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# Lancashire County Council's Children and Family Wellbeing Service Consultation

## August 2018

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### Background and Objectives

This consultation was commissioned by Lancashire County Council in June 2018 and was carried out by Creative Exchange in July and August of the same year.

The two main broad objectives for the consultation were given as:

- to create face to face opportunities to explore local service user needs, share and discuss their thoughts on the impact of proposals for changes to Children and Family Wellbeing Service (CFWS) patterns and locations for service delivery, and for service users to have the chance to articulate what they feel may be the direct impact of the proposals on their lives and families.
- to explore service users' ideas and views on potential alternatives to the proposals as set out – in terms of other considerations that they may wish for the council to consider – particularly in mitigating the impact of the proposals on families.

To meet these objectives a total of 17 fully participative consultation workshops were programmed for the month of July in 15 different locations across the county in accessible venues and at times of day when service users were most likely to attend.

Most of these workshops had a district focus, with one held per Lancashire District Council area. However, additional meetings were held with specific targeted groups; young people, young LGBT people and parents of families with children and young adults using the SEND services.

Not all the workshops were well attended, and on some occasions, they were not attended at all, despite the considerable efforts made by locally based staff to phone people, offering to provide transport or child care support. Refreshments were always available at the sessions. It is impossible to say why they were poorly attended, but, particularly at venues where no major changes were planned, it is easy to imagine that services users (who typically have very little money or time) would choose not to come to an event to talk about what they might see as matters that weren't significant to them and their families.

By the same token, it should be appreciated that those who did attend meetings did so out of the very limited amount of time and money available to them. They did so because of passionately held concerns, providing a great deal of relevant material for the consultation.

The implications of all this for both the consultation, and for this report of its findings, are that because sometimes the interactions were more passionate than expected - in some cases almost therapeutic in the tenor of the emotional contributions that were shared about the impact of services - what we offer here is a general overview with limited recommendations related to specific locations. This was simply not always the concern of the people we met with.

## Structure of the consultation workshops

The consultation workshops were arranged and convened by CFWS but were all carried out by research facilitators from Creative Exchange, always with the principal researcher present. Additionally, the writer of this report attended at eight of the locations where his specific role was explained to attendees. Service users were all assured of anonymity and promised that their views would be conveyed faithfully to CFWS.

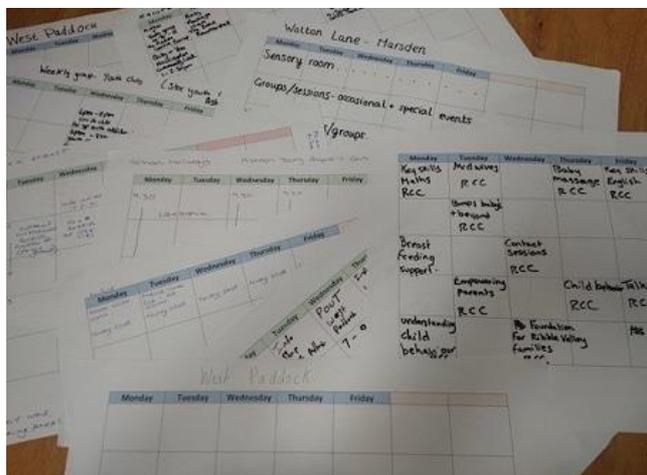


Throughout this report, actual quotes from those who took part are inserted to reflect this.

The workshops were designed to follow the same structure but to engage people differently throughout, dependent upon their particular needs. Interactions were designed to make people feel safe, confident and included. A number of interactive co-design approaches were structured round a list of ten key questions (given as Appendix 1) to capture:

- brief demographic details; as much or as little as people were prepared to share with us on one coloured square
- which services attendees used
- the positive and negative aspects of the services used
- ideas for improvements to services
- the likely impact of the proposed changes
- ideas for mitigating any negative impacts of the proposed changes

In one instance the consultation was held by phone when both the researchers and the two participants spoke en route as they were unable to arrive at the venue due to major traffic problems on the M6. On this occasion a rescheduled session was offered at the same venue the following week but the worker transporting the two deemed this not to be necessary following the call.



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## Findings

### Positive outcomes from services

There was a great deal of overlap and consensus between groups about the positive outcomes that CFWS produces for individuals, families and communities. The most widely cited were:

- A growth in confidence, self-esteem and the ability to communicate with others - for parents and for children
- Feeling listened to and having problems acknowledged
- Improved mental health and support in coping with stress – making a huge difference to families
- Help with identifying health and mental health problems such as depression
- Information and advice about parenting
- Creating and strengthening bonds between parents and young children
- The opportunity to share problems in a non-judgemental setting and help each other find solutions, particularly for parents of children with special educational needs
- Empowerment and an increased ability to make the most of life
- Providing a structure for personal development and identifying personal milestones
- Access to skills for employment such as interview and CV skills
- Coaching, reassurance and assistance in crises
- Referral and signposting to other services such as debt and benefits advice, cooking and healthy eating, health clinics, foodbanks, housing and eviction advice, sleep challenges etc.
- The ability to take up employment opportunities
- Breaking down social isolation, providing opportunities to socialise and making long-lasting friendships that continue beyond the centre for parents and children
- Building trust through friendships and communities, between parents and amongst children and young people
- Increasing independence in children and young people
- Learning and skills building for children, parents and families through positive experiences
- Increasing educational attainment at school
- Sustaining families and keeping them together
- Feeding into, influencing and improving other service area plans such as health
- Providing enjoyment, warmth, shelter and opportunities to have fun together with others
- Preparing children for school and spotting educational development needs at an early stage of a child's life
- Facilitating access to further and higher education opportunities
- Access to physical resources and facilities such as messy play, sensory rooms, IT equipment, safe outside play space etc.
- Safe spaces for children to develop, including in holiday periods
- Places for children to practice and display different behaviours than those displayed in the home
- Respite and 'time to breathe' for parents

While this is an impressively long list, perhaps even more impressive was the importance that participants placed on these services. In some cases, they were identified as literally life-saving.

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One person quite clearly said *'I wouldn't be alive without them. Without their support I would not be here now.'*

Another person added *'If you lose these services, you'll lose lives.'*

Several people involved in the consultation pointed out how small changes could have large effects on families with little margin for error or reserves. In all cases, the services - from Cook and Eat sessions to messy play to access to mental health services to being able to start a new job - were making a significant contribution to the quality of families' lives.

One person spoke of the particularly stressful difficulties single mothers have finding access to work or education while avoiding benefit traps and convincing potential employers that their single status didn't signify unreliability. The support from CFWS had been invaluable to her in finding her feet, in her, as she put it – *'fight for survival'*.

Another person in describing her experience said *'I didn't have the confidence to pick up the phone and now I do public speeches.'*

In all of this, the proximity, affordability and accessibility of services were seen as very important.

One young person spoke movingly about how he had been made homeless at 15 years old and how CFWS had been vital in helping him rebuild his life. He went on to say, *'Now I can speak out for myself and other people. It's a real life-changer.'*

## **Negative aspects of the services**

Participants were also asked to reflect on the shortcomings of the services currently provided by CFWS and how these could be improved.

Many of the comments concerned the buildings that services were currently delivered from. These included;

- Exposed hot water pipes that are hazardous for babies and young children
- The lack of private spaces to talk through confidential issues
- The lack of reliable internet connections
- The lack of printing facilities in a number of locations
- The lack of safe and adequate parking not on a main road
- The lack of fit-for-purpose baby changing (and disabled young people's changing) facilities
- The state of decoration of some premises, both inside and out in a number of locations
- Lack of clarity about opening hours and what services are on offer across all locations
- Opening hours that sometimes didn't match user needs, particularly for young people who were in full time education and the failure of services to use social networks like closed facebook pages to inform group members of changes to services in a more timely and effective way

Another recurring theme was the underuse of premises targeted for closure and the feeling that these places could become sustainable if they were better used or marketed. While

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CFWS staff were highly praised in general, it was sometimes felt that staff at these places did not take an active enough role in promoting the venue to new users.

Some participants felt that in some centres, services were cancelled or arranged at short notice and that there was not enough encouragement for new parents to join in and belong. Examples of this were **Walton Lane** and **Rosendale Zone**.

It was sometimes felt that the outward appearance of buildings or the irregularity of opening hours made people think they were no longer in use and so it was pointless looking for services in them. Examples cited were **West Paddock**, and **Clitheroe Zone** where one user said *'A lot of the time it seems to be shut. I don't know if it's okay to come in or not to come in. And it's inconsistent. They're not using social media to let us know. When it's open it's fantastic. But it feels like getting to see them, it's getting harder and harder.'*

One person also felt that there could be more structure to the different services on offer, and they could be more linked and focused rather than being more open-ended and sometimes feeling more like a social event than a chance to learn, for example in **Rosendale Zone** where it was felt that a more sequenced topic related programme, for example weaning and sleep challenges, could be of more benefit to new mothers. Here also it was suggested that improved communication was necessary to avoid the sense that there was an 'in group' and an excluded group of potential users who simply weren't confident enough to find their way in. A simple suggestion they came up with was a visible notice board, possibly with sign-up strips to show what sessions were taking place across the district and where.

Better communication with service users and potential service users through word of mouth, or signboards or social media or making links to other organisations like Women's Refuges or neighbouring schools and nursery schools was a frequent plea. *'It feels like – take it or leave it.'* we were told.

Finally, a commonly held and perhaps predictable view was that there simply weren't enough services and that they should be expanded rather than contracted.

Participants from the POUT group for LGBT young people told us that this was the only local authority provision for their community across the whole of Lancashire, and that it was now running at full capacity and couldn't accommodate any new members at **West Paddock**. Members of this group felt however that they were now able and confident to help others set up similar groups in other parts of the county if they were given some initial support and included in the appropriate networks. They also pointed out that there was no related provision across the county for young people aged 11 or 12 years old, a group that was rapidly becoming a lot more vocal in questioning their sexuality.

This idea of growing capacity in young members of the community and equipping them to become sessional workers in their own right, *'like a sort of mini-apprenticeship'* was echoed powerfully in discussions with a range of impressive young people and young parents at the **Clitheroe Zone**.

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Many people were convinced from personal experiences that the unmet need was there, but that the people who would benefit most from services would find it hardest to access them because of the difficulties they were coping with in their day-to-day lives. Practically everyone involved in the consultation pointed out how geographically circumscribed most service users' lives are. Transport costs or simply insecurity about going to new places and settings were raised again and again as important factors.

### **The impact of the planned closures**

As might be expected, the list of negative impacts is, in many ways, the mirror of the positive outcomes previously listed. They span:

- Increased isolation and deteriorating communities
- Declining mental health and strain on already overstretched mental health services
- Increased strain on family budgets
- An increase in health problems in parents and children, particularly relevant to Lancashire which has one of the highest infant mortality rates in England
- A drop in the number of people using the service because of transport difficulties
- A drop in the number of people using the services because of the need to inform existing or new service users about changes – the existing client base will decline and it will take time to build it back up
- A lack of diagnoses and early interventions to address problems such as delayed speech and language development
- A knock-on effect on employment with some parents having to give up work or find new jobs to fit new pick up and drop off patterns
- A knock-on effect on families and the stress other family members will experience
- Reducing use of other services such as neighbouring nursery schools which will, in turn, endanger their sustainability and the local authority's investment in them
- Current users and their children falling out of the net of support
- Reduced educational attainment by the children whose parents can't accommodate to the changes with a knock-on effect on schools and other pupils
- Loss of supportive relationships

One participant summed up the effect of all these impacts coming together – *'Without their support people won't be able to function'*. Another said, *'They'll be invisible.'* Another summed it up as, *'So all that stuff that improves their life – they wouldn't get anymore.'*

The issue of isolation and mental health was seen by many as crucial. One person said, *'People will be stuck inside with a child all the time. Their mental health will just suffer.'* Another said, *'There can be a four month wait for people with severe mental illnesses who have two children and not able to get out of bed because of depression.'* Another said, *'Without that I don't know what I'd do. 63% of LGBT people suffer from mental health conditions. There's nowhere else.'*

Certain other issues also need to be reported in more detail.

Firstly, the difficulties of added travel were mentioned very often, in fact by all but three participants. What might seem a short distance on a map, seemed like a profoundly difficult obstacle course on the street, involving scarce extra time and money. In particular cases it was pointed out to us that crossing 'territorial' boundaries was a real issue. For example, in Fleetwood

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where we were told that people don't move off Chatsworth estate (West View) so are unlikely to travel to another centre – particularly the young people. And that people from Flakefleet don't associate with Chatsworth, but that Flakefleet people are more likely to move out of the neighbourhood to access services at, for example, Milton Street.

The list of quotes below is not exhaustive but gives a flavour of these concerns.

*'Don't think parents will go to the other centre.'*

*'I don't drive. Places like this – it's too far.'*

*'Can you get a double pram on a bus?'*

*'If you're a parent who's anxious – don't know how to get there, don't know people, don't know what to expect.'*

*'How do you meet a friend you make at the centre?'*

*'Just no chance. I don't drive. Too far to walk. Far too far.'*

In some cases in urban areas we were told that the changes would necessitate two bus journeys – to Preston town centre and out again. The problem of transport is obviously particularly acute for any rural communities affected by the changes, where infrequency of buses may make it simply impossible to fit visits to the services in with other family commitments.

It seems almost certain from what we were told that many current service users will no longer be able to access the service because of closures. It was an open question raised by many, whether this endangered remaining services. As one participant put it, *'It seems to me like they want it to fail.'*

All these difficulties are compounded in the case of children with special educational needs and their families. Provision for these children is, in any case, limited. Parents told us that it was extremely difficult to find provision. One said that she had rejected or been rejected by nine different nurseries. The lack of an obligation for children with special educational needs on private providers was noted by several.

In particular, for those parents using Walton Lane Nursery and the Play Inclusion Project at **Ashton**, there was the concern that the reduction of services would make other provision uneconomical or unviable. As one person said, *'If the money goes, there's nowhere for them to go so I won't be able to work and that has a knock on effect on my family.'* This view was passionately echoed in relation to discussions about the impact of service reduction at **Fairfield Children's Centre** on Fairfield Nursery.

Transport difficulties, anxiety, adapting routines and relationships, fitting in with other schedules, recruiting new volunteers - all of these present additional, complex and severe difficulties for children with special educational needs and their parents. For example, we were told of one young person with severe epilepsy for whom an increase of walking time to services from five to twenty minutes increased the risk of a drop seizure many times over.

Also, in the case of these children it is not clear that the premises they are being asked to move to will be adequate. Will there be fit-for-purpose, private changing facilities? Will there be enough space for several wheelchair users to access the space at the same time? Will there be access

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to equipment? Will space be safe and not overlooked by other users? All of these were given as concerns.

Another issue that worried participants was the idea that services could be shared between young children and babies *and* young people. This was frequently commented on as problematic. Three people specifically felt that the presence of young people might be seen as threatening by young families.

At the same time, none of the young people consulted felt immediately comfortable with the idea of using a space that was clearly designed for the needs of very young children. One who had experienced this said in genuine horror, *'I came in one day and there was, like, baby stuff everywhere.'* Tables, chairs, doors, what was on the walls, all of these, we were told, could easily alienate one group or the other.

Another said, *'What it's called is important. Images are important. It might just as well be called 'Just for Babies.'* The name of the building to be used was seen as a key decision by many. Any title given to a building that stressed one group's use, it was thought, would lead to it becoming less attractive to another. Obvious religious affiliations also might alienate some potential users and it was suggested that, in Clitheroe, the locally used name for The Zone - The Trin - would create a greater sense of community engagement and also overcome the word Trinity being seen to have potentially excluding religious connotations.

There was divided opinion if the same practice of sharing applied to staff. Some people felt that staff were being asked to work with groups for whom they were not qualified or familiar. For example, one person said, *'They're nice, but they don't really know what's going on.'*

However, two people had had very good experiences of working with staff members who were new to them and their area of work because the staff member had been eager to listen to them and to learn from and with them.

Another person stressed the ability of staff to empathise with service users was the key element. He said, *'Part of the reason I'm comfortable here and safe is because they built up a rapport with me when I was in a dark place.'*

We were regularly reminded by participants that children, and in particular the most deprived and vulnerable children, would be affected most by these changes.

### **Mitigating the negative impacts**

Many participants in the consultation were both imaginative and creative when it came to suggesting how the expected negative impacts could be mitigated. The main ones were:

- Using centres threatened with closure more and involving other services to make them more sustainable and family friendly – for example, increasing evening use or encouraging hot desking or meeting room hire
- Providing transport for groups including, possibly, the loan of car seats (though it was acknowledged that group travel arrangements were liable to disruption through a group member not turning up and/or running late)

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- Subsidising transport costs, for example by providing free day tickets for the bus (already offered by some services for young people) or securing private sponsorship in the case of the Cook and Eat sessions
  - Identifying other local venues that are more convenient for existing users
  - Providing a clear programme of what is on offer at the centre and advertising it well, encouraging higher usage
  - Offering outreach sessions in communities where buildings might be closing
  - Getting parents involved more through promotions like fun days and doing more consultation about new ideas
  - Using volunteers while bearing in mind what volunteers can and can't do
  - Using social media better to let people know what's going on

On the first of these points, two people at one session came up with a list of possible new uses for a centre that included meeting rooms for small businesses, senior coffee mornings, multicultural cookery lessons, language café sessions in order to make the existing youth centre more visible, family friendly, better used and central to the life of its community – in this case, **Clitheroe**.

Using social media better was mentioned by most participants, and increasing the role in updating social media by service users was suggested. It was acknowledged that this was not always possible, particularly in the case of vulnerable people and younger people, but it was felt that this was an area that could usefully be explored to build and empower groups of service users.

Finally a point was made about the whole consultation having been carried out in English, both the face-to-face to face sessions and the online questionnaire. Whether this is actual or merely perceived, it was pointed out that few people are really confident about expressing themselves just using these channels and that whole communities were being missed out of the process as a result.

### **Specific locations of concern**

The preceding sections of this report contain comments about services provided by CFWS in general. They can be used to form a checklist of provision across all Lancashire districts and venues.

This final section of the report highlights specific locations where the positive outcomes the service delivers are most at threat as a consequence of the planned changes, where negative impacts appear to us most likely to occur and where further consideration of those changes is warranted by the comments of those consulted. These are in: Ribble Valley, Pendle, Preston, Wyre and Hyndburn.

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## **Ribble Valley**

There were strongly held views about this change, focused on issues of whether Clitheroe Zone can accommodate use by young children and babies and whether the needs of service users from Ribblesdale and Longridge Children's Centres can be catered for within this building.

Real concerns were expressed about how the culture and 'feel' of the building itself could facilitate this change while staff within the building were unanimously praised for being welcoming and supportive when contact was made. It was felt that service users may be inadvertently excluded by the proposed changes. The point was made that while Clitheroe is an affluent town, many of Clitheroe's residents are not well-off. As one person said, *'It's a five-minute walk from Booths car park and all the Range Rovers to the Foodbank.'*

At the same time it was felt that the Zone – maybe particularly if it was renamed The Trin – had the potential to become a real community hub if the right investments were made in the building and if a satisfactory way of combining uses could be found. It was, however, acknowledged that this would not be easy - because of for example, issues relating to parking - and would probably need greater involvement by local residents in its redesign and reprofiling.

## **Pendle**

There was considerable concern that the closure of the Marsden Children's Centre would undermine the viability of Walton Lane Nursery, particularly its rare SEND provision which a number of parents sang the praises of. And it was made clear that it should not be assumed that parents will find it easy to move from Walton Lane to use and to support the services at the Beacon Centre.

There was a clear message from the consultation that SEND children, their parents and families were especially at risk from the planned changes and further consideration needed to be given to them. The many comments in other sections of this report about SEND children should be referred to again here.

This was the location where pleas were made for extra, active promotion of the facility to increase its use and hence its sustainability.

## **Preston**

The vulnerability of SEND children was also stressed to us by staff and users of the Play Inclusion Project for disabled children and young people (currently held at Ashton). They simply could not see how they will cope with the move and find suitable accommodation in any of the Preston centres that will remain open.

Change of either time or location, or both, could:

- produce high levels of anxiety and disruption to users
- significantly impact on the availability of volunteers who are essential in delivering that service
- reduce the time and quality of the respite benefits to parents and carers
- have profound negative impacts on the quality of life of the families involved.
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It appears to us that additional, detailed consultation on buildings and facilities with this group is needed.

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## Wyre

Milton Street was highly regarded and the mother and baby group at West View was deemed invaluable. There was discussion around the possibility for adult, of utilising Broadway Medical Centre because of its location on the boundary of Flakefleet and Chatsworth and, as a result, is seen as neutral. But there was a real sense that that building was just not young people friendly.

Attendees at the workshop assumed that if West View will still be delivering children's social care, what about incorporating evening sessions there for targeted young people's services?

Or, it was suggested that since Mount View Medical Centre is opposite Kemp Street and close to Milton Street, this could potentially be used in the same way for adults.

## Hyndburn

Considerable concerns were expressed about the closure of services at Fairfield and suggestions were made about providing transport from Fairfield to the Park to enable people to continue accessing sessions like the Cook and Eat six-week programme. A minibus was proposed for this as *'they come from The Park anyway, so it would just be us using the same petrol for us to get to them now.'* At the same time it was felt that The Park was not a very nice building *'It's not very welcoming, it feels really dark when you go in.'*

## And finally...



CFWS staff did not attend the consultation meetings. The consultation was exclusively with service users. All the staff we encountered during this process were professional, kind and welcoming, but it must be stated that the staff running the Tuesday evening session for children and young people with a wide range of needs at Bradley Children and Families Wellbeing Centre (formerly the Pendle Zone) were among the most impressive we have ever encountered.

This was the only time staff attended the consultation, for obvious reasons, and they were exceptional in their multi-skilled supportive approach to empowering the young group members whose permission we have to include the photograph above.

The closing words of this report will begin with the quote from a young woman whose statement *'Stop thinking about money and start thinking about lives and people.'* we promised to convey.

We firmly believe that this consultation has shown that within the pressing financial constraints it is grappling with, Lancashire County Council is doing precisely that through this process.

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## **APPENDIX I**

The ten questions forming the basis of the co-design process of consultation were as follows:

### **Stage 1**

1. Shall we start by finding out who we all are?
2. Which centres do you use and which services?
3. How often do you use the services?
4. How would you describe the positive things that you and your family get out of the services?
5. Can you think of any negative things?
6. Which sessions work best for you?
7. What would make the sessions even better for you?

### **Stage 2**

The council is having to make changes to the way it delivers its services now – do you know about this?

8. How will this affect you?
9. How easy is it for you to get to the centre you use?  
What about getting to other centres – how easy is it to get there?
10. What do you think could be done so the changes the council are going to make wouldn't be as bad for you?