisfactory. Staff's knowledge of safety procedures is good, enhanced by creative management strategies designed to keep safety high on the agenda, such as 'Policy of the month' and safety quizzes. As a result, all users show or say that they feel safe and the centre is a refuge for a number of users. However, inconsistencies in safeguarding documentation, the use of the CAF and the sharing of information mean that staff may not always know where some of the unsafe situations exist, particularly for some of the hardest-to-reach groups.

Outcomes for the under-fives are improving, with the Early Years Foundation Stage teacher at the local school stating 'children who have accessed services from the centre are at a much better place to access learning'. This is as a result of the effectiveness of the strategies deployed by the centre, such as the transition and booster projects and the Next Steps to Nursery course. In particular, the increased partnership with childminders, including training and support from the centre advisory teacher, has made a strong contribution to progress. However, children's attainment on entry to Year 1 in communication, language and literacy and personal and social development remains well below average. Sharing information between

different partners has increased and monitoring and tracking are now in place for early identification of need and positive intervention. There is some information as to show this is making a difference but this is not always rigorous enough and currently focuses more on children's enjoyment than their achievement. The same is true of adult learning which shows high levels of satisfaction in terms of personal development but provides few opportunities for adults to improve their basic skills, to develop economic stability through becoming employable or to make links between their learning and that of their children.

The centre has devised an increasing range of creative strategies to capture users' views and needs, some of which have already been addressed through, for example, the Dads group, holiday sessions and swimming. However, opportunities have been missed to increase engagement with the hardest-to-reach groups or the wider community in general. Children and adults demonstrate positive behaviour and progress in their personal development and there has been a notable reduction in anti-social behaviour within the community, reflecting an effective partnership with the police. Both the parents' forum and advisory board are in the embryonic stages of development and, whilst there is some evidence of representation from different groups, the composition does not yet fully reflect the needs of different ethnic groups, families with disabled children and other vulnerable groups.

*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**

The centre's analysis of the needs of its reach area has improved in the past few months, through increased consultation with partners, carers and residents, information sharing, on-site registration of births, course questionnaires and regular team meetings where different elements of the reach area are targeted for research. This has been effective in increasing registrations and in staff becoming more aware of existing services. For example, the local hearing and visual impairment centre has contacted the centre for information for a family in one of the most deprived parts of

the area. This has also led to some reduction in duplicated and clashing services across the Radcliffe area.

Particularly successful have been some of the weekly outdoor play sessions held on spare land next to the estate. This led to the centre getting to know residents, introducing and transporting them to the centre, which then led to some accessing parenting courses and obtaining two-year-old funding for local childcare. In addition, five different sub-groups covering a range of different aspects of provision, help to identify and, in some cases, plan for community needs. As yet, partners are not involved in evaluating services together. A number of partners link closely with the centre, are involved with the advisory board and have a voice in the delivery of provision. However, they are not part of the planning process nor are they encouraged or expected to evaluate the impact of any provision.

Partners point to the approachability of the centre staff as a key reason for increased registrations at the centre. At present, resources are sometimes used in ways that do not represent the best value for money as the deployment is not always based on accurate analysis of the information now being gathered. Some services, such as the crèche, are overstaffed whilst others, such as the counselling service and the paediatric first aid courses, have waiting lists.

Opportunities for purposeful learning which target key priorities include Creative Opportunities, parentcraft classes and the health trainer clinic which covers smoking cessation, alcohol consumption, exercise and diet. To engage more families, the Radcliffe Health walk was a creative solution which included prams and which led to more families accessing other services. Baby massage, yoga, Buggy Bunch workout, the walking bus and swimming have also been successful in engaging more users but, as yet, they have not been evaluated for impact.

Outreach work is particularly effective in meeting the needs of some of the more complex cases, by building up trusting relationships with families and liaising with a range of partners. A good example of a coordinated service for looked after children sees parents and carers using the centre's Messy Play session as an opportunity to make contacts. As commented on by one of the partners, 'Stepping Stones is fantastic and highly accommodating especially with challenging children, including those with Attention Deficit Hyperactivity Disorder, mobility issues and specific needs.' To sum up the high esteem of those who benefit from the centre's commitment to their needs, one particularly vulnerable user commented, 'All the staff are friendly and welcoming and the centre is a lifeline that I can't do without. Stepping Stones keeps me on the straight and narrow'.

*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>2</b>

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

**3**

After a period of significant change, priorities and targets have been reviewed and reset, based on an increasing range of local intelligence information and data. The challenge now is to increase the leaders' awareness of all groups within the reach area, in order to ensure that this information is acted upon and that resources, including staff, are deployed to reflect an appropriate balance between targeted and universal provision, so that preventative work forms part of the centre strategy. For example, several users say that they know of others in the community who would benefit from engagement with the centre. Although this is now being addressed, there is still some way to go to achieve the all-inclusive ideal and to ensure that the centre effectively promotes equality of opportunity and diversity in all its work. Whilst, through purposeful discussion, they provide satisfactory governance overall to ensure satisfactory value for money, the current membership of the parents' forum and advisory board is too narrow to reflect the views and needs of all the different groups so as to accelerate this process.

The infancy of the new structure means that systems for monitoring, evaluation and accountability are yet to be developed and, so, the centre is unable to demonstrate impact. Although some data sharing is now in place, the centre is slow to act in responding to the priority needs of the community. Partners comment on how they enjoy working with the centre and staff, but communication is not always purposeful or targeted. Thus, systems for the sharing of information, including the CAF, are not yet consistently applied.

All safeguarding arrangements are in place, staff are trained and knowledgeable, and the centre itself is both secure and safe. Weaknesses in safeguarding administration, particularly in relation to the storing of the Criminal Records Bureau checks, indicate that the centre's procedures to review its systems for compliance and effectiveness are not yet sufficiently rigorous.

Some improved systems have already been established, in particular, the performance management of centre staff through one-to-one supervision meetings which also focus on their training and development needs. These are having a positive impact on embedding consistency of procedures.

*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>3</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

As you know, we inspected Stepping Stones Children's Centre on 9 and 10 June 2011. Thank you for your help. We were able to talk to some of you about how much the centre has helped you and your families. Your contributions were really helpful. We have outlined below what we found out.

We judged the centre as satisfactory overall. This means that there are some things the centre does well alongside some which it could do better. You told us that the centre is welcoming and that the staff are friendly and helpful. You told us how much you and your children enjoy coming to the centre and how the staff tell you about other places where you can get help and support. Those of you who can't always get to the centre told us how staff help you by visiting you at home. Some of you, especially those who have suffered domestic violence, told us that you now have more confidence, feel safe and that you like meeting other people at the centre. Those of you who were at the cookery class also told us how much you had learned

about cooking on a budget. It's a shame we weren't able to stay until the kebabs were cooked as they looked very tasty!

The staff at Stepping Stones work very hard to make the centre as good as can be. They now need to make sure some of their paperwork is of better quality to ensure that the centre fully meets its requirements and can demonstrate its usefulness. It is also important that staff see many more of you and make sure that they are providing what you need. In the last few months there have been more of you coming to the centre. This is because the staff have been getting out and about and meeting more of you to find out what services you most want and need. If you haven't been able to tell any of the staff your views yet, why not pop down there and let them know? They would be very glad to see you. They would especially like to see those of you who don't usually come to the centre or who feel isolated. Maybe some of you who have moved into the area even if it's only for a while might be able to visit? It may be you know of someone who needs the centre but is too shy to visit. If so, maybe you could tell the staff at Stepping Stones so they can help them? The centre is here to help you and it is important that you use it.

Thank you again for your help.

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