



Children's Centre Changes Consultation Report

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Children's Centre Changes Consultation Report

1. Introduction

1.1 The services for children 0-5 yrs and their families will need to change in East Sussex in order to meet the significant reduction in spending that is necessary. For Children's Centre services this has meant a change in the way services are to be delivered.

Firstly by moving forward with the long held aspiration of integrating the two public sector services that work with families and their children aged 0-5 years - namely Children's Centres and Health Visiting and secondly to focus services within Children's Centres on those families who are deemed to need extra support.

1.2 For families in East Sussex this means that services for children 0-5 years in the future will be focused around the five mandated universal development reviews that have been introduced nationally for the Health Visiting Service. This requires that the development of every child to be assessed in the antenatal period as a new birth, at 6 weeks, at a year and at 2-2½ years. These universal contacts will be provided within the new integrated service, delivered by Children's Centres and their Health Visiting colleagues together. The integrated service should be able therefore, from April 2016, to respond in a very direct way to the needs identified at these reviews.

1.3 In making the decision to target services on those who 'most need support' funding will no longer be available to fund trained staff who run the 'universal open-access groups' in our Children's Centres. For parents (including many fathers and grandparents) this means that the groups that they are currently able to access freely across East Sussex will cease.

2. Methodology

2.1 This consultation set out to ask parents views and Children's Centre partners, local voluntary organisations and the public, and asked:

- For ideas on how such groups could possibly be sustained (if they were thought to be appropriate) run by volunteers.
- Whether they themselves would be interested in volunteering so that the universal open-access groups could continue.
- Their view on what could help families most in need
- The impact of the proposals on them and their family
- What they thought of the approach that the Local Authority is taking on focusing on children and families who most need the support

2.2 The overall plan was to ensure that as many parents as possible were engaged in the consultation process and their comments, views and ideas were listened to. Parents were encouraged to participate in the process. The consultation commenced on 16th November 2015 and closed on 18th December 2015. It was recognised that with Christmas so close many families (especially those with older children) would be caught up in Christmas activities that are planned at this time and therefore might not be able to participate.

2.3 The consultation took a 'mix and match' approach that included some focus groups with parents and Children's Centres partners* and meetings with parents on a one to one basis at sessions e.g. Explore and Play that were running across the Children's Centre Cluster areas.

**Children's Centre partners included: local Town Councillors, primary schools, voluntary organisations, leisure and sports, housing, community education, neighbourhood planning, local churches, resident associations and local residents*

2.4 The consultation ensured that Children's Centre partner events were offered in each of the three Clinical Commissioning Group areas. Information about the proposed changes along with the questionnaire was available on-line and was also available as a pack for parents to complete at their local Children's Centres. A link to 'Have your Say' was provided through the individual Children's Centre Facebook page.

3. Response to the Consultation

3.1 In total 9 focus groups (attended by 102 individuals) were held and 11 parent engagement sessions were undertaken engaging in total 282 parents (including fathers and grandparents). All parents and grandparents were encouraged to complete the questionnaire. Many said that they did not have time to complete this on line and so completed it there and then at the group. In some cases (where there were language difficulties) the questionnaire was completed with the support of a member of staff.

3.2 In total 432 responses were received; 168 directly answered online and 264 paper copies. Additional information was received via letters to the Local Authority (one through a Local MP) copies of these can be found in appendix 1.

4. Findings

Focus Group Direct Feedback

Impact

4.1 Parents felt it was very important for them to talk about the value of the 'universal' groups for their child/children and for themselves. Many were angry and disappointed that the groups would be ending and a number of mothers cried. For many of them it was a **'lifeline' a 'life-saver'** terms frequently used by those within the focus groups. Parents also talked about the Children's Centre as being a **'safe' place to be and of being 'held' by the support of the staff** and other parents at these groups at times when they were struggling.

'I do not know what I would have been if I hadn't come here'

'the staff notice when you are down – they ask if you are ok'

4.2 These open access groups are seen as **welcoming, non-threatening and a place where parents can access advice and support when they need it in a non-judgemental way**. That is, a **point of access for parents who might be struggling or under pressure**. These groups are the place where they can share issues. They are very concerned that if the groups end other parents in the future would not benefit as they do at present or have done in the past.

'I walked round the block – I was afraid to go in – but then someone smiled at me – I felt it would be ok. I was in need of support but I don't think other people would have seen me in that way. Being at the groups gave me the confidence to ask for help'

'We have benefitted from these groups so much – if they go ... others won't have that'

4.3 They see them as being vital in supporting the **development of children's social skills, and prepare them for nursery and ultimately school**. Parents also felt that the staff that ran the groups had a lot of expertise and that they indirectly learn good parenting skills, as staff

were a **good role model** and for some parents maybe the only role model, meeting with and playing with children that they come into contact with.

'one day I listened to how a worker spoke to my little boy – I ask him things that way now – it is so much easier and he listens better'

4.4 Concerns were also raised about the future of the local 'community spirit' that Children's Centres had evoked.

'the community will go downhill – more depression, more isolation, what will this area look like in 10 years time?'

'In deprived areas – if we cut the service any more there will not be anything left for children at this age'

'Would take away an important part of the community - different people, different circumstances, all mixing together'

Volunteers running services

4.5 Asking parents to volunteer did seem to be a way forward. A number of parents thought they might want to volunteer however those with young babies realised that this wasn't possible at the moment. Most parents felt that volunteering was a big commitment and that there would need to be support for parents undertaking this.

4.6 Volunteer training programmes would need to increase to sustain the numbers of volunteers needed for running groups in the future if they were to continue. **The current training is over a 12 week period which some parents felt was long and that they would not be able to manage.** The biggest concern for them all was that once trained as a volunteer a parent is unable to bring their own child with them and has to find childcare for that child. They felt this was not appropriate. They saw that the programme would need to be reviewed with possible additional elements within it that supported them to run groups and they suggested that giving all volunteers a probationary period would help. Their concern too was around the retention of volunteers and how this would be negated and raised the issue of the constant turnover of volunteers which could be high (with the drive for parents to return to work) within the groups recognising that children would miss the consistency of seeing the same faces at groups as they do at present.

'I trained as a volunteer and then looked for a childminder for my little boy (1 year old)... I couldn't find a child minder who would have him for 3 hours ...they could only offer spaces for 2 days..... I couldn't afford that'

Parents who had trained as volunteers found the training programme to be high quality.

'the training helped me to become the person that I was before – it was brilliant'

4.7 A number of parents who now worked now as volunteers were quite anxious that they would be asked to run groups. The training was mainly focused on training volunteers who would be taking on a supportive role, it did not train them to run or organise groups alone with all the administration that needed to be done.

'I love volunteering but if I was asked to be responsible for running a group I would find that too stressfulthere would be no joy in doing it'

4.8 Whilst they felt that it was good to have volunteers **they did not think these groups should be run by volunteers alone** but recommended that the ratio of paid staff to volunteers could change so that they was only perhaps one professional at each group. They were anxious that parents would be expecting the same support that they get now from trained staff from them as volunteers and that they would not know what to say. The professional they felt should have expertise in child development and other skills and knowledge but this person could be someone with either a Children's Centre background or a Health background. They felt the volunteer would be able to direct parents seek further help and they did recognise that they already have the knowledge about what is available in the area to support parents with young children around specific issues i.e. housing and could increase their knowledge around that. They suggested too that some groups could be run alongside Health Visitor clinics although they recognised that these were often very busy. Other focus group members suggested that they could possibly seek support from local schools and colleges for students training in child development and child care to use the groups as work experience and offer a supportive role within the groups.

4.9 Children's Centre partners were concerned that there was a merging of Health Visiting service with Children's Centres whilst at the same time taking away services and staff, losing that 'early practice intervention'. Focus group members raised concern about the reduction in groups however their main concern was that in general **groups would no longer be staffed by fully trained staff and that parent's and children's needs might be missed**. Their view was that parents go to these groups because they are run by trained staff and not run by volunteers and that it is the trained staff who provide those families with the extra support they need. **Volunteers would not have the years of training and the concern was that they would not be able to pick up on the nuances**. A number at the focus group and Children Centre Partners were concerned around the **management of safeguarding issues if the plan was for parent volunteers to replace staff in running the groups**.

Gap between Health Visiting Contacts

4.10 Others raised their concerns around the contact points within the Health Visiting service – **the gap between 1 year – 2 - 2.5 years in particular - when a lot can change for a child within a family**. If a parent was not able to access a Children's Centre at that time those changes may not be picked up. It meant that there would be long periods of time when there could potentially be no communication or contact with families.

What help should remain

4.11 They felt strongly that some groups should be retained in every area, but that the numbers of groups should be rationalised so that there were fewer in each area. Those remaining therefore would be seen as most important for the community and would be specific in meeting the needs of those individual areas. One of the most important issues to be addressed for all of the Children's Centre partners was the need for joint strategic planning with the voluntary sector and others to discuss whether there are things that these other services (e.g. in the voluntary and community sector) can be do to 'pick-up' some of the work Children's Centres will no longer be in a position to deliver.

Fundraising

4.12 Parents came up with a number of ideas of ways of possibly sustaining the groups because they 'just want the buildings to be used'. They discussed fundraising, hiring the rooms for children's parties and other events. Some thought that parents could meet at the Children's Centres for coffee etc and pay what they would pay at the local cafe where they regularly meet (but often get stern looks because of the noise) and donate that to the Children's Centre. It was generally felt that parents would be happy to pay or offer a donation for the groups that they attend although many did recognise that this is difficult for some parents even to pay a small contribution.

'we often have little money left after bills, food etc and the group is something to look forward to'

'charge a couple of pounds to get in ...people will pay I'm sure, I know I would'

'I am sure that asking people to offer a monetary contribution to come into the group would not be a problem'

'I'm on benefits so money is tight can't afford to do any other groups'

4.13 At one focus group the parents discussed the value of a 'membership' to Children's Centres with a tiered membership fee based on the ability to pay. Parents are used to having cards so felt that your ability to pay would only be known between that parent and the Children's Centre and could be less stigmatising than being asked for payment on entry to a group. They thought parents who volunteered could get a reduction in their membership too.

4.14 Parents did recognise that sustaining groups through payment may be difficult to administer and that it could be argued that they could cost more to administer than to put in place, however they felt that certain volunteers (if they were interested) could be trained and supported to administer fees/donations and preparation for getting back into the workplace too. Organising a membership system of East Sussex Children's Centres would require more work but their keenness for this made them discuss the availability of systems that are already available in sports centres/ libraries / educational establishments etc.

Local Authority's Approach to Savings

4.15 Many parents thought that **the approach that was being taken was wrong and that it was 'short sighted'**. They felt that in the future there would be more families with issues that have not been addressed and that this would become very costly.

'you're not looking at the bigger picture..... not personal things like depression and illness'

'.....the approach is a backward step, if families are only at the children's centre because of problems this could be seen as discriminatory discrimination against children'

'It makes me angry that I will be excluded from necessary support'

4.16 Parents recognised that significant savings had to be found but they spoke of how the groups were accessed by a whole range of parents identifying that for all of them – when becoming a parent and especially during the child's first two years of life, they all needed some support. Future groups that focused on parents and children needing extra support could become stigmatising.

'It makes me angry that they assume who needs supportwe all need support at some time as parents, being a parent is not easy. This support will not be for us only for others who need support'

'Everyone needs support when they have had a baby big gap in contact with the Health Visitor input from six weeks to one year'

'Days with a new baby are long and can be lonely'

4.17 One view was held by a number of parents was that they saw Children's Centre activities being provided within a venue that was neutral. Other local groups available in some areas were often run within religious establishments and they felt very strongly that these were places where they did not want to go or to take their children. This freedom would be denied if the cuts came into being not only to them personally now but for other parents and children in the future.

Findings from the Survey

4.18 The 432 survey responses provide a wealth of information. For the purposes of this report the responses in relation to impact and views on the approach have been themed.

Impact

4.19 Five key themes emerged from the comments parents made about the negative impacts that would result from the closure of universal open access groups.

1. Isolation

4.20 This theme was the most frequently noted negative impact with 70 comments in relation to this.

"I'm a single mum and would really miss the community support and meeting friends is so valuable as life can be lonely and isolating."

"Being rural, places to go with your children to play and learn are very few and far between so this one is vital for the children in the local community."

"Yes, massively, we are new to the area and without the drop in groups it could lead to feeling massively isolated in the new location. Also if there potentially are no more drop in toddler groups to stimulate my child's development, then this could affect her learning."

"I am new to East Sussex and have no family or friends here. These groups are the best way of meeting people and making friends for myself and my children. I can already say thanks to these groups I have felt welcomed to the area and potentially made some good friends as have my children".

2. Support and Advice

4.21 56 parents told us that they view the support and advice from Children's Centre staff as vital.

“The proposals will have a huge impact on our family. We have used the drop in sessions since my daughter was only a couple of weeks old. They allowed me to informally discuss any issues I had with professionals who could either support, advice, or signpost me to appropriate services. Initial persistent difficulties with feeding (which were significant and hugely emotionally challenging for us) were supported and addressed at baby group, general issues with behaviour discussed informally at music group and Pop in and Play, and general support provided when I was feeling low in mood and exhausted because of sleep deprivation. [...] The informal nature of the groups and the long standing relationships formed make the drop in sessions an ideal place for me to be able to raise any issues I have with professionals I feel I know and trust. With a second baby imminent, I am hugely disappointed that I won't have the same support network around me to help.”

3. Benefits for Children

4.23 52 parents commented on how the activities at Children Centres have benefitted their children.

“my daughter has also developed incredibly through her attendance there. She has learned so much about social interaction, skills such as sitting and waiting her turn, important social skills that will continue to develop and prepare her for nursery and school. She has learnt so many new skills, which we have taken home and reinforced, to ensure she is developing into a happy and interested toddler. She has made many friends locally that we then meet up with outside the groups, vitally important for her development and community interaction within Ringmer. “

4. Low income families

4.24 32 families on low incomes are concerned that they will not be able to afford to attend sessions elsewhere.

“We relied on the services during the first year as we had low income whilst on maternity and needed the support.”

5. Parental mental health

4.25 This theme is interlinked with many of the other negative impacts. However 22 parents specifically cited the preventative role that contact with the Children's Centre has played in their ability to cope with parenthood. There is frequent reference made to post natal depression.

“The day when I was so stressed out at unsupervised stay and play session I wanted to take my life, but a phone call from the centre when I got home to check I was ok put me back on track!”

“I was really depressed when I moved here and it's these groups and the people in them that have saved me.”

“The professionals were a great source of information and support at a time when I was tired and vulnerable and unsure of myself, and I am sure that without the drop in sessions I would have been at much higher risk of post natal depression”.

Views and comments on the approach

4.26 Common emerging themes in relation to the views in the approach:

Volunteering

4.27 Staff are highly valued and many parents felt that it would be impossible to run any reduced activities without at least a reduced level of staff. Although many thought that **volunteering is a good idea** there was recognition that **without at least one paid staff member it would be difficult to run reliable, inclusive sessions.**

Fundraising

4.28 **Hiring** out rooms, **fund raising**, paying a small **fee**, forming **'Friends of'** groups were frequently cited as a good way to raise funds to keep activities running with a member of paid staff in place.

Stigma

4.29 Many parents felt strongly that the activities should be **'for all'** as families struggle in a variety of ways that are not always visible. There was concern that volunteer run activities would not always be **inclusive**, and that **'targeted'** families would feel stigmatised in their local communities.

Short-sighted

4. 30 Whilst the majority said that they understood the need for savings many stated that they were convinced these changes would result in the need for **more costly support** in the future.

Findings from letters received

4. 31 4 letters (see appendix 1) were received in relation to the children's centre proposals, 2 from parents and 2 from stakeholders. The same benefits were described as in the focus groups and survey i.e. impact on post-natal mental health, opportunity to make friends and develop support networks and access support and advice, and as such if the services reduced so impacts in these areas considered likely. Further concerns were also raised re ability of volunteers to give the same level of support, and suggestions of parents being able to pay were also made, as well as stressing the need to engage with the voluntary and community sector to meaningfully plan for the future. It was also noted that cuts to other preventative services such as those in Adult Social Care will doubly affect families.

5. Conclusion

5.1 The many views elicited from the focus groups and the survey have common themes. It is evident that the universal open access groups as they run at present are of great value to parents and stakeholders and parents have told us that a reduction in this service will impact on them in the following ways:

- Increase isolation
- Reduce access support and advice when they need it
- Lead to increased mental health problems
- Reduce opportunities for children to develop school readiness
- Reduce opportunities to learn good parenting techniques

There will also be an impact on low income families if no other free provision exists in the area.

5.2 The groups are open to all parents and are non-judgemental. Future groups may focus on those children and families in most need of support i.e. those identified following the five mandated reviews provided by Health Visitors so could be seen as stigmatising. Parents see

these changes as being short-sighted and are concerned for others with new babies now and into the future especially those with no family support.

5.3 A number of parents are happy to volunteer but parents and partners are concerned that this may mean that families' needs or safeguarding concerns are missed. It will also mean the current volunteer programme will need adapting to ensure enough volunteers are available to run the services and are equipped to run groups, taking into account volunteers childcare commitments.

5.4 Parents have suggested other ways to fundraise in order to maintain some group provision.

5.5 Partner organisations including voluntary and community groups are keen to be involved in planning what communities need.

5.6 There was also a concern that families may not be able to access support between the mandatory contacts.

6. Recommendations

1. Jointly plan with the local Children's Centre partners including the voluntary sector to look at how services for families with children 0-5 year can be delivered innovatively to 'pick up' services which can no longer be delivered by Children's Centres.
2. Rationalise the open-access groups locally but continue to provide a limited number of groups.
3. Retain *one* member of trained staff from the Health Visiting and Children's Centre Service to work with an increased number of volunteers to run groups.
4. Review the volunteer programme so that it meets the needs of the service and those who will be volunteering in the future.
5. Health Visiting and Children's Centre service to consider how they will identify any concerns between the mandated contacts of 6 weeks to 1 year and 1 year – 2-2½ years.

Appendix 1

Letter 1

I am writing to you regarding the proposed changes to the Childrens centre provision. It's proposed that the open access sessions will close or be staffed by volunteers. I expressly disagree with this decision, it's very short sighted and could cost the council more in the long term.

If access to trained professionals are restricted to labelled groups a lot of parents and children that are in need of support will be missed. Most would not attend a group with a label (i.e postnatal depression group) but they would attend an open access group. From this they then build relationships with staff and get advice, support and referral to appropriate services and labelled groups. If this doesn't happen the risk factors for children increase because the parents don't receive the adequate support in the first instance and then it could be too late, the children suffer and then lots of services have to intervene, thus costing more.

The majority of parents that attend the open access sessions would be prepared and financially able to pay an entry or membership fee, which would more than cover one member of staffs sessional fees. All of the sessions I have attended are very busy with some having to be booked in advance.

Personally I don't come under the 'hit list' for my centre because of my post code, but I am a single parent on benefits with two young children. I have received support from the staff at the centre about breastfeeding, toddler behaviour, home safety, diet and finances. Had I have not had this support I could have easily become depressed and isolated. Please note it is the staff that are giving the support, it wouldn't be possible for volunteers to give the same level of support as they'd be running around after their own children and won't have received the same amount of professional training.

I implore you and your team to reconsider the proposed changes for the benefit of the local communities that the centres serve.

I look forward to hearing your thoughts.

Kind regards

Letter 2

This morning I attended the consultation meeting at Lewes Children's Centre. I am horrified that E Sussex County Council plan to drastically reduce the services in the centres. A great deal of money was invested in these centres, they have meeting rooms, activity rooms full of beautiful toys, resources and information. It would make more sense for them to be used more rather than the services reduced.

They offer vital services, activities and support necessary to babies, toddlers and parents. In addition they enable parents and carers to meets and support each other.

I understand the only services which will continue are for "vulnerable" families. All families are vulnerable and local support can mean families can be identified and supported before they reach crisis point.

These centres are threatened for financial reasons, surely they could be made more cost effective by extending their services. A membership system would generate money (vulnerable

families could have free membership) The activities could be booked and paid for in advance to show commitment. Outside organization could rent the centre to run classes etc. Maybe a café could be set up to encourage more families to call in.

I am writing to you as the Inclusion Manager of Wivelsfield School, where I recognise the importance of early intervention and have recommended parents to access the Parenting courses etc on offer at Chailey Children's Centre. In addition, I have seen how much my daughter, as a new mum, has benefitted from the advice and activities at Lewes Children's Centre where she has met other mums. I ask for your help to stop these closures.

Please take the time to visit Lewes Children's Centre and see the valuable work they do. We need to invest in our children. **THEY ARE OUR FUTURE!!!**

Thank you for your time,

Letter 3

I am writing to express my dismay at the plans to stop the classes being run at the East Sussex Children's Centres as of April next year.

I am a parent to 2 daughters, one of 18 months and one just 2 weeks old. I have been using the classes at both centres since my first daughter was 10 days old. I was very surprised and upset on learning about the proposed plans to stop the classes currently run at the Lewes and Ringmer Children's Centres. I was also upset on being given the questionnaire regarding the consultation process - the questions posed made it clear that the consultation was not about whether or how the classes continued, but how we as users of the classes and centres feel further change should be carried forward. What I would have assumed would have been the initial consultation step seems to have been skipped and the decision around how cuts would be implemented seems to have already been agreed on. I think, as most people I have spoken to about this seem to feel similarly about this, that you may not have received as much feedback about how the groups influence our lives as parents. Busy parents and carers I think have been less inclined to try and start a discussion about how unhappy this makes us as it does feel pointless. I obviously can't speak for other people, but this is certainly my impression on talking with my peer group.

I felt strongly that I wanted to email to give my view on the questions posed in the questionnaire in more depth, and also to try and get a personal response to the points I make.

Firstly, I do understand that there are going to be cuts made to your budget and that there is no getting away from the fact that services will have to change. However, I do believe that a blanket removal of the children's classes will have more impact than you may realise. The classes are not merely somewhere to take the children for entertainment on a rainy day but a huge source of both peer and professional support for parents and carers attending.

When I first started coming to classes I was a brand new mother, breastfeeding was immensely challenging and I was exhausted through sleep deprivation, feeding and the relentlessness of motherhood. I went to Lewes Children's Centre looking for a breastfeeding support group but I had been given the wrong information about the classes by the hospital. The receptionist was very kind, it had been an incredible achievement for me to get to into Lewes on time, to find I had attended the wrong place and I was tired, emotional and disappointed to find I had been given the wrong information. She instead suggested I attend the baby group that happened to be running at that time, which I did. I was so grateful. The support workers in the group gave me great advice about breastfeeding, moral support, and introduced me to my first friends who I continue to see regularly. After attending the group and meeting other mothers and discussing

feeding it gradually became easier and I never needed the breastfeeding support group. The support workers had been immensely knowledgeable and friendly and welcoming. I continued to attend that group and began to attend many more.

The questionnaire asks how we think you can better support vulnerable individuals. I think somewhere along the line an important point has been missed. I think the classes themselves provide more support than is being recognised. What's more, I really do believe that for me, the classes provide a much more accessible forum in which to discuss any problems I have. I am surrounded by professionals I have built a rapport over months with who I know to be non-judgemental, I have a peer group I am comfortable with and many of whom have become friends, and I can discuss things in a very informal way which I feel allows me to be more open and honest about any struggles I may be having. I do not and have not suffered with post-natal depression, but I have certainly had periods of weeks when I have been sleep deprived, low in mood, and feeling like I am doing a bad job. I would not, during this period, have self referred or accessed extra support related to PND as I never felt I actually had it, but also for fear of it being made into a formal diagnosis or pathway. I have suffered from depression previously, and it took a lot for me on that occasion to seek professional help. The classes have provided a wonderful support, that could potentially have stopped PND developing for me. My point made more succinctly is, I think the classes themselves provide a wonderful support for the more vulnerable individuals and families and that it may be that they are more effective as preventative support than more formal treatment support. I strongly think this should not be overlooked. I wonder if there is a way for you to audit this or investigate it more thoroughly to support the continuation of the classes.

The classes also ensure community cohesion, making carers less isolated and presumably less prone to PND. So apart from the professional help provided, I have become a much more involved member of my local community, with a wonderful peer support group. My daughter has many friends locally also, which is likely to help her transitions through age groups and education. My peer groups have developed through these classes also, and so have provided me with a lot of support through more difficult periods. This peer support again may have prevented my reliance on more formal professional services.

The children love the classes. As do the carers. I can say this with certainty as I go to many classes which are always extremely busy and well attended. Looking at the numbers of people attending, the classes seem an odd choice of service to stop. I wonder if this has been considered. My daughter has developed in confidence, language skills, understanding, social interaction and I have taken away many learning and development activities that we have then used at home and enjoyed. She has certainly loved the classes she has attended.

Volunteering as suggested does not in my view seem a long term viable option. We are all extremely busy carers, many of us working, with the unpredictability that childcare responsibilities come with (illness, tantrums etc) that may make getting somewhere to volunteer weekly very tricky. It does take away from the amount of informal support the professionals give us also, and so many of us have benefitted from this.

We had many discussion points at the Lewes consultation meeting about how to continue the classes, whether by donation or fund raising. If I remember correctly, it becomes more difficult from an administrative viewpoint when taking money, especially if some people pay and some do not. I really hope this does not put people off discussing it as a potential way of continuing the classes. Do ALL the classes need to be stopped? Or could there be a system whereby some classes at some centres continue?

I feel truly sad about this - I do feel the decision has already been made. I am also sad that my youngest daughter is going to miss out on many of the lovely groups that my eldest daughter has spent her first year and a half attending. I am just grateful that I have had the opportunity to

experience the classes, new mums now will not experience the same levels of wonderful support that I did.

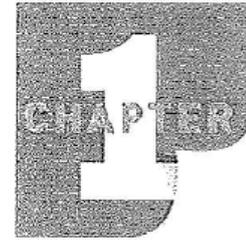
I would be interested to know where you are up to with regard discussions and how the resulting decisions will be communicated back to us.

Thank you very much,

Letter 4

If what I write below could be forwarded to anyone who has some degree of power in making the "tough choices" outlined on the website, please do pass this on. I find it hard to find the words to adequately express my profound disappointment and anger at the impact the cuts are having to our services. I acknowledge that families with the greatest need for support should obviously take priority in allocation of resources when money is scarce but I feel strongly that we are wrong to accept the limitations of the current climate and politicians should be made aware of how the impact of their policies will alter the lived experiences of many children. If we are at the point where we are not simply altering how we do things to make whatever economies are feasible, but are accepting an undermining of the quality of services, we are getting things very wrong and really need to fight against the idea that the money is not there. Aspiring to reach as many local families as possible to enrich their parenting skills and, particularly in rural areas, introduce them to sustainable support networks and encouraging them to regularly use purpose-built facilities and the expertise of skilled early years practitioners plays a huge part in improving the quality of the lives of local children. I would never wish to offend any volunteers but I feel the decision to drop trained, paid staff altogether from the drop-in sessions is a serious mistake. The following might read as a very long, rambling list, but the aim is to illustrate how frequently my daughter and I have used the local children's centres and to suggest that in all the anxiety to make the savings that have been dictated you might need reminding what your greatest asset is: your staff. I have been continuously impressed by the teams at Ringmer and Chailey on a number of different levels. My daughter Lucy, now 3 and a half, and I have used the childrens centres at Chailey and Ringmer in particular since she was 8 weeks old. I feel we are well positioned to express an opinion on the value of the staff in the childrens centres, as we have had a lot of experience of them over this time. We started attending the Ringmer baby group on a weekly basis and are still weekly attenders at the drop in music group. We have attended many well-designed and well-run courses which we would never have been able to afford to attend if we had had to pay at point of use for these. We are lucky not to be amongst those families enduring severe hardship, but I suspect there are many families around who have little disposable income at the moment, or who find job insecurity causing them to question any expenditure which seems anything other than vital. We have benefitted from courses in baby massage, baby sing and sign which strengthened my bond with Lucy and gave us time to really enjoy each other, rather than get lost in the feed-sleep-change-wash cycle of the early weeks and months. Later, fire safety, budgeting, story sacks and handling toddler tantrums courses facilitated her first experiences of being looked after by someone other than an immediate family member in a safe and familiar environment and began the process of separation which continues now at nursery, in preparation for school. Of course I also benefitted a great deal from the content of the courses themselves. Together we did parent and child cookery classes -invaluable in changing Lucy's attitude to food from indifference to enthusiasm. When I recall all of these courses and group activities, a myriad of different experiences spring to mind - Dawn from the creche run at Chailey, whilst I participated in a course in the next room, identifying Lucy's tendency for trajectory schemas and accessing information for me regarding schemas, about which I knew absolutely nothing. She didn't just look after her at the creche, she was continuously observing and assessing her from a developmental point of view. Jackie, also at the Chailey creche, was particularly kind, patient and creative in planning to accommodate Lucy's reluctance to be parted from me. She took the initiative to find out what Lucy was currently showing particular interest in, and what worked well in terms of

calming her and catching her attention, and went on to distract and amuse Lucy to good effect, when she was really struggling with letting me out of her sight. Jo, who found information for me about techniques regarding potty training when it seemed about as likely as Lucy landing on the moon, and who offered me extra information around signing because she realised I was keen to learn more. These staff members showed their skill in pre-empting a need, being creative in developing a strategy around a problem, showing incisive observation and analysis of my child's behaviour and the dynamics around that. They also managed me very kindly and patiently! They have more than a readiness to share knowledge; they take a genuine delight in sharing knowledge and information. This is true also of Sue and Lynne who run the drop in music group. They are simply outstanding, over the last three and a half years I have seen them deal seemingly effortlessly with all sorts of situations, from diverting children from confrontation with one another, setting and gently enforcing boundaries, to handling some more subtly challenging responses of some parents to the behaviour of other parents and their children, managing fairly astonishingly large groups - there is no shortage in attendance at the music group if there was ever any doubt about demand-with equanimity and fairness. I have been impressed time and again that they will be in the middle of an activity or song and yet will intervene or avert a situation or distract someone from a disruptive course of action literally without missing a beat. This is always done with warmth and compassion, which is something no amount of training can instil. Like other members of the childrens centres staff, Sue and Lynne are very child-focussed and the children who attend regularly have the tremendous advantage of continuity with these two. I have first hand experience of seeing when a child is going through a difficult time it is detected and both Sue and Lynne have built up such warm and secure rapports with the parents/grandparents and carers who attend that they are extremely well positioned to offer help and support and signpost a parent or other service user to more specific resources. I find it hard to imagine a parent-led group being able to function in quite the same way. The music group is perhaps the most inclusive and welcoming group I have encountered, every single session is fun for parents and children alike, and I think the staff are quite simply invaluable. I do not think this kind of calibre of staff, with particular thought to the non-judgemental attitude, problem-solving, problem-anticipating and astute observational skills they possess are easily found, and we should value people with these qualities and not hesitate to invest in them, for the sake of all our children. They have engendered a love of music and dance in my daughter, enabled her to literally find her voice amongst lots of others, she is utterly transformed from when she started out: she has developed from a shy, clingy child in a crowd, to a flourishing, confident, ebullient singer. Part of that is due to the passage of time, but I know that resources have to be targeted to meet the most desperate needs and I cannot argue with that, but we should be aware of all the children who have flourished due to the passion, dedication and aptitude of the likes of Sue and Lynne, because with all the training in the world, a person doing this for a couple of hours a week amidst other roles and other demands on their time and attention is unlikely to be able to come close to offering anything near this quality of work.



Changing lives
one by one

María Simpson
Head of Service Integration
Children's Centres
2nd Floor - St Mark's House
14 Upperton Road
Eastbourne
BN21 1EP

By hand and email

18th December 2015

Dear María,

Re: Proposed changes to Children's Centres – consultation response

Further to the consultation meeting held at East Hastings Children's Centre on 27.11.15, I contacted the Hastings & St Leonards Children's Centre Clusters LAG partners/stakeholders to offer to coordinate a joint response to the consultation.

There are two main reasons for this: a) that we felt a joint response would be appropriate as a number of agencies have similar concerns and b) voluntary sector partners are concerned that proposed changes may be introduced without our involvement. We want to ensure that a message from the consultation is that we are committed to the continuation of centre based activities and wish to be meaningfully involved in planning for the future. Our position is that we wish for the current provision to be continued without changes; however we emphasise the importance of involvement should any proposals be approved by Cabinet. Please note that the partners involved in this joint response may be submitting additional responses on behalf of their own agency therefore this letter should be considered as supplementary to those responses.

In addition to myself, the partners who have contributed to this response are:

- Sonia Plato – Horizons Community Learning
- Sophie Alexander – RSPCA Mallydams Centre
- Russell Smith – Orbit Housing
- Hastings and Rother Adult Community Learning Forum

Firstly, we would like to highlight our longstanding partnership arrangements with not only Children's Centres, but also each other and a very wide range of other partners. Our partnership work ensures that local families, particularly those identified as being in greatest need, receive the highest quality of services and activities. Evidence of need can be accessed within, for example, the Joint Strategic Needs Assessment, Indices of Multiple Deprivation, and various Public Health data sources. Our partnerships challenge and support families who experience, among other issues, isolation, housing, low income, depression, domestic abuse/violence, eating disorders, education needs, and low self-esteem. If Children's Centres are factored out of this range of interventions, the risk of significant impact to individuals and families is increased many fold.

St Leonards

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There is a catalogue of success and achievement within these partnerships. A typical story would be that of Andrea (not her real name). Andrea is a vulnerable young woman who is also a single parent with an infant daughter. Andrea has support needs for housing; parenting; lifelong learning; and health and wellbeing. In addition to using Children's Centres for services and activities, Andrea was living at Turner House and attending classes at Horizons Community Learning. Andrea was an active volunteer at Mallydams where she mentored and encouraged other young people to be more active and engaged in their community. Without a personalised partnership approach, Andrea would likely be isolated and experiencing considerable difficulties as a mother.

The current sessions at Children's Centres play a vital role in partnership. When families have gained in confidence within a programme provided by a voluntary sector agency they are signposted onto other groups within the area that they would benefit from. If these drop-ins at Children's Centres are cut it would mean an invaluable route for signposting for these families is lost.

Attending family groups for some is a rather daunting experience for many reasons. Providing drop-ins allows these families to go for a length that suits them, to go with friends, try out different sessions feel more in control. Losing these drop-ins would have an additional consequence. A number of families who would attend these sessions where they could be identified as needing additional support would not only miss out on the benefits of the session; they would also miss the opportunity to access other services and activities.

By making these cuts to the Children's Centre provision demonstrates a lack of understanding of the importance and need to continue to provide these drop in groups. By cutting these groups and suggesting that volunteers run these sessions not only undervalues the skills of the staff that run these group but does not appear to be taking into account the various issues of training, continuity, child protection, senior supervision, ability to carry out such a demand/varying role and provide the necessary quality of support to the families in and around Hastings and St Leonards.

A letter was sent to Keith Hinkley, Director of Adult Social Care and Health, on 23.11.15, by the CEOs of 3VA, HVA, and RYA. A letter was also sent to Keith Hinkley by SpeakUp Forum on 01.12.15. These letters highlighted a number of reservations regarding the proposed cuts to services; a number of which are common to the proposals affecting Children's Centres. We endorse the contents of these letters and make particular reference to the following:

1. The consultation process

We have not been involved in any discussions with ESCC to seek our views on not only the impact of proposed changes but also alternative ways of providing services; in particular through co-design and co-production. There is a great deal of expertise 'on tap' within the sector and we believe our involvement could support the development of innovative, personalised, and cost effective services and activities.

We are ready and willing to engage directly with service users and commissioners however we are disappointed not to have been invited to do so as yet.

We have not seen any impact assessment and share the concern of the representative bodies that we do not know exactly who will be affected and what the likely impact will be. Aside from the formal consultation we are continuously communicating with service users – it makes it very difficult for us to tell them with any certainty what will happen to them without referring to an impact assessment.

2. The Impact on users of Adult Social Care (ASC) services

A significant number of people who use Children's Centres (particularly those in greatest need) also depend on ASC services. Many of these services are prevention based and play an extremely important role in maintaining good health and well-being. These services are also under considerable threat, particularly those funded by Supporting People, and there is a considerable risk that families in the greatest need will experience a 'double whammy' of cuts. Without the combined 'safety net' of Children's Centres and ASC services, the most vulnerable families will come to voluntary and community sector groups for support. We are concerned that there will simply not be the capacity within the sector to cope with this increased demand.

At the meeting on 27th November, you informed the group that you are committed to voluntary sector involvement, and that you would be offering some dates to meet early in the New Year. We very much look forward to receiving dates from you at your earliest convenience so we can confirm meetings to be held early in January 2016.

As partner agencies, we have made a commitment to working in collaboration for the benefit of local families and those in need. We hope that you will understand our concerns regarding the sustainment of valuable services and that you will support our vision of working together in the future.

Yours sincerely,



Jean-Paul Dunin
Service Manager
Turner House

Signed on behalf of Sonia Plato, Sophie Alexander, Russell Smith, and Hastings and Rother Adult Community Learning Forum

Cc Sue Talbot – Project Lead
Jo Goldfinch – Cluster Coordinator
Donna Meenan – Cluster Coordinator

