

# Reevy Hill Children's Centre

Bedale Drive, Buttershaw, Bradford, West Yorkshire, BD6 3ST

**Inspection date** 3–4 October 2013

<b>Overall effectiveness</b>	<b>This inspection:</b>	<b>Requires improvement</b>	<b>3</b>
	Previous inspection:	Not previously inspected	
Access to services by young children and families		Good	2
The quality of practice and services		Requires improvement	3
The effectiveness of leadership, governance and management		Requires improvement	3

## Summary of key findings for children and families

### This is a centre that requires improvement. It is not good because:

- The data about children's and families' engagement in activities and the impact of the centre's work are not sufficiently robust; the method used to calculate the proportions of those involved does not provide an accurate picture of the centre's work. Some information about families' health, education and training is either out-of-date or not available.
- Systems to monitor and record the developing skills of children and adults are at an early stage of development. This means that the centre is largely reliant on course completion certificates or anecdotal reports to demonstrate individuals' progress. It also means that the planning of activities is not always adapted to the different needs of users.
- The proportion of local mothers who breastfeed is low. The proportions of mothers who smoke throughout pregnancy and of children in Reception Year who are not a healthy weight are high.

### This children's centre has the following strengths:

- Leaders and staff have very good local knowledge. They are skilled at building up trust among families, identifying their needs and capitalising on their strengths.
- Extensive, well targeted outreach work has led to most local families with young children now registering with the centre. Staff are persistent in contacting those who fail to participate regularly and discovering what barriers deter them from taking part. They then provide good quality support that is often successful in helping such potential users to build their confidence and take part.
- Parents typically describe the centre as 'the first place I would go to for help'. They are supportive of one another and their views are fundamental to shaping the centre's provision.
- All centre staff place a very high priority on safeguarding children and vulnerable adults. The quality of case files concerning those families to whom staff provide individual support is exceptional.
- Good liaison between different professionals leads to well coordinated support for families.
- The centre has a positive impact on improving children's personal and social skills.
- The recently established leadership and staff team has an accurate view of the centre's strengths and areas needing development. It is taking effective action that is bringing about improvement.

## Information about this inspection

The inspection of this children's centre was carried out under Part 3A of the Childcare Act 2006 as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

This inspection was carried out by three additional inspectors.

The inspectors held meetings with the centre manager and staff, local authority representatives, as well as members of the advisory board and the parents' forum. They held meetings or spoke on the telephone with many representatives of partner organisations including health, early years and adult education, Jobcentre Plus and providers of debt and benefits advice. The inspectors also held meetings with some parents and spoke informally with many more.

They visited all the rooms in the children's centre, and also the neighbouring Bedale Centre which is used for play-based activities. They observed a creative activity group, a baby yoga session and the baby clinic. One family generously agreed to one inspector accompanying a children's centre worker during a home visit.

The inspectors observed the centre's work and looked at a range of relevant documentation such as the centre's monitoring of its own work, development planning, case files, safeguarding procedures, and minutes of parents' forum and advisory board meetings.

## Inspection team

Sarah Drake, Lead inspector	Additional inspector
Judith Elderfield	Additional inspector
Cathryn Parry	Additional inspector

## Full report

### Information about the centre

Reevy Hill Children's Centre is a stand-alone centre. Most of the area it serves is identified as between the 5% and 30% most deprived in the country. The local authority manages the centre, with governance provided by an advisory board comprising key stakeholders, including parents.

Approximately 1,366 children from birth to four years live in the centre's reach area. The majority of families are of White British heritage. Around one third belong to black and minority ethnic groups, and their numbers are increasing. Around one quarter of children live in families that have no adult in work. Children's skills on entry to early years provision are well below those expected for their age.

Since May 2013, the centre has been experiencing staffing changes which are still underway. The manager is now full time and the centre expects to have a full complement of staff by the end of October 2013. Leaders have identified the children in most need of support as those living in workless households or in households where parents have low-level skills and qualifications; children belonging to some black and minority ethnic groups; and children who are in the care of the local authority. The centre provides a wide range of services including on-site health care; adult learning; debt and employment advice; one-to-one support and many different activities for children.

The centre shares a site with Reevy Hill Primary School, which did not form part of this inspection. Its inspection report can be found on our website [www.ofsted.gov.uk](http://www.ofsted.gov.uk).

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

- Together with the local authority and health professionals, improve the timeliness, accuracy, sharing and use of data so that leaders can plan strategically and set measurable targets against which to assess the impact of the centre's work.
- Ensure that the newly developed systems for recording children's and adults' progress are embedded into practice and inform the planning of activities so that they meet individual needs.
- Together with health professionals, increase the proportions of mothers who cease smoking throughout pregnancy; those who continue to breastfeed; children who are a healthy weight.

## Inspection judgements

### Access to services by young children and families Good

- Most local families with young children are registered with the centre. A large majority have had regular contact with staff over the most recent quarter for which data are available. Over the past two years, the number of child attendances has doubled and adult attendances have increased by 40%. Those families identified as most in need of support and other families engage in similar numbers.
- The recent outreach project, which involved workers recruited from within the community and qualified workers, identified those families not registered with the centre. The information gained has led to effective action being taken, including working with local schools to reduce barriers to their engagement. Dental health professionals attribute the significant increase in children participating in fluoride protection to the trust that families place in centre staff and outreach workers.
- The centre successfully uses staff's good knowledge of local families to encourage increasing numbers to participate in activities. Staff are persistent and persuasive in helping adults to realise the potential benefits of engaging. An example of parents' suggestions on how to reduce barriers has led to the introduction of a highly successful loyalty card.
- On-site health provision, including weekly access to midwives, a paediatrician, speech and language therapists and health visitors at the baby clinic, has increased the uptake of health care and opened

the door to further services. One health professional commented, 'Most families don't know what they need but centre staff skilfully help them with this.'

- All children aged under five with identified disabilities or additional needs receive support as required. The engagement of families belonging to minority ethnic groups has doubled over the past six months and the centre has recently recruited two bilingual volunteers to help increase numbers further.
- The centre is working closely with the local authority to improve the uptake of free early education places for two-year-olds. Most three- and four-year-olds access early years provision.

### The quality of practice and services

Requires improvement

- The centre does not yet record and track children's or adults' developing skills as they participate in activities although it is taking steps that will enable it to do so. Staff celebrate achievement, such as the completion of a course, which helps to build individuals' self-esteem. They are skilled at encouraging parents to progress onto further training, such as from a healthy cooking course to one on financial fitness. However, the planning of sessions, particularly for children, largely outlines activities and resources rather than focusing on individuals' needs and how these might be met.
- Increasingly good partnerships with health professionals are leading to improved provision. For example, centre workers and health visitors are initiating a course which will start when mothers are close to giving birth and continue into the first weeks of their baby's life. However, breastfeeding rates at six-to-eight weeks are currently less than half the national average, and the proportion of mothers smoking at birth is almost 25%, compared to the local authority average of 16%.
- School staff comment that the personal and social skills of children who have attended sessions at the centre are generally more mature than those of other local children. Children's skills at the end of Reception are drawing closer to the national average and the gap in achievement between the lowest-achieving 20% and others is narrowing. However, the proportion of children in Reception that are obese is increasing and well above national and local averages.
- Centre staff provide well targeted, good quality one-to-one support for families which usually leads, over a short timescale, to good improvements in their well-being. Staff keep high quality records of their contact with families and other agencies, families' changing circumstances and the support provided. These graphically demonstrate the centre's positive impact on keeping children and vulnerable adults safe, improving their life chances and reducing inequalities.
- A wide range of signposted provision successfully improves adults' skills and readiness for work. For example, debt management, housing or employment professionals and staff follow up referrals to discover the outcomes. Parents speak highly of the English, mathematics and nurturing courses they attend but would like to have easier access to information and communication technology resources. The free crèche facility ensures that they can participate in courses while their children remain safe and happy.
- The centre recruits many volunteers from among its users and the thriving parents' forum provides much useful comment and ideas for improvement. Some volunteers progress to employment; three started work in the first week of October. They are highly effective ambassadors for the centre, saying that, 'Seeing us do it is really getting others to want to too.'

### The effectiveness of leadership, governance and management

Requires improvement

- New staff appointments and the recent improvements in registrations, user engagement and the quality of record-keeping underpin leaders' identification of families' needs, which are now more precise. Current renegotiation of service level agreements with outside providers is designed to improve the monitoring of provision and evidence about participants' progress.
- Currently, some data relating to health outcomes are outdated with little to demonstrate progress in

adults' or children's skills or the long-term impact on families of the centre's work. The local authority's quarterly data analysis of registrations and attendances provides a more negative overview of the centre's work than is accurate. All this makes it hard for leaders to plan strategically, based on sound identification of changes in the local area and its priorities. The development plan has few measurable criteria to assess the impact of identified actions.

- Recent restructuring of the advisory board, which is chaired by a parent, ensures that it now focuses solely on the work of this centre. It has clear terms of reference and good representation from local stakeholders but, to date, has met only once. Local authority representatives closely monitor the centre's performance and provide appropriate support and challenge to centre leaders.
- Safeguarding policies, procedures and day-to-day practice are well embedded in the centre's work. All staff are alert to potential risks and take swift action to avert harm. Close interagency work ensures that looked after children and those subject to child protection plans or the common assessment framework process are offered consistent, effective support.
- Staff are well trained. Regular, rigorous performance management is leading to increasingly good quality provision. The accommodation and resources are generally well used since the centre acts as a vibrant and much-valued hub for the community.

**What inspection judgements mean**

<b>Grade</b>	<b>Judgement</b>	<b>Description</b>
Grade 1	Outstanding	Practice consistently reflects the highest aspirations for children and their families and as a result inequalities are reducing rapidly and gaps are closing.
Grade 2	Good	Practice enables most children and their families to access good quality services that improve children's wellbeing and achieve the stated outcomes for families.
Grade 3	Requires improvement	Performance is not as good as it might reasonably be expected to be in one or more key areas.
Grade 4	Inadequate	The needs of children and families in its area are not being met and/or the leaders and managers are not providing sufficient challenge to bring about improvement to the quality of services.

**Children's Centre details**

<b>Unique reference number</b>	22493
<b>Local authority</b>	Bradford
<b>Inspection number</b>	427476
<b>Managed by</b>	The local authority
<b>Approximate number of children under five in the reach area</b>	1,366
<b>Centre leader</b>	Kelsey Trevethick
<b>Date of previous inspection</b>	Not previously inspected
<b>Telephone number</b>	01274 434940
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