

# **MINUTES OF THE SCRUTINY REVIEW OF CHILDREN'S CENTRES**

**26 FEBRUARY 2008**

Councillors \* Newton, \*Engert and Peacock

\* Members present

## **1. APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Peacock

## **2. URGENT BUSINESS**

There was none

## **3. DECLARATION OF INTEREST**

There was none

## **4. TERMS OF REFERENCE**

The Panel confirmed the scope and terms of reference for the review.

## **5. SCRUTINY REVIEW OF CHILDREN'S CENTRES**

The Panel received a presentation from the Head of Park Lane Children's centre detailing the services provided at the centre and their priorities. It was noted that their reach target was 1,345 children, of the 3,000 children in the area. Family support and outreach work was very important in supporting the most vulnerable children and young people and in giving access to the most excluded groups. Collaborative work with a range of services to provide activities for the 0- 19 year old was on going.

A presentation was given from the Children's and Young People's service which set out the range of provision and the core offer of services provided at Children's centres. Phase 1 centres were expected to offer every aspect of the core provision. For Phase 2 centres there was a shift in focus towards access and signposting provision and for phase 3 centres (from April 2008 to 2010) all children would have access to services. The service would be looking to see if there were any gaps in provision. Partnership working was crucial to the effectiveness of the services offered. Key partners included health, Job Centre plus, and private, voluntary and independent childcare providers. Closer working relations were being developed within the Children and Young People's Services social care and education. Information was being shared with other providers, such as the PCT, to ensure that services were of a high quality.

Monitoring the quality of childcare and the impact of services on performance was currently being developed. A tracking system was being implemented, and using information such as where a child had attended prior to school and

attainment at Key Stage 1 and 2 performance was being monitored. Performance indicators were set both nationally and locally from the Children and Young People's Plan. The two statutory targets were an achievement target at age 5 and narrowing the gap between the lowest 20 % achievers. The Panel noted that the Department for Children, Schools and Families were looking at how PI's could be designed around the LAA targets. A group of Children's Centre improvement partners was being set up to support and challenge performance and to collate information on the range and quality of education. It was noted that OFSTED did not yet have a proper inspection structure in place for Children's centres.

Key issues discussed included:

- Centres were keen to involve parents in the planning of services. There was a continuous process involving parents, the community, staff, centre management and a representative from the equality improvement team who identified what works well, and subsequently produced an Action Plan. The Triangle Centre consulted the community, was continually seeking feedback from users and work was ongoing with parents to assess satisfaction with the services provided. Parents Forums had been established to develop services. Additionally all centres were engaged in outreach work to engage with those traditionally excluded. It was noted that outreach workers found post offices a valuable contact point.
- Discussions were ongoing with partners in terms of flexibility of service delivery including longer opening hours to enable sessions to be regularly available in the evenings and weekends. Further dialogue was needed with the PCT on access to services and the setting up of new services such as GP's offering immunisations.
- All private, voluntary and independent providers had been asked to complete self evaluation forms and to develop Action Plans, which would enable them to buy into the Haringey quality mark. Holistic Training courses were provided to agencies and the PVI through Graduation leader funding.
- Referrals were made through the Common Assessment Framework. There was currently a pilot scheme in the South Network which was working well. Due to multi- agency working a good dialogue was in place and there was a good basis for further development. There were regular meetings involving all centres and workshops etc looking at good practice. Articles had appeared in the termly publication produced by the service improvement team. Also there was regular dialogue with providers to disseminate good practice. It was hoped that the first round of self evaluation forms would be a guide on good practice. Partners were key in providing centres with a critical challenge.
- OFSTED were keen to evaluate the impact of children's centres on achievement. At present it was not clear how this would be achieved. It was acknowledged that it was difficult to measure quality and its impact. All centres reported on their reach figures

and provided details on who they were reaching. There was a need to enhance the information and more work was needed on its impact. At Park Lane Childrens Centre they had an impact board so that they could assess the difference they made.

- In terms of transition into schools there was a need to ensure that the move was smooth and equitable. There had been very positive feedback on the quality of children's learning at Children's centres. The development of the tracking system for children from birth to the end of Key Stage 1 would assist this further. It was noted that the Authority was going to carry out an investigation to see whether it was in a child's interest to remain at a children's centre for longer or to transfer to a well run nursery class within a school. It was acknowledged that funding was a factor for parents. Children's centres were made aware through health visitors of babies being born and new parents were given leaflets about children's centres.
- Centres were looking at provision for children beyond the age of 5 and Cluster working with primary schools and between centres was being developed.
- Healthy living and eating was actively promoted in children's centres. Relations between family support and centres were crucial, further work could be done on developing existing sessions to parents on healthy eating.
- Partnership working worked particularly well, especially with the health services. Haringey was seen as a good role model for other Authorities.

MARTIN NEWTON  
Chair