**Early Help and Prevention Strategy Appendix 1:**

**FAMILIES ENGAGEMENT FEEDBACK RESULTS 2024**

**Introduction**

This appendix sets out the findings from the engagement exercise with families, community organisations representing families and professionals with experience of the current Early Help system. A total of 1000 families were engaged with, and the tables below set out the findings in terms of the following themes:

* What is working well;
* What could we do differently;
* What are the risks you are currently managing?;
* What are the opportunities?;
* Equality, Diversity and Inclusion needs and considerations.

Highlights are used throughout the document to identify key items of feedback that have informed the strategy.

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| **DATE** | **RESPONSE NUMBER** | **FEEDBACK**  **FROM** | **WHAT IS WORKING WELL?** | **THEMES** |
| 05.03 | 1 | Cumbria Family Support: Parents' Forum | Relationships with workers or volunteers, which are not time limited, which can be built up over time and in way that suits the family (i.e. not at a set time/place each week) and are based on trust and respect.  “You can’t abandon someone after 6 weeks – you are just starting to trust them, starting to get things off your chest and then they are gone.”  There were 3 parents/carers in attendance and they were clear that they valued practical support and the approach taken by CFS, “CFS understood that life is sometimes shit and you don’t need judgement, you need practical support.”  One parent talked about her worker, who would come to her house a couple of times per week to check-in and ask if she was ok.  She talked about how she could “vent” to her worker in a healthy way without being judged for her coping strategy and that meant she could manage her mental health better in front of her children. She really valued that if the worker didn’t visit for whatever reason, that she would still get some telephone support and someone to ask how she was, “chronic loneliness is the worst.” The worker would ask her what needs doing today: can I help you with that pile of washing/can I take the children to the park for an hour and offered practical support that gave her a “safety net.” | * Familiarity * No time constraints * Respect/trust * Consistency * Practical support by CFS |
| Feb 24 | 2 | Early Help Champions Group | Cumbria family support (volunteers)  Targeted youth support, joint meeting between school and family.  GP, health information/ referrals/ school attendance.  School nursing team – E school nurse, invaluable information/medical/health support  Health visitor/ midwives - information sharing regarding teen pregnancies.  Family Action as early help coordinator - family support/ intervention.  Focus family do large pieces of work that schools don't have time to do, more bespoke with droppings - more flexible and reach is wider., Benefit checks.  Young carers Carlisle - re-establishing relationships.  Early Help panel -sometimes.  Riverside/ Home Group.  Victim Support, police, safety net, substance misuse, operation encompass Child centred policing and substance misuse workers - relationship building really significant.  All of these services can vary in different areas.  Safe families, befriending services/family support, a quick service with not long to wait.  Focus Family - benefits and financial support.  Child centred policing and substance misuse workers.  Young carers, (attend TAFs/respite/trips) trips.  HAF, Targeting vulnerable children in holiday time with a meal.  TYS, social prescribing team, MHST, HAWCs, substance misuse workers, Barnardo’s, GPS/ED team, Always Another Way, SafetyNet, Spiral, Pause, Victim Support, CYA, Freedom Programme, Turning the Spotlight.  Direct relationships, (1 to 1 services), for children in school.  For primaries, services that work with parents are more effective. | See list |

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| **DATE** | **RESPONSE NUMBER** | **FEEDBACK**  **FROM** | **WHAT COULD WE DO DIFFERENTLY?** | **THEMES** |
| 05.03 | 1 | Cumbria Family Support: Parents' Forum | The need for long-lasting relationships based on trust  A parent with care experience talked about how she was a “statistic” due to her experiences and that her children were also now statistics due to the social work involvement they had as a family. She felt she was pushed into a corner by the social work input but that when she accessed early help support through CFS, “they made things better, not worse.”  She appreciated that she was able to role model a positive and trusting relationship with her CFS support worker, which meant that when her daughter had time on a 1:1 with the worker, she knew that she was a trusted professional and that she could talk openly with her. All parents liked that they had a core professional for the family, who offered non-judgemental support to the family unit but could also have 1:1 conversations/time with adults and children within the family; they felt that this was what they experienced from CFS.  The parents wanted support from people who care and can demonstrate empathy and kindness.  They wanted workers, who could give them a hug when they needed it but who also were aware of the fact they were being invited/allowed into someone’s family, someone’s home and that this needed to be done with respect for them and their space. They wanted consistency in workers and “support and understanding from people who can make you feel at ease about stuff you can’t change.” | * Long term relationships – trust (consistency) * Be non-judgemental, caring and kind. * Need to be respectful |
| 05.03 | email | Community development team | Workington  Resident spoke to me with regard to EHCP’s and was keen for there to be clearer guidance on the referral process (in particular that it doesn’t have to be the school who refers in). | * Clear EHCP referral process |
| 05.03 | email | Community Development Officer | Egremont  Resident raised concern over the waiting time for an EHCP and the inconsistency in support from schools  Resident raised concern over the inconsistency of support between schools. Their experience has been that the primary school has been very supportive but the secondary school in Egremont not as much. | * Inconsistency of support from schools * Waiting time for EHCP * Inconsistency between Primary and Secondary schools with regard to support of parents waiting for EHCP |
| 04.03 | email | Community Development Officer | Friday I spoke to a new group - Alfies Project which is based with my panel area. They a group for parents who have Autism and ADHD. I handed the consultation questionnaire to complete a couple of concerns are:  No provision for after school and school holidays especially Summer are very difficult - I mentioned HAF however some of the complex needs of the child make it difficult for them to attend. Not enough staff to cover after school and some schools struggle to have staff to support after school  Sign posting or where to find info seems to be a biggy - im hearing this alot in all my discussions | * Improvement for after school and school holidays provision children with Autism and ADHD * Communication improvement for signposting/information sharing |
| 04.02 | email | Community Development Officer | A representative from Child Bereavement uk attended - She has seen an increase of people accessing her services especially around suicidal of parents/family members. She is the only person that does Cumbria and is part-time. She is happy to send more info through. Im sure she said one of the projects is coming to an end. You might already know all of this but thought it was best to share. | * Improvement in Child Bereavement services. |

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| **DATE** | **RESPONSE NUMBER** | **FEEDBACK**  **FROM** | **WHAT ARE THE RISKS THAT YOU ARE CURRENTLY**  **MANAGING/SUGGESTING?** | **THEMES** |
| Feb 24 | 1 | Early Help Champions Group | Neglect, poor health, CP, becomes normal.  School non-attendance/ EBSA, -NEET, development, lifelong consequences due to lack of support  Mental health -continuing into adulthood.  Shorter waiting lists -outside agencies  Family workers/ resilience workers before CP threshold.  Behaviour -criminality.  Waiting lists: CAMHS, Springboard, Cumbria family support, (lack of volunteers).  Self-harm - lack of services.  Appointments - GP for parents’ dentists.  Mental health, attendance, suicide, school refuses, financial issues, CE not in school.  EHAs often referred back to school even though other services identifying problem.  Crisis team- long waiting time for reply.  Relationships with parents can be lost, parents expect school to solve and fix.  More SEND support needed for parents and carers.  More mental health resources.  Lower waiting lists, more stuff, more resource is for 3rd sector agencies. If no change, escalation of need, mental health issues, relationship breakdown, could lead to serious incidents.  Health referrals to speed up- ADHD, Autism.  No provision for - sexualised behaviour, family relationship breakdown, risk of criminalising children and young people.  Services to enable support in a timely manner.  Health visitor services from birth onwards.  Return of school nurses.  Services - every child needs access to all services in the Cumberland area.  Attendance officers.  Pastoral workers in schools.  Funding.  Neglect, child and parent mental health issues- addressing the stigma and shame.  Educational needs, impact of neglect and mental health issues.  Health issues in children being addressed earlier – vaping, dental neglect, mental health, access to dentists, GP's, CAMHS, family support, eg Family Action.  Risk is lack of multi-agency embracing of early help. | * Access to services * Continuity of services * More appointments/early intervention * Mental health support * School non-attendance |

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| **DATE** | **RESPONSE NUMBER** | **FEEDBACK**  **FROM** | **WHAT ARE THE OPPORTUNITIES?** | **THEMES** |
| 05.03 | 1 | Cumbria Family Support: Parents' Forum | The right support at the right time  “Social work dropped us and abandoned us.”  The parents talked about experiences relating to social care stepping away before other support had been put in place and the impact that this gap in support had on them and their children.  We talked about when there is still a need for support, that one professional shouldn’t leave the room until someone else comes in – that need for the family not to be left, still needing support and not knowing where to go or who to ask.  There was some frustration that support seemed to come once a family had stepped down from social care but that this same support (that could have prevented the crisis from developing) hadn’t been available at an earlier point and there was some discussion about what this needed to look like. So, one parent with care experience talked about having no support when she got pregnant and that some support at that point, could have changed what happened next and potentially prevented social work involvement. There was some discussion about professionals sharing the right information at the right time to help families make the best start, rather than coming in once things start to go wrong. | * Consistency of the correct ongoing support. * More information proactively not reactively * Availability of support at early stage |
| Feb 24 | 2 | Early Help Champions Group | Better relationships with parents, professional and social worker  The voice of the child in meetings, actions, reviews and moving on.  Liaising with GP's/health on referrals and information sharing for example medical issues and attendance.  Would like directory of local agencies are there any new services available?  More robust TAF meetings, actions and follow ups.  Communication in all areas.  Consistency across services.  Feel like we are failing our families nor what is needed but unable to provide, or long waiting lists. Frustration. Need an immediate response.  Greater use of third sector organisations, provide funding for community-based support. Some services offered in all parts of the county.  Use of family resilience workers at early help stage.  Lower the threshold for social care/ access to services.  Like-minded people in meeting to share views (EH Champions).  Clear pathways to know what is available.  Training - making better use of this.  CSCP Survey to ascertain what training people will need.  Register - training pool, what staff have what skills?  Data sharing to enable funding to increase opportunities for families.  Encourage multi agency partners to hold, (coordinate), EHAs and attend or provide updates for the early help meetings.  To have education recognised as crucial and education staff being listened to around attendance worries - schools will have a bigger voice.  DSL Networks + EH champions network are opportunities to be creative.  Chance for schools to shape early help offer through feedback today.  Evidencing what we do that reduces risk before any help is ever needed in the first place.  Fix the single contact form | * Communication (timely and clear) and practical info e.g. directory of local agencies * Better relationships with professionals * Continuity and consistency of care * Shorter waiting lists * Fund community-based support * Lower thresholds for support * Training |
| 05.03 | email | Community Development Officer | Egremont  Two residents spoke about potentially setting up a coffee morning/peer support group for parents of SEND children. Contact details for the Community Development Officer for the Egremont area were passed on as a source of advice in setting up a group. | * Support for parents of SEND children |
|  | email | Assistant director Early help | Concern from Parent about Family Action choosing to work with more middle class and low need families.  Director observation of parent/carer groups – not reaching out to families with more need; and those parents attrending (walking in) not welcomed.  Parent is a lawyer and has become a foster carer – and is observing more disadvantaged families being discouraged  An outreach to rural communities would also be helpful.  Mental health is a big gap – could parental MH outreach be achieved?  Could the Mockingbird be widened to the edge of care. Through fostering the parent has seen one example of a child who went onto residential care – and had weekly psychological input, which benefitted her hugely. The parent asks could this not be offered clinically to all foster care children?  The quality of training for foster carers is limited, those delivering PACE, etc, have very limited psychotherapeutic training and this is limiting the quality of training and the support provided to foster carers. Example of the clinical psych in residential advising how to support ongoing relationship. Could we have a clinical psychologist outreach via Family or Community Hubs that Foster Carers can access? | * More interaction with disadvantage families * Develop an outreach for MH * Improve quality of Foster Care training fro families via Family/community Hubs. |

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| **DATE** | **RESPONSE NUMBER** | **FEEDBACK**  **FROM** | **EQUITY, DIVERSITY AND INCLUSION NEEDS AND CONSIDERATIONS** | **THEMES** |
| Feb 24  22/03 | 1  2 | Early Years Help Forum  Young Person Feedback | |  | | --- | | Each family has different needs and expectations.  Cultural differences- what is acceptable language? EAL - translator issues and cost implications Refugees –sometimes get more than other families on early help with housing needs. Equality - all Cumberland families have equal access to services  Home environment, what is normal for the child? The neighbourhood/social surroundings.  Public transport.  Appropriate agency involvement.  Protecting agency standards/thresholds/opinions/views  Needs of wider family.  “Only when a mother's cries are heard will she hear the cries of her own child. We are working with high-risk parents importance of acknowledging this”.  Both parents being involved in meetings and being sent information.  Consult/ask parents best way to meet needs.  Cannot provide capacity for SEND children in HAF. Gap in services for SEND.  Flexibility.  Transport issues.  Support for families in plain language that all can understand.  Consideration for working families accessing services - courses groups in the evenings and weekend activities.  Making services available to families in relation to location.  Gender equality in schools + new vague guidance.  New EH/SEND pathway, what does this mean? We need to understand the new process, making sure children with SEND needs are not missed, Welfare needs, parenting needs, we need clarity as soon as possible.  Parenting support needed for parents who feel their children have ADHD or ASD. |   Living in Cumberland as a young LGBTQIA+ person is very complex. It can feel very liberating when I am in a safe space and surrounded by similarly identifying people, but outside of this it can feel like a very unsafe place to be. Between my teenage years and now at 24, I still face adversity about how I identify. This can manifest in the form of verbal harassment when going from place to place, or looks of disapproval when holding my partners hand in the street. Having moved away from Cumbria to Northumberland briefly to study, I had found that I had felt much safer there than I do in Cumbria to present outwardly as queer, and find that I can feel very othered and conscious of how I present, and will downplay or mask parts of my personality (the way I communicate, dress etc) depending on what areas I am in and who is around, as I feel is sometimes necessary to ensure my own safety. As well as this, I also feel that there are various places of support for people younger than myself (12-18) but I feel like there is a lack of welcoming spaces that cater to people a bit older (18+) and feel like I would benefit from being surrounded by people at a similar age to myself where there can be open discussions about navigating the world as a queer adult (hookup culture, safe sex/bodily autonomy safety and mental health) as I find that a lot of health services locally mostly cater to straight people/relationships and still have a bit further to go in discussions of health in a queer context, and as a result, I will mostly just go to my friends when seeking support, as I feel more supported and understood by them than by a professional for the most part.  As stated previously, the only specific places that I feel comfortable in my local community are those that specifically cater to or are created for LGBTQIA+ people. (Eg. community events)  In terms of support services in Cumberland, I have used First Step in Carlisle and I actually found my experience there incredibly helpful, as it helped me to begin to unpack the ways in which being bullied for being LGBTQIA+ from an early age had effected my mental health and self image and have felt safe whilst using this service to go into detail about my identity without concern that my therapy practitioner had a lack of understanding around this. I have also used Solway Sexual Health Clinic in Carlisle who have been incredibly helpful in aiding me to better understand the help and services that are available to me as an LGBTQIA+ person, but still find that there are ways in which these services fall short. An example that comes to mind is when I was first prescribed PrEP, and when going to pick it up at my local pharmacy, this was not handled discreetly and I was asked by the pharmacist what PrEP was.  In order to help with these issues, I would like to see steps made in local laws and policies that more clearly differentiate freedom of speech from hate crimes. On numerous occasions since living in Cumbria I have seen a total lack of action from both councils and the police force when it comes to young LGBTQIA+ people who have been the victims of hate crimes receiving any sort of justice or even adequate support on the basis that homophobic/transphobic and ableist remarks still constitute as freedom of speech. I have found that myself and my LGBTQIA+ peers have a complete lack of faith in these powers to protect us, and therefore are less likely to report a hate crime. I would also like to see action from local councils in terms of reaching out to/engaging with services that help LGBTQIA+ people in the area, getting to know them and the people that they help as apposed to having performative involvement such as appearing at Pride events to give speeches on acceptance while neglecting to properly support and understand the issues that young LGBTQIA+ people face. And as stated previously, I would like to see more youth services that are informal and relaxed that cater specifically to young queer adults. | * Different needs, experience (home) * Language/translators * Transport * Standards protection * High risk families * Both parents provided with info * Involve parents * Capacity for SEND * Equality of services & gender * Transport * Flexibility * Simple communication * Access for working families/time constraints/location * Lack of safe spaces * Lack of health services for the LGBTQI+ community |
| 22/03 | 3 | Young person feedback | living in Cumbria as a trans person can be difficult, it's great when you find safe spaces, but walking around alone can feel dangerous and people making comments can be stressful and upsetting. I've been called dirty, spat on, and been followed around by members of the public and its hard to know where is safe to go when you feel threatened  When I need support or help, I go to friends and family  I trust friends and family, I struggle with trusting police if something happens after a hate crime report I submitted was disregarded, and friends have seen police watch men harass and throw things at a group of queer teenagers pride flags without doing anything to stop it  The brickyard in carlisle feels like a very safe space, staff were lovely and offered me a safe place to sit when I was harassed at a gig. Warwick's Bizarre and some other small businesses' shops also feel safe  I haven't used any help or support services  to help improve help for queer young people, having information available in schools/colleges about where to go when they need help is important. A lot of people don't know where to go so problems don't get reported and people don't get help for issues they've experienced. | * Lack of safe space * No trust in police * Lack of information in schools * Lack of information around services |
| 22/03 | 4 | Young person feedback | Living as a bisexual in Carlisle is fairly safe, besides two year 7's shouting that I was a milf to my face, I have always felt safe here. I think mandatory education about fundamental respect for women is needed if nothing else, to combat the changes the warped minds of Andrew Tate's generation. When I was a year 7, I had no idea what a milf even was, nevermind having the gall to scream it into a passerby's face. Please bear in mind I am only 23 and was wearing a university lanyard aha, way too young to be a mother.  I go to the health and wellbeing space that the university have, they have such excellent pastoral care.  I can trust friends and the diverse student body.  I feel safer in sober spaces, like art galleries and coffee shops.  I have used the university health and wellbeing services before. I had a good experience.  To improve preventative healthcare for LGBTQIA young, I'd say that we need better formal sex/gender education, it starts from the ground up, and perhaps free condoms given out at pride? | * Improved information in schools * Improved Healthcare services |
| 22/03 | 5 | Young person feedback | What is it like to live in Cumberland as a LGBTQIA+ young person?  Isolating, you feel as though you're on your own and any support is a trek to get to. Cumbria feels behind other places in terms of acceptance and normalising lgbtqia+ existence  When you need help or support where do you go?  I go to PiNC or to friends I've made through it, sometimes I seek the support of the local nhs mental health team but they don't often understand trans or general lgbtqia+ matters so I feel like I end up educating them rather than getting support  Who do you feel you can trust?  A very limited pool of people, mostly queer friends.  Are there specific places that you feel more comfortable/safer in your local community?  PiNC feels the safest place to be, although for me it's not so local, in penrith I only really feel safe at home  If you have used any help or support services in Cumberland – what have you used? and what was your experience of that service?  I have used the NHS mental health services and the crisis team, who are rather hit and miss with whether they are actually helpful or understanding in my experience. I recently used the lighthouse in Carlisle and so far they've been very pleasant and as helpful as possible. I also go to PiNC which is helpful for feeling less alone, although would benefit from some way to keep helping young people as they age out of the youth group age range  What could we do, together with you, to help improve preventative help for LGBTQIA+ young people?  More services accessible in places that aren't just Carlisle, more lgbtqia+ education available for people who want to help, so that when we seek support we're not ending up as the educators, other than that I'm not sure | * Improved Health services * Safe space * NHS services have better understanding for LGBTQIA+ communities needs |
| 22/03 | 6 | Young person feedback | 1. on the surface it is a lovely and beautiful place to live, but looking a little deeper it is terrifyingly obvious that this county is decades behind the rest of the country, socially, when it comes to the understanding and infrastructure needed to support LGBTQ+ people, especially younger people. it is a stark reality that this is not an exceptionally safe county to live.  2. in terms of LGBTQ+ support i would ideally turn to friends and family, but would also look at local LGBTQ+ support and social groups.  3. my friends and family most of all, then the fire service and the NHS, both of which are safer to trust than the police as an institution.  4. social areas geared towards young adults are safer to exist openly within  5. N/A  6. speak to a wide range of LGBTQ+ identifying people across a range of identities, it takes the experience and input of a variety of relevant people rather than just a handful of similarly identifying individuals | * Lack of understanding in the community * No safe space |
| 22/03 | 7 | Young person feedback | Living in Cumbria as a queer person can be quite sad because there’s not many queer events or things happening. Schools can be quite discriminatory like teachers and pupils and sometimes further action just isn’t taken. a lot of bigger cities have flags in shops, but in Carlisle I feel like you don’t really know where is LGBTQIA+ friendly  Pinc is for support And good to trust . But other then that I can’t really think of there being anything else available currently.  I’ve used safety net and I was able to be open about my gender identity and sexuality without feeling uncomfortable to disclose any of that.  I think places that are a LGBTQIA+ safe should put a small sign or label in the window. Eg: brewdog have one (even tho it’s for 18+) so then people who are scared of going somewhere where they could get hatecrimed know that they’re in a safe place when going to a cafe/resturant or shop.  -More support in schools  - smallish events in safe spaces, /clubs and more events around Cumbria like just having a stall when there’s markets  - ⁠- ⁠charity based stuff that could support LGBTQIA+ things | * More information/education in schools * More safer spaces |