

# PoP-20260223\_135434-Meeting Recording

23 February 2026, 01:58pm

1h 3m 14s

● **Tracey Noon** started transcription

**MM** **Mandy Morgan** 0:35

Well, hello. It's afternoon, isn't it?

**TN** **Tracey Noon** 0:40

Good morning.

**MM** **Mandy Morgan** 0:42

I know it feels that morning. I've been running around all morning, bedraggled.

**TN** **Tracey Noon** 0:55

Oh, there's a lot of us here today.

Oh, they're still coming in.

Because word's got round. We have a party, you see, once a month on a Monday.

That's what it is.

They all want to join in now.

Everybody is here for people at Pendle, aren't they? They're not here for care casting or anything. No, that's all right.

I'll just give it another couple of minutes, just in case we've got any late starters.

How are we all today? Wonderful this lovely, glorious Monday afternoon.

**MM** **Mandy Morgan** 1:37

It's a bit windy, isn't it?

**TN** **Tracey Noon** 1:39

And it joked.

**PL** **Peter John Lumsden (Student Services - Oasis)** 1:39

Yeah.

**MM Mandy Morgan** 1:42

I've been on site this morning and Oh my word, like a scarecrow blowing away.

**TN Tracey Noon** 1:46

I know I only walked a crossroad. I felt like I'd walked 10 miles. You're in some wind all time, aren't you?

**CL Caroline Littleworth** 1:54

I've been up on the moors just past Colne this morning, like proper like Wuthering Heights type place. It was so windy. No, I should have done.

**TN Tracey Noon** 2:06

Did you burst into song, Caroline? That's what we're all dying to know. You should have done.

Excellent.

I think we've got all our speakers here today. That makes a change with usually one or two missing.

And they're still arriving.

If you've got a I notes, I can hear myself. Why can I hear myself? Yeah, we're firing back at myself then. It must have been somebody that had the mic switched on. If you've got a I notes switched on, please, can you switch them off?

**FC Fiona Callaghan** 2:51

Hey, I know.

OK.

**TN Tracey Noon** 3:06

Thank you.

I know sometimes it does it automatically. We are recording and taking notes of this meeting, so you will get them anywhere.

Anybody that doesn't want the face recording, please do keep yourself on. Keep your camera off because these this will be uploaded to YouTube. We'll be famous. Maybe that's why we've got loads coming now.

Although it has always been really well attended as people at Pendle.

OK, I think I'll crack on.

Somebody talking to me? I've got something in the chat here. No.

OK. I think I'll start because we've got quite a lot to get through today. We've got 4 speakers, which is amazing. Thank you so much. We don't normally have so many speakers. So those of you that are new, I'm Tracey Noon. I'm the operations manager here at Burnley Pendle and Rosendale Council for Voluntary Service and I chair these meetings.

For missings. But you're welcome if anybody's new. You're also welcome if you've been before. It's not that you're not welcome if you've been before. So thank you all for coming. I'll let people in if they keep arriving and thank you for coming. So I think we'll crack on with our first speaker.

Lisa. Lisa Robinson, are you here? I thought I saw you flash up. Brilliant. Do you want to crack on, Lisa?

**RL Robinson Lisa.J (LSCFT)** 4:35

Hi, I'm yes.

Yeah, that's fine. OK, no worries. OK, so my name's Lisa Robinson and I'm one of the senior primary mental health practitioners for what was formerly known as LCAS.

**TN Tracey Noon** 4:42

Well, thank you.

**RL Robinson Lisa.J (LSCFT)** 4:56

I don't know if people are aware that we have now joined with children and young people's psychological services, so we are now known as Children and Young People's Mental Health E, which is a little bit of a mouthful. So I'm sure it's going to take quite a while until we make fully make that transition, but we'll.

Go with that.

So the primary mental health team within Children's and People's Mental Health East, we cover the whole of East Lancashire. We have practitioners in Blackburn, HRRV Burnley and then myself. I cover Pendle area.

So the the team was initially set up to work GP attached to work alongside G PS to think about young people's mental health. What we do know is that.

Services are quite fragmented. Lots of referrals would be put in for young people and families and they would often be declined, bounce around kind of who which service

is best to work for, which service is still.

Working, we know they change quite frequently. So we were put together as a team to work directly with GPs kind of BGP attached to help them kind of navigate services, make sure that appropriate referrals came in. There was the appropriate information with referrals.

And to make sure that young people and families were getting the correct support that they need at that time. So that's how we were initially set up and then we have sort of progressed out a little bit from that as time's gone on. So we now.

We're still a GP attached, so I base myself two days a week at the Hub at Com Health Centre to try and make sure that we're around different services and around for the GPs and any primary care staff, but also we.

Kind of try now to make sure that actually that offer of consultation where the GP surgery can ring us and ask for advice about any young person or their family to think about what support. So we try and we offer that out.

Much wider now in terms of schools, child and family well-being services, any sort of any professionals that are working with young people and families or that have concerns around families that they can contact us and we can talk through that.

Myself in Pendle, I go into schools regularly because we don't have the mental health support team in the high schools in our area. So I do go into high schools regularly to so that they can consult with me about any young people in school they might be concerned about.

M.

When we receive a referral, sorry, my dog's joining me. When we receive a referral, we can. If we think it's appropriate for an assessment, we can offer an initial assessment and sorry, perfect timing Ada, we can offer.

An initial assessment and a couple of sessions, but we don't do long-term interventions. The purpose of our assessments is to think about do we need to do, do we need to think about wider systems that might be working with that young person and family to bring that together to make sure that they.

Now getting the right support or could we offer a very short piece of work, a couple of sessions around something like anxiety management, behavioural activation where we can help sort of support a family and see if we can help to sort of help improve.

Their emotional health. We also offer a I don't know whether you've seen our posters, so we offer an online drop in. So if any person is concerned about

somebody under 18 regarding their emotional health, they can join our online drop in.

And we we do have those posters that go out regularly and I can share that with anybody if that's what they'd like.

The times change to try and accommodate goes on a rolling rota one to three, three to five, five to seven to try and accommodate different time scales for families. We also do.

Deliver youth mental health first aid training to any practitioners working with young people in any in any capacity that it might be helpful for them to have.

And more understanding around emotional health and working with young people and families. We do. We started with a pilot project that has continued where we can offer personal health budgets to young people and families if we feel that that is something that can help support.

And improve their emotional health. And yeah, so we try and join and link in with like our local networks and hubs, GP surgeries, attend any.

Any sort of um?

Community projects that might be happening to try and ensure that people kind of know that we're around and out there. Recently we've been attending a lot of the SEND Rd. shows that have been going on and also.

We've had some things going on in schools for like improving attendance in school that we've been attending as well.

So yeah, so that's us really. It's just kind of about trying to work alongside other services that are working with children, new people and families and try and make sure they get the right support.

**TN**

**Tracey Noon** 11:19

I think you'll be forever known as LCAS, Lisa.

**RL**

**Robinson Lisa.J (LSCFT)** 11:22

I know it's really, really. The thing I I was actually around when we went from Cams to LCAS.

And it took a while, but I think it's going to take longer just purely because CYPMH E doesn't roll anywhere. We we've we've done loads of brainstorming on trying to make it a.

**TN Tracey Noon** 11:42  
Don't.

**RL Robinson Lisa.J (LSCFT)** 11:47  
Easier, not quite a mouthful and it's not happening. So, so I think it will take quite some time. I definitely do.

**TN Tracey Noon** 11:58  
I know that you, you and your colleagues work alongside our social prescribing for children and young people's service. So Sammy and Sania, Sammy in particular I think because that that core support as well for for young people can be really valuable.

**RL Robinson Lisa.J (LSCFT)** 12:07  
Yep.

**TN Tracey Noon** 12:17  
Because we do do that long term, you know, we'll we'll keep them over a period of time, however long they need us. So has anybody got any questions for Lisa?  
Answer that.

12:29  
Yeah.

**KA Kenyon Anthony (LSCFT)** 12:30  
It's not a question, Lisa. I can also remember when it comes because I'm from years ago. I've been in services that long. I remember the Mary Burberry unit. I don't remember the Mary Burberry unit. So I just want to say well done and thanks for doing all you're doing and supporting these young people because it's really important to get it right when people are young because it can be better out at the end.

**TN Tracey Noon** 12:30  
Yeah.

**RL Robinson Lisa.J (LSCFT)** 12:36

Yeah.

Yeah, yeah, yeah.

**TN Tracey Noon** 12:40

Yeah.

**KA Kenyon Anthony (LSCFT)** 12:49

Laugh for him. So it's really important. That's what I wanted to say, really.

**RL Robinson Lisa.J (LSCFT)** 12:53

Absolutely. And I think, you know, and that's one of the main things that we try and think about is that actually, you know, people sort of talk. And there was a period about four years where I was school nursing. I wasn't in El Casa at all. And I think, you know, and being on the other side, I think sometimes it can quite often, you know, people will talk about.

It's about casting this almost like it's a silver service and you it's so difficult to get in and you know who are they and kind of no one sees them because if somebody's struggling and they go to see their GP or they have a chat with their school or or you or you know any one of yourselves and then somebody makes a referral.

To us and you know, for whatever reason, we don't think it's appropriate. All they know is that they've been rejected by L CAS or by CAMS and you know it's what you end up with ultimately is.

**TN Tracey Noon** 13:41

Mhm.

**RL Robinson Lisa.J (LSCFT)** 13:50

A family or a young person that just does not feel like they're being listened to and we want to make sure that actually they're getting the right support. That first contact is so important that can shape their whole experience and trust in terms of. Not just support now, but any support or advice that they might need at any point in the future. And I think that is, you know, it's such an important thing, isn't it? So I do think we do try much more now to be kind of more out there.

You know, and if we do offer an assessment, I don't know how much people are aware, but if somebody is accepted into LCAS, into children, young people's mental health, the.

Our policy is that we would offer an initial assessment for that for that young person and family within 28 days, so they would be seen within 28 days.

If that referral is declined, that refer, that referral decline should come with a letter and recommendations as to the reasons why we were declining and and what we would recommend in terms of support going forward.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 15:08  
Yeah.

**RL** **Robinson Lisa.J (LSCFT)** 15:08  
Which is why, you know, I sort of say we are speaking with families or school with anybody and they sort of say, Oh well, we we made a referral and we haven't heard anything. There would always be a letter explaining, you know, what that is about. So I would always encourage people to go back to the referrer.  
Or the GP and sort of say please can you tell me what is happening with this referral because we haven't heard anything.

**TN** **Tracey Noon** 15:37  
Angela.

**RL** **Robinson Lisa.J (LSCFT)** 15:39  
I'm done.

**AB** **Angela Bennett** 15:41  
I am just wondering how would you target those that aren't necessarily in a school at the moment?

**RL** **Robinson Lisa.J (LSCFT)** 15:50  
Well, the the drop-ins are available to anyone. You don't have to be in school. So we don't. It's not. School is not a an issue in terms of whether someone's attending school or not.  
If if some you know if there was somebody around that young person that felt that

they were concerned about their emotional health, then they can either come online to a drop in or we have the self referrals as well online that that can be accessed by a young person or by a family member.

Referrals don't have to come from G PS or schools. They can come from anybody who's got kind of the best understanding of that young person. I think quite often it's kind of right. You need to go to your GP and get referred.

Or a school need to do that referral. We kind of want the person that's got the most information really in terms of what it might be that that young person and family is struggling with. What are the circumstances around? How is that? How is it impacting on their day-to-day?

Life and whether there's other complexities that might be happening, or the diagnosis, children's social care, etcetera, supporting school.

**TN** Tracey Noon 17:10

Thank you. Thanks, Lisa. Anybody else got any questions for Lisa before we move on? Robina.

**K** Khan Robina DWP WORK AND HEALTH SERVICES 17:17

Sorry, just really quickly because I missed your beginning. I missed you. I missed your talk. From what age group is it? Is it 60? Is it up to 16 or is it up to 19?

**RL** Robinson Lisa.J (LSCFT) 17:18

Hi.

Up to 18, we're up to 18. Yeah, so we're up to 18. We don't have an we don't have a young, we don't have a kind of young age limit. However, and especially now that we've joined with children and young people, psychological services.

**K** Khan Robina DWP WORK AND HEALTH SERVICES 17:29

Up to 18.

**RL** Robinson Lisa.J (LSCFT) 17:45

If it is a younger person, sometimes it might be more appropriate for for children psychologist to children psychologist to be involved rather than in one of our complex care teams. So we go up to 18 we would.

If somebody was approaching 18 and they've been open to us for a while and it's

thought that they need longer term support, then that would continue with a a crossover, a handover. So our team would work closely with adult services to ensure that there's kind of a smooth transition.

If someone's really close to approaching 18, we would be considering how is it in that young person's best interest to see somebody to potentially start again or to see yours in terms of.

Or whether that would be helpful to see us and then potentially move on to adult services.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 18:43

Oh, brilliant. Would you don't mind dropping your e-mail address in the chat? It's just I would like to reach out to you because I work for the job centre. So we do have a small number cohort of customers, 16 to 8, well, 18 year olds will probably have more of. I just need to understand.

**RL** **Robinson Lisa.J (LSCFT)** 18:51

Yep.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 18:59

Once they turn 18, is it adult social care that they'd have to go down or can they still access yourself if it's not and then they never use you? But I think it's just covering that gap. So customers that we have coming through the doors, I think that'd be really, really useful for those customers.

**RL** **Robinson Lisa.J (LSCFT)** 19:13

Mhm.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 19:15

So just maybe an upskilling session for some of the work coaches that work with those customers.

**RL** **Robinson Lisa.J (LSCFT)** 19:21

Yeah, that's fine in in terms of, yeah, thinking about kind of you've got that co-op between 16 and 18 and also if you might have, you might come across parents who have young people, you know, I know I've, I've, I've seen.

Pam's on here. I know me and we've had discussions myself and Pam before because you know, kind of obviously you've got young people in families that you might be, you know, you might not be working directly with young people, but there might be young people around in, you know, in terms of those family, that's fine.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 19:45

Yeah.

Yeah.

I think what I found really useful was my own daughter went through LCAS when she was at high school and it was a very random thing that happened GCSE time where she displayed a bit of odd behaviour, sent her to school and they were really, really quick and she was diagnosed with autism. I felt that there was always something, but there were.

**RL** **Robinson Lisa.J (LSCFT)** 20:18

Mhm.

Yeah, good, good.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 20:28

It's been really, really. It was really good when she used it.

**TN** **Tracey Noon** 20:32

Great stuff. And I think, I think we'll leave it there on a high, highly recommended by Robina. So thank you. Thank you, Lisa.

**RL** **Robinson Lisa.J (LSCFT)** 20:41

But yeah, I guess the upshot is if you're concerned about a young person under the age of 18, you just want some. You know, if anybody wants any advice, talk, talk things through. My e-mail address is there. I'll put the telephone number on.

As well. And then you can e-mail or give me a ring and we can sort of talk things through.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 21:12

OK.

**TN Tracey Noon** 21:14  
Great stuff. Thank you. Thanks very much, Lisa.

**RL Robinson Lisa.J (LSCFT)** 21:16  
No worries.

**TN Tracey Noon** 21:18  
So, Denise, are you here? Denise Whiteside.

**DW Denise Whiteside** 21:24  
Oh, I am here. Yes. Hello. Hi. I'm sorry. I have a broken computer, so you can't see me today.

**TN Tracey Noon** 21:27  
Hooray. Hello.  
That's all right. No problem, Denise.

**DW Denise Whiteside** 21:34  
Oh, OK. So I'm going to share with you my presentation and we do have a video attached, but I won't play it just because you've got a lot of speakers today. But if anybody wants it, Tracey, you OK to pass it on?  
The presentation, Yeah. So it is. It is within the presentation, but it is a lovely video.  
OK, so can everybody see that?

**TN Tracey Noon** 21:51  
By all names.  
Yeah, we can see it.

**DW Denise Whiteside** 22:05  
Yeah, you can see it. OK, smashing. Right. Let's get started then. So, yes, so I'm one of I work for one of Bernardo's services. I'm the team manager. So my name's Denise Whiteside. This service is Lancashire Young Carers service.  
So what is a young carer? So it's somebody between the ages of 5 to 18 who

provides ongoing or regular care to somebody that they live with at home that may have a medical illness. It could be a disability, it could be that they have difficulties.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 22:28  
OK.

**DW** **Denise Whiteside** 22:44  
With substance or, you know, alcohol misuse. Now the the Children and Families Act actually strengthen the rights for young carers, and it's because of that that now local authorities have to provide an initial assessment.  
Assessment for a young carer. So that is, you know, what our service does is we're commissioned by Lancashire County Council to ensure that the young carers have this assessment. OK, so a little bit more about where we cover. So it is all of Lancashire.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 23:08  
OK.

**DW** **Denise Whiteside** 23:23  
Not including backbone with Darwin and Blackpool. We have six project workers, so not very many considering the large area that we cover and three of these we only have three full timers, so their role is to you know complete.  
The assessment and then provide the support. So what we're looking at with an assessment is really the negative impact that you know has occurred because the child has a caring role. So because we we do get often referrals where.  
You know, children have got a caring role, but they're coping really well. So it is about us differentially differentiating between those those types of situations. So when we're looking at the negative impact, we're looking at whether.  
It's affecting them, their emotional well-being. Is it affecting their education or is it affecting their health, which we go into a little bit more in a minute. So like I said earlier, it's the Children and Families Act and the Care Act that strengthened young carers rights.  
What we do with the assessment is that it is a whole whole family approach. So we we're very holistic in in how we do the assessment. So you know we we don't just look at the young carer, we do look at the impact of everybody in the house you

know and if we.

We find that the parent or another sibling, you know, would benefit from signposting somewhere else or was making a referral to adult services or, you know, children. Yeah, children's social care, then we will do.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 25:06  
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**DW** **Denise Whiteside** 25:16

OK, So what we want to do as well is make sure that the caring role isn't excessive because you know that that's when we would deem it as an inappropriate caring role. OK, so this is where the video is when you do get your PowerPoint.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 25:23  
Yeah.

**DW** **Denise Whiteside** 25:36

So you just click on the link there. It's really good because it's about real young carers telling us what it's like for them, you know, and and it is really impactful. So I do urge you to watch it. So the young carer assessment, so as I said, it is holistic. It's looking at the physical role and the emotional role, the negative impact, the impact of the adults care needs on the child. So what is it they're dealing with every day, you know, is that appropriate and the responsibilities of that parent, you know? So the physical role includes many, many things. These are just some of them. So you know, I won't read through the whole list, but you can see some of those might be, you know, looking after the finances, helping to organise medication. Make sure that they're taking it before they leave the school in the morning. Making sure there's enough money, you know, for bills, attending GP and hospital appointments, having that responsibility for locking up at the end of the day. You know, it's a huge responsibility for a child. You know, making sure the pets are fed and that they're cleaned up after. So there's lots and lots of physical things that a young carer may do. And you know, there's lots of things there that some children will always do and they just do to help their family. And so the difference is, is, but is this having an impact on their emotional well-being? You know, is it negatively affecting them in that they are turning up late for

school every day or they can't complete their homework because of this?

You know the the impact of having all these physical things to do. And then again, this looks at some of the the negative impacts of being a young carer, but also a little bit about what the emotional role of being a young carer is.

So some of these are quite interesting, you know, being that that person to lean on. So we're quite, we have it quite often with single parent families where one of the parents may have mental health issues.

K

**Khan Robina DWP WORK AND HEALTH SERVICES** 27:46

Yes.

DW

**Denise Whiteside** 27:54

And then you know they overshare a lot with with the child you know and this this can have an impact on them because then they they become worriers you know that then that develops into anxiety and and it you know it can it can sort of exasperate and.

And then they kind of take that responsibility that, well, you know, my mum needs, you know, she needs to tell me everything. I need to know everything that's happening, you know, with my mum and or my dad and you know, and so.

That assessment will look at all of that. OK, sometimes it's about them feeling like they need to be a role model for those siblings. It could be that they are a young carer to a sibling and it's not a parent.

You know, so there's there's lots of different things there, so won't go through them all. So what do we do? So like I've said, we do the assessment after the assessment if we are opening the young person to the service.

We'll create a support plan and this is our work is predominantly 1 to one work.

Quite a lot of people have. I think it comes from Barnardo's as a whole really and and they tend to think that our service is a respite service.

And it really isn't. We don't have the capacity to be able to take children away from the home and you know, sort of put on activities for them on a regular basis. So it is predominantly one-to-one work. That's not to say that we don't do any group work.

We do, but it's targeted. So if on a child support plan we've identified that they would benefit from learning some first aid skills, when we've got about 12 young carers that all need, you know that that would benefit from those skills, we will.

Outsource a first aid provider and we will do a first aid course with them. Likewise we

do this with cooking and we do it. We do have some peer-to-peer support groups for older children which.

Are on a monthly basis. So if you are talking to a parent, if you're thinking about putting in a referral, please make that clear because a lot of parents often think that we are a babysitting service. And yeah, we're we're really not. We just have not got the capacity to do anything like that.

We do do well-being activities with the young carers, you know, helping them to learn about how to look after themselves. We're very much a very strengths based approach service where we're looking at what what's already going well, what we can build on and what.

We can improve. We do have a regular group that's like I've mentioned, which is called our Young Carers Connect group and this is just about giving young people a voice and and ensuring that they are participating fully.

OK, making a referral you can you can encourage the family to do their own referral, you know if you're at capacity. So they can do that by visiting our website or if you are able to, you can do one yourselves.

We've recently put our referral form onto. It's now in an online format on our website, so you now no longer need to download the form, fill it in, upload it. It's just an online form on our website which triggers an e-mail.

To the parent, which will then ask them to complete the consent to receive the service. So it's a lot more streamlined. It's going to help massively with our waiting list, which is currently around 45 and it's taking about 3 months from referral to allocate.

Once we've got the referral and it's triaged, it'll go on the waiting list and then they're allocated a project worker. He'll contact the family in school and then they will arrange to get that initial assessment done.

So I've talked a little bit about the initial assessment. We do do support for schools as well. So if you do work closely with schools and they mention young carers, if you know that they're really concerned and that or they'd like to set up their own young carers group.

Group which we really encourage and they can go on our website and access our resources which are for young carers in schools and you can click on the the little link there and it'll take you straight to them and then that's our details. So does anybody have any questions at all?

**TN Tracey Noon** 33:06

Thank you, Denise.

**DW Denise Whiteside** 33:08

That's OK.

**TN Tracey Noon** 33:09

Anybody got any questions for Denise?

**DW Denise Whiteside** 33:15

11 little thing I'll just add, oh, before I answer that those questions is we do do this presentation for any services that would benefit from it as well. I'm really happy to come to any team meetings, so please get in touch if you would like that.

OK, so I'll answer, uh, Anthony's first.

**KA Kenyon Anthony (LSCFT)** 33:35

Yeah, I just want to check something. So it mentions that the is it the parent or guardian has to give consent and I just wonder whether sometimes there might be issues gaining consent from the parent or guardian. I just wonder how you went about that if there was that issue kit arose.

**DW Denise Whiteside** 33:42

Yeah.

Yeah, so it does happen. It will be a lot easier now that this e-mail will go straight to the family because in the past it it would mean that the our admin would send out a letter and then we would expect the letter back or would expect them to upload the form. So that's gonna help a lot with that.

**K Khan Robina DWP WORK AND HEALTH SERVICES** 33:57

OK.

**DW Denise Whiteside** 34:11

If we have a family where there is real difficulty, so we've had it where you know both mum and dad have been deaf or you know they they English is an additional

language, anything like that. We will do whatever we can to try and help get that consent. We'll always come back to the referrer.

As well, but we can even go round to the house, you know, if there's a project worker in the area, we'll go and knock on the door and you know, or we'll we'll pick the phone up and see, you know, what's a better way, you know. So we'll always try. You know, before we sort of reject the referral.

**KA Kenyon Anthony (LSCFT)** 34:51

Thank you.

**DW Denise Whiteside** 34:53

OK. And Angela?

**AB Angela Bennett** 34:57

Hey Denise, I work for Carers Link. We are the adult commissioned service in East Lancashire and one of my roles is to do exactly what you've just done, deliver the PowerPoint presentation. And I'm a bit of a stats geek, so I'm just wondering if you know what the stats are across England and Wales.

**DW Denise Whiteside** 34:59

Hello.

Yes.

Yeah.

**AB Angela Bennett** 35:16

The adults is estimated one in eight people are providing unpaid care. Do you know what what it is for?

**K Khan Robina DWP WORK AND HEALTH SERVICES** 35:23

Thanks.

**DW Denise Whiteside** 35:23

Yeah. So it's four, four young carers in every single class in the UK. Yeah, but I would argue it's higher myself. Yeah, but they are the official statistics.

**AB** **Angela Bennett** 35:30

Wow. Wow.

Me too. Yeah. Yeah. Yeah. Thank you for that. Yeah.

**TN** **Tracey Noon** 35:34

Um.

**AB** **Angela Bennett** 35:39

Yeah, I know there's there's a lot of stuff going on between the senior managers in terms of young adult carers support, isn't there? Because what we see is once people are finished with your service, they don't necessarily want to transition over to the adults.

**DW** **Denise Whiteside** 35:46

Yes, yeah.

Yeah.

No, that's it. And we meet. Yeah. So me and my my boss, we meet monthly with with Carers Link and with, oh, what's the other one? Oh, yes, Encompass. So we're in regular contact and we're copying it.

**AB** **Angela Bennett** 35:55

Um support so.

Yeah.

Yeah.

Encompass. Yeah, yeah.

**DW** **Denise Whiteside** 36:14

Any referrals we make with, I can't think of a name now at Carers Link or Audra, yes. So we copy into any referrals so that she can keep an eye on them because some of them have kind of been rejected that we have sent.

**AB** **Angela Bennett** 36:21

Audra.

Yeah.

**DW** **Denise Whiteside** 36:34

Over and I think it's because they're very few and far between no and and sometimes because because sorry for everyone else having to listen to this I'll be really quick but when we when we we've been told we can send a referral at age 17 1/2.

**AB** **Angela Bennett** 36:38

Yeah, there's not many, no.  
Yeah.

**DW** **Denise Whiteside** 36:52

So that so they're not getting missed but they've been some some of your your people and encompasses people have rejected them so so it's an issue but yes but we're all communicating.

**AB** **Angela Bennett** 36:54

Yeah.  
Uh yes, yes. Somebody needs training properly, don't they? One of the things that I've been tasked with doing is trying to reach out specifically to the young adult carers. So I I did a little bit of an e-mail campaign just before Christmas and I only got one reply.

**DW** **Denise Whiteside** 37:17

Oh, gosh. Yeah. Yeah. Tricky. We do. All right. Thank you. Thanks, Tracey.

**AB** **Angela Bennett** 37:18

Yeah. But we'll try, don't we? Thank you very much. Thank you.

**TN** **Tracey Noon** 37:24

Anyone else got? Anyone else got any questions for Denise before I move on to Angela? No great stuff. Thank you, Denise. Thanks very much.

**DW** **Denise Whiteside** 37:33

Alright, thank you.

**TN Tracey Noon** 37:35

Angela, over to you.

**AB Angela Bennett** 37:39

Me. Thank you. Well, that was quite a coincidence, wasn't it? Yeah, no, you're all right. I've been up since 4:20. Yeah, thank you. Following on from Denise's wonderful presentation about young carers across Lancashire. My name is Angela Bennett and I work for Carers Link Lancashire.

**TN Tracey Noon** 37:40

Yeah.

Sorry for waking you up, Angela, there.

**AB Angela Bennett** 38:00

We are commissioned to support adult carers across E Lancashire. We do do a little bit with young carers in Highburn and River Valley, but that's separate to Lancashire County Council funding, as I mentioned when with my little chat with Denise, approximately one in eight.

Adults across England and Wales are providing unpaid care to a friend or a family member. That includes me. I've been an unpaid carer for about 47 years, so I had a little brother with learning difficulties. So I was a young carer. I had absolutely no idea that support was available to me or to my parents.

And I also have a 27 year old daughter on the autistic spectrum. I again had no idea that support was available to me until I saw this job advertised on Indeed. I'm 6 1/2 years in now and I know that I would have benefited from the support that's available in my role, particularly as.

As a parent carer for my daughter. So similarly to Denise, we accept consented referrals. Consent must be given by the carer, not necessarily the person in receipt of care. That can cause a little bit of confusion for people and we are a statutory service.

**K Khan Robina DWP WORK AND HEALTH SERVICES** 39:11

Yes.

**AB Angela Bennett** 39:16

For the carers assessments as well and the emotional well-being is at the heart of that carer's assessment. But alongside that we also offer what's called a Peace of Mind for carers contingency plan in the event of a blue light emergency. What happens to the person that you're caring for, you know, are you?

Giving them their evening meal, for giving them the medication, helping them to bed, all of that sort of thing. If you are rushed away in a blue light, we can support you to put a plan together to follow exactly what needs to happen in your absence. So for me, my my plan says to ring my neurotypical daughter.

But what if she's not available? Then we we can call upon the crisis team free of charge for a period of up to 72 hours to provide that care in in the absence of of the nominated carer. We also have lots and lots of other things going on. I'm a massive, massive advocate for.

He.

Support as a statutory service, it's quite limited what we are allowed to say to carers. So if they were to ask for a particular respite provider or you know, a daycare provision, we're allowed to give them a list, but we're not allowed to say whether we think they're good, bad or indifferent. But if you sit in a room full of other.

Carers. The likelihood is that one of them will know whether it's good, bad or indifferent, and they can tell them the truth as well. We also do activities for the carers to encourage them to take a break from the caring role. We're we're all off in our minibus tomorrow to go for a couple of rounds of crazy golf.

Or the Gorstang way. And that's like magic before your eyes because some of the carers will say to us, I don't want to sit in a cafe and talk about my caring role, but put them on the minibus and that's exactly what they're going to do. So that's like peer support without calling it peer support. We've seen people exchanging telephone numbers, setting up.

WhatsApp groups and and and then going off and supporting each other that way as well. We recently did a pumpkin picking in Pendle and two of the ladies that went on that came to our Accrington Cafe and had some lunch together afterwards and I was.

Privy to a conversation that they were having. They're both caring for their husbands who have dementia, and they've both been coming to our peer support group for a number of years and and really building up a friendship. And one of them said to the other, when your husband gets a diagnosis of dementia, your friends suddenly start to disappear.

And the other said, yes, that's true that yeah, she said. And then she went. But then you come to groups like this and you get new friends and they turn out to be better friends. And that's just that that keep. That's my bread and butter is that it warms my cockles to the core. I never said that. They said that to each other.

We have a dedicated benefits worker who can support with PIP carers allowance, attendance allowance, blue badge applications. So if anybody is aware that somebody is in need of support for benefits, either for themselves as the carer or the person that they're caring for.

Please do recommend us. We know that there are other organisations that can support with benefits applications, but the more people that are doing it, the more people get the benefits that they're entitled to. I'm going to leave you on on one thing now. There's some familiar faces here and you'll probably all laugh. It is our 25th anniversary this coming summer and so we're going to be doing quite a lot of fundraising, a lot of information, stalls and awareness and things like that. And I have nominated myself for my fundraiser to do a 25 hour.

Sponsored silence. Yes. See, those that know me are laughing already. My husband wants me to start practicing now. Yeah, so if anybody wants to get on board with that, please do follow us on the social media pages and you know, every penny that. That we raise will go back in. What we're doing is we are raising funds to continue our dedicated ASD support worker. We've got two specific workers at the moment on separate funding to LCC. One is supporting.

Those that are caring for somebody with autism and she is phenomenal. And the other is care supporting those that are caring for somebody with dementia. So yeah, sponsored 25 hour silence. Thank you.

Any questions from anybody?

**TN** Tracey Noon 44:08

Angela, that'd be that'd be like me doing a sponsored silence to 25 for an hour and a half, to be perfectly honest.

**AB** Angela Bennett 44:14

Well, that's that's why I've nominated myself for that, because that's the challenge. You know, there's a lot of people doing walks, there's a lot of people doing 25 acts of kindness and things like that. And I thought, I need to try and shut up. That's what I need to try and do. So, yeah, thank you.

**TN Tracey Noon** 44:30

Excellent. Thank you, Angela. Anthony.

**KA Kenyon Anthony (LSCFT)** 44:35

I just want to say, Angela, I like talking as well as you probably know from meetings with that, with that. So I think I find that very difficult as well.

**AB Angela Bennett** 44:40

Yep.

Yep.

I'm going to find it more difficult not to talk to myself. You know, when you're typing emails and things and you see something off someone like, what are you asking me that for? And I say the words out loud, so someone's going to duct tape me. I think I'm going live on the Facebook page on the 1st of June at 10:00.

**TN Tracey Noon** 44:54

OK.

Yeah.

**AB Angela Bennett** 45:06

And then I will finish live on the 2nd of June at 11:00 the following afternoon. So yeah, thank you. My target is 250 LB. It's quite, quite a realistic target. I think my husband might double that if I do manage it.

**TN Tracey Noon** 45:19

Yeah.

**KA Kenyon Anthony (LSCFT)** 45:20

Yeah.

**AB Angela Bennett** 45:20

Yeah.

**TN Tracey Noon** 45:21

Angela, how are you going to stop yourself from talking in your sleep?

**AB Angela Bennett** 45:25

I don't do that. I don't do that. No, no.

**TN Tracey Noon** 45:27

Do you know?

Not until 1st of June. That's when you'll start doing.

**AB Angela Bennett** 45:32

Yeah, and the irony is the 2nd of June is my wedding anniversary as well. So yeah, proper, proper challenge.

**TN Tracey Noon** 45:35

OK.

Oh, if I actually if I pay extra to keep it going for another 24 hours.

**AB Angela Bennett** 45:44

He may well do. He may well do. Thank you. Thank you for your time, everybody.

**TN Tracey Noon** 45:47

Thank you. Thanks, Angela. Thank you very much. Now I know Leanne, thank you. I know Leanne's got to leave us. Amanda, do you mind just hanging on for a couple of minutes while I know Leanne's got to leave, but she wants to give a thank you to give a quick update. Leanne, do you want to just?

**AB Angela Bennett** 45:51

I'll pop my details in the chat.

**TN Tracey Noon** 46:06

Give you a quick update before you have to leave us.

**LS** **Leanne Stillings** 46:07  
It's OK, Tracey. I think I'll leave it until next month.

**TN** **Tracey Noon** 46:12  
OK, alright, no worries.

**LS** **Leanne Stillings** 46:13  
Yeah, it's. I'll be able to give my information next month, so it's not pressing. It's fine.

**TN** **Tracey Noon** 46:17  
OK. All right. Thanks, Leanne. Thank you very much. OK, Amanda, you're on. It's your turn.

**LS** **Leanne Stillings** 46:20  
OK.

**JA** **Jenkinson, Amanda** 46:24  
As usual, I'm going to whisk through this tracer.

**TN** **Tracey Noon** 46:27  
Fabulous. I love that.

**JA** **Jenkinson, Amanda** 46:28  
That's why you put me on last, didn't it? Hang on, let me just share this.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 46:29  
Yeah.

**TN** **Tracey Noon** 46:31  
But.

**JA** **Jenkinson, Amanda** 46:34  
So I've altered it slightly from um.  
The last one I did, in case there's people in here. Um.

Oh, is it not doing it? What am I doing here? Oh, here we go, right?

And you'll see this.

Let me get rid of you. No offense.

**TN Tracey Noon** 46:57

Yeah, we can see it.

**JA Jenkinson, Amanda** 47:01

Right. OK. Oh, was it come back up for right? Hang on.

So I work in the active travel team, sustainable travel team, work with businesses, organisations throughout Lancashire, not Blackpool, not Blackburn with Darwin to encourage and support walking, cycling and Wheeling and Wheeling is.

Wheelchairs, non-electric scooters. So we make contact and engage with businesses and organisations and support them to get people to travel more sustainably, more actively. The reasons being less congestion, less emissions and to improve their health and well-being.

**K Khan Robina DWP WORK AND HEALTH SERVICES** 47:27

Yeah.

**JA Jenkinson, Amanda** 47:42

Of people within Lancashire. So we do rewards based platforms, better points which is the one on the left there and Angela carers link in Accrington do actually accept the points and they get a free cup of tea and a book.

And carers don't get a pound for that or they can donate to charity. There's also love to ride, which is cycling based. So if you cycle, there's lots of competitions for that.

We offer cycle training, adult cycle training, so those aged 16 plus.

Can attend your health and well-being days, bring some, you know, fun things to do. And then the best bit is we have funding of up to 5000 lbs available to support and encourage active travel. And that can be for things like lockers, bikes that people can use, e-bikes, cycle storage, ex.

Etcetera. So if you've got any projects you're thinking of doing, we want people to basically to to use active travel to to get to and from work, you know, further education, etcetera. So rather than single occupancy car journeys, you know thinking about.

How they travel. So if you've got any suggestions or if you're thinking of your organization applying for one of the grants, just pop us an e-mail. Like Tracey said, emails will be shared afterwards and that is it.

**TN Tracey Noon** 49:15

Amanda, you're an absolute star. Has anybody got any questions for Amanda on active travel?

**JA Jenkinson, Amanda** 49:17

I know.

**TN Tracey Noon** 49:25

And I do. I do keep meaning to do it. I've still got the e-mail. I do keep meaning to do it for us.

No, no question. Fabulous. Thank you very much. I know I've just put in the chat. If you want to share anything, please do put it in the chat. I'm just going to because we've only got, we've got 15 minutes left. I'm just going to give a quick update on the health and well-being. I don't think Jill's here, is she?

**JA Jenkinson, Amanda** 49:32

No, we're good.

Cheers.

**TN Tracey Noon** 49:51

Julie Furier, shout at me.

No, I don't think she is, is she? So I'll give a quick update on the health and well-being partnership and then I'll just ask that anybody that's got an update if they'll put their hand up because we're only going to have a couple a few minutes at the end. So usually I go round it for those of you that are new, you usually I go round absolutely everybody, but because we've had such fabulous speakers today.

And we've had four of them. We only usually have a couple. We've got less time. So health and well-being partnership updates, as you know, stemming from that we have formed a few of us have formed Pendle Network for Change.

And we've worked on a toolkit around what's available in our communities and our we were looking for our next thing that we're going to work on and our next thing

that we're going to work on is, is around systems change. So if there's anything in the systems, anything at all.

That you think could do with changing. I mean, you know, we can't form a revolution, not yet anyway, but you never know. If you if there's anything that you know you think it's a bit, you know, could do we improving or speeding up or there's no provision for whatever, please do with me an e-mail.

E-mail. Either e-mail me or Gill and we will. We'll start working on it and see what we can do. Can't promise miracles. I will try waving the magic wand, but you never know. And it's about in that case, about systems change. Usually it's about who you know. So we'll be talking to people that are working at a higher level.

To to try and alter that system for people in Pendle. So, so that's just a quick update from me about the Pendle Wellbeing partnership and just a really quick one from me about CVS helping hands lottery. I'll put the information in the chat.

Please do join up. You can make, you can raise funds for your own organisations if you're a not-for-profit organisation. And we've got loads of other stuff happening, including the new get togethers that used to be called the volunteer forums.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 51:58  
The.

**TN** **Tracey Noon** 52:03  
That the lovely Caroline and Kim are organising and we've had our first two facilities facilitated by me obviously who would who wouldn't have me facilitating. So there were one on the 28th of January and the other one was on the 11th of February. Right, Caroline.

**CL** **Caroline Littleworth** 52:23  
That is right, yeah.

**TN** **Tracey Noon** 52:25  
Yeah, and they they they're going to be called. What are they going to be called from here on in?

**CL** **Caroline Littleworth** 52:30  
Coffee, cake and collaboration, yeah.

**TN Tracey Noon** 52:32

Yeah, cake's the important bit, apparently. So coffee, cake and collaboration. Angela was there. It were great, wasn't it? The face to face one? Yeah, we're really good.

**CL Caroline Littleworth** 52:42

Yeah, yeah. We're looking at the 25th of March for the next one, hopefully, unfortunately being Rosendale, we think at the Whitewell Bottom Community Centre.

**TN Tracey Noon** 52:56

Yeah, yeah.

**CL Caroline Littleworth** 52:57

Yeah. So it'd be great to see people there, obviously Rosendale, I know, but we'll try and make it in Pendle the next one, OK.

**TN Tracey Noon** 53:00

Yeah.

Yeah, I think it'll be in Pendle in April, won't it? We're going to try and alternate it.

Yeah. Fabulous. Thank you very much. So that's that's, I mean, we've loads to tell you, but we can tell you, we can tell you in our newsletters, our info share, etcetera. So anybody want to put their hand up and if you've got any.

**CL Caroline Littleworth** 53:08

Yeah, yeah.

**TN Tracey Noon** 53:26

Anything pressing you want to talk about? Nobody wants to talk to me now.

Anthony, thank you. You're a lifesaver. You always want to talk to me.

**KA Kenyon Anthony (LSCFT)** 53:32

Just, just, I said. I don't really have received the e-mail I sent you last week. I think Trace, it was the mental health over and drop in clinic public timetable. What I said, yeah, but when I come to meeting last month, I said I'd share it with you so you could share it with the group if you want to share it with the group just about.

**TN Tracey Noon** 53:42

Yeah.

Yeah.

**KA Kenyon Anthony (LSCFT)** 53:50

Obviously it's a mental drop-ins where anyone can attend adults, obviously adults for mental health drop-in clinic or practitioners who you can see if you've got it's mainly it's more in people, which will be people that would struggle to access mental mental health services. So people who might have drug and alcohol issues, homelessness. Things like that in my struggle to access management and health services that can go to all the drop-in clinics. I've sent the e-mail to you so if you can share that for us please. And I will be having a meeting with Leanne in April. Leanne Steele and Ron earlier to discuss more about the pathways and different things about who's mental health teams and the drop-in clinic. So I will feedback more when we've had that meeting.

**TN Tracey Noon** 54:30

Yeah. OK. Thank you, Anthony. Yeah, I do remember it. It has gone on the people of Pendle page because, yeah.

**KA Kenyon Anthony (LSCFT)** 54:33

Yep.

Brilliant. That's fine. I'm not saying that you say that's all that's brilliant.

**TN Tracey Noon** 54:38

Yeah, we don't. We don't send them out anymore on request of members. We don't send it. We don't send emails out because we're sending them every day and people just got, you know, so we put them on the people of Pendle and we also put them in our info share, so.

**KA Kenyon Anthony (LSCFT)** 54:43

Map.

No. Yeah, no, it's fine. Yeah, no.

Oh, thank you very much.

**TN Tracey Noon** 54:54

If if if everybody signed, I hope everybody signed up for our info share or just have a nip on to our website and look at the people appendle page. Everything's on there. OK, thank you, Anthony. Anyone else going to wave at me watch? Nobody wants to talk now.

**KA Kenyon Anthony (LSCFT)** 55:02

But.

**TN Tracey Noon** 55:12

Oh, Robina, thank you.

**K Khan Robina DWP WORK AND HEALTH SERVICES** 55:16

So we've just recently had a confirmation about Connect to work that is through Lancashire County Council. Just want to check that does every is everybody aware of it on this call regards to what support is available for customers with disability health conditions?

It's quite, it's quite a big eligibility criteria. Again, care, care leavers, ex-offenders. It supports quite a lot of people. I'll put the link in. I'll put what I'll do. I'll put the link in the chat on the gov.uk that that we have on on it.

But it is through the Lancashire County Council that is being offered.

**TN Tracey Noon** 55:52

Fabulous. Thank you, Robina.

**K Khan Robina DWP WORK AND HEALTH SERVICES** 55:53

Just pension credit campaign as well. Anyone that's coming up to pension age, if they're not entitled to the full pension to please consider pension credit, have a look at pension credit as well.

**TN Tracey Noon** 56:05

Great stuff. Thank you.

Thank you, Robina. Anybody else got anything they want to say? Either just shout out or wave at me, Katie.

**KO** **Katy Oehring** 56:19

Hi, I'm Katie from Christens Against Poverty and just to say that we're going to be running another Life Skills course starting next Thursday. Life Skills is a nine week course, not including the Easter holidays from 10 till 12:30 and it's teaching people how to live well on a low income.

So I don't know about the rest of you, but it's it's quite, it's quite well for me as well. We look at budgeting as part of that. So we built help people build up a budget to look at income maximization and trying to look at where we spend our money, how we spend our money, talk about things like doing a weekly meal plan.

**K** **Khan Robina DWP WORK AND HEALTH SERVICES** 56:41

Yeah.

**KO** **Katy Oehring** 56:56

Making sure when you go shopping you take a shopping list with you. We also have some from Newgrounds come and talk to us about energy. We have, we do a cooking week, but it's a really lovely supportive group. We've got a few people that have done it before that are coming on it again because they've enjoyed it so much. So it is about budgeting and about living well on a low income. It's also about just coming together really. So that's going to be up at what's called the parish rooms up at St. Barts, which some people don't know where that is, but it's basically the building next to St. Bartholomew's Church in Cole. And so we are Christians against poverty, but we're open to people of all faith.

And none. And I put my e-mail in the chat. So if you want any further information, please just send me your way. Yeah, that makes sense.

**TN** **Tracey Noon** 57:45

Thanks, Kate. Thank you very much. There are people putting things in the chat. I'll just read one out because Peter's had to leave us. Peter Lumsden, he talks about having done a comprehensive piece of mapping on what provision the first sector is making under the headings of mental health, food security.

**MD** **Mulgrew, Dawn** 57:47

Yeah.

**TN Tracey Noon** 58:04

To family support and that's given them a detailed spreadsheet of what churches and mosques are offering with locations, times of activities and key contacts. The spreadsheets then generate an interactive Google Maps with locations regulated. Family Hub centres are on the map.

What we what we're going to do as well, when I talked about the toolkit earlier that we've worked on, we're going to try and amalgamate them in some magic way that I know nothing about. But if we can amalgamate them, there'll be a whole host of information there all in one place for groups such as all of yours.

Organisations such as all of yours. I don't think we're going to let it out to the general public because things change and we don't want anybody being disappointed. So yeah, so if anybody knows any anybody with any magic skills that could help us to amalgamate all of that.

I'd be very grateful to hear from you. Yeah, everybody's e-mail address and contact details are all in the membership list that's sent out before every meeting. So when you get your agenda, you should get a contacts list as well. So everybody's is on there.

Dawn's put in the Dawn, are you still here? Do you want to talk about this? We've still got a couple of minutes.

**MD Mulgrew, Dawn** 59:21

Oh, I'm still here. We've got, I'm still here. We've got quite a lot of new things coming up. I've just put a couple of posters in the chat. So we have a send drop in. It's going to be the 4th Friday of every month. We have send us parent carer forum and everybody else. It's really good. We had one last month.

**TN Tracey Noon** 59:23

He's still young, yeah.

**MD Mulgrew, Dawn** 59:39

It was quite a quiet one. I think we've got quite a few parents have said they're going to come this time because that lady went back and told everybody at our same group how good it was. So it's just really good for getting those immediate answers and that I just feel like somebody's listening to you.

We've also got a chat play read, which is for support with children two to four with a speech delay. There's a welcome assessment at the beginning of it just to see what kind of needs there are, and then another one at the end of the six week course. And then at the end of that, if it's felt like you would benefit from a referral to speech and language, then we can help do that for you.

And we have a new domestic abuse programme. So we used to use the Freedom programme, but although it's great as far as it goes, it's not really inclusive. It just assumes that everybody who's ever suffered domestic violence is a woman in a heterosexual relationship who's had that abuse from a man.

Obviously we know that things have moved on, so it's a bit more inclusive, covers quite a lot of things, including the effects of violence or witnessing violence on a child, things like that. So that one we don't put out, it's on a Friday lunchtime, we don't put out the location.

**TN** Tracey Noon 1:00:34  
And.

**MD** Mulgrew, Dawn 1:00:50  
Or the exact time, just obviously because we don't want perpetrators getting wind of when it is. But if anybody does have anybody they feel they will benefit, just let me know and I can refer them in.  
Yeah. Oh, showing your age there, Tracey.

**TN** Tracey Noon 1:01:12  
The age in it, although I'm only 21, as you well know, Don.

**MD** Mulgrew, Dawn 1:01:15  
I know, I know. But yeah, it's I've I've actually been on the training for this rising beyond. It's only just got a name. I went on the training before it had a name and I came out of it and I was just like, oh, and I if I wasn't in a relationship, I would never want to be in another one again. It was just quite, it's quite a lot because it was a full day.

**TN** Tracey Noon 1:01:33  
Yeah.

**MD** **Mulgrew, Dawn** 1:01:34

But you know, it's it's really beneficial for people who you know have been through it and it helps you to identify things that you wouldn't necessarily have realised were abuse. It's not just, it's not just somebody coming and knocking you about, it's obviously coercive control, financial abuse, all that.

**TN** **Tracey Noon** 1:01:45

Yeah, yeah, yeah.

I know I would want, I went, I went on the freedom. It wasn't. It was a train the trainer for domestic abuse awareness. But we had an element. We had a module on free on the freedom program in it and a friend of mine was with me and he said, he said I don't let me wife have the remote control for the TV. Am I being abusive? I said yes.

**MD** **Mulgrew, Dawn** 1:01:52

It's it is interesting.

Mm.

**TN** **Tracey Noon** 1:02:12

Yes, you are.

**MD** **Mulgrew, Dawn** 1:02:13

Even worse, if you're watching things without her that you're both supposed to be watching, yeah.

**TN** **Tracey Noon** 1:02:16

Exactly. Thank you, Dawn. Thank you very much. Well, we're there. Thank you all for coming along. Is there anyone else that just wants a quick two minutes? Nobody's, nobody's waving at me. Nobody's shouting at me. So brilliant. Thank you so much. Thank you, everybody.

**MD** **Mulgrew, Dawn** 1:02:21

Thank you.

**TN** **Tracey Noon** 1:02:36

For being so engaged and engaging as usual, and thank you for all of you for coming along. It's really lovely to see so many people wanting to do some good stuff for people at Pendle. Thank you very much. I'll see you all again next month. Have a lovely rest of your afternoon.

**KA** **Kenyon Anthony (LSCFT)** 1:02:48  
OK.

**TN** **Tracey Noon** 1:02:53  
And I think it started raining now, unfortunately, folks. See you later. Bye.

**AB** **Angela Bennett** 1:02:59  
Thanks everyone. Bye, bye, bye.

**MD** **Mulgrew, Dawn** 1:02:59  
Thank you. Bye bye.

● **Tracey Noon** stopped transcription