

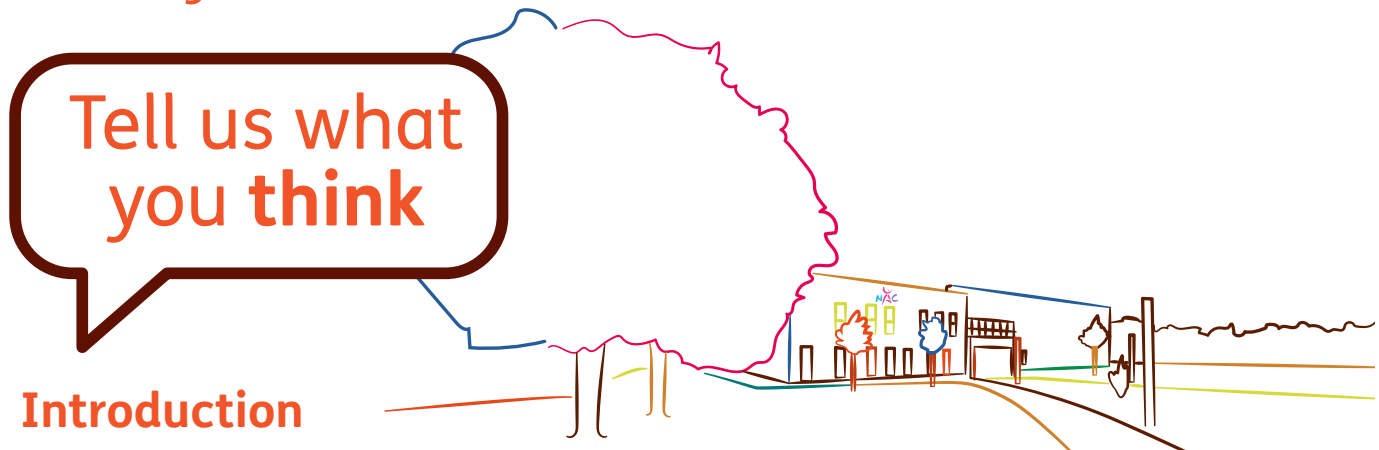
Tell us what  
you think

? Questionnaire

# Changing Family and Children's Centres to Family Wellbeing Centres



# Family and Children's Centres



## **Introduction**

The Council is proposing changes to how families access information and advice, activities and receive support.

Our communities have told us that our teams need to be more joined up as this will make their lives easier. To help to achieve this, we propose to redesign our overall offer at our Children's and Family Centres so that people can access support more easily, and it will cover ages 0 to 19 year olds. We propose to do this by creating main bases that will be known as Family Wellbeing Centres, complemented by a number of smaller bases which may have a different offer.

It may mean that some people will access our offer in a different place or in a different way. This will enable us to make the most of the limited amount of money that we have available to provide this important support to 0 to 19 year olds and their families.

## **What is this questionnaire for?**

We want your views on our proposed change.

## **Background to why we are looking at this**

There is lots of information available for you below on our Vision 2030, core priorities and the financial challenges we face.

<http://bit.ly/sefton-council-vision2030-core-priorities>

## **When will the consultation start and end?**

The consultation will start on **25th September 2017** and finishes on **17th November 2017**.

## How to get involved

To give us your views, please go to [engagespace.co.uk/sefton](http://engagespace.co.uk/sefton) and fill in the on-line questionnaire or complete this questionnaire and send it to the address below.

Copies of this consultation document are available in other formats such as large print, audio, easy read, or another language on request. To request this service please call 0151 934 3733.

If you would like help to give us your comments or how to fill in the questionnaire please phone 0151 934 3193.

Response forms should be received by the Council no later than **17th November 2017**.

If you have not filled in the form online please return this paper copy to the address below or hand it into your nearest Family or Children's Centre:

PMO,  
Sefton Council  
7th Floor Merton House  
FREEPOST LV 7340  
BOOTLE  
L20 1YX

## What we will do with your feedback

Your feedback will help us to shape our future offer.

The information you give us is private and confidential and we will follow the law including the Data Protection Act 1998.

The information will be destroyed after it is no longer required.

We will publish the results of the consultation on the Sefton Council Website including a summary of questions/comments received and any responses given. If you would like to receive a copy please email [yourseftonyoursay@sefton.gov.uk](mailto:yourseftonyoursay@sefton.gov.uk) or telephone 0151 934 3733.

## Tell us what you think

We would like to ask you some questions to help us understand what you think of our ideas. We want to make sure we talk to as many different people as possible so please can you tell us a bit about you and your interest in the consultation.

## Part One

### About you and your current use of centres.

**C** **What best describes you?** *Please tick all that apply*

- Child / young person
- Parent / grandparent / carer
- Childminder
- Children's Centre Advisory Board
- Children's Centre employee
- Family Centre employee
- Early Years provider
- Member of the public
- Health partner
- Volunteer
- Sefton Council staff

Other organisation (*please specify*)

**2** **What is your postcode?**

If you are responding on behalf of yourself and your family please put your home postcode, or that of the organisation, if on behalf of the organisation. Please be reassured we will not use this information to identify you. It will be used to understand different needs by area.

**3a** **Do you have any children and/or caring responsibility for any children?**

*Please tick one box only.*

- Yes     No

**3b** If you answered yes how many of your children or those that you care for are aged?

- 0-5     6-11     12-19

**3c** Do any of your children have a disability?

- Yes     No

If yes, is the disability related to *(please tick all that apply)*

	Child 1	Child 2	Child 3 etc.
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (including emotional health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3d** Do you have a disability?

- Yes     No

If yes, is the disability related to *(please tick all that apply)*

	Parent/Carer 1	Parent/Carer 2
Mobility	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (including emotional health)	<input type="checkbox"/>	<input type="checkbox"/>
Under Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Pathway	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**3e** Do any of your children have a caring role?

- Yes     No

**4** Are you or your partner pregnant or planning to become pregnant?

- Yes     No

**5a** Do you use either a Children and/ or Family Centre as a parent/ carer or part of your work? Please choose one answer only

- Yes     No

If you have answered yes, please tell us which *(please tick all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Cambridge Children's Centre                   | <input type="checkbox"/> Netherton Children's Centre             |
| <input type="checkbox"/> First Steps (Kings Meadow & Farnborough Road) | <input type="checkbox"/> Netherton Family Centre                 |
| <input type="checkbox"/> Freshfield Children's Centre                  | <input type="checkbox"/> Seaforth Children's Centre              |
| <input type="checkbox"/> Hudson Children's Centre                      | <input type="checkbox"/> Seaforth Family Centre                  |
| <input type="checkbox"/> Linaker Children's Centre                     | <input type="checkbox"/> Southport Family Centre (Talbot Street) |
| <input type="checkbox"/> Linaker Children's Centre Canning Road        | <input type="checkbox"/> Springwell Children's Centre            |
| <input type="checkbox"/> Linaker Children's Centre The Atkinson        | <input type="checkbox"/> Thornton Children's Centre              |
| <input type="checkbox"/> Litherland Children's Centre                  | <input type="checkbox"/> Waterloo Children's Centre              |
| <input type="checkbox"/> Marie Clarke Family Centre                    | <input type="checkbox"/> Don't know                              |
|  | <input type="checkbox"/> None of these                           |

**If you have answered no, please go to question 9**

**5b** If you have answered yes please answer the following:

How do you get there? *(please tick all that apply)*

- |                               |   |   |                                |
|-------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Cycle                  | <input type="checkbox"/> Use public transport | <input type="checkbox"/> Car   |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Friend's or family car |   | <input type="checkbox"/> Other |

**6a** Which centre services have you used in the last 12 months.

*Please tick all that apply.*

**Health and Wellbeing Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Child development                  | <input type="checkbox"/> Breastfeeding support                 |
| <input type="checkbox"/> Dental health                      | <input type="checkbox"/> Support to stop smoking               |
| <input type="checkbox"/> Healthy eating information         | <input type="checkbox"/> Vitamin collection                    |
| <input type="checkbox"/> Exercise classes                   | <input type="checkbox"/> Family cookery                        |
| <input type="checkbox"/> Pram walks                         | <input type="checkbox"/> Lunch Club                            |
| <input type="checkbox"/> Safety in the home                 | <input type="checkbox"/> Support with your emotional wellbeing |
| <input type="checkbox"/> Paediatric first aid               | <input type="checkbox"/> Young Minds                           |
| <input type="checkbox"/> Infant feeding & weaning workshops |  |

**Health Visiting Services**

- Well baby clinic
- Development checks
- Toilet training

**Access to support for low mood/loneliness**

- |  |  |
|--|--|
| <input type="checkbox"/> One to one family support           | <input type="checkbox"/> Shine               |
| <input type="checkbox"/> Think differently, cope differently | <input type="checkbox"/> Peer support groups |
| <input type="checkbox"/> Positive Thoughts                   |  |

**Antenatal Services**

- |  |  |
|--|--|
| <input type="checkbox"/> Midwife booking in clinic | <input type="checkbox"/> Breastfeeding support |
| <input type="checkbox"/> Parent Craft Classes      | <input type="checkbox"/> Mellow Bump           |
| <input type="checkbox"/> Antenatal groups          |  |

### Perinatal Services

- |   |   |
|---|---|
| <input type="checkbox"/> Drop in clinic | <input type="checkbox"/> Mellow parenting |
| <input type="checkbox"/> Baby Massage   |   |

### Family Support

- |  |   |
|--|---|
| <input type="checkbox"/> Home visit  | <input type="checkbox"/> Home Safety visits/home safety equipment   |
| <input type="checkbox"/> Domestic violence support (i.e. SWACA)                | <input type="checkbox"/> Mediation/relationship support/counselling |
| <input type="checkbox"/> Drugs/Alcohol   |   |
| <input type="checkbox"/> Co-ordinated family support plan for me and my family |   |

### Access to support for families with Special Educational Needs & Disability (SEND)

- |   |   |
|---|---|
| <input type="checkbox"/> Respite            | <input type="checkbox"/> One to one support     |
| <input type="checkbox"/> Family fun days    | <input type="checkbox"/> Parent training events |
| <input type="checkbox"/> Stay & play (SEND) | <input type="checkbox"/> Sefton carers support  |
| <input type="checkbox"/> Sensory play       |   |

### Early Learning

- |   |  |
|---|--|
| <input type="checkbox"/> Creche                                 | <input type="checkbox"/> Support to access nursery provision                 |
| <input type="checkbox"/> 2 year old offer                       | <input type="checkbox"/> Early reading skills (i.e. storytime)               |
| <input type="checkbox"/> Preschool group (delivered in schools) | <input type="checkbox"/> Speech, language & communication (i.e. Chattertime) |
| <input type="checkbox"/> Stay & play                            | <input type="checkbox"/> Advice & support with child development             |
| <input type="checkbox"/> Mark making                            |  |
| <input type="checkbox"/> Breakfast club                         |  |
| <input type="checkbox"/> After school club                      |  |



### Developing Parents Life Skills

- |   |  |
|---|--|
| <input type="checkbox"/> Triple P (group)       | <input type="checkbox"/> Mellow parenting                    |
| <input type="checkbox"/> Triple P (one to one)  | <input type="checkbox"/> Incredible Years (Webster Stratton) |
| <input type="checkbox"/> No excuses             |  |
| <input type="checkbox"/> Strengthening families |  |

### Attachment & Support Programmes

- |   |   |
|---|---|
| <input type="checkbox"/> Baby massage/baby yoga               | <input type="checkbox"/> Mellow baby                            |
| <input type="checkbox"/> Beautiful Beginnings (play to learn) | <input type="checkbox"/> Baby bonding sessions (i.e. baby & me) |
| <input type="checkbox"/> Baby well-being                      | <input type="checkbox"/> Baby stay & play                       |

### Support into Employment

- |  |   |
|--|---|
| <input type="checkbox"/> Volunteering courses          | <input type="checkbox"/> Work ready programmes                            |
| <input type="checkbox"/> Volunteer                     | <input type="checkbox"/> Accredited learning courses (i.e. Maths/English) |
| <input type="checkbox"/> Building confidence           |   |
| <input type="checkbox"/> Support with job applications |   |

### Support with Finance & Budgeting

- |   |   |
|---|---|
| <input type="checkbox"/> Benefits/debt advice   | <input type="checkbox"/> Foodbank Vouchers                      |
| <input type="checkbox"/> Housing advice/support | <input type="checkbox"/> Family support e.g. grant applications |
| <input type="checkbox"/> Money management       | <input type="checkbox"/> Lunch club                             |
| <input type="checkbox"/> Cooking on a budget    |   |

### Other Services

- |   |  |
|---|--|
| <input type="checkbox"/> Practical family support & advice<br>(often completed at home) | <input type="checkbox"/> Dads club           |
| <input type="checkbox"/> Family group work (often<br>completed at home)                 | <input type="checkbox"/> Supervised contact  |
| <input type="checkbox"/> International group  | <input type="checkbox"/> Parent Forum        |
|   | <input type="checkbox"/> Drop in sessions    |
|   | <input type="checkbox"/> Peer support groups |

Other (please state)

**6b** Have you had a home visit from our Children's and Family Centre team(s)?

- Yes     No

If yes, what was the reason for the visit?

**6c** To inform our future offer, from the above list of centre services which three do you consider vital to the health & wellbeing of you and your family?

1

2

3

**7** How often do you use the Centre?

- Daily
- Weekly (not every day but at least once or more a week)
- Monthly (not every week but at least once or more a month)
- Infrequently (sometimes I drop in)

**8** Which of these other places do you use and which would you feel comfortable accessing services for children and families at in future?

*Please choose all that apply.*

	Currently access	Would feel comfortable accessing
Hospitals e.g. pre and post-natal services	<input type="checkbox"/>	<input type="checkbox"/>
Leisure centres	<input type="checkbox"/>	<input type="checkbox"/>
Parks and coast	<input type="checkbox"/>	<input type="checkbox"/>
Church Halls	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>
Halls attached to other places of worship e.g. mosque, temple	<input type="checkbox"/>	<input type="checkbox"/>
Community Centres	<input type="checkbox"/>	<input type="checkbox"/>
Village Halls	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Youth centres/clubs/events	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

## Part Two

### About the proposals

Our ambition is to see all communities in Sefton thrive and ensure the most vulnerable in our communities are kept safe. The proposed model will promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton and improve access to targeted support to address health inequalities.

The key principles for the introduction of Family Wellbeing bases are to:

- Respect families starting points, and intervene early to provide the required support in a timely way.
- Develop a “whole family” approach where root cause issues can be addressed and families limit the number of times they need to tell their story
- Ensure a focussed response on providing improved outcomes for the children and young people themselves on occasions where the “whole family” approach does not work.
- Ensure that the child’s voice is heard and that safeguarding thresholds are maintained through service redesign and delivery
- Ensure a targeted and evidence-based approach for those children and families who are in the greatest need
- Support children and families that are failing to thrive or reach their potential, particularly with regard to attachment, language acquisition and early childhood milestones

**9 Do you agree with these principles?**

Yes     No

If no which ones?

The table below outlines our proposals for where we would have our main centres and additional complementary bases which may have a different offer.

Locality area	Proposed Main Base	Additional Complementary Bases
North	Talbot Street - Potential Family Wellbeing Centre	Linaker Freshfield Farnborough & Kings Meadow
South	Waterloo - Potential Family Wellbeing Centre Or Marie Clarke - Potential Family Wellbeing Centre	Cambridge Seaforth (the place that you currently use may change)
Central	Netherton – Potential Family Wellbeing Centre	Hudson Litherland Thornton Springwell

**10** Do you agree with the above proposals?

- Yes     No

If no, please tell us your ideas for potential alternative locations.

**11** Which centre do you think will be the easiest for you to attend under our new proposals?

**Proposed Main Base**

- Talbot Street - Potential Family Wellbeing Centre
- Waterloo - Potential Family Wellbeing Centre
- Or
- Marie Clarke - Potential Family Wellbeing Centre
- Netherton - Potential Family Wellbeing Centre

**Additional Complementary Bases**

- Complementary Base in Linaker locality
- Complementary Base in Freshfield locality
- Complementary Bases in Farnborough & Kings Meadow locality
- Complementary Base in Cambridge locality
- Complementary Base in Seaforth locality
- Complementary Base in Hudson locality
- Complementary Base in Litherland locality
- Complementary Base in Thornton locality
- Complementary Base in Springwell locality

**12** How will you get there? *(please tick all that apply)*

- Walk
- Cycle
- Use public transport
- Other
- Car
- Taxi
- Friends or family car

**13** How do you usually get about?

Walk

Car

Cycle

Taxi

Use public transport

Friends or family car

Other

**14** How do you find out what is going on in the local area?

Local Offer (usually accessed by families with children or young people with a disability or educational need)

Children's Centre social media page

Children's Centre text messaging service

Sefton Directory (Council)

Internet search e.g. Google, Bing

Sefton Directory (CVS)

Information shared by Centre Staff

Sefton website

Information shared by schools

Children's Centre website

Family and/or friends

Anything else? Please specify

**15** Do you have any other comments or suggestions in relation to this proposal?

Please write your answer in the box below.

**THANK YOU**

## ABOUT YOU

You do not have to complete the next few questions if you don't want to.

These questions help us to understand who is using our services and taking part in our surveys.

You can find more information about why we collect this information in the "What's it got to do with you?" booklet which is available on the Council website and in Council buildings.

**1** What is the first part of your postcode  
(the first 3 or 4 letters and numbers)

**2** Are you  
 Male  Female

**3** What is your age?  
 15 and under  16-17  18-29  30-39  40-49  
 50-59  60-69  70-79  80-84  85+

**4** Disability: Do you have any of the following (please tick all that apply):

- Physical Impairment
- Visual Impairment
- Learning Difficulty
- Hearing Impairment/deaf
- Mental health/mental distress
- Long term illness that affects your daily activity

Other (please specify)



**Please read the following statement ...**

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

- Yes     No

**5 Ethnicity – do you identify as ....**

**Asian:**

- Bangladeshi                       Indian  
 Pakistani                          Other Asian background

**Black**

- African                                 British  
 Caribbean                          Other black background

**Chinese**

- Chinese                                Other Chinese background

**Mixed Ethnic Background**

- Asian and White                 Black African and White  
 Black Caribbean and White     Other mixed

**White**

- British                       English                       Irish                       Scottish  
 Welsh                       Polish                       Latvian                       Gypsy/Traveller  
 Other White background

The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete ...

**6 Do you have a religion or belief?**

Yes  No

If you ticked yes, please tick one of the following

Buddhist  Christian  Hindu  Jewish  
 Muslim  Sikh  No religion

Other (please specify)

**7 How would you describe your sexual orientation?**

Heterosexual  Bisexual  Gay  Lesbian

**8 Do you live in the gender you were given at birth?**

Yes  No

**END**



