



**UNISON survey and
response to
Early Help Service
proposed changes**

May 2021

1. Introduction

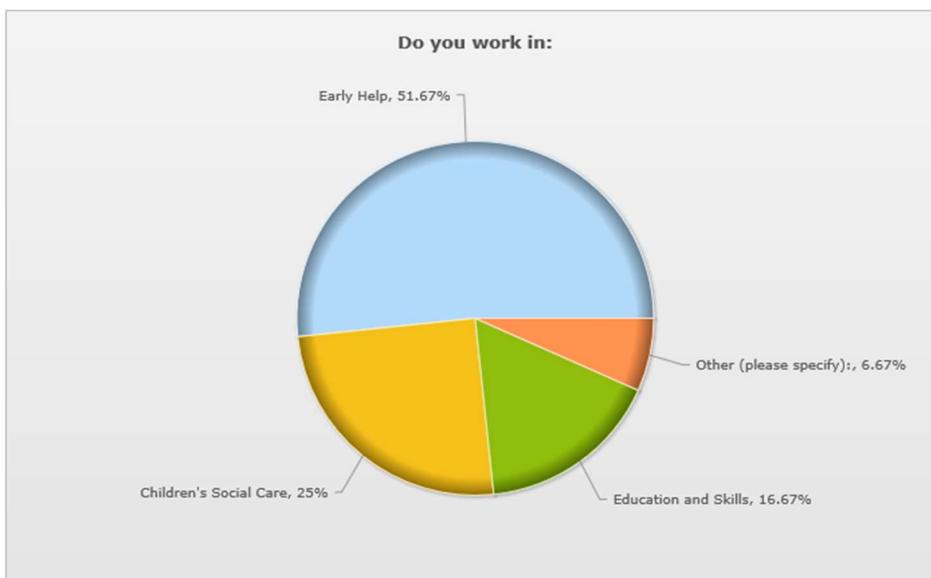
UNISON carried out a survey with its members to the public consultation on proposed changes to the Early Help service. The survey ran from 13th April to 5th May 2021. The survey questions broadly mirrored the questions in the public consultation survey but also asked some additional questions.

Questions focused on the impact of Option 1, but members were also asked if they supported Option 2 and Option 3.

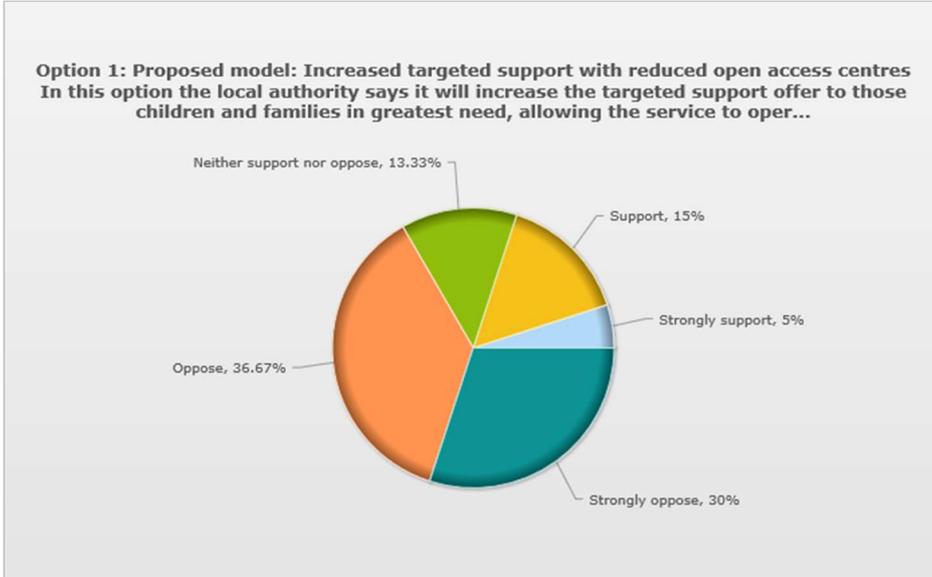
Members were asked for comments throughout the survey and a large amount of qualitative data was gathered. A selection of these comments are included in the report to illustrate the feedback that UNISON members provided.

2. Survey Results

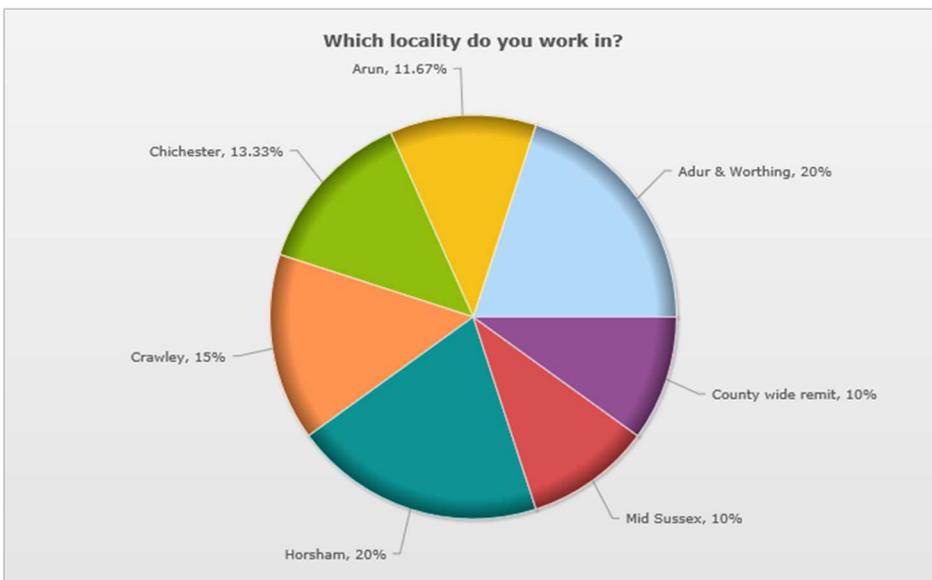
Do you work in:



Option 1 Proposed model. Do you support this proposal?



Which locality do you work in?



If this proposal goes forward, what will be the impact on you and your role and on service users in your locality?

Adur & Worthing

Concern was expressed that the centres earmarked for closure are in the most deprived areas of the county where there is a real need for services.

Under Option 1 there would be no Children & Family Centre from Shoreham Beach through to Lancing and Sompting. Local experience shows that families will be unlikely to travel from Lancing/Sompting to Shoreham or Worthing for support, young people may not access services outside of their local area.

It was strongly felt that due to the needs of this community, Early Help should consider keeping one centre in Lancing/Sompting to spread support across the area.

"It will cut off vulnerable families that cannot travel far from both information and help and a very big factor, socialisation with other families in similar situations. They will become withdrawn and lonely again especially after the difficulties of lockdown".

"Vulnerable Families left unsupported in their local community, leading to serious problems with children's emotional wellbeing".

"The families I work with will have less resources and less opportunities in their area. They will have less opportunities to network. Reduced opportunities to hold family and friends network meetings in suitable venues. Church halls etc cost a hire charge whereas children and family centres are free. Reduced opportunities to meet people in their community in places they feel more comfortable in".

"CFC's and youth buildings remain closed for the majority of children under 5 (roughly 10,000) across Adur and Worthing alone. Families are being shut out of centres, we could be opening them up and doing good pieces of work to support them. The government Roadmap says parent & toddler groups of up to 15 can run inside, but Early help are not moving forward with this and there is a general sense that WSCC does not want to have to answer awkward questions. It does feel piece by piece that we are having work taken away from us and that we are being pushed into the night so that we are forgotten, and it becomes much easier to get rid of us".

Arun

The potential loss of easily accessible support for families in outlying rural areas who will struggle to travel to their nearest CFC was raised. Members were also concerned about the loss of welcoming and friendly neutral safe places in the area in which to introduce families to and create a community of

support. Durban House was not viewed as such a space to engage well with families.

“Group work is often the most useful signpost we can use to engage families in their local community and builds links for them to make friendships and contacts which will no longer be possible. This takes away any chance they have of building up local support networks/friends for themselves which in turn means they have to rely on children’s services to step in and support where we would otherwise be encouraging families to use & build up their friends (&family) network”.

“It is important to keep local hubs open so that families can build up relationships with other families in similar situations/support networks of friends to support them where their own family members are living in other parts of the country which is all too often”.

The potential closure of the 39 Club/FIO and Phoenix Centre was seen as highly detrimental to the young people in Arun, restricting their access to appropriate services. During the pandemic the closure of the buildings caused great difficulties in engaging with young people and placed more responsibility on staff who had to pick up work that they had not previously undertaken.

“Teenagers need somewhere local to drop-in/attend groups that doesn’t involve the cost of travel to get to as this will be a definite obstacle that some will not be able to overcome meaning they are left with NO ACCESS TO SERVICES”

Chichester

Chichester district covers a very large rural area and there was much concern that the proposal to have one CFC would leave families struggling to access the CFC in Chichester as public transport is poor in many parts of the district. Even a digital offer could be a challenge as it relies on internet access and mobile phone signal.

“I’m concerned about those who live in smaller towns having access to local centres like Midhurst, Selsey making them have to travel to Chichester”.

Concerns were also raised about young people’s access to services as they could be reliant on public transport which in some areas could mean one bus per day into Chichester and could be costly. For staff working with young people this could mean that they would have to do more home visits and would be extremely time consuming reducing the number of young people they could support.

“The young people would have to travel much further, and this would unlikely happen meaning I would need to do home visits if parents agreed. Takes up more time. Not always possible”.

Crawley

Members in Crawley commented that the current proposal in Option 1 would not provide accessible services to those with the most need and that a centrally located CFC with good bus links would be needed. Crawley has several pockets of deprivation and low-income families of which there are even more since the pandemic and may find travel to the proposed remaining centres challenging. There are many high-rise housing developments with no safe outdoor areas for children to play in, the loss of play services will have a big impact on families who access the centres for a variety of reasons.

“Another big main centre in the town centre that has good bus links. The town centre is within walking distance of most of the to the areas that are losing their centres. This centre could be shared with other agencies to do drop ins”.

“These two centres are located on one side of Crawley so all families from the other areas of Crawley will have to travel to get to them. Bewbush is quite easily accessible but Broadfield not so and for some families without a car is likely to need 2 bus journeys. Since the data provided showed that the most vulnerable families were not the ones who regularly accessed a centre which is why some centres would close and since highest footfall was at Langley Green, I would consider keeping Langley Green open as well as the other two as it is central and allows greater access for the whole of the area. Also, in terms of office space, it would allow greater integrated working with social care staff”.

“Poundhill and Maidenbower families would need to travel all the way across town which has an impact on the environment as well as increasing the congestion. For Mums who are struggling with isolation and getting around having only 2 centres nearly on the border of Crawley”.

“Families that live in the deprivation pockets across the town such as Maidenbower, Poundhill, Northgate and Langley green where there is also deprivation, are unlikely to travel across the town to seek support elsewhere until they reach crisis point”.

Crawley has a large ethnic minority population and it is vital to ensure that services are fully accessible to meet their needs.

“Much of the community is non-white and not Christian and have English as a second language. They will not access the many church-based services in the area”

“I recognise there is a need to change but I think there should be a Crawley Town Centre based service in addition to the two named centres that everyone in the town can access easily. Some activity sessions such as singing and story time should remain, these don't need specialist family workers to run them, and don't require many resources and would benefit children of English as second language families”.

Langley Green was widely suggested as a CFC with excellent facilities that should remain open. It hosts the only SEND playgroup in the area and has a large play space along with an outside environment and sensory room. There was concern that if this were to close then there would be a highly detrimental impact on children with SEND and their families.

“There is a wonderful sensory room at Langley Green CFC which is well used by families and groups who have children with a range of disabilities. This will be a great loss to the whole community”.

There was widespread concern about the loss of FIO centres for young people in Crawley.

“Our Young People are unlikely to access support in shared buildings with families, or where CFCs are not based or central to where they live”.

“We have always had a central support for YPs since I have worked for the service, and on moving this outside the shopping centre, we saw a drop in footfall. Having the FIO for YP has meant the right services can be offered in 'their space' so that they can access this independently from their families. I would be worried if the combination of FIO in CFCs loses this relationship with YPs and prevents our most vulnerable YPs accessing the service due to both Broadfield and Bewbush CFCs being on the outskirts of the town. As previously mentioned, there are pockets of deprivation such as Milton Mount flats in Poundhill, and it is unlikely YPs living these would access services over 3 miles away. It would be important to consider the location and likelihood of accessing this”.

Horsham

Horsham is a large geographic area and there is concern that if there were only one CFC at The Needles that many families and young people living in rural areas would not be able to access this. Smaller local centres could address this and can provide essential networks of support to vulnerable families. Some suggested that Early Help provide services in the communities by offering a weekly or fortnightly session in local premises. It was questioned as to why The Needles has been selected to remain open and not the Roffey Youth Centre, Harwood Road CFC or Hurst Road which may be more suitable in terms of layout and access.

“It always feels as though the smaller more rural areas are the hardest hit when in fact, they are perhaps the most in need of services”.

“I do not believe that we operate an early help service without local universal offer. It is easy to say we have local community groups but often in rural areas they are described as 'clicky' or that parents on low incomes feel they are 'looked down on'. By moving provision to centralised areas negates some of the issues of rural living: transport links, cost of travel, confidence to travel, local knowledge, 121/face to face contact, modelling by staff and other parents. I could go on and on but overall I know that local service by CFC's helps to prevent the need for targeted intervention, also helps to identify those who may need intervention but are not identified or do not know how to get help”.

“I cover rural Horsham which is poorly served by public transport. I previously used the C&FC in Billingshurst, Pulborough and Storrington to meet with clients. It will be difficult to find alternative venues to meet in these localities. Those with most need are unlikely to have the resources to travel to the remaining WSCC buildings”.

“The Horsham Portage Service, where I am a Home Visitor is currently based at the Roffey Family Centre. Horsham Portage will have to relocate which is not a huge issue, however, whereabouts will the service be moved to? How accessible, will this be? The accessibility of multi-agency liaison working is more effective whilst Home Visitors can move freely in and out of the Family centre where other Early Help staff are also based”.

Mid Sussex

Mid-Sussex covers a very large area and the proposal to leave one Children & Family Centre open will leave the service inaccessible to many people who need this.

“I think it is a good idea to increase targeted support but not by closing family centres. Service users will not travel from Burgess Hill or East Grinstead to H Heath willingly”.

“With regards to families in my locality it removes a universal access point that provides truly preventative support. I know that our centres didn't tick the boxes for reaching the most vulnerable families, but I would very much vouch for the CFC's having been a life-line to many families so they didn't become vulnerable”.

“The impact will be on service users, particularly those who live in rural areas who will be forced to travel long distances for support. This is particularly concerning for those families most in need who, by definition are unlikely to have their own transport or the financial means to travel these distances”.

Young people will face particular barriers with accessing services.

“The impact will have an adverse effect on my ability to meet up with many young people and their parents where face to face provision is really needed. I am often working with vulnerable young people who have EHCPs, EHPs and other issues going on in their lives where virtual meetings are often insufficient to capture all of the issues that need addressing for the young person. As we know, body language can tell you a lot about how a person is really feeling and thinking and can often prompt further questions leading to better solutions. Virtual meetings are very often not an adequate alternative for this interaction. There remains the issue of a lack of internet access and IT equipment to many of the young people I work with so access to a large number of buildings across mid Sussex remains of paramount importance”

County wide issues

Covid

UNISON members across the county expressed concern that the isolation and lack of social interaction as a result of the pandemic has led to parents, babies, children and young people missing out on the support that they need and that this is not the time to remove universal services and dedicated centres and support for young people when they are needed more than ever.

“I am concerned that after the pandemic families will need additional support, many children have had limited social opportunities and with the proposed cut-backs of groups at this time. I am worried this will lead to difficulties later down the line. Group work can often be an opportunity for parents to discuss concerns and seek support, gain information that they may otherwise not feel able to access. I think any changes should be put on hold until the true impact of the pandemic on families is understood”.

“I worry about the impact of COVID for the school readiness of children. there are more universal services in the community however they are of varying quality. Any needs of the children or families may not be picked up and support given. C&FRC's were designed to be a one stop shop providing a range of services. looking to support the most targeted does not allow for peer support and learning”.

“Over the course of the pandemic, we have heard countless examples of the impact that lockdown has had on people's mental health and reports from parents across the country who are worried for their children's development



due to the lack of social interaction they have had. To remove universal services at a time when they are needed more than ever seems misguided and potentially very damaging to the wellbeing of our families”.

Impact of closure of CFC’s on services and loss of safe welcoming spaces

The Children & Family Centres are used not just by Early Help but by a range of WSCC staff and other organisations to deliver services. Closure of centres could create difficulties for social workers, Education & Skills staff and health partners who need access to local welcoming centres to support their engagement with families and young people.

“I will not be able to have confidential meetings with families as an IDVA, DA victims may be at risk further if seen talking to someone, at a children and family centre, victim can say they were getting information about immunisation, holiday clubs and play sessions etc. It means if I meet with someone they can relax and not worry about becoming upset. Other people cannot overhear our conversation, we can ring other agencies meet up before taking client to refuge etc. The children and family centres may also be the only eyes on a family and where DA is concerned it is an important issue”.

“As a CFIS children and family social worker, we will lose access to valuable safe and supportive meeting spaces where we can carry out our work if needed with families in an environment that welcomes interaction and education for all”.

“AFRS use family centres to run groups such as Break4Change, Family Futures and Triple P. Without Child and Family Centres the Break4Change and Triple P project has had to stop which has meant less families receiving this support which is otherwise unavailable. We also use family centre to run face to face hold Solutions sessions which is the only way some families can access the service”.

Universal services and early identification of needs

UNISON members are concerned that although targeted support is vital, universal services are also essential in preventing problems escalating and the loss of this could result in many more families needing targeted support further down the line. The closure of so many centres could hamper our efforts to find those families and young people who really need support before reaching a crisis point.

“Children and family centres are a vital resource in the community and to close any of them will negatively impact universal services upwards as when families are not able to be signposted at early help stage there will be more of a bottle neck of using services at a higher need”.

“Cannot use parent and baby groups to identify vulnerable children who may not be identified until School. Early preventative support cannot be given & often level 3 support comes too late”.

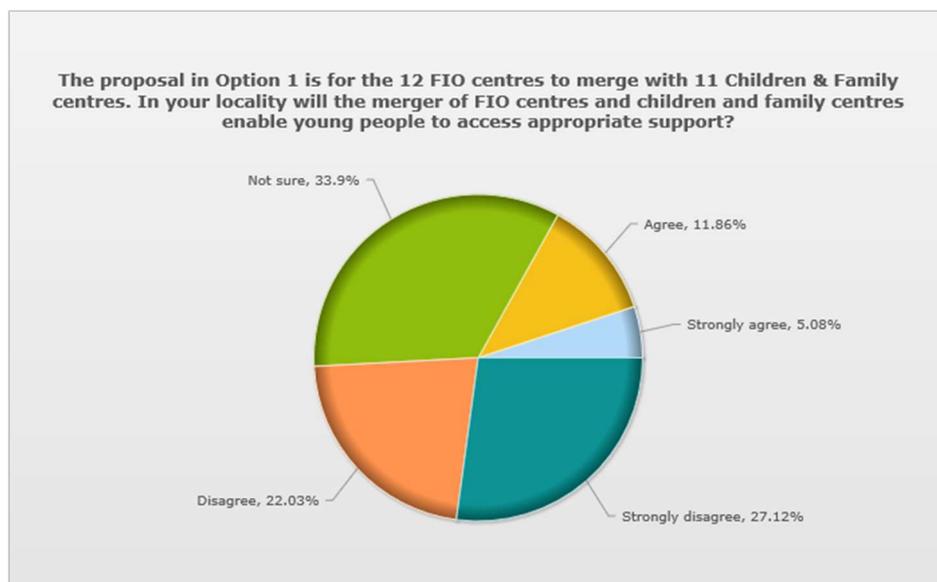
“Open groups may be seen as a light touch - however the relationships built mean that staff can observe changes and make it easier to clients to ask for help. Local access is hugely important”.

“They will be unable to access support directly at a cfc. Therefore the volume of calls to the front door will increase blocking potential crises for coming in or parents not accessing support at all, the impact is also that these targeted

families have nothing to readily step down from Early Help”.

“We will find it difficult to 'find' these family in the community, as in the past they have rarely come directly to us, and it will be important for our local groups to understand where to refer to. by building better community relationships. I would hope our community links to things such as toddler groups can be retained by the outreach community events where we would identify and pick up these families in the past. I do however agree that there is a need for extended work with our vulnerable families but worry that we do not always reach out to these families”.

The proposal in Option 1 is for the FIO centres to merge with the remaining 11 Children & Family Centres. In your locality, will the merger of FIO centres and children and family centres enable young people to access appropriate support?



If you have concerns about this merger, what are they and do you have any suggestions?

UNISON members provided a great deal of feedback on the proposed merger of the FIO centres into the CFC’s. There is widespread concern that young people will not feel comfortable using CFC’s in their current format as they are set up for parents and young children and designed to be ‘baby friendly’ and not ‘teenage friendly’. If young people would be expected to use these buildings then there would need to be consideration as to how to accommodate enough confidential meeting space, create an environment that young people would find welcoming and display leaflets and other information which may not be suitable to be on display to young children. Services would also need to be provided at times to suit young people who are at school, college, or employment during the day.

Again, it will be young people in the rural areas and those who cannot afford to pay for public transport who will be particularly impacted. Opportunities to provide 'pop up' services to those areas need to be explored as well as an improved digital offer. Travel expenses for young people may be necessary.

In many communities there is a lack of good quality 'youth services' and it was also felt that we need to strengthen our relationships with the voluntary sector who deliver youth support.

Where young people do need to access advice and guidance as opposed to just information, experience shows that young people much prefer to do this face to face rather than by telephone or video call and do not feel comfortable speaking to people they don't know by phone. The loss of welcoming young people focused centres in the local area will deter young people from accessing support. There is a crisis with the mental health of young people and there is a very real risk that young people will not access support before reaching a crisis point or will disengage with the support they need if the FIO centres close and easily accessed young people focused services are not provided elsewhere.

Members also suggested that some services may be better provided at schools and colleges or by health experts and that we need to avoid duplication. However there was also recognition that schools often do not have the capacity to do this themselves and Early Help/FIO staff may need to run sessions at schools , children and young people often want and need independent impartial advice and support, and many children and young people needing support do not attend school or college.

"I still think Young people perceive CFC's as where babies go, and I don't think they will use the buildings for that reason. CFC's are not set up the same as FIO centres".

"I am unsure that there will be enough space to allow for the 2 very different age groups to access the space on offer".

"Young people may not feel comfortable or confident to enter a children and family centre as they may see it as not somewhere that is appropriate for them. I think they would prefer a venue that is specifically for their use".

"I can foresee many young people being put off the idea of going into a children and family centre in the first place by the fact that they will perceive that it is not really for them, unlike a youth facility. Even if they do go there once, how many young people will feel like returning if they find themselves having to mix with lots of parents with babies and very young children which will often mean a noisy environment which many teenagers will in future try and avoid. The same could be true in reverse where vulnerable parents and siblings who have been benefitting from the services provided by a children and family centre suddenly find themselves in an environment where the presence of a lot of young people in the same centre could make many of them feel far less relaxed and safe in this new environment in future".

"In the first instance they may be better served by having these provided at their secondary schools and where many of the other aspects involve sexual health maybe via the local hospitals where there are proper experienced staff".

“It is important that young people have dedicated spaces that are young people friendly and are staffed by people trained to work with young people”.

“Teenagers and young people often do not want to access support alongside younger children and their families. They often have specific issues which are best addressed in a more appropriate space, which is what FIO centres provide”.

“While I agree with the closing of underused and over-resourced CFC’s I do think that youth provision has not been fully considered. There will need to be a major rebrand to encourage young people to go into what were CFCs”.

“Having services that are difficult to get to, would discourage young people to attend or walk in. However, I am in favour of all support services being under the same roof”.

“We know that young people struggle to go and talk to professionals and having their own " front door" would help”.

“CFC's are areas that have to be '0-5 year old safe, operating a youth provision - FIO - means that displays for sexual health, drugs/alcohol, etc are not appropriate for younger children. young people are often confused about who they are and struggle to find their role - to be confronted with lots of 'child/baby friendly images' will serve to make them feel 'patronised'. Also by placing FIO's within CFC's will also affect the confidentiality of appts/drop ins. Often CFC's are adjoined to nursery settings”.

“I worry about the lack of good quality community support for young people. Again, there are services in the community, but they are not always the best quality. there is a lack of more specialised groups or services. Mental health worries are rising. Could result in a rise in teenage pregnancy”.

“We have always had a central support for YPs since I have worked for the service, and on moving this outside the shopping centre, we saw a drop in footfall. Having the FIO for YP has meant the right services can be offered in 'their space' so that they can access this independently from their families. I would be worried if the combination of FIO in CFCs loses this relationship with YPs and prevents our most vulnerable YPs accessing the service due to both Broadfield and Bewbush CFCs being on the outskirts of the town. As previously mentioned, there are pockets of deprivation such as Milton Mount flats in Poundhill, and it is unlikely YPs living these would access services over 3 miles away. It would be important to consider the location and likelihood of accessing this”.

“It might put young people off walking into a children's centre. So maybe they should be renamed to something more inclusive”.

“Some young people find it difficult to access the services offered by FIO centres without a worker supporting them at the start and the fear that they will be spotted by people they know. By merging them with the C&F centres this risk is increased and they will be around smaller children so the support will feel less personalised to them and their age group”.

“Teenagers less likely to go to a centre that is generic for all ages to ask about self-harm, sexual health or bullying. Teenagers will not think children and family centres are a safe space for them as too babyish for them and less confidential”.

“Young people are often difficult to engage with , especially the ones that really need it , the service we offer has to be accessible to them and be ' within easy reach' so to speak whether that's in person of at the end of a phone Young people need a safe and calm environment in which to access support”

“Young people often prefer to use social media, but when they need one to one support, they will opt for person to person”.

“Having a drop in session in each school but it has to be run by Early help staff so that is if the young person is struggling with the school and needs advice or support they will be given the benefit of the doubt and feel heard and understood”.

“I think schools and youth clubs in the community could be key to improving getting information and support to young people. As well as mobile service that go to the places that the young people hang out”.

“Allow youth centres to provide activities that give the young people the opportunity to talk to someone when they feel confident rather than accessing support only when in crisis”.

“Virtual support would be beneficial where they can call and talk to a youth worker, not someone in MASH or fill in 'report a concern'. (This is what a Family Support Lead in Early Help instructed me to do!)”.

“Young people need someone who knows how to talk to them, although many people think they have this skill I would disagree!”.

“Many of these young people have disengaged from their schools by the time I need to support them. By the very nature of their circumstances many of these young people are vulnerable and in need of face to face rather than virtual support. While I will do home visits this is not always possible or practical from a workload perspective so there is a need to meet them in the community locally. Such a huge reduction in the availability of community facilities goes completely against the need to provide appropriate support to such vulnerable clients in the most appropriate setting”.

With a potential reduction in office space under Option 1 proposals, what impact will this have on:

	Positive impact	No change	Negative impact
Your emotional health and wellbeing	5.1%	37.3%	57.6%
Your ability to work effectively	3.4%	39.0%	57.6%

Staff have predominantly been working from home since the pandemic started and so members answered from this perspective rather than from moving from a point of working five days a week at a Children & Family Centre.

There was a diverse response to this question with many members embracing working from home and feeling that this had many benefits to them helping them to concentrate on their work, avoid long travelling times and achieve an improved work life balance. However, there was also significant feedback that members often did not have adequate or suitable working space and equipment at home, and they would need access to buildings in which to work. There were concerns that they would be spending more time travelling if CFC’s close and therefore less time available to write up their reports. Members were concerned that their mental health and wellbeing had suffered as they no longer received the informal peer support necessary for emotionally challenging and complex work, and managers would need to develop their skills to effectively supervise and support staff with new ways of working. There were also problems with professional development due to the lack of opportunities to discuss cases with peers and in a multi-agency environment.

“Closing buildings will also impact on staff health and mental wellbeing. Having the support of your team close at hand can alleviate feelings of isolation - working from home is incredibly challenging and can impact on the service we provide effectively”.

“In addition, the proposals will require more working from home on a permanent basis due to a reduction in office space, which I believe will create a mental health “time bomb” and in addition we do not all have space within our homes which we can use for working - in my own case I currently have four adults working from home”.

“Limited ability to meet with staff for supervision and will reduce the opportunity for important corridor conversations that enable staff to offer vital emotional support”.

“Our caseloads are increasing as workload on social workers is lessened. If we work from home and travel to town for our meetings with families and professionals, then there is less time for reporting and everything else we have to do”.

“Space to have supervisions was always difficult before, it will even trickier now”.

“I would be concerned that staff teams could feel fragmented if some are in the office and some working from home. At the moment we are all working from home which suits some more than others. I would worry that some staff could be made to feel they have to work from home because they can't go to an office or feel they need to be in the office in case they miss out on anything when they work better at home. Managers would need to ensure that their team feels supported in their decision and no-one is adversely impacted. I feel there would need to be clear guidance on what is expected so staff are confident to make a decision that is best for their well-being”.

“Staff need support from each other, especially when new to a role. Staff have had no choice about working from home during Covid and appreciate that it is essential but I am not sure that the same attitude will prevail when restrictions are lifted”.

“Not everyone has space at home to work, confidential documents have to be brought home and guarded. We all have to complete training on working in an office and ensuring the chair, screen and desk are at correct levels - that is not possible at home, sitting on the settee with a laptop on our knees”.

“We do not all have fast speed internet which enables us to work from home”.

“I have been working entirely from home for the last year and going forward I'd like to be able to work from home majority of the time. Being dyslexic working in a busy open space environment where you hot desk is not easy. I feel like I have been probably more productive working from home”.

“Working from home - isolation, lack of support, lack of adequate equipment eg Laptop with suitable docking station to meet DSE requirements. Use of personal equipment/ home not being suitable space or adequately reimbursed/ tax liability. Expecting us to work with extremely poor-quality mobiles. With the types of problems we deal with basically taking this into your home and having an impact on our mental well-being”.

“This past year has not been easy working from home. My emotional and physical health have been negatively impacted. In the office are resources, not least of which are my work colleagues. Being able to discuss with colleagues an issue a family is having and getting their experiences of similar issues was a vital part of daily work routines.

I can see that being able to work from home for some of the time can be beneficial. It cuts travel time and has meant I can now cover working with families across the whole County”.

“Working in an office ensure that I have good peer support when dealing with difficult situations and my colleagues are able to offer advice or share their experiences and offer good advice on what to try to overcome situation I was dealing with”.

“Working in the same room with other agencies like the Domestic abuse team and CAMHS helped me get a better understanding of how they work, strategies, and also potential problems I also helped when trying to referral to their service because I had a better understanding of what they did. I was also given insight to how best to support families that might not meet their threshold. Not being the office means my learning is stagnated to only what I do

online and I don't have the benefit of listening to other workers discussing barriers they are dealing with and how they trying to find better ways of supporting families. These conversations help remind me of strategies we can share with families and also up to date support and resources that is available for families. I feel like my learning has now become very narrow and I am not getting the benefit of hearing about my peer's experiences. There is also situation where conversation is happening and people don't realise that I also need that information, where when you are in the office you would hear about them".

"When you have had a difficult family situation to deal with, and you have been on the phone for over an hour and it's been really intense the last thing I want to do is have another telephone call. Being in the office and taking time out and someone taking a walk or taking a coffee break with someone helps me manage all my worries, I feel contained and supported. It is also helpful for me to hear when one of my colleagues is having a difficult conversation, I can check in with them later to see that they are doing okay. Working from home means I don't really know how the rest of my team are doing and none of us feel like talking or using link by the end of the day. I am also not able to see if someone is feeling low on the day and reach out to them. There have been days when one of us has arrived in the office and we can all see that person is not having a good day so we would rally around and make lots of hot drinks and make sure we try do a lunch together and be on hand if they need anything".

"I have found that during the lock down and this working from home period that it is the small things that make the difference. a colleague noticing that you have had a hard telephone conversation/session/meeting and offering you a chat or cup of tea. by working together across teams was working really effectively in our FIO. Having career workers, YES workers, CGL workers, and process staff - made working with clients much easier. WE could introduce clients directly rather than waiting for referrals. WE could also ask questions for clients who were in a 'grey area'. another direct positive effect is that often individual professionals can have ideas, contacts outside the 'general' channels".

"Not a concern. Covid home working has shown that we can continue to work remotely and do the job. We are large teams so if you were working in one building you would not necessarily see the rest of the team on a regular basis. this could be very positive".

"When I have a stressful case or been verbal abused or threatened, there is no one at my side to support or take over etc.
You don't like calling other colleagues in case you're disturbing them or bothering them, in an office it is different and socially supportive".

"Increased home visits, unable to use the technology I need to with young people, home visits requiring a parent to be home so harder to manage my diary. Increased time travelling will reduce the number of young people I can see in a day".

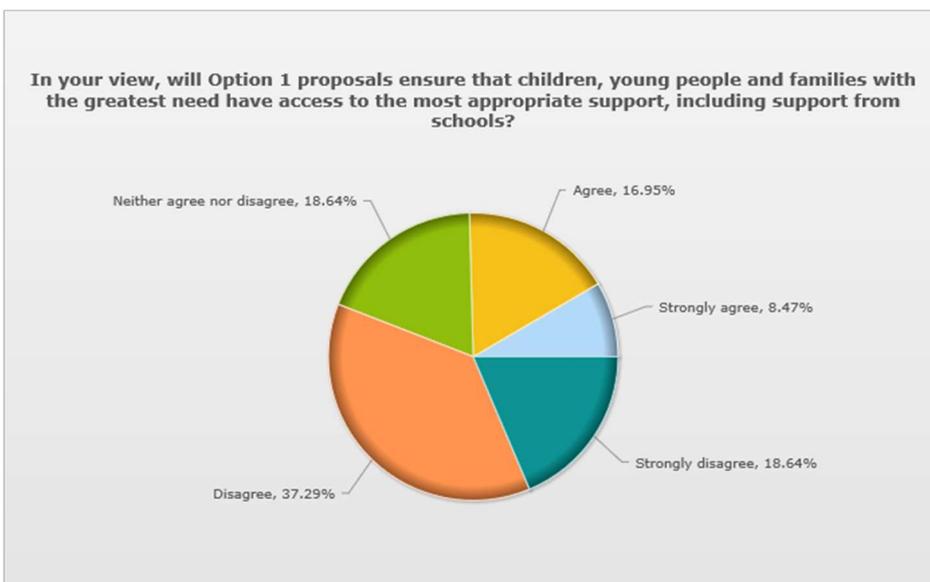
"Working for home is not ideal considering the conversations we are having. impromptu peer conversations and links with colleagues is invaluable to the work that we do and whilst remote working has its place, I do not consider this to be a suitable long term plan. People are working off kitchen tables and in bedrooms and this is not good for the family or work life balance. We have no access to printers and suitable desks and chairs, whilst these have been offered not everyone has the space to have these in the homes. This often means people are not having the appropriate set up for office working".

"We are currently able to hot desk from C&F centres and as our roles are county wide this is helpful so that we don't need to work out of our cars, we don't need to travel back to our office which may be out of the way from our visits and we have access to toilets, kitchen and printers".

"As Employees we all need to have some face to face contact with colleagues / managers
Ideas can be shared easily if we are able to meet up face to face, emotional support can be offered directly to individuals
My home looks like an office!!! This is NOT a healthy option and IS having an impact on my emotional well-being".

“I will lose my base where conducted most of my face to face interventions. I will also lose the opportunity to network and interact with colleagues from the Careers Team and other services which will reduce the benefits afforded to clients of partnership working. Also working largely in isolation which will reduce the quality of my working life”.

In your view, will Option 1 proposals ensure that children, young people, and families with the greatest need have access to the most appropriate support, including support from schools?



UNISON members welcome a focus on targeted support to those with the greatest need but identified a risk that with Option 1 proposals more families slip through the net and then require a much greater level of support further down the line putting pressure on Early Help and children’s social care and their capacity to provide the support needed. This could also result in families requiring support having to wait longer to receive this.

Some families could also be discouraged from accessing support if they see Early Help as part of ‘social services’ and that support is only there for those with the greatest need and feel stigmatised by this.

There was also concern about the capacity of schools and mental health services to deliver support to families with the greatest need.

“I think that the families most in need will still be referred to Early Help, particularly those with school age children. My worry would be those with very young children who are struggling and may get missed so we would be relying on our HCP colleagues to raise awareness of these families and referring in for support”.

“Those with greatest need are unlikely to be able to access facilities at CFCs unless they are lucky enough to live within walking distance. Staff will be able to go out to them, but it is not always suitable or appropriate to meet at their homes. We need buildings to provide meeting places”.

“Lack of expert advice and facilities to break from troubled family situations.
Reduced contact by professionals with children at risk of harm”.

“With more effort on targeted services and support in schools, I believe this will have a positive impact on accessibility for our more vulnerable families.
However, we must be careful not to discourage families from using the service because they see Early Help as part of Social Services and be afraid to get help”.

“There will be a stigma for families that need help and families are declining support from Early Help because the main telephone number is also for Children's social care”.

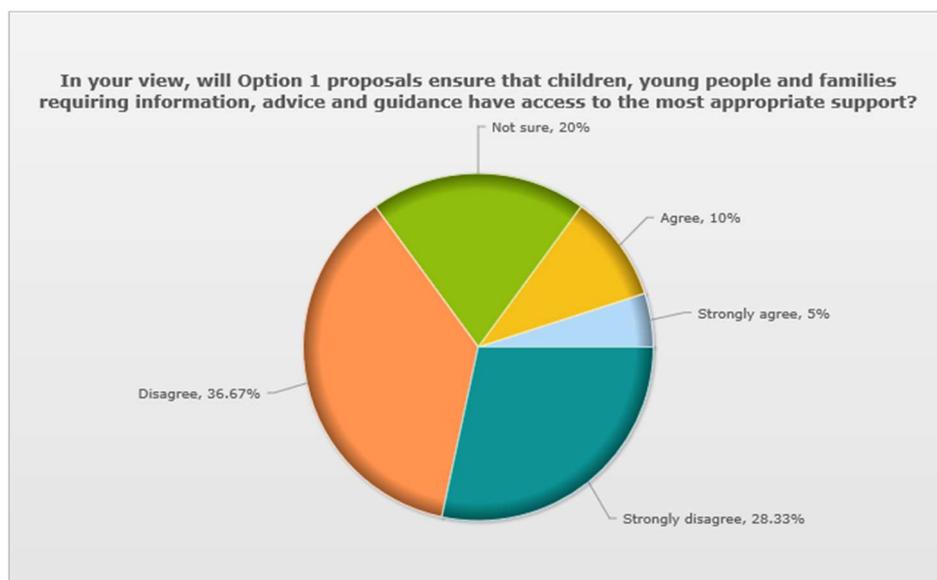
“School staff cannot cope with the amount of social/behavioural problems with children and their families that they have now. They will need a lot more trained staff to deal with this and schools don't have the budgets. Schools are making long term staff redundant now as from July”.

“Schools differ from how well they provide support. There is a lack of back up services especially around mental health, access to CAMHS and other therapeutic services is poor”.

“If they access the services independently this will improve chances of 1:1 direct work, however there has been an issue with the families most in need, not seeking the support they need until crisis point, and it will be difficult to encourage families to access interventions without an increased relationship with local schools, including the academy schools and colleges”.

“Some of our hardest to reach families choose not to engage in 'frightening' targeted interventions but happy to learn from child and family workers delivering 'play and learn' and watching other parents. Also, the same for targeted youth work! young people may find targeted work to be a barrier and labelling! a different approach with communities and peers would be better”.

In your view, will Option 1 proposals ensure that children, young people and families requiring information, advice and guidance have access to the most appropriate support?



65% of respondents disagreed or strongly disagreed that there would be appropriate support to those requiring information, advice, and guidance.

Members expressed concern that without staff in local communities that families and young people will not access this and that while a broadened digital offer is needed, not everyone can access this and it is not a substitute for being able to talk to someone.

“C&F centres are an excellent place for families to go for more informal support and for problems to be identified and supported before the risk to children increases and becomes a safeguarding concern. C&F centres are great to access toy libraries for families that do not have access to lots of toys or the finances to help”.

“Schools do not have supervision for emotional wellbeing and are already overstretched in being expected to pick up social care and mental health needs of children and their families”.

“Some families find it difficult to ask for help directly and by providing groups for young children this gives parents an opportunity to discuss a concern at the session which could mean they come to realise that their issue is a common one or alternatively they can be signposted. This is especially important with new first-time parents who have information coming at them from various means by way of social media and it is hard to know what is the correct advice”.

“The parent and babies, toddlers’ groups as well as groups for young people were valuable to the local community. It will be a huge loss. Community hall groups delivered by charities/ churches/ parents themselves probably won’t have the activities that support child development or the professional advice available for parents in the same way Children and Family Centres have offered it”.

“I think more would be expected to be done via the telephone and this will not be easy for many people who have English as a second language. Face to Face is much better for outcomes/ understanding”.

“The lack of specially trained youth workers may mean young people do not access the service”.

“People will not get buses or taxis to travel long distances to access support, most will not be able to afford to as well as practical issues with transporting children or fitting in with childcare”.

“How can there be appropriate support if such a large reduction in service provision at a time when child mental health and resulting parental anxiety is being so widely impacted by the pandemic”.

“No, this service will be lost on the whole, families will have to either access by phone or internet and we know that those families will want to speak to a human face to face. Not everything in life can be worked by an app or phone. The CFC staff have huge amounts of experience and knowledge that will be lost if these buildings close”.

“Families that need help want help and advice on the day not 4 to 5 weeks down the line”.

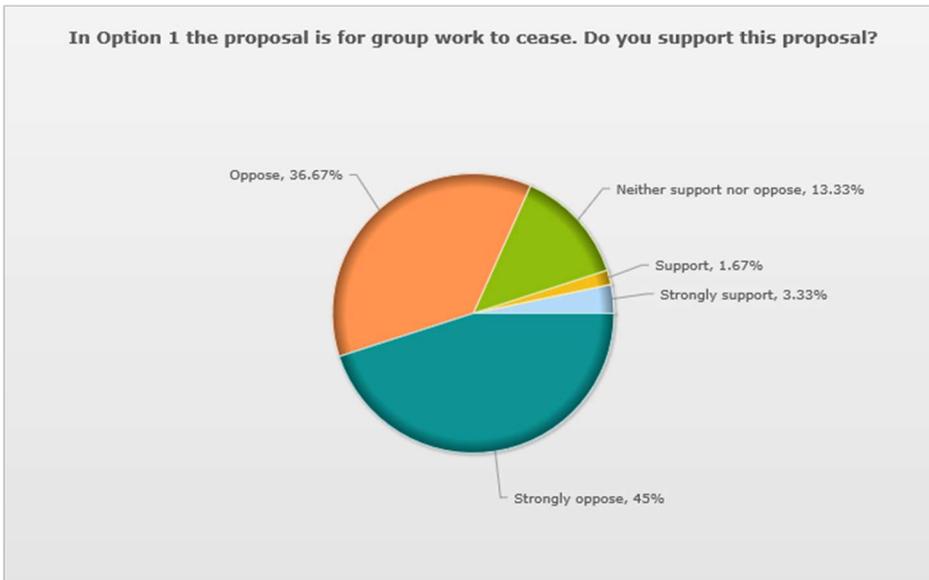
“Assuming we maintain the excellent partnerships we have with schools, health, community, then yes”.

“I think families requiring IAG often don’t know what information they might be missing without having the option of informal interaction with other families. I personally don’t believe people would call someone for the kind of questions people ask during groups”.

“C&F centres are not as scary to families as social services are and they allow families to access information and support before the needs escalate to significant harm. They enable people to be signposted to relevant support and also offer a place to buy age appropriate commodities e.g. toothbrushes, drinking cups etc”.

“They know that the centres are like a one stop shop for all their worries. They know that the staff will support them to get the information if need be”.

In Option 1 the proposal is for group work to cease. Do you support this proposal and what could be the impact?



Over 81% opposed or strongly opposed the proposal to cease groupwork.

The baby groups, Play & Learn, Play & Learn Plus and groups for teenagers provide a vital and positive service that makes a real difference to families. The pandemic has created isolation, anxiety and lack of social interaction which will continue to impact on mental health and children's development. The group work is now even more necessary.

As covered previously, members have highlighted the very real risk that more families will need intensive targeted support further down the line if these positive and inclusive interventions are withdrawn. Although these groups were not always used by families that need them the most, more could be done to improve this and there are many benefits to all families of these being open to all where families can learn from each other and role modelling can take place. The groups can make all the difference between a family coping and not coping.

The particular need to ensure that families of children with SEND continue to have access to groupwork has been highlighted by members.

While it could be that voluntary organisations could run some groups, it would be vital to ensure that all communities have access to universal services and that volunteers are adequately trained, knowledgeable and skilled to deliver these.

“Group work is important in bringing a range of people together for peer support as well as advice from professionals. The baby groups were a vital service for new parents from all backgrounds, including the most vulnerable. The Play and Learn sessions provide families with a safe place to enjoy play experiences together and give opportunities for children to develop their skills. Parents were shown the importance of learning through play and how this can be reproduced at home.

There is no mention of the 'Play and Learn Plus' group which is specifically for families with children who have a range of disabilities. Many parents I have spoken to have said that it is a huge support for them and will be dreadfully missed”.

“Early Help was created because it was found that children that have had proper learning through play experiences were able to cope and thrive in the classroom”.

“Many parents felt that Play and Learn gave them a better understanding of what their child needs and also to understand their behaviours”.

“Regarding the group sessions. Many families take up this offer as a positive support network, helping to prevent isolation and feelings of loneliness. It is a great opportunity for families to seek support and guidance from staff and each other”.

“The beauty of running groups, is that some families will be able to access help and support without necessarily being 'targeted'. Sometimes families do not want to be 'targeted', the chat with the health visitor at the baby weighing clinic can be the way which families that need support can be referred. Will families have to go into crisis before being 'targeted'?”

The incidental 'chats' with other parents whereby this can be such a useful source of support will be lost, and so will community support. Some parents do not even realise that they are not coping as life is always in chaos, however going to groups and seeking support is a more sensitive approach.

Would I want to be labelled 'targeted'?”

“I believe stopping all kinds of group work is short sighted as it will cause families to get missed and develop needs that could have been prevented otherwise. I'm thinking particularly of SEND groups and Discover Baby for new parents”.

“This is a very backward step in my opinion. There is strong evidence to support group work for victims of DV, young people groups and parenting/information activities. Many people are reluctant or uncommitted to online courses. People with learning difficulties and mental health needs are unable to process and act upon information and advice without physical interaction through group work. They also offer the chance of peer support”.

“Having delivered healthy relationship group work and also participated in young parent and carer groups , I would suggest these are vital in terms of encouraging young people to develop friendships and encourage networks of support for each other and prevent isolation as well as enable professionals to oversee and offer help and advice when asked” .

“No direct work with teenagers unless threshold met for Early Help, when they might not engage. Group work run by skilled workers can be v effective w teenagers”.

“As said earlier, some sections of the community simply won't have anywhere else to go, many live in flats, cannot afford the range of toys to stimulate child development or know how to play with a child. My personal view is that we will end up with even more families coming through the front door for help instead of us preventing that from happening”.

"If other organisations take over this role then the impact will be minimal.

However, the CFC has provided some really good group work i.e. parenting groups, baby massage, stay and play etc and I would not wish for this type of support to disappear without a replacement".

"It is hard to evaluate the effects of group work - how can you evaluate the fact that a parent finally makes a contact in a new community, how can you evaluate that by watching a parent do tummy time with their child encourages another parent to actually try it. How can you evaluate the value of a first aid course, if a parent never has to use it, How do you evaluate the effect of risk taking behaviour, some parents are scared about letting their children - touch paint-use a slide-allow them to cut fruit, etc. How do you evaluate access to groups in terms of families without gardens, resources? how do you evaluate the benefit of a toy library? how to evaluate the leaflets efficacy after they have been taken?"

"Families need to support each other, children need to socialise, and staff need to role model appropriate ways of giving children access to good quality educational/developmental play provision".

"Group work for young people will be a gap that needs to be filled by partner/ charity agencies".

"Some may feel easier to work in groups rather than one to one due to fear of being singled out".

"One of the most effective means of preventing further problems is peer support. Removing group work dramatically reduces this opportunity and will result in independent groups forming which, due to a lack of governance and oversight, could result in best practice and evidence based IAG being lost amongst the population".

"Groups such as youth groups and young carers enable young people to share their worries and experiences in a regular forum and build up supportive relationships. I feel it will be unlikely that these Young People will access the same support in schools/colleges".

"I agree that group work such as Play and Learn, and Discover Baby sessions can be facilitate by voluntary groups as well as other key partners. I also agree that it is usually not vulnerable families who have accessed this kind of provision in the past. I do think, however, that certain targeted group work such as Play and Learn Plus for families with children with Special Educational Needs or Disabilities has been an invaluable piece of work for those families who might otherwise struggle to access good support".

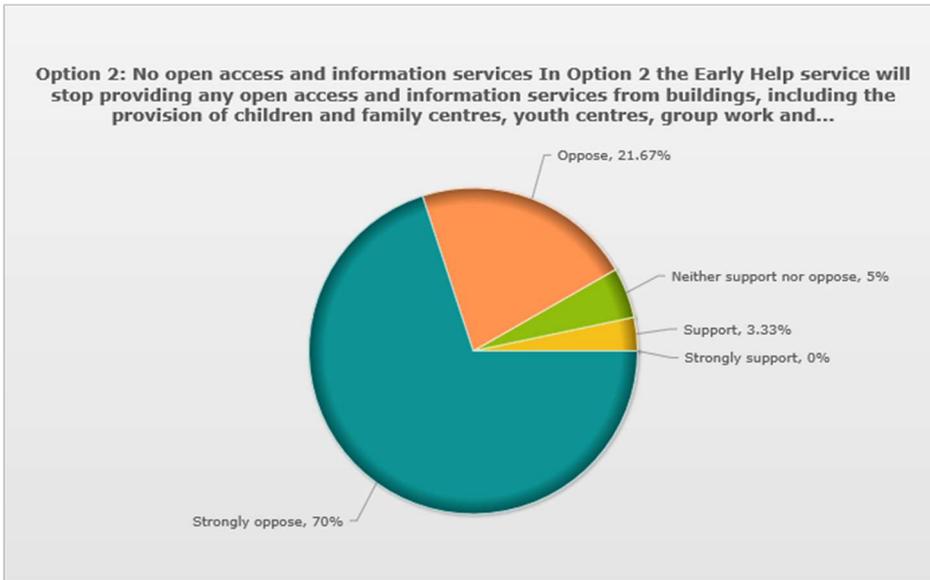
"Group work is widely evidenced to promote meaningful change and provide networks of support for individuals and families in a way that one to one cannot. Peers supporting each other is role modelling valuable life skills of interdependence that happens less and less in the world of social media and neoliberalism politics that blame individuals for their problems and cause untold mental health difficulties in unrealistic and unhealthy expectation of independence. It takes a village to raise a child and the village in this plan is not being valued".

"No. Many young people are in need of improving their self-confidence, communication, social and life skills and group works provide the best method for them to develop these skills. They can also enable young people to make new friends and to reduce their anxiety and other mental health issues so such a reduction will only be storing up problems for later in a young person's life and we know how important each year is to a young person's personal development".

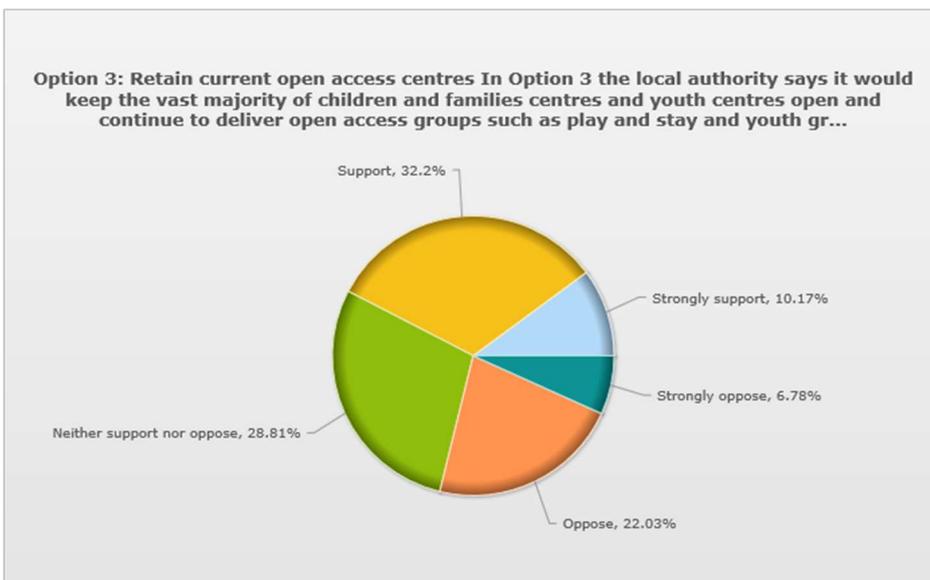
"As stated previously, communities of support would vanish and people more isolated, this has been seen through the pandemic with Mental Health increasing in our most deprived areas. It is those that suffer most, and we are increasing isolation and poorer outcomes for our children".

"One to one work will significantly increase workload which means less people may have access to support in a timely manner".

Option 2. Do you support this proposal?



Option 3. Do you support this proposal?



This model had the highest level of support out of the three proposals however it appears clear that none of these proposals are seen by members as being the solution and Option 3 would require some changes and improvements in order for the needs of children, families and young people to be met, and staff to have the resource to meet those needs.

Members expressed some concerns that universal groupwork sessions were attended by families who may have a good support network, and did not feel that all groups needed to continue running but there were also many comments about the effectiveness of universal support preventing the need for more targeted intervention and that buildings in appropriate locations needed to be available to deliver those universal and targeted interventions to communities.

Several suggestions were made to improve Option 3 including streamlining of information services and an improved digital offer. The need for much better collaboration with our partner organisations such as health services was also highlighted as well as the need to reduce duplication of services and put more investment into services such as Youth Emotional Support which could make the biggest impact.

"I do not think all centres should remain open and believe there should be some middle ground where some centres close, for example I do not feel four centres and a FIO are required in Horsham Town Centre. This would mean some sessions could be retained, perhaps on a more targeted basis rather than the current "drop-in" model whilst still being able to continue the Enabling Families offer".

"There needs to be an increase in targeted intervention including the Enabling Families interventions, so I do not agree that all groups running are in need of continuing. I do however agree that targeted groups such as youth interventions for selected vulnerable children group should continue".

"I think in light of the pandemic this offer should be increased to meet demand and prevent escalation. This in my view should be along retaining CFC's until the real impact of the pandemic on families has been assessed. There are many children that have been born during the pandemic that have had limited social interaction and limited social interaction for all children. It is possible this will present further difficulties along the line, in regard to school readiness etc".

"While I don't deny that some centres are very much underused and the number could be reduced, I completely disagree with the extent being proposed, particularly the Find it Out centres when reports of the impact on young people's mental health is so negative".

"Can't carry on as we are with increasing demand and reduced resource. So, unless there is more money something has to change. However much better collaboration with health partners could go some way to help".

"This is worded in such a way as to suggest that the price of keeping buildings and groups would be a reduction in targeted intervention support. Therefore, the consultation is rather biased and leading. However, a reduction in universal/group provision is only likely to lead to a further increase in demand for targeted intervention support going forward. It is not possible to separate the two as they are intrinsically linked.

Also buildings are only of any value to our customers when they are open. Retaining the buildings is not a service in itself. They need to have consistent, regular, and well publicised opening hours".

"Different times call for a different offer. Our delivery teams are drowning in cases we should invest in those teams instead and direct work. Enabling Families is level 2 offer and that should not be reduced in my opinion".

“This model has worked for so many years, albeit it does need tweaking. However, the local authority is aiming to demonise all the good work that has gone on before. You cannot measure how light touch interventions work, we know they work as we talk to real families and they tell us that the support offered prevented further issues”.

“The service needs to adapt and meet the needs of those that need the most help and doing nothing would not address the improvements that are needed”.

“It should be made clear that Early Help now includes children’s social care which is where that increase in demand has become apparent. Early Help also encompasses other areas such as the central operations team who are responsible for the IAG (amongst other things) and the children and family centres. It seems strange that the increase in demand is not being associated with the closure of all centres during the pandemic and consideration is not being given to the impact that they could have had on demand had they been allowed to remain open”.

Please place the following options in order of your preference where 1 represents your most preferred option and 3 represents your least preferred option. Please click in each box to select numbers 1 to 3.

Item	Overall Rank
Option 3: Retain current open access centres	1
Option 1: Increased targeted support with significantly reduced open access centres	2
Option 2: No open access and information services at all	3

Are there any alternative suggestions for improvements to the service or comments that you would like to make that have not already been covered?

“It is impossible to make choices like this. Targeted early help needs to be increased but not at the expense of centres”.

“Early help cannot survive with the demand at the present time, families wait 3+ months for a worker to be allocated, the team are at breaking point and something needs to change. If that means reducing buildings and groups, that needs to happen, but I do feel groups that were targeted like Solihull are needed so 10 families can be supported at one time without travel needed”.

“This is making it seem as there is only one option and that you either choose a targeted approach or keep the centres open, whereas there is a place for both and the service should be adapting to the need not the need adapting to the provision”

“Cutting off the universal offer will result in a further increase in demand. The centres were closed during the pandemic and without evidence to support, it is my opinion that the increase in the demand for Early Help is because family were not able to access support at universal level which then led to escalation and an increase in the demand for Early Help intervention”.

“Early Help needs to do what it does best and not try and do the social work, prevention and communities of support that all families can access. Early Help isn't seen as 'authority', moving to targeted will move them into the world of 'mini social workers' which they are not. Their achievement is engagement with all families especially those who are hard to reach, they befriend and give guidance for successful outcomes”.

3. Conclusion

UNISON members have clearly expressed that the three options put forward in the consultation exercise are not fit for purpose but accept that changes and improvements are needed to the current model.

There is very clear opposition to and no confidence in the council's preferred proposal in Option 1 with only 20% supporting this. While there is recognition that the number of centres could be reduced, there is strong disagreement with the extent being proposed and with the closure of dedicated centres for young people.

3% support or strongly support Option 2. While Option 3 has the highest level of support with 42% supporting or strongly supporting. The fact that the level of support for Option 3 is only 42% shows this is viewed as a 'least-worst' option and not with much enthusiasm. There is belief that whilst there is a political desire also to cut the service's budget, Option 3 is unsustainable.

Staff would have more confidence in a fourth option, to be developed, which built on the existing strengths and achievements of the current model and did not propose significant closures of centres.

UNISON recommend that more work refining and improving the existing model takes place, factoring in:

- the impact of the pandemic and its affects on social development and mental health of children, families and young people which have created a greater need for group support and face to face work
- accessibility of Children & Family Centres and Find It Out services, particularly in rural communities and areas of greatest need
- the suitability of the Children & Family Centre buildings to the needs of young people and consideration of a 'youth offer'
- equality issues such as meeting the needs of families from ethnic minorities, and the needs of children with special educational needs and disabilities
- improving partnerships with communities, schools, and health services to develop universal and targeted support
- working with partners to improve availability of mental health services which will in turn reduce the demand on Early Help and children's social care

- the risk that withdrawal of universal services could in fact lead to a greater number of families and young people reaching crisis point at a later stage which could in turn lead to increased pressure and demand on targeted services

That 57.6% of respondents stated that the loss of office space through a centre closure programme would have negative impacts on emotional health and wellbeing and staff's ability to work effectively must also give decision-makers pause for thought. The wellbeing and efficiency of staff must be given significant weighting in any decisions for the future of the service, as it emerges out of lockdown.

It is vital now that CYPL management and the Cabinet member listen to their most knowledgeable stakeholder, their staff, and their accumulated years of experience and expertise.

Budget cuts should be taken off the table, and a renewed impetus given to co-working with staff to retain and develop the existing invaluable network of high-quality Children & Family Centres and Find It Out Centres which serve all our communities in West Sussex.

This is vital to the achievement of other CYPL objectives such as retention of qualified social work staff as well as to the core Early Help strategy.