Results of consultation on 0-19 years Services and Children’s Centres

July 2016
Foreword

Cheshire West and Chester Council has a vision for our children and young people. We are committed to working with partners to deliver quality services at the right time and in the right place, for children and families who need them most. A child's family background and circumstances have a huge influence on later life and we know providing help at the earliest stage, and the earliest age, makes the biggest difference.

The 0-19 year’s services and Children's Centre consultation gave the opportunity for local service users and stakeholders to share their views. People were invited to consider a range of options to provide services to children and young people differently. Your feedback is helping us shape and develop a new local model to secure improved services for 0-19 year olds for the future.

Helen Brackenbury
Interim Director Integrated Early Support

Fiona Reynolds
Interim Director Public Health
Introduction

Currently a range of services are provided for families and children aged 0-19 across the Borough. These include Children’s Centres, services for 0-5 year olds (Health Visiting) and services for 5-19 year olds, (School Nursing Services).

The Council is working with partners to develop a new vision for how these services are provided in the future and consulted widely on a range of options. This report presents the results of the consultation.

The 0-19 consultation took place over a 12 week period, which ran from 4 April until 26 June 2016. The consultation was in two parts.

1. The first part asked for people’s views on how Children’s Centres should be run in the future:

   Option 1: Continue to operate 15 Children’s Centres as main sites (with significantly reduced services).
   
   Option 2: Change Children’s Centres so that there are 8 main sites that deliver a full service and 7 linked sites that deliver a reduced service.

2. The second part asked for people’s views on three options for delivering 0-19 services.

   Option 1: Continue to operate separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing Service and separate Children’s Centre services.
   
   Option 2: Move to an integrated 0-5 years’ service (Health Visiting and Children’s Centres) but separate 5-19 Health and Wellbeing Service.
   
   Option 3: Move to an integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services).

How the consultation ran

Local residents, service users and stakeholders and professionals were invited to take part. They had the option of completing a questionnaire online or in hard copy.

In addition to the questionnaires, two stakeholder events took place in Chester and Winsford in April and May and smaller discussion groups were arranged with a number of key groups. The complete list of groups can be found in the appendix on page 37 of this report. Analysis from these groups is included in the main findings section of this report.

A detailed communication and engagement plan was used to encourage as many people with an interest in children’s services as possible to take part. The plan can be viewed on page 37.
Summary

Response to the consultation

- 720 service user questionnaires were completed and returned, 343 online and 377 hard copies.
- 111 stakeholder and professional questionnaires were completed and returned, 102 online and 9 hard copies.
- 84 people attended stakeholder events in Chester and Winsford, to seek the views of professionals working in this field.
- Multiple face-to-face consultation events took place with service users in Children’s Centres and other venues across the borough.

Key Messages

Key messages for Children’s Centres

- Both service users and professionals prefer Option 2 - to operate Children’s Centres as 8 main and 7 linked sites. Overall, 51% chose this option, 27% chose Option 1 and 22% didn’t know.

- 42% of respondents said it would have ‘no impact’ on them if Option 2 was taken forward, 10% said they would use Children’s Centres more often and 26% said they would use Children’s Centres less often or not at all. Just under a quarter (22%) said they didn’t know what impact it would have on them.

- Children’s Centres are seen as an essential place for children and families to access services and are highly regarded by service users.
### Key messages for 0-19 Services

- **Option 3** – to develop an integrated 0-19 Service, was the preferred choice of both service users and professionals. Overall, 44% chose Option 3, 29% chose Option 1 and 26% chose Option 2.

- The consultation showed a range of views on each of the options. Some of the key benefits and concerns were around:

<table>
<thead>
<tr>
<th>Option 1 - benefits</th>
<th></th>
<th>Option 1 - concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff skills and professionalism - staff have good understanding of their local area and a clear understanding of their roles and responsibilities</td>
<td>Risk of silo working, a lack of integration and duplication of roles and responsibilities</td>
<td>Financial implications and sustainability</td>
</tr>
<tr>
<td>More stability for staff and service users and less disruption to services</td>
<td></td>
<td>Information technology – data sharing problems.</td>
</tr>
<tr>
<td>Current services work well and are delivering good outcomes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 2 - benefits</th>
<th></th>
<th>Option 2 - concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill sharing - lots of staff specialism and knowledge</td>
<td>Duplication of roles and services and losing staff specialism</td>
<td>Not fully integrated</td>
</tr>
<tr>
<td>Better integration with joined-up working and joined-up systems</td>
<td></td>
<td>Disruption to services - need to ensure a robust commissioning process.</td>
</tr>
<tr>
<td>Stronger offer with better communication and information sharing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 3 - benefits</th>
<th></th>
<th>Option 3 - concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families have a more joined up integrated service</td>
<td>Reduced staffing leading to diluted services and resources</td>
<td></td>
</tr>
<tr>
<td>Shared systems, shared data, shared learning, leading to better communication</td>
<td>Buildings not equipped/overcrowded</td>
<td></td>
</tr>
<tr>
<td>Better transition between services.</td>
<td>Disruption to services and confusion for families.</td>
<td></td>
</tr>
</tbody>
</table>
Views on options

Children’s Centre Services

The first part of the consultation asked for people’s preference for the way Children’s Centres should be operated in the future.

The following table shows the questionnaire responses (both service user and stakeholder/professionals) for the Children’s Centre options.

Table 1: Preferred option for operation of Children’s Centres

<table>
<thead>
<tr>
<th>Options</th>
<th>Service user</th>
<th>Stakeholder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Option 1: Continue to operate 15 Children’s Centres as main sites</td>
<td>173</td>
<td>29%</td>
<td>8</td>
</tr>
<tr>
<td>Option 2: Change Children’s Centres to 8 main sites that deliver a full service and 7 linked sites that deliver a reduced service</td>
<td>301</td>
<td>50%</td>
<td>39</td>
</tr>
<tr>
<td>Don’t know</td>
<td>134</td>
<td>22%</td>
<td>14</td>
</tr>
</tbody>
</table>

Base for % = 608 Base for % = 61 Base for % = 669

- If ‘Don’t know’ responses are excluded from the result, then 35% preferred option 1 and 65% preferred option 2.
- Both service users and stakeholders/professionals agreed that the best option would be to have 8 main sites and 7 linked sites (option 2).
- Over half of all respondents (51%) felt Children’s Centres should operate as 8 main and 7 linked sites, whereas just over a quarter (27%) felt they should continue to operate as 15 centres. Just under a quarter (22%) of all respondents said they didn’t know.
- Comments regarding both of the options can be found in the main findings section of this report.

During the stakeholder events, attendees were given the opportunity to choose their most preferred option.
- 51 people agreed that Children’s Centres should have 8 main sites that deliver a full service and 7 linked sites that deliver a reduced service, 14 disagreed with this option. (Please note these are the responses from both events combined.)
Options for delivering 0-19 services

The second part of the consultation asked how people would like to see 0-19 services delivered in the future.

The following table shows the questionnaire responses (both service user and stakeholder/professional) for the options.

Table 2: Preferred options for delivering 0-19 Children’s Services

<table>
<thead>
<tr>
<th>Options</th>
<th>Service user</th>
<th>Stakeholder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Option 1:</strong> Separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing service and separate Children’s Centre services</td>
<td>158</td>
<td>31%</td>
<td>11</td>
</tr>
<tr>
<td><strong>Option 2:</strong> An integrated 0-5 years’ service (Health Visiting and Children’s Centres)</td>
<td>136</td>
<td>27%</td>
<td>15</td>
</tr>
<tr>
<td><strong>Option 3:</strong> An integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services)</td>
<td>218</td>
<td>43%</td>
<td>36</td>
</tr>
</tbody>
</table>

- Base for % = 512
- Base for % = 62
- Base for % = 574

- The most preferred option from both service users and stakeholders/professionals was to have an integrated 0-19 Service (option 3).
- 44% of all respondents chose option 3.
- The most preferred option from service users was option 3, followed by option 1, with option 2 being the least preferred.
- The most preferred option from stakeholders/professionals was option 3, followed by option 2, with option 1 being the least preferred option.
- Although option 3 was the preferred option, some professionals still felt this option carried some concern/risk. Some of the concerns and risks identified can be found in the main findings section of the report.
During the stakeholder events, attendees were invited to choose which option they preferred:

- 36 chose option 3, 18 chose option 1 and 14 people chose option 2. (Please note, these are the responses from both events combined.)
Main findings

This section includes detailed analysis of the questionnaire results, the key discussion groups and stakeholder events.

Due to rounding and multi-response questions, percentages do not always equal 100%.

The analysis is broken down into two parts:
1. The re-configuration of Children’s Centres
2. The three options for providing 0-19 services.

Children Centre Services

Children’s Centres deliver services supporting every child to get the best start in life and be ready for school. Across the country Children’s Centres are changing the way they deliver services, developing more joined-up services across a wider age range.

The following map and table shows the proposed main and linked sites.

Figure 1: Map displaying proposed main and linked sites
Table 3: List of proposed main and linked sites

<table>
<thead>
<tr>
<th>Main Children's Centre</th>
<th>Linked Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portside</td>
<td>Parklands</td>
</tr>
<tr>
<td>Stanlaw Abbey</td>
<td>Neston</td>
</tr>
<tr>
<td>Blacon</td>
<td>Chester Victoria</td>
</tr>
<tr>
<td>Lache (and Handbridge)</td>
<td>Kingsway and Upton</td>
</tr>
<tr>
<td>Frodsham</td>
<td>Chester Rural (Elton)</td>
</tr>
<tr>
<td>Victoria Road</td>
<td>Barnton and Weaverham</td>
</tr>
<tr>
<td>Wharton</td>
<td>Leftwich</td>
</tr>
<tr>
<td>Greenfields</td>
<td></td>
</tr>
</tbody>
</table>

The first part of the consultation asked for service users and stakeholders/professionals to give their views on a number of things relating to Children’s Centres.

Local centre and centre used most often

Service users were asked to specify which was their local Centre and which Centre they currently use the most.

Graph 1: Local Centre and the Centre most used
- Kingsway and Upton had the highest number of respondents who said it was their local centre and the highest number of people who said they use it the most, followed by Blacon and Chester Victoria.

**Graph 2: Percentage of respondents who identified their local Children’s Centre as also being the Children’s Centre that they attend the most**

- A high percentage of those who identified their local centre as either being Victoria Road, Neston and Stanlaw Abbey, also identified this as the centre they attended the most. This was followed by Blacon, Chester Victoria and Lache.
- Where participants used a different centre from their local one, analysis shows that:
  - Where Parklands is the local centre, many are choosing to using Stanlaw Abbey
  - For Leftwich, many are attending Victoria Road
  - For Portside, many are using Stanlaw Abbey.

(Note that this is based on those service users who took part in the consultation and may not be indicative of all service users).
Frequency of visit to Children’s Centre

Service users were asked how often they visit a Children’s Centre.

Table 4: Frequency of visit by service users to a Children’s Centre

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number of responses</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Two or more times a week</td>
<td>67</td>
<td>10%</td>
</tr>
<tr>
<td>Once a week</td>
<td>155</td>
<td>24%</td>
</tr>
<tr>
<td>Once a month</td>
<td>165</td>
<td>26%</td>
</tr>
<tr>
<td>Less often than once a month</td>
<td>164</td>
<td>26%</td>
</tr>
<tr>
<td>Never</td>
<td>86</td>
<td>13%</td>
</tr>
</tbody>
</table>

Base for % = 642

- Over a third of respondents (35%) attend a centre once a week or more
- 13% never attend a centre.

Transport used to get to the Children’s Centre

Table 5: Method of transport used most often to get to a Children’s Centre

<table>
<thead>
<tr>
<th>Transport</th>
<th>Number of responses</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>Car</td>
<td>344</td>
<td>56%</td>
</tr>
<tr>
<td>Taxi</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Walk</td>
<td>252</td>
<td>41%</td>
</tr>
</tbody>
</table>

Base for % = 613

- The majority of people either travel by car to the centre or walk.

Times most likely to visit Children’s Centre

Table 6: Time of day that service users reported being most likely to visit a Children’s Centre

<table>
<thead>
<tr>
<th></th>
<th>8-9am</th>
<th>9-12 noon</th>
<th>12 noon-4pm</th>
<th>4-6pm</th>
<th>6-9pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of</td>
<td>Number of</td>
<td>Number of</td>
<td>Number of</td>
<td>Number of</td>
<td>Number of</td>
</tr>
<tr>
<td>respondents</td>
<td>respondents</td>
<td>respondents</td>
<td>respondents</td>
<td>respondents</td>
<td>respondents</td>
</tr>
<tr>
<td>Monday</td>
<td>15</td>
<td>124</td>
<td>84</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12</td>
<td>125</td>
<td>75</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Wednesday</td>
<td>12</td>
<td>210</td>
<td>86</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Thursday</td>
<td>10</td>
<td>137</td>
<td>120</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Friday</td>
<td>11</td>
<td>85</td>
<td>66</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Saturday</td>
<td>8</td>
<td>24</td>
<td>25</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Sunday</td>
<td>7</td>
<td>20</td>
<td>18</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

- The table shows the times when people are most likely to visit their Children’s Centre, the top five most popular times are highlighted.
The most popular services used at a Children’s Centre in the last 12 months are:

- Midwifery (ante-natal clinics, appointments, hypnobirth)
- Early Learning and play groups (including Stay and Play, Movers and Shakers)
- Child health information, advice and support (e.g. Baby Clinic, Baby Matters, Weaning and Breastfeeding support)
- Health development checks and reviews (for example age 2 to 2 ½ year old review)
- Baby Massage.
Views on options for Children’s Centres

Respondents were asked to choose which option they would prefer for shaping Children’s Centres.

Table 7: Preferences from service users and stakeholders regarding the two options for shaping Children’s Centres

<table>
<thead>
<tr>
<th>Options</th>
<th>Service user</th>
<th>Stakeholder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Option 1: Continue to operate 15 Children’s</td>
<td>173</td>
<td>29%</td>
<td>8</td>
</tr>
<tr>
<td>Centres as main sites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option 2: Change Children’s Centres so that</td>
<td>301</td>
<td>50%</td>
<td>39</td>
</tr>
<tr>
<td>we have 8 main sites that deliver a full</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>service and 7 linked sites that deliver a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reduced service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>134</td>
<td>22%</td>
<td>14</td>
</tr>
</tbody>
</table>

If ‘Don’t know’ responses are excluded from the result, then 35% preferred option 1 and 65% preferred option 2.

Key considerations

Access to centres
- Many respondents highlighted the need to consider the lack of transport being a barrier to people being able to access Children’s Centres, though many also said that having to travel further would not deter them because they were able to get there.
- A few respondents mentioned parking issues at centres.
- Being able to walk to a centre was seen as important and centres need to continue to have a local presence.

Preferences around services
- There was objection and real concern from many to a reduction in the number of centres, though a few did support this, in order to save money. Some respondents felt that centres were underused and that there was some replication of services (e.g. classes offered).
- Many expressed a preference for a ‘full service’, but would rather see ‘fewer services than none’.
There were a number of suggestions to improve and use services more efficiently, such as using main sites as a base for professionals and linked sites in communities, or using main and linked sites in novel ways (for example, when a main site is closed, ensure a linked site is open).

**Current services**
- There was much praise for services currently offered; with many feeling they have a beneficial effect on parents and communities.

**No changes**
- Many respondents wanted services to remain as they are and with no change.
- Some felt that children and communities would be at risk if there were centre closures.
- A number of respondents said they were unsure, did not use their centre enough or have enough information to decide what option is best.

**Possible impacts of change**
Respondents were asked to say what impact it would have on them if option 2 was taken forward (change Children’s Centres so that we have 8 main sites that deliver a full service and 7 linked sites that deliver a reduced service).

**Graph 4: Impact on use of services by service users, if services changed to 8 main sites and 7 linked sites**

![Impact if service changed to 8 main sites and 7 linked sites](image)

- 42% of all respondents said it would have no impact if the Children's Centres were configured into 8 main sites and 7 linked sites.
• Just over a quarter (26%) said they would use Children Centre services less often, not use at all or attend alternative (non-Children’s Centre) activities.
• Just less than a quarter (22%) didn’t know what impact it would have on them.

‘Other’ impacts mentioned were as follows:

• Many people said that the impact would depend on whether their Children’s Centre became a main or linked site, and what services were offered (i.e. classes). Days of the week also featured as an important factor for people being able to attend.
• Many said that they were unsure of how changes would impact them.
• A lack of transport was described as being a barrier to accessing services, though a few said they were willing to travel further. Many stated the need for centres to stay local, or at least within walking distance.
• A small number of respondents felt that there would be little to no impact on them, and/or that they would continue to use their centres anyway. However, a few did say they felt changes may result in them using their centres less or stop altogether, dependent on the factors listed above.
• A small number also did not want any changes and wanted things to remain as they are.
• A small number said they did not use their Children’s Centre.
What service users and stakeholders like about Children's Centres

- Easy to access
- New parents
- Engagement with other people
- Involvement in local activities/events
- Services all under one umbrella
- Welcome
- Relationship with staff
- Family nurse
- Location
- Within walking distance
- Family friendly

What improvements service users and stakeholders would like to see at Children's Centres

- Longer opening hours
- Classes running in school holidays
- Consistent services across the borough
- Better integration
- Multi-agency working
- Social isolation
- Access for shift workers
- Different systems
- Data protection issues
- Data sharing
Further views of service users and stakeholders

What is working well

- Both service users and stakeholders had many positive views about Children’s Centres.
- Children’s Centres are seen as an essential place for children and families.
- In general, the locations of the centres work well and are easy to access (with the exception of some rural areas).
- Children’s Centres are very welcoming and family friendly, people feel at ease when they arrive.
- Some people praised the staff and had formed good relationships with them, especially Family Nurses and they had proved to be a great support to new parents.
- Helpful to have a place where all services can be accessed, like a one-stop shop.
- Children’s Centres enable people to engage with each other, especially new parents who may feel isolated. They also allow people to get involved with the local community.
- Partnership working is very effective.
- Some people would like to see universal services continue as well as targeted services, although targeted services are working well.
- Good place to go for advice and guidance.
- Where there is co-location of staff, this is working well.
- Larger Children’s Centres work well, as they co-locate midwives, health visitors, family support, health services, plus other services (housing benefits, nursery care, meeting rooms for Team Around the Family, Social Services meetings).
- Working in large groups helps to make services more flexible and responsive to needs.
- Sharing of resources, rooms and facilities in one location.

Areas for improvement

- Many staff struggle with the referral process, in particular the fact that if families are not in the “correct postcode” staff can’t refer them.
- Information Technology – difficulties with data sharing due to different systems and data protection.
- Opening hours – Although many people were happy with the opening times of the centres, these are different across the borough. Also some would like to see an extension of the opening hours to allow for those who work different shift patterns and more activities in the summer holidays.
- Many people felt there was inconsistency with services across the borough and this needs to be addressed (e.g. speech and language therapy is different in different areas.)
- Social isolation – Some professionals were concerned about how people in certain areas would cope if services in their local area were cut. Particular concern was raised by professionals about Chester Rural (Elton) and areas of Winsford.
- Many stressed the need to ensure everyone can access a centre.
- More support is needed for parents of children with a Learning Disability and it is
important that the Local Offer includes Learning Disability and Autism.

- Some people suggested that the age range should be widened to accommodate older children.
- Still a stigma around Children’s Centres for some people.
- Any model moving forward should provide a strong universal/preventative service alongside more targeted and specialised support.
- Have one point of contact/a one-stop shop to streamline communication.
- Improve Children’s Centre service provision and accessibility/drop in services for hard to reach families.
- A bottom up approach to service provision/workers in contact with clients, need to know which services are needed at local level.
- Promotion of Children’s Centre services and activities.
- Some felt it would be useful to have text or email reminders for courses.
- More evening courses would be useful.

**Other general comments mentioned about Children’s Centres were:**

- Agree with the need for Local Authorities to explore different ways of delivering Children’s Centre services in a challenging financial climate, however some concern about any potential reduction of services in Elton and the impact of this on families who may find it difficult to travel to other centres. Would like to see further consultation with local community and key stakeholders in Elton.
- Need to keep Mental Health services accessible through Children’s Centres.
- Use Children’s Centres to be a central point for your child to “belong” in that you may have been discharged from other professionals but are registered with a Children’s Centre and through this you can “open up” other referrals or access other services.
- Use Children’s Centres as point of access for parents for services such as school nurse, especially for children attending special schools (or resource base) that are not near to home. School-based services are not accessible for those who don’t live nearby.
- Useful to have specific support for families with children with Special Educational Needs. There is a feeling that families don’t know they can access Children’s Centres once a child is over 5 where they have additional needs.
- No Children’s Centres in rural areas so proposed main and linked sites model doesn’t really apply to local residents because there’s no service provision for them anyway.
- Acknowledgement that service users don’t know what support they are missing because they are not sure what the current service offer is in the remaining Children’s Centres.
Views on 0-5 and 5-19 Services

Midwives and Health Visitors

Service users were asked if they were able to see their Midwife and Health Visitor at the Children’s Centre.

Table 8: Access to Midwife and Health Visitor at centre

<table>
<thead>
<tr>
<th></th>
<th>Midwife</th>
<th></th>
<th>Health Visitor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Yes</td>
<td>366</td>
<td>61%</td>
<td>343</td>
<td>57%</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>5%</td>
<td>62</td>
<td>10%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>44</td>
<td>7%</td>
<td>139</td>
<td>23%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>162</td>
<td>27%</td>
<td>59</td>
<td>10%</td>
</tr>
</tbody>
</table>

- Midwife – If ‘don’t know’ and ‘not applicable’ were removed from the analysis, then 92% said they were able to see their midwife at the centre and 8% said they were not able to.
- Health Visitor – If ‘don’t know’ and ‘not applicable’ were removed from the analysis then 85% said they were able to see their Health Visitor at the centre and 15% said they were not able to.

Child and health support

Respondents were asked what child and family support they would find useful.

A wide range of comments were given, the most popular are mentioned below, for full comments please see the appendix on page 37.

- Many people are satisfied with the current child and health provision
- It was important for people to have contact with health professionals, including health visitors and midwives
- People would like social groups such as playgroups and Stay and Play, this gives the opportunity to meet and engage with other parents
- Weighing clinics are very popular, also Weigh and Play groups
- Some people would like to see breastfeeding support, including breastfeeding cafes
- Baby Matters and baby clinics are other groups people would like to have
- Some respondents said they would like classes about food nutrition, including family cooking and dietary advice
- Some respondents would also like baby massage classes
- Groups on general parenting and childcare classes were also a popular choice for people
- Others would welcome information and support on development milestones.
Service users were asked if they had any children aged between 5 and 19 years of age and if so, would they be happy to use their main Children’s Centre to access broader health services for that child.

- Of those who stated they did have a child aged between 5 and 19 years of age, almost three quarters (74%) said they would be happy to access broader services from their Children’s Centre.

**Broadening Children’s Centres to provide support for 5-19s**

Some of the particular services people said they would like to access were:

- Speech and language
- A broad range of play activities/groups, such as Stay and Play
- A broad range of advice on health, psychological support and counselling
- Dietary advice and weight management support
- A small number of people asked for activities for older children and teenagers
- A number requested Learning Disability specific support and behaviour management.

For those who answered ‘no’ that they wouldn’t want to access other services from a Children’s Centre the following reasons were given:

- Some people felt that Children’s Centres should be designed for young children only
- Many felt it would not be appropriate for people with drug/alcohol/substance abuse problems to receive treatment or help at a Children’s Centre, as it would change the nature of Children’s Centres. However, there was some agreement from Secondary Head Teachers that it would be useful for people to be able to access these types of services rather than having to go elsewhere
- It was felt that Children’s Centres would become far less approachable if services included help for issues such as substance abuse. It was also felt that it could be intimidating for children and families to come into contact with older children/teenagers who have substance abuse problems
- Some commented how difficult it is trying to access a Children’s Centre without transport
- Some people only use specific Children’s Centre services e.g. Stay and Play
- Some people prefer to use health clinics for health related issues.
Service users were asked what times would be the most convenient for them to use services for children and young people aged 5-19 years of age (this was regardless of whether they were currently using it or not).

**Table 9: Time of day service users reported being most convenient for them to access services for children and young people aged 5-19 years of age.**

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the day (9am-3pm)</td>
<td>153</td>
<td>38%</td>
</tr>
<tr>
<td>After school (3pm-5pm)</td>
<td>235</td>
<td>59%</td>
</tr>
<tr>
<td>Early evening (5pm-7pm)</td>
<td>169</td>
<td>42%</td>
</tr>
<tr>
<td>Evening (7pm-9pm)</td>
<td>69</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Base for % = 399</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please note: percentages will add up to more than 100% as respondents were asked to choose more than one option.)

- The most convenient time for people to use services is between 3 and 5pm and the least convenient time between 7 and 9pm.

**Health and wellbeing support**

Respondents were asked to think about 5-19 year olds and what type of health and wellbeing support they would find useful.

Many comments were given for the question, some of the most popular are summarised below.

- Support for healthy eating was the most important to people, including nutrition and dietary advice, as well as healthy cooking advice.
- Health and wellbeing support is something people would find useful, including learning about healthy living and lifestyles.
- Support for mental health issues was another area of support which people would find useful and transition services for going into adult mental health services.
- Fitness and exercise and sports such as karate, ballet, gymnastics, exercise classes and yoga would be beneficial to people.
- Advice on weight management.
- General counselling and counselling specifically for children who are being bullied
- Speech and language support.
- Support for life transitions and personal development/growing up.
- Advice and support with job seeking, including help with CV writing.
- After school hobby clubs.
- Sex education/sexual health clinics.
Child Weight Management

Ensuring our children and young people are of a healthy weight is critical for their physical and mental wellbeing.

The child weight management service has previously been commissioned as a stand-alone service that targeted the wards with the highest numbers of childhood obesity at both an individual and community/school basis. There is currently no service in place to support this cohort, hence the consultation has provided an opportunity to review current need. There are a number of options in which a service or initiatives and interventions could be commissioned in future.

Stakeholders were given the opportunity to discuss Child Weight Management and say what interventions would be needed locally.

- Early intervention and support was suggested by many respondents who mentioned help with weaning/breastfeeding and health visitor support.
- Some respondents suggested that schools could be used effectively to help encourage children to be more active and have better eating habits.
- Some mention was made of awareness raising events and marketing for both public and stakeholders alike.
- The need to identify those underweight and overweight was raised by some respondents, who suggested mechanisms such as weighing children at nursery.
- Engagement with and education of families in nutrition and healthy lifestyles was suggested by some respondents.
Figure 4: What service users and stakeholders like about the 0-5 years Healthy Child Programme

What service users and stakeholders like about the 0-5 years Healthy Child Programme

- Good relationships between staff and partners
- Joint working
- Good integration between services
- Early intervention
- Health Visitor expertise
- Co-located teams
- Universal services
- Like

Figure 5: Improvements service users and stakeholders would like to see for the 0-5 Healthy Child Programme

Improvements service users and stakeholders would like to see for the 0-5 Healthy Child Programme

- Data sharing
- Information Technology
- More contact with Health Visitors
- Improvements
- Better early Intervention
- Need to ensure help before starting school
Further views of service users and stakeholders

What is working well

- Health Visitor expertise – it was felt that Health Visitors should be involved more in key meetings and decision making
- Universal services are well liked, need to ensure these are still offered in addition to targeted services so can reach out to more people
- Good relationships between staff and partners
- Young mums group praised the family nurses and the support they had given them
- Good integration between services
- Co-location of teams
- Information sharing and communication between multidisciplinary teams and partner agencies (such as Health Visitor teams) supports the development and safeguarding of children.

Areas for Improvement

- Information Technology – data sharing, access to information is a problem
- Early Intervention – need to ensure that problems are dealt with at an early stage before child starts school (healthy lifestyle, oral hygiene, etc.)
- GPs stressed the need for more contact with Health Visitors
- A universal service to educate parents to support the healthy development of all young children/in-house parenting programmes.

Other general comments about the 0-5 service

- Be wary of changing what currently works well
- Other services such as substance misuse, sexual health, exercise, etc., should be available in rural areas and more support is needed.
Figure 6: What service users and stakeholders like about the 5-19 service

What service users and stakeholders like about the 5-19 service

- Partnership/joint working
- Transition between services
- Co-location of staff
- Communication
- Staff knowledge
- Generic email account

Figure 7: Improvements service users and stakeholders would like to make to the 5-19 service

Improvements service users and stakeholders would like to make to the 5-19 service

- No access to resources
- Work needs to be more preventative
- Data Protection
- Overstretched
- Capacity issues
- Communication
- Need better structure
- Waiting times
Further views of service users and stakeholders

What is working well

- Communication – staff saw this as something that’s working well, things such as the ‘My Mind and Wellbeing’ website, having a generic email account and the electronic records and links to GPs. Also, communication between agencies/closer working with services for children aged 5 and over to improve transitions. It was also mentioned that there is a good online directory of support and systems are being improved.
- Transitions and links between services – Some people felt that this works well within the 5-19 service.
- Joint working and relationships between staff – the joint working around families was mentioned as working well.
- Improved links with school nurses to improve service continuity and local knowledge of areas and families.
- Knowledge of staff.
- Co-location of staff - this was seen as something which can improve communication and relationships.
- Training.
- Good drop-in service.
- Good immunisation programme.
- Child and Adolescent Mental Health Service.

Areas for improvement

- Capacity issues – Some staff had concerns about their capacity, feeling they are overstretched. They would like to have more of a preventative remit but this is not possible with the capacity issues. Also concern about being able to keep up with the safeguarding remit and 1:2:1 support for children and families. It was also mentioned that there are not enough school nurses.
- Information Technology – Concern and frustration from professionals about not having access to particular resources. Data sharing and data protection is also a challenge. There are many different recording systems and it was felt that agencies should all be using the same system.
- Transition – It was felt by some that professionals need to meet to update service users on where the transition process is up to. Parents need to have better awareness from staff on the offer of 0-5 and 5-19 transition, when it is and why. Need to support transition more and the transition process needs to start earlier so there is easier access to services.
- Communication – It was mentioned that it’s sometimes difficult trying to get hold of the right person and if services remain separate there needs to be a better structure of communication. Some GPs felt there needs to be better communication from school nurses to GPs as sometimes school nurses are the main carer for the child and they don’t get any information from them.
- Waiting times for services need to be reduced.
- More collaboration with GPs and high schools to improve information with early years.
Other general comments about the 0-19 service were:

- Currently some difficulties in making sure that children and young people get the help they need at an early stage. Children and families end up at their GP with problems that could have been addressed earlier.
- It was felt that organisations who have high levels of contact with children and young people, such as schools, could work together better with other services such as school health to more effectively manage and support a child/young person's behaviour.
- Some GPs feel removed from the School Nursing Service completely.
- Communication needs to improve between GPs, Health Visitors and School Nurses.
- A need for greater communication between stakeholders and awareness of services available. Some services appear to be fragmented and have poor working relationships.
- Some requested health services to be more integrated.
Options for 0-19 children’s services

Option one
The service continues running "as is"

Option 1: Separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing Service and separate Children’s Centre services.
This means services will continue to operate separately.

Option Two
Integration apart from the 5-19 service

Option 2: An integrated 0-5 years’ service (Health Visiting and Children’s Centres).
This means services for 0-5 year olds will be joined-up as a single service.

Option Three
Integration of entire service

Option 3: An integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services).
This means services for 0-19 year olds will be joined-up as a single service.
The second part of the consultation was about how 0-19 years services will be delivered in the future.

Cheshire West and Chester Council is considering a range of options that offer opportunities to provide services to children and young people differently. Depending on which option is chosen, joint approaches could enable children, young people and their families to receive improved access to a range of advice and support services through a network of Children’s Centres that will have a varied offer and could include the delivery of:

- Children’s Centre services
- 0-5 years Healthy Child Programme
- 5-19 years Health and Wellbeing Service.

What is the 0-5 years Healthy Child Programme?
The Healthy Child Programme is more commonly known as the Health Visiting service which is available to all children under 5 years old. For some first time mothers aged up to 24 years there is a targeted service called the Family Nurse Partnership (which is also Health Visiting).

The Healthy Child Programme aims to:
- Improve pregnancy outcomes
- Intervene early to prevent the escalation of problems affecting children and families
- Improve child health and development.

The Healthy Child Programme is currently delivered by two different providers locally. The Council wants to ensure that there is a consistent high quality service available across the borough and would like to buy the service from one provider in the future.

What is the 5-19 Wellbeing service?
As every child approaches their 5th birthday their care transfers from the Healthy Child Programme to the 5-19 years’ service.

The service aims to protect and promote the health and wellbeing of every child and young person through offering a range of support which is designed around individual needs.

Part of the 5-19 service includes:
- Vision and hearing screening
- Immunisation and vaccination programme
- Child health surveillance and screening
- Support to every child around their individual needs
- Support to families and schools for children with additional needs
- Promotion of physical and emotional resilience to support children and young people to care for themselves
- Increased access to services to reduce risk-taking behaviour
- Safeguarding children.
The options the Council is consulting on are whether to:

1. Continue to operate separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing Service and separate Children’s Centre services.

2. Move to an integrated 0-5 years’ service (Health Visiting and Children’s Centres) but separate 5-19 Health and Wellbeing Service.

3. Move to an integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services).

The following table shows the questionnaire responses (both service user and stakeholder/professional) for each option.

**Table 10: Number of responses and percentages to the options for 0-19 services**

<table>
<thead>
<tr>
<th>Options</th>
<th>Service user</th>
<th>Stakeholder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Option 1:</strong> Separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing Service and separate Children’s Centre services</td>
<td>158</td>
<td>31%</td>
<td>11</td>
</tr>
<tr>
<td><strong>Option 2:</strong> An integrated 0-5 years’ service (Health Visiting and Children’s Centres)</td>
<td>136</td>
<td>27%</td>
<td>15</td>
</tr>
<tr>
<td><strong>Option 3:</strong> An integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services)</td>
<td>218</td>
<td>43%</td>
<td>36</td>
</tr>
</tbody>
</table>

Base for % = 512

Base for % = 62

Base for % = 574
The following tables summarise the views of both service users and stakeholders.

**Option 1** – Continue to operate separate 0-5 years Healthy Child Programme, separate 5-19 years Health and Wellbeing Service and separate Children’s Centre services.

**Table 11: Key benefits and concerns of service users and stakeholders on option 1**

<table>
<thead>
<tr>
<th>Key benefits</th>
<th>Key concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff skills and professionalism</td>
<td>Duplication of roles/responsibilities and services</td>
</tr>
<tr>
<td>Staff have good understanding of their local area</td>
<td>Financial implications and sustainability</td>
</tr>
<tr>
<td>Stability for staff and service users – less disruption if service stays as it is, some people don’t adapt well to change</td>
<td>Risk of silo working/isolation and lack of integration</td>
</tr>
<tr>
<td>Good track record, delivering good outcomes – why fix something that’s not broken?</td>
<td>Information Technology – and data sharing problems</td>
</tr>
<tr>
<td>Staff have a clear understanding of their roles</td>
<td>Having to tell story more than once</td>
</tr>
</tbody>
</table>

Other benefits people mentioned were:
- Good links to education
- Enables continuity of care
- Benefit being under the care of the Local Authority.

Other concerns people had were:
- Threat of redundancy
- Potential closure of Children’s Centres
- Communication problems.

**Option 2** – Move to an integrated 0-5 years’ service (Health Visiting and Children’s Centres) but separate 5-19 Health and Wellbeing Service.

**Table 12: Key benefits and concerns of service users and stakeholders on option 2**

<table>
<thead>
<tr>
<th>Key benefits</th>
<th>Key concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill sharing – lots of specialism amongst staff, can benefit from each other</td>
<td>Duplication of roles/services</td>
</tr>
<tr>
<td>Joined-up working and joined-up systems</td>
<td>Not fully integrated</td>
</tr>
<tr>
<td>Service will be more integrated, better integration for 0-5 Service</td>
<td>Disruption to services/unsettling for service users</td>
</tr>
<tr>
<td>Better communication/information sharing</td>
<td>Losing staff specialism</td>
</tr>
<tr>
<td>Stronger offer and good continuation of service</td>
<td>Need a robust commissioning process</td>
</tr>
</tbody>
</table>
Other benefits people mentioned were:
- Reduce the risk of Children’s Centres closing
- Reduce duplication
- Consistency of services/work patterns
- Provides support in one place for families
- Maintains focus on early intervention.

Other concerns people had were:
- Diluted service
- Difficulties of transition through the services
- Information Technology/data sharing
- Lack of youth provision
- Unknown provider/management
- Continuity of care
- Isolation between services.

Option 3 – Move to an integrated 0-19 years’ service (Health Visiting, School Nursing and Children’s Centre services).

Table 13: Key benefits and concerns of service users and stakeholders on option 3

<table>
<thead>
<tr>
<th>Key benefits</th>
<th>Key concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families have a more joined-up service</td>
<td>Reduced staffing/losing staff knowledge</td>
</tr>
<tr>
<td>Better communication and information sharing</td>
<td>Confusion over roles and responsibilities</td>
</tr>
<tr>
<td>Better integration/seen as one service</td>
<td>Buildings not equipped/overcrowded</td>
</tr>
<tr>
<td>Shared learning/shared systems</td>
<td>Diluted services/resources</td>
</tr>
<tr>
<td>Better transition between services</td>
<td>Disruption to services for families/confusion</td>
</tr>
</tbody>
</table>

Other benefits people mentioned were:
- Continuity of care/consistency
- Opportunities for making savings
- Whole age range/one worker throughout life
- Reduces duplication
- Tell story once
- Less risk of losing Children’s Centres.

Other concerns people had were:
- Accessibility
- Reduced quality of service
- IT infrastructure
- Time and money to make changes
- Uncertainty of what model will look like.
Stakeholders and professionals were also asked to say what impact the proposed changes would have on them.

- There were a range of views - some feeling that changes would be beneficial (for staff and service users), others concerned about changes, and some unsure of what impact the changes would have. A small number said they did not feel they would be affected because of their role, or that they would adapt to any changes.
- Some feared job insecurity, increased concern around logistics of changes, reduced accessibility for service users and staff not having their skills/experience/training used to full potential.
- There was support for integration of services from some, with the view it would benefit the service user through improved communication between professionals, more joined-up working and having a single point of access.
- A couple of respondents supported the notion of having a mixture of the options.

**General Comments**

Respondents were asked to make any additional comments.

- Much praise for the service that Children’s Centres provide. Classes and centres were described as ‘enjoyable’, ‘valuable’ and a ‘lifeline’. Centres appear to be well used.
- There was some fear that integration of service would have a negative effect on the quality and provision of service, particularly in regard to the service being overstretched and staff not being able to use their skills to full potential. Others felt that babies and teenagers have different needs and therefore require different services, not one combined one.
- There was some support for integration with benefits to the service user and the need for joined-up working being reasons given.
- Some participants were keen to stress that centres should not close.
- Two participants mentioned that there needs to be support available for those children with Learning Disabilities while others stressed that centres should be accessible to all.
- Some participants wanted more classes to be offered.
Next steps

The results from this report will be shared with Councillors and Senior Managers and will be presented to the Council’s Cabinet in Autumn 2016.

It is anticipated that Cabinet will decide on how services for 0-19s will be configured.

Service users, stakeholders, staff and the public will be kept informed about any future changes.
Appendix

Communication Plan

The consultation followed a multi-method approach to follow best practice and enable as many people as possible to take part. All the consultation, design work and communications were undertaken in-house.

This was a large and comprehensive programme of consultation as it was to inform the commissioning of 0-19 years services and configuration of Children’s Centres. Council staff met with two Members (portfolio holders) prior to the consultation launch to ensure plans met with their approval.

Materials were also distributed to key local groups by the Equality and Diversity and Locality teams via a range of channels, including at community meetings/forums, disability panels, meetings with older people, Faith communities and a Gypsy and Traveller event.

Council staff took information to scheduled meetings to distribute to partners and groups. At these meetings, the 0-19 years’ service and Children’s Centre consultation was either included as a specific agenda item or a general discussion under ‘any other business’. Examples include meetings with; West Cheshire Clinical Commissioning Group’s Starting Well Partnership; the Maternity Network; GP locality networks; Head Teacher’s Forums; staff and parent forums and Youth Senate.

Promotion

This involved:

- Press releases throughout the 12 week period.
- Internal message to staff and Councillors including an email notification of the consultation launch and a request to promote engagement. Staff groups in libraries, Contact Centres and those at the first point of enquiry were provided with a briefing note and a ‘Frequently Asked Questions’ sheet.
- A Members’ Briefing note was issued to support.
- A number of briefings were issued to internal and external staff via monthly newsletters.
- Interview with Cllr Meardon on Dee Radio to raise awareness of the consultation and promote engagement.
- Information was included in the Integrated Early Support newsletter.
- Frequent email ‘reminders’ disseminated to all partners and available distribution lists to reinforce the message that the consultation runs for 12 weeks and how to get involved.
- The consultation was featured on the Council’s website throughout the consultation. Other partners also supported the Council’s awareness raising.
- The consultation was promoted by various partners on their website including the Clinical Commissioning Groups and Chester Voluntary Action.
- The Council and partners sent links to the consultation via various distribution lists, which reached hundreds of individuals and services including Midwifery, Children’s Centres, schools, Special Educational Needs event for parents, the third sector community and voluntary groups.
Consultation methods, engagement and distribution

The main consultation approaches were as follows:

<table>
<thead>
<tr>
<th>Consultation method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation booklet and questionnaire for Service Users</td>
<td>Booklet setting out the Council’s proposals for the 0-19 service. The document and questionnaire were available online and in printed format. Printed copies were distributed widely to key locations, including libraries, leisure centres, Children’s Centres, key Council buildings and through partners. Electronic copies were emailed via various distribution lists held by the Council and by partners.</td>
</tr>
<tr>
<td>Stakeholders and Professionals</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>A dedicated email address was established to enable people to submit queries and feedback as necessary. A telephone number was also made available for anyone who had questions they wanted to ask or comments they wanted to raise.</td>
</tr>
<tr>
<td>Stakeholder events</td>
<td>Two events were held to invite partners and colleagues to explain the Council’s vision and facilitate sessions for stakeholders to contribute towards reviewing the proposals and shaping the delivery model. <strong>84 people attended the events.</strong></td>
</tr>
<tr>
<td>Facilitated sessions</td>
<td>Key communities/groups were targeted to offer facilitated sessions. These took place across the Local Authority footprint.</td>
</tr>
<tr>
<td>Breakfast and twilight sessions</td>
<td>General Practitioners were offered sessions to attend and discuss/provide feedback regarding the services included within the consultation.</td>
</tr>
<tr>
<td>Teleconferences</td>
<td>General Practitioners and other partners that had difficulty engaging in any other methods were also offered the opportunity to engage in teleconferencing.</td>
</tr>
<tr>
<td>Consultation through existing networks</td>
<td>A wide programme of activities where a number of Council colleagues engaged with as many local networks, groups and residents as possible. This included tagging the consultation onto existing meetings, activities and events as well as arranging special meetings with organised/established networks, particularly where people may have difficulty in taking part through other mechanisms.</td>
</tr>
</tbody>
</table>
In addition to the above, the following direct engagement was undertaken:

**Stakeholder and Professionals**
- Chester City GP Network
- Rural GP Network
- 1:2:1 with GP's
- Primary School Headteachers
- Secondary School Headteachers
- Special Schools Headteachers
- Maternity Network meeting
- Education Improvement Partnership
- Youth Service
- Midwives
- 1:2:1 with Councillors
- Rural Localities Manager
- Social Work Team Managers
- Team Away Days
- Community meetings.

**Service Users**
- Baby Matters
- Baby play groups
- Movers and Shakers
- Diddi dance
- Baby weigh and play
- Stay and play
- Bumps and babies
- SEND Parent and Carer Forum
- Headstart to school group
- Young mums group
- Youth workers
- Consultation at libraries
- Breastfeeding support groups
- Save the Family
- Youth Senate.
Profile of service user respondents

Gender

Table 14: Gender profile of service user respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Female</td>
<td>565</td>
<td>97%</td>
</tr>
</tbody>
</table>

Base for % = 581

- The majority of respondents (97%) were female.

Age

Table 15: Age profile of service user respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>16 to 24</td>
<td>84</td>
<td>14%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>291</td>
<td>49%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>185</td>
<td>31%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>18</td>
<td>3%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>75 and over</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Base for % = 592

- The majority of respondents were aged between 25 and 44, with just under half (49%) aged between 25 and 34.

Disability

- 8% of respondents said they had a long term illness, health issue or disability that limits their daily activities or the work they can do.

Table 16: Disability profile of service user respondents

<table>
<thead>
<tr>
<th>Type of illness/disability</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical impairment</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health issue</td>
<td>21</td>
<td>45%</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Learning disability or difficulty</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Long standing illness or health condition</td>
<td>23</td>
<td>49%</td>
</tr>
</tbody>
</table>

Base for % = 47

(Please note: percentages will add up to more than 100% as respondents were asked to choose more than one option.)
• Almost half of the respondents (49%) have a long standing illness or health condition.

**Ethnicity**

**Table 17: Ethnicity profile of service user respondents**

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>529</td>
<td>91%</td>
</tr>
<tr>
<td>White Irish</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>White any other background</td>
<td>24</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed white and Asian</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed white and Black Caribbean</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>3</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base for % = 578

• The majority of respondents (91%) were White British.

**Religious belief/faith**

**Table 18: Religious belief/faith profile of service user respondents**

<table>
<thead>
<tr>
<th>Type of religion</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Christian</td>
<td>290</td>
<td>52%</td>
</tr>
<tr>
<td>Hindu</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Muslim</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>220</td>
<td>40%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>25</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base for % = 553

• Over half of the respondents (52%) were Christian, 40% said they didn’t have a religious belief.

**Sexual orientation**

**Table 19: Sexual orientation profile of service user respondents**

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual/Straight</td>
<td>552</td>
<td>98%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>8</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base for % = 564
• The majority of respondents (98%) were heterosexual/straight.

Profile of stakeholder respondents

• Almost a third (31%) responded to the consultation on behalf of a group or organisation.

Groups mentioned were:
- Primary schools
- Pre-schools
- GP surgeries
- Children’s Centres
- Hospitals
- Youth Centres
- Secondary schools.

A full list of groups who responded is available on request from the Research Team.

Table 20: Area of work profile of stakeholder respondents

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Visitor</td>
<td>16</td>
<td>15%</td>
</tr>
<tr>
<td>Community Nursery Nurse</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Family Nurse Partnership (nurse)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>School Nurse</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>12</td>
<td>11%</td>
</tr>
<tr>
<td>Early Years Worker</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td>Integrated Early Support Manager</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Business Support</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>48</td>
<td>44%</td>
</tr>
</tbody>
</table>

Main mentions were:
- Midwifery                        7
- Headteachers and Assistant Heads 8
- Voluntary Sector                 4
- Paediatrician                    3
- Apprentices                      2
- School Nursing Assistant         2
- Safeguarding                     2
- Practice Manager                 3

Base for % = 110
Table 21: Frequency of contact respondents have with services

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Frequency of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regularly (weekly)</td>
</tr>
<tr>
<td></td>
<td>number</td>
</tr>
<tr>
<td>Health Visitor Services</td>
<td>68</td>
</tr>
<tr>
<td>School Nurse Services</td>
<td>35</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>58</td>
</tr>
<tr>
<td>Children’s Centre Services</td>
<td>60</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
</tr>
</tbody>
</table>
**Accessing Cheshire West and Chester Council information and services.**

Council information is also available in audio, braille, large print or other formats. If you would like a copy in a different format, in another language or require a British Sign Language interpreter, please email us at: equalities@cheshirewestandchester.gov.uk

<table>
<thead>
<tr>
<th>Telephone: 0300 123 8 123</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textphone: 18001 01606 867 670</td>
</tr>
<tr>
<td>Email: <a href="mailto:equalities@cheshirewestandchester.gov.uk">equalities@cheshirewestandchester.gov.uk</a></td>
</tr>
<tr>
<td>Web: <a href="http://www.cheshirewestandchester.gov.uk">www.cheshirewestandchester.gov.uk</a></td>
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</tbody>
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</thead>
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<td>Email: <a href="mailto:research@cheshirewestandchester.gov.uk">research@cheshirewestandchester.gov.uk</a></td>
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<tr>
<td>Strategic Intelligence, HQ, 58 Nicholas Street, Chester CH1 2NP</td>
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</tr>
</tbody>
</table>