

The future of family centre services



“I can only hope all of our feedback is really considered to help keep as many of the centres and sessions open and running as possible.”



1. Outcome of public and stakeholder consultation
2. Recommendations to revise proposal

———— YourSaySouthend.gov.uk ————

CONTENT

Introduction	3
Background	4
Methodology and Response Rate	7
Findings	8
➤ All Respondents & Key Demographic Information	8
➤ Survey Responses	11
➤ Face-to-face and Video-call Sessions	12
➤ Phone Calls and Other Communications	13
➤ Themes from the Consultation	13
○ Service Provision	14
○ Accessibility	20
○ Communication and Marketing	23
○ Other Community benefits and Comments	23
○ Other Concerns	26
Conclusion	26
Recommended revisions for the new proposed service	27
Appendices	28
➤ Z1 – Comments from Face-to-face and Virtual Sessions	
➤ Z2 – Consultation Calls Log	
➤ Z3a – Southend Healthwatch Letter	
➤ Z3b – Consultation email received	
➤ Z4 – Detailed Survey Responses report	
➤ Z5 – Community Assets mentioned	
➤ Z6 – Proposed Sample of New Service Offer with Health clinics	

Introduction

Evidence suggests that family/children centres are seen as 'peripheral' to the prevention work of local council¹. It is clear that there is a need to re-focus our preventative approach with better alignment of the existing offer and the wider children's services provision across health, social care and education. In embracing the Early Years Foundation Stage framework which sets the standards for learning, development and care for children birth to 5 years, we can ensure children are meeting their milestones which go from birth. The council remains committed to its ambition for Southend children to get the best start in life, and to reduce the health inequalities that exist across the City.

Following the Council's announcement of the current financial challenges it is facing, a public and partner agencies' consultation about how to make Family Centre services in Southend fit for the future, ran from the 14th December 2023 until the 1st February 2024.

The consultation was publicised via:

- ✓ The council's website
- ✓ The council's social media platforms
- ✓ All family centres
- ✓ Local libraries
- ✓ 4 GP Practices – one main health centre across each of the 4 localities
- ✓ Through the local school's & Early Years network
- ✓ Stakeholder networks

Three options were outlined, including an option with 'no change' and this paper outlines the outcome of the consultation and how this has informed how we structure the new service. Parenting support and childhood development are the primary focus of the Family Centre service provision alongside related services from health and partner agencies.

The consultation received a total of 389 responses via an online questionnaire and paper survey questionnaires and we conducted a number of face-to-face engagement sessions as well as two virtual engagement sessions. During the consultation period, we also received calls and emails to the council about the service proposals which have all been accounted for in this report.

This paper highlights the recommended revisions made to the Council's preferred option (referred to as Option 1 during the seven weeks of consultation) and the March 2024 Cabinet will receive a final proposal on how the family centres could be reconfigured (proposed model is included in Appendix Z6), more efficiently and deliver key services in better supporting to-be parents, new parents and existing parents as well as the right level of early years provision to support childhood development and preparing the young residents to be school-ready.

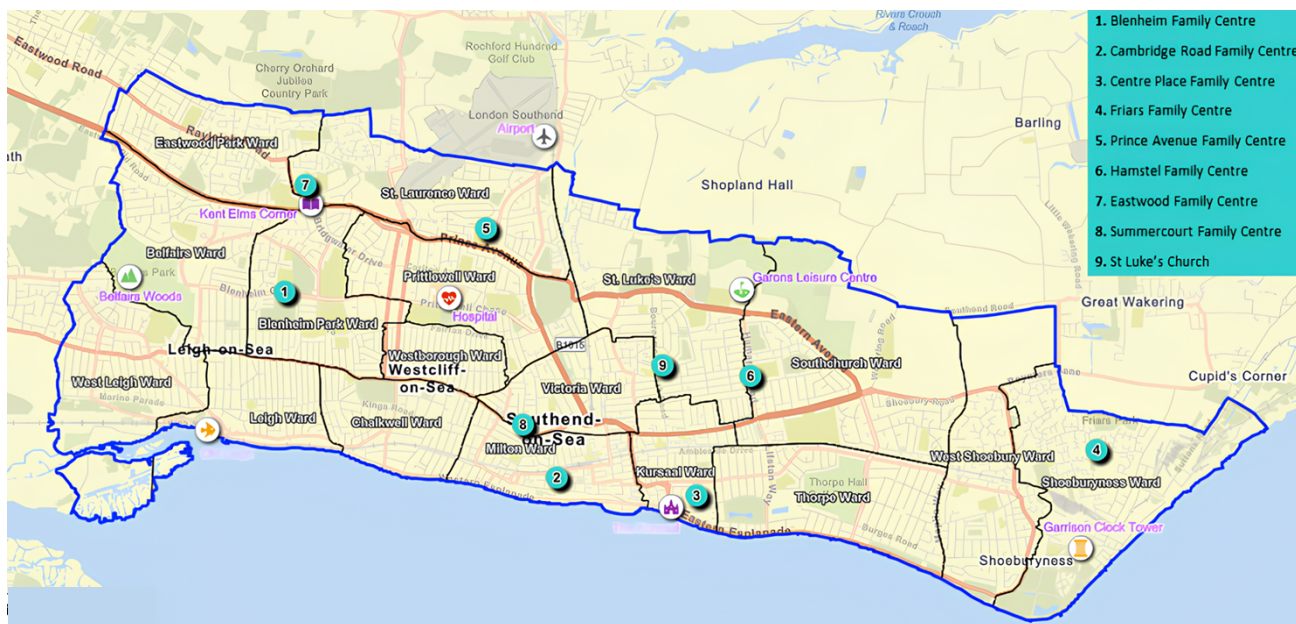
If this is approved by the Council, a staff consultation will be undertaken with a view to starting with the new service in the summer or early autumn of 2024.

¹ Early Intervention Foundation (2020). [Levelling up early years support: children's centres and family hubs in 2020](https://www.eif.org.uk/levelling-up-early-years-support-childrens-centres-and-family-hubs-in-2020) | [Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk)

Background

There are nine Family Centres across the City (**Map 1**), with St Luke's Church providing only one session a week. They provide a range of activities to support pregnant women, families with children under five years old, delivers the Healthy Start programme and to help tackle food poverty and emotional wellbeing.

MAP 1 - 9 pins depicting the current sites for Family Centres



What we offer

Each centre offers different services, including:

- ❖ antenatal classes with support from midwives
- ❖ opportunities for families to support with school readiness (such as fussy eating, toilet training)
- ❖ child health clinics led by the health visiting team
- ❖ support with breastfeeding and infant feeding
- ❖ support with parenting and speech and language
- ❖ perinatal and postnatal clinics, including support for postnatal depression and baby massage
- ❖ drop-in sessions for parents and children
- ❖ services for children with special needs and disabilities
- ❖ Healthy Start vouchers and vitamins – a national programme
- ❖ a range of stay-and-play activities (from babies to toddlers)
- ❖ food and clothes banks and access to donated toys
- ❖ support with domestic abuse

What did the Council consult on?

The council must ensure Family Centres support the needs of children in the city and target support where required. We also need to ensure that the offer is affordable and deliver

value for money, whilst remaining accessible and providing a consistent range of provision in an efficient way.

We want to ensure there is a consistent set of core opening hours for the main (core) centres, with flexibility beyond those to meet service needs. We want to retain many of the universal group sessions run by the Family Centre staff where people have indicated this is a priority.

The three proposed options that residents were invited to comment on are:

Option 1	Option 2	Option 3
Focus services on three main/core sites and five community venues	Focus services on four main/core sites plus two extended sites and two community venues	Services continue spread over existing nine sites – no change
<p>Remain open as main site:</p> <ol style="list-style-type: none"> 1. Friars FC 2. Blenheim FC 3. Cambridge Rd FC <p>Remain open for selected services:</p> <ol style="list-style-type: none"> 4. Hamstel FC 5. Summercourt FC 6. Centre Place FC 7. Eastwood FC 8. Prince Avenue FC <p>FC services to stop:</p> <ol style="list-style-type: none"> 9. St Luke's Church 	<p>Remain open as main site:</p> <ol style="list-style-type: none"> 1. Friars FC 2. Blenheim FC 3. Cambridge Rd FC 4. Hamstel FC <p>Remain open with reduced or selected activities:</p> <ol style="list-style-type: none"> 5. Prince Avenue FC 6. Summercourt FC 7. Centre Place FC 8. Eastwood FC <p>FC services to stop:</p> <ol style="list-style-type: none"> 9. St Luke's Church 	Remain open as is
This option could save the Council the most money - between £380,000 to £420,000 per year.	This option could save the Council between £230,000 to £250,000 per year.	This option will not deliver value for money or be affordable which could lead to the need for more significant reductions in coming years.
<p>We aim to make the opening times more consistent than in current centres. The details will depend on the consultation results.</p> <p>St Luke's only provides a Stay & Play session once a week, so this can be accessible at Hamstel.</p>	<p>We aim to make the opening times more consistent than in current centres. The details will depend on the consultation results.</p> <p>St Luke's only provides a Stay & Play session once a week, so this can be accessible at Hamstel.</p>	The opening times vary between centres and there are gaps or shorter opening times.
<p>Services and activities offer will change.</p> <p>All the main centres will have a similar offer and some activities may need to be centralised due to lower attendances. We are</p>	<p>Services and activities offer will change.</p> <p>We will aim to provide more dedicated services across more centres. Outside of the four proposed main centres,</p>	Services and activities offer stays as is but is not value for money or targeted at areas with most utilised services and areas of highest need.

<p>proposing to stop some activities and reduce the number of sessions family support workers offer, based on available evidence. Some services will only be delivered through the health visiting services.</p>	<p>the opening times and some activities will be reduced. We are proposing to reduce the number of sessions family support workers offer, based on available evidence. Some services will only be delivered through the health visiting services.</p>	
--	---	--

Which option?

Option 1 (proposed as preferred by the Council). This is because it would enable a new way of working to be introduced and embedded. It would save the Council between £380,000 to £420,000 per year, which will provide efficiencies at a time of financial challenge while targeting resources at areas of highest deprivation and reducing duplication in services (such as ‘fussy eating’, ‘toileting’ and ‘starting solids’ which can be delivered by the health visiting team at point of contact). We will regularly review the family support service caseload to ensure people are not retained on their active list longer than is necessary. All administrative functions (such as data collection) will be improved with better integration with other parts of the council. We will link into other local services to provide a signposting service, business support and website information updates.

This option would also enable the next stage of development for ‘Community and Family Hubs’ to take place and could see further integration of local support services, which is the vision for the city.

Option 2: this option could save the council less money (between £230,000 and £260,000) as we will use more resources to deliver activities that may have very low attendances and have an additional main centre open longer. The family support service may be retaining more people on their active list longer than is necessary – this will need to be reviewed regularly to ensure consistency against needs. We will link into other local services to provide signposting service, business support and website information updates.

Option 3 (to do nothing option) - this option will not provide the council with any efficiencies in service delivery and will make no contribution to the overall financial savings that the council must make to balance its budget now and in the future. There is currently several duplicate activities or service offer. The family support service is currently retaining more people on their active list than we should, as there is no defined service specification or staff guidance. It will also not offer the opportunities to engage with local groups who are already supporting their communities, especially where centres must close earlier and during the times that local communities would like to utilise these centres.

Methodology and Response Rate

For this consultation, we took the following approach:

1. Online survey questionnaire, including digital Easy-read format

2. Paper survey questionnaires with Easy-read format, distributed to all libraries, some GP surgeries, all family centres and through the Health Visiting team
3. QR code shared online, and through the school and Early Years learning network
4. Face-to-face facilitated sessions in family centres
5. Video-call sessions for public and partner agencies
6. Phone line and dedicated email

The consultation received 251 responses via an online questionnaire. In addition, a further 44 responses were received via paper survey questionnaires collected from a number of sites.

Eleven face-to-face engagement sessions (total attendance = 90) took place with at least one in each family centre, including St Luke's Church. We also held two video-call sessions, one each with the residents (3 attendees), partner agencies (31 attendees) and the landlords of the various sites.

During the consultation period we also received calls (11 but only 1 was a comment) and emails (3) to the council about the service proposals or how to engage.

Therefore, we had a total of 389 participants for this consultation.

Findings

Some results may not add up to 100% and this may be due to non-responses, multiple responses, rounding up or the exclusion of 'don't knows/not stated'. Percentages are calculated based on the number of respondents to each question rather than the number of respondents overall.

All Respondents & Key Demographic Information

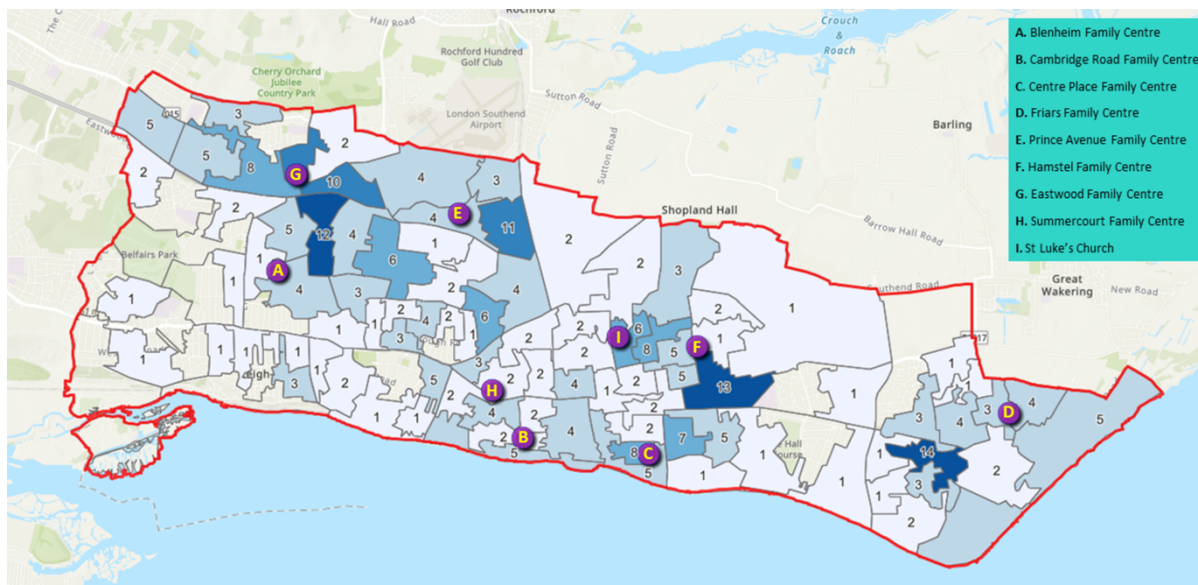
The total number of respondents was 389 and is split as follows:

- 295 online and paper surveys
- 35 face-to-face or video calls – Public
- 31 partners on a video-call
- 24 face-to-face or video calls - Staff
- 3 emails and
- 1 phone call

Where respondents live

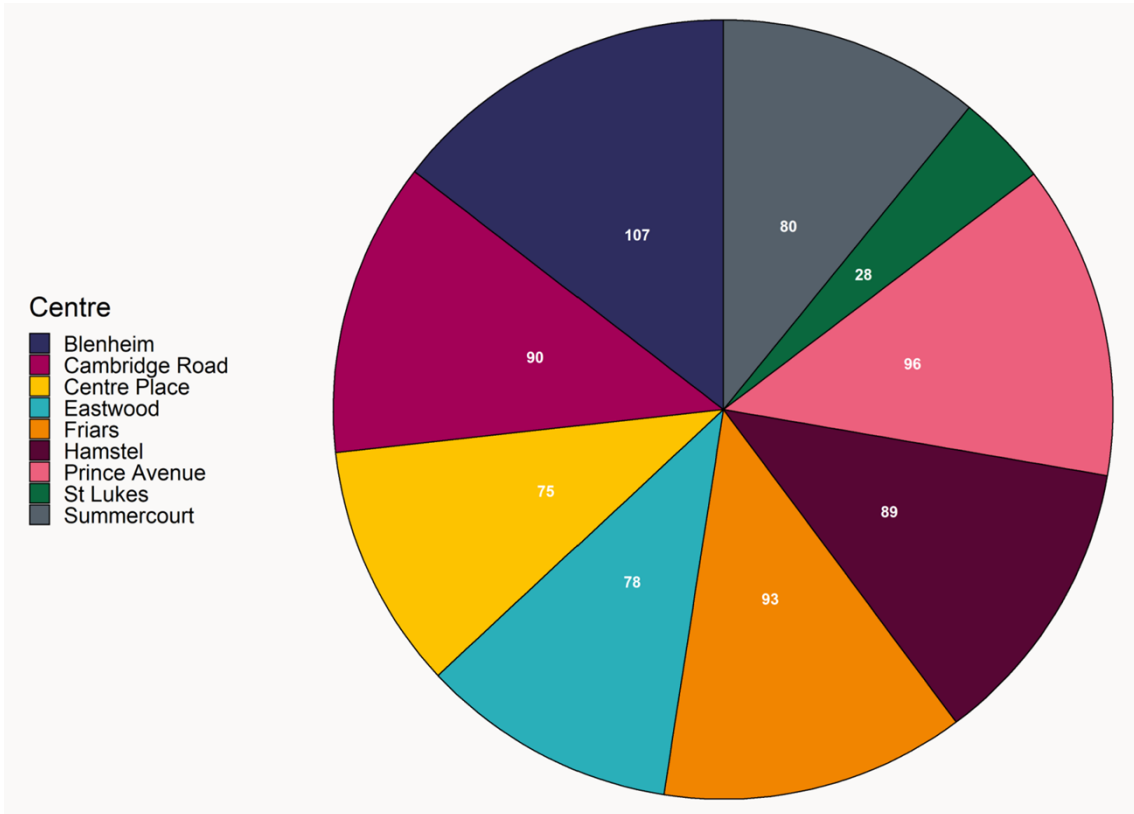
There was a good geographical spread (**Map 2**) from the respondents across the City of Southend-on-Sea.

MAP 2 – Number of respondents from local communities across Southend



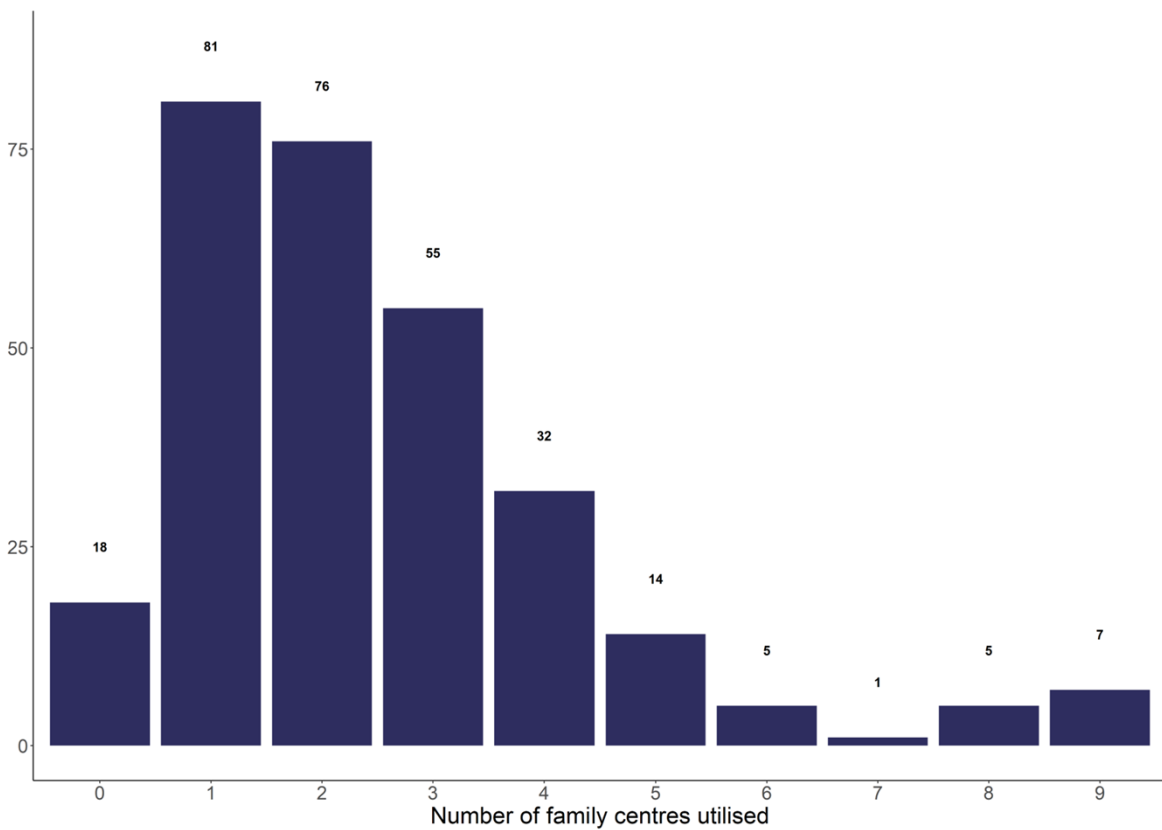
Which Family Centre they use and How often

There was a fairly equal distribution (ranging between 75-107) in the number of respondents who indicated the centre they were using, with only St Luke's Church having a lower number of selection (28 respondents).



When asked about the number of different centres that they would access, of those who responded, 131 of them used at least two (76 users) or three (55 users) centres.

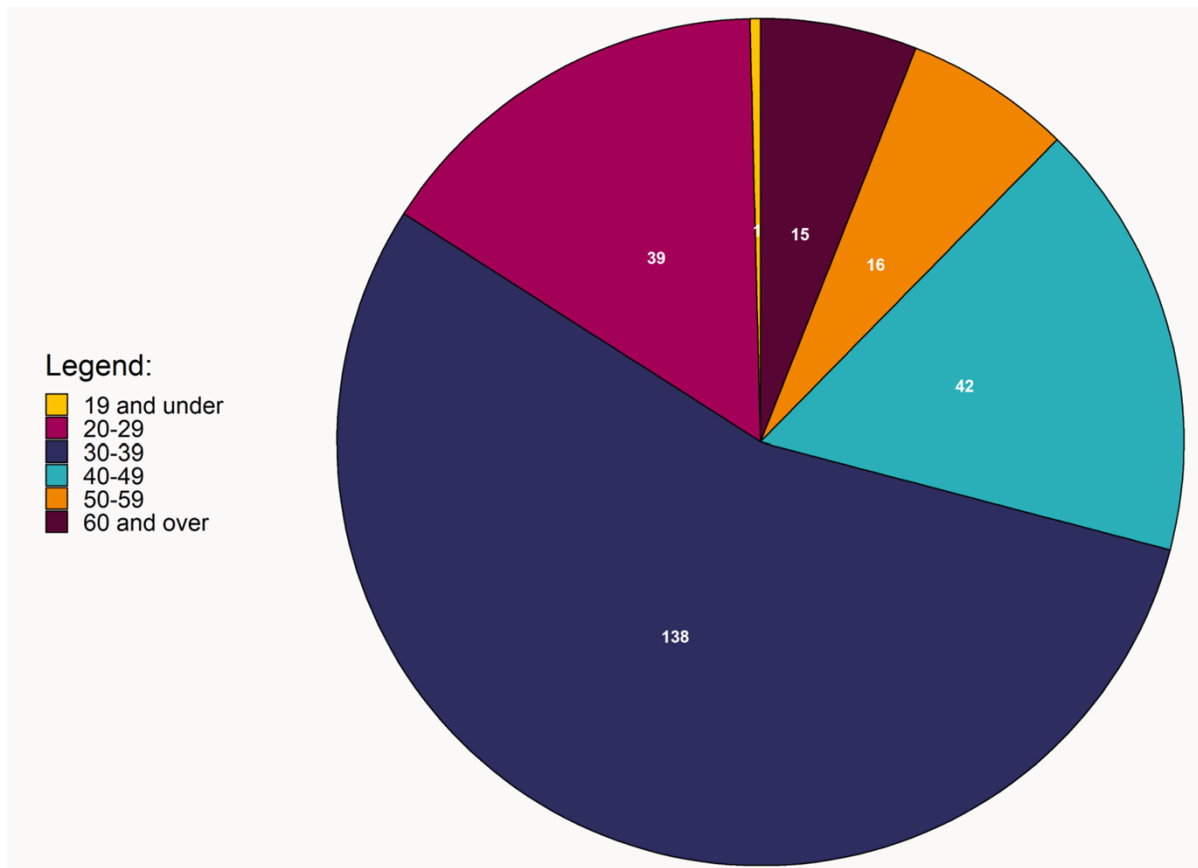
Count of different family centres used



Gender and Age Groups

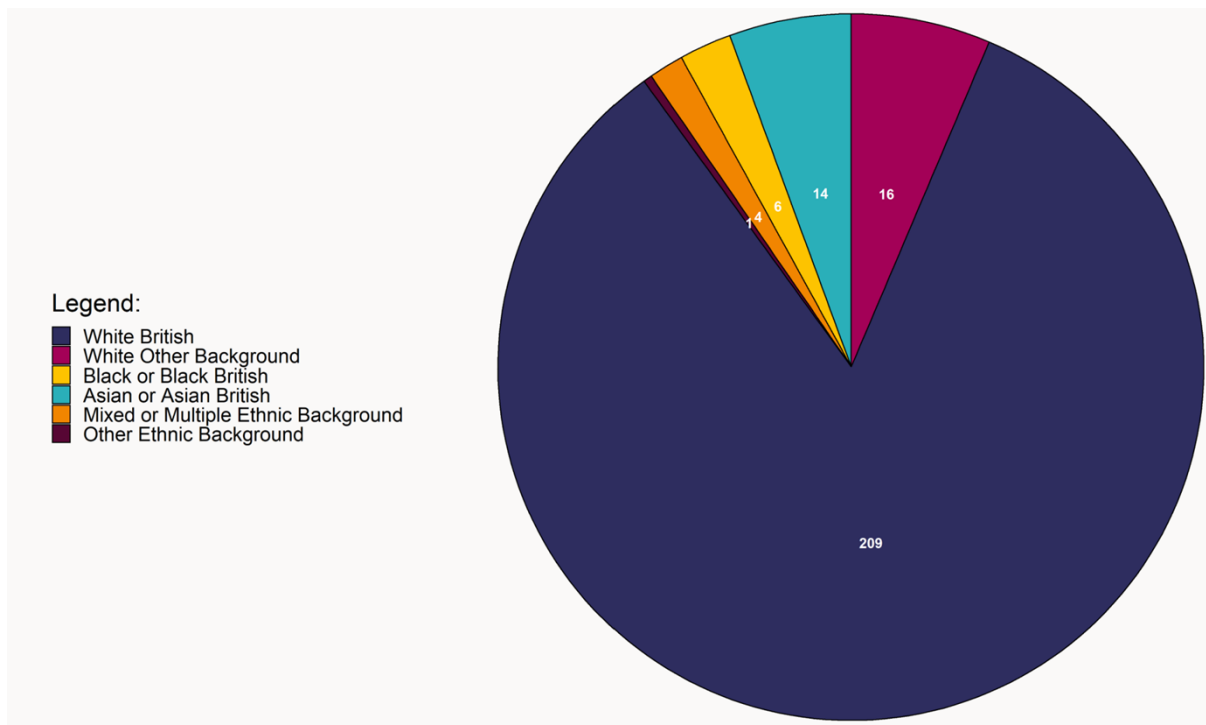
Of the 248 people who responded to the gender question, 91% (227) were female and 21 were male. 46 respondents did not indicate their gender.

Over 55% of respondents who recorded their age group were amongst those in the 30-39 years age bracket. Although 15% of respondents were in the younger age group of 20-29 years, we only had one recorded respondent who was below the age of 20. 43 people did not answer this question.



Ethnicity and Disability

Of the 250 people who have indicated, 83.6% identified themselves as White British and 6.4% as other white background. The remaining 10% were from all other ethnic backgrounds. This is fairly representative of the City's ethnical distribution; all white backgrounds 87.5% and other non-white ethnic groups is 12.5%. 44 people did not answer this question.



Of the 236 people who responded to this question, 30 indicated that are registered as disabled (12.7%). It was important that we ensured that people who identified themselves as disabled were also taking part in this consultation.

Health Status and Caring Responsibility

We wanted to ensure that people whose mobility or daily activities are impacted have an opportunity to also comment or make suggestions about the future of Family Centres. 51 of the 162 (12.3%) who answered this question indicated they had a illness or condition that affects their day-to-day activities.

Of the 236 who responded to this question, 20 (8.5%) advised they had carer's responsibilities.

Expectant Mums

41 of the 236 (17.4%) responses, indicated they were pregnant, or were pregnant in the last year. The number of annual births in Southend is estimated at 1850.

Survey Questionnaire (total number of responses = 27)

With the detailed survey questionnaire, we sought people views about [1] the two change options proposed [2] the impact on them [3] reducing family centre-led activities and increasing health-related activities.

A total of 201 (68.4%) out of all respondents who indicated their preference (295) favoured or were neutral with either option 1 or option 2:

Option 1 – 34.8% of people favoured this option; 9.3% were neutral; 55.8% disagreed.

Option 2 – 47.3% of people favoured this option; 16.1% were neutral; 36.6% disagreed.

With regards to the impact that the suggested options would have on them:

Option 1 – 28.8% of participants said this will have a positive impact; 47.6% said this will have a negative impact and 23.6% said no impact.

Option 2 – 31.3% of participants said this will have a positive impact; 36.8% said this will have a negative impact and 32.3% said no impact.

With regards to reducing family centre-led activities and increasing health-related activities:

Option 1 – 10.6% of people advised that they agreed; 79.1% disagreeing; 25.4% were neutral

Option 2 – 36.0% of people advised that they agreed; 44.3% disagreeing; 19.7% were neutral.

The remainder of the responses have been reflected under different themes in the section below – Themes from the Consultation.

Face-to-face and Video-call Sessions (total number of attendees = 90)

To enhance the consultation, we held several face-to-face and online/video-call sessions. These provided staff, partners and residents the opportunity to gain more information about the consultation and ask any questions they had. It also provided a platform for individual and group discussions on the topics of [1] which Family Centre services families in Southend found most valuable and [2] which community assets were present across the city.

A total of 13 sessions were held; 10 public face-to-face sessions across the network of Family Centre locations and one public online/video-call, one face-to face dedicated for staff and one online/video-call dedicated to partner agencies. All sessions were held in the daytime Monday to Friday, except the video call for the public, which was held in the evening.

There was a total of 90 attendances across the sessions including 22 at the dedicated family centre staff session and 31 at the dedicated partner agencies session. The sessions provided detailed feedback from those working with or using the Family Centre services and captured; 295 items of feedback and or suggestions, 162 community asset suggestions and 147 valuable services responses – please see **Appendix Z1**.

Some of the main feedback or suggestions that have shaped the thematic analysis in this report, include (*these are recorded from notes and not the exact words*):

- Antenatal Services delivered from the centres is a good entry point to other support.
- Reducing the number of sessions will impact the capacity and availability of them.

- Transport costs and other issues in being able to get to different centres.
- It's sad that money is the reason behind needing to do this work but it is a good opportunity to reflect and adapt.
- It's important information about what is on offer is clear. Are we reaching the right people?
- The personal touch that Family Centre staff offer is well liked.
- Timings of sessions needs to be looked at as many of the offers happen at times where some parents can't attend.
- The family centres help with so much more than what is stated, specifically for reducing social isolation.
- Baby Massage is a good introductory service that often leads to other support for families.
- The quality of support and help from staff is amazing and they are all so helpful.

Phone calls and Other communications

We received 11 phone calls about this consultation, with only one call providing feedback.

Caller would like to express their displeasure about the idea of the family centre consultation and the potential reduction in family centre services ...

The other ten phone calls were seeking clarification [1] with booking onto the face-to-face sessions or [2] whether the consultation is still progressing or [3] other relevant questions – please see **Appendix Z2**.

Nine emails including an attached letter from Southend Healthwatch were received – 6 emails were about how to book the face-to-face session. Three emails were about the consultation – please see **Appendix Z3a** and **Z3b**.

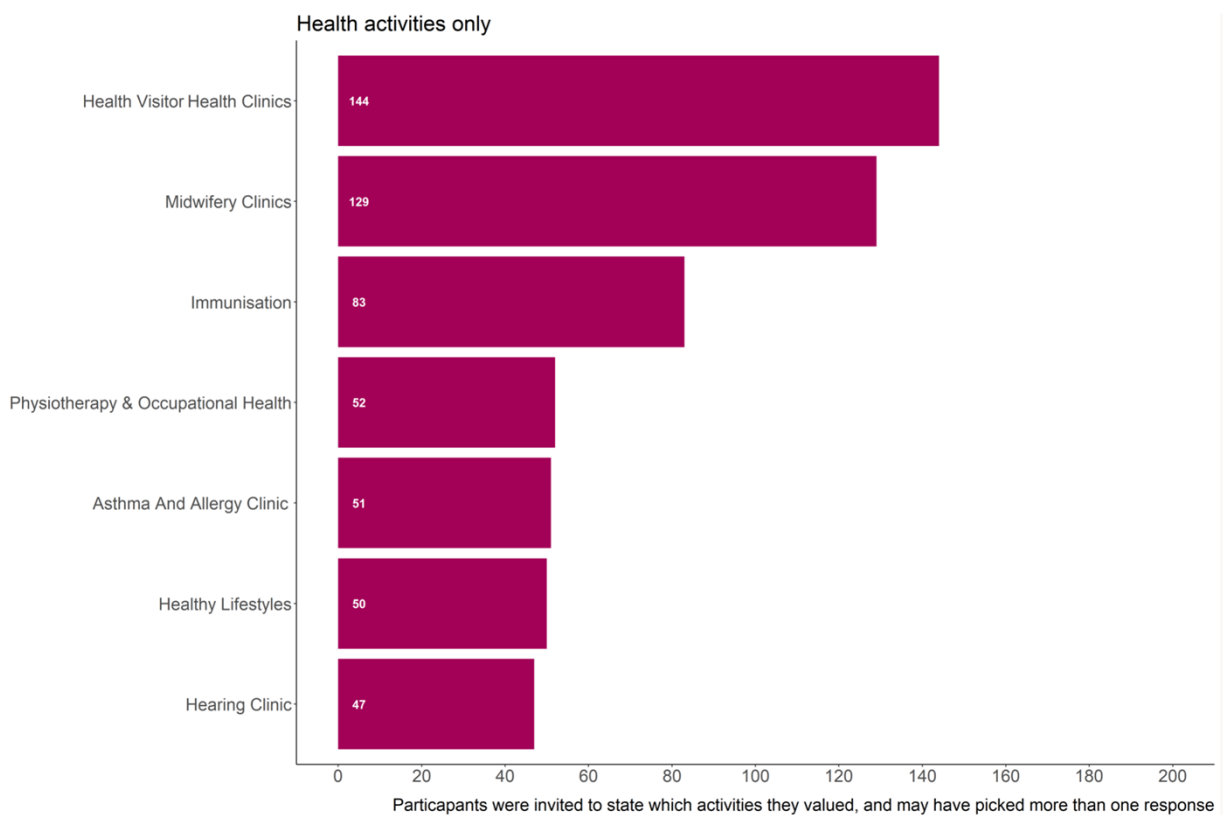
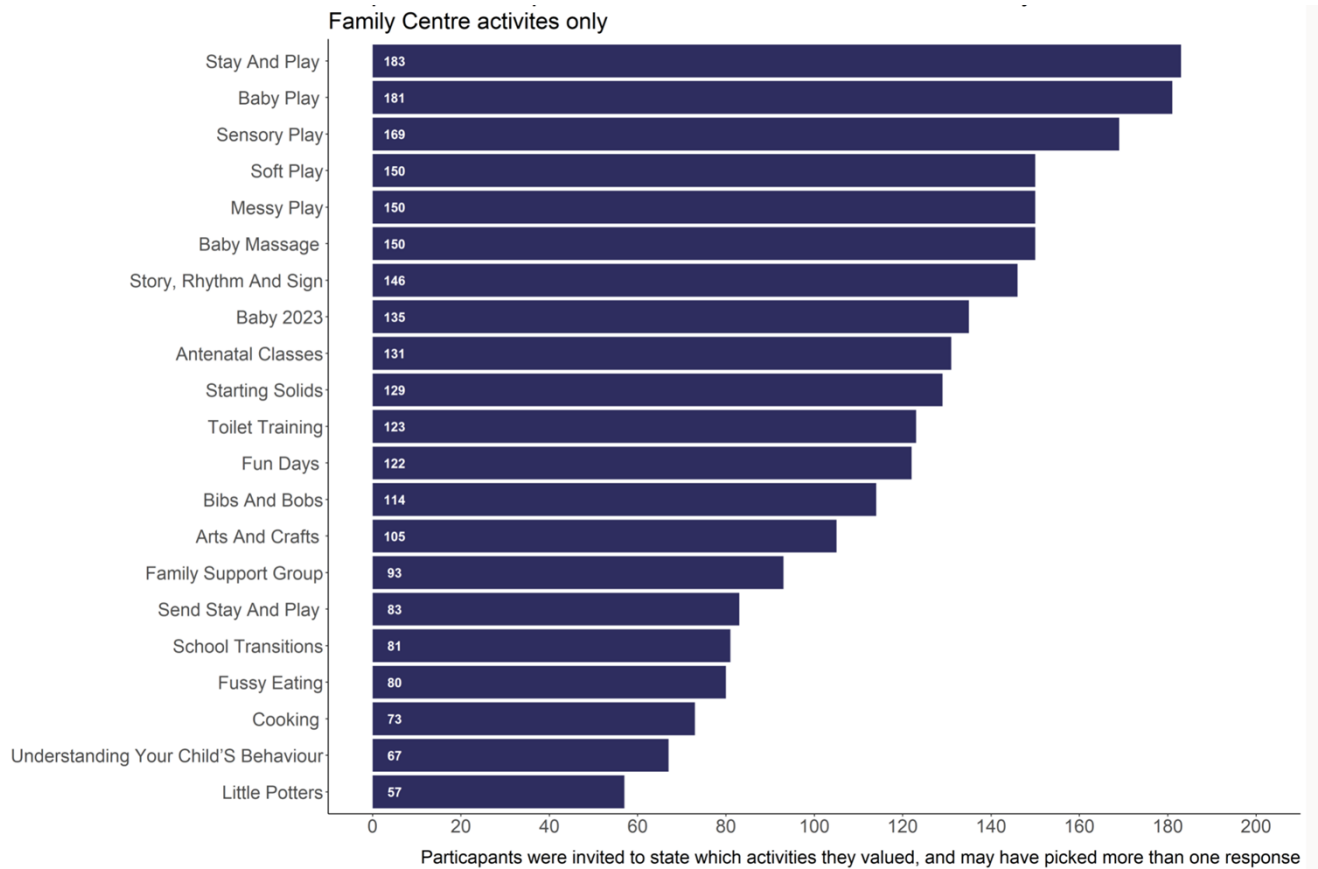
The email from Southend Healthwatch sought clarification on the process of this consultation and how risk were assessed in putting forward the proposals.

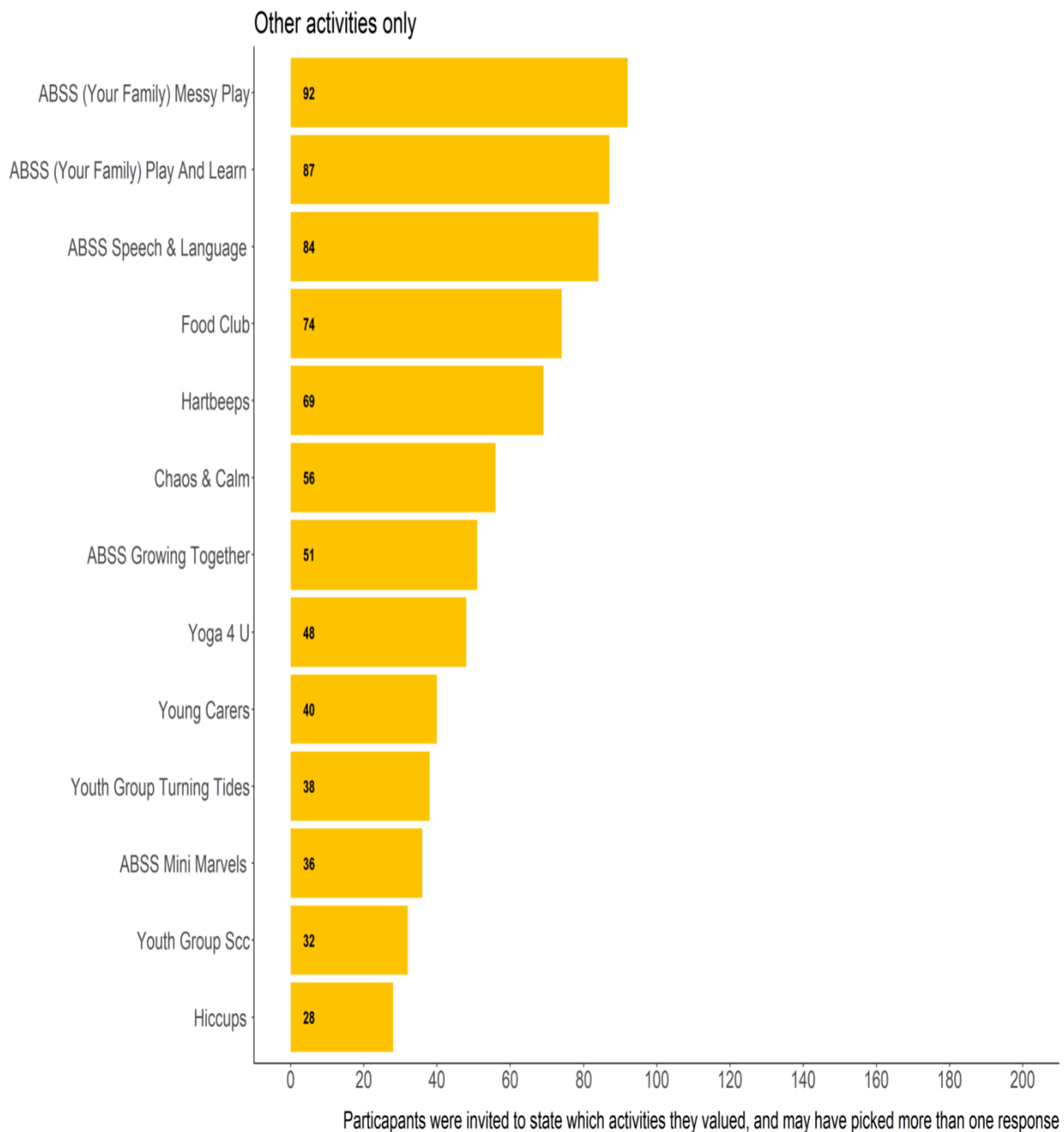
Themes from the Consultation

In this section we are reporting on all the comments, views, concerns and suggestions made by all participants. We have grouped these under key themes to highlight the context of the feedback and to ensure we can summarise key points for the recommendations that follow in the next section – please see **Appendix Z4** for all word-for-word comments recorded by the respondents.

1. Service Provision

Many activities were seen as most useful, and we have categorised these under three groups of activities [1] family centre-led [2] health-led and [3] led by other agencies.





Parents/carers reported that the services provided were important to their **'mental wellbeing'** and provided them all with the opportunity to **'meet other mothers'** and **'stay in contact with each other'** and help them **'get answers'** about **'why my child'** is behaving one way or another.

The centres are a lifeline for so many families, friendships have been made, support received, always made to feel welcome. Starting at antenatal, baby 23, baby massage, sensory, stay and play, bibs and bobs, starting solids

I have attended antenatal classes, starting solids, baby massage and sensory all at Friars family centre so far

...enjoyed baby massage and found it such an important bonding experience with my baby.

Family centres activities are an excellent preventative tool....

It is VITAL to so many families, parents and carers to keep these centres up and running.

People reported that the centres need to have a holistic provision of support for families not just ‘**a specific session per se**’ and needs to be meet local needs. A number of comments also reflected on the need for ‘**more services**’.

Childrens centres are a whole family journey model which is important to retain

There needs to be MORE services available, NOT less....

Children learn through play ... also assist parenting and increases parenting skills. Very important for early intervention and prevention.

Families in these deprived areas need more provision, not less ...

There were a few comments about having ‘**too many**’ centres.

I still think that's too many venues. I think four main hubs throughout Southend would be enough

Still too many open

I still think that's too many venues. I think four main hubs throughout southend would be enough. And give back the others to the schools to run.

1.1 Antenatal support

These groups were seen as ‘**very important**’ and valued a lot because ‘**they are free**’. Parents and professionals commented on the ‘**expensive**’ alternative classes which ‘**most people**’ can’t afford to attend.

Antenatal services as ...a holistic package of support for families

The family centers... provide an excellent anti-natal parenting course

...the fact we had free baby classes locally is amazing...

The educational courses provided by the centres such as antenatal and starting solids are invaluable.

... essential for me and my husband prior to having our little boy, the antenatal classes were fantastic...

1.2 Postnatal support

The groups are seen as welcoming, non-threatening and a place where parents can access advice and support from ‘**staff**’ and share ‘**with other mums**’ and build

'friendships'. There are also many responses highlighting the need for more **'play activity'** to continue and **'not to be reduced'**.

... opportunity to do something different every week and provides a great socialising opportunity for new parents.

...removing baby massage I believe to be a mistake it's a great bonding/health benefit class.

We have loved the baby 2021 and baby 2023 [these are 0-3 months sessions] classes which have gone on to provide a support group and lasting friendships.

Fewer play activities would be a terrible idea.

We go 3-4 times a week to the centres for the play activity...

...reducing the number of centres where stay and play sessions are held will make it harder for families to attend.

1.3 Age-appropriate and Neurodiverse activities

There were comments made about the need to ensure that activities are **'age-appropriate'** and running different **'play sessions'** for babies and toddlers.

We rely on these groups to help us socialise, to also keep toddlers entertained.

The reduction of play sessions could impact the 0-12 months sessions as they aren't that many at the moment.

I have a toddler and a baby, we utilise play sessions and baby massage...

Eastwood has very limited groups for under 5's...

... play / messy play sessions at family centres is great as the different times / locations suit different aged babies.

A number of respondents as well as people who attended the sessions, highlighted the need for more activities that support children with **'disabilities'**.

For children with disabilities all activities and interventions are crucial if we are to succeed in giving them the best opportunities...

My child has Sen I would like to keep the sessions and increase them if anything not reduce.

... my youngest is Autistic and requires going out daily. There are currently only 2 places I can take him which is the park or soft play.

More SEN sessions to be brought to friars family centre rather than summer court as for people in Shoebury...

1.4 Familiarity with support team

Parents reported how important it was to them that the staff were '**familiar**' ('*familiar faces*') and '**helpful**'. Some commented on feeling '**confident to leave**' their child with the same staff running the creche facilities.

...the staff who deliver are very knowledgeable and welcoming and supportive.

The family centres and their staff have played such a vital role in supporting me as a first time mum!

Parents also felt that the staff that ran the groups had '**a lot of expertise**' and support them with learning good parenting skills and when playing with children that they meet.

...being a single parent I find the support of the same faces each week very beneficial.

...being able to keep excellent and dedicated staff who you've built up a rapport and trust with and who have got to know you and your family.

1.5 Family Centre activities and Health-related activities

The proposal to introduce more health-related activities had a very mixed response from both the online responses and the face-to-face engagement sessions. Some perceived this to be detrimental to the service offer, or '**more in-depth**' in the centres and also more people valuing additional '**play activities**' and '**family activities**'.

By reducing family centre led activities and increasing health activities you are removing the community lifeline from many young families.

Play activities... Very important and as important as health and other partner led sessions.

I had a HV come to my house to discuss starting solids but the course was so much more indepth and helpful.

I'm not interested in more health activities.

Why just health service maybe consider more universal services all families would need not just health.

I use the centres more for family activities and having somewhere to meet other parents and child. I would strong disagree to have more health activities.

Health do not have the capacity to effectively deliver things like Starting Solids and ... group workshop ... is an extremely successful way to deliver this.

Other people reported that having these health-related clinics offered from the centres as '**helpful**' or '**as useful as**'.

...the family centre is somewhere you can meet with your midwife and health visitor for weigh in sessions

...family centre activities are just as useful as health led.

...accessing health visitor support is more key within first year of child's life.

We need both services so children and families to reach optimum life chances.

Need more access to health, and health visitors and the team can do most activities.

Health visiting is important and as new mum you need that support to be accessible.

Increased health activities are always welcome but some parents/carers need the vital support that play activities bring.

My children have speech and language and food related ongoing issues so to have more health services available would be beneficial.

I think community support and health services should go hand in hand.

Harder to see a health professional these days and access to my Health visitor and school nurse was invaluable.

2. Accessibility

There were several comments about centres '**closing**' which is captured in both the survey as well as the face-to-face sessions with attendees reporting that the local paper has said that some '**family centres will be closing**'.

Why close the centres as we need them

Having a variety of venues and activities enables us and others to be included within services.

I am really worried about the closing of Summercourt

....I feel that only 3 sites means that some very vulnerable and less well off residence will have to travel a long distance to access support

Many comments were made about the ability '**to walk**' rather than using a vehicle to attend the centres which an ideal approach with regards to the impact on the environment.

Need to be able to walk to centres

I dont like to travel and like places to be in walking distance

Prince Ave is walking distance from me so I go there mainly...

Not everyone has access to a car so can not travel to a centre out of walking distance.

People also reported that they would access the centre they need for their selected activities and are '**happy to travel**' around or that key services should be available for '**smaller venues**'.

Leigh and Westcliff are closest to me but happy to travel ...

Able to travel to all family centres, so location not a major issue...

I drive and can visit any centre with the activities they put on ...

The services that matter ... need to remain available at the smaller venues as well as the main centres ...

There were a few comments about the impact of reducing activities and the potential for people to be **'turned away'** due to being **'booked'** up.

The centres will be over run, we won't be able to access services

...it is already difficult sometimes to get booked on to classes or weighing sessions due to popularity

Reduced services and capacity at services would mean I could be turned away from services.

2.1 Cultural

People reported on the positive work that the centres do with the diverse community which supports with **'child and parental'** development as part of the provision **'should continue'** or be strengthened.

Opportunity for ESOL [English for speakers of other languages]

Summertime is ... in a multi-cultural, relatively poor area where families need support

Many struggle with accessing health services particularly those with English as a second language. They particularly need the family support service to remain.

2.2 Transport & Parking

People have raised concerns about having to travel to a **'different family centre'** to access activities. Public transport is a concern especially for **'access to some centres'** [Blenheim FC and Cambridge Road FC were mentioned] and **'cost'** and the need to **'take more than one bus'**.

Most of the time you need to go to the city centre and take another bus...

Families need to access all sites - travel for many families especially those with children with disabilities is extremely difficult

... a problem with getting my pushchair in... sometimes I can't get on and I wait to get the next bus

There were a number of comments about moving activities to centres where there is no easy parking or you have to pay to park [Cambridge Road FC and Centre Place FC were mentioned].

I have to park and pay on the road [referring to Cambridge Road FC]... whereas here I can walk to the centre [referring to Blenheim FC]

Cambridge Road is terrible for parking and a pain to find somewhere along the road

So accessibility and parking is an issue at some centres and there is '**limited or no disabled parking**' as well, although it did transpire that users were not always aware of the availability of disabled parking. It is also not easy to walk between centres, due to the distance and location.

I find it difficult as I have a disability and I need to park further and then I can't get to the centre easily ... sometimes the staff let me park in front.

There is no disabled parking at Friars

We are also a disabled family and cannot access certain venues.

2.3 Timing of Activities

Opening times were regularly mentioned and reported on, with people suggesting that service times need to be '**in sync with school**' drop-off or collection. Activities could also be better '**spread**' or have a staggered approach to allow parents to attend on '**different days**'.

Allows more flexibility to attend on different days/ times...

The days being spread and locations helps us in things in.

I just wish it was 1:30 to 2:30 to help others lunchtime.

2.4 Low Income

People reported that there will be an impact on people with '**lower income**', people in '**areas of deprivation**' and people who '**can't afford**' other services.

...with the cost of living I utilise these spaces ... so that we can have some free educational play time...

For families on low income, unemployed etc this will result in fewer opportunities for families to participate in activities with their children.

I attended several courses and as I was on a low income it helped us access different activities.

Please do not get rid of baby massage. Most cannot afford the high costs of a private company delivering this.

Shutting things down punishes families that can not afford to take their babies and toddlers to soft plays...

3. Communication and Marketing

There were numerous reports or comments about the need to better explain what the centres have to '**offer**' and use more '**marketing**' and '**advertising**' to promote this to ensure people who really need them '**can use them**'. A number of people reported that they like the Facebook page which signpost them to activities.

Can you have a look at your marketing and where your reach is? It should be reaching the families that really need the support and help with all that the centres offer.

I have a young family and use the family centres. Never been to/heard about health service? Is this the midwife?

The activities offered need to be advertised more....

...campaign to boost usage and take up in each location...

4. Other Community benefits and Comments

4.1 Mental health and wellbeing

People reported that the centres are a social and '**mental health**' wellbeing space for peer-to-peer support and that we '**must retain that**'.

Local access to ... support services ...which has a positive impact on well being and good mental health.

... It has helped significantly with my mental health, enabled me to create friendships...

They stopped me from delving into depression and enabled me to feel confident in my parenting.

Great for kids but essential to support parental mental health too.

I believe the bonding baby massage taught me,... helped me to recover from postnatal depression.

4.2 Social Isolation and Networking

There were concerns about more isolation for new parents if the '**centres are closed**' or '**not open most of the times**'. Some views were aired about '**how Covid has impacted**' on the running of the centres. Some people also reflected on how they network with '**other mums**', '**meet up**' and share their knowledge about parenting and not feeling '**isolated**'

....learning to parent would've been very hard on me mentally. I found 4 great friends through baby 2023 and we all were there to support each other.

This centre [referring to Centre Place] was buzzing with people before Covid... now not so busy.

This is very often the only chance new mothers have to meet others in the same situation to talk, share experiences.

The coffee shop [referring to Blenheim FC] was a good meeting place for mums...

... I still meet up with the other mums i met. The support I have found is truly invaluable.

I think everyone should have access ...in such a delicate time as when having a new born and being isolated.

It can be really isolating becoming a new mum and the centres provide opportunities to meet other families and share experiences.

Being on maternity leave can be lonely and isolating.

I have personally attended the antenatal classes ... I have made a wonderful group of friends ... which has given me an incredible support network.

4.3 Fundraising, Donations and Subscriptions

Parents came up with several ideas on ways with possibly sustaining the groups because they '**just want the centre to be used**'. They discussed organising '**fundraising**' events or charging for some activities.

It was generally felt that parents would be happy to pay or '**offer a donation**' for the groups that they attend although many did recognise that this is difficult for some parents even to pay a small contribution.

I think offering some sort of fundraiser would be a great way to raise some funds or some form of donation for sessions.

We can have like family fundraisers... like arts and crafts, cake sales.

Having an anonymous box for those who can donate towards the centers.

It would also be good if the children's centres were available to hire privately for birthday parties to gain additional revenue.

...couldn't parents attending the activities pay a donation?

Look into developing a subscription service for some sessions i.e. baby massage or antenatal classes...

...maybe looking family fundraiser where you use the centres to make stuff to sell which can get the kids involved

I know I would personally rather make a small contribution to each class I attend and for them to all remain running.

... Let people pay and provide their own facilities.

4.4 Missed Opportunities

A number of respondents and session attendees indicated that without the family centre services, people in need to '**support**' or '**knowledge**' would miss out which could contribute to '**anxiety**', '**isolation**' and people may '**slip through the net**' – referring to safeguarding issues.

They are often the frontline of safeguarding and wellbeing for families who may otherwise slip through the net.

...the family centres..., provide excellent support and prevent post natal depression in new mums by giving support, community, knowledge, mental health help when needed...

If families do not receive pre birth and post birth support they will need to access other more costly services....

Closing them will affect so many families negatively and increase the leaves of mental health issues and isolation in the community.

...will lead to increased isolation and reduced opportunity to refer into other services.

I think without the support provided by family centres, things like postnatal depression and anxiety will increase...

4.5 'Hub' with other activities and other links

Concerns were raised in the survey responses as well as the face-to-face sessions about '**other facilities closing**' (libraries were mentioned) in addition to family centre proposed changes resulting in much less community support.

There were comments from parents, service users and partners about the need to ensuring the physical space is still utilised '**regardless of services not running**'.

people wouldn't want the centres to sit empty

I work for a local service ... at the centres to see mums in that we work with. It is next to impossible to book these rooms ...

Must use the centre especially this one [referring to Eastwood family centre]... look at the play area outside.

With fewer centres services will be limited and harder to get a space as a carer but also as a service deliverer - we rely on using Blenheim to deliver our send [SEND] sessions....

My son is a young carer and attends two youth clubs at the centre place which has greatly benefitted his life...

FOOD Club on a Saturday at summercourt is a god send to us.

There is a lot of evidence showing that children are entering schools with increasing needs. It does not make sense to reduce family support...

... and learn together the importance of sharing, manners, and behaviour; equipping them ready to move forward into school.

They need to have flexibility and the centre needs to be used to it's full potential.

How will you link with the charities which have been forced to step in and deliver services...

Also need to link with Primary Care Networks [GPs] and local schools.

There were a few comments about improving the digital approach to running the centres to improve the **'registration process'** and **'booking'**.

Registration process (offer an electronic approach - maybe with ipads at the centre) - Introduce a booking systems...

...need a modern booking system and app.

4.6 Local Assets

During our face-to-face consultations we held discussions about 'Community Assets'. This explored with attendees which buildings, locations, services, groups and support outside of the Family Centre offer are available across the City of Southend.

We received 163 suggestions, representing 121 unique Community Assets. These included; 47 services/sessions, 26 physical assets, 47 community organisations and one other – please see **Appendix Z5**

The feedback and intelligence we received have highlighted the richness and diversity of Southend's community offer. It has also provided an overview of potential future collaborations and partnerships which might enhance the local family support offer available to families.

5. Other concerns

A few other concerns were raised with regards to the proposals that we need to consider in reviewing the final proposal. There is a concern that health visiting team and/or other health professionals do not have the time available to support more people and that current classes offer more support than the health visitors and other health professionals provide. People reported that they liked the group sessions and not always receiving the same support with a home visit from a health professional.

There is still an overwhelming response that more support is needed, not less and money saved now, will contribute to an increasing cost in the future.

Conclusion

This consultation has shed more light on how essential the family centres are to the local communities. From both a public and professional perspective, the added value of agencies working together is recognised as an excellent approach to early intervention and prevention and that we needed more activities across the centres, with better marketing of what is on offer.

Restructure family centres to reach their full potential of early intervention and prevention with clearly defined and agreed multi agency delivery that is integrated rather than competing.

As a resident of Southend, and raising my family here, I have been bragging to others outside the area of how proud I am to live somewhere that values family life and seeks to promote and develop it.

There is a strong view that there is a potential impact on missing key safeguarding flags between partners and service providers. The interaction between family centre staff, health staff and other partner agency staff is an important consideration.

Retaining the centres and the family centres' staffing group have been overwhelming supported, with a clear suggestion that changes need to be reflective of how the community access services and that service transformation is paramount (reflected in 68.4% supporting or are neutral to either option 1 or 2 in this consultation).

Keep family centre staff running workshops, the health visitors wouldnt cope with extra work load. Keep baby massage. The staff are all amazing, everyone loves their job and cares about what they do.

As a result, we move to recommend that several factors are applied in drawing a revised proposed service offer that reflects the outcome of this meaningful consultation and ensure that Family Centres are fit for the future, ready to evolve and digitally enabled.

Recommended Revisions for the New Proposed Service

Following the seven weeks of consultation, several comments, concerns and suggestions were deemed valuable in shaping the future of the Family Centres.

- Retaining the local centres will facilitate better access for each local community. Therefore we will develop three core centres and continue to provide key activities with health and community partners in five other centres (we will not provide any activity at St Luke's Church when the new service is launched) – Activities will be more consistently spread across all 8 centres;
- Consideration about parking and travel issues means the core activities must be spread across as many of the eight centres as possible and at times that are better fit around parents (for example, around school drop-offs);
- Consideration to retain more useful activities including 'baby massage', the Bibs and Bobs offer and more regular 'stay and play' related activities as well as ensuring an adequate range of activities are age appropriate as well as supporting people with neurodiverse needs;
- Consideration for access to 'free' space to support local groups unable to afford to cover rental charges;
- Review the proposed approach where health visiting will deliver a number of activities (such as starting solids, toilet training, fussy eating) that are more valued, especially in group settings – we will co-design these sessions with local parents;
- Initiate a task and finish group to explore how to ensure that the digitalisation processes for this new service will be fit for the future, whilst ensuring digital inclusivity;
- We will develop an extensive programme of marketing and ensure that the dedicated Family Centre web portal lists all the activities provided through the centres, regardless of who is delivering these;
- Further consideration to explore how other activities such as 'fun days', Christmas parties and the like could be funded through other means such as fundraising or donations;

These revisions to the original proposal will significantly improve the local offer for activities that the community and partner agencies feel will contribute to better support parents, from before childbirth and into parenthood, as well as providing a more meaningful support for early years and childhood development. We anticipate that the proposed amendments (a proposed new service outline is shown in **Appendix Z6** – this is a sample of activities that could be delivered at each centres) will enable us to achieve efficiencies of around £350,000.

We are in the process of completing the service specification, which will outline the required staff competencies for every service being delivered by the Council's staff, the level of service provision for each of the eight centres that will meet the early years and public health programme deliverables in supporting parents and improving health and wellbeing outcomes.

APPENDICES



Z1 Comments from
face-to-face and virtu



Z2 Consultation calls
log.docx



FC Appendix Z3a -
Southend Healthwatc



FC Appendix Z3b -
email2.docx



FC Appendix Z4 -
Survey Responses Rej



Z5 Community
Assets



FC Appendix Z6
Sample New Service C