

Public Document Pack

Tony Kershaw
Director of Law and Assurance

If calling please ask for:

Ann Little on 033 022 22654
Email: ann.little@westsussex.gov.uk

www.westsussex.gov.uk

County Hall
Chichester
West Sussex
PO19 1RQ
Switchboard
Tel no (01243) 777100



7 July 2021

Children and Young People's Services Scrutiny Committee

A virtual meeting of the Committee will be held at **10.30 am** on **Tuesday, 20 July 2021**.

Note: In response to the continuing public health restrictions, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

The meeting will be available to watch live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>

Tony Kershaw
Director of Law and Assurance

Agenda

- 10.30 am 1. **Declarations of Interests**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
- 10.31 am 2. **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.
- 10.32 am 3. **Early Help Service Redesign Proposals** (Pages 3 - 140)
- Report by Executive Director of Children, Young People and Learning.
- The Committee is invited to review the outcome of the public consultation and provide recommendations to Cabinet on the final proposals prior to a decision being taken.

12.29 pm 4.

Requests for Call-In

There have been no requests for call-in to the Scrutiny Committee within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

12.30 pm 5.

Date of Next Meeting

The next meeting of the Committee will be held on 29 September at 10.30am. Probable agenda items include:

- Children First Improvement Update

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 17 September 2021.

To all members of the Children and Young People's Services Scrutiny Committee

Children and Young People’s Services Scrutiny Committee

20 July 2021

Early Help Service Redesign Proposals

Report by Director of Law and Assurance

Summary

On 7 January 2021 this Committee considered the aims and principles for a redesign of the Early Help Service to provide an improved service to vulnerable children and families in West Sussex, and the plans to launch a public consultation on proposals for the future of the service.

The Committee broadly supported the need to investigate an improved and targeted early help offer and the launch of the public consultation. The Committee noted the potential impact of the proposals on the availability of universal services and asked that this be addressed as part of the next phase.

The Committee suggested that the following information be provided following the consultation to help their consideration of the final proposals:

- How the proposals will help improve the identification and support of vulnerable children and families to access early help support.
- A communication plan for the new service and on how residents will access the services, especially where delivery points will be withdrawn.
- A robust Equality Impact Report.
- What will be the impact on wider services, including from partners who use the delivery points to deliver their services.
- Data on usage and services provided in each centre by partners.
- A breakdown of consultation responses by hub area.
- How the impact of the pandemic on families has been taken into consideration when assessing the proposals and their resilience.
- Information on the outcome of early help redesign in other local authorities and how this learning is taken into account in the proposals.
- More detail around proposals for service delivery to remote service users

Cabinet took a decision on 27 February 2021 to launch a 10 week public consultation to seek views from partners and residents on the proposals.

The consultation ran from Monday 8 March 2021 to Monday 17 May 2021. The outcome and analysis of the Public Consultation is set out in Appendix A to the decision report. The attached draft decision report (Appendix 1) seeks approval from the Cabinet to implement the Early Help Redesign as revised following the consultation.

The information in the report and appendices include:

- The aims and principles of the service review
- The public consultation process and analysis (Appendix A)
- An overview of the response to the consultation including the adjustments proposed as a result of the consultation feedback
- The revised proposed Early Help Model
- Further work planned with partners and communities to manage the impact of the proposed offer
- The proposed plans for staff consultation
- The financial impact of the proposed Early Help Model
- An Equality Impact Assessment (Appendix D)
- Early Help Access Case Studies (Appendix E)

Following this meeting, the committee's views on the plans for the service will be presented to Cabinet Members for their consideration ahead of the decision being taken by Cabinet on 27 July 2021.

Focus for scrutiny

The Committee should consider the analysis of the Early Help redesign consultation (Appendix 1) and how this has informed the proposals set out in the draft decision report (Appendix A). Seeing what the proposal seeks to achieve in the context of the Council's priorities and agreed outcomes for children and families how can the Committee influence the achievement of those through this proposal?

Areas for scrutiny include:

- 1) The aims of the proposal for service users and whether it is clear that these will be met in light of the responses to the consultation and engagement with partners. This could include:
 - Evidence for how the proposed model will deliver improved outcomes for vulnerable children and families.
 - How well the revisions to the original proposals will address issues raised
 - The accessibility of services to all residents who need them
 - How any impacts on services by partners and others are to be addressed
 - Evidence or learning from other areas that have implemented a similar model, and how this has been considered in the final proposals.
 - The impact of the pandemic on the service and communities and how this has been taken into account when developing the final proposals.
- 2) The mitigations for any risks or issues identified through the consultation analysis or the Equality Impact Assessment. Do these provide assurance that potential adverse impacts are understood and being addressed.
- 3) Plans to monitor the implementation and impact of the proposed model and identify how scrutiny could add value to this process in the future.
- 4) The effectiveness of the consultation process in capturing the full range of views from stakeholders and service users and any learning for future consultations.

The Chairman will summarise the output of the debate.

Tony Kershaw

Director of Law and Assurance

Contact Officer: Katherine De La Mora, Senior Advisor, 0330 22 22535

Appendix 1: Draft Decision Report: Early Help Service Redesign Proposals

Appendices to Decision Report:

- Appendix A: Consultation Report
- Appendix B: Early Help Offer on a Page
- Appendix C: List of the 12 proposed retained centres
- Appendix D: Equality Impact Assessment
- Appendix E: Early Help Access Case Studies
- Appendix F: Children and Family Centres Overview

Background papers

None

This page is intentionally left blank

Report to Cabinet

27 July 2021

Early Help Service Redesign Proposals

Report by Executive Director of Children, Young People and Learning

Electoral divisions: All

Summary

This report seeks approval to implement the *Early Help Redesign* following the outcome and analysis of the public consultation and revisions to the original proposal. The aim of the *Early Help Redesign* is to provide an improved and more effective offer to those children and families considered in the greatest need and likely to benefit most from the support available and to prevent the escalation to the statutory social care services. Therefore, the *Early Help Redesign* proposals also contribute to the development of an integrated service provision between Early Help and children's social care. This integrated service provision is part of the wider service improvements within the Children, Young People and Learning Directorate and specifically implementation of the Family Safeguarding Model. The proposal ensures we retain core universal services in all areas of the council to ensure the most effective use of resources by focusing on those most in need and the facilities to support services that are provided by partners.

The report sets out the details of the full consultation process and analysis of the outcomes. It describes changes to the proposed offer based on responses to the consultation as well as informing on the mitigations to identified adverse impact or risks where the proposed offer remains unchanged.

The report also sets out the further work with partners and communities to manage any impact upon them, to provide more detail on the changes, especially the opportunities for group activity and the work on the use of assets within communities which may be affected. There is also detail about the more specific consultation with staff directly affected, should the decision to proceed be agreed.

Recommendation

Cabinet is asked to:

- 1) Approve the revised Early Help Service offer for implementation in December 2021.
- 2) Agree plans for a staff consultation from early September 2021 to begin the process of implementing the new offer.

- 3) Agree plans for Early Help to continue to operate out of 12 centres and declare the other centres surplus to the Early Help services operational requirements. The 12 retained centres are outlined in Appendix C.
-

Proposal

1. Background

- 1.1 This paper outlines the details of the public consultation regarding the *Early Help Redesign* and sets out the amended proposal for the new service model. The *Early Help Redesign* retains the essential aims of the service which are to improve the quality of a child's home and family life, enable them to perform better at school, achieve better outcomes and improve their wellbeing, provide early prevention of harm and improve their long-term outcomes. The improved model for early help is also designed to reduce the need for higher level intervention and therefore reduce demand on children's social care services. The *Early Help Redesign* is therefore expected to improve outcomes for children and families by reducing the need for such intervention.
- 1.2 The current early help offer is delivered in the community but also from 43 Children's centres and 11 Find It Out and Youth centres most of which are open on a part-time basis, with several open as little as 2 mornings a week. This provides a wide spread of availability locally, however, it is an inefficient use of resources especially those needed to maintain and run buildings that are less well used. The offer has become inconsistent and the need to focus on improving outcomes for those most in need has been diluted by the extent of the universal services being supported, many of which can continue without that support. Resources are now severely stretched due to increased demand; the focus needs to be on addressing significant child and family need in the most efficient and effective way. Our experience of delivering an effective early help service during the pandemic has reinforced this conclusion.
- 1.3 Demand in early help, particularly for targeted support, and social care has continued to rise making it vital to ensure that every part of the early help resource is maximised to improve outcomes for children. West Sussex, in line with national trends has seen a significant increase in the numbers of children who are the subject of a child protection plan and an increase in the numbers of children looked after. Targeted support in early help involves a coordinated whole family plan to support families with multiple or complex needs and to prevent escalation towards statutory interventions. Requests for targeted support have increased significantly and continues to rise, with new referrals doubling during 2020. This has resulted in an increase in unallocated children who are not receiving a timely service which is not sustainable. This adds to the urgency to change the way we work to support those children and families in greatest need and where a lack of response at this stage will mean increased demand later for more intensive children's social care services.
- 1.4 The review of the current offer included an evaluation of the service offer, including focussing support where it is likely to have greatest benefit, the model and effectiveness of where we offer services, the group support and facilitation offer, analysing the centres' usage as well as a scoping of the community offer across the county. This review demonstrated that:

- The current 'centre-based' offer does not necessarily reach those children and families who are most in need of help and it is not the most effective way of meeting the needs of these families
- The number of families visiting centres in some areas is very low and, in several areas, the most vulnerable children and families do not visit the centres
- The majority of those who visit centres have access to other universal services
- Each centre requires a minimum number of staff to safely operate and perform tasks related to keeping buildings open, diverting our staff from those most in need. Many centres are only able to be open on a part time basis due to staffing requirements
- The success rate in targeted early help intervention is high with only 3.5% (annual average) of those children who achieve a successful outcome going on to require additional support from social care.

2 Context – the aims of the service review

- 2.1 The service review aimed to support the principles of the West Sussex County Council, [Council Plan 21/22 to 24/25](#). The Council Plan outlines the need to strengthen our support to those in greatest need whilst retaining the capacity to provide or ensure the continued availability of a useful range of universal and other community support services. This means we need to:
- Prioritise the most important things to do – those with most impact
 - Manage the demand on our services better – able to meet priorities
 - Make sure our resources go where they are needed most
 - Make the very best of resources provided by other agencies or community partners
- 2.2 The Council Plan specifically proposes that Children's Services should maintain a 'whole family' approach to ensuring children are safe, with families supported by multi-agency 'early help hubs' to provide coordinated support.
- 2.3 The Early Help review was needed to ensure a joined-up approach with other children's services and partners. Recognising the need to modernise the service to meet the needs of the most vulnerable children a detailed and comprehensive review has now been completed underpinned by the following principles:
- Services are targeted to those in greatest need
 - Services are proportionate to the level of need
 - To put children first and ensure that they are listened to
 - A service that is seamless and integrated
 - Ensure capacity to meet all statutory requirements in a timely way
 - Support partners to provide universal services
 - well communicated and accessible services across the County
- 2.4 The review also considered the findings of the [Early Years Health Development Review: Best Start for Life: A vision for the 1001 critical days](#) published by the Government in March 2021. The purpose of that review was to identify ways to improve the health and development outcomes for babies in England, with a focus on 1001 critical days through pregnancy to the age of 2. The vision

includes 6 action areas focusing on the development of a clear and joined up start of life universal offer. This universal offer seeks to bring together essential provision for every new family. This includes the critical services of midwifery and health visiting, mental health support and infant feeding advice with specialist breastfeeding support. The universal offer will include safeguarding and services relating to special educational needs and disabilities (SEND) and a universal plus offer targeted at those families that need extra support. The universal plus offer would work as an integral part of the wider structure of the early help partnerships and services already in existence. It suggests in the vision that all families should be welcomed into a family hub. Taking the aims and ambitions of this review into full consideration we have incorporated this into our proposals by ensuring that all the retained centres will be family hubs. To implement this way of working effectively, the current model needs to change, and this will include reducing the current number of venues to prevent stretching resources and dilute the opportunities for bringing service providers together.

- 2.5 The National Children's Bureau report on ['Supporting and strengthening families through early help - A rapid review of evidence'](#) published in June 2021 is a timely reference point for the principles which should drive the early help offer. The findings of their report are in line with this early help proposal. It notes the challenge presented by there being currently no statutory definition of early help services but also indicating that effective delivery is likely to be contingent on strong partnerships delivering a range of support from universal to targeted services in the focused and efficient way the proposals in this report uses.
- 2.6 The proposal has also drawn on evidence and experience from local authorities which have adopted the model and approach being proposed for West Sussex. There is particular learning from our Improvement Partner, Hampshire County Council. This authority undertook a radical redesign of its early help services in 2015 – 16. Whilst Hampshire's services are structured very differently to West Sussex the principles of its redesign were very similar – to target their directly delivered service towards providing the greatest amount of support and intervention to children and families in the greatest need in order to prevent problems from escalating. Alongside this the aim was to work alongside other partners to co-ordinate a package of early help resources delivered in a range of ways, for example, within schools, voluntary sector organisations, health settings. Within this redesign Hampshire reduced their Family Centres from 54 to 11 (plus 2 mobile units) and their Early Help workforce reduced by 60%. During the consultation some identical concerns were raised to the ones that have been raised during this consultation – principally regarding the perceived adverse impact of a reduction in the centres we operate from and the risk of vulnerable families not being identified. These risks were addressed and overcome through ensuring a flexible response i.e. services are not only delivered from centres, but directly to those individual families and by strong and effective partnership working.
- 2.7 Hampshire County Council is recognised as providing outstanding services for its children and families and that includes their early help offer, with specific mention in its latest Ofsted inspection in 2019, some 3 years after the redesign.
- 2.8 John Coughlan, Chief Executive Hampshire County Council and Department for Education (DfE) appointed Commissioner overseeing West Sussex

Improvement, has stated his in principle support for the current proposals and the principles and approach underpinning them, while stressing that these decisions remain the responsibility of West Sussex County Council.

3. Early Help Consultation Process

- 3.1 On 23 February 2021 Cabinet took the [decision](#) to consult and the Council launched a 10-week public consultation starting on 8 March and closing on 17 May 2021. Prior to the public consultation the service also undertook three partner engagement events with the aim of sharing the proposal and seeking early feedback to help ensure the widest possible reach in the public consultation. The partner engagement was also vital for ensuring partners were sighted at an early stage on the proposals and the implications for their own service plans and resources so that these could be taken fully into account in the assessment of the consultation output.
- 3.2 The consultation activity was subject to a quality assurance process and an Equality Impact Assessment. The [Children's and Young Peoples Services Scrutiny Committee held on 7 January 2021](#) also made several recommendations that are addressed in this report. Specifically, regarding the arrangements for identifying vulnerable children and families and delivery to remote service users, the impact on partners, the impact of the Covid-19 pandemic and learning from other local authorities who have taken a similar approach by reducing centres to increase outreach. These points are addressed in this paper and appendices.
- 3.3 Full details of the early partner engagement events and the public consultation are provided in Appendix A, this includes an account of the extensive promotion of the consultation events as well as how the consultation reached specific targeted groups. The consultation was based on the aims and principles of the proposed new model described in the Cabinet report dated 23 February 2021. The consultation questions involved consulting on four options for change:
- Increased targeted support with reduced open access and information services
 - No open access and information services to focus only on those in greatest need
 - Retain current open access centres and reduce resources to those in greatest need – increasing the universal offer
 - Other suggestions – an open option for different service model and approaches to be identified
- 3.4 Engagement with the partner events and the public consultation was high with 84 partners and 65 schools attending the engagement events and 144 attending the consultation events. Visitors to the engagement hub were 10,357 people, with 3,108 visiting the survey page, resulting in 1,604 going on to complete the online survey. These figures include 182 staff and 59 young people. In addition to the online survey a further 301 young people completed a paper survey outlining their preferred options. There were 43 additional contributions either through the consultation mailbox or completed manually. The total number of responses to the consultation was 1,948 which is comparatively high compared to previous consultations.

4. Consultation Analysis and Key Areas of Focus

4.1 The information provided through the online survey and from written submission raised a number of issues, many common themes emerged, a number of areas requiring better communication and assurance were noted and a range of constructive ideas and comments were received. Time was taken to review all of these, to assess the weight to be given to proposals from partners and those with experience and evidence and to see what changes to the original design could or should be brought forward. The Consultation Report at Appendix A provides detailed feedback, but the main themes were:

- **The validity and timing of the consultation:** The consultation process was quality assured throughout by a senior consultation and engagement officer and exceeded the expected reach and demography. Extensive information was provided on the Engagement Hub, including data profiles for each Children's centre. 5 formal briefing sessions and 6 mini information events for current service users were delivered during the consultation period providing several opportunities to seek further clarification on the redesign proposal.

The proposed early help offer was designed based on the centre usage data from the 3 years prior to the pandemic. While the Covid-19 pandemic post-dated the initial service review it has demonstrated the need for the service to be more responsive and agile. Early help has not been delivered from centres since March 2020; instead staff who were based in centres have gone out to deliver services in the community and virtually. In the last year there has been a significant increase in demand for targeted support further strengthening the argument that the service needs to prioritise its resources on the direct delivery of support to those in greatest need rather than on managing buildings.

The consultation analysis report addresses the concerns raised about the consultation approach in more detail. The claims that the consultation lacked validity or was poorly timed have not been substantiated and are without clear evidence.

- **The impact of the Covid-19 pandemic:** The pandemic has resulted in more children and families being vulnerable and during 2020 referrals to targeted early help doubled. It has not been possible to keep up with demand in the current model and this was already an issue prior to the pandemic. If early help does not create additional resource for those most vulnerable it is likely that the risk to those children will increase and they will be more likely to require further intensive support from social care. This is likely to be a sustained area of demand rather than one which will reduce in the immediate or foreseeable future. The areas of need which have grown during the pandemic are due in part to the effects of lockdown and increased pressure on children and families and are those which the proposal seeks to address with increased resource and more focussed provision. These needs are met by the proposed early help service offer.
- **Demographic Equality issues:** Concern has been raised regarding access to services for those living in rural areas access to a centre and

the requirement to travel if they wanted to attend a centre in person. The response to these concerns is to re-emphasise the need to move away from a reliance on buildings and expecting families to travel to centres. Where that is the best approach the integrated service hubs will provide access to centre-based services. However, the new service will not require a child or family to attend a centre unless they want to. The service offer will be delivered in the community, either in family homes or a safe location of the family's choice. This will be the approach for both rural and urban areas and will be more rather than less responsive to the needs of individual families and their preferred way to access services.

The proposed retained centres are in areas of highest deprivation, this being informed by the Index of Multiple Deprivation 2019 overall ranking lower tier authorities in West Sussex, while retaining at least one centre in each District and Borough. This should assist in ensuring fair access to services whilst also keeping centres in areas where there is the greatest need. The proposal to keep more centres in areas of highest deprivation recognises that staff and partners often see more demand in those areas and creating bases for those staff to work together supports our offer by building resilience and supportive team working. A higher proportion of the early help offer has always been delivered in the community, with less than a third taking place at designated centres. Early help will continue to prioritise work by need and not location, ensuring that those in more remote locations still receive support when needed.

In terms of population growth, this is predicted to increase by 16% in West Sussex, over the period 2017 to 2041, with the highest proportion increase expected in Arun. An increase of housing development is planned in several areas and this was highlighted in the consultation responses. The communities in areas of increased population will still benefit from the flexible service offer. By increasing our communication and engagement we want to change the perception that we need buildings to offer a flexible offer to those children and families who are in greatest need. Our new service model will be better equipped to local population growth linked to developments than continuing the focus on buildings and their maintenance.

Identifying vulnerable children: During 2020 when centres were closed due to the pandemic, an increased number of children and families were successfully identified or able to access early help services. While this demonstrates an increase in demand it also showed that families and partners knew how to access early help support when they needed it. Currently over half of all early help referrals come from partners. We have outlined in Appendix E a range of case studies which demonstrate the variety of ways children and families come to early help and we have used this to evidence the benefits of the new model ensuring effective identification of those in greatest need. Central to the proposed new offer is a focus on strengthening our ability to identify those in need of help. This will be achieved through a number of approaches. Early help propose providing dedicated teams with named link workers for schools, ensuring we can advise and support schools with the children schools are worried about. Responses to the consultation emphasised the value of

establishing better use of schools and their connections to and knowledge of children and young people. Other responses questioned the capacity of schools to step into this area and so the approach is to support and enable this dedicated team and link worker approach to work. The proposed new model will retain the Young Parents Pathway and support to Early Years settings where the need is greatest. In addition, early help has developed a Communication and Engagement Plan that details a range of processes and activities to ensure that information on the service offer is easily accessible and promoted to the public and partners.

The proposal includes and recognises the importance of the Partnership Boards already established and relationships with key stakeholders like Health, the District and Borough Councils and voluntary and community groups. Each early help hub will have a dedicated officer responsible for the promotion and updating of information online and in the community. This builds on the benefits of integrated service delivery and coordination referred to above and which is central to the recent Government report (Early Years Health Development Review: Best Start for Life see paragraph 2.4) on the aims and driving principles for effective joint working on of early help.

- **Access to support groups:** The proposed service offer has been adjusted based on concerns raised during the consultation in stopping group work for under 5s and young people. There has been a further mapping of services offered in the community which demonstrates there is a significant community offer across libraries, voluntary and community groups for all age ranges from 0-19 and SEND. From this work we know there is some duplication with universal groups currently offered by early help services. This informed the original proposals. Prior to the consultation the proposal was to cease all groups and groupwork, however, the revised proposal will retain the capacity to deliver specific group work when a need is identified. For example, if several parents are presenting with similar concerns, such as setting boundaries for young people, it would be possible for early help to deliver group parenting support work in that area. Early help will also retain the Young Parents Pathway which provides additional support to young mothers and fathers. There is also a commitment from the Learning and Skills team to review the delivery of an under 5s SEND group termly programme. This way of offering group work will be flexible and responsive to locally identified needs. It is however important to communicate the arrangements for group support.

Impact on partners: An exercise was conducted to map all partners using the current centres. These partners have been informed of the proposal and a number have expressed an interest to continue offering services from the proposed retained centres. Some partners have expressed an interest in access to centres that we don't propose to continue to operate from. The biggest impact is to health partners, who deliver universal services and this offer is not changing due to these proposals.

Sussex Community NHS Foundation Trust who deliver the Healthy Child Programme have indicated that a reduction in centres would have an impact on their service delivery, specifically in timeliness and travel. The changes will also result in a cost implication to the Healthy Child Programme where they need to lease additional clinic space. It is proposed that all of the retained centres continue to house health services alongside early help services. The Assets and Properties team are already in discussion with the Trust regarding the use of buildings in which they have expressed an interest in.

Wider than this the West Sussex Asset team is supporting several partners with the options available to them for hiring or leasing buildings beyond those we propose to keep. Several of the centres used by partners to deliver their services are leased, and it may be possible for partners to negotiate space with the owners of those buildings. Early help will work with all partners currently using the centres we propose to retain, to ensure their continued use. For buildings that early help propose to stop using, the Asset team have all the expressions of interest from partners and will work with them directly to explore and settle opportunities to utilise centres.

Central to the proposal is for greater working between early help and social care, which includes having co-located teams. This change will strengthen relationships and more effective working within children's services, improving the journey for children who require help and protection as well as creating better connections locally to partners, promoting a shared responsibility across all service areas to the children within localities. Once a decision has been made on the early help redesign every effort will be made to provide clarity on the options available to partners before the autumn term.

5. General overview of the response to the Consultation

- 5.1 The consultation process provides an opportunity for members of the public to help shape the proposal, suggest other ideas, or highlight concerns to help the Council adjust or mitigate risks associated with the proposed option. The extensive feedback provided has given some helpful insight into stakeholder's concerns regarding the proposed changes to the early help offer. The responses have confirmed that our priority to focus on the vulnerability and needs of children and how services are accessed by children and families is the right one. It has emphasised the need to maintain a clear engagement with the partners whilst driving the need for better integration across children's services.
- 5.2 The pandemic has heightened concerns for young people and new parents but also has led to an increase in those requiring dedicated Family Support at the right time. The volume of demand and the ways in which the service has had to respond to the pandemic have all fed into the evaluation of the proposed model. The pandemic was not anticipated but it is significant that the experience of the service during the last year has reinforced the value of the

proposed model. Some responses to the consultation asked for the consultation and any changes to be delayed taking stock of the pandemic and to assess its impact longer term. However, this risks ignoring the pressing needs the pandemic has and will continue to drive. We should not assume that anything will return to how it was 18 months ago, nor can we wait for an unknown period of time for the longer-term picture of need to emerge. Our approach has been to plan the proposal with a full understanding of the current and continuing impact of the pandemic and to ensure an adaptive flexible model is developed.

- 5.3 The consultation also highlighted a degree of confusion among residents and the people who access help between early help delivery and health partner delivery of universal services, e.g. that of midwives and health visitors. We acknowledge these concerns and want to be clear that the proposals set out in this report are specifically related to the Council's early help offer and not the universal health offer. Communication of the final proposals that are approved will be vital to limit this misunderstanding and to prevent unnecessary concern among families and across communities. Key to this will be establishing the new delivery points of these services.
- 5.4 The connection with the priorities in the recently approved Council Plan – developed and adopted after these proposals were first designed has also been a focus of the review and the consultation response. The proposals need to ensure they meet the expectations of the Plan in terms of outcomes for children and families across the County. Early help supports circa 4,000 children a year on early help plans. Early help continues to evidence improved outcomes for children who receive a targeted intervention through an early help plan. This work has the highest success rates both for improving outcomes for children and families and reducing the demand into children's social care. These outcomes support the key performance indicator for early help in the Council Plan to achieve good outcomes without the need for a referral to social care. The West Sussex early help targeted intervention is also recognised nationally as a leader in achieving outcomes for the *Troubled Families* programme. The programme focuses on improving school attendance, helping adults into work and improving the health of families; this is the targeted work early help proposes to continue.
- 5.5 The proposals have also taken into account the Council's imperative to improve the wider children's services and specifically children's social care. With that in mind the proposals have been developed in line with the Council's stated intention to introduce the Family Safeguarding Model of social work practice in early 2022. The proposals within the *Early Help Redesign* include the flexibility to co-locate early help staff with social care colleagues as part of the Family Safeguarding Model in the future and ensure strong and effective working relationships between the two parts of the service.

Adjustments proposed based on consultation feedback

- 5.6 There were a large number of responses that want to keep more centres open but there is no evidence that this approach will achieve the aims of the redesign to use staff more effectively and an ability to respond to those in greatest need in a timely and flexible way. However, there were many constructive proposals and comments, and these are addressed in the attached consultation analysis document in Appendix A. In considering the

consultation feedback the following adjustments have been made to the proposal:

- Implement a communication and engagement plan and a dedicated resource in each locality, responsible for service promotion and publicity. This is to ensure people can still access the service when they need help. It will ensure greater awareness of service options and accessibility. It should also remove some of the misperceptions about other universal and health services which are not affected
- Keep additional staffing to deliver bespoke group work when a need is identified with a specific focus on parenting support, such as understanding behaviour and communication. This will also be built into the communication plan for the new service model. It responds to the extensive feedback on the value of support groups whilst not compromising the need for flexibility and a more focussed use of specialist resources
- Support volunteer and parent led open access groups to deliver in the retained centres. These were identified as important by many responders and service users. This approach reinforces the scope of the universal service offer and the benefits of a common set of options being available at the centres to be retained serving each area equally
- In order to ensure that the offer remains accessible and attractive to young people, retained centres will be open after school and as well as the 'Find It Out' drop in offer, face to face appointments will be on offer daily for young people either in centres or the community
- There were requests to keep a number of specific centres open across the Council, but none were deemed to present the levels of need which would result in keeping a centre with the exception of Lancing. The data showed that deprivation levels in Lancing are broadly similar to Shoreham, where we propose to keep a centre. It is acknowledged that Lancing presents specific and discreet geographical factors that give rise to two quite separate communities either side of the River Adur. There are 2 centres in Lancing, the Maintained Nursery School and Lancing Children and Family Centre. It is proposed that Lancing Children and Family Centre be kept due to the size and scope of the building as well its positioning in the community. The budget implications of this proposal are detailed in section 8. This would increase the number of proposed retained centres from 11-12.

6. Revised Proposed Early Help Model

- 6.1 The new model proposes an increase in staff delivering targeted support with a view to the service operating in a more flexible way in local communities. The review has identified those centres that are in the areas of highest deprivation and therefore highest demand and it is proposed that these centres are maintained and open full time in the new model to improve their usage. This will extend our reach to the most vulnerable children and families.
- 6.2 It is proposed that the new service will continue to be based in 6 geographical locality hubs aligned to district boundaries with each district hub containing at

least 1 Family Centre. (Arun 2, Adur and Worthing 5, Chichester 1, Crawley 2, Horsham 1 and Mid Sussex 1). The proportion of centres directly correlates to the deprivation levels and ability to meet the most vulnerable children and families.

6.3 The proposed Early Help model is intended to:

- Provide a single point of entry for all families and professionals
- Continue to deliver from 6 locality Hubs which will work closely the new Family Safeguarding social care teams
- There is an increase in the targeted response to vulnerable children and young people
- Increase the *Enabling Families Offer* to those families that usually can cope but may need a little extra help
- It will offer a daily drop in or bookable appointments for young people after school
- Improve early identification of those in need; taking action to respond to problems before they are more difficult to reverse
- Improve collaboration and strengthen support to schools to support children and young people with attendance, achievement, attainment and health and wellbeing
- Promote the Family Safeguarding Model by aligning with social care so that all children and families are accessing the right help and protection from the most appropriate part of children's services
- Support the recommendations in the Early Years review to promote the best start in life for all children through collaboration with Public Health and a range of Health Partners and the use of all retained centres as Family Hubs
- Support local partnerships to collectively improve outcomes for children and better identify when a child needs help. Making early help everyone's business

6.4 Early Help currently provides open access services such as *stay and play* at children centres and *open access youth groups*. Providers of universal services include schools, health, libraries and the voluntary and community sector. In the proposed new model, where limited early help non-targeted services will be provided, the service would support local communities to develop and retain their support to children and young people. Early help would support groups to develop through enhanced and more effective partnership arrangements, supporting their approach to safeguarding, through the provision of data to help inform their delivery and where possible by providing access to remaining centre space. The proposed Early Help Offer on a page is at Appendix B with more detailed description below.

Early Intervention through partnership

6.5 The County Council is still committed to ensuring intervention at the earliest opportunity to support families and this approach will be supported by a comprehensive communications and engagement plan. The proposals ensure that the County Council continues to identify and respond to problems before they become more difficult to reverse. The wider early help offer is everyone's business and together we can respond early to children's needs, including the use of partner led early help plans. It is proposed that the *Early Help Redesign*

will build on the success of *termly conversations* between named link workers and schools. The aim is to support partners to deliver additional support to children through strengthening the service by creating dedicated teams, responding flexibly to support schools and partners as issues arise. Moving away from the *planned conversations* model, this team will actively support schools to lead early help plans by enabling partners to put support in place before problems escalate. The new service will also be available to offer advice and support to improve the identification of vulnerable children. Support will be provided to escalate concerns about a child to the appropriate service, specifically identifying needs and safeguarding concerns.

- 6.6 It is proposed that early help will continue to facilitate locality partnerships through local partnership boards, one in each district. The terms of reference for these boards will be reviewed and they will be attended by early help, social care, health and key stakeholders in the locality. Key stakeholders invited include families who use our service, education, early years, elected members, voluntary and community sector. Boards will provide support and information on how partners can collectively deliver early help and improve outcomes for children and young people. Partner relationships will be critical to improving the identification and support of vulnerable children and families to access support. These boards will serve as a space for local partners who know and understand the early help offer to help families access the services.
- 6.7 *Enabling Families* provision will be increased in the new model. This service provides 1 to 5 sessions of family support work to parents. This is a parent-focused offer providing help where there is one issue or lower level concern, often focused on parenting, behaviour, and communication issues for those who do not require a multi-agency coordinated response. This is another key tool to help parents build their confidence and prevents problems and issues from escalating. The offer can be delivered flexibly to suit parents' needs, in the community, in centres or virtually. Where need is identified this could be delivered as group work.

Family Centres – coordinated universal offer

- 6.8 It is proposed that the new model be delivered from 12 Family Centres open on a full-time basis, providing the opportunity for children's social care staff to co-locate. There will be a minimum of one centre in each district. Some universal services will continue to be delivered from these centres, such as health clinics, whilst maintaining some space to meet with children and families receiving support from children's services.
- 6.9 The core early help centre offer will be the provision of Information, Advice and Guidance for parents, Crisis Support; the provision of emergency essentials and support to access Free Entitlement for 2, 3, and 4-year olds. All Family Centres will offer *Find It Out* for young people, including daily after school drop in and daily bookable appointments where early help will travel to a location that suits the young person.
- 6.10 Families will have open access to all retained centres even if they are not located in the area they live. For families and young people not able to access a centre this core offer can also be offered by phone or online. Those identified as needing help can also seek support via partners, schools, and the school link worker.

Family Support - enhancing the service

- 6.11 Family Support is the current early help targeted offer which supports children who are identified as in need of help through an early help plan. These children will receive whole family coordinated support from a dedicated 1:1 support worker in their home and the community. Workers support families to resolve issues, build resilience and seek to prevent them requiring further need for social care services. Early help also provides an enhanced Family Support Keyworker offer for those who are experiencing multiple and complex issues within their family. These staff work directly with children on the cusp of social care and help sustain the changes and progress made while on a child protection or child in need plan.
- 6.12 The proposal is to increase the number of Family Support staff, increasing the early help reach across the county and delivering more efficiencies across the directorate by preventing the need for a higher cost service. Children and families are usually identified for this support via partners, by school or through an early help link worker discussion. They can self-refer in person or by phone or email to the Integrated Front Door.

7 Staff Consultation

- 7.1 If the proposed offer is agreed, there is a requirement to undertake a staff consultation to revise the current staffing structure. The plan is to start the process in September 2021 and allow for meaningful consultation with staff and UNISON on the staff impact. These timing may be subject to change. Section 8.2c provides an overview of the possible impact on staffing. UNISON will be consulted ahead of the formal staff consultation on the potential impacts to staff, including possible redundancies.
- 7.2 Not all the current early help services will be in scope for this service redesign proposal and the planned consultation. Domestic Abuse, Youth Homeless, Intentionally Homeless, Performance and Pause will be developed as part of the wider service redesign that is currently underway within Children Young People and Learning to provide a more seamless service in line with the new Family Safeguarding model.

8 Finance

- 8.1 Revenue consequences of the proposal are as follows.

Table 1: Budget Forecast

	Last Year 2020/21 £m	Current Year 2021/22 £m	Year 3 2022/23 £m	Year 4 2023/24 £m
Revenue budget	9.877	8.877	8.427	8.127
Existing savings plan per MTFS	-1.000	-0.550	-0.400	0
Response to consultation	0	0.100	0.100	0

	Last Year 2020/21 £m	Current Year 2021/22 £m	Year 3 2022/23 £m	Year 4 2023/24 £m
Remaining budget	8.877	8.427	8.127	8.127

8.2 The effect of the proposal:

(a) **How the cost represents good value**

The proposal would allow the early help service to re-focus their offer towards the families and children who are the most vulnerable and provide them with the support they need. Working closely with schools and other partners and reducing the number of buildings we operate from means that the Council can implement a more targeted early help offer and more proactive offer to schools.

(b) **Future savings/efficiencies being delivered**

The current savings proposal is for £1.95m to be delivered over a three-year period, with £1.0m delivered in 2020/21, and a further £0.550m planned to be delivered in 2021/22 and a final £0.400m in 2022/23. Even though the implementation of the proposed model was delayed from last year, the initial £1.0m saving in 2020/21 was delivered through the service not recruiting to a number of vacant posts that had been identified as at risk of deletion in the redesign. The remaining £0.950m saving was then phased over two years on the assumption that the proposed new model would be implemented from October 2021.

The proposed response to the consultation includes retaining an additional existing site and the associated staff at a cost of £0.2m. This means that the original savings target of £1.95m will now be subject to a £0.2m shortfall.

Even though the implementation date has also slipped to December 2021 the revised savings planned for this year of £0.450m are still expected to be delivered due to the strict vacancy management controls put in place last year. The remaining savings are still aimed to be achieved by removing a layer of management in early help, and reduction of in the number of posts relating to the existing buildings we currently operate from.

(c) **Human Resources**

The proposal, if approved, requires a revision of the current staffing structure. The number of FTE of front line staff will be increased to deliver the new early help offer, and there will be a reduction in or removal of other posts that will no longer be required at the same level or at all, for example some non-targeted duties or youth group work. The proposed changes also present the opportunity to review the management tiers and bring greater clarity on accountabilities.

Overall, there will be a reduction in the size of the current workforce. After allowing for the creation of 30 FTE new posts, the current modelling indicates a net overall reduction in the order of 40 to 50 FTE posts which will create a risk of staff redundancies. The service has implemented vacancy management controls and has not recruited to approximately 30 FTE of vacant positions.

This has significantly reduced the number of potential staff redundancies and, with a continued focus on vacancy management the actual number of staffing redundancies will be kept to a minimum

Linked to the proposed reduction in posts, we have estimated the risk of potential redundancy costs to be around £0.7m. However, these costs are expected to be significantly reduced through opportunities for staff to apply for alternative posts within the new structure and through redeployment.

Every effort has been made to limit the impact on service delivery of these staffing measures whilst taking an honest and realistic approach to staff relations given the commitment the senior management has given to the aims and principles of the design and their endorsement so far by the Council political leadership.

(d) **Asset Impact**

Sure Start Grant Clawback: When a local authority puts forward proposals on change of use of capital projects which were funded through the Sure Start and Early Years Capital Grant, they must inform the Department of Education (DfE) and, subject to prior approval, there will be no claw back of the grant where it will be used for a similar purpose consistent with the aim of the grant.

There remains a risk of clawback on purpose built assets where it is proposed to hand-back the lease to the freeholder, or repurpose for alternative uses that are not compliant with the terms of the grant, or where there are plans to dispose of an asset. We will work closely with the DfE to mitigate the risk.

Asset Plan: If Cabinet endorses the recommendations outlined in this report, the Early Help service will vacate all the properties surplus to its requirements. In the case of a number of properties we will work with Public Health to negotiate lease arrangements with health partners, to try to facilitate the continued delivery of the Healthy Child Programme from those buildings. In addition, during the consultation period the Property and Assets team have already been in discussions regarding the future use of buildings and have started to collate expressions of interest. They will continue with this work once Cabinet has made their final decision and will bring back proposals at a future date.

9 Risk implications and mitigations

Table 2: Risks - Impact and Mitigation

Risk	Mitigating Action (in place or planned)
Reduced take-up of services by limiting the number of centres	The services will continue to be available in all areas and communication plans will focus on engaging those expected to benefit. Experience during the pandemic has supported the flexible non-centre approach to service delivery.
Access to health clinics and financial risk to the	Public Health continue to work with the lease providers and the County Council's Estates Service to renegotiate service level agreements.

Risk	Mitigating Action (in place or planned)
Healthy Child Programme if centre access limited.	
Clawback of SureStart grant by Department for Education	The project will address the need to ensure plans align with grant aims to remove the risk of claw-back.

10 Policy alignment and compliance

10.1 Legal Implications

Legal advice will continue to be used to address the potential capital clawback and compliance with statutory duties.

10.2 Equality duty and human rights assessment

A full Equality Impact Assessment was completed and cross-matched against the consultation information; see Appendix D. The Cabinet is reminded of the public sector equality duty and the need to have regard to it when reaching its decision. The relevant issues for consideration are set out in the attached impact assessment

10.3 Public Health

Early help has a collaborative working agreement with public health. The areas of specific focus are:

- Improved mother and baby health, especially the most disadvantaged
- Good mental health for all children
- Home environment – healthy and nurturing parents
- Healthy weight

These elements are part of the proposed enhanced early help offer and supported by a detailed plan outlining specific activity undertaken by early help to support these outcomes. The plan includes ensuring all early help staff are trained in Make Every Contact Count, complete health assessments with families to identify specific health goals. Early Help will retain the Young Parents pathway and the remaining centres will be Family Hubs for health clinics. Early help will continue to deliver Healthy Start vitamins and breast pump loan and promote key health messages in centres.

10.4 Climate Change Strategy

Care has been paid to the consultation feedback in relation to the possible isolation of families in more rural areas, the impact on travel and car journeys and the need for access to public transport. The centres for retention are in areas of higher population density and so should not lead to increased journeys for users – although this will arise in some areas. This is offset by the move to more responsive service provision direct to families at home or in a venue close to them – reducing their need for travel and limiting both travel time and

Agenda Item 3
Appendix 1

impact on the environment. The service will continue to monitor the impact on the use of vehicles and public transport in order to ensure the service model reflects the Council's ambitions for a carbon neutral future.

Lucy Butler

Executive Director of Children, Young People and Learning

Contact Officer: Claire Hayes, Service Leader Early Help, 07702 442462

Appendices

Appendix A – Consultation Report

Appendix B – Early Help Offer on a Page

Appendix C – List of the 12 proposed retained centres

Appendix D – Equality Impact Assessment

Appendix E – Early Help Access Case Studies

Appendix F – Children and Family Centres Overview

Background Papers:

None

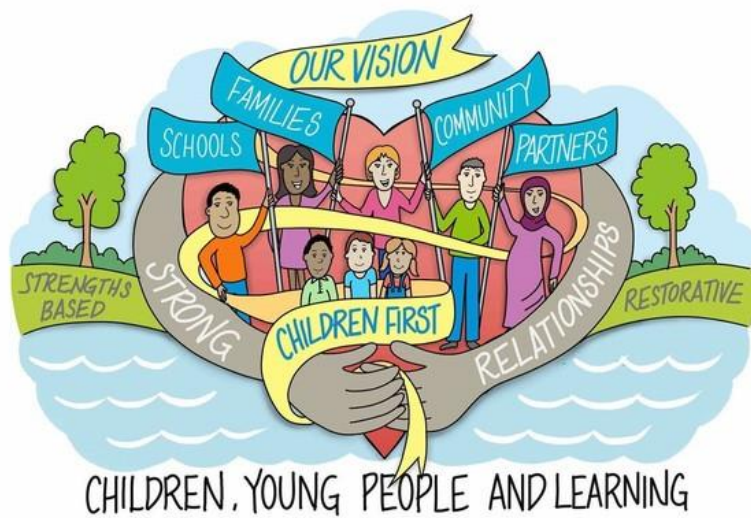
DRAFT

West Sussex County Council Children Young People and Learning Early Help Redesign

Report on Public Consultation 08 March-17 May 2021



www.westsussex.gov.uk



The West Sussex approach puts the child first. We work with children, families, communities, our partners and schools in a restorative, strengths-based way. Strong relationships are at the heart of what we do.

Index

	Executive Summary	Page 3	
Section 1	Introduction and purpose of Consultation	Page 9	
Section 2	How we promoted and communicated the early help service redesign consultation	Page 14	
Section 3	Who responded to the Consultation?	Page 21	
Section 4	What people told us	Page 28	
	A) Risks and Issues raised	Page 31	
	Issues raised about the Consultation itself: 1) Coverage/missing groups 2) Shortcomings of the delivery of the consultation 3) The validity of the consultation		
	Issues about the business case and its implementation: 4) Questions or challenges about our business case or analysis 5) Possible conflicts between different policies 6) Issues with implementing the proposals		
	Demographic Equality issues 7) Impacts on particular groups, including travel implications	Page 38	
	Engaging with Communities 8) General principles 9) Specific locations	Page 40	
	The Centres in the Community 10) The impact of the Covid-19 pandemic 11) Identifying and preventing problems 12) Groups	Page 42	
	B) Opportunities and Improvements 1) Increase revenue 2) Other facilities or improvements 3) Other cost savings or efficiencies 4) Reduction in demand 5) Improving partnerships	Page 46	
	C) Strategic Responses 1) Sussex Partnership Foundation Trust 2) Home-Start 3) Unison	Page 51	
	D) Children & Young People	Page 54	
	Section 5	Our response to consultation and the changes proposed as a result	Page 56
	Appendices	1. Consultation survey questions	Page 58
2. Details of discussion groups with children and young people in schools		Page 70	



EXECUTIVE SUMMARY

Background to the consultation

1. The West Sussex Early Help service is part of its Children, Young People and Learning Directorate. We identify and work with children and families in need of support, to help to promote the safe and healthy development of children and young people within stable families and prevent social care interventions in the future. We have identified a need to create an improved, more effective Early Help offer directed to those most at need, while continuing to work closely with partners, to provide the existing statutory functions of the service, and to deploy our resources with the greatest efficiency and maximum benefit to children and families in need of support.
2. Even before the Covid-19 pandemic, we had identified a need to make better use of staff and other resources tied up in the administrative aspects of running the 43 children and family centres and divert these into more direct work with families. Most targeted intervention work in Early Help is done in the family's home environment, and we wished to be able to undertake more of this kind of work so as to make more of a difference to more families in need and to reduce need for more interventionist social care services.
3. Our preferred option going into the consultation would involve the number of centres reducing to 11, with these acting as service hubs for the new Early Help service. However, the universal health offer for early childhood, also undertaken at some of the existing centres, would not be affected by the County Council no longer maintaining a presence in a particular building. We wished to receive public views about our preferred option, together with feedback on two alternative options, identified to assist consultees in forming views about the focus of the service and also enabling consultees to comment more broadly and provide any other suggestions so as to gain further information to help test and shape the Council's consideration of the most suitable model to meet future needs in line with the Council's plan and its priorities.
4. The centres themselves have been used for a variety of purposes – not only as a base for Early Help functions, but also to deliver universal health services to families with young children. Many who responded to the consultation had previously received these early childhood services. We explained during the consultation that these universal services would not be compromised. The centres are also used by some community groups, and we would like if possible, to expand the availability of facilities to such groups.
5. The pandemic has thrown into sharp relief the existing issues around identifying those families in need of particular intervention and working

effectively with them. We had expected that the challenges everyone has experienced during the pandemic (isolation, mental health issues, effects on children's development, financial difficulties, to name but a few) to impact most intensely on those who were already facing challenges. This has indeed been the case, with a doubling of the demand for Early Help support being experienced during 2020. It was all the more pressing therefore, to create a new, more efficient service to meet this increased demand, particularly for services directed at more specific issues within a family considered to be at risk of leading to more serious difficulties ('targeted' services).

6. However, in the consultation we suggested two alternative options for respondents to give their views on – the first option 2 which would offer even more targeted support through closing all Early Help operational outlets for physical visits; and the other option 3 - of retaining most of the centres in their current form, but with the caveat that we would not be able to meet the increase in demand for targeted intervention within realistic resource availability.

Asking people for feedback

7. The public consultation ran between 8 March and 17 May 2021 and was intended to be fully inclusive of all groups within the West Sussex community. The main vehicle for consultation was an on-line public survey. Alongside there were on-line consultation events, including question-and-answer sessions. Receiving feedback from children and young people was a particular focus for the consultation. Discussion with service providers, community groups and other stakeholder organisations has informed the consultation. Information was provided in accessible form throughout, including age-appropriate material for children, and information in languages other than English. It is considered that the consultation has fulfilled its aim of achieving a very broad and representative range of views from individuals and organisations throughout West Sussex. No groups were drawn to our attention as having been missed out.

Promoting and communicating the Early Help Service redesign consultation

8. The details are given in Section 2 of the main report.

SUMMARY OF RESPONSES

9. In total, there have been **1,948** responses to the consultation:
 - **1,604** responses from individuals and organisations to the on-line survey; over half of respondents, 885 provided their own comments and further ideas: this represents a very strong level of engagement with the issues.

- **301** children provided additional survey responses through schools and Early Help settings; this was in addition to 59 young people responding to the on-line survey. We are grateful for the youth participation in the debate. Their views and comments are discussed within a separate heading within this report.
- **27** written responses by email were received in the consultation mailbox. There were **16** further written responses from families for whom English is not their first language.
- In addition to these 1,948 responses, **144** people attended the 5 on-line consultation events and their comments were recorded and are included in this analysis.

Key messages from the consultation response

10. The headline messages we received from the consultation were as follows:

- There was strong support for the need to find further resources to work with the most vulnerable in our community, but not necessarily at the expense of the closure of individual centres.
- Within the on-line survey, Option 1 was supported or strongly supported by 17% and opposed or strongly opposed by 76%. Option 2 was supported by 5% and opposed by 92%. Option 3 was supported by 71% and opposed by 18%. The remainder were neutral ('neither support nor oppose').
- However, many people expressed dissatisfaction with these options. There was a large amount of feedback that the best solution would be a blend of Options 1 and 3 – that is, closing a smaller number of the centres to support the enhanced outreach to the most vulnerable.
- Another theme was that the choice of options was wrong, and that there should be no trade-off at all between the needs of the most vulnerable and others requiring some support and that additional funding should be sought to bridge the gap. This position was often explained by reference to the circumstances produced by the pandemic in the lives of many people.
- Many respondents asserted that 'vulnerability' exists beneath the formally defined threshold level qualifying for an Early Help intervention. A new mum for instance, spending most of her time at home with babies and young children during lockdown, could be regarded as potentially 'vulnerable'. The fragility that everyone has felt during the pandemic was clearly expressed within the comments made, with frequent references to a growth in mental health issues.

Agenda Item 3
Appendix A

- There was a debate running through the consultation responses about the respective merits of earliest intervention during ages 0-5 (sometimes referencing the 1001 Days agenda, and the recent advice to government contained in Andrea Leadsom's report), and the proposal to work more closely with school-age children. It was clear that some people were thinking of 'early help' as being support received at an earlier age to prevent later problems, and there was a preference for this approach. Some doubt was expressed about the capacity of schools to work intensively with school-aged children in the manner proposed, without more support.
- Many therefore felt that the established model for early years support provided through centres was justified, in that it would prevent the escalation of problems and more serious issues developing in the future, leading to further demand with accompanying social and economic cost.
- A large proportion of those who responded and left comments were parents (generally mothers) who had previously used one or more of the centres for various purposes. There is great public affection and loyalty towards the existing centres, including in their role as a focus and meeting place within their community; however, respondents found it difficult to differentiate between their public health functions (which as already explained are broadly unaffected by these proposals) and their Early Help functions.
- It therefore appears that the sense of concern evident in many responses was partly due to a mistaken assumption that the proposal involved the ending of all services and functions within the centres proposed for the withdrawal of early help services. This is evidenced by frequent references to universal health services, for instance health visiting, midwifery, breastfeeding support, play groups, baby-weigh, which, as explained above, are not under review and outside the consultation exercise.
- The staff who were previously operating in the centres – whether from Early Help or the NHS – were uniformly held in high regard.
- There was strong support for continuance of the group work, especially 'stay and play', from those who had experienced it.
- Respondents felt that the proposed closure of some centres would inevitably lead to accessibility issues for those in more remote, especially rural locations. Some centres of population, notably Billingshurst, Burgess Hill, East Grinstead, Selsey and Storrington were thought to be unreasonably impacted.

- There was support for working more closely with partners, including the community and voluntary sector, to make best use of available buildings in the future; and some willingness to consider making financial contributions to ensure services, such as group work, continued.

Our response to the consultation feedback

- The County Council is grateful for the high level of response and the engagement that has been shown with these important issues. The feedback has helped us to shape the proposed approach and make modifications for consideration.
- The analysis has not led to a change in the proposed need for increasing targeted Early Help interventions to address the growth in demand for focussed support and help, made more stark during the prolonged period of the pandemic. These interventions have been repeatedly shown to be highly effective for vulnerable children and families, both locally and at national level.
- Many who responded to the consultation were unclear about the difference between the two types of service delivered from the children and family centres: the changes proposed are to the **Early Help** offer and not the **Health** offer. This confusion has caused much of the response to be more negative than would otherwise have been the case. This may also have skewed the overall positivity and negativity rates directed at particular options.
- Having studied all the responses, the proposal for a rationalisation of the present large numbers of centres remains. However, within this model, and based on what the consultation has shown, we are proposing the following modifications:
 - Improved awareness and access. The consultation has identified gaps in understanding of how the service operates and what it can provide. Understanding and awareness are critical to ensuring community engagement with the service and with partners and will improve take up and improve the quality and timeliness of interventions. We will ensure that the Early Help service is well-promoted within each area, and is accessible, especially for young people, creating attractive, age-appropriate environments in the remaining centres.
 - We recognise the need to retain some parenting group-work capacity within the centres and to facilitate and support this activity.
 - The need to rationalise centres is unaffected, however, having reconsidered deprivation and community factors, we are recommending one additional centre (Lancing) be retained, giving 12 family hubs across the county.

The response is presented in more detail in Section 5 of this report.

Next steps

The consultation feedback and revisions to the proposals arising from this will be considered at the Children and Young People's Services Scrutiny Committee meeting on 20 July 2021, and this Committee will make recommendations to the Cabinet for final decision on 27 July 2021.



SECTION 1

INTRODUCTION

The Early Help Service

- 1.1 The Early Help service is part of the County Council's (WSCC) Children, Young People and Learning Directorate. We identify and work with children and families in need of support, to help to promote the safe and healthy development of children and young people within stable families and prevent family breakdown and the need for possible social care interventions in the future.
- 1.2 We now wish to create an improved, more effective Early Help offer directed towards more of the families that are most at need, while continuing to provide the existing statutory functions of the service – in short, to use the available resources with the greatest efficiency and the maximum benefit to vulnerable children and families.
- 1.3 Early Help staff work with children and families who are facing many challenging circumstances and help ensure every child has a safe environment in which to thrive. The majority of Early Help interventions have always been provided directly to clients in their own home environment. This has particularly been the case during the Covid-19 pandemic, with the enforced closure of all children and family centres around the county. Whilst demand has grown the service has continued to be delivered without the reliance on physical buildings. People – both families and service providers have adapted to this change to support arrangements remarkably well.

Children and Family Centres

- 1.4 In recent years, many of these centres have had a 'hybrid' function. They have provided Early Help services, in the form of group work, and walk-in information and advice. They have also hosted universal health services for parents and young children (0-5) under the Healthy Child Programme. Additionally, other groups in the community and voluntary sector use the centres for different functions within a partnership-based delivery of services to families.
- 1.5 During the pandemic, demands on the service have, perhaps not surprisingly, been increasing very significantly, so there is an urgent need to look more closely at our ways of working to ensure we can maintain our commitment to providing Early Help support as effectively as possible.

- 1.6 In approaching a consultation which includes a proposal to reduce the number of public access points, it is important to appreciate that, while WSCC may cease to be involved in running some of the centres, there is no intention to stop the delivery of the universal health services for parents and young children. Accordingly, it is expected that many centres may in fact remain open for this purpose, and we are keen that both these and community and voluntary activities can continue, if appropriate arrangements can be made.
- 1.7 We recognise we are proposing changes that would affect the way in which some services are delivered, and that the withdrawal of some physical service outlets would inevitably be visible in the wider community. Many parents and children will have received universal services at their local centre over a number of years, and the centres understandably command a sense of loyalty for that reason. While there is no intention through these proposals to restrict the availability of such services in the future, it is important that these universal services to families are not confused with the more targeted work with vulnerable families, for which the proposals are intended to free up resources.
- 1.8 Accordingly, we made strenuous efforts throughout the consultation to describe accurately the scope of the proposals. Notwithstanding, we have found that many respondents have had some difficulty in differentiating these two aspects.

The Consultation

- 1.9 On 23 February 2021, the WSCC Cabinet approved the launch of a public consultation on its preferred option for the future design of the Early Help service, to increase the support and focused response to vulnerable children, for which it recognised there is an urgent and growing need. This would ensure that families have access to the most appropriate support, including closer working with schools, the Children's Social Care service and the Council's other delivery partners. The proposal would involve maintaining Early Help service delivery from 11 of the existing 43 Children & Family centres, with at least one centre in each district and borough of West Sussex. The retained centres would incorporate the work of the current Find It Out (youth) centres, by continuing to maintain a full-time drop-in service for young people in each district.
- 1.10 The public consultation, running between 8 March and 17 May 2021 has enabled all customers and stakeholders of the service, together with local communities to study and comment on the detailed proposals, and the reasons for the Council's preferred option. In addition to its main Option 1), the consultation has also offered two alternative options for consideration, namely 2) a service offer without any open access centres, allowing further resources to be deployed to increase targeted support; and 3) an option to retain all the existing centres, with the proviso that this would not allow any additional targeted support in the community.

- 1.11 Respondents were also encouraged to provide any other comments and suggestions for the future of the service as the final consideration of plans would not be limited to the three options listed.
- 1.12 In conjunction with the public consultation, discussions have continued with all of the stakeholders who have an interest in the continuing operation of the centres, to ensure that services to children and young people, including universal services provided by health partners, and options for community activity, can be maximised whether or not a given centre continues to be operated by the County Council. In coming to its decision, Cabinet will also take into account the results of these discussions alongside the responses to the consultation.

Quality Assuring the consultation and our response

- 1.13 The consultation process was quality assured throughout by a Senior Consultation and Engagement Officer and exceeded the expected reach and demography. The details of how we did this are given in more detail in Section 2.

Fulfilling our Equality obligations

- 1.14 Under the Equality Act (2010), we are required to analyse the impact of proposed policies across protected groups and by reference to the public sector equality duty to be considered by the Council's decision-makers. The purpose is to ensure that we have considered the need to remove or limit any adverse effects of the proposal in respect of persons or groups with these protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (including, ethnic origin, nationality)
- Religion or belief (including lack of belief)
- Sex/Gender
- Sexual orientation

As part of the report being presented to the Cabinet, we have produced an Equality Impact Assessment, to give assurance to decision-makers that the need to consider this duty has informed the consultation and its analysis.

Covid-19 pandemic

- 1.15 The Covid-19 pandemic understandably provides a particular context to the consultation and was at the forefront of the minds of many respondents. It was explicitly referred to in over 400 responses and implied in others. The difficulties provided to many by the pandemic

(isolation, mental health issues, economic effects to name only a few) have impacted most sharply on those who were already facing challenges. Accordingly, although the centres were unfortunately closed, Early Help work continued unabated: indeed, there has been a steep rise in demand, with a doubling of referrals reaching us through the Multi Agency Safeguarding Hub (MASH). The MASH is the main mechanism within the professional health and care sectors for reporting to us any concerns about children and families and is staffed by the full range of our partnership disciplines, including education, health and the police. The pre-pandemic referral processes remain in operation, although the introduction of an 'Integrated Front Door' in January 2021 has brought additional clarity, since there is now only one contact number to register all concerns about children. Families are rarely identified for targeted support through the centres; the highest proportion of referrals is from partners (55%) and self-referrals.

Next Steps

- 1.16 Prior to the final Cabinet decision, the Children and Young People's Services Scrutiny Committee, meeting on 20 July 2021, will examine the results of the public consultation, making recommendations to Cabinet about the proposal.
- 1.17 Cabinet on 27 July 2021 will be asked to consider the results of the public consultation conducted between 8 March and 17 May 2021, together with other representations and information from partners, and to make a decision about the form of the new Early Help service, the future service offer and its means of delivery. Once this decision has been taken, a consultation will follow with the staff on the detailed operational arrangements, with implementation of the agreed service redesign expected in December 2021.

Purpose of Consultation

- 1.18 We wished to take every opportunity both to explain the reasoning behind the proposals, and to demonstrate how they could achieve greater public benefit through the more specific focus of resources. In preparing a public consultation, we set ourselves to obtain as wide-ranging a response as possible, including representatives of all those groups with a stake in the Early Help service and those who received services from the Children and Family Centres. In particular we wished to hear from any groups that might potentially be disadvantaged by the published proposals, so that if necessary, mitigating measures could be taken. It has been essential to hear and learn from the experience of service users and other stakeholders, so that:
 - We gain a very clear understanding of the views of organisations, service users and the general public within their communities, together with the opinions and insights of our staff.

- We hear from as representative as possible a cross-section of our West Sussex community. Strenuous efforts have been made to ensure that the voices of all groups were heard, and that this included a significant number of children and young people. More details are given in Section 4 D) and in Appendix 2.
- We can receive additional information and opinion which could modify and improve the proposals that were first published.
- We can be clear about the impact of the proposals on wider services, including partners who use the delivery points to deliver their services, and to respond accordingly to improve collaborative working and maximise services available to the public, whether universal or targeted.

1.19 As a result of representations made during the consultation, we are proposing certain changes to the proposals. These are set out in Section 5, and the proposal in its revised form will be considered by the Scrutiny Committee and Cabinet as outlined above.

1.20 We are very grateful to all those individuals and organisations who have taken time to debate these proposals and give us their views.




SECTION 2

HOW WE PROMOTED AND COMMUNICATED THE EARLYHELP SERVICE REDESIGN CONSULTATION

Contents:

1. Key highlights
2. Objectives and our communication approach
3. The engagement hub
4. Communication channels
5. Consultation briefing and engagement events
6. Engaging different groups in our communities

1. Key highlights

		
<p>1,604 responses to our online survey were completed, encouraging people to have their say</p>	<p>360 children and young people had their say on the consultation - either through the on-line survey (59) or through separate engagement events (301)</p>	<p>10,357 people visited our Early Help engagement hub; 3,010 visited the survey page and this led to 1,604 responses to the survey.</p>

2. Aims and objectives and our communication approach

A detailed communication plan was produced with the objective to

- ensure that the general public and partners understand why we are putting these proposals forward
- what it is designed to achieve and
- that everyone can take part in the consultation.

To ensure we achieved our objectives we considered the most effective communication channels to promote the consultation to different groups. Further information on this can be found in section 6.

We consider the overall response to be a successful outcome. The promotion of the consultation was effective in generating a significant number of responses in most key demographic groups, and every reasonable attempt was made to ensure proportionate participation in the consultation.

The communication approach to the consultation was to ensure that the public, children, young people and families and our partners understood:

- the proposals and what they are designed to achieve
- that we have accessible means for everyone to take part and have their say

3. The engagement hub

Our online engagement hub was used as the primary place to house and refer people to for information about the consultation. The dedicated Early Help pages on the engagement hub included:

- An overview of the proposals, the progress report to-date and next steps
- The consultation survey (to complete online)
- A range of short films produced to support understanding of the consultation
- Frequently asked questions
- Profiles of each of the Children and Family Centres

4. Communication channels

Digital promotion

With increasing numbers of people accessing information online and via social media, we fully utilised our digital channels, creating a range of content to encourage people to find out more about the proposals and to complete the consultation survey.

An average of three posts per week were placed on our West Sussex County Council (corporate) social media accounts (Facebook and Twitter) to promote the consultation.

We produced a short animation to explain the proposal, our challenges and why we wanted people to take part. We embedded the animation into our social media posts which helped boost traffic to the engagement hub. In addition, three short films were produced explaining what Early Help is here to achieve and what we hope to deliver in the future.



[View the Early Help redesign animation](#)

E-newsletters

We used a range of newsletters to communicate information about the consultation, promote the online events and encourage people to take part.

E-newsletters were sent to the following groups:

- Residents e-newsletter (information included in two editions), total reach circa 196,000+)
- Town and Parish council newsletter (information included in March 2021 edition 26, total reach circa 1,275+)
- We used the 'Your Voice' newsletter aimed at people signed up to the West Sussex County Council 'Your Voice' (information included in the 1 April 2021 and 7 May 2021 editions, total reach circa 5,100+)
- Newsletters were sent to individuals / groups signed up to receive information about Children and Family Centres (total reach circa 4,300+)
- Library Service newsletter (information included in the 1 April 2021 edition, total reach circa 100,000+)

Media

We issued a countywide press release at the start of the consultation. This was followed by a second press release two weeks prior to the consultation ending. The media coverage up until 17 May 2021 is as follows:

- 47 news articles (across print, online and TV)
- Total aggregated reach of 760,000

Communication with partners

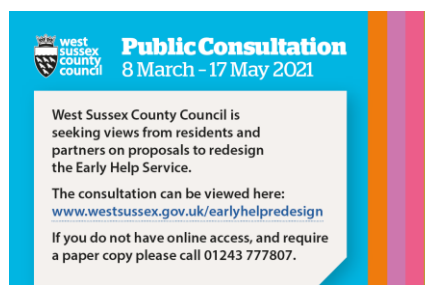
Prior to the formal consultation we held 3 informal engagement sessions for partners. These were designed to provide an opportunity to discuss the initial proposals and to ensure that, if we did move to the formal consultation stage, partners had a clear understanding of what we would be consulting on. In total 84 partners and 65 schools contributed to these informal sessions.

We ensured partners and community groups across West Sussex were informed about the consultation. We issued a communication at the start of the consultation (8 March) to 515 partners alongside a request for them to share information with their service users. This was followed up by a reminder two weeks prior to the consultation closing.

Over **125** partners submitted a response to the consultation.

General promotion

100 posters and 1,000 flyers were produced and distributed in key locations. Distribution was mainly via West Sussex Libraries (which re-opened from 12 April 2021) and in other locations such as community noticeboards in supermarkets.



5. Consultation briefing and engagement events

Covid-19 meant we were restricted from holding face-to-face events to discuss the consultation.

In consideration of the restrictions, we initially set up four two-hour online events during the first month of the consultation. These were held on different dates and times to make them as accessible as possible. A fifth and final online event was held towards the end of the consultation. This was added to the programme in response to a small number of comments from people who felt an additional session later in the process would be helpful.

Attendance figures for these events are as follows:

Date	Attendance numbers
Saturday 13 March (morning session)	16
Wednesday 17 March (afternoon session)	36
Monday 22 March (evening session)	25
Thursday 1 April (lunchtime session)	48
Wednesday 12 May (afternoon session)	19
Total attendance	144

Everyone who attended one of the online events was encouraged to complete the consultation survey. Comments and questions from each of the events were captured via the 'online chat facility' and formed part of the response to the consultation.

Listening to the comments and thoughts from these events was helpful in supporting us to extend our list of frequently asked questions (FAQs) on the engagement hub. In response to feedback, we added more extensive information on each of the children and family centres.

Each event was hosted by the following officers from West Sussex County Council alongside Jacquie Russell, Cabinet Member for Children and Young People, who introduced each event except for 1 April 2021.

Agenda Item 3

Appendix A

Lucy Butler, Executive Director for Children, Young People and Learning

Jenny Boyd, Assistant Director, Children's Social Care

Claire Hayes, Service Lead – Early Help

Marie Foley, Service Lead – Business Support and Performance

Sam Boulton, Communication and Engagement Lead – Children First

In addition, 6 mini information events were held for current service users.

6. Engaging with different groups in our communities

Ensuring we used effective ways to engage with different groups throughout the consultation period was essential. Prior to the consultation starting we identified the audiences who use our services to target our promotion. The audiences we scoped out were as follows:

- Children and Family Centre service users
- Children and Young People
- People from different ethnic backgrounds living in West Sussex
- People identifying themselves as male
- Health partners
- Local partners

The last two of the above categories totalled 515 partners identified by our Early Help service, and included: Police, District and Borough Councils, voluntary organisations, local community groups, Early Years settings and wider stakeholders within West Sussex County Council.

Weekly meetings were held throughout the consultation period and measures put in place to mitigate against this where responses from certain groups were lower than we would expect.

All reasonable attempts were made to ensure we encouraged different audiences to take part in the consultation. The examples below highlight some of the key groups we identified and then engaged with, and the methods used.

Children and Family Centre service users

We used our Children and Family Centre social media accounts and email addresses from families who use our services. We know this approach was successful as **1,205** people who completed the consultation survey described themselves as someone who has used services at a Children and Family Centre.

Ethnic minorities

To ensure that ethnic minority families across West Sussex were able to access the Early Help consultation, the survey was translated into Arabic, Bengali, Mauritian Creole, Urdu, Polish and Russian. The relevant surveys were then shared with key community groups across West Sussex. This included:

- Gems of Faith (a group of Muslim women supporting the local community)
- Diverse Crawley (a local group that organises and hosts events to celebrate the diversity of ethnicity in Crawley)
- Refugees Welcome Crawley

- Crawley Borough Council Community Development Officers to engage with the Chagossian community
- Ethnic Minority Communities employment advisers

Early Help staff visited the Polish Saturday Supplementary School where 6 Polish students from The Regis School, Felpham College and St Phillip Howard School completed surveys.

159 people who described themselves as being from a non-white British ethnic group completed the online survey or provided a written response. In addition, 85 people preferred not to state their ethnic group.

Engaging young parents

Early Help staff contacted young parents who are currently supported as part of the young parents' pathway. 75 young parents were contacted and 24 of them completed the consultation survey.

Engaging children and young people

A range of materials were produced to support children and young people to take part in the consultation process. This included a simplified version of the survey for young people to complete and a range of videos to explain the proposals.

Paid-for advertising took place on social media alongside a range of posts on our Your Space channel. In total there was 3560 views of the posts, 310 clicks to the links provided and 31 comments, likes, and shares. Examples of the posts are highlighted below.



Early Help staff contacted schools and partners to encourage and support young people to complete the young people's consultation survey. This included being part of Personal Health and Social Education (PHSE) lessons, facilitating a session with a group of guides and school staff supporting completion during form time. All the activity listed has resulted in **301** surveys being completed.

Engaging men

The response to the consultation from people identifying themselves as male has been lower than those from people identifying themselves as female. We ran the following targeted ads on Facebook with suitable imagery to encourage more men to take part. The adverts resulted in 594 click-throughs to the dedicated Early Help page on the engagement hub.

Agenda Item 3

Appendix A

West Sussex County Council
Sponsored · 🌐

Our Early Help service supports children, young people and families across West Sussex.

A consultation looking at proposals to redesign this service is running until 17 May 2021.

Please share your thoughts and have your say on the proposal!




YOURVOICE.WESTSUSSEX.GOV...
Have your say on our proposal to redesign the... [LEARN MORE](#)

👍 Like 💬 Comment ➦ Share

West Sussex County Council
Sponsored · 🌐

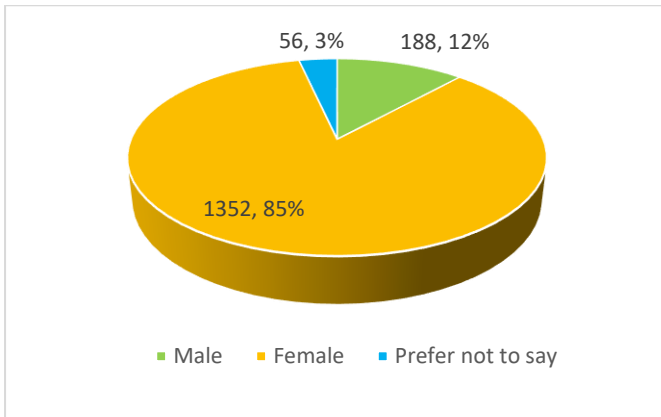
Early Help is an important part of our work to support children, young people and families. A consultation looking at proposals ...see more



YOURVOICE.WESTSUSSEX.GOV...
We want your views on our proposals to redesign the... [LEARN MORE](#)

👍 Like 💬 Comment ➦ Share

Figures on the survey participation by sex can be found below.



Budget and resource

Resource from the Communication and Engagement team was provided through a dedicated project lead and a working group that was formed to guide and support the promotion of the consultation. We had an additional budget of £1,000 to promote the consultation. This was spent on targeted social media advertising and the cost of printing posters and posters to promote the consultation.



SECTION 3

WHO RESPONDED TO THE CONSULTATION?

1. Summarising responses

In total, there were **1,948** responses to the consultation from people and organisations:

- **1,604** responses were received to the on-line survey, of which over half, 885, included individual comments and further ideas: this represents a very strong level of engagement with the issues.
- **301** children provided additional age-appropriate survey responses through schools and Early Help settings; this was in addition to 59 young people responding to the on-line survey. We are grateful for the youth participation in the debate. Their views and comments are discussed within a separate heading within this report.
- **27** written responses by email were received in the consultation mailbox.
- **16** completed handwritten survey responses were received from families for whom English was not their first language.
- Additionally, **144** people attended the 5 on-line consultation events and their comments were recorded and are included in this analysis.

This means that in excess of 2,000 individual views have been expressed. Some of the organisations responded on behalf of a much larger number of constituent groups within their communities of interest.

- In addition, one petition was received, containing 3,683 qualifying signatures of those who "live, work or study in West Sussex", as required by the County Council's petition scheme; (non-qualifying signatories were discounted). The petition was received by the Council on 22 January 2021. The petition was headed: '*Halt the planned cuts to West Sussex Children and Family Centres*' – see the link below for access to the petition wording. The petition did not focus on any particular location within West Sussex. Its claim that all the Find It Out Centres would close was incorrect.

- The petition was debated at a meeting of the County Council prior to the commencement of the consultation. Whilst there has been an election of a new administration of County Councillors since that debate many re-elected councillors, including members of the Cabinet charged with the decision did participate in the debate and remain aware of the arguments presented by it.

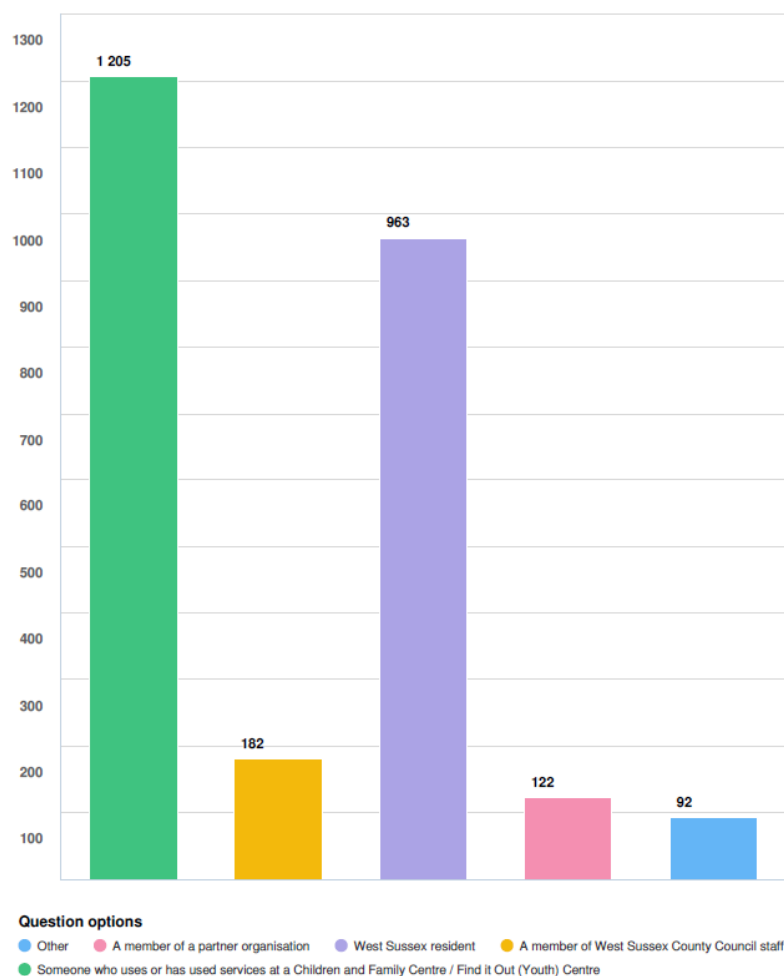
[Link to the petition](#)

2. Summarising the on-line consultation survey

The on-line survey comprised the main vehicle for obtaining feedback. The site received 3,010 visits and 1,604 submissions.

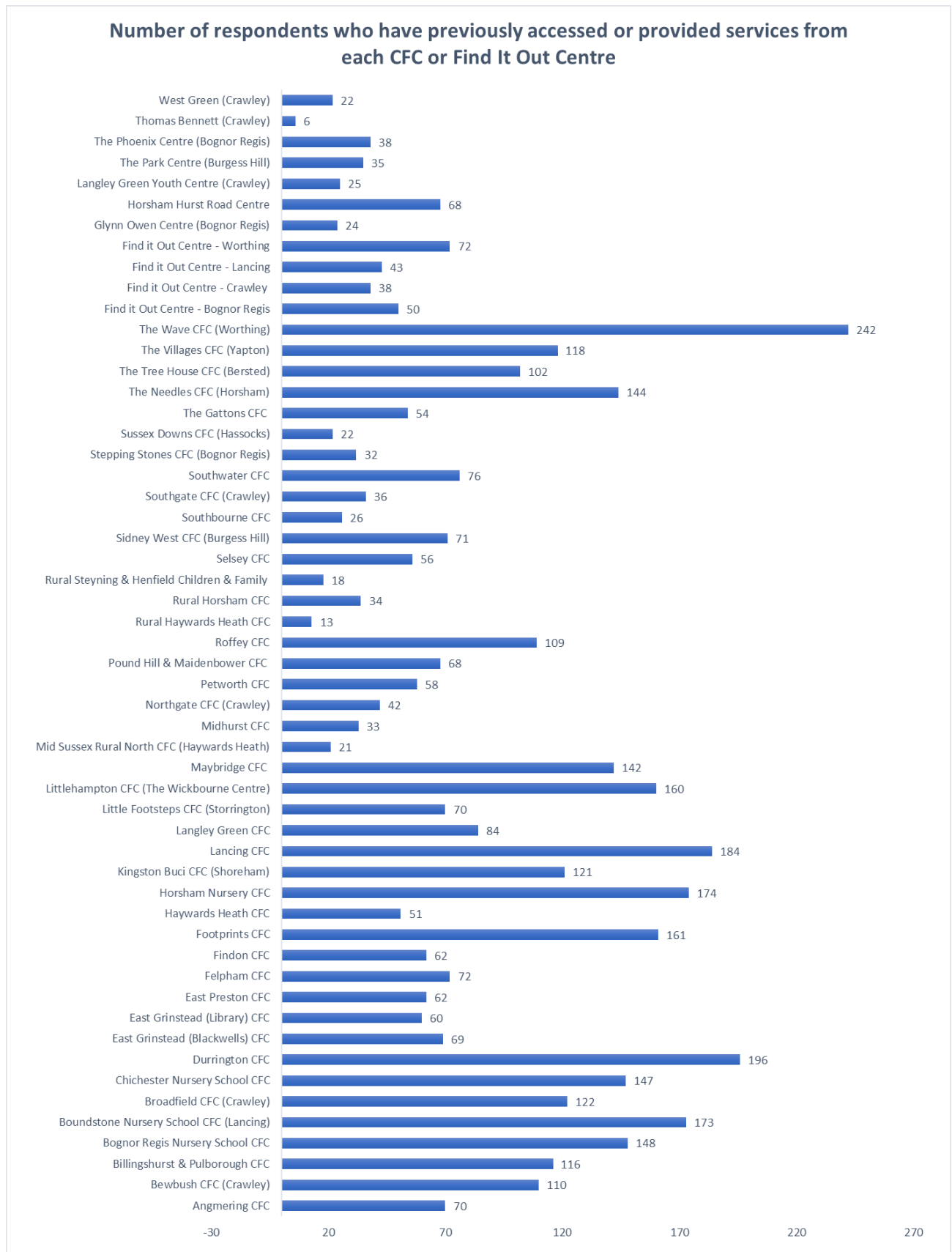
The identity of respondents

The following table sets out what background and previous involvement with the service individual respondents identified; they were invited to tick any categories that applied to them. Thus it can be seen that, out of 1,604 respondents, 964 (60%) identified themselves as a West Sussex resident; 1,205 (75%) had previously used one or more children and family centres; 182 (11%) were members of WSCC staff; and 122 (8%) were members of a partner organisation.



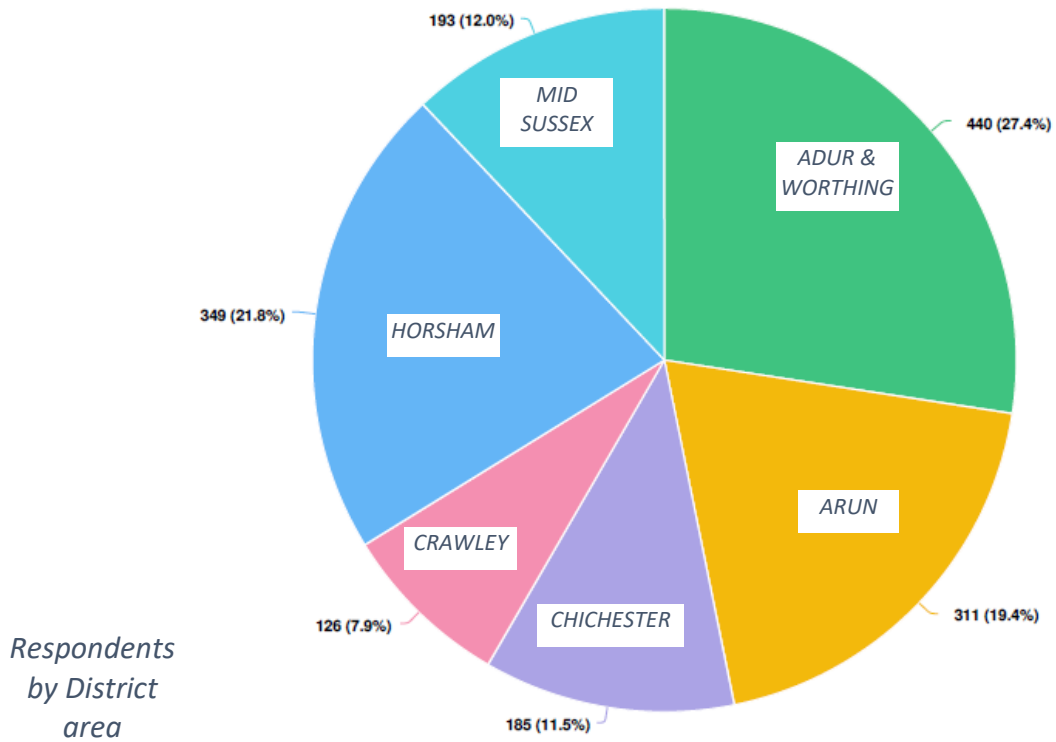
Respondents' use of Children and Family Centres

Respondents were asked to identify which centre or centres they had previously used. Respondents had frequently used 5-10 different centres at different times. The most-used centres within the survey were The Wave at Worthing, Durrington CFC and Lancing CFC, but the responses overall demonstrated a representative spread of use (see the following table).



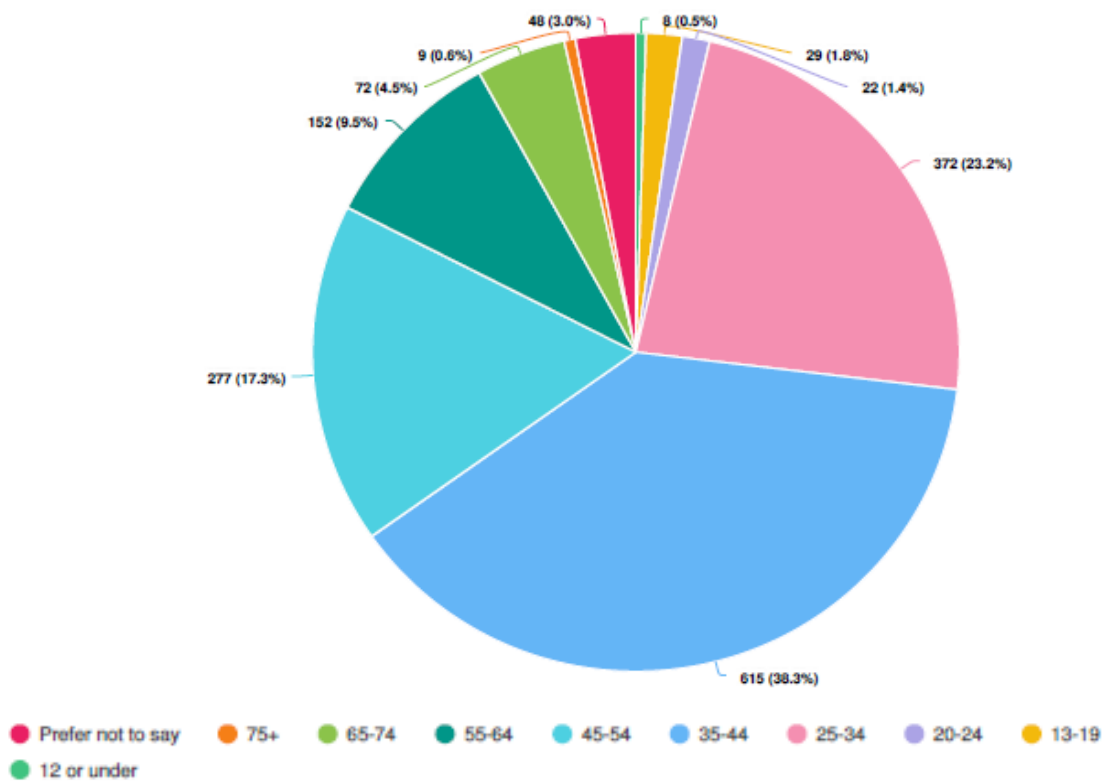
Respondents' geographical location

Respondents were asked to identify which district or borough area within West Sussex they lived in, and the results, demonstrating a broad spread of opinion from each area, are shown in the diagram below:



Respondents' age

The number of respondents in different age groups was as follows:



Agenda Item 3

Appendix A

We attached great importance to receiving a representative element of the views of children and young people. Within the above groupings, it can be seen that the 59 respondents aged 24 or under, represented 3.7% of the total. However, outside of the on-line survey, the views of 301 children were obtained in school settings, so the total contribution from children and young people was 360. This total as a proportion of the combined survey totals (1,604 + 301) gives young people a 19% presence within the survey results. This is regarded as a satisfactory outcome for a survey of this kind.

Respondents' sex

Of the respondents to the on-line survey, 1,352 (85%) identified themselves as female, and 188 (12%) as male; 56 preferred not to say.

The preponderance of female views inevitably reflects the usage they have made of the children and family centres during their maternity: this is borne out by the many personal testimonies from mothers included in the comments section. It was noted above that 75% of respondents had made direct use of one or more centres. While this disparity appears to be a reasonable reflection of actual usage of the centres, it clearly does not reflect the population as a whole. It was noted in Section 2, describing the Promotion of the consultation, that to seek to address this issue, we ran targeted adverts on Facebook with suitable imagery to encourage more men to take part. The adverts resulted in 594 click-throughs to the dedicated Early Help page on the engagement hub.

Respondents' gender relative to that assigned at birth

Category	Number	%
Present gender the same as that assigned at birth	1,520	95.2
Present gender NOT the same as that assigned at birth	5	0.3
Prefer not to say	71	4.5
Total (excl. 8 blanks)	1,596	100.0

Respondents' ethnic group

The ethnic identity of respondents, as identified in the on-line survey, was as follows:

Group	Number	%
Asian	12	0.8
Black	4	0.3
Chinese	4	0.3
Mixed	17	1.0
Other	10	0.6
White British	1,368	85.7
White Other	96	6.0
Prefer not to say	85	5.3
Total (excl. 8 blanks)	1,596	100.0

Additionally, to the above, 14 separate replies were received from Polish families, and 2 from Russian families.

The provisions made to encourage minority ethnic groups to contribute to the consultation are given in Section 2 on its Promotion.

Respondents' maternity status

195 respondents (14.4%) identified themselves as either pregnant or having been so within the last 26 weeks. We therefore conclude that the survey responses included a representative sample of those who would actually or potentially be making direct use of children and family centres for maternity-related services.

Respondents' religious affiliation

The results are shown in the table below:

Religion	Number	%
Buddhist	8	0.5
Christian	695	43.5
Hindu	8	0.5
Jewish	6	0.4
Muslim	9	0.6
No religion	637	39.9
Other religion	22	1.4
Prefer not to say	188	11.8
Unknown	23	1.4
Total (excl. 8 blanks)	1,596	100.0

Respondents' disability status

177 (11.1%) of respondents considered themselves to have a disability or long-term illness.

Respondents' marital status

Status	Number	%
Civil Partnership	13	0.8
Cohabiting	199	12.5
Divorced/Partnership dissolved	49	3.1
Married	1,076	67.8
Other	22	1.4
Separated	23	1.4
Single	101	6.4
Prefer not to say	105	6.6
Total (excl. 16 blanks)	1,588	100.0

Respondents' sexual status

Status	Number	%
Bisexual	29	1.8
Heterosexual	1,344	84.2
Homosexual/gay/lesbian	26	1.6
Other	13	0.8
Prefer not to say	184	11.6
Total (excl. 8 blanks)	1,596	100.0

Respondents' disability type

177 respondents identified themselves with the following disability types:

Disability type	Number	%
Learning disability	8	4.5
Long-term illness	70	39.5
Mental health issues	40	22.6
Other	17	9.6
Physical impairment	32	18.1
Sensory impairment	10	5.7
Total (excl. 8 blanks)	177	100.0



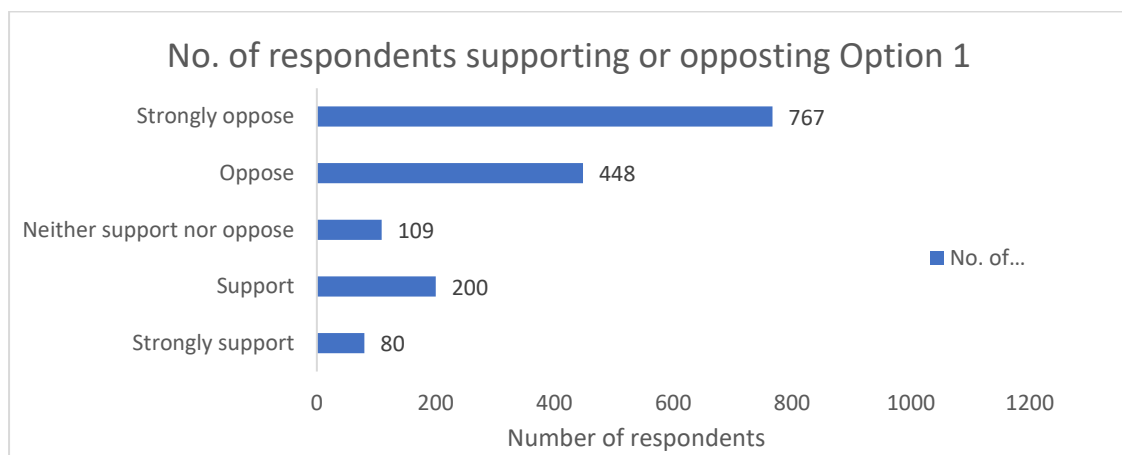
SECTION 4

WHAT PEOPLE TOLD US

1. Opinions expressed on the three Options

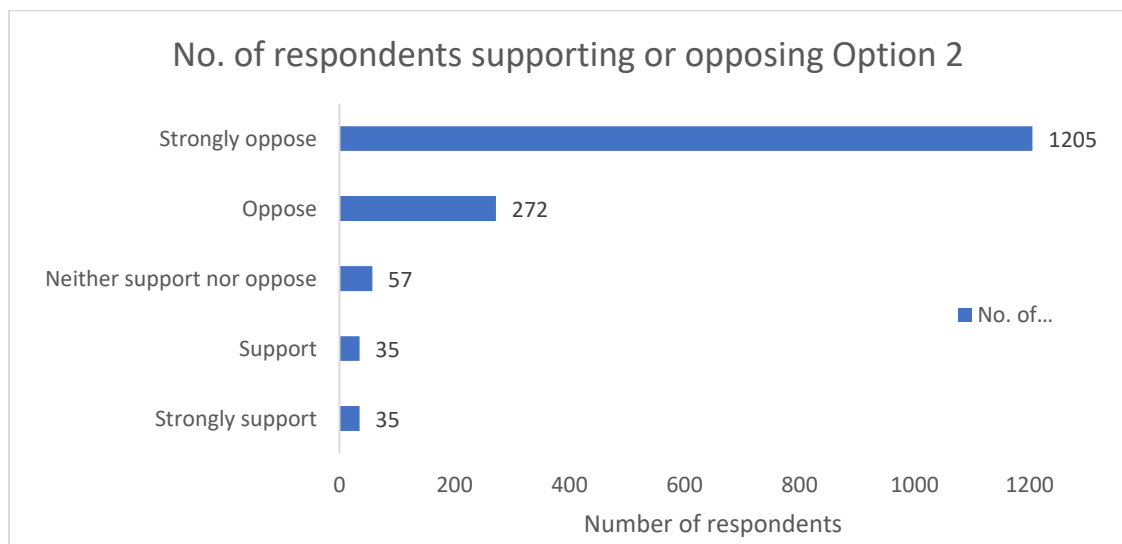
The following were the responses in the on-line survey to the questions asking respondents to rate the three options put forward in isolation from each other:

Option One - Proposed model: Increased targeted support with reduced open access centres



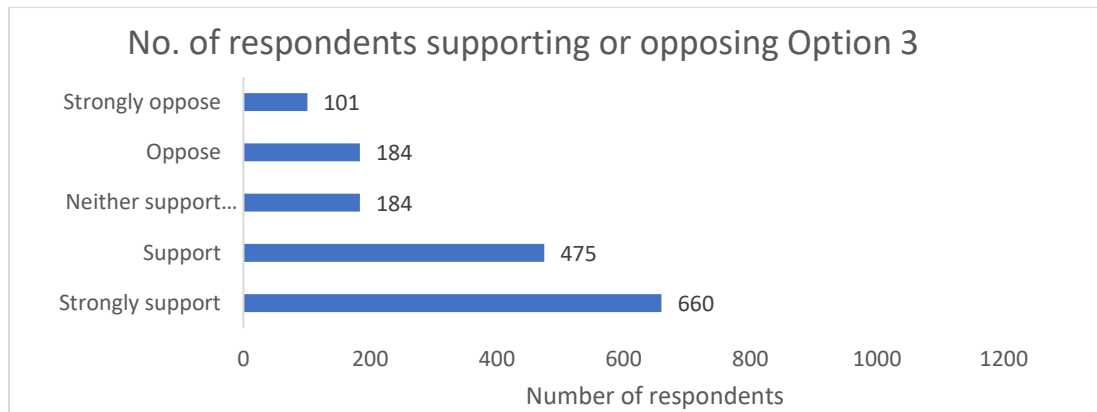
280 respondents (17%) supported or strongly supported this motion; 1,215 (76%) opposed or strongly opposed it; 109 (7%) neither supported nor opposed it.

Option Two - No open access and information services, in order to maximise targeted intervention to the most vulnerable families



70 respondents (4%) supported or strongly supported this motion; 1,477 (92%) opposed or strongly opposed it; 57 (4%) neither supported nor opposed it.

Option Three - Retain current open access centres, with reduced resources for targeted intervention with the most vulnerable



1,135 respondents (71%) supported or strongly supported this motion; 285 (18%) opposed or strongly opposed it; 184 (11%) neither supported nor opposed it.

2. The three options ranked against each other

Respondents were then asked to rank the options in relation to each other. This produced the following results, showing the popularity of each possible ordered combination of the options:

Preference	Option	Option	Option	Option	Option	Option
1 st	3	1	3	1	2	2
2 nd	1	3	2	2	3	1
3 rd	2	2	1	3	1	3
Number supporting this profile	1,085	226	155	84	28	26

It will be seen that the most popular order of priority was 3-1-2, (supported by 68%), 1-3-2 (supported by 14%), and 3-2-1 (supported by 10%). This profile appears to reflect the wish, expressed elsewhere in the responses, that all of the centres should remain open as a priority, albeit that there was also strong support for undertaking some additional targeted work with vulnerable families. Option 2 was by some distance the least favoured option.

An alternative view of these rankings is to consider the *average* rank achieved by each option; this is derived by dividing the accumulated scores for each option by the number of times they were given, as set out in the following

table. Option 3 with the lowest average score is the most preferred option, followed by Option 1, with Option 2 the least favoured.

OPTIONS	AVG. RANK
Option 3: Retain current open access centres	1.30
Option 1: Proposed model: Increased targeted support with reduced open access centres	1.92
Option 2: No open access and information services	2.78

3. Other comments and alternative suggestions

The on-line survey asked respondents whether there were any alternative other suggestions or comments they would like to make. Of the total 1,604 respondents, 885 people (55%) either added their own ideas or made comments. Additionally, further submissions were made, either in writing or as recorded during the five on-line information events. All of these comments are summarised in this section, under the following broad themes:

<p>A) Risks and Issues raised</p> <p>Issues raised about the Consultation itself:</p> <ol style="list-style-type: none"> 1) Coverage/missing groups 2) Shortcomings of the delivery of the consultation 3) The validity of the consultation <p>Issues about the business case and its implementation:</p> <ol style="list-style-type: none"> 4) Questions or challenges about our business case or analysis 5) Possible conflicts between different council policies 6) Issues with implementing the proposals <p>Demographic Equality issues:</p> <ol style="list-style-type: none"> 7) Impacts on particular groups, including travel <p>Engaging with Communities:</p> <ol style="list-style-type: none"> 8a. General principles 8b. Specific locations <p>The Centres in the Community:</p> <ol style="list-style-type: none"> 9a. How centres are valued in the community 9b. The impact of the Covid-19 pandemic 9c. Identifying and preventing problems 9d. Group work 9e. Future risks <p>B) Opportunities and Improvements suggested</p> <ol style="list-style-type: none"> 1) Increase revenue
--

2) Other facilities or improvements 3) Other cost savings or efficiencies 4) Improving partnerships
C) Strategic organisation representations: a. Sussex NHS Partnership Foundation Trust b. Home-Start c. Unison
D) Children and Young People Summary of discussions by young people in school years

Introduction to the detailed responses: We have sought to present the breadth of comment made, even where a particular view was only given by a single respondent. The report provides an initial broad response on these topic areas at the end of each section for consideration both by Scrutiny Committee members and by Cabinet as part of the decision-making process. The responses are necessarily in summary form and cannot address each individual point in detail. Many of the subject areas tend to overlap, so the same response may be relevant over several topic areas – for instance the primary point that Early Help intervention is delivered chiefly in the home environment, and not in centres.

The analysis in this report seeks to set out the comments and representations of consultees as fully and fairly as possible so that decision-makers may consider them without filter or interpretation. The responses are provided to assist that consideration but are not the response of the decision-makers. Different or supplementary conclusions and comments from elected members may arise based on the information and the account of the consultation overall and members' own engagement with residents and service users.

The responses do not seek to be comprehensive and many feedback comments are left in the report for decision-makers to consider and take into account or to seek further information about without specific response in this report.

A) RISKS AND ISSUES RAISED

The following topics relate to the consultation itself, including its validity, underlying assumptions and the analysis that supported it.

1) Coverage/missing groups

No groups in the community were drawn to our attention as having been left out of the consultation, which is considered to have been run on very inclusive lines, as discussed elsewhere in the report (Section 2).

2) Shortcomings in the delivery of the Consultation

A small number of respondents (less than 30) found fault with the way the consultation and accompanying events had been designed and delivered. The main points were:

Issues raised about the way the consultation was delivered
The timing of the consultation in the immediate aftermath of the pandemic is inappropriate, both because of the urgent need for recovery, and because we do not know about future needs or when normality will return.
The consultation is a foregone conclusion: the decision has already been taken. It is biased towards WSCC's preferred option, and the 'risks and issue' set out are very subjective: this consultation should have been undertaken by a neutral third party. There should have been opportunities for focus groups of service users to have virtual discussions on the needs and requirements of this service.
The consultation material is muddled and unclear. It does not explain what will happen to the centres when they close. The consultation events have increased confusion and given mixed messages.
In general the communication has been quite limited. The events were not shared in local social media groups until members of the public searched for and shared the information. It was not advertised via West Sussex Family Assist.
There were a small number of minor issues with factual accuracy (e.g. correct location of a centre) and survey presentation.
Response to these points
<p>Context of the consultation: The decision to review the Early Help offer was taken in 2018, recognising an increase in demand for targeted Early Help and Social Care intervention. This drew support from an independent review of the Early Help offer carried out by PwC (PricewaterhouseCoopers) in 2018, identifying the need to reduce centres. During 2020 Early Help saw a significant rise in demand for targeted support, probably due to the pandemic. This further strengthened the view that it was more important than ever to ensure that Early Help services were able to reach those most in need.</p> <p>Promotion of the consultation was extensive. Our approach was effective in generating 1,948 responses. Additionally, over 10,000 people visited the dedicated web page on the engagement hub (where information about the proposals and the online survey was held)</p> <p>The consultation was advertised via the Family Assist Facebook account on a weekly basis. Information was emailed out to all registered users who opted to receive communications. This email was sent to 12,069 people.</p> <p>The consultation process was quality assured throughout by a Senior Consultation and Engagement Officer and exceeded the expected reach and demography. Extensive information was provided on the Engagement Hub, including data profiles for each Children's centre. 5 formal briefing sessions and 6 mini information events for current service users were delivered during the consultation period providing several opportunities to seek further clarification on the redesign proposal.</p> <p>The relevance of timing and the response to the pandemic (sadly we are not yet dealing with its 'aftermath') are covered elsewhere in this report. It would have risked a failure of service obligations to those most in need to</p>

delay for an unknown period the consultation and the pressing need for a revised service model. Learning from the impact of the pandemic and how children and families have sought support arising from that impact forms a critical part of the service planning.

3) The validity of the consultation and its options

Although respondents rated the three options and were asked to rank them in order of preference, there were a number (around 180) of additional comments which rejected the validity of the consultation and its purpose. The following were the main reasons:

Issues raised about the validity of the consultation
There should be no cuts to these services. The Council has a poor track record with its services to children. If WSCC had funded services adequately to start with, these dilemmas would not have arisen. Fight for better funding from government.
This is simply about saving money, when what is actually needed is more investment to expand and improve services. The money needed should be found from somewhere else. Honesty about the need to save costs would have been more acceptable.
Failing to invest fully in our children and young people is short-sighted, is a false economy and will simply store up trouble for the future, so these are only short-term savings.
No children’s centres should be shut since they play such an important role in the community.
Any proposal to reducing funding now, in the aftermath of the pandemic when need is at its greatest, is intrinsically wrong. Please retain the existing service offer, including the group sessions and add more focused assistance: people have suffered enough in the past year.
The Options presented are unacceptable, and it is unreasonable to have to choose between them. The choice should not be either-or between targeted support and community-based centres which are ideal to identify local need. Given the constraints, the best option is a blend of 1 and 3
We should be investing properly in both centre-based services and targeted support, so that all children benefit, not just those formally rated as ‘vulnerable’. This should have been ‘Option 4’
Response to these points
<p>The key drivers: The preferred option is about creating additional resources to meet the challenges faced by our communities in West Sussex at this time. It is not primarily a cost-saving measure. The pressure on resources is however relevant and has not been hidden as part of the consultation. There are always competing demands on public resources and decisions on one service cannot be taken in isolation as other critical, statutory or popular services may well be affected by decisions to increase expenditure.</p> <p>The proposals and the allocation of resources to Early Help should also be seen as part of the overall improvement and service integration journey for Children’s Services and the investment already committed to that endeavour.</p> <p>The Covid-19 pandemic has resulted in more children and families being vulnerable and during 2020 referrals to targeted Early Help doubled. It has not been possible to keep up with demand as well as the service would wish and this was already an issue prior to the pandemic. If Early Help does not create additional resource for those most vulnerable it is likely that the risk to those children will increase and they will be more likely to</p>

require a social care intervention. The pandemic, as respondents have identified, has highlighted this challenge.

Most Early Help interventions are not based in centres. Where centre-based activities need to continue (e.g. universal health services) we will ensure that this is supported.

4) Questions or challenges about our business case or analysis

About 90 responses expressed certain doubts, questions or challenges about the information presented or the case being made. These were various, some being of a detailed nature, but the main points raised were:

Issues raised on our analysis of the issues
We should start with Option 3, but then follow up with longer review so that all the factors can be fully understood. Given the amount of information not yet 'known', is there not a case for delaying this decision?
This decision does not benefit from a proper analysis of usage. Are centres being retained on the basis of greatest usage? The survey should have asked respondents about their intended future use. Deprivation may not be a useful measure since families in deprived areas may not need support. Conversely issues like domestic violence span the economic range.
Footfall: There are doubts about the Footfall figures (for instance at Chichester). Footfall is low because centres have been closed during lockdown. Covid-19 effects have skewed the analysis, which is unreliable. We should look at the last 5 years' usage data. Is WSCC using pandemic as an excuse to pursue this option? We need to analyse the root causes why people have apparently not been using the centres.
Universal Services: It's not been made clear where other services will go if centres are closed: we must be confident that these universal services will be unaffected. Has an impact study been made of this? Will the published cost savings really arise, and will they in fact be spent on children and families? Could you give a breakdown of the £1.95m savings – does this arise entirely from redundancies? (to Implementation)
Identification: How will we identify the most vulnerable people if there is no presence in the community? WSCC has not taken account of the stigma that prevents the most vulnerable families identifying themselves and engaging; the open access centres at least supported this in a non-threatening way. Being 'known to services' and receiving home visits is a mark for life. Family records of this kind have been known to be accessed and used by one parent against another.
Schools: Have we properly evaluated the respective impact of open access centres, as against interventions in school? How will you meet the needs of pre-school children? Has there been proper training of heads, teachers and assistants? To what extent will EH staff be in school to support? How will we identify the vulnerable home-educated children?
Open Access: Evidence shows that if there was generic youth work and open access groups, there would be less need for targeted intervention, and they can serve larger numbers of customers. Do you have a full understanding of the benefits to child and parent mental health?
Below threshold: Waiting until a family is close to crisis is fundamentally unsound: there should be a focus on parenting groups, and coverage of trauma, mental health, attachment, the teenage brain etc. Those struggling below your formal threshold should receive attention. The focus on targeted early help appears to take ordinary families, including adopted children, even further away from receiving a service.
An on-line service during 2020 cannot disguise the need for face to face interaction and socialization, provided by the centres. But could we use digital means to stay in touch with the most vulnerable, so keeping the centres open?
Partners: There is no sign of planning to be more efficient, for instance through closer cooperation with other agencies. If discussions with partners have taken place, when will the results be made known?
What analysis have you done to demonstrate that targeted intervention really does make the biggest difference? What data has and will be measured? This data should be made available.

Staff: Has a proper assessment of the impact on staff of these proposals, and their welfare been made, including staffing of the retained centres, and full training in the new approach? Where will displaced staff be relocated? There is talk both of increasing provision and making redundancies, which is contradictory. How will job losses be dealt with?

Silos: A better alignment between Early Help and Social Care could be achieved without taking such drastic measures. Splitting off from partner agencies, and key staff such as health visitors, looks like a return to silo working? How will you remain aligned with the Healthy Child Programme?

Other local authorities: two Individual respondents with experience of provision in other counties stated that the current West Sussex arrangements are superior to those in Surrey (lacking centres); and that the Isle of Wight has opened family hubs while retaining local centres.

Response to these points

Footfall and centre retention: The proposed Early Help offer was designed based on the centre usage data from the 3 years prior to the pandemic and so is not skewed by the last year’s events. While the Covid-19 pandemic did not form part of the initial offer review it has demonstrated the need for the service to be more responsive and agile. Early Help has not been delivered from centres since March 2020; instead, centre based staff have mobilised to deliver in the community and virtually. In the last year there has been a significant increase in demand for targeted support further strengthening the need to reduce the building/facilities management effort to enable the service to redirect resources to the targeted interventions.

Effectiveness of Early Help: We support circa 4,000 children a year on early help plans. Early Help continues to evidence improved outcomes for children who receive a targeted intervention through an early help plan. This work has the highest success rates both for improving outcomes for children and families and reducing the demand into children’s social care. Where children’s needs are met through an early help plan, less than 3.5% (annual average) go on to require a social care intervention in the following 12 months. The interventions, (which have not been on-line) do not wait for families to be close to crisis. The data is provided and published.

These outcomes support the key performance indicator for Early Help in the Council Plan to achieve a high percentage of early help plans closed with outcomes met and without ‘step-up’ to social care. The West Sussex Early Help targeted intervention is also recognised nationally as a leader in achieving outcomes for the Troubled Families programme. The programme focuses on improving school attendance, helping adults into work and improving the health of families; this is the targeted work Early Help proposes to continue.

Close cooperation and discussion with schools, with other partners and with staff (with whom we will consult further in the Autumn) continue to take place. The intention is to improve integrated working, with no return to ‘silos’.

‘Below the threshold’: Early help is retaining a service offer at the level before targeted support; this is the provision of information, advice and guidance (IAG) and a parenting offer called Enabling Families which provides short-term support to those who do not require an early help plan.

Staffing: No changes will be made to the staffing arrangement without a full staff consultation. It is not contradictory to talk about increasing provision while making some redundancies: we are planning on making *posts* redundant that are no longer required by the model, whilst at the same time increasing the posts required to deliver the increased & targeted offer.

Experience of other authorities successfully implementing similar models has been taken into account. Hampshire County Council, which acts as WSCC's partner in practice, has provided a useful evidence base.

5) Possible conflicts between different public policies

A small number of responses (under 20) suggested that these proposals might potentially be in conflict with other policies and public priorities, either of the County Council itself, or the UK government. The main issues were:

Issues raised on potentially conflicting policies

The recent report from Andrea Leadsom has demonstrated the government's commitment to a Best Start for Life (1,001 Days) agenda: surely retaining the children and family centres matches the vision for family hubs set out in the report, and therefore they should be retained in full? This is a build on the Surestart programme which has been so successful, which you appear to be dismantling. The report highlights the importance of communities, a seamless service, and tackling isolation and stigmatization: how do these proposals meet these aims?

The damning Ofsted report into WSCC Children's Services demands investment in children, and not only those at the highest level of vulnerability. The proposals are too skewed towards social care, with no intermediate offer above Universal.

The longer journeys that will be necessary to reach more distant centres will inevitably increase carbon emissions. This conflicts with WSCC's Climate Change Strategy which prioritises carbon emission reduction.

Response to these points

Leadsom Report: We are fully aware of *The Best Start for Life: A vision for the 1,001 Critical Days (The Early Years Health Development Review Report)* which was published in March 2021. Its main focus is on improving community health within universal services, although Early Help clearly does have an important part to play. The 6 action areas cover: 1. seamless support for new families; 2. the family hub concept; 3. Improved digital access; 4. the Start of Life workforce; 5. improving the Offer, including parent and carer panels; 6. centralised leadership. We support these broad principles, although it should be noted that they are aspirational, have not yet secured any funding or become formal government policy. Our proposal does aim to address these areas, and we would be establishing family hubs for this purpose, and strengthening the Early Help workforce accordingly.

Investment: WSCC has indeed made a very significant investment in its Children's Social Care service, and this service has been publicly shown to be improving markedly since 2019. In Early Help we have to focus our attention on the serious needs arising from the pandemic. We will continue to work closely with our partners providing health and community services.

The proposals remain focused on early rather than social care intervention and are aimed at reducing the need for social care intervention with families.

Most journeys would be for universal health care and these would be broadly unaffected. Early Help interventions are generally made in any case through visits by staff to family homes. It is expected that the impact on the environment and the Council's climate change strategy and ambitions will be positive due to a reduction in reliance on families travelling to physical buildings and having support closer to home.

6) Issues with implementing the proposals

A small number responses (less than 20) raised specific issues about how the proposals, especially how our preferred option would be implemented. The main points were:

Issue raised on implementing proposals
If centres are closed, how will these be decided on? What happens to the land and buildings? What will the savings be spent on? Full discussions should occur with other agencies using the centres; centres may be more vulnerable where part of a service withdraws. Are nurseries at current centres affected?
Accepting that financial conditions require some shrinkage, at least in the short term, you must ensure that there is a robust information and support offer, including courses for parenting and mental wellbeing
There should be a delay in implementation of 6 months to measure usage of the centres in a post-Covid world. Going ahead now with Option 1 would be unwise until tested.
Implementation should be delayed until a full public debate of the Leadsom report has taken place.
It is not appropriate to physically locate Find it Out services for young people alongside services for very young children and families. Both customer cohorts may be uncomfortable with this.
You will lose engagement from school-age children if drop-in centres are not available on their journey home from school.
Other public buildings, such as libraries, may not be suitable for the intended repurposing: e.g. for groups there may be a lack of space, lack of facilities such as toilets and baby-change, and difficulties for those with disabilities. They may be unsuitable venues for supervised contact.
Response to these points
Decisions relating to which centres to retain as delivery points was made by reviewing the levels of need and deprivation as well as retaining one centre in each district and borough. The future use of buildings will be reviewed as part of an asset plan process, some current delivery points are leased or are in libraries and would not result in the closure of that building.
Dialogue with other agencies and public authorities which use the centres has taken place to inform the service planning and will continue.
The service priorities and the needs of those who will benefit from more resources being released for more directed services and so avoid more critical interventions are pressing and delay to await other external developments would not serve their needs.

Nurseries in centres should not be affected by these changes. As mentioned already the pandemic has increased the need for targeted support which was already under resourced for the level of demand. A delay would mean that more children have to wait longer for a service, increasing the risk of their situation becoming worse and requiring a social care intervention.

There are a high number of family hubs across England which are open to age ranges 0-25; these hubs are reported to be working well. Early Help will be working to ensure the centres feel more inviting to children, young people and families.

7) Demographic Equality issues:

Some 220 responses raised questions of disadvantage based on demographic issues; the most numerous related to financial disadvantage and the impact on those in rural areas (mentioned over 100 times).

Issues raised on equality
The less well-off will be disadvantaged where the only provision remaining is a paid-for one. Further travel itself may be unaffordable and may result in difficulties with parking. The free, open access provided by the centres is one of their strongest points, and closure will increase the social divide. This is not a 'perceived' disadvantage to rural communities (as stated in your literature) but a REAL and SIGNIFICANT disadvantage. Some of the closed centres contain foodbanks, which are currently inaccessible.
How will working parents on low incomes (whether single or together) manage childcare, especially where they do not qualify for benefits? What about those made redundant during the pandemic?
Digital poverty: On-line communication as the default model will disadvantage those who either cannot afford digital or lack the skills to use it.
Those living in rural areas will be further disadvantaged by the closure of centres, especially those who do not have access to a car. As well as travel, there will be the loss of the opportunity to socialise and so reduce rural isolation. Equivalent groups are hard to find in rural areas, and often over-subscribed.
The vulnerable: Those very families who are vulnerable will be at a disadvantage if they cannot attend at a centre, and gain confidence in the available support, in an informal setting. This is especially the case for families with children aged 0-5, who will not be identified through school under your plans, those who do not attend nursery and those who fail to engage with health services.
Mothers/parents with babies (often confined at home) will be disadvantaged, both by the withdrawal of certain kinds of group work, but also in having to access more distant centres. For various reasons, they may be unable to drive or use public transport. It would be unreasonable to expect pregnant women to do so.
Adolescent offer: Targeted Youth groups should not be closed. T4T and Jellyfish are recognised positive pathways for vulnerable young people. Adolescents may be discouraged from using the continuing Find it Out offer, where this is co-located with early childhood services, due to staffing issues, space, privacy and quality/consistency of information offered. Some young people are not comfortable with talking about sensitive issues on-line, and face-to-face provision is essential. Will 'safe spaces' still be available?
Young people's mental health is well known to be a serious issue. Children have been on waiting lists for Youth Emotional Support (YES) services for months without any outcome. The shrinking service you propose can only make things worse.

Agenda Item 3
Appendix A

<p>Teenage pregnancies: support during the pandemic was cut back, and these cases went through the MASH and were frequently escalated to an inappropriately high level. More lower-level support should continue as part of any new offer.</p>
<p>Vulnerable minority groups like LGBT+ young people and their families benefit greatly from accessing in-person targeted support, especially confidential groups away from the family home. Allsorts support is delivered in multiple WSCC buildings across West Sussex, and these, especially the hard-to-reach LGBT+, will be disadvantaged by reducing the centre provision available to partners who deliver these services.</p>
<p>Faith groups: alternative parent and toddler groups are often run by church groups – this may be uncongenial to those of other faiths, or none. So the loss of groups at the centres is all the more disappointing.</p>
<p>Disabled & Special Needs: Closing centres would seriously disadvantage disabled people who may not be able to travel far. Centres and information must be accessible for disabled people. It would be desirable to consult with a local SEND participation group about the proposed changes.</p>
<p>The loss of Play and Learn Plus (PALP) groups (specifically mentioned around 10 times) would be very serious for children with special needs. The centres support these children in various ways.</p>
<p>Language: Those for whom English is not their first language may find the reduction in face-to-face provision challenging as this is the best way for them to understand and communicate. A respondent of Polish extraction commented that the chance to talk at a centre with other parents can be more important even than talking to a professional.</p>
<p>Cultural mix: The relaxed atmosphere of the centres allows parents and children to socialise in an environment that is welcoming to people from all social, economic and cultural backgrounds. This inclusiveness is healthy for child development and would be undermined by these proposals.</p>
<p>New housing is in progress in many locations: these new populations will be disadvantaged if the proposals have not been future proofed to cater for them.</p>
<p>Refuge: The centres provide a place of refuge for those who have serious issues at home, such as domestic abuse.</p>
<p>Young carers: Support from the centres is especially important for this group.</p>
<p>Home-schooling: There must be a clear plan for this group, including where there are SEN issues, for instance due to exclusion from school.</p>
<p>Response to these points</p>
<p>Rural areas: Concern has been raised regarding access to services for those living in rural areas with less centre access and the requirement to travel if they wanted to attend a centre in person. The new service will not require a child or family to attend a centre unless they want to. The service offer will be delivered in the community, either in family homes or a safe location of the family's choice.</p>
<p>Deprivation issues: The proposed centres to retain are sited in areas of highest deprivation informed by the Index of Multiple Deprivation 2019 overall ranking lower tier authorities in West Sussex, while also retaining at least one centre per District and Borough. The proposed retention of more centres in areas of highest deprivation also recognises that staff and partners often see more demand in those areas and creating bases for those staff to work together supports our delivery.</p>
<p>Community delivery where it is needed: A higher proportion of the Early Help offer has always been delivered in the community, with less than</p>

a third taking place at designated delivery points. Early Help will continue to prioritise work by need and not location, ensuring that those in more remote locations still receive support when needed. In terms of population growth, it is predicted to increase by 16% over the period 2017 to 2041 with the highest proportion expected to increase in Arun.

Refuge: Safe spaces will be available within the new offer.

SEND: Early years SEND provision is being reviewed currently.

Equality Assessment: The various representations relating to the potential impact on groups with specific or protected characteristics will be separately addressed as part of the Council's equality impact assessment.

8) Engaging with Communities

While many respondents made the case for retaining individual centres, based upon the reasoning set out elsewhere in this report, this section is intended to capture comments about the more strategic considerations for future provision across West Sussex, and issues raised about broad geographical coverage and major centres of population.

a) General principles

The following points were made by small numbers of respondents but contributed to a strategic view of the issues.

Issue raised about the principles of community engagement
Centres of population: As a general principle, it would be desirable to retain one centre in each of the larger towns, to ensure continued visibility and participation.
Prestige: The presence of public bodies running centres such as these, reinforces the attractiveness of a town to both prospective residents and companies seeking to invest in an area with an appropriate workforce.
Development: Large numbers of new homes are being created around the county, generating both developer contributions and additional council tax revenue; yet the County Council appears to wish to cut services in these very places.
Urban vs Rural: The balance of retained centres greatly favours urban areas – for instance 3 centres retained in Worthing, with nothing in the Billingshurst-Pulborough area.
Footfall: The justification for centre closure based on 'reduced footfall' is rejected, since it was not measured across a reasonable period of normal time.
Identifying vulnerability: The proposed new model, with its loss of community engagement, is overly dependent on other agencies recognising need and referring accordingly.
The Schools model will not work well, since schools are not good at identifying and responding to need.
Response to these points
General operational principles: The responses given in Section 7 above are also relevant in this section. Early Help will continue to prioritise work by need and not location, ensuring that those in more remote locations still

receive support when needed. Considerations about future population growth have been factored into our plans.

The proposed Early Help offer was designed based on the centre usage data from the 3 years prior to the pandemic. Above all, our Early Help outreach does not depend on the presence of centres, although important services will continue to be offered from the new family hubs. Strong and effective partnership working, including with schools, will ensure that identification of vulnerability remains strong.

Improved working with schools: It is proposed that Early Help builds on the success of termly conversations between named link workers and schools. The aim is to support partners to deliver additional support to children by strengthening the service through the establishment of dedicated teams, responding more flexibly to support schools and partners as issues arise. Moving away from the planned conversations model, this team will actively support schools to lead early help plans, enabling partners to put support in place before problems escalate.

The new service would also be available to offer advice and support to improve the identification of vulnerable children. Support would be provided to escalate concerns about a child to the appropriate service, specifically identifying emerging needs and safeguarding concerns. A number of schools attended the engagement sessions and were broadly supportive of the approach to supporting schools going forward. Named linked workers will be working with schools to help identify vulnerable children.

Identifying vulnerable children: During 2020 when centres were closed, an increased number of children and families were successfully identified or able to access early help services, while this demonstrates an increase in demand it also showed that families and partners knew how to access early help support. Currently over half of all early help referrals come from partners.

b) Specific geographic issues

Issues raised in specific locations

In **Billingshurst**, it is asserted that the more people move in, the more WSCC cuts services. The Parish Council believes that restructuring and economies can be achieved, without closing the facility there.

Burgess Hill (mentioned in 14 responses, including from the Town Council): many in the town are concerned about the loss of both centres, especially with the projected growth via the Northern Arc development (3,500 new homes). Travel to Haywards Heath would be challenging.

Crawley: the retained centres at Bewbush and Broadfield do not cater for the broad geographic spread of Crawley; nor do the locations encourage people from **East Grinstead** (which would be without coverage) to make use of them.

Petworth (5 references) & **Midhurst** (5 references): closure would enforce a 20-mile journey to Chichester.

Southwater is also experiencing an expanding population; one respondent commented that some families did not have a good relationship with schools.

In **Storrington**, based on a submission from the Storrington Community Partnership, the centre should not be closed unless or until the community has been able to identify an alternative venue for all its needs. Travel to Horsham by public transport is impractical, and the centre there is not centrally located.

Selsey: there were 7 references to the value of the centre; one respondent commented that it is an 18-mile round trip to Chichester, and the centre there is already over-stretched, with people being turned away.

Shoreham & Lancing area: The community needs in Shoreham area have not been properly analysed: Lancing & Sompting have high deprivation needs yet are to be denied a centre. Footfall in the various centres has not been properly understood. Detailed arguments are put forward regarding the need to retain a centre at Lancing (mentioned by 17 respondents). These include areas of deprivation, transport and the legal status of the centre at Lancing, as against the centre proposed for retention at Kingston Buci. It is suggested that there is inequality by comparison with the provision proposed for Worthing.

Yapton: there are strong representations from the Primary School and a range of residents (around 15 specific references) about retaining the centre as a vital community resource. The centre is well used, and there is no direct bus service to an alternative centre.

Response to these points

The headline points already made also apply to specific locations: Early Help delivery is specific to need and does not depend on the presence of a centre. The proposal is intended to free up resources for working with those most at need, in their home environment.

The representations in support of retaining specific centres have been considered and the arguments behind them are understood. The need to prioritise and redirect resources from the operational management of buildings and to focus on those services which do not rely on buildings has not been changed. Sound principles and service outcomes should drive the decision on which centres to retain and those are described elsewhere. This has led to the conclusion that the arguments for other centres to be retained have not been persuasive in the context of those aims.

A particular exception has been recognised at **Lancing**, and on the basis of the representations made and our further analysis, we have proposed that this centre is retained, due both to the presence of deprivation and the distinct communities present in the Shoreham-Lancing area, separated by the River Adur.

The universal health services, e.g. maternity, frequently mentioned by respondents, will continue to be available in localities as at present.

9) The Children & Family Centres within their community

This topic attracted a large number of responses, which have been grouped under the following heads:

- b) Valuation of existing centres within their communities
- c) The impact of the Covid-19 pandemic
- d) Identifying and preventing problems

- e) Groups
- f) Future risks

a) The existing centres are valued in the community for the following reasons:

- Open access and group work are highly valued as sources of support and advice to develop confident parenthood.
- They provide a safe environment where parents, generally mothers can socialise; they may provide the only safe open space available, where families have no garden. This reduces isolation, especially in the sense that individual parents can share concerns with those in a similar situation and receive practical and emotional support. Long-lasting friendships have been made as a result. This general benefit was referenced in well over 200 responses. Parents have commented that there is no equivalent venue in their community that has open access and is free to use. The expression 'lifeline' is very frequently used (about 90 times) to summarise a parent's feelings about a centre. Parents will on occasion themselves become volunteers at the centres.
- Parents, generally mothers report receiving help towards dealing with mental health issues (referred to in over 160 responses and implied in others), especially post-natal depression (mentioned over 30 times).
- Parents receive the attention of professional staff in an informal atmosphere, without any kind of potential stigma associated with being 'vulnerable'.
- Any concerns about children, including special needs can be raised with or identified by a professional, and assessed in a relaxed and informal environment.
- Parents receive support and acquire parenting skills through the many groups being run, both Early Help and universal post-natal care. They are venues to advertise and signpost other relevant activities and services.
- Staff in the centres were without exception described as friendly and caring.
- As noted elsewhere, parents drew attention to the importance of early identification of issues for pre-school children; engagement at age 5 was thought to be too late.
- The centres provide vital support to childminders; they often provide a valuable environment for supervised contact to occur.

b) The impact of the Covid-19 Pandemic

A large proportion of respondents contextualised their comments in relation to the Covid-19 pandemic, which is specifically referenced in about 25% of all comments and implied in others.

- All families have struggled under lockdown, especially mothers with babies and young children.
- Mothers who have recently had babies have deeply regretted the unavailability of centres during lockdown due to their unavoidable closure, and the inability to receive face to face support. This was especially the case where return to work was not possible.
- A strongly held view is that now is the worst time to be proposing this perceived contraction of a valued service, given that individuals, families and communities have been struggling with isolation and all the other impacts of Covid-19.

c) Identifying and preventing problems

Respondents expressed the following concerns:

- It is thought that the increase in demand for Early Help services in the past year is directly related to the centres being closed: this is not seen as a satisfactory basis on which to close a large number of them.
- It is not clear how problems would be identified in future: centres are the best place for this.
- The risk was perceived that parents and children with difficulties would 'slip through the net'.
- Parents will not 'reach out for help' or identify themselves for support, outside of the environment provided by the centres: there is a stigma attached to this.
- All new parents and babies can reasonably be regarded as 'vulnerable'. Many who benefited from the centres would have fallen below the threshold for targeted intervention. It's not just those formally assessed as 'vulnerable' that need support, and emotional vulnerability is an issue running across the socio-economic spectrum.

d) Group Work in centres

Around 160 respondents referred in very positive terms to a wide range of group work that they had benefited from (chiefly as young mothers) at different centres. These included a mix of both universal post-natal services, groups coordinated by partners, and those provided by Early Help. Nearly 100 responses specifically referenced 'Stay and Play'.

Clarification of groups affected

Responding to concerns expressed about individual groups, the following tables explain the provenance of the groups under these headings, and whether they are affected by these proposals. NB: This is not necessarily an exhaustive list of possible groups, past or future, but references all those groups mentioned to us by respondents to the consultation:

The following groups were run pre-Covid by the Healthy Child Programme or other NHS agency, and are not impacted by these proposals:
<ul style="list-style-type: none"> ▪ Baby weigh ▪ Breastfeeding groups ▪ Milk ▪ Discover baby – [joint EH and Health] ▪ Speech and language therapy ▪ Baby clinics ▪ Day care nurseries ▪ Portage service (home visit) ▪ YES counselling service

The following groups are led by partners (e.g. Home-Start) and their future is not currently known, but they are either not affected or only partly affected by these proposals:
<ul style="list-style-type: none"> ▪ Baby and toddler groups – a mix of Early Help and partner/volunteer led

Agenda Item 3
Appendix A

- Megaminders – specifically for childminders – peer support, volunteer led
- Singing groups - partner led
- Little Movers – privately run
- Twiglets – run by Homestart
- Rhyme time – run by WSCC Libraries
- Dynamic Dads – this was a partner-run group, but now discontinued
- Teenage group work – mixed partners and Early Help
- Parenting groups – mixed partners and Early Help

The following groups were part of the pre-Covid Early Help offer and would be affected by the proposals:

- Stay and Play – this is the group most often referred to in consultation responses (nearly 100 times)
- Tiny explorers
- Play and learn
- Play and Learn Plus (PALP) – for children with special needs: part of Early Help offer, but may be taken over by WSCC Education and Skills
- Jellyfish

Other Facilities under these proposals:

- Toy Libraries at various locations are strongly appreciated: these would be retained in WSCC libraries, and sensory toys would be held at the 11 retained centres.
- Sensory Rooms at some centres were also highly valued: these would be retained where currently present in the 11 centres.

Response on Group work

Access to Groups: The proposed service offer has been adjusted based on the concerns raised during the consultation about ceasing to deliver group work for under 5s and young people. There has been a further mapping of services offered in the community which demonstrates there is a significant community offer across libraries and voluntary and community groups for all age ranges from 0-19 and SEND. From this mapping we know there is some duplication with universal groups currently offered by Early Help particularly.

Adjustments to the proposal: However, whereas prior to the consultation the proposal was to cease all groups and groupwork, the proposal is now that Early Help should retain the capacity to deliver specific group work when a need is identified. For example, if several parents are presenting with similar concerns, such as setting boundaries for young people, it would be possible for Early Help to deliver group parenting support work in that area. Early Help will also retain the Young Parents Pathway which provides additional support to young mothers and fathers. There is also a commitment for Learning and Skills to review the delivery of an under 5s SEND group termly programme.

e) Future risks

Over 80 responses drew attention in various ways to concerns about future risk. This section builds on concerns expressed earlier, but here we summarise views on future prospects, were these proposals to be adopted:

Issue raised about future risks
Having the centres operating properly would reduce the number of families becoming vulnerable; closing preventative services increases avoidable demand, pushing families from universal into targeted need.
Losing group work risks families moving into the 'most vulnerable' category; it risks increased isolation, loneliness and mental health issues.
This is a short-term financial fix, and costs in the future to WSCC and its partners will escalate as a result.
Losing engagement (e.g. through baby-weigh, parenting groups) denies professionals the chance to spot early-warning signs of problems ahead; many will 'fall through the gap' and by the time they get to school it will be too late.
Workloads for professionals, together with waiting times for referral will increase. This will include more pressure on other services, such as GPs or hospitals.
Withdrawing centres risks creating a generation of parents and carers who are less well educated in how to care for their children. Childminders would be further discouraged from entering the profession.
Early Help cannot be viewed in isolation: these proposals will affect maternity and early years services, with which it should be integrated.
Lack of support may lead to risk of criminality, domestic violence and abuse.
Response to these points
<p>Identifying and managing vulnerability in the future: During 2020 when centres were closed, an increased number of children and families were successfully identified or able to access early help services, while this demonstrates an increase in demand it also showed that families and partners knew how to access early help support. Currently over half of all early help referrals come from partners attached in the additional papers are a range of case studies demonstrate the variety of ways children and families come to early help.</p> <p>Central to the proposed new offer is a focus to strengthen our ability to identify those in need of help. This will be achieved through a number of approaches including providing dedicated schools teams with named link workers, ensuring we are discussing those children schools are worried about. Retaining the Young Parents Pathway and support to Early Years settings where the need is greatest.</p> <p>Partnership infrastructure: In addition, Early Help has developed a Communication and Engagement Plan that details a range of processes and activities to ensure that information on the service offer is easily accessible and promoted to the public and partners. This plan includes and recognises the importance of the Partnership Boards and relationships with key stakeholders like Health, the District and Borough Councils and voluntary and community groups. Each Early Help hub will have a dedicated officer</p>

responsible for the promotion and updating of information online and in the community.

B) Opportunities and Improvements suggested

This section summarises the suggestions made to respond to the situation outlined in the consultation, under the following heads:

1. Increase revenue
2. Other facilities or improvements
3. Other cost savings or efficiencies
4. Improving partnerships

While some respondents recognised the post-Covid challenges faced by the Early Help service, there was also a view expressed that, even were WSCC to withdraw from delivering services from specific centres, that this was an opportunity for a concerted community response, and that the buildings should where possible remain available for public use.

1) Increase revenue

Below are a listed single comments (over 30 in total) which contribute ideas about improving revenue for the centres and the related service:

Ideas about increasing revenue
Keep centres open and allow more external booking of facilities, making them more fully community centres. Ideas such as guest author book days, working with local entertainers to offer a free show where you advertise tickets, increase club activities.
One respondent noted that the maintained nursery schools linked to some family centres need large financial backing from the local authority. This money would be better spent to support all early years settings to provide one teacher per setting. This way a larger number of children can be supported. Having a large number of teachers in one setting only helps a small proportion of the children within a community. Families should have access to a local early years setting providing high quality care. Maintained nurseries should be more responsible for generating their own income and freeing up some of the financial support given to maintained settings to support the most at risk in the community. Head teachers should be held accountable for making positive business decisions and running the family centre alongside the nursery to help support more families.
A majority of this group of responses indicated a willingness to pay (for example, £2 per session) to keep the play groups operating; increasing the price of stay and play sessions was suggested, as was a charge for the use of sensory rooms
Make cuts to other areas of the Council in order to retain the support for families at this very difficult time.
Utilise current open access centres as a form of income generation, offering space for private child-based and health-based companies to run groups and services.
Introduce a direct payments credit scheme for families to use on service in the community.
Use developer funding arising from new developments to fund these activities.
Seek funding contributions from district councils toward the more community-based undertakings.
Disposal of centres in favour of going out to families would release funds to help WSCC balance its budget.
Response to these points
We welcome ideas for increasing revenue that are feasible. However, there are difficulties with the County Council continuing to act as a financial broker in centres it no longer needs for operational purposes:

- Retaining centres requires overhead funding, such as utilities and rates, cleaning and maintenance, as well as staffing to provide facilities management services.
- The administration involved in invoicing other organisations or receiving payments from families attending individual sessions would also be significant.
- The amount the Council would need to charge other organisations or families in order to cover its costs is likely to be prohibitively costly.
- We would welcome approaches from other organisations or community groups who are willing to take on the buildings and provide the services that have been described – however these services do not generally target our most vulnerable children and families, unlike the revised Early Help offer will do.
- Developer funds are allocated in accordance with planning agreements linked to the specific developments and cannot be redirected to support services in this way.
- Overall therefore these suggestions are not likely to be capable of realistic or practical implementation. Revenue generation on this scale cannot generate the sort of funds required to maintain and operate the buildings and so does not provide a solution to the need to redirect those resources.

2) Other facilities or improvements

Around 60 respondents made a wide range of further suggestions, summarised here:

Ideas about other facilities and service improvements
Work with local communities at sub district level including parish/town councils and local voluntary and community groups; develop local partnership solutions that are community led, owned and supported and responsive to local needs, sharing costs/resources to support local families. Keep the buildings for multi-purpose use, including e.g. as a post office.
Community hub for Covid-19 to be a front door for residents to access services.
Create drop-in sessions for mental health services after school hours – say 3-5pm.
Streamline process of referral for neurodevelopmental assessment by allowing schools and health professionals to make an early help referral, supported by on-line parenting course.
Make the Triple P online parenting programme available to all parents.
6 respondents proposed the introduction of a mobile facility, such as a bus to take into rural communities.
Use centres more creatively, with a programme of events and classes with a public health and wellness focus.
Ensure those who work with schools are experienced in education, and specified to that school, and that communication between Early Help and schools is good. Early Help workers to acquire better knowledge of education processes, and avoid duplication with specialist education staff, as well as the possibility of giving conflicting advice.
Could group work be located in schools?
Could schools or libraries provide office space for Early Help?
Pop-up face to face sessions for targeted access.
Increase delivery of services through schools – for example to issue bus passes for children.
Partner with churches that offer equivalent parent and child groups
Use libraries more thoroughly as one-stop shops for council services: this could be the answer to provision of Early Help services in Burgess Hill & East Grinstead, and at rural libraries. There could be advertised drop-in sessions at fixed times during the week.

Agenda Item 3

Appendix A

Ensure centre opening hours in centres are standardised; ensure consistent staffing to build trust and know the local community.
Release current staff resources by providing information, advice and guidance in a different way – through private agency, or on-line.
Offer limited targeted group provision – perhaps through schools or in the community.
Ensure that parenting and other childcare support is offered as part of an Early Help Plan.
Improve Youth Emotional Support services and schools mental health teams, to reduce waiting times.
Improve co-operation with health visiting functions, so that they are in regular touch with new families, whose needs are monitored.
Improve advertising of events in centres – this has affected footfall.
Open centres as e.g. youth clubs during the evening, using volunteers.
Create on-line universal access platform to include all voluntary and community service offers.
Work more closely with homeless charities and hostels to engage with the most vulnerable young people; keep young people’s services separate from family services, but accessible.
Ensure through advertising and promotion at centres that parents are aware of alternative group options – perhaps through the National Childbirth Trust, La Leche or church groups.

Response to these points

As with the previous section, we welcome ideas for improvements. In particular, we are keen to encourage and support where possible community-run enterprises that the local community itself owns and manages; Many of the useful ideas set out can be taken up by individuals or groups within each community and the Council can look for ways and means of facilitating or supporting their development when that will assist.

However it will remain costly for WSCC to maintain a stake in these buildings, solely to facilitate group work that is not intrinsic to its targeted work with vulnerable children and families. The ideas are not therefore providing justification for retaining Early Help services in the current number of centres. The proposals do not help tackle the challenges of the need to increase the capacity of the Council to meet the growing need for more directed services to families with greatest needs.

In terms of WSCC’s own estate, we are very much alive to making the best use of our libraries network, although there may be restrictions on the kind of activities that are possible. We have examined the possibility of a mobile service in rural areas: there has been such a facility in the past, but this has been ruled out due to cost and relative benefit. It can remain an option to be explored again in the future but is not proposed at the current time.

3) Other cost savings or efficiencies

Another list of single comments (around 30 contributors) made miscellaneous points about savings and efficiencies, with use of volunteers being the most mentioned:

Ideas about cost savings and efficiencies

Reduce councillors’ allowances.

Closing some centres is justified, and it's not clear why there need to be as many as 43; Horsham for instance, does not need four centres.
Grow an alternative economy of private providers who could provide play groups etc; encourage small business start-ups in this sector.
Reduce site ownership and save costs through renting buildings.
Make greater use of volunteers: there will be a passion amongst parents and carers to keep centres running, especially post-pandemic; they would have the necessary safeguarding checks. The service is too preoccupied with professional qualifications.
Recruit full-time as opposed to part-time staff: their use of time will be more efficient, since both types have the same administrative time oncosts.
Let some buildings go and consolidate the building stock, thus releasing resources for investment in vulnerable children and schools.
Keep all centres open but reduce opening hours (except for the 11 hub buildings); the remainder of the time could be for targeted visits to vulnerable families, while the building offered another service or generated further revenue from the private sector.
Offer reduced rural outreach service based in village halls, GP surgeries and similar venues. Even a once-a-week drop-in for small communities would be helpful.

Response to these points

Again, we welcome creative ideas that do not involve WSCC maintaining a large number of centres and the consequent overhead costs of running and maintaining them. Most of these comments do in fact form part of the proposal. The Council does not own many of the buildings from which early help services operate. It is operating and maintenance costs rather than capital receipts which will release the resources. Reducing operating hours will not reduce operating costs.

The suggestions in terms of staffing flexibility and volunteers will not be sufficient to provide the specialist directed services that will be the priority.

4) Improving partnerships

Nearly 50 responses referred to solutions based on a partnership approach:

Ideas about improving partnerships

Closer liaison with other organisations and charities, allowing them access to the centres for integrated work with families and children – for instance MIND West Sussex or the baby bank.
Would merging services with another local authority (e.g. East Sussex) help to keep centres open, through a 'Sussex Offer'?
Work with Adult Education to develop a 'family learning' offer, including post-16 and post-19 programme; this would help to offset proposed loss of group work.
The Storrington Community Partnership made detailed suggestions about the future of joint agency and community working in the village.
Burgess Hill Town Council on the other hand, was doubtful about the general availability of volunteers willing to fill a perceived gap in services.
Youth Charities ESY and Esteem signified enthusiasm for making use of a centre building, should WSCC withdraw, and were willing to collaborate in planning services for young people.
Home-Start made a separate submission expressing interest in a formal agreement to continue its complementary support of WSCC services across the county – see C2 below for further details.

Response to these points

Working with partners: An exercise was conducted to map all partners using centres. These partners have been informed of the proposal and a number have expressed an interest to continue delivery from the centres that Early Help has proposed to retain. Some partners have expressed an interest in access to centres not proposed for retention by Early Help. These discussions will continue and many of the ideas raised in the consultation can be further explored as part of local and partnership dialogue.

The biggest partner impact is to a range of health partners, whose offer is not changing due to these proposals. They may be affected by changes to access to delivery points. These will also require continued discussion to minimise any adverse impact.

Early Help will work with other smaller localised partners to agree access to delivery spaces in the remaining centres where possible. The Asset team also hold all expressions of interest from partners and will work with them directly if there are opportunities to utilise centres if Early Help withdraws.

Service alignment: Central to the proposal is the greater alignment of Early Help and Social Care as well as moving towards having co-located locality teams. This change will strengthen relationships within children's services, improving the journey for children who require help and protection as well as creating better connections locally to partners, promoting a shared responsibility to the children within localities. Once a decision has been made on the Early Help redesign, every effort will be made to provide clarity on the options available to partners before the autumn term.

C) STRATEGIC RESPONSES

Consultation responses from organisations with a county-wide remit are summarised here, as follows:

1) SUSSEX COMMUNITY NHS FOUNDATION TRUST (SCFT)

- 1.1 The Trust is a partner commissioned by WSCC to deliver a range of early years services to children and parents under the Healthy Child Programme (HCP) contract. Core deliverables under the HCP include an antenatal contact, a post-natal 6-8 week review, and 1- and 2-year developmental reviews, which are offered from a children and family centre for the majority of families on the universal caseload. Group work under the contract includes 'MILK!' (Infant feeding) groups, post-natal depression support and other parenting groups. The Trust also provides children's speech and language therapy services to children and their families across West Sussex.
- 1.2 SCFT expressed a number of detailed concerns about the impact that the proposed changes might have on the Healthy Child Programme (HCP) and thus the impact on service delivery to the population served, especially for families that are most vulnerable. The summary concerns were: the potential loss of operational locations (the centres); the

impracticality of families travelling further, or delivering equivalent interventions in the home environment; and overall implications for productivity and delivery under the HCP contract. Many of the current locations are provided to SCFT at no- or low-cost within the HCP contract, including some office accommodation, and the withdrawal of this operational space would have cost implications within the contract.

- 1.3 Accordingly, SCFT expressed a preference for Option 3 - to continue delivering services in all the locations across all areas of West Sussex, with reduced resources for directed or targeted services.

Response to these points

To mitigate some of the issues raised it is proposed that all remaining centres will continue to house health services alongside early help services. In addition to this West Sussex Asset team are working closely with the Healthy Child Programme Strategic Lead to understand their requirements and agree what opportunities there are across the remaining estates.

2) HOME-START

- 2.1 Home-Start has been a partner body of the County Council over the last 20 years, and aims to complement the more intensive WSCC targeted work, through offering lower-level emotional support and practical help to their families, and so giving vulnerable young children the best possible start in life. There are three Home-Starts in West Sussex: Crawley, Horsham and Mid Sussex; Arun, Worthing & Adur; and Chichester & District. Within these areas, trained volunteers are supervised by professional staff, offering a cost-effective service.
- 2.2 In its response to the consultation, Home-Start has stressed the vital importance of the earliest possible support being given to potentially vulnerable families, referencing the 1,001 Days agenda for the first phase of a child's life from conception. The Home-Start offer would include supporting attachment, child development, play, speech and language, early literacy and school readiness.
- 2.3 Home-Start wishes to continue working closely with the County Council, within a partnership network, and to support the implementation of the Early Help Redesign. Accordingly, it has expressed a formal interest in discussing the terms for its future operations within the county. This would include topics such as finance, accommodation, shared training and consideration of innovative ways of delivering the best service to the community.

Response to these points

This is a welcome approach and represents the kind of dialogue we wish to have with a wide range of partners. We agree with the principles set out, and the need to support the 1,001 Days agenda.

3) UNISON & COUNTY COUNCIL STAFF

3.1 Unison is the staff union representing workers in the WSCC Early Help service. Unison encouraged its members to participate in the main consultation survey; 182 members of WSCC staff responded to the consultation, although these were not necessarily union members. Additionally, Unison independently surveyed its own members for their views between 13 April and 05 May 2021. It is not clear how many members participated in this survey. The key points emerging were these:

- The majority of staff accept that changes and improvements are necessary within the Early Help service.
- From the UNISON survey, there is a preference for Option 3 - the proposal in Option 1, with 20% supporting this; 3% supported Option 2 and 42% Option 3. There was a request (similar to that expressed by many respondents to the on-line survey) that a fourth option should have been provided, building on the strengths of the current model yet retaining more centres.
- While there is recognition that the number of centres could be reduced, there is disagreement with the extent of the reduction being proposed.
- Most respondents consider that there is a greater need to provide universal services due to the impact of the pandemic, engage with those with the greatest need at an early stage and so reduce the demand on targeted services.
- The proposed withdrawal of group work by Early Help is opposed by 82% of respondents.
- Staff responses include comments that more work is needed to improve partnerships with communities, schools and health services to develop universal and targeted support.
- Some comments were that the needs of young people have not been adequately addressed, and the proposal could result in young people reaching crisis point before seeking support.
- The survey raised the issue that staff health and well-being needs, and opportunities to learn and develop and work effectively, must be fully considered.
- Unison members expressed the view that budget constraints should be taken off the table, and a renewed impetus given to co-working with staff to retain and develop the existing strongly-valued network of high-quality Children & Family and Find It Out Centres which serve all of the communities in West Sussex.

Response to these points

The Unison response has raised many similar points to those made elsewhere in the consultation, and the preceding answers in many cases also apply. This relates to the points about universal services, about the impact

of the pandemic and the need to increase capacity to meet increased demand for targeted services.

The engagement with and response from young people is covered elsewhere in this report – (D) below).

It is welcome that some responses recognise the need for change and the case for reducing the number of centres. We also acknowledge the need to improve partnership working arrangements, relevant to the post-pandemic world. That is also addressed elsewhere in the report.

The proposal needs to be led by a realistic assessment of the availability of resources and the capacity of the Council to cover all levels of demand or established expectations of service levels. The new offer is much more targeted to those children & families who need our services, instead of 'trying to do everything'. It should be acknowledged that other organisations are likely to be better placed to offer universal services but that the Council can enable some of those to work well with the more critical services the Council will direct its resources to.

In the response to consultation feedback, we are recommending that the capacity to undertake some group work is retained, and also to retain the centre at Lancing. These in part respond to specific issues raised in the staff responses.

The retained centres will provide Find It Out services in an age-appropriate environment, giving secure and accessible facilities for young people.

There is a strong element in our proposals of reinvesting of existing resources to increase effectiveness. While we consider that the proposals offer more staff the opportunity to give direct support to the most vulnerable in our communities, we will be taking very careful note of any issues for staff health and wellbeing. A full consultation with staff will take place in the Autumn, which will enable a discussion of more detailed issues affecting them.

D) CHILDREN AND YOUNG PEOPLE

What did Children and Young People tell us about the proposals?

On-line survey

Within the on-line survey, 59 people aged 24 or below responded. In terms of their response to the options, these young people showed a more favourable response to Option 1, with 39% supporting or strongly supporting it, 47% opposing or strongly opposing, and 14% neutral. Option 2 (ending open access) continued to be the least favoured, with 72% opposing or strongly opposing. Option 3 (retention of open access) was supported or strongly supported by 49%, but 29% opposed or strongly opposed it. It can be inferred that, while there is still a desire for a balanced approach, young

people appear to have a greater valuation of the importance of targeted support in the home environment. This appears to correlate with a preference in the majority of young people for on-line contact, and the confidentiality that it brings. The overwhelming message appears to be the need young people feel to be able to address their concerns in a safe space, and to receive support that respects their privacy.

Other work with children and young people

In addition to the 59 young people who responded to the on-line survey, a further 301 discussed the issues and give their views and comments in school settings, with an age-range covering all year groups between Years 7 and 13. This has enabled us to hear the voices of children and young people very fully as part of the consultation. The full output of these discussions was recorded and is given in Appendix 2.

Each of the three Options was discussed in turn, and some highlights of the opinions expressed are given here:

Option 1

This option was liked because it gave a balance between centres and home visits for those who needed them, also allowing digital contact. Most young people felt they preferred on-line communication: it was easier to open up; it would be quicker; young people would have the necessary privacy, and not have to involve the rest of their family; pandemic regulations made access to buildings more difficult; support being available in school received approval; more people could get help.

Option 2

The comments build on those for Option 1, restating the value of being able to communicate with a professional confidentially on-line. While schools were generally thought to be a good environment to receive help, some pupils felt that schools needed more support.

Option 3

The preference of many young people for on-line communication again came through strongly, although there was a recognition of the value of easy access to centres for those who wanted it.

Pupils were then asked to consider the proposition: '*For me to use the services for young people I would like to see...*' This led to the following highlight points being made:

- Again, a preference for strong, confidential on-line communication arrangements – perhaps through text line, phone line or on-line platform.
- A wish for more support to be available in school, but also the ability for face-to-face contact with a professional in a safe space.
- Information and support from trusted people outside of normal school staff.

- Dedicated physical areas in school to give privacy.
- Professional support for mental health issues and anxiety.
- More help for LGBTQ+ people.

Response to these comments

The very clear and practical feedback from young people will be fully taken into account in the further design of the remodelled services.

The comments do not undermine or challenge the core design principles of the proposal. The balance of on-line or telephone with face to face contact and the need for greater flexibility in terms of location or form of contact are all important features of the proposal. The need for specialist support in areas of greatest need is also recognised by the young people responding.



SECTION 5

SUMMARISING THE RESPONSE TO THE CONSULTATION AND THE CHANGES PROPOSED AS A RESULT

- 5.1 The consultation process provides an opportunity for members of the public to help shape a proposal, suggest other ideas, or highlight concerns to help the service adjust or mitigate risks associated with the favoured option. The extensive feedback provided has given some helpful insight into the concerns regarding the proposed changes to the Early Help offer. It has put a sharp focus on the need to ensure our approach to identifying vulnerable children, and the promotion of services is robust.
- 5.2 The pandemic has heightened concerns for young people and new parents but also has led to an increase in those requiring dedicated Family Support which remains currently under resourced.
- 5.3 The consultation also highlighted a confusion between Early Help delivery and health partner delivery of universal services, e.g. that of midwives and health visitors. The changes proposed are to the Early Help offer and not the health offer, but this confusion has unnecessarily concerned many respondents.
- 5.4 Early help supports circa 4,000 children a year on early help plans. Early Help continues to evidence improved outcomes for children who receive a targeted intervention through an early help plan. This work has the highest success rates both for improving outcomes for children and families and reducing the demand into children's social care. Where children's needs are met through an early help plan, less than 3.5% (annual average) go on to require a social care intervention in the following 12 months. These outcomes support the key performance indicator for Early Help in the Council Plan to achieve a set percentage of early help plans closed with outcomes met and without 'step-up' to social care. The West Sussex Early Help targeted intervention is also recognised nationally as a leader in achieving outcomes for the Troubled Families programme. The programme focuses on improving school attendance, helping adults into work and improving the health of families; this is the targeted work Early Help proposes to continue.

Adjustments proposed based on consultation feedback

- 5.5 With significant increased demand for support to vulnerable families in need of Early Help support and with significant pressure in schools, it is proposed that there is still a need to reduce centres and increase

targeted support to those most in need. There was a high level of engagement, and taking on board the consultation feedback, the following adjustments have been made to the offer:

- Implement a communication and engagement plan and a dedicated resource in each locality, responsible for service promotion and publicity. This is to ensure people can still access the service when they need help and have a better understanding of what is available from whom and how it can be accessed.
- Retain some staffing resource to be able to deliver bespoke group work when a need is identified, with a specific focus on parenting support such as understanding behaviour and communication.
- Support volunteer and parent led open access groups to deliver in the remaining centres.
- Ensure the remaining centres are open after school and that as well as the Find It Out drop in offer, face to face appointments are on offer daily for young people either in centres or the community.
- Commit to a programme of decoration work to ensure all retained centres are welcoming to all age groups.
- There were several area specific representations to retain centres. These have all been reviewed again and as a result it is proposed that Early Help retain an additional centre in Lancing. The data supported that deprivation levels in Lancing are broadly similar to the area with a retained centre in Shoreham, as is the demand for those requiring early help and social care intervention. Furthermore, it is recognised that there are geographical factors that give rise to two quite separate communities either side of the River Adur. There are 2 centres in Lancing, the Maintained Nursery School and Lancing Children and Family Centre. It is proposed that Lancing Children and Family Centre be retained due to the size and scope of building, as well its positioning in the community. This change to the proposal will incur additional staffing cost which will have implications on the Early Help budget.



APPENDICES

Appendix 1 – Consultation on-line survey questions

Appendix 2 - Details of School groups comprising 301 children and young people during May 2021

Appendix 1 – ON-LINE SURVEY QUESTIONS

The Early Help Redesign Proposals: Option 1

Option 1	Proposed model: Increased targeted support with reduced open access centres
Summary	<p>In this option the local authority will increase the targeted support offer to those children and families in greatest need. This will allow the service to operate in the community and be more responsive to need.</p> <p>There will be an increase in support to schools and in “Enabling Families” our short term one to one parent lead support.</p> <p>Early Help will continue to deliver some services through the retention of 11 children and family centres and throughout the county via virtual means. Early help will stop the direct delivery of group work. This will be achieved through an increase in support directly to our vulnerable children and families.</p>
Key elements	<ul style="list-style-type: none"> • Increased targeted support to those who need it the most • Increased Enabling Families offer • Reduction in children and family centres and youth centres • Retaining 11 children and family centres, 8 in areas of high need and a further 3 to ensure all districts retain at least 1 centre • Services currently provided at Find It Out centres move to be delivered from the remaining centres and online • Stop the delivery of group work • Remaining children and family centres to offer key partners a venue to deliver a range of services

	<ul style="list-style-type: none"> • Enhanced offer to schools with dedicated schools' team in each district area • Closer working between early help and social care • Continue to deliver information, advice and guidance, crisis support and follow up on Free Entitlement funding • Develop the Partnership Boards and support partner delivery through providing information and data
Risks	<ul style="list-style-type: none"> • Perceived disadvantage to rural communities by locating Children and Family centres in the County's main towns • Reduced capacity to support the services provided by partners • Reduction in suitable office space for staff in some areas • Reduction of staffing in some areas
Benefits	<ul style="list-style-type: none"> • More support for our most vulnerable children • Reducing the number of children requiring further social care intervention • More support to schools, improving early identification of need • Service more able to respond to need in the community, brings support direct to children and families • More access to short term parenting support

1 Please read through the description above of 'Option 1' then tell us...

Strongly support Support Neither support nor oppose Oppose Strongly oppose

The Early Help Redesign Proposals: Option 2

Option 2	No open access and information services
Summary	In this option the early help service will stop providing any open access and information services from buildings, including the provision of children and family centres, youth centres, group work and the provision of Information, Advice and Guidance. The available resource will be used to maximise the

	<p>capacity of the targeted intervention teams to the most vulnerable children and families through direct case work and through additional support to schools.</p>
<p>Key elements</p>	<ul style="list-style-type: none"> • No open access or information services provided by early help • Further increase in the number of staff supporting the most vulnerable children and families • Increased Enabling Families offer • Withdrawal of all children and family centres and youth centres • Withdrawal of Find It Out with the exception of online information, advice and guidance • Stop the delivery of group work • Additional support to schools with dedicated schools' team in each district area • Closer working between early help and social care • Develop the Partnership Boards and support partner delivery through providing information and data
<p>Risks</p>	<ul style="list-style-type: none"> • Loss of access by families most likely to require information advice and guidance, reduction of open access via buildings reduces opportunity to identify need with our most vulnerable children • Impact on capacity to follow up on Free Entitlement funding, potentially disadvantaging children • Completely removes capacity for partner delivery in centres in locations of greatest need • Removal of all centre office space, impacting on colocation of early help and social care staff • Reduction of staffing in some areas
<p>Benefits</p>	<ul style="list-style-type: none"> • Increase support for our most vulnerable children • Reducing the number of children requiring a social care intervention • More support to schools, improving early identification of need • Service able to respond to need in the community, brings support direct to children and families • More access to short term parenting support

2 Please read through the description above of 'Option 2' then tell us...

Strongly support Support Neither support nor oppose Oppose Strongly oppose

The Early Help Redesign Proposals: Option 3

Option 3	Retain current open access centres
Summary	<p>In this option the local authority would keep the vast majority of children and families centres and youth centres and continue to deliver open access groups such as play and stay and youth groups.</p> <p>There would be a reduction in targeted intervention support for the most vulnerable children, which would not recognise the increase in demand for early help since September 2020 and the likely continued increase as a result of the pandemic. It would include maintaining the current termly offer to schools and the reducing the current Enabling Families offer (short parent led intervention).</p>
Key elements	<ul style="list-style-type: none"> • Reduce capacity to deliver targeted support to those children and families in greatest need • Reduce delivery of Enabling Families offer • Keep the majority of children and family centres and youth centres • Find It Out would remain in current bases • Open access group work (from centres) would stay the same • Schools would continue to receive a termly conversation • Improved working between early help and social care with staff working in the same centres • Continue to deliver information, advice and guidance, crisis support and follow up on Free Entitlement funding • Develop the Partnership Boards and support partner delivery through providing information and data
Risks	<ul style="list-style-type: none"> • Compromise the ability to support those children and families in greatest need and

	<p>meet the increase in demand for early help and future demand.</p> <ul style="list-style-type: none"> • Increased risk of children’s needs not being met early enough resulting in a social care intervention • Risk of increased pressure on social care services • Early help unable to meet current demand resulting in longer waiting times for vulnerable children • Reduced capacity to support schools and partners in early identification of concerns for children • Reduction of staffing in some areas
Benefits	<ul style="list-style-type: none"> • Sustain the current centres for families

3 Please read through the description above of 'Option 3' then tell us...

Strongly support **Support** **Neither support nor oppose** **Oppose** **Strongly oppose**

Option preferences

Option summaries	Proposed model: Increased targeted support with reduced open access centres
Option 1	<p>In this option the local authority will increase the targeted support offer to those children and families in greatest need. This will allow the service to operate in the community and be more responsive to need.</p> <p>There will be an increase in support to schools and in “Enabling Families” our short term one to one parent lead support.</p> <p>Early Help will continue to deliver some services through the retention of 11 children and family centres and throughout the county via virtual means. Early help will stop the direct delivery of group work.</p> <p>This will be achieved through an increase in support directly to our vulnerable children and families.</p>
Option 2	<p>In this option the early help service will stop providing any open access and information services from buildings, including the provision of children and family centres, youth centres, group work and the provision of Information, Advice and Guidance. The available resource will be used to maximise the</p>

	capacity of the targeted intervention teams to the most vulnerable children and families through direct case work and through additional support to schools
Option 3	In this option the local authority would keep the vast majority of children and families centres and youth centres and continue to deliver open access groups such as play and stay and youth groups. There would be a reduction in targeted intervention support for the most vulnerable children, which would not recognise the increase in demand for early help since September 2020 and the likely continued increase as a result of the pandemic. It would include maintaining the current termly offer to schools and the reducing the current Enabling Families offer (short parent led intervention).

4 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.

Option 1: Proposed model: Increased targeted support with reduced open access centres

Option 2: No open access and information services

Option 3: Retain current open access centres

Please note: You cannot select two options with the same number (e.g. you cannot have two preferred number 1 options) and you must place each option being considered in order of preference before you can continue). If you change your mind about a selection, please click on the 'X' in each box to clear it and start again.

5 Are there any alternative other suggestions or comments you would like to make?

6 Have you previously accessed services or provided services from one of our Children and Family Centres or Find it Out (Youth) Centres? If the answer is yes, please tick all the relevant centre/s.

1. Angmering Children & Family Centre
2. Bewbush Children & Family Centre (Crawley)
3. Billingshurst & Pulborough Children & Family Centre
4. Bognor Regis Nursery School Children & Family Centre
5. Boundstone Nursery School Children & Family Centre (Lancing)
6. Broadfield Children & Family Centre (Crawley)
7. Chichester Nursery School Children & Family Centre
8. Durrington Children & Family Centre
9. East Grinstead (Blackwells) Children & Family Centre

Agenda Item 3

Appendix A

10. East Grinstead (Library) Children & Family Centre
11. East Preston Children & Family Centre
12. Felpham Children & Family Centre
13. Findon Children & Family Centre
14. Footprints Children & Family Centre Footprints Children & Family Centre
15. Haywards Heath Children & Family Centre
16. Horsham Nursery Children & Family Centre
17. Kingston Buci Children & Family Centre (Shoreham)
18. Lancing Children & Family Centre
19. Langley Green Children & Family Centre
20. Little Footsteps Children & Family Centre (Storrington)
21. Littlehampton Children & Family Centre (The Wickbourne Centre)
22. Maybridge Children & Family Centre
23. Mid Sussex Rural North Children & Family Centre (Haywards Heath)
24. Midhurst Children & Family Centre
25. Northgate Children & Family Centre (Crawley)
26. Petworth Children & Family Centre
27. Pound Hill & Maidenbower Children & Family Centre
28. Roffey Children & Family Centre
29. Rural Haywards Heath Children & Family Centre
30. Rural Horsham Children & Family Centre
31. Rural Steyning & Henfield Children & Family
32. Selsey Children & Family Centre
33. Sidney West Children & Family Centre (Burgess Hill)
34. Southbourne Children & Family Centre
35. Southgate Children & Family Centre (Crawley)
36. Southwater Children & Family Centre
37. Stepping Stones Children & Family Centre (Bognor Regis)
38. Sussex Downs Children & Family Centre (Hassocks)
39. The Gattons Children & Family Centre
40. The Needles Children & Family Centre (Horsham)
41. The Tree House Children & Family Centre (Bersted)
42. The Villages Children & Family Centre (Yapton)
43. The Wave Children & Family Centre (Worthing)
44. Find it Out Centre - Bognor Regis
45. Find it Out Centre - Lancing
46. Find it Out Centre - Worthing
47. Glynn Owen Centre (Bognor Regis)
48. Horsham Hurst Road Centre
49. Langley Green Youth Centre (Crawley)
50. The Park Centre (Burgess Hill)
51. The Phoenix Centre (Bognor Regis)
52. Thomas Bennett (Crawley)
53. West Green (Crawley)
54. Find it Out Centre - Crawley

About you.

The County Council asks social demographic questions to help monitor the effectiveness of its surveys and to undertake an equalities analysis in fulfilment of its Public Sector Equalities Duties under the 2010 Equalities Act.

The information you provide will be separated from both the respondent details and the response comments and will not be used for any other purpose other than that already stated.

You do not have to provide this information if you don't want to, but it would greatly help us if you do. Should you wish not to provide the answer to any questions, please choose the 'Prefer not to say' option within each set of questions.

7 I would describe myself as... (Please select all that apply)

1. Someone who uses or has used services at a Children and Family Centre / Find it Out (Youth) Centre
2. A member of West Sussex County Council staff
3. West Sussex resident
4. A member of a partner organisation
5. Other

8 Which district or borough do you live in? (Please select one option only)

1. Adur and Worthing
2. Arun
3. Chichester
4. Crawley
5. Horsham
6. Mid Sussex

9 Please indicate which of the following age groups best describes you... (Please select one option only)

1. 13-19
2. 20-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65-74
8. 75+
9. Prefer not to say

About you continued

The County Council asks social demographic questions to help monitor the effectiveness of its surveys and to undertake an equalities analysis in fulfilment of its Public Sector Equalities Duties under the 2010 Equalities Act.

The information you provide will be separated from both the respondent details and the response comments and will not be used for any other purpose other than that already stated.

You do not have to provide this information if you don't want to, but it would greatly help us if you do. Should you wish not to provide the answer to any questions, please choose the 'Prefer not to say' option within each set of questions.

10 Are you ... (Please select one option only)

1. Male
2. Female
3. Prefer not to say

11 Is your present gender the same as the gender assigned to you at birth? (Please select one option only)

1. Yes
2. No
3. Prefer not to say

12 What is your ethnic group? (Please select one option only)

1. White British
2. White other
3. Mixed
4. Black
5. Asian
6. Chinese
7. Gypsy/Irish Traveller
8. Other
9. Prefer not to say

13 What is your religion? (Please select one option only)

1. Buddhist
2. Christian (including all denominations, e.g. Church of England, Catholic, Protestant etc.)
3. Hindu
4. Jewish
5. Muslim
6. Sikh

7. No religion
8. Any other religion
9. Unknown
10. Prefer not to say

14 Do you consider yourself to have a disability of long-term illness?
(Please selection on option only)

1. Yes
2. No
3. Prefer not to say

15 Are you....

1. Single
2. Cohabiting
3. Married
4. Civil Partnership
5. Separated
6. Divorced/Partnership Dissolved
7. Other
8. Prefer not to say

16 Are you... (Please select one response)

1. Heterosexual
2. Bisexual
3. Homosexual/Gay/Lesbian
4. Other
5. Prefer not to say

And finally...

Thank you for taking the time to register your response.

So what happens next?

By clicking 'Submit' you give us permission to process your response in accordance with the Data Protection Act and in line with the main survey text. After you click 'Submit' you will no longer be able to go back and change your answers.

To complete this survey, please click 'Submit' now.

Issues/queries

If you experience any problems with the operation of the Your Voice Engagement Hub, please call us on (033022) 22146

If you have any other queries about West Sussex County Council or the services it provides, then please contact us by phone: 01243 777100 or by email: haveyoursay@westsussex.gov.uk

Data Protection/Privacy: West Sussex County Council is registered as Data Controller (Reg. No. Z6413427). For further details and information about our Data Controller, please see www.westsussex.gov.uk/privacy-policy.

17 Keeping in touch with young people aged 13-25.

We would like to keep in touch with young people with a view to offering more opportunities to participate in other projects. If you are aged 13-25, would you like to... (please select all that apply)

1. be kept up to date with the results of this consultation
2. take part in other projects for children and young people
3. none of these

18 If you told us in Q5 that you would like more information about the consultation results or how to get involved with other projects for 13-25s, then please leave your email address below and we will be in touch soon!

Appendix 2 – Details of School groups comprising 301 children and young people – May 2021

Contents

Page	
2	Option 1: Years 7 and 8
3	Option 1: Year 8 continued
4	Option 1: Years 9, 10 and 11
5	Option 1: Years 12 and 13
6	Option 2: Years 7 and 8
7	Option 2: Years 9, 10 and 11
8	Option 3: Years 7, 8, 11 and 12
9	I would like to see: Year 7
10	I would like to see: Year 8
11	I would like to see: Year 8 continued
12	I would like to see: Year 9
13	I would like to see: Years 10 and 11
14	I would like to see: Years 12 and 13

Option 1

This is the best option because:

Year 7

- I feel it is quite a good balance of help for people in lots of needs and also those with a little need.
- It is a good mix of how it is now because you have buildings and are helping people who really need support.
- There would be an equal amount of support for families and individuals.
- Online is less awkward and you do not have to go out making you more likely to do it.
- Using online would make it easier for people to open up that it would taking to someone face to face.
- People are more likely to use texts or calls than talking face to face.
- This is quicker for some people to receive help.
- I like the idea of a relaxed environment for young people.

Year 8

- If people need help, they want to be able to go into the Centres. It would also be good for people to come to your house.
- It would be good to be able to walk into a Centre and also have someone come round to your house to help.
- It is sometimes difficult to talk face to face but also online so a mixture of both is good.
- It provides targeted support and would benefit more people needing Early Help.
- It would be good to be able to talk to people in school but also have Centres to access providing options.
- Centres are good but some parents do not allow their children to go outside so online services are helpful as well as Centres.
- Buildings will stay open but there are more options if you cannot get to a Centre.
- It helps targeted families in need of help. There will also be support in school so pupils can receive help.
- The Centres would stay open but other options are available if you cannot get to them.
- It gives access to more people across West Sussex.
- The Centres would stay open but there will also be help for targeted families.
- Covid has restricted a lot of rules about going into buildings so this option would be helpful. It helps the people who need it most.

Year 8 contd/...

- Children do go there and they do not want their families to know to not worry them.
- It provides a mix of all of the options so you can get help whatever your preference is.
- Parents might not let you out.
- People have choices and are not forced to use one option. This way more people would seek help and you would be able to help more people.
- Lots of people use the internet these days but there would still be Centres open for those who cannot access it.
- It provides a variety of online and face to face help in the community.
- It provides easy access as there is variety.
- If people cannot leave their house, specialist people could go to their house and help them there so there are more options.
- It supports children in school who could not call or meet you.
- It offers the best of both worlds.
- We can come to Centres and you can come to us as well.
- It offers the best of both worlds.
- It gives people a choice instead which will encourage people to seek help.
- It would provide more support for young people but also gives you a choice.
- It would be better to keep some Centres open.
- It is important to be able to go to speak to someone, for them to understand what you are going through and to provide support.
- Most people would feel confident with doing this but some people may not be comfortable in going to a Centre.
- Lots of people would benefit from being seen at home as they are sometimes embarrassed to go into a Centre.
- Not everyone will be able to access the Youth Centres so someone coming into school could be really helpful. However, not everyone goes to school so the Youth Centres should stay open.
- I think it is important for everyone to be able to access help and have their opinion heard.
- There should still be some Centres open in case they are needed so people can also go into the community to get help.

Year 9

- It is online and easier to access.
- I would prefer a live chat or something online.
- I would use online rather than go into a Centre to talk to someone.
- You can just walk into a Centre and they come into school.
- It has the biggest choice of what to do which means more people would feel comfortable to speak up.

- It has a wide variety of options for families in need and provides a better online service for families who might not be able to access other sites.
- It is easier to use the internet and to text than to go into Chichester.
- You can walk into Centres but there are also online options for support.
- It means you could easily talk to someone if you were just a little worried about something.
- People who have minor problems will look online but those who really need help need to see people in person.
- Some people need more than just internet support.
- There is a place to go if you need care or advice.
- It is the most functional.
- Online support is easier to access.

Year 10

- It gives an opportunity to go to places but there is also money for those who really need it. It is the middle of other options.
- It seems like a good compromise between what people use now and what might be beneficial in the future.
- The current youth club situation seems to be collapsing so I feel the best option is through human interaction.
- More individual, some people many do not want to talk about things with other people. More ideas and advice from different people.

Year 11

- There are still Centres that you can walk into and get the help you need.
- It will give young people the option to have a community to walk into and also support families in need.
- Not everyone wants to do things online or have access to internet.
- If I have a problem, I prefer to speak to people face to face.
- There is a lot more support required in schools. However, some students would prefer to go to a separate building.
- It is important that children have a separate place to go to escape. I also think it is important for people to come into schools as well as some do not feel comfortable going to a different place.
- This is more targeted support and 1:1 help.

Year 12

- More targeted help reaching those who need the help but also reaches those who need one-time help.

Year 13

- It gives people more personal care and resources to those who need it whilst also keeping walk in Centres open to those who may need to access them spontaneously.
- It is good to keep places in Chichester open as it allows people to access them when they feel ready to without family pressure. Having direct family help is also important as it helps people to attempt to fix things with this support.
- It is vital that people/children have both a place where a parent/carer may not know - because this may be the issue, as well as having targeted help could be more beneficial to certain situations. This option allows more situations to be assessed and helped.

Option 2

This is the best option because:

Year 7

- We need to help families in our community.

Year 8

- More intense support and less stress for workers.
- Some families or kids might find it hard to talk to someone face to face so this is a good option.
- They helped me in Year 7.
- Almost everyone is online.
- If someone really needs help and someone not so much, they should go to or focus on the people who need it most.
- It is more confidential in the sense of your family knowing everything as it is probably more effective.
- People can say what they want without family hearing or pressuring.
- People might want different forms of support in different places.
- You can just go to talk to someone or they can come to see you.
- More support.
- It is a safe environment at school and it is easier to feel vulnerable there.
- It is fun and I feel like school to do not care about our wellbeing.
- I feel like the teachers do not care about students' wellbeing and mental health.
- It puts most support in communities and schools where it is needed.
- You can feel more supported in schools.
- It helps the community and brings people together.
- It means everyone know about the support available.
- It will help younger people with problems.

Year 9

- This will be more reliable and help families. It would relieve the stress of walking into an open space which is sometimes hard for a person to do.
- People can be helped at home where they feel safe.
- High intensity care is needed for children or families with serious problems as well as the open support schools already offer.
- Help people more.
- It would do more for families and schools.
- Lots of people do not know about the Centres so it would help more people.
- There needs to be more support in the community.

Year 10

- Schools need more help.
- Schools need more support.
- School students do not get much support and this should be easily accessible.

Year 11

- Families may not have a car or be able to afford to travel to Centres.
- Despite children having a basic understanding of issues at home, parents may not go into depth which puts extra stress on themselves. By offering more support to parents this will positively impact both parents and children.
- Able to reach people in need and provide resources.
- They can go to the people who need help and keep resources open.
- If school is great enough, we can achieve the same effect.

Option 3

This is the best option because:

Year 7

- Support for everyone.
- If they cannot go anywhere, you can come to them.

Year 8

- The Centres are open for support.
- There are Centres for you people to go to.
- Some people might want to talk about the problem online/through social media because they might not be comfortable talking face to face but some do prefer face to face.
- There is a wider variety of help for those who need it but who are embarrassed to go into the Centres. Face to face contact is available for those who do not have access to online.
- There are more options for people who do not have technology but on the other hand may be too embarrassed to walk into a Centre.
- There are better online services and people to speak to in confidence without your parents finding out.
- It makes it more accessible and there is a choice of how to communicate.
- I like the way it is.
- It provides flexible options for everyone with different preferences.
- It can give help to some people as well as those that clinically need it.
- You can talk to someone without your parents being there so you feel more comfortable.
- It is easier to access help and support.
- People might want to go into the Centres and ask for help instead of someone coming to their home.
- I think it is good to have the Centre open for young people my age to go to after school to meet up and keep everyone doing the right thing.

Year 11

- Groupwork and targeted 1:1 help.

Year 12

- It is more accessible and does not require referral.
- More open to all people reaching those who may not be seen as needing help but who do.

- Centres would stay open so that more people can get help, even those who were not referred.
- It allows anyone to access the Centres, not just the vulnerable.

For me to use the services for young people I would like to see:

Year 7 would like to see:

- More support from schools.
- If children are having trouble, people could talk to them.
- More help at school.
- Very open - maybe a text line so you could text someone.
- Helping children to understand more about mental health that we do already.
- People to come into schools and talk things through.
- Phone line so that people can ring if they are feeling low.
- Parents.
- Leaflets so that you can read about what might help.
- A lot of support and honest people to give you good advice. Snack/play areas and rooms where you can talk privately.
- Kind and caring staff, activities to help people cope. Snack area, board games, books.

Year 8 would like to see:

- More advertising as I did not know the Centres existed until now.
- Over the phone/Zoom.
- A variation of online and face to face.
- Having the option to be taken out of a lesson to talk or via messaging as some people feel embarrassed about other pupils knowing.
- More online support, websites, phone calls to help with strict or abusive parents.
- People around the school or a team somewhere that is easy to access.
- A range of different ways to get to help services such as online, in person and in school which would make it easier for children to access.
- A comfortable building for parents and children to sit and relieve some stress.

- Support for families at home who are unable to access a Centre.
- I have used the YES service and found it better online.
- Making people aware of the support available and making it super friendly.
- Kind people who want to help and a supportive community.
- Educate people about the Centres and what they offer.
- A person specifically trained for mental and physical needs such as anxiety, ADHD and depression. :Posters could advertise the support available.
- More online access.
- More places to talk privately about problems and worries.
- Online and texting support instead of face to face.
- People in school.
- Activities to support young children. Online chats, texts and calls.
- More activities in the area.
- More places to go if you have worries or concerns and better advertising of these.
- An online platform that can be easily accessed without pressure. A calm environment and options to do online phone calls, messaging services.
- People getting the support they need to be happy and achieve their goals.
- It is better to speak in person as you can tell more about them than on a phone/Zoom call.
- Face to face support so that you can really discuss problems.
- More people helping me in school and in my daily life.
- More opportunities to speak with someone during school or in daily life without a limited time. Feeling safe as if you are speaking to a friend rather than a worker.
- More Hubs open.
- Supportive carers. I think that some people would be too embarrassed to go into a Centre so an anonymous meeting place with a carer to speak face to face would be a better option.
- More services online and more of them at schools.
- Gaming therapy.
- Face to face - I have a struggle at school with other people and my work. I would talk to someone face to face in school.
- More support online and better advertised so young people can gain access. They would be more comfortable with their emotions talking about family problems at home.
- Team meetings, messages, calls and YES support.
- A helpful website than anyone can access and is also easy to use for those not familiar to technology.

- More people and talks in school so that they can find the people who need it.
- Private support around mental/emotional issues or disorders.
- A variety of option of communications and support.
- Bright colours - like for younger children. A private place to talk to someone.
- Nice colours, pictures, paintings, toys, games. Things to do while talking.
- More opportunities in schools for young people to talk to a trusted adult that does not work there to gains support.
- People going into schools as they should stay a safe place for people to talk. However, I also think that they should keep the Centres open so that people can access help there if they prefer. Everyone needs a chance to speak up and share their struggles.
- More support in school.
- More help for LGBTQ+ people.
- More support in school which is a safe place for many people. Opening up there can be easier as you have the trust. Having someone come into school to hold sessions could be better as pupils will feel they have control of the situation while being in a neutral environment, especially if they are feeling vulnerable. Keeping the Centres open may be a good idea but I would feel more comfortable in school.
- More support in school.
- Bubble wrap instead of tissues in tissue boxes before tests/exams.
- More support in school but not clubs. I would prefer to talk privately so lots of other people are not hearing it.
- Advertisement for these students.

Year 9 would like to see:

- Bits of both.
- Online chat in a text format.
- A good, helpful team that can help with my problems and help me to feel safe.
- Good online support rather than in person.
- Someone to come into school every other week. The same person so that you get to know them or a texting site.
- A texting and call service as well as being able to talk to someone at school.
- An online website chat or a number to call/text when at home.
- A call line so if you could not go out or you were worried your parents row if you went out (say if you were abused by mum) you could talk to someone.
- People who need the help are easily able to access it.
- People of a similar age to talk to via an online website.
- Easy access to get friendly help as soon as possible.

- Easy to understand service that I can trust.
- More online services but also access to Centres so that we can walk in and talk to someone if we are feeling pressured or abused.
- Ability to talk to someone online if the problem was not big. I would also like to see a school team because that would be easy to access.
- A school team so that people who cannot go online could receive support while at school.
- Understanding and friendly advisors.
- Comfortable seating, snack area and PCs.
- Comfortable seating, stuffed toys, refreshments, confidentiality, calming music, sensory room, fidget toys, gentle, non-judgmental people to listen.
- A safe place to go to complete the survey.
- Confidentiality, refreshments, artwork, music of choice.
- More stuff in school.
- More things done in school.

Year 10 would like to see:

- Support in school such as groups for LGBTQ, young carers or students who feel overwhelmed or anxious in school. Not everyone can get to a Centre so support within school would be good. Some students do not want the school to tell their parents everything so somewhere outside of school is also important. Many of my friends do not like talking on the phone or on a screen.
- A relaxed environment with a chance to share ideas with other young people.
- Easier to access.
- More support for young people
- Happy.

Year 11 would like to see:

- A variety of support options in a variety of different places to support each family's separate needs. Support places should be comfortable, modern, clean and welcoming. Support workers should wear casual clothing to feel more inviting.
- Support workers to come into schools to support children. A lot of people will not want to open up in schools but having someone there for them to just talk in general.
- Having more access to help and information necessary for wellbeing.

- More work on mental health.
- Groupwork and targeted 1:1 support.
- No waiting lists – quicker access to support
- Well-funded earlier intervention to help families and reaching vulnerable categories.

Year 12 would like to see:

- Online support because it would feel less intimidating and easier to access. No worries about having to use unreliable transport.
- An email to fit around all schedules, more widely talked about access internal and external of schools.
- More both online and face to face.
- Online texting/emails to help fit around busy schedules.
- More school visits with less pressure making it easily accessible in a secure environment.
- Quick access to online support as well as face to face and 24 hours services.

Year 13 would like to see:

- Online helplines such as specialised services for mental health, school support or job applications. Down time areas that allow people to just relax or calm down. More visual advertising with more engaging for young people.
- A text service would be good as it seems more personal. Having personal relationships makes young people feel like they are being taken more seriously. Young people interacting with others with similar problems helps them feel less alone.
- The option to pick what kind of person provides the support eg gender or age so that the child feels more comfortable.

This page is intentionally left blank

Appendix B: Early Help Offer on a Page



Early Help Offer on a Page

Access - Providing a single point of entry for families and professionals. Our Offer:

- An Integrated Front Door responding to all wellbeing concerns for a child at all levels of need

Prevention - For the majority family life will meet children's needs, with local 'universal' services & community networks. Our Offer:

- Family Centres including Find It Out
- The Family Information Service
- Information, Advice and Guidance
- Free Entitlement for 2, 3 and 4-year olds

Earliest intervention - Identifying and taking action to respond to problems before they are more difficult to reverse. Our Offer:

- Dedicated Schools Team – locality-based team with named link workers providing support and guidance to schools, including helping identify concerns, help with appropriate next steps and providing active support to lead professionals
- Enabling Families – a short focused intervention where the parent/carers can access between 1 and 5 sessions with a Family Support Worker. Parents/carers must be motivated to identify and work towards their chosen goals exploring what is working well and what the impact of current worries has on the child/children. Ability to deliver bespoke group work.

Targeted Intervention – locality-based teams able to respond, prevent & build resilience for children and families while helping to reduce demand on high cost services, such as Children's Social Care, Police and NHS is reduced. Our Offer:

- Level 3 Family Support Worker led Early Help Plan to deliver a targeted intervention through the coordination of a multiagency team and plan. This is direct whole family working focused on improving outcomes for children in need of help on a range of issues
- Level 3+ Family Support Keyworker led Early Help Plan to deliver an intensive targeted intervention through the coordination of a multiagency team and plan. This is direct whole family working focused on improving outcomes for children with multiple complex needs. Children will often be on the cusp of requiring social care intervention or repeatedly come to the attention of Social Care or the Police. They may have long-term entrenched issues that require a longer duration of intervention

Locality Partnership Boards - Mobilising the partnership to collectively improve outcomes for children and young people in West Sussex and to engage with the critical areas of service improvement. To provide support, challenge and influence on the Partners on the board in order to ensure the local delivery of a safe and connected offer that makes sense to children, young people and their families from 0-25 years

This page is intentionally left blank

Appendix C - The proposed retained centres

Bewbush Children and Family Centre, Dorsten Square, Crawley, RH11 8XW

Broadfield Children and Family Centre, Creasys Drive, Crawley, RH11 9HJ

Chichester Children and Family Centre, St James Road, Chichester, PO19 7AB

Durrington Children and Family Centre, Salvington Road, Durrington, Worthing BN13 2JD

Footprints Children and Family Centre, Worthing Community Library, Richmond Road, Worthing, BN11 1HD

Footprints Children and Family Centre (link site), Lyndhurst Road, Worthing, BN11 2DG

Haywards Health Children and Family Centre, Penn Crescent, Haywards Heath, PH16 3HP

Kingston Buci Children and Family Centre, Middle Road, Shoreham-by-Sea, BN43 6GA

Lancing Children and Family Centre, North Road, Lancing, BN15 9AB

Littlehampton Children and Family Centre, Clun Road, Littlehampton, BN17 7DZ

Needles Children and Family Centre, Three Acres, Horsham, RH12 1RS

Treehouse Children and Family Centre, Laburnum Grove, Bognor Regis, PO22 9HT

This page is intentionally left blank

Equality Impact Report

Title of report	Early Help Redesign Proposals
Date	July 2021
EIR completed by	Claire Hayes
1. Background	
<p>a. The proposal</p> <p>Children’s Services have been developing proposals for a new Early Help offer with the aim of increasing support by targeting those in need and offering additional help to service partners to ensure better identification of children and young people who need help is a shared priority. The main features of the proposals include</p> <ul style="list-style-type: none"> • A change to the arrangements for service provision by a move away from building based services to the provision of services direct to those in need. This would mean the loss of centres in some communities although every district or borough on the County will retain a fully operational full-time centre. • Families would be able to access any Children and Family Centre across the county for support. Families would not be restricted by geographical area and can access the same Early Help service from any building countywide. • A community-based service where the service goes to those in need rather than requiring people to visit a building. • Early Help will continue to provide Enabling Families and Targeted Family Support to all families across West Sussex identified as needing support - to create a service that is more targeted to the needs of the most vulnerable children and families who are in most need of support. • An enhanced offer to schools in each hub area delivered through the dedicated schools’ teams and named link workers. This will provide a responsive and flexible approach to support the needs of each individual school across West Sussex. • There will be likely impact on other services and service users who use the buildings to be vacated by the Early Help service. This consequential rather than designed impact has also been assessed and partners and other providers involved in the plans and their impact managed through discussion. <p>A public consultation was conducted to inform the development of the new offer. Stakeholders were also engaged and views sought on the model, its planned priorities and activities to be delivered to children, young people and families by Early Help and its partners.</p> <p>b. The Equality duty</p> <p>The Equality Act 2010 requires public authorities to seek to:</p> <ul style="list-style-type: none"> • eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; 	

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and those who do not share it.

To meet this duty the Council analyses the potential impact of proposed policies, strategies and action plans across all of the protected groups so as to enable decision makers to have due regard to the equality duty through an awareness of that impact.

The characteristics protected by the equality duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (including, ethnic origin, nationality)
- Religion or belief (including lack of belief)
- Sex/Gender
- Sexual orientation

c. **Approach** - to inform assessment and impact of proposals

The service redesign proposal is aimed at meeting the needs of children, young people and families across the County. An evidence-based approach has been applied to determine the areas of greatest need in West Sussex to plan for delivery of future services. This includes analysing:

- Index of Multiple Deprivation 2019
- Population data
- Current Access to Services profiles
- Rate of Early Help Plans by home location of child
- Mix and magnitude of Children Social Care Level 4 plans by home location of child.

The result of this exercise highlighted that the areas of highest need are in:

- Adur and Worthing
- Arun
- Crawley

This report will not only evaluate the impact on those with protected characteristics but will also pay regard to those in the 3 areas stated above.

Age (and Population)

In West Sussex 20.3% of the population are aged between 0-17 years; the working aged populations, aged 18-64 makes up 56.9% and the older aged population aged 65 or over 22.8%.

Crawley has a higher proportion of younger people – with 24.2% aged 0-17 as well as a higher proportion of working aged populations and Arun and Chichester have higher proportions of population aged 65+ at 28.7% and 26.9% respectively.

The 0-17 population is estimated to be 174,500 with Northbrook in Worthing having the highest proportion of this age range at 27.5% whilst Ferring in Arun the lowest at 10.43%.

The population in West Sussex is projected to increase by 16% over the period of 2017 -41. The highest proportion of increase is expected in Arun (20%). Adur is

projected to have the smallest level of increase in terms of numbers and Crawley the lowest percentage increase.

The current early help offer is predominately delivered through 43 Children and Family Centre (CFCs) areas. The service is aimed at children under the age of 5 and their families. The under 5 population is around 5% of West Sussex total population.

Access to Services, Volume Children Centre Manager (CCM) Database 2019	Total Population 0-5: 46,000	
Target Child Population	Registered	Accessing*
Age under 5 Years	93%	78%
Age under 5 Years from most deprived areas	91%	79%
Age under 5 Years disability	100%	94%
Age under 5 Years Black, Minority Ethnic (BME)	100%	80%

(* registered with centre; has accessed a service at least once.

NB – only 29% of the total services are delivered in an actual Children and Family Centre, the majority are delivered off site).

The table above demonstrates that 93% of the under 5 population is registered with a CFC and 78% are currently accessing a service at least once a year. These figures are relatively similar for those children living in the most deprived areas of the County. The vast majority of registrations and introduction to Early Help are via collaborative working arrangements and information sharing agreements with Maternity Services and Universal Healthy Child Programme services. These services will continue in the proposed offer.

Children with disabilities are a specific target group for Early Help both currently and in the proposed offer (currently 100% registered and 94% accessing) and services will continue to be designed to meet the needs of this group.

Marriage and Civil partnership and single person households

Over 50% of couples are married or in civil partnership and 31% of households are one person households of which around half are single persons aged 65 or over. The highest proportion of single person households are in Arun at 18.3%. Crawley has a higher proportion of lone parent families in the county.

Services for all families will continue to be planned for and delivered across the county. Some areas linked to deprivation analysis and the assessed greater levels of need will have two retained delivery points.

Pregnancy and Maternity

General fertility rates are proportionate across the county except in Chichester and Horsham where they are much lower.

Collaborative working arrangements and information sharing agreements with Maternity Services and Universal Healthy Child Programme services will continue in the proposed offer, as will the development of Family Assist.

Race and ethnic origin and Nationality

The largest ethnic group in West Sussex is White British (88.9%) and the largest minority ethnic group is White other (2.9%) followed by Asian/Asian British (1.7%). Minority groups are largely concentrated in Crawley and in coastal towns such as Bognor Regis, Littlehampton and Worthing.

Crawley has a significantly higher minority ethnic population than the rest of the county and specifically the Asian and Asia British population accounting for over 12% of the population.

In terms of languages spoken, 96% of the population speak English as their main language. However, in Crawley around 5% of the population have a South Asian language as their main language – Urdu and Gujarati being the most widely spoken. Polish is the main language of 1.8% of residents in Arun and 1.6% in Crawley.

Ethnic disproportionality, if not addressed through appropriate provision, can result in unequal future outcomes, and this issue is increasingly salient as the BAME population in England continues to grow. Services and support for BAME groups will continue to form part of the targeted Early Help Offer and specifically in Crawley and parts of Arun.

Religion or belief (including lack of belief)

In West Sussex just over a quarter of residents are known to have no religion, and 61.8% are Christians. There are no known religious or other beliefs that directly affect the planning for or delivery of services. Some consultation responses have referred to faith groups and their connections with service provision and location but it does not indicate any adverse impact linked to the service change proposals.

Sex, Gender including sexual health

There is roughly an equal split between men and women in the West Sussex population. Although services are planned and delivered for both parents, typically mothers access services more than fathers. Many more women than men responded to the consultation although additional measures were taken to secure responses from men.

Teenage pregnancy rates have decreased over the past 18 years to levels 50% below the 1998 rates. However, these vary significantly across the county with the highest rates in Arun, Crawley and Adur & Worthing. Services and support for teenage parents will continue to be provided as part of the new Early Help offer.

Sexual Orientation

Nationally it is estimated that between 5-7% of the population have identified themselves by other sexual orientations to that of heterosexual. The consultation asked for respondent's sexual orientation and a number of comments were received relating to advice and information and service access relating to LGBTQ needs. These will be taken into account in relation to the more detailed planning for future services. The comments do not raise issues in relation to the overall design and principles underpinning the service model.

2. Describe any negative impact for customers or residents.

It is not considered that the proposals for the service will have notable negative effects on customers or residents with protected characteristics.

The following elements of the proposals should be considered in this context:

1. The plans to end service provision at a number of centres, extending journeys to those which remain or leading to fewer visits to those centres as the service model shifts, but also making access to targeted services less dependent on attendance at buildings.
2. The reduction or loss of established group activity or mutual support groups currently linked to specific locations
3. The loss of close community links to centres for a range of services by which people with shared experiences may come together. This could reduce with the reduction in the number of services based at centres and the focus on targeted services direct to customers.
4. It is possible that aspects of community support or mutual support linked to groups who share protected characteristics (such as ethnicity, disability or pregnancy) may be reduced or perceived to be lost.
5. It is the case that most service users are female. This is largely due to the nature of the services especially those linked to pregnancy and supporting the very early child rearing period. Any service change will therefore disproportionately affect women.

The Consultation feedback is addressed in a separate report and the issues relating to those with protected characteristics have been covered in this impact assessment. The consultation analysis report addresses areas where the feedback is based on misunderstandings of current or planned arrangements. It also provides responses to points or concerns and new proposals offered by respondents including those relevant to the equality duty. That report should therefore be considered alongside this impact assessment.

3. Describe any positive effects which may offset any negative impact.

The basis of the early help proposal is to provide improved and more targeted services to the most vulnerable and in need of support. There are several positive effects which offset or mitigate the negative impacts or those identified as potential negative impacts in the consultation responses:

- Whilst there will be a reduction in the overall number of delivery points, the proposed centres to retain will be open for longer hours than currently operated, offering a 9-5, Monday -Friday service. The centres will also be in available in each hub area within West Sussex and within areas of deprivation where there is a greater need for support.
- Information, advice and guidance will be available for all families through a wide range of access points including online, social media, One Front Door, Family Information Service, Family Assist, Community Hubs, Schools and early years and childcare providers
- Family Assist provides age specific advice digitally and includes direct communication to families with the most up to date information at each key age milestone of their children.
- Healthy Child Programme will remain supportive of all families with an under 5 through its universal and targeted programme and can provide advice and guidance through the Health Visiting Team.
- Free Entitlement early years will continue to be available for all three- and four-years old and eligible 2-year olds.

- The proposals have been revised to make specific but flexible provision to support local support groups where a local need is identified.

4. Describe whether and how the proposal helps to eliminate discrimination, harassment and victimisation.

The proposals and new model prioritise inclusion, and as such will help eliminate discrimination harassment and victimisation.

The service has always adopted an inclusive approach to service delivery and has sought to ensure access by all those whose circumstances may provide challenges to inclusion and seeking advice and support. There will be no change to this approach. Discrimination and harassment are often factors which contribute to family problems within particular community groups or those with protected characteristics. The services available to support families and young people affected by such experiences will be maintained. These will be included in some of the targeted work as an area affecting families.

5. Describe whether and how the proposal helps to advance equality of opportunity between people who share a protected characteristic and those who do not.

The proposed service is underpinned by the following principles:

- services are targeted to those in greatest need;
- services are proportionate to the level of need;
- to put children first and ensure that they are listened to;
- a service that is seamless and integrated;
- to support partners to provide universal services.

Equality of access to targeted services and to universal services will be assured. Targeting services may also enhance equality of opportunity for individuals and families who may be inhibited from attending centres open to all. This may be more likely for persons with one of the protected characteristics. Service users will be better able to choose how and where to receive a service and so better able to have their particular circumstances or needs accommodated.

6. Describe whether and how the proposal helps to foster good relations between persons who share a protected characteristic and those who do not.

The Early Help offer is intended to be used in the provision of social care services, and other services that impact on wider determinants or wellbeing such as health, education and housing. Enhancing equality of access in the way described in 5. Above should help reduce barriers between communities or groups with protected

characteristics and those who do not. As any perceptions of inequality reduce and as more tailored access to services increase it is hoped that this will reduce other barriers or perceived inequalities and help support local communities to come together more easily and to work together to find solutions to local issues.

7. What changes were made to the proposal as a result? If none, explain why.

Informal engagement sessions during the first week of February helped to inform the proposal and ensure we have representation from all stakeholders and groups who may be impacted by this proposal as part of the consultation.

The feedback from the consultation and the understanding of some of the benefits of targeted help has helped to reinforce the case for that approach. This is set out more fully in the consultation analysis report.

Changes have been made to the approach to supporting local groups responsive to local need. This is in part a response to the representations made which should also reinforce some of the benefits described above in relation to equality of opportunity and the breaking down of barriers or perceived inequality.

8. Explain how the impact will be monitored to make sure it continues to meet the equality duty owed to customers and say who will be responsible for this.

This will be monitored initially through the overall Early Help Redesign Project Plan under the responsibility of the Assistant Director of Children's Social Care.

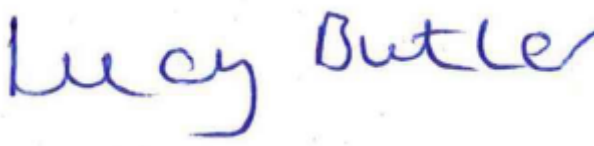
The consultation responses have been evaluated to ensure that all stakeholders have the opportunity to have their say in helping shape the proposals.

The potential benefits for those with protected characteristics will be subject to evaluation in so far as the data is available. Every effort will be made to encourage those with protected characteristics to identify themselves so as to provide more valuable data on which to plan and monitor services.

User engagement will be evaluated once the new offer is in place annually through annual data analysis, user satisfaction survey and end of plan feedback.

To be signed by an Executive Director or Director to confirm that they have read and approved the content.

Agenda Item 3
Appendix D

Name	 LUCY BUTLER	Date	24.06.2021
Your position	Executive Director of Children, Young People and Learning		

Case Studies

Referred by: School referred family to Early Help having discussed concerns with parents

Themes: Domestic abuse, managing behaviour, healthy relationships, anxiety

Background:

Mum, and her partner live with mum's two sons. Parents describes child A to be controlling, aggressive, angry and defiant. Parents struggling to manage behaviours and they believed their son was undiagnosed as having Attention Deficit Hypoactivity Disorder (ADHD). History of domestic abuse, witnessed by children.

What we did/put in place:

- A consultation with the Children's Mental Health Liaison Practitioner concluded that work around child A's experience of domestic abuse is explored before CAMHS intervention is considered.
- Starry Night sticker chart – promoting kindness, positives about both boys and their relationship- leading to family activity.
- Strategies involving empowerment and choices, same voice and tone limited commands, calm down space introduced, support to repair after event/incident.
- Parents had routines and some strategies in place but responded well to keeping with the same responses and consequences for the children.
- Parent now feels confident in using strategies but has also engaged in additional need support like Reaching Families for further specialist advice.
- Maternal family are a great support and regularly has the children for respite, alongside this maternal grandmother will have the children individually so mum can spend 1-1 with each of them.
- Mum has looked up "inner chimp" book and researched further articles about brain and emotional development which she has found interesting and helped her to understand the child's behaviour.
- Mum was able to discuss her experience of domestic abuse during her relationship with the children's father and readily engaged in support from Connect domestic abuse service.
- Family is now in receipt of middle rate Disability Living Allowance care and low rate mobility as well as additional housing benefits.

Outcome:

Family are better equipped to manage behaviours and although there were bad days, support is in place. The Adult relationships are improved although they have separated, they are supportive of each other and there have been no arguments. Mum feels her ex-partner is in a much better place emotionally and he is good with the children, helping

them to keep calm and talk through (repair) incidents afterwards. This is good modelling for the children in terms of a calm and stable home life and positive relationships. The boys have activities that meet their needs in place and are thriving. Connect are completing work specifically around the family's experience of domestic abuse.

Referred by: School referred to Early Help as they were witnessing a child with increased anxiety in school

Themes: Anxiety, routines and boundaries, domestic abuse

Background:

Early Help worked with a family with two children aged 9 and 3. A referral was received from primary school with concerns around the older child with anxiety. Parents also reported that he displayed anger and aggression when at home. There were also concerns around the younger child who attended a child minder. When at home, the younger child was unable to follow routines and boundaries and sought constant attention from mum.

What we did/put in place:

- Early Help worked with the family to understand each of their needs and how this impacted on each member of the family.
- Time was spent with the family at home and the children were seen within their respective settings. Once a relationship of trust had been built, it transpired there was domestic abuse in the home.
- A plan was implemented to support each family member, including a safety plan, involving Early Help, School, childminder, Worth Services, and the health team.
- Early Help supported the older child by empowering him to be able to understand and express his feelings. These strategies were shared with the parents to support him when he was feeling overwhelmed. The younger child was given support to understand routines in the family home and responded well to these.

Outcome:

Mum was able to understand the impact of the home environment and felt strong enough to find alternative accommodation with the support of Early Help. Mum has strategies to manage and support both her children and they spend more time together engaging in family activities. The older child is now able to express how he feels and talks to his mum and school when he needs to. The younger child is now calmer and more able to follow routines and boundaries. This has created a more harmonious environment at home. The children have regular contact with dad who has engaged in an anger management intervention to support and understand his behaviours. The family scaled their confidence at maintaining these changes at 8 out of 10. Mum expressed she felt that both herself and the children had come through this period feeling confident with much lower levels of stress and anxiety.

Referred by: Health Visitor identified concern and referred direct to Early Help

Themes: parental mental health, self-harm

Background:

Parents were under a lot of pressure experiencing their own mental health issues. Mum has recent diagnosis of emotionally unbalanced personality disorder and depression; she has a mental health nurse supporting her. Mum was able to speak very openly about her worries and how her mood changes and her concerns about how her mental health impact her parenting and her relationship with her partner. Mum puts herself under a lot of pressure to be the perfect parent, she becomes overwhelmed and this at times is debilitating. Dad is experiencing anxiety and depression alongside worries in relation to managing his feelings of anger and uses self-harm to manage this; he described feeling rage and helpless and seeing red at times, lashing out and punching walls, but also described throwing himself down the stairs.

Both parents have inconsistent support from a wider family network and conflicts adds more stress and worry. Both parents describe at times arguing when their child is asleep, and this can escalate if for e.g. mum needs emotional support and dad feels frustrated and unable to fix things for her, he also takes issues with mum sometimes personally.

What we did/put in place:

- Helped Mum and Dad engaged in healthy relationship work and looked at strategies to help them in deescalating situations and potential conflict. Both parents have been open and honest regarding their emotional and mental health needs and issues within their relationship. Both have shown motivation and made changes towards improving this aspect of their relationship.
- Mum is engaged with health visiting team; she has allocated their child a nursery which due to Covid his start has been delayed.
- Parents have been observed to and assessed to have a strong and caring relationship with their child, he presents to be happy and thriving.
- Mum was helped to seek advice around weaning and milk feeds and is very insightful around what her son needs alongside awareness of how she doesn't want her mental health to impact him negatively in any way.

Outcomes:

With improved parental well-being and with the appropriate services in place, the lived experiences of the child in this family have improved- he has started nursery. Dad has a worker from 'Find it out plus' for continued emotional well-being

support and Mum also has access to the right level of mental health support in line with her diagnosis. Dad has detoxed from Anti-depressants and is feeling well and able to manage anxiety and stress better. Mum is supported by her partner with her mental health needs, her diagnosis means she will continue to experience episodes that may be stressful and unsettling, but the couple are now more equipped to manage. Parents report, they have stopped arguing so much and it feels different as it is not as intense, and they solve the arguments quicker as they both understand each other's needs better. Mum reports that she learnt strategies to help manage tense situations with my partner before they blow up. Dad reports that he is managing his own anxiety, anger issues and depression better and talking to professionals for support

Referred by: Individual self-referred by contacting Find It Out

Themes: anxiety, risk of NEET (not in education, employment or training), self-esteem

Background

The young person heard about the Find It Out service through a friend and was seeking support around low mood, feelings of anxiety and their aspirations for the future. The young person is a restarted college 2 years ago and is applying for University which has felt overwhelming for him.

What we did/put in place:

- Completed 4 bitesize sessions together to complete:
 - Exercises around how he views himself (choosing 3 descriptive words and thinking about them in more depth)
 - Completing an eco-map of people around him who he can reach out to for support
 - Completing a surviving/thriving activity so the young person can visualise his behaviour and routine when he is struggling and what life looks like when life is good to plan for how he gets to 'thriving'
 - Completed referrals to relevant services that can support him longer term.

Outcome

The young person filled out the referral form letting us know that this support helped him to see what a nerve-racking time to an exciting time was and how he could manage that difference. He has plans for his summer break now whereas he didn't before and he felt he had highlighted who 'his people' are so he can see he has option of who he can talk to. The young person is going to access support from university counsellors if he feels himself needed this support in the future. On top of this he is going to access Esteem over the summer as part of their community projects work.

Referred by: Individual identified through the Young Parents Pathway

Themes: Looked After Child, Young parents' pathway, substance misuse, mental health

Background

Early Help worked with a 17yr old young man who was a Looked After Child. He had a range of issues, including drug and alcohol misuse, poor mental health and poor family relationships. Early Help also received a referral for a newly pregnant 17yr old young woman, for support on the Young Parent Pathway. Early help identified that he was the father of the unborn child and progressed to supporting both of them. There were concerns about dad's ongoing drug use, housing and mum's mental health. Dad was also not in education, employment, or training, and there was a need for healthy relationship work, as domestic abuse was suspected. Mum was at college and wished to finish her course.

What we did/put in place:

- Support to prepare for the baby's birth was given through the young parent's pathway sessions.
- Supported both parents to understand what a healthy relationship is, and domestic abuse was explored with mum and a safety plan was put in place to ensure that mum and baby were not at risk from dad if he was misusing drugs and to reduce the risk of the baby experiencing trauma.
- Appropriate professional were brought together around the family, which helped Dad access support to reduce his drug use, mum was supported to access support for her mental health to improve the way she responds to her baby and she was able to remain at college.
- Wider family members were identified and involved to help ensure that they had a support network around them.

Outcome

Baby is now 3 weeks old, thriving and mum is breast feeding. Both parents were prepared for the birth of the baby, they had access to equipment through community resources. The Family Support Worker is still working with the parents to help them identify suitable housing, but at this time they are suitably housed with, and supported, by Maternal grandparents. Both parents and their wider family have a good understanding of healthy relationships and what this means for their baby. Dad disengaged with the drugs service but says he is no longer using drugs. He has been working part time and trying to find full time work. Mum mental health has deteriorated but she is being supported by the appropriate services. Mum remained engaging with college until the birth of her baby. Work continues to support the family to navigate early parenthood.

Referred by: Referred by Accident & Emergency

Themes: Children with complex health needs, parent with complex health needs

Background – the referral came from the local A&E Department nurse after the family presented several times with various worries about their new baby. Early Help worked with this family who have 2 very young children, the youngest aged 4 months was born with significant health needs.

What we did/put in place:

- Early Help coordinated the support from a number of Health Professionals to ensure that the family were more aware of their baby's 'norms' and needs, particularly when they should take him to the hospital for medical treatment.
- Early Help also worked with the family to understand their own needs as Mum had Epilepsy and was unable to be alone with her children.
- The community nursing team helped the family to understand their baby's health needs, what the symptoms are, what to do if they worsen and what to do in an emergency.
- Both parents had an increased confidence and lowered anxieties around their son's condition; this meant that his needs were met more consistently, timely and without the panic.
- Supported to access Carers Support which provided a £300 travel grant, so the financial burden on attending hospital appointments was less.
- 2 year free entitlement was applied for and granted for the older sibling, who was not yet in preschool. The impact on the child is that she gets to spend time away from the worries around her younger sibling and will benefit from the routines and social aspect of nursery, meaning she is more likely to be ready for school as she will have had the opportunity to practise new skills learned over a long period of time, her developmental milestones are likely to be much improved, again in readiness for school.
- Early Help implemented a safety plan with both parents and extended family to ensure that if the baby did need to go to hospital, there was always someone else around to help with the older sibling and provide both practical and emotional support to the parents.

Outcome

Both parents have the most appropriate support around them, in terms of meeting their baby's' medical needs. Both parents present as more confident and they tell us they feel more relaxed knowing the understand more about their baby's' condition and how they can best meet his needs. With the older child at nursery they are better able to focus on

their baby whilst knowing that their 2-year-old is learning and developing new skills so that she will be ready to go to school in a couple of years. Both parents have said they feel less intimidated by hospital staff and that they know when to go to hospital as an emergency and who to call for advice. Having a safety plan in place means that the family have a list of people who can help them when they need it, the family tell us they have not had this in place previously and they feel supported knowing others will help.

Referred by: Individual self-referral for crisis support

Themes: English as an additional language, financial hardship, lack of support network

Background

Dad contacted Early Help by phone regarding financial support as his Universal Credit had been stopped temporarily, while his new claim was being assessed. This was due to his wife and 2 children moving from Spain to join him in the UK. He also needed assistance in applying for Child Benefit and to register to pay council tax. Father speaks Spanish and little English. Hub partnership support officer who is fluent in Spanish was allocated to provide support.

What we did/put in place:

- Arranged an immediate food parcel delivery, including milk and nappies for the children, plus supermarket vouchers.
- Helped Dad to support him to apply for Child Benefit, moved the family's GP surgery and arrange appointments for his wife and children for medical care, and to register council tax in his name.
- Arranged for Dad to be granted £147 energy vouchers through Your Energy and Citizen's Advice Bureau and support Dad to add this voucher onto his meter.
- Acted as an advocate with Job Centre Plus regarding confirmation of mother's right to remain in the UK.
- Arranged for 2-year-old's flu vaccine.
- Contacted Healthy Child Programme regarding Universal Plus service.
- Applied for 2-year free entitlement funding to enable the child to access nursery provision.
- Applied for English classes through Aspire for Mum and Dad, free of charge due to being in receipt of Universal Credit.
- Contacted Ten Little Toes who provided a toddler bed and cot with mattresses and bedding to meet the children's basic care needs.

Outcome

The children have beds to sleep in, food to eat, have their health needs met and will see the reduction of stress in their family. Dad and Mum can look to learn enough English to be able to work and will benefit from having all the benefits that they are entitled to whilst they are looking for work and learning English. With the 2-year-old funding this will support them with childcare when they find work and support the children meet their milestones to be ready for school in the future. Dad is now has a job with a regular income and Universal and Child Benefit in place.

Referred by: Family referred by Midwifery

Themes: Care Leaver/vulnerable parent/pre-birth/ complex needs/Young parents pathway

Background:

Early Help worked with young expecting parent (20) referred by a midwife in at a clinic. She had significant children social care involvement since 2014 and there was a history of mental health, risk of exploitation and gang connections in her childhood.

What we did/put in place:

- Early Help worked creatively to engage the young parent in their plan and coordinated a plan of support with Family Nurse Partnership and the Perinatal Team.
- Supported the family to access health services that at first the young parent was apprehensive to engage with.
- Early Help supported the family to apply for housing and secure accommodation for when the baby arrived. This also ensured the young parent was in receipt of all her benefits and made an application of support to a charity for an Oven.
- Provided parenting sessions focussed on safer sleep, five to thrive, feeding and bathing.
- Worked on confidence building and help with managing her mental health, with a range of interventions.

Outcome

The young parent is now in secure housing with her 3month baby and it has been observed to be clean and well equipped for a new-born. The baby has their own space to move and develop and has been observed to be content as their mother uses a calm and attentive voice. The baby has a safe place to sleep and mother's confidence with caring for her new-born has developed. Mum mother has been seen to meet the needs of her child and is continuing to engage with health professionals when required. Mum feels she can manage her mental health and describes it as the best it has ever been as

she knows she needs to be there for her child and be up every day. The Perinatal Team have also shared they are no longer worried about the young parent.

Referred by: Individual self-referral

Themes: Parental conflict, loss and separation, impact of trauma

Background

Early Help worked with separated parents and their 2 children aged 7 and 8 years. An early help plan was opened after mum self-referred for support due to her worries about the effect of previous domestic violence and recent parental separation was having on the children. The 8-year-old was presenting with very angry moods, leading to him hitting himself and the walls and expressing thoughts of not wanting to be in the world. The 7-year old's relationship with mum had started breaking down due to blaming mum for the separation and was presenting as anxious and insecure and struggling with peer relationships.

What we did/put in place:

- Early Help worked with all members of the family individually to understand their lived experience and identify appropriate support.
- Direct work was completed with both children around managing feelings about their Dad and his behaviours and managing and understanding their feelings about their relationships with both their parents. This work was supported by Connect.
- Initially dad was not accessing support from early help but with mum's agreement he started to work with us and parents were supported to develop and agree positive co-parenting strategies and expectations and to make changes to their routines to enable a more manageable transition for the children between their parents.
- The worries and views of the children were shared and communicated positively to parents who were supported to feel able to create a shared words and pictures book for the children about their separation and how it hadn't changed how they felt about them.
- Emotional regulation techniques were shared with the whole family.

Outcome

Both children are now feeling much more comfortable in both parent's homes and say they feel able to ask for help, express their feelings and receive emotional support equally from both parents. Both children are much more able to talk about and regulate their emotions and are no longer displaying the behaviours that initially led to mum seeking support. Both children have reported feeling much happier and are able to identify how things have improved for them because of

being supported by early help. Both parents can see the importance of them working together to support the children emotionally. Connect support has enabled mum to do this while maintaining safe boundaries with dad. Family scaled themselves as 8 out of 10 and feel positive that they can maintain the positive change.

Referred by: Adult mental health team

Themes: Domestic Abuse, financial hardship, homelessness

Background

Early Help worked with a family consisting of mum and her 2 children, 15 aged 17. There was a history of domestic abuse, trauma and poor mental health for all family members and the family were living in a caravan due to financial difficulties after fleeing domestic abuse.

What we did/put in place:

- Early Help worked with the whole family to understand their needs.
- They spent time with all family members individually in the home and in school.
- Coordinated a plan of support that was agreed by the family and other professionals known to the family.
- Worked to ensure all family members had appropriate mental health support to address their immediate needs but also to ensure recovery work was completed to prevent future impact of previous trauma.
- Supported with heating and food whilst also coordinating with housing to ensure the family could be moved.
- Helped the children’s access to education was also maintained by seeking lock down placements and sourcing IT equipment.

Outcome

The family are now in emergency accommodation and waiting to be rehoused permanently, they now have their basic needs met. All family members have individual plans and support to address their mental health needs and the children have the support they need to access education. Early Help will continue to support this family to ensure housing issues can be resolved and mental health improvements have been maintained.

Referred by: Syrian Refugee resettlement team referred direct to Early Help

Themes: Experience of war, displacement, English as an additional language, establishing their life in a new country

Background

Early Help initially worked with mum, dad and two children aged 4 & 6. The family are under the West Sussex Resettlement Scheme, due to having to flee their own country of Lebanon due to unrest, and them feeling very unsafe in their own country. They arrived from Lebanon to the UK and were collected by Early Help from the airport and introduced to their new home, which had been arranged furnished by the Resettlement Scheme.

What we did/put in place:

- It was the Keyworker's responsibility to arrange support the family in all aspects of settling well into the UK
- This included supporting to access education, benefits, and medical registration.
- Early Help also helped the whole family to integrate socially in to a new community.
- This included everything from how to navigate the local area, use public transport and local services.
- The work ensure their approach was caring, calm and acknowledge their trauma and the challenges of their new life, in a new country with no extended family or friends network.
- Help was given to support the family to understand British culture, expectations and laws.
- Accessing medical care through the dentist, GP & Health Visitor.
- Worker attended initial medical appointments with the family for required Medical Screening checks, and also arranged for all the family to be seen by an Optician.
- Introduced the family to 'Family Assist' so they can get appropriate health advice themselves (which has a translation facility).
- Securing and maintaining accommodation, arranging and supporting the parents to understand their Tenancy Agreement, and the expectations of the Local Authority Housing Department ie to keep the home safe and pay their rent.
- The family had a baby boy in February 2021- throughout the pregnancy Early Help supported the parents with understanding the anti-natal system, appointments, liaising with the midwife on behalf of the parents and ensuring interpreters were in place when mum needed them.
- Dad has been supported to find work, so they are eventually self-sufficient and not reliant on benefits to support them.
- Supported the parents to have regular access to English language classes, both in person and online.

Outcome

The two older children are now happily settled into full time education, have good school attendance, have friends and are happy. All the family's English language has really improved, so as a result, the parents are now more independent. Dad now attends twice a week at Brighton Met English Classes and teaches mum what he learns. Dad being supported to actively looking for work. The family are now registered with doctors, a dentist, health Visitors & opticians. The family now feel happy, settled and safe in the UK and have become confident in day to day life. They have a good network of support around them, should they need it.

Children and Family Centres overview
Green highlights are the proposed retained Early Help delivery points

District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Adur		Lancing Children & Family Centre	Children's centre	Mash Barn	Monday: 9am-1pm Tuesday: 1pm-4pm Wednesday: Appointment only Thursday: 9am-4pm Friday: Appointment only Saturday-Sunday: Closed	WSCC	Midwives; health visitors; Phlebotomy clinics; Homestart; Foodbank
Adur		Kingston Buci Children & Family Centre	Children's centre	St Mary's	Monday: 9am-4pm Tuesday: 9am-1pm Wednesday: 9am-4pm Thursday 9am-4pm Friday 9am-1pm Saturday and Sunday: Closed	WSCC	Midwives; Health Visitors; Family Nurse Partnership; Movers (toddler group); SHED (voluntary group); MILK (breastfeeding support)
Adur		Stepping Stones Children & Family Centre	Children's centre	Eastbrook	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from Diocese	Midwives
Adur		Boundstone Children & Family Centre	Children's centre	Manor	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	WSCC	Midwives; Health visitors; MILK (infant feeding support) Vulnerable women and young parents' clinic
Worthing	1 Centre / 2 sites	Footprints Children and Family Centre (moving to Library Community Hub)	Children's centre	Central	Monday: 9am-4pm Tuesday: 9am-4pm Wednesday: 9am-4pm Thursday: 9am-4pm Friday: Closed Saturday-Sunday: Closed	WSCC	Health Visitors; Connect (Domestic Abuse)
Worthing		Footprints (Lyndhurst Rd) Children and Family Centre	Children's centre linked site	Selden	Monday: Appointment only Tuesday: Appointment only Wednesday: 9am-4pm Thursday: Appointment only Friday: 9am-3pm Saturday-Sunday: Closed	Leased from Church	Midwives; hearing screening; phlebotomy clinics; Health Visitors; Mind (mental Health support); Homestart
Worthing		Durrington Children & Family Centre	Children's centre	Salvington	Monday: 9am-1pm Tuesday: 9am-4pm Wednesday: 1pm-4pm Thursday: 9am-4pm Friday: 9am-1pm Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; Family Nurse Partnership; National Childbirth Trust; MILK (breastfeeding support); Deaf Society; Movers (toddler group)

Children and Family Centres overview <i>Green highlights are the proposed retained Early Help delivery points</i>							
District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Worthing		The Wave Children & Family Centre	Children's centre	Broadwater	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from Church	Midwives; MILK; Phlebotomy clinics; Moo Music (toddler group); Ickle Roo's (toddler group); Connect (Domestic Abuse support); Safer in Sussex (Domestic Abuse support)
Worthing		Findon Children and Family Centre	Children's centre	Offington	Early Help do not deliver a CFC service from Findon. The Library run it and provide a stay and play.	WSCC	JoJingles (toddler group); National Childbirth Trust; Hartbeeps (toddler group)
Worthing		Maybridge Children & Family Centre	Children's centre	Castle	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from Church	Health visitors; Families in Mind (mental Health support)
Arun		Littlehampton Children and Family Centre	Children's centre	Courtwick with Toddington	Monday: 9am-4pm Tuesday: 9am-4pm Wednesday: 9am-4pm Thursday: 9am-4pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from Church	Health Visitors; Midwives; MILK (breastfeeding support); Family Food Clinics; Sexual Health Team; Citizens Advice; MIND (mental health support); Community Mental Health Liaison Clinics; SALT; Little PASCO (parent and toddler special needs group); Umbrellas (Reaching Families); Aspire (Self-Esteem support); Ticklemetoo (play group); Little Moves (toddler group); Hartbeeps (toddler group)
Arun		Treehouse Children & Family Centre (Bersted)	Children's centre	Orchard	Monday: 9am-12pm Tuesday: 12pm-4pm Wednesday: 9am-2pm Thursday: 9am-12pm Friday: 9am-1:30pm Saturday and Sunday: Closed	WSCC	Little PACSO (parent and toddler special needs group); Homestart (family support); Health Visitors; Midwives; SALT; Paediatric Physiotherapy 1:1 sessions; MIND (mental health support); Parents 4 Parents (parent led group); Hartbeeps (baby and toddler group); Matryoshka Dolls (parent run play session); Mental Health 1:1 sessions.
Arun		Bognor Children and Family Centre	Children's centre	Pevensey	Monday: 9am-1:45pm Tuesday: 9am-12:30pm Wednesday: 9am-3pm Thursday: 9pm-4pm Friday: 9am-12pm Saturday and Sunday: Closed	WSCC	Health Visitors; Matryoshka Dolls (parent run play session); Aspire (Self-Esteem support)

Children and Family Centres overview
Green highlights are the proposed retained Early Help delivery points

District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Arun		Angmering Children & Family Centre	Children's centre	Angmering & Findon	Monday: Closed Tuesday: Closed Wednesday: Closed Thursdays: 10am - 12pm Friday: Closed Saturday and Sunday: Closed	WSCC	None
Arun		East Preston Children and Family Centre	Children's centre	East Preston	Monday: 10am-11:30am Tuesday: 9am-4pm Wednesday: 10am-11:30am (1st and 3rd of the month) Thursday: 9am-4pm Friday: 10am-11:15am (term-time only) Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; Springboard (hearing support); Community Mental Health Liaison Clinics; Twins groups (parent led support)
Arun		Felpham Children & Family Centre	Children's centre	Felpham East	Monday: Closed Tuesday: 9am-4pm Wednesday: Closed Thursday: Closed Friday: 9am-3pm Saturday and Sunday: Closed	Leased from Diocese	Health Visitors; Foster carers (support group); Little Movers (toddler group)
Arun		The Villages Children & Family Centre	Children's centre	Yapton	Monday: Closed Tuesday: 9am-2pm Wednesday: 9am-3pm Thursday: 9am-3pm Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; MILK (breastfeeding drop in); Twins Group (parent led session); Phlebotomy clinic
Chichester		Selsey Children & Family Centre	Children's centre	Selsey South	Monday: 8:45am-1pm Tuesday: 8:45am-1pm Wednesday: 8:45am- 3pm Thursday: 8:45am-3pm Friday: Closed Saturday and Sunday: Closed	Leased from Academy underlying WSCC freehold	Health Visitors; Midwives; New Birth (Parent-led group); Little Movers (toddler group); CAMHS; SALT; Safe in Sussex (domestic abuse support)
Chichester		Chichester Children and Family Centre	Children's centre	Chichester East	Monday: 8:45am-4:30pm Tuesday: 8:45am-4:30pm Wednesday: 8:45am-4:30pm Thursday: 8:45am-4:30pm Friday: 8:45am-4pm Saturday: Midwifery service by appointment Sunday: Closed	WSCC	Health Visitors and Midwives; Citizens Advice; Dialogue Counselling; Parent-led groups (Multiple Birth and Grandparents); Hartbeeps (toddler group); Aspire; MILK (breastfeeding support); Little Movers (toddlers group); Spurgeons (parents group); HomeStart; CAMHS; SALT; Safe in Sussex (domestic abuse)

Children and Family Centres overview <i>Green highlights are the proposed retained Early Help delivery points</i>							
District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Chichester		Midhurst Children & Family Centre	Children's centre	Petworth	This is a rural service with no physical building for service delivery.	N/A	N/A
Chichester		Petworth Children & Family Centre	Children's centre	Petworth	Monday: Closed Tuesday: 9:15am-3pm Wednesday: Closed Thursday: 9:15am-12pm Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; Liaise (debt advice); Aspire (Adult Education); MILK (Breastfeeding support); Little Movers (toddler group); HomeStart; Safe in Sussex (domestic abuse support); Mind (mental health support)
Chichester		Southbourne Children and Family Centre	Children's centre	Southbourne	Monday: 1pm-3pm Tuesday: Closed Wednesday: 1pm-3pm Thursday: 1pm-3pm Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives
Crawley	1 Centre / 2 sites	Maidenbower and Pound Hill Children & Family Centre	Children's centre	Pound Hill South and Worth	Monday: 9:30am-3pm Tuesday: Closed Wednesday: Closed Thursday: Closed Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; SALT; Aspens (Autism Support appointments)
Crawley		Maidenbower Children and Family Centre	Children's centre linked site	Maidenbower	Monday: 1:30pm-3pm Tuesday: Closed Wednesday: 10am-12pm Thursday: Closed Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors
Crawley		Langley Green and Ifield Children & Family Centre	Children's centre	Langley Green	Monday: 9am-4pm Tuesday: 9am-4pm Wednesday: 9am-4pm Thursday: 9am-4pm Friday: 9am-3pm Saturday and Sunday: Closed	WSCC. Dual use agreement with Borough	Health Visitors; Midwives; SALT; Refugees Welcome Crawley (support group); Connect (Domestic Abuse Support); Physiotherapy Team; on site pre-school
Crawley		Southgate Children & Family Centre	Children's centre	Southgate	Only used / staffed by Health teams.	Leased from Academy underlying WSCC Freehold	Health Visitors; SALT

Children and Family Centres overview
Green highlights are the proposed retained Early Help delivery points

District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Crawley		Broadfield Children and Family Centre	Children's centre	Broadfield North	Monday: 9am-4:30pm Tuesday: 9am-4:30pm Wednesday: 9am-4:30pm Thursday: 9am-4:30pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from Borough	Health Visitors; Midwives; SALT; Spurgeons Separated Parents Support Group; Crawley Autism group; Life Centre (counselling for young people); Connect (Domestic Abuse support); on site nursery
Crawley		Bewbush Children and Family Centre	Children's centre	Bewbush	Monday: 9am-4pm Tuesday: 9am-4:30pm Wednesday: 9am-4:30pm Thursday: 9am-4:30pm Friday: 9am-12:30pm Saturday and Sunday: Closed	Leased from Academy with underlying WSCC Freehold	Freedom Project; Health Visitors; Midwives; SALT; Perinatal Mental Health, on site nursery
Crawley		Northgate Children & Family Centre	Children's centre	Northgate	Monday: Closed Tuesday: 12pm-3pm Wednesday: 9am-3pm Thursday: Closed Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; SALT; Connect (Domestic Abuse support)
Horsham		Horsham Children and Family Centre	Children's centre	Roffey South	Monday: 9am-1pm Tuesday: 9am-1pm Wednesday: 9am-3pm Thursday: 9am-3pm Friday: 9am-3pm Saturday and Sunday: Closed	WSCC	Little Movers (toddle group); Health Visitors; Midwives, National Autistic Society; Safe in Sussex (Domestic Abuse)
Horsham		Southwater Children and Family Centre	Children's centre	Southwater	Monday: 9am-12:30pm Tuesday: Closed Wednesday: Closed Thursday: 9am-3:30pm Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visitors; MILK (Breastfeeding Support Group); La Leche Charity (Breastfeeding Support Group); Who let the Dad's out (Fathers Group)
Horsham		Roffey Children & Family Centre	Children's centre	Roffey South	Monday: 9am-12:30pm Tuesday: 9am-12:30pm Wednesday: 9am-12:30pm Thursday: Closed Friday: Closed Saturday and Sunday: Closed	WSCC	Health Visiting Team; Portage; Little Movers (toddler group); Duke of Edinburgh

Children and Family Centres overview <i>Green highlights are the proposed retained Early Help delivery points</i>							
District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Horsham		Little Footsteps Children and Family Centre Storrington	Children's centre	Chantry	Monday: Closed Tuesday: 9:30am-3:30pm Wednesday: 9:30am-4pm Thursday: 9:30am-3pm Friday: 9:30am-12pm Saturday and Sunday: Closed	WSCC	Health Visiting Teams; Midwifery; CAB (Citizens Advice Bureau); Liaise (Debt Advisory)
Horsham	1 Centre / 2 sites	Billingshurst and Pulborough Children & Family Centre	Children's centre	Billingshurst and Shipley	Monday: 9am-3pm Tuesday: 9am-3pm Wednesday: 9am-3pm Thursday: 9am-3pm Friday: Closed Saturday and Sunday: Closed	Leased from Parish	Health Visitors; Midwives, NHS Hearing clinic; Citizens Advice; Little Movers Franchise (toddler group), Early Years setting on site
Horsham		Pulborough Children and Family Centre	Children's centre linked site	Pulborough and Coldwatham	Monday: Closed Tuesday: Closed Wednesday: 9:30am-12:30pm (2nd and 4th Wednesday of the month) Thursday: Closed Friday: Closed Saturday and Sunday: Closed	Leased from Trust	Health Visitors
Horsham		Rural Henfield Children and Family Centre	Children's centre	Denne	This is a rural service with no physical building for service delivery.	N/A	N/A
Horsham		Rural Horsham Children & Family Centre	Children's centre	Denne	This is a rural service with no physical building for service delivery.	N/A	N/A
Horsham		The Needles Children & Family Centre	Children's centre	Denne	Monday: 9am-1pm Tuesday: 9am-4pm Wednesday: 9am-5pm Thursday: 9am-1pm Friday: 9am-1pm Saturday and Sunday: Closed	Leased from District	Health Visitors; Midwives; NHS Immunisation Clinic; MILK (Breastfeeding Support Group); Alongside Autism; Homestart; Twiglets Group (Multiple Birth Group); Little Movers (toddler group); National Autistic Society
Mid Sussex		Sussex Downs Children and Family Centre	Children's centre	Hurstpierpoint and Downs	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday-Sunday: Closed	Leased (with underlying WSCC freehold)	None

Children and Family Centres overview
Green highlights are the proposed retained Early Help delivery points

District		Establishment Name	Type of Establishment	Ward	Normal Opening Times	Lease / WSCC	Partners Usage
Mid Sussex		Burgess Hill (The Gattons) Children and Family Centre	Children's centre	Burgess Hill Victoria	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	WSCC	Health Visitors; Midwives; MILK (Breastfeeding Support Group); Sooth a baby (Baby Massage Sessions); ABumpsABaby (Antenatal Classes)
Mid Sussex		Sidney West Children & Family Centre	Children's centre	Burgess Hill Leylands	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	Leased from District Council	Health Visitors; Homestart; Twiglets (Multiple Birth Support Group)
Mid Sussex		Haywards Heath Children & Family Centre	Children's centre	Haywards Heath Bentswood	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday-Sunday: Closed	WSCC	Health Visitors; YMCA (Youth Support Sessions); Sussex Oak Leaf (Mental Health Support sessions); Little Angels (Contact and Mediation Service)
Mid Sussex		Rural Haywards Heath Children & Family Centre	Children's centre	Haywards Heath Bentswood	Rural service with no physical building for service delivery	N/A	N/A
Mid Sussex		Mid Sussex Rural North Children and Family Centre	Children's main centre	East Grinstead Ashplats	Rural service with no physical building for service delivery	N/A	N/A
Mid Sussex		East Grinstead (Blackwell) Children & Family Centre	Children's centre	East Grinstead Ashplats	Monday: 9am-1pm Tuesday: 1pm-4pm Wednesday: By appointment only Thursday: 9am-4pm Friday: By appointment only Saturday and Sunday: Closed	WSCC	Rainbows (5-7 Girlguiding Group); Heath Visitors; Perinatal Mental Health Team; Aspens (Autism Support Group)
Mid Sussex		East Grinstead Library Children and Family Centre	Children's centre	East Grinstead Town	Monday: Closed Tuesday: 9am-1pm Wednesday: 1pm-4pm Thursday: 1pm-4pm Friday: 9am-4pm Saturday and Sunday: Closed	WSCC	None

This page is intentionally left blank