

**Proposal for an alternative delivery model for
Children Centres and under 5's provision in
Bury.**

**Common themes and issues arising from
consultation**

Common issues and themes emerging

Some centre users attend more than one centre on a regular basis, not necessarily the centre closest to their home

There is a strong theme around the value of peer support in particular breastfeeding. This is a low cost model, but seen to be beneficial to developing broader support models, specifically for new mums.

The valuable role the Children Centres have played in prevention, so that problems don't ever reach targeted need on the threshold.

The need for a 'universal gateway' families in need do not always recognise the need for support and do not always obviously engage with services.

Confusion over use of the word 'targeted' and the definition, most people assumed this means low-income.

Recognition and value of 'holistic' nature of Children Centres.

Early days of parenthood are crucial, many parents experience low-mood, isolation and feelings of vulnerability, so appreciate the specific support for new mums.

The valued role of the Children centres in shared learning, developing and promoting networks

1. There are 4 objectives for the new model. Please rank them 1 to 4 in the order you consider most important where 1 is the highest. What other objectives could be important?

Comments:

9 key themes emerged from this question :

Postnatal Depression/Mental health -the role the Childrens Centres have in supporting parents, Postnatal Depression and mental health

Safeguarding- The importance of safeguarding, not just linked to IMD, the need for links to Social Care and the importance of effective early intervention

Networking/support/reducing isolation – the centres role in reducing isolation, developing community cohesion, and providing a base for supporting parents well being

Healthy Eating – parents being made aware of the importance of a providing a healthy diet and attending health appointments

Child development – supporting child development, school readiness and allowing children to reach full potential

Breastfeeding-valued support for breastfeeding from centre staff, and the model of peer support

Targeted and Universal –concern that children centres should be for all families and not just for those in low socio economic groups, that the proposed new delivery model will stigmatise services

Prevention- the role of the centre in preventing problems escalating e.g. speech and language delays, postnatal depression

Access to services-strong support for the role Children Centres have in connecting parents to health services, all under one roof in a friendly environment. Also support for children with additional needs

Concern that fewer centres will make it difficult to achieve key objectives, and concern about costs of travelling and availability of transport to get to other centres.

2. What should be the primary focus in allocating resources across centres? Please rank them in the order you consider most important where 1 is the highest. Are there any other ideas you think should be considered?

Comments:

6 key themes emerged from this question-

Targeted/universal - Having centres for targeted families only will discriminate, services should be universally available and less targeted so that help can be supported in the community

Need focused/data led - The primary focus of allocating resources across centres should be improving areas with the highest health risks e.g. substance misuse, drugs and alcohol and domestic violence, highest rates of postnatal depression..

What provision is available in the community/travel distance and location-
The size of the community, travel implications, other provisions in the community

Numbers attending-Uptake in centres, newcomers, number of families in communities

Deprived families and non deprived families- model should not be based on poverty alone

People with first child and age of child- All families with a first child under 6 months should be considered as most vulnerable

3. Do you agree that the appropriate way to make cost saving is to de-designate the 8 centres and reduce to one hub per. area plus a spoke in Bury?

Comments:

5 key themes emerged from this question-

False economy/long term impact- There needs to be a clear mechanism to identify vulnerable families

This is a short term fix to a funding problem, with long term consequences for families with young children, which will cost more in the long term.

Loss of universal services and support networks-The centres provide a very valuable role in supporting otherwise isolated families, supporting networks, providing advice when needed, links to other families. They are a lifeline

Rich v's poor-It's not just the poor who need help and support, the centres are vital for people from all backgrounds.

Travelling to hubs/access- Bury is a very long thin borough, many of the townships are a long expensive bus ride from any hub. Any change that would discourage use would put the most vulnerable children at risk.

2 year olds- Centres should be used for more than 2 year offer, there is sufficient provision already

Other suggestions-

Hire out premises to raise money

Ask parents to pay more for services

Look at savings from senior managers

Some sessions currently running e.g. keep fit for mums could be run in other venues

4. Do you agree that the correct centres have been chosen as hubs?

Comments:

The key theme emerging from this question was accessibility of the proposed Hubs, with most people disagreeing with proposals on the grounds of accessibility. Strong support from users of Ramsbottom Children Centre and Prestwich centres.

5. Do you agree with the proposals to convert sites to provide free nursery places?

Comments:

Most people disagreed on the grounds of the space being too small (particularly Ramsbottom), the use of funds to convert, the fact that there is already sufficient provision for 2 year olds, what about those children under 2 years of age?

Those who agreed shared a fear that the buildings would remain empty, and that there may be a stigma attached to children attending a nursery for disadvantaged children

2 key themes emerged from this question-

- Model not being sustainable/viable – Are there enough providers coming forward?, there are sufficient nurseries in Bury, the buildings will remain empty, the buildings are too small, there is no outside provision (Ramsbottom)
- The model will have a negative impact on parenting –will reduce the support for parents, where will parents learn how to be better parents? Nursery places will not adequately replace the multiple services offered now through Children Centres. It's too late, what about support for new parents in first year of parenthood

Other suggestions

- Could nursery places run alongside children centre services?
- Why not offer places at other nurseries and playgroups?
- What happens when child turns 3, if places are only for 3 year olds?

6. Do you agree that the proposed sites to be converted to nursery provision are the most suitable?

Comments:

Most people disagreed

2 key themes emerged from this question-

- Model not being suitable or viable – the centres are too small, there are already enough nurseries in Prestwich
- Children Centres should be kept as they are now, intervention is needed before two years old, proposals isolate people in Ramsbottom and Ainsworth

Other suggestions:

Why not allow the schools to expand?

If they have to close, would be better to have small nurseries as there are too many large nurseries

7. It is proposed that each Hub will have a manager, a Programme Support Worker, an Administrator and a specified number of Outreach Workers. Do you agree with the proposed staffing model?

Comments:

Most people disagreed:

It doesn't matter how many staff if nobody attends, outreach staff will be overstretched, ratio of outreach workers to children in area is worrying, concern about low level of resources, concern about the capacity of staff to deliver programmes in centre, outreach can be seen as patronising and costs more than peer support and in-house programmes.

How can few staff provide quality care and intervention?

Other suggestions:

That Outreach workers deliver programmes in the centre as well as doing outreach in homes, as well as supporting parents in play and stay sessions, outdoor play sessions, leading breastfeeding support.

A number of responses didn't understand the current staffing structures and what difference the proposals would make.

8 . It is proposed that Outreach Workers will be allocated as follows:

Woodbank with Elton hub	4	Redvales 'spoke'	5
Besses hub	4	Little Oaks hub	9
Radcliffe hub	8	Sedgley hub	5

Do you agree with the proposed allocation of Outreach Workers?

Comments:

Most people disagreed:

Concerns about where Outreach Workers will work from, office base, cover for others, resources unfair allocation.

Areas are very large, how will outreach workers get families into centres?

Need more information about the role and what Outreach Workers do.

Specific area comments

Prestwich:

1. Only 5 for Prestwich? When we have high numbers of under 5s, is ridiculous.
2. Prestwich would lose out and get less yet again!
3. Not at Sedgley it borders Salford it needs to be in the middle of Prestwich so it's more accessible

Ramsbottom:

1. The distance from Ramsbottom to Wood bank is quite far so I don't think I would continue to use these services so it would be a massive shame

Woodbank:

1. Woodbank is a large area and would require more.
2. Woodbank centre is in the middle of two largely deprived areas / council property areas, that are Woodhill and Brandlesholme. 4 outreach workers is insufficient

Woodbank ,Daisyfield, Ramsbottom and Tottington hub

1. How can 4 outreach workers cover Daisyfield, Tottington, and Ramsbottom from Woodbank? as well as Woodbank itself.
2. 4 workers for the whole of Wood bank, Elton, Ramsbottom and Tottington is pitiful. What happens when someone goes off sick, maternity leave etc?this will massively reduce the number of families that can be reached. Breastfeeding support needs to be accessed as soon as possible for women. How will the outreach workers manage this effectively? The answer

is they can't.

3. The areas are large. How will an outreach worker get a family from Tottington or Ramsbottom to come to Woodbank for courses or whatever is planned? If families do not have a car it will be harder for them to get there both because of transport and confidence.
4. No Woodbank will cover a very large area - Walshaw, Lowercroft, Tottington, Holcombe Brook, Ramsbottom as well as Brandlesholme and Elton. So why the least amount of staff??

Butterstile:

1. Where is any provision for those in the Butterstile area of Prestwich?

Sedgley:

1. Sedgley/Prestwich has the largest number of under 5's in Bury, yet only 5 outreach workers.
2. Not at Sedgley, it borders Salford it needs to be in the middle of Prestwich so it's more accessible

Basses:

1. If the aim is safeguarding, Basses needs more as it covers the Victoria Estate and Mersey Drive. Also Redvales and Little Oaks seems high considering they cover two very close areas.

9. Do you agree that the correct approach to better reach the most vulnerable and deprived children is to provide outreach in their homes?

Comments:

Most people disagreed

6 Key themes emerged from this question-

Social Isolation – does not help to create a sense of community, far better to encourage families to attend groups and networks

Families not wanting visits in their home –would not be welcomed, could be judging, patronising and intimidating. New mums feel vulnerable enough.

Peer Support-Centre based services for everybody encourages integration, costs less, not necessarily needing a professional, provides much needed time-out, use of role modelling.

Universal Services – much needed support for new parents, without universal families needs will be escalated to higher levels, learning from one another

Identification of Targeted Families –vulnerability is not linked to IMD, some families will get missed, some people will not be able to speak in home due to other members of family.

Deprivation – if domestic abuse was the vulnerability this may increase if outreach was in the home, some people are vulnerable though not financially disadvantaged.

Other comments:

How will you know about families to be able to engage?

Some families will benefit from help in the home, but some families need to get support in centre

Some families will not engage in outreach, but may need support

10. We cannot retain how the service is currently delivered, do you have any alternative suggestions of how to meet the key objectives and still save costs?

Comments:

6 Key themes emerged from this question-

General comments – Continue universal provision, focus on outdoors, breastfeeding support, other buildings. Raise council tax. Centralise admin and management. Combination, retain half and develop half new.

Income generation –Reduce hours, private providers to run cafes, open building to public for hire, hold more activities and charge.

Charges –Charge health staff, promote health visiting clinic and charge, consider sponsorship from private enterprise, seek funding from other sources, open more in evenings and charge

Increase Payment of services- parents fund more; introduce minimal fees, donation boxes.

Sessions ran by volunteers –train parents as volunteers, allow parents to run courses, increase volunteers

Coordinated Services- improve co-ordination of current services e.g. weigh-ins at same time as GP session, combine with nursery provision where possible, work in partnership with colleges, use of other buildings

Other comments:

More people benefit when they feel the centre is local to them

Saving money in other areas of the council

Frontline services should not be cut