

Old Oak Community & Children's Centre

Evaluation of Services: Ward Profile and Quality & Impact of Service Study

1.0 Introduction

The Old Oak Community & Children's Centre works with a range of agencies and volunteers to provide services to parents, carers, children and the general community. The services currently offered range from providing healthcare services, assistance in seeking employment, children's activities for all ages, advice and support for families, young parents and lone parents, leisure activities and services for hard to reach groups.

The Centre is committed to meeting the principles of the 'Every Child Matters' reforms which aims for every child, whatever his or her background or circumstances, to have the support he or she needs to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The Centre aims to achieve Hub status from Hammersmith and Fulham Council, which would bring additional funding until at least 2013 and a wider remit which would include overseeing spoke centres. Every Hub centre is expected to analyse the demographic profile and needs of local residents in its catchment area against the following key outcome areas:

- Preventing children from coming into care
- Child safety
- Preventing children from getting into trouble
- Preventing school exclusions & improving life chances
- Better health for families
- Better long term outcomes for families and children

Hub Sure Start Children's Centres will be expected to tailor and prioritise their provision of support to local needs in line with this analysis, making a significant contribution to the delivery of these outcomes whilst providing some universal services. This report aims to review current services provided by the Centre and to establish how these services can be improved, delivered differently and expanded in the future to cater to the changing population of the catchment area; College Park & Old Oak ward, whilst considering the views of service users.

This report reviews information from the following documents:

- Hammersmith and Fulham Local Authority demographic composition
- Hammersmith and Fulham Borough Profile 2010
- Quality and Impact of Service Study by Cordis Bright which was commissioned by the Centre in January 2011. Cordis Bright trained and supported six local parents and used them to collect data from 82 families.

2.0 Borough and Ward Profile

The population of Hammersmith and Fulham has increased by 1.7% between 2001 to 2008, which is similar to that throughout the rest of the country. This is the result of natural change with the number of births being greater than the number of deaths.

2.1 Household Composition

Within the Borough one in five households have dependent children, 9.2% of the households within College Park & Old Oak are lone parent families with dependent children and 12.9% in Wormholt & White City. This is higher than the Borough average of 6.5%, and the London average of 7.6% (Children's Centre: Wards and Programmes)

The Quality and Impact of Service Study had a 40% response rate from lone parent households indicating that they were also highly represented at the Centre. The Study showed that 17% of respondents were male carers/ parents, and 11% were young parents/ carers under 21 years of age. An overwhelming majority of those surveyed in the Study were residents from the catchment area, with only one respondent living outside the catchment area.

2.2 Ethnicity

Within the College Park & Old Oak and Wormholt & White City Wards there is the highest concentration (over 30%) of ethnic minorities within the Borough.

The results of the Quality and Impact of Services Study showed that BME (Black and Minority Ethnic) families had the highest response rate, 57%.

The table below shows a breakdown of the profile of users at the Old Oak Children's Centre.

Profile Group	Proportion of users who access Centre (%)
Working parent/carer	62
Household with paid employment	65
Lone Parent Household	79
Male Parents/carers	62
BME Communities	75
Young parents/carers	60
Parent/carer with disability or additional need	75
Children with disability or additional need	50

The groups who use the centre most are Lone Parent Households, BME communities and parents/carers with a disability or additional need. This suggests that the centre is catering to the largest groups within the catchment area as the proportion of ethnic minorities and lone parents are higher than expected for College Park & Old Oak.

2.3 Insights and Recommendations

The respondents of the survey are representative of the population of the College Park & Old Oak Ward. The results of the survey display key insights into users and non users against the "Every child matters" criteria. The study found that 62% of the respondents who completed the survey stated that their family accessed the Centre.

The centre is successfully catering for key groups within its catchment area namely BME groups and lone parents, however only 62% of working parents/carers are accessing the centre and only 50% of children with a disability or additional need are using the services compared to 75% of parents with a disability or additional need. These low-use groups need to be engaged with to ensure take up of services and to ensure services are aligned to their needs.

2.4 Economic Activity and Unemployment

College Park & Old Oak and Wormholt & White City have much lower levels of economic active (working or looking for work) residents. 52% of economically active residents in Hammersmith and Fulham are women.

Local unemployment rates are lower than for the rest of London but higher than the country as a whole, with rates within College Park & Old Oak and Wormholt & White City, at 5.6% and 6.8 % respectively (2009).

2001 census data shows that in College Park & Old Oak, 5.9% of people aged 16-74 years have never worked and 1.8% of those aged 16-74 are long term unemployed, this is higher than both the Borough and London rates. According to the 2007 Index of Multiple Deprivation (IMD), each Super Output Area (SOA) within the ward falls within the 0-30% most deprived category within the domain of employment. It is the only ward within the Borough in which every SOA falls within the 30% category.

The 2001 census data gives a similar picture for Wormholt & White City. 7.4% of people aged 16-74 years have never worked, higher than the Borough and London rates. In addition to that, a further 1.9% of those aged 16-74 are long term unemployed. According to the 2007 Index of Multiple Deprivation (IMD), 6 of the 8 Super Output Areas (SOA's) within the Wormholt & White City ward falls within the 0-30% most deprived category within the domain of employment.

In 2001, 18% of adults aged between 16-64 in Hammersmith and Fulham had no formal qualifications; with the greatest concentrations of adults with no qualifications in the College Park & Old Oak ward, where almost one third of the population have no qualifications.

These low qualification levels also correlate with areas of high levels of Multiple Deprivation as measured by the Indices of Multiple Deprivation.

Another deprivation indicator is the percentage of the working age population who claim some type of benefit. In 2007 this figure was 21.2% within College Park & Old Oak compared to 13.9% nationally.

There are also significant differences within the Borough with types/hours of work. College Park & Old Oak have less than 20% of residents in part time work compared to 40% of residents having part time jobs in Munster and Parsons Green & Walham.

2.5 Current Service Provision

The Centre offers services to help tackle these local issues, namely adult training to improve employment prospects; and offering childcare. Adult IT classes are available weekly, as well as ESOL (English for Speakers of Other Languages) classes. Jobcentre Plus sessions are held every week to assist in job searches and benefits checks & advice. 'Ingenus'- job advice; 'Nucleus Advice', Sewing Classes and 'Childminder Drop In' also provide support under the category of Achieving Economic Wellbeing in the Ofsted criteria. Family Mosaic's Pathways to Work services are also used to help with interview techniques, CV building and job searches. The centre offers a range of services targeted at the needs of the local community with regards to unemployment and worklessness.

2.6 Insights and Recommendations

Residents of College Park & Old Oak would benefit from additional adult training and education services as well as childcare facilities to assist users in finding and facilitating employment. Childcare services could be improved and extended to allow parents/carers to work. This would assist parents/carers to return to work if childcare was a barrier to seeking employment and in the longer term work towards service provisions in light of the level of deprivation in the Borough.

Employment opportunities can also be enhanced by taking advantage of Family Mosaic's established Pathways2Work services, which provides parents/carers opportunities to gain work experience on site at the Centre. This would bring additional volunteers to the Centre, whilst giving volunteers valuable experience to note on their CV. Appointments of volunteers will be subject to the necessary CRB and any other relevant checks.

It was noted in the Cordis Bright Survey that only one parent/carer had heard of the Centre through Jobcentre Plus. Stronger links should be formed between the Centre and partnering agencies to promote the services offered.

To address the lack of qualifications held by the population in College Park & Old Oak, the Centre should extend adult education services to include formal qualifications such as NVQ courses and more ESOL classes could be offered, as many households in the catchment area have English as an additional language.

2.7 Education

In 2008/09, the proportion of children in primary school speaking English as an additional language was more than three times as high as the national average. This suggests that many of the families within the catchment area were from households who primarily spoke another language.

The ethnic composition of primary schools in the Borough in 2008/09 by percentage of total pupils was as follows:

Ethnic Group	Borough of Hammersmith & Fulham (%)	Inner London (%)	National (%)
White	40	33	79
Mixed	11	10	4
Asian	7	20	9
Black Caribbean	9	10	1
Black African	18	17	3
Any other Black background	3	3	1
Chinese	0.3	0.7	0.3
Any other Ethnic Group	11	6	1

40% of children in primary schools in 2008/09 were eligible for free school meals (FSM) within Hammersmith & Fulham. In 2007 the percentage of children in Old oak who were entitled to FSM equalled 57%. This indicates that College Park & Old Oak is an area of deprivation.

2007 data also shows that College Park & Old Oak has some of the highest levels of teenage pregnancy rates across the Borough.

2.8 Current Service Provision

ESOL classes are currently available to help users who are trying to learn English. There is also an IT training room available for children and Pre-school educational classes.

2.9 Insights and Recommendations

Language classes directed at children would be beneficial to children already attending school or those who are about to start. Healthy eating classes for parents/carers can tackle obesity and health problems and educate children on being healthier.

Sex and health education should be provided to teenagers to try and reduce the number of teenage pregnancies. Additional educational services and resources should be directed to teenagers to assist them in improving in school and in their life chances.

2. 10 Health and Social Care

Hammersmith and Fulham Primary Care Trust covers the same geographical area as the Borough and contains 30 GP practices and 31 Dental Practices.

The percentage of 5 year old children in the Borough with decayed, missing or filled teeth in 2005/6 was much higher than in both London and England. Poor oral health is related to wider social determinants of health, especially socio-economic deprivation and exclusion.

There are a higher number of deaths than expected in Hammersmith and Fulham from Cancer, Coronary Heart Disease and Circulatory disease given the age and sex of the population. By ward, deaths in Old Oak from Coronary Heart Disease between 2003 and 2007 from those aged under 75 had a Standardised Mortality Ratio (SMD) of 147.3 out of 160. Deaths from Cancer in those aged under 75 had a Standardised Mortality Ratio (SMR) of 85.2 out of 160; and deaths from circulatory diseases in those under 75 had a SMR of 96.3 out of 200.

In 2007 the Department for Work and Pensions benefit claimant statistics showed that 8.9% of the working age population were in receipt of Incapacity Benefit with an additional 0.7% receiving disability benefits. In 2010 College park and Old Oak also had the highest registered rate of physical disabilities in the Borough at 59.35 per 1000 of the population as well as the highest number of deaf/hard of hearing registrations.

There was also a higher percentage of the child population in H&F who were being looked after by the children's trust compared to Greater London and England in 2009. 11.4% of looked after children were unaccompanied asylum seeking children. 0.6% of Hammersmith & Fulham's child population is on the Child Protection Register, compared to 0.35% for Greater London and 0.31% for England.

The birthweight of children born within College Park & Old Oak in 2008 (9.2% of total births) was lower than that in other wards such as Palace Riverside (2.4% of total births).

The life expectancy in H&F was higher for females than that for London and England, and lower for males. These findings were based on the life expectancy of those born between 2003 and 2007 which for males was 74.2 years in College Park & Old Oak. This is lower than that for Sands End at 80.1 years. For females, the life expectancy for those born between 2003 and 2007 was 84.3 years compared to the highest ward in the Borough which had a life expectancy of 89.6 years for females.

2007 information shows that College Park & Old Oak had some of the higher rates of teenage pregnancy per Super Output Area across the Borough.

2.11 Current Service Provision

Some services are currently provided, including Agewell exercise classes and Agewell Yoga. There are also health promotion weeks and health promotion fundraising and visits by a nutritionist.

2.12 Insights and Recommendations

The Centre should check and encourage GP and dental registration for its clients, providing targeted information and ensuring that people attend regularly. The Centre is promoted on GP surgery noticeboards and similar promotion methods should be used for Dental Surgeries.

Information should be provided to parents/carers about the range of family support services and activities available in the area and opportunities should be taken to provide early identification of children with special needs and disabilities with inclusive services and support for their families.

Access should be available for children with special needs and disabilities, including speech and language support. There are a large number of people in the catchment area who are registered disabled and a high number who are on disability benefits. Additional services for these groups would be beneficial.

Services currently exist to provide disabled groups with assistance in filling in forms etc. as well as a disability forum. Engagement with specialist agencies to deliver services for disabled children and adults should be sought and expanded to meet local needs and deliver outcomes for residents.

The Centre should provide advice and information as well as classes directed at health and healthy living. Given the large number of deaths in the ward due to Cancer, Coronary Heart Disease and Circulatory disease, targeted information, guidance and support should be available, particularly concentrated around smoking cessation and healthy eating. These services should be effectively promoted with relevant signposting to other agencies for additional support.

The Centre should improve antenatal services and should aim to improve birthweight and the health of babies and mothers through these services; as well as provide targeted information, guidance and support on breastfeeding, nutrition, hygiene and healthy lifestyles. Health Visitors services should be available through the centre as well as education or signposting regarding sex education targeted at both adults and teenagers.

In the Quality and Impact of Service Study no parents reported accessing antenatal services associated with the centre and very few (3 out of 82) people reported accessing the Bump to Baby, Baby Boost and Baby Massage services. Take up of these services should be reviewed and be promoted appropriately, given the local needs of the community.

3.0 Every Child Matters

The Ofsted Criteria which all schools and Children’s Centres are measured against are the five main components of ‘Every Child Matters’. The Old Oak Children’s Centre provides a number of services which fall within these criteria.

The Cordis Bright Quality and Impact of Service Study looked into how effectively the Centre was delivering services and the outcomes and impacts of their use by parents/carers and children. The survey highlights positive impacts reported by parents/carers as a result of their engagement with the centre.

The table below shows the percentage of users who reported positive impacts by criteria.

Every Child Matters Category	Parent/carers reporting positive impact on parents (%)	Parents/carers reporting positive impact on children (%)	Parents/carers accessing services (%)
Be Healthy	68	68	86
Stay Safe	73	58	57
Enjoy and Achieve	81	64	75
Make a Positive Contribution *	56	42	78
Achieve Economic Well-being.	73	73	51

*Given the nature of ‘Making a Positive Contribution’ it is difficult to assess the impact as no direct questions were asked by Cordis Bright regarding services which facilitated volunteering or participating in the Centre and community activities. Rather people’s perception of their involvement and sense of belonging to the Community was measured.

3.1 Insights and Recommendations

Parents/Cares accessing services

The figures show that out of the reported 51 users of the centre who responded to the survey, the majority of them used the ‘Be healthy’, ‘Make a positive contribution’ and ‘Enjoy and achieve’ services. The lowest scoring activity in terms of use was ‘Achieving economic well-being’ and ‘Stay safe’ services. These services should be promoted to ensure uptake by Centre users and ensure they meet their needs.

Positive Impacts

The figures on positive impacts reported on using services demonstrate that the centre is performing particularly well in helping parents and carers 'Enjoy and achieve'. This suggests that services such as 'Stay and Play' and the crèche are having positive impacts on users and are regularly being used. Positive outcomes were identified for children with regards to 'Be healthy'. Positive outcomes were also reported for 'Achieving Economic Wellbeing' for both parents and children. This implies that parents are positively engaging with the centre and using opportunities to train, seeking advice on which benefits are available to them and using more childcare facilities provided by the centre. It seems that a smaller proportion of users use the 'Achieving Economic Wellbeing' services but those that do are very satisfied with the outcomes. It may be that this service needs to be promoted more.

The Centre needs to focus on delivering positive outcomes for parents and children with regards to 'Making a positive contribution' and for children with regards to 'staying safe'.

3.2 Being Healthy

One of Ofsted's primary considerations is the health of children and families.

This Includes taking into consideration:

- children's physical, mental and emotional well being and lifestyle
- the percentage of breastfeeding mothers
- immunisation rates
- services for obese children
- smoking cessation for pregnant women and family members

3.3 Quality and Impact of Service Study

The table below details the number of respondents who reported using health services provided at the Centre.

Services Used	No. of Users
Stay and Play Cookery Services	27
Women Only Exercise	22
Adult Education- learning through Play cookery	13
Baby Boost	4
Bump to Baby	3

The Study found that parents exercised more as a result of engagement with the Centre and that children on the whole ate more healthily and were more confident and had greater self esteem. Lone parent households were also more likely to report their children eating and drinking more healthily. This has resulted in a positive outcome for users from the use of the Centre. Although, 26% of Black and Minority Ethnic (BME) parents were more likely to report losing weight than their counterparts.

3.4 Current Service Provision

The centre currently provides a number of services directed at the health of children and families as well as other members of the community. These include services such as Agewell- Adult Education offering gentle exercise for older people, Health Promotion weeks which provide information on health services and topical health sessions e.g. men's health, Breast Cancer etc. There is also health promotion fundraising which aims to raise funds and awareness of such topics through sponsored events.

The centre runs Development Health Checks, Bump to Baby groups, Yoga and Women's exercise classes, Active Play for children, sessions with the Community Midwife and Kick It Stop Smoking classes. The Study shows that no parents reported using antenatal services through the centre.

3.5 Insights and Recommendations

Those who were more likely to say that their children's self esteem did not improve were from lone parent households and households with nobody in paid employment. Services which build emotional health and esteem should be targeted at families in the above mentioned groups.

Healthy Eating services should be promoted to BME parents/carers who were 26% more likely to report weight loss. It may be that services may need to be delivered to these groups differently to bring about positive outcomes for them if they are current users.

The Study showed that 40% of young parents were not accessing these services. The centre should be targeting young parents and providing them with support. Young parents can be identified through GP services as well as through antenatal services which should be available through the centre.

No parents reported using antenatal services. This could be attributed to a gap in the service provision at the time of the survey in providing antenatal services. These services should be offered with regards to the profile trend data on birthweight, teenage pregnancies etc. Relevant funding and agency support should be sought to provide this service. If relevant agency support is available, effective promotion strategies should be put in place to increase uptake by users.

Parents/ carers who work were less likely to identify impacts than those who did not work. This may suggest they did not note significant differences after accessing the services or that they did not use the 'Be Healthy' services provided by the centre. This should be further investigated to assess reasons or underlying issues.

3.6 Staying Safe

The key areas Ofsted categorise under Staying Safe include:

- welfare concerns
- emergency hospital admissions
- numbers in traffic accidents etc.
- cases of domestic violence
- child protection plans
- bullying
- safe working practices
- any anecdotal evidence of users becoming aware of child safety and how safe they feel

Staying safe also covers children's understanding of their safety, how to stay safe and the users sense of the Centre's understanding of safety concerns and how these are identified and addressed.

3.7 Quality and Impact of Service Study

The table below shows how Staying Safe services were used by those who accessed the centre

Services Used	No. of Users
Family Solutions	12
Triple P - Positive Parenting Programme	9
Other	11

17 out of 23 parents/carers who reported positive impacts for themselves through accessing the Centre's safety services also reported that there had been positive impacts on their children. 16 parents reported they were better able to manage their children's behaviour and 13 parents/carers said they and their children felt safe at the centre.

One service user who said there were no positive impacts from using the centre commented 'Youngsters hang around the centre which can make people feel uncomfortable' and another user said there needed to be different play areas for younger and older children.

3.8 Current Service Provision

The centre currently provides services directed at staying safe such as Family Solutions aimed at getting parents back to work, Triple P, having a Safer Neighbourhood Team to improve relationships between the community and the police, a Ward Panel which consists of residents who work to help Police and Safer Neighbourhood Services. Other activities include Youth Club, Football, Connexions, Confidence to work projects, Volunteer Centre, Family Support and Family Information Services all of which serve to build community relations and skills in youths to develop job prospects.

3.9 Insights and recommendations

BME families were more likely to say that they felt safer in their households, while lone parent households were more likely to say they felt better able to manage their children's behaviour. Households with nobody in paid employment were more likely to say they felt safer at the centre. These show positive outcomes for the centre amongst these groups.

In contrast, BME families did not report feeling safer at the centre, were less likely to say household safety had improved or that they had learnt new skills to help in their relationships. The centre should consider targeting BME families with Staying Safe services, particularly on domestic violence and safety in the home and also highlighting the Centre's awareness of safety. It may be useful to engage with BME groups with regard to service provision to identify what concerns they have and what services could meet their needs. Information on referral agencies for additional support in this area should be readily promoted at the centre.

Lone parent households and those with nobody in paid employment were less likely to report being able to better manage their children's behaviour. The centre should highlight these groups and work with them to try to identify needs of children and help parents access services which can promote safety and improve relationships between individuals as well as helping to improve behaviour. Promoting parenting skills through services will play a key part in this. There are a growing number of parents/carers who reported having access to the internet at home. Services focused at ensuring parents are aware of child safety issues when using the internet could be promoted through the Centre.

Two respondents provided reasons why they did not perceive any positive outcomes in this area. The issues raised on having separate play areas for older and younger children and youngsters loitering in the area should be reviewed.

3.10 Enjoy and Achieve

Enjoy and Achieve covers service areas which serve to promote children's learning, play, communication and development. Data from the National Indicator Set is used to measure schools or a Centres contribution to a child's well being. Data is used to identify children who achieve 78 points, with a minimum of 6 in each category and a key component of a facilities contribution to 'Enjoy and Achieve'. The rate at which the gap between the lowest 20% and the rest of the children using the centre reduces is also a key factor. Other factors which contribute to 'Enjoy and Achieve' are the extent to which information provided to parents on child development improves outcomes, opportunities for parents and children to play together, improvements in parents skills lead to improvements in children's skills; and outcomes of adult learning programmes.

3.11 Quality and Impact of Service Study

47 parents/carers responded to this section. The table below details the number and types of services accessed. Stay and play and Crèche were the most frequently used services.

Services Used	No. of Users
Stay and Play	36
Crèche	27
Sensory Room	10
Toy Library	7
Music House for Children	6
Acorn pre-school	5
IT and Art (entered as other)	1

38 parents identified one or more positive impacts of accessing services related to 'Enjoy and Achieve' at the centre. Both parent/carers and children stated that they played and had more fun together. Parents/carers reported improvements in their children's personal, social and emotional development, as well as, communication and/or literacy development.

3.12 Current Service Provision

The Centre currently provides services which promote enjoyment and achievement through Stay and Play Groups both for babies to 18 months and 5 years, a sensory room, Acorn House Pre school, a crèche, toy library, a music house for children and IT and Arts programmes as well as Active Play groups.

3.13 Insights and Recommendations

Lone parents were more likely to say they were able to support their children with additional needs. In contrast, working parents did not report that accessing the centre meant they were more confident in supporting their children's learning development and that their personal, social and emotional development improved, or that additional needs had been identified.

BME parents did not feel that accessing the centre meant they were more likely to play and have fun with their children or that they were more confident with supporting their learning and development.

The centre could, therefore, openly and actively highlight areas where children may benefit from additional support in learning and development, and areas where they can work with BME and working parents to help them support and identify any additional needs their children may have.

3.14 Making a Positive Contribution

The key areas Ofsted require to be addressed under the category of 'Making a positive contribution' include ways in which parents/ carers and families have been able to make a positive contribution, positive impacts on behaviour and relationships of children, the extent to which users contribute to the centre through volunteering etc, and consulting the National Indicator set on wider community perceptions of parents assuming responsibility for children and the community and a sense of how those from different backgrounds get on well together as a whole.

As a result of the nature of this key area, it does not relate specifically to any services provided by the centre but rather to the levels of involvement and participation by parents/carers and children of the Centre and the community as a whole.

3.15 Quality and Impact of Service Study

On the whole the results were positive with 27 out of 48 users reporting that they felt part of the Community Centre and 20 saying their children felt the same. Over half of them reported they are developing more positive relationships and 22 saying their children were developing more positive relationships as a result of their engagement with the centre.

3.16 Insights and Recommendations

Parents/carers from BME groups were less likely to suggest they felt more involved in the community through their use of the Centre or that they regularly attended Parent's workshops. They were also less likely to report that their children were developing more positive relationships.

The Centre should target BME families to try to encourage them to feel part of the Centre and promote their attendance at other classes. Involving a panel of residents in decision making in the running of the Centre would promote positive outcomes in this area.

BME households, Lone Parent households and households with nobody in paid employment were all less likely to report attending the Eid lunch. The Centre should strive to make events more welcoming to all families and have a range of events in place throughout the year to promote community spirit.

3.17 Achieving Economic Wellbeing

Achieving economic wellbeing is an important criteria demonstrating that parents/carers have access to training and advice. Evidence of economic and social wellbeing includes the percentage of children in workless benefits households, as well as the percentage of mothers in training, education, employment etc., qualifications of users and the extent to which their children are inquisitive and active. Data may also be taken from the National Indicator Set on adults in training and on benefits.

3.18 Quality and Impact of Service Study

The table below details the number of respondents who reported using Economic Wellbeing services provided at the Centre.

Services used	No. of Users
Family Learning- IT training	20
Family learning- Sewing Group	9
Childminder Drop-in group	4
Employment Advice	2
Family Solutions	2

The results of the survey show that 19 out of 26 parents/carers reported positive impacts from accessing the service. 10 out of 19 parents who responded reported taking up more training and 7 out of 19 reported taking up more childcare. More training and the take up of more childcare are the two main positive outcomes related to achieving economic wellbeing.

3.19 Current Service Provision

The centre currently provides services centred on economic wellbeing. These include Family Learning - IT classes, Family Learning - Sewing Groups, Childminder drop in groups, Employment Advice, and Family Solutions. Other services include CV building and job search and interview techniques, Lone Parent network, Jobcentre Plus and Hammersmith Hospital learning for work programme.

The Centre offers advice on Welfare and benefits- Nucleus Advice, as well as form filling; and there is a Connexions service for young parents, offenders and those in school. There is also education and training available through Adult Education courses. Some of these services are also supported by on-site childcare provided by the Centre's crèche.

3.20 Insights and Recommendations

The low response rate to questions in this area prevents any discernable differences between groups being distinguished. However, the 'Economy' section within the profile information provides further insights in this area.

3.21 Reasons for not accessing the Centre

The below table highlights that the main reasons for not accessing the Centre were that parents/carers did not have time due work and were not aware of services available.

Reason	No. of Users
Work and so do not have time	14
Do not know what services are available	7
Unaware of what a Children's Centre can offer	7
Do not think family needs a children's centre	4
Other Reasons	4

Opening hours were also mentioned by 2 respondents as a deterrent in using the Centre.

3.22 Insights and Recommendations

It is recommended that the centre looks into extending opening hours. This finding is supported by the responses of three parents who said they would value services provided at weekends. Extending services to weekends would also allow parents/carers who work to get more involved with the centre at weekends and evenings as well as provide them with opportunities to train.

Some residents are not aware of the services provided, therefore relevant promotion strategies should be used to promote the Centre. Given that friends and service providers are identified as a key method for communication, it suggests that this should be encouraged and maximised.

3.23 Promotion of the Centre

The Quality and Impact of Service Study shows that parents who accessed the centre, had heard about it and the services provided, primarily through a friend. Some had heard through a primary school, and some had found out about it themselves. No one reported having found out about the centre online despite the study showing that seven out of 10 parents had access to the internet. Five parents also noted that they use different Children's Centres as well as the Old Oak Children's Centre.

3.24 Insights and Recommendations

The Centre should develop a website that provides information such as opening times as well as describing the services available to users. This could also help address the issue of a lack of advertising which was cited as one reason why one of the parents was not satisfied with the centre. Stronger links should be formed with Jobcentre Plus and mutual signposting should be occurring. Strong links should also be made with other Children's Centres in the area to ensure appropriate signposting and referral to any specialist services. Joined up working with these Centres should be considered to promote better use of resources and effective VFM (Value for Money) gains.

The Centre could develop a newsletter or another medium for regular communication to be distributed to service users, detailing upcoming events and timetables as well as giving users an opportunity to write their own articles.

The study found that a majority of parents/carers walk to the Centre in less than 15 minutes. This suggests it attracts many users from the local vicinity. The majority of homes within the local area are managed by Old Oak Housing Association. The Centre should work more closely with the Housing Officers of Old Oak Housing Association to promote the Centre at Sign up of their tenancy and through tenancy check visits carried out by staff. This should be included in the Sign up checklist and Tenancy visit checklist.

The Centre should engage with Local Authority Housing Officers to ensure that they reach prospective users from within its catchment area and not just those within the local vicinity. This would ensure effective signposting and referral to the Centre focused around the needs of the prospective users. Face to face promotion would be more effective, as the survey results have indicated that recommendations from a friend or service provider are a key method of communication.

A positive finding was that all respondents/users apart from one live within the Old Oak reach area, showing that the Centre is appropriately targeting users within its catchment area.

3.25 Meeting the Needs of Different Groups

Parents from BME communities and parents/carers who work were less likely to say they made new friends and were able to support other parents/ carers. These groups were also less likely to identify their children had been supported through problems.

Users who work also reported that they were less likely to join in with their community, learn new skills, feel better parents, have gained more confidence or have opportunities to train.

3.26 Insights and Recommendations

Parents and Carers who work and those from BME communities should be targeted by the centre with services that enable them to actively participate in the community through events at the centre and Parent Workshops.

3.27 Community Development Group

There is currently a Community Development Group (CDG) which serves as a steering group for the Centre. The group is composed of Ward Councillors, a School Head Teacher, a professional in the Health Service and the Director of Old Oak Housing Association.

3.28 Insights and Recommendations

CDG membership should be expanded to include parents/carers who use the Centre and local residents in the area. Greater involvement from users in developing services and having involvement at a more strategic level will aid in ensuring the Centre continues to cater for the needs of its key users. Engaging with users in developing the CDG strategy would ensure strategic alignment to needs. The Group should develop its terms of reference to ensure there is a balance between community initiatives and the children's centre.

4.0 Conclusion

As demonstrated by the results of the Cordis Bright Study on Quality and Impact of Services provided by the Old Oak Children's Centre there is a high degree of satisfaction from users towards the services provided and the Centre as a whole. 84% of those using the centre report that they are either satisfied or very satisfied, and reporting that accessing the centre and services has had positive impacts on both them and their children.

The most common reasons reported for accessing the Old Oak Children's Centre were:

- To give their child opportunities to play and socialise with other children
- To give their child opportunities to improve their development

An overview of the service and outcomes can be seen in Appendix 1 of this document. The Centre appears to be matching services to the demographic composition of the Borough and where gaps are identified relevant recommendations have been made. They attract a range of users from BME groups, children, teenagers, lone parents and households with nobody in paid employment.

There are further steps which could be taken to be more inclusive to certain groups and to encourage different groups to interact more freely in the community. Parenting groups should be promoted to working parents/carers and BME groups, whilst encouraging participation in community events. All of these will serve to improve safety in the community and foster better relationships between adults and children, as well as extending support networks throughout the community.

The centre actively promotes and provides training and childcare services but should further promote links with outside agencies, which offer work placements.

The Centre should focus on health services. According to the profile data there are a large number of indicators of deprivation in the Borough which relate to health, as a result the centre should focus on providing health services to pregnant women, teenage parents including antenatal classes and advice, bump to baby classes and ensuring immunisations and dental checks are carried out regularly. The centre should promote its services more actively through the development of a website and other literature detailing services as well as opportunities to become involved in the centre and wider community. The use of the centre should also be promoted through partnering agencies promoting joined up working to effectively use resources.

The Centre should continue to review data on the uptake of its services to determine whether each service should continue to be provided as is, further promoted or delivered differently to ensure it meets the needs of its users.

A panel of residents should be involved in decision making at both a strategic and operational level to ensure the centre continues to meet the needs of users and the needs of the profiles within its catchment area.

Appendix 1
Overview of Results

	OVERALL PERSPECTIVE (percentage of number of parents/carers who access the centre)			5 EVERY CHILD MATTERS OUTCOME AREAS Services – percentages of those accessing any services at the centre, Outcomes – percentage of those accessing the specific services								
	Overall satisfaction	Impacts upon parents/carers	Impacts upon child/ren	BE HEALTHY		STAY SAFE		ENJOY and ACHIEVE		MAKING A POSITIVE CONTRIBUTION	ACHIEVING ECONOMIC WELLBEING	
				Services accessed	Impacts	Services accessed	Impacts	Services accessed	Impacts	Processes and outcomes	Services accessed	Impacts
No. of respondents	47 (92%)	40 (96%)	44 (88%)	41 (80%)	40 (98%)	20 (57%)	26 (90%)	47 (9%)	45 (96%)	41 (80%)	26 (51%)	10 (73%)
Most frequent answers	Very satisfied: 25 (49%)	'It's given me new ideas of playing with my children': 27 (55%)	'They get on better with other children': 26 (50%)	Stay and Play Cookery: 27 (53%)	Parents exercise more: 21 (51%)	Family Solutions: 12 (24%)	Parents/carers better able to manage their child/ren's behaviour: 18 (55%)	Stay and Play: 35 (71%)	Parents and children play and have more fun together: 41 for both child/ren (87%) and parents: 36 (77%)	'I feel part of the Children's Centre Community': 27 (53%)	Family Learning: IT Training: 20 (39%)	More parents/carers taking up training: 10 (30%)
	Satisfied: 18 (35%)	'I've made new friends': 26 (53%)	'They have made new friends': 25 (57%)	Women Only Exercise: 22 (43%)	Children now eat/drink healthier food/drink: 16 (39%)	Other: 11 (22%)	Parent feels safe at Children's Centre: 13 (45%)	Creche: 27 (53%)	There has been an improvement in child/ren's personal, social and emotional development: 24 (51%)		'I am developing more positive relationships': 25 (49%)	Family Learning: Sewing Group: 9 (18%)
	Unsatisfied: 4 (8%)	-	'Their play has improved': 24 (55%)	Adult Education – Learning through play cookery: 13 (25%)	Child/ren's self esteem improved: 15 (37%)	Triple P: 8 (31%)	Child feels safe at Children's Centre: 13 (45%)	Sensory Room: 10 (20%)	There has been an improvement in child/ren's communication, language and/or literacy development: 23 (51%)	'My child/ren is developing more positive relationships': 22 (43%)	-	-
	-	-	'They have gained more confidence': 23 (52%)	-	Parent's self esteem improved: 14 (34%)	-	-	-	-	-	-	-

Appendix 2

Table of Services Accessed

Service accessed	Number of parents/carers accessing service
Stay and Play	36
Stay and Play Cookery	27
Creche	27
Women only exercise	22
Family learning - IT training	20
Black History event	15
Eid Lunch event	15
Parents' forum	14
Adult Education - Learning through play cookery	13
Family Solutions	12
Other	11
Other 'be safe' group	11
Sensory Room	10
Triple P	9
Family learning - sewing group	9
Parents' workshops	9
Toy Library	7
Music House for Children	6
International Literacy Day event	6
Baby Massage	5
Other 'be healthy' service	5
Acorn Pre-school	5
Young Parents' Group	5
Baby Boost	4
Childminder drop in group	4
Unicef Children's Day Event	4
Bump to Baby	3
Coffee mornings	3
Employment advice	2
IT and Art	1
Antenatal	0