



0-19 Integrated Team Consultation Feedback

Introduction

Torbay Council consulted with young people, families, staff and stakeholders on their proposals to commission one Integrated team for a number of services for children and young people and their families. Also Torbay Council is also proposing that these services are delivered in Family Hubs.

The services involved are:

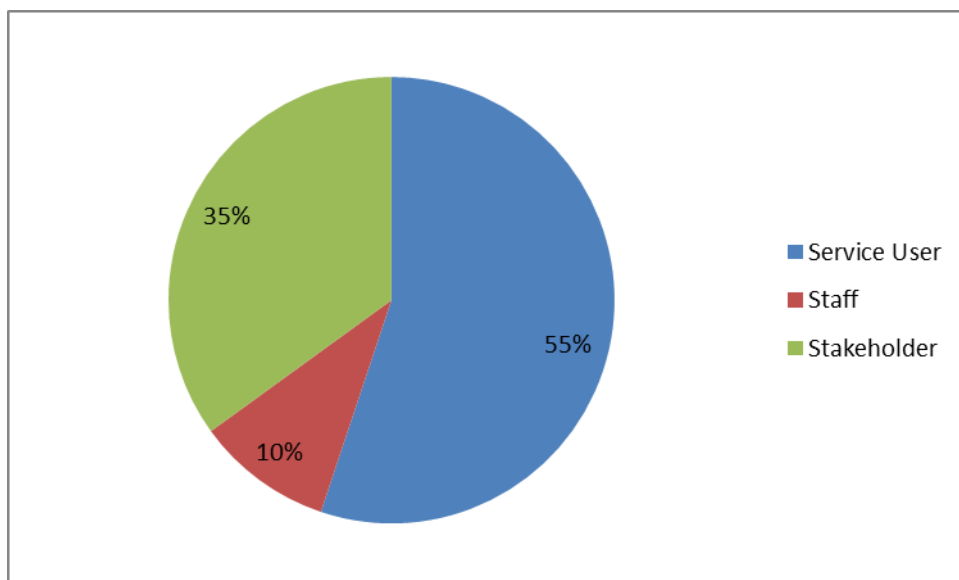
- Health Visiting
- School Nursing
- National Child Measurement Programme
- Children's Centres
- Early Help Co-ordination
- Team Around the Family Co-ordination
- Family Intervention Team
- Young People's Substance Misuse Service
- Advocacy and Independent Visitors Service
- Missing and Return Home Interview Service

The consultation took place via:

- Online survey
- Focus groups
- Stakeholder events
- Virtual engagement through email dissemination
- Staff working with vulnerable groups seeking views individually

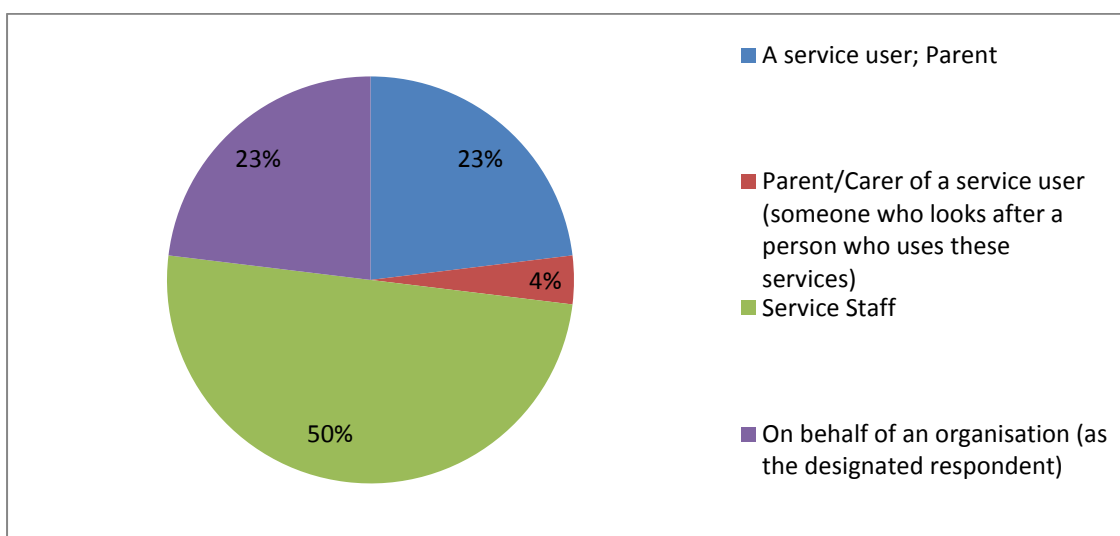
- Attendance at established community groups
- Work with young people direct including a radio show

Altogether there were 263 respondents: of which 55% were young people and families.

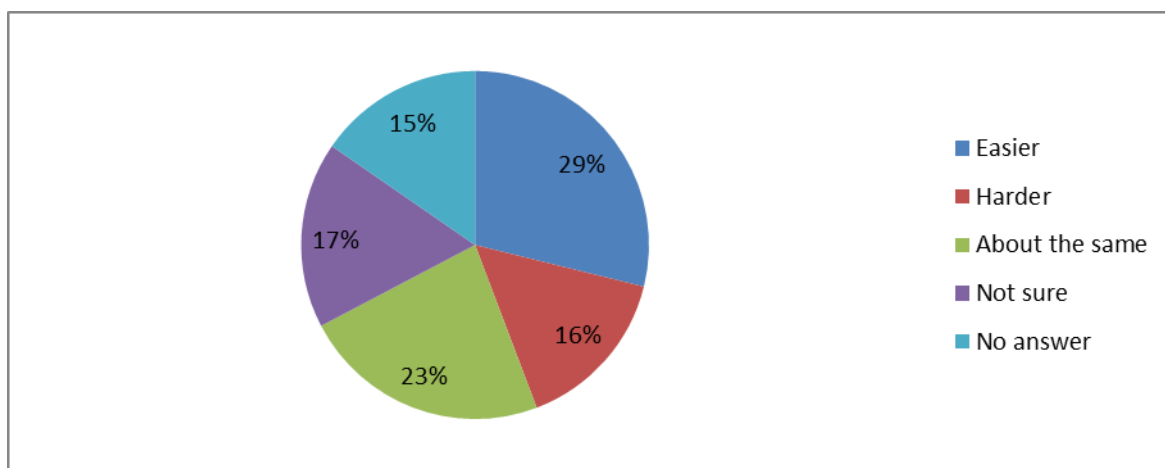


Online Survey

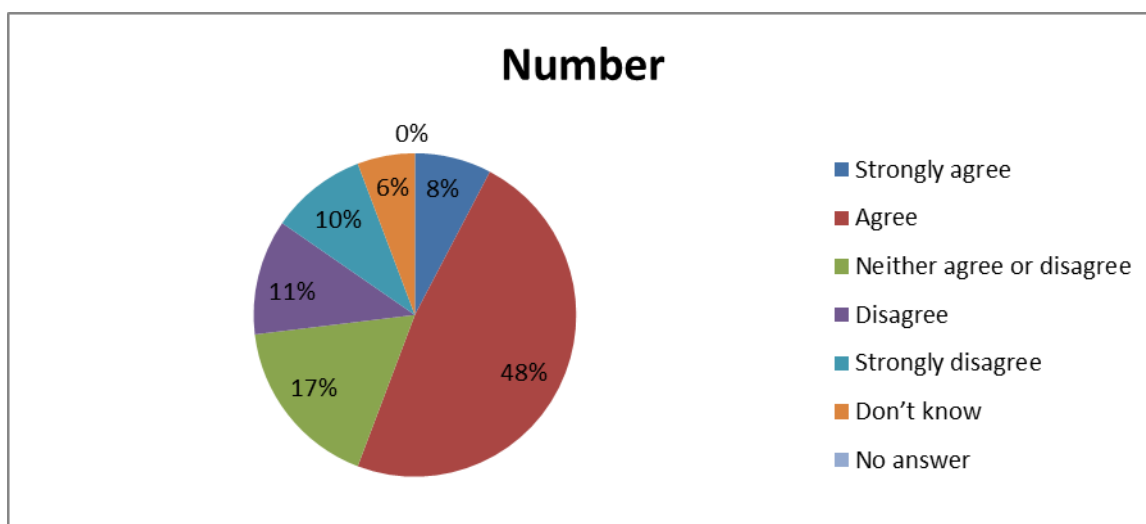
52 people completed the online survey, a mixture of people using the services, staff and organisations.



'...Draft Proposed Priorities within the Commissioning Plan will make it easier or harder for service users to receive the right support?'



'How strongly do you agree with the proposal to group 0-19 children and young people's services into one contract which is delivered from Family Hubs?'



31% of respondents rated *'Ensure services are accessible and young person friendly'* as their top priority. For the second priority in most importance, 17% equally rated *'Broaden the work undertaken to address the underlying causes of problems, Ensure services are accessible and young person friendly and Utilising a whole family approach within the service and with partner organisations'*. 21% rated *'Broaden the skills of the whole workforce'* as their third top priority.

Between 75% and 88% people of respondents felt that when considering future service providers the following should be taken into account:

- Service users only telling their story once by the sharing of information with other organisations
- The measurement of how successful the provider is with service users
- The involvement of both service users and the community in improving services

- Staff having the right training and qualifications
- People will be able to have access to support quickly and easily

Vision

Feedback from all three groups showed that the proposed vision and language being used was still unclear and therefore not understood. This could account for some of the negative or unclear comments.

'Vision: This needs to be smaller, clearer who it's aimed at and needs to link in more with the principles.'

'proposal sounds like change for change sake'

'No detail about the service being offered'

'The vision needs refining,..... A suggestion for Torbay that supports outcomes for young people and parents could be; Protect – Support – Empower'

'Language; It is currently inconsistent and inappropriate for service users.'

'Hub is a horrible word, please chose another'

'The name needs careful consideration; the term Hub has a bad reputation from MASH.'

'Some of the terminology may not resonate with parents i.e. positive attachment'

'Please can we include the words; holistic, family, health, social care, environment and impact'

'Parental wellbeing is missing from the outcomes'

Themes

When identifying themes from all of the consultations (online, stakeholder events, focus groups etc.), there were some common themes between service users, service staff and stakeholders. But, as would be expected, there were also different benefits and concerns highlighted between the groups. Individual concerns and benefits must not be lost.

Common Themes:

Family Hubs

Many of the respondents had both positive and negative views on the concept of Family Hubs. Whilst developing the model the views from the feedback will be critical to ensuring that the model is right. There was a concern from all three groups that if the buildings were not located locally in communities or were too

obviously an 'organisational' building then they would not be used and families would not engage.

No one turning up. People will just look at it as another public service and not go'

'Hubs need to be in the right place to ensure families will access them - this could differ in different communities'

'the building should not be a council/social building or a children's centre; it needs to be a community building'

'The right building and location will be key decisions.'

'Yeah I think there should be one in every town, but I think it should also be in somewhere that's well known.'

'If it's just like a walk down the road, then it's a lot easier. Even if you're on the outskirts of a town and it's in town, it's still accessible by foot, easy access and quick.'

For some young people and adults, schools and GP practices are an already established place for help and support. For others, though, school is not seen as a safe place or there are concerns that peers would see someone accessing the Hub which could lead to bullying. What is essential, though, is the close link between schools, primary care and the Hubs and building on what is already in place and respected by young people and parents.

'Cautious about using schools as Hubs as it may exclude other schools and create barriers'

As well as where the building would be/look like, was its size with a view that if the Hub was too big then it would make it unusable by the public. In one of the focus groups, there was the reverse concern that the building could be claustrophobic if too many services based there. Several young people, in groups, spoke about sectioning the building off in to either services or age ranges.

'Hubs are too big to be effective'

' I think the building would have sections so, like the room we're in now, we would have a different section one for men, one for women, one for elderly, one for families, one for young uns'

'Should be a couple of buildings – if too big just like a business and this could raise anxiety. Like a campus'

All three groups identified everyone being in one place, a one-stop-shop, and that there would be the need only to tell your story once as a benefit. Some young people had experience of even in the same service having to keep

repeating their story. Being able to refer into one central point was seen as a benefit from primary care and schools. This would include the sharing of information (that was up-to-date), databases and systems. Everyone within the Hub should know what's on offer and how to signpost. This was felt to include the concept of 'no wrong door' into services and one number to contact. It was felt to be positive that children, young people and families would get help quicker but there was also a concern from young people that 'one front door' may increase waiting times and this needs to be considered when developing the model.

'No need to seek out new support when children get older as all in one place'

'Ability to provide a single point of access to families children and young people services with the expectation to "tell your story" once'

'1 Stop Shop Approach'; *this avoids duplication and will provide a good opportunity for multi-agency working'*

Access

There should be no obstacles to accessing services. Being able to go to a central point for a wide range of services was considered a benefit for the new model. Though there was some concern that this might mean that the service user would not be able to access the same person as they had done in the past or that no one would really know the family and they might then become lost to services.

'Not able to talk to the Health Visitor you want to'

'Greater risk of missing families - if the Hub doesn't know about them no one will'

Opening hours was raised as a requirement that needed consideration, with the need for services to be there at evenings, weekends and during school holidays.

'Needs to be available for when YP want it, out of hours – evenings, weekends. Some services require a quick response i.e. return to home interviews.'

'Access means that children and families have support when they need it'

Outcomes

Service staff and stakeholders identified that outcomes could be improved by the integrating of services and having a more seamless care package. As this is seen as a positive and is one of the key reasons for the new proposals, how it is achieved must be considered carefully.

'teams working together to offer the best outcome'

'Ensure that this will benefit families and children more than what they are already being offered by services now'

'Ensure outcomes are written in strength based language that recognises existing talents and abilities of individuals'

'The sooner we start acknowledging that it is relationships that get the results, due to the time put in to build trust, the sooner we will start to see improved outcomes.'

Partnership Working

Whilst it was recognised that the integration of the teams would improve communication and strengthen working together, there was also concerns about how this team would work with other organisations and services, e.g. health and Children's Social Care.

'Needs improved partnership working for the service to be successful'

'Risk of fragmentation of wider health and social care services for Children young people and families e.g. CAMHS, therapies, community nursing;'

'How are links between primary care and schools helped by this team?'

'How will this new service fit in with other services – 'adult services' in particular came up several times?'

'From my experience I feel the voluntary and community sector needs bringing on board properly'

'They felt that it was important that services should trust the professional judgement of school staff who know the families'

'I think a larger rift could form between community council funded services and NHS services. Already there is often a lack of communication'

'Not working alongside statutory services is a huge concern as this communication is crucial'

'Less involved with NHS acute services'

'Creating more of a divide between statutory and other family services, adding to the stigma that makes it so hard to engage families in the first place'

There were a large number of other services mentioned that were not included in the team and would need to be considered on how they worked with the new team (see Appendix 1 for full list). CAMHS was the one mentioned the most, with it being considered a gap that they are not a part of the Integrated team, interestingly when talking to a participation group for young people involved with CAMHS, they didn't think CAMHS should be included as it could lose its

focus and be even more swamped than it is now. Emotional health and wellbeing is a central part of the new proposals and for everyone to play their part but the working with CAMHS will be critical. Other health, children's and adult services were highlighted as needing to have a working relationship with the Integrated team and Hub.

'Emotional health and wellbeing from young people and parents was raised as the main issue by primary care and schools'

'It was expressed that they felt a CAMHS provision would really be beneficial to the proposed model'

'How will housing options and 16+ services interface with this?'

'Camhs aren't included and they are one of the main areas where young people currently need support'

'Mental health services to be included and made a key area'

Funding

As would be expected from all three groups there was a concern around funding and whether this was just a money saving idea.

'The main issue is a lack of funding and there's no more money'

'Nothing will improve without more money'

'Cut's to services due to the reduced budget'

'budget constraints and pressures on services to do more for less'

'The service budget needs to meet the needs of the 0-19 population.'

It was felt that the lack of funding would mean fewer resources and also hinder the ability of the Hub to function. Although by having staff co-located this could produce some savings. It was felt, though, that these savings should then be used for the children, young people and their families.

'Less admin cost'

'the level of resources might be too low to address underlying issues'

'financial constraints strip out ability to really transform'

'You have said about saving money, perhaps you should be thinking of ways to use this money for the said children.'

Workforce

There was a concern that specialist staff and skills would be lost due to the size of the Hub and the integration of several services, including universal. The new

model must take into account how specialists, whilst keeping their skills, also help train the remaining of the workforce to improve their skills. This would be a help both service users and the workforce. People were also worried that the 'universal' element of how services work would be less with more targeted work expected.

'Loosing focus on specific groups as tailored to wider variety of clients'

'Lack of specific skills to work with children outside professional experience'

'Loss of preventative services to targeted support'

'Don't forget it's a universal service and targeted services may put people off '

'Need to distinguish between universal services and how these are different to Early Help in relation to prevention'

All three groups highlighted the need for staff to be properly trained including in communication.

'Adequate training Specialised staff'

'Lack of specific skills to work with children outside professional experience'

'loss of specialist skills with a more generic workforce'

'Approachable, care to how people are spoken to, good customer service'

Community

There was feedback on how the local community and community services already have local knowledge and are working in communities. It is important that this must not be lost and that the community must be involved in the consideration of where Family Hubs are placed and how the Integrated team works with children, young people and families.

'If there is an opportunity to look at co-location of Hub services with existing community provision so that services are embedded at a grass roots level within the community'

'You need to work and commission the organisations that are already doing fantastic work with 0-19 year olds IN THE COMMUNITY, like all the charities who also need financial support to carry on their work'

'Community Engagement; involve the community and nurture the community.'

Support groups within the community were seen as helpful, both by parents and staff. The focus groups felt that different support groups could be used by different people e.g. one for families where domestic abuse was an issue. People found that the group acted as a peer supporter and network which boosted their

confidence and meant less professional input. They helped normalise the problem. Anxiety, mental health illness and embarrassment was raised as a barrier to seeking support or to self-help in many of the focus groups. Support groups for these large groups of parents and young people would help to improving outcomes. The ability to be able to parent was linked to the parent being healthy and fit to be able to look after their children but sometimes they needed support to do this. This included parents facing social isolation for a number of factors and parents knowing about nutrition and what to feed themselves and their children. Services being aware and support groups available would link into the idea of self-help proposed within the new commissioning plan.

Transition

When undertaking a large organisational change, then transition planning is vital and can make the project fail or succeed. For the workforce, transition can be a scary place and without proper acknowledgement of this, productivity may be lost and outcomes may decrease. As William Bridges (2003) states¹:

'Getting people through transition is essential if the change is actually to work as planned.'

This was highlighted many times by all three groups who were concerned on a variety of issues, including it needed to be a gradual process, how stakeholders and the community were involved, and how the transition period is going to be addressed needs to be built into both the service specification and evaluation process.

The concerns highlighted were:

- During the changeover services would be disrupted and some families could lose out

'Set up and teething problems, service users will be effected'

'Yet another change could cause more delays for families in need'

'Ensure that there are adequate able staff at the earliest stage for a seamless transition of delivery without a reduction in quality.'

- History of similar projects (as seen by service users and staff) that failed

'Been tried before, and failed'

'We have had this kind of proposal before, the latest with Swift and that was an epic fail.'

¹ Bridges, W., (2003), *Managing Transitions: Making the Most of Change*, Nicholas Brealey Publishing, London

- The new service not being given enough time to transform as bringing together different services is not easy

'give them every chance to get this right over the initial 5 year period and hopefully beyond'

'big changes and the time it has to put in place'

'Being realistic about deliverable outcomes and working together on developing the new service'

- The need for consultation and planning of where Family Hubs are situated

'Good planning of moving towards the family Hubs'

'Obvious but careful planning about where Hubs are against an understanding of where the greatest need is.'

There was thought, though, that with good planning then some of these concerns could be lessened.

'Clear and well structured transitions / implementation plan'

'The development of a robust project plan (to include transition, implementation, communication, delivery plan)'

Service User Themes:

Relationships

For service users one of the main feedback elements has been on how people engage with services and that this is mainly due to relationships built, trust and personalities. Especially in the focus groups, both young people and parents were saying that to engage, tell their problems, seek support and to return was not easy. Parents and young people were often embarrassed or lacked confidence about asking for help and didn't know where to go and they needed time.

'Yeah, I think people don't exactly know where to go, but also like who to ask, because there's not many people to actually ask.'

'Lacking confidence, I think because some of the problems are so personal they are too scared to talk about it, they don't tell anyone and it gets worse and worse.'

'I think they could be anxious because they might be scared to tell someone about it'

In one focus group, a parent spoke about it taking her four years to find the right help and many service users of all age groups said that they wouldn't know where to go for advice or support.

'To be aware of the support (posters don't always work)'

Many had experiences of where it had worked with one professional and not another. This is a key element for the new service to provide and without it then the risk is of non-engagement and outcomes not being improved. The use of different ways of contacting and engaging in the service is important and the need for a quality website, Facebook page etc.

'Not able to talk to the Health Visitor you want to'

'I feel that I walk into a children centre to a health visitor clinic and I am pounce upon. This stops me going as sometimes I just want to access my health visitor.'

As well as trust in a relationship, consistency and continuity was considered important and there was concern that this would be lost in an integrated service. Rather than only tell your story once, people were concerned that they would have to repeat it with different workers.

'Won't know who our named HV is so no continuity of care'

'Having to tell four different people what is wrong as messages get passed along'

'I am really concerned that the consistency of care will be lost. I will not engage with a service that does this.'

Parents want someone who knows them and their family and to whom they are not a number. Someone who understands them and who are non-judgmental. They wanted someone that they knew will believe them, would check on them to make sure that they were ok, that they were there for them when in trouble and at all times were respectful. Parents and young people told how they felt that professionals were judging them and that they were worried to tell their story as they thought the professional would think they were a bad parent or that things weren't as bad as they were saying. For outcomes to improve, families have to engage with the support or intervention. If they are feeling judged and considered a 'bad parent' then they are less likely to be open with their needs.

In focus groups, young people and parents highlighted the need for professionals to want to be in their job and to be able to communicate with them and to listen. This was something that was felt to be missing at the moment. In the focus groups people spoke about how they were talked to in a disrespectful manner and that their privacy wasn't always taken into account. Communicating with different ages is a skill that for some staff needs to be taught, therefore what is expected as a minimum level of communication skills needs to be included in the new service.

Family Hubs

In focus groups, young people and parents both spoke about being able to go to a place that felt safe. Obviously one person's idea of safe might not be the same

as another's. People knowing that when they are troubled that there is somewhere for them to go would help them to seek support and to improve outcomes. Alongside safety is that the premises had an 'informal' feel to them. People did not want to go to a building that looked like it was belonging to an organisation and the use of community buildings was suggested. There was concern about being 'stigmatised' by going to a certain building and people knowing your business, therefore if the Hub could also be about community groups and a variety of services, people would more readily attend. For young people, especially, privacy was a key concern. They needed to be seen in a private space, where no one else could see them, e.g. no windows. Whilst for some young people, especially young carers, the idea that the family could be seen in one place was seen as a positive but for others there was a concern if the Hub was for 'family' would that then be difficult for them to receive help and support just for them.

'Yes it would be easier for everyone if we could all be seen at the same place at the same time'

'What about if the young person wanted support but certain family members aren't willing to attend (family support/therapy)'

'What if family don't want support but young person does'

'Less personalisation in delivery of service'

'Not family friendly, sounds like a business'

'I think that there should be, in a way, a social media area, but somewhere that is private'

Financial constraints of travel were a factor that needs to be taken into account. Barriers such as location of building and whether people can walk there need to be considered when planning Hubs.

For young people, especially, they did not want to have make appointments but some did think specific time slots would be useful. This was because of; not only them, admitting to a chaotic life that appointments didn't fit into but also they felt that if professionals had appointment schedules then they could not always give the time that the young person felt was needed. The ability to be able to see someone when needed was also highlighted in other focus groups, with examples being given of not being able to have an appointment with the GP when needed.

'Limited time on each young person'

'They should get timeslots, but they should also get reservations so they can get something sorted out.'

'Drop-in rather than set appointments (at least as an additional option)'

Parents and young people spoke about services being slow to react and it was only when there was a crisis that they received any help or support. With the formation of the Integrated team, including Early Help, then this should no longer be a case for many struggling families. When young people and parents ask for help then it is often after they have already struggled on by themselves because of the reasons already listed that stop people asking for help: lack of confidence, embarrassment and not knowing where to go. The new model of a proactive and strength based response will make sure that families are receiving support and advice when needed not just when they can't cope anymore. This view from service users links in the principles underlying the commissioning proposals, such as:

- Preventing problems and offering support when it is required.
- Focusing on both the presenting need or risk factors and also the underlying causes.

Service Staff Themes:

There were many positive comments about what the benefits and expectations were of several services coming together and the idea of Family Hubs. But as can also be expected, there were concerns from staff on their imagined loss of skills, current working practices, workloads and jobs!

Delivery model

The idea of a seamless service that would improve communication, improve response time and prevent duplication was highlighted time and time again as a positive to the proposed changes of commissioning.

'Less delay for families in being routed to the correct service for their need'

'Less confusion for the families'

'Better communication between professionals for families to avoid duplication of work'

'Multi professional working and a 'streamlined' service where as professionals we are all working for the Child/Young person and networking/communicating effectively.'

There were some concerns that the new service would be too targeted/specialist and the universal work would be lost. One of the aims of the new proposals are that services intervene early but for some people the new structure could increase the risk of the services becoming reactive rather than preventative. Although, there was also the view that the service would be too universal and specialist skills would be lost.

'Not providing a service for all Torbay 0-19 service users but provide targeted service'

'The service will be reactive rather than preventative.'

'That by providing an almost "generic" service individual skills and expertise may be lost or diluted'

'Prevention needs to underpin new service'

Therefore it needs to be made sure that the new service is contracted to ensure that it avoids losing the universal, preventative side against the demands of a smaller but needy section of the population.

Staff felt that for the Integrated team to work then they needed to be based together. This would avoid staff continuing to work in silos and how they always have.

'For true integration all services will need to be co located to ensure that families children and young people get the right service for them at the right time.'

'The Hub is virtual...all partners remain in their silo's.'

'Work forces need to be mixed.'

'Current staff remaining in post without relevant commitment to children and families'

'Nothing really much changes...'

'This is dependant on how the services are commissioned and how the services will work together.'

From the staff responses, there were elements that were personal to them and the uncertainty, 'threat' that they perceived with major changes to their employment and service delivery. This included not only the fear of losing their job but that they would lose their skills and expertise. Including staff in how changes are undertaken is as essential as involving service users. The staff highlighted many positives about the proposals and these must be used and worked with to lessen the personal fears and concerns staff might have.

'Reduction in knowledge base and skillsets'

'Concern that specific expertise will be lost'

'Risk of no longer being commissioned meaning we lose our jobs and families have even less services to access'

'Loss of highly qualified skilled professionals'

'Everyone is stretched already, and my concern would be stretching people further would result in all the good people leaving. There's a lot of apathy already.'

'Many people in my team have seen many different teams and models and aren't asked about what they think would be the best service to provide.'

'Keep everyone informed and support them through change in a positive way that will result in a great community team that makes the difference.'

Stakeholder Themes:

Whilst stakeholders had many similar responses, both positively and negatively, there was also a number specific to them, especially around the organisation of the future proposals on an Integrated team.

Family Hubs

The benefits for stakeholders to be able to refer and signpost to one place were seen as highly beneficial and time saving. The fact that the Hubs would be open all year round, opposed to other places, for example schools, was highlighted as a positive, from both primary care and education.

'Benefits to having Hubs where access is all 12 months, usually a deficit of contact places (schools particularly) during holiday'

'More centralised services are more effective will be for schools and families to engage '

'The practitioner with the right skills will be involved with the family without the need for further referrals'

'A central Hub or locality sub Hub makes a lot of sense.'

'Primary care can signpost to the 'Hub' rather than having to know a list of services/groups available in the community'

How the Hubs are promoted to both stakeholders and service users will be key for people to use them and their ability to operate effectively. A launch event would be important for stakeholders to fully understand the changes to systems, providers, access, processes etc. Throughout the process, there is a need to communicate and regularly update stakeholders, newsletters and emails is one route to achieve this.

'Marketing to include cross marketing across all the sectors'

'Needs to be promoted and have good communication channels to ensure awareness of the service'

Integrated Team

For some people direct access will be needed and for others a more informal route would be appropriate. Some of this would depend on what the person is attending for. For the universal services, e.g. health visitor contact then an informal entry would be required, for one of the other services, for example Missing and Return Home Interview Service, then the approach would need to be more formal. Direct, quick access to skilled workers who had the expertise to help them support families and young people was essential.

How service users contact the team needs to be variable and inclusive. The fact that the services could also be accessed by self-referral was seen as a positive.

'Multiple routes: telephone, virtual, in person,'

'There needs to be less formality around referrals'

'Young People; being YP led is essential, we need to consult with young people and ensure their voice is reflected within the model, this will also help manage YP's expectations.'

'In the future service schools felt they would like referral pathways to be managed by professionals in services rather than by school staff which is how they feel they currently have to operate.'

This is also linked into one entry point, one front door and also one assessment. The benefits of one single assessment both for the young person or family and the referring professionals was seen as a key advantage to an Integrated team approach and Hub model.

'There should be a single form that follows the YP in and out of services, not separate assessments.'

For stakeholders, there was a concern raised around confidentiality with different agencies coming together. Confidentiality is often raised as a barrier to integration and sharing of information. Various Serious Case Reviews, especially when Child Sexual Exploitation was involved, raise the not sharing of information, due to confidentiality as a risk and can cause harm to the young people involved.^{2,3}

'Confidentiality; there were a couple of concerns that the presence of a family Hub would jeopardise confidentiality for YP so a separate Hub for YP is needed.'

Schools and primary care would require a consistent link member between them and the team/Hub. For primary care, at present the health visitor is the professional that they work closest with and they could see this continuing, with them being one method of entry into the wider team. Schools didn't mind what profession the person was from as long as there was a consistency and that they had the skills required. Direct face to face contact to allow the building of a relationship was considered important.

Vision and Systems

For the success of the Integrated team and for outcomes to improve, there needs to be a shared vision and value base that would be understood by all, professionals, service users and commissioners. At present some of the individual services are not aligned or working together in partnership. Therefore a whole systems approach will be essential though it was acknowledged that this was not going to be easy to achieve.

² RBSCB, (2013), *The Overview Report of the Serious Case Review in respect of Young People 1,2,3,4,5 & 6*, http://www.rochdaleonline.co.uk/uploads/f1/news/document/20131220_93449.pdf

³ Bristol Children Safeguarding Board (2016), *The Brooke Serious case review into child sexual exploitation*. <http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/filetransfer/2016bristolbrookereview.pdf>

'Shared vision, standards and delivery model across all 10 services, with shared outcomes, joint pathways and shared accountability.'

'There will be different IT systems, cultures and ways of working'

'Whole System Approach; *this needs to feature in the set of principles, also needs to have all parties working together i.e. providers, commissioners, members, suppliers, the community, the CVS.'*

There are several outcome frameworks and Key Performance Indicators (KPI's) belonging to the separate services and for a 'whole systems approach' these will need to be joined.

'Professionals may begin to form better working relationships, which take into account the needs of the service user, rather than concentrate on individual work targets.'

'By closely aligning and designing robust pathways and delivery model with wider services to ensure seamless integrated delivery'

'A systems outcomes framework is confusing – who will own it and who/how will others contribute to it?'

'Measuring the outcomes will be difficult as different outcome measures are used'

The sharing of information with partners was a key concern. At present information is shared in a number of ways including the Health Visitors putting information on primary care record systems. Primary care value the information shared in this manner and would not want this to stop. The new system must take into account the different requirements from stakeholders and ensure that there are pathways and processes in place to achieve this essential requirement. Linked into this is an IT system that could link into partner's systems e.g. Primary Care. The reduction in duplication of recording information is essential.

'a single IT system and can have access to GP systems to share information'

Primary care uses an e-consultation system that will also have a section for children and young people. It was thought useful, by the practice managers, that any new system by the Integrated team should be able to link into this process, including electronic information and referral processes. Service users will be able to access this space and be signposted/self-refer for any concerns; therefore the inclusion of contact details and links will be necessary. This fits into the proposed model of levels of care and promotion of self-management. Therefore, the new provider must ensure that any new IT system has the ability and functions to link with multiple systems and reduce need for multiple entries.

Whilst developing a system of recording and sharing of information, there are other mediums used in stakeholders' premises for the communication of

information to service users, e.g. TV screens in primary care waiting rooms, school websites. The new provider will need to ensure that they maximise every opportunity for relaying useful information on self-care, signposting and how service users can contact the new team and Hub.

'I find that when I'm consulted it's often because of a perceived failure in the system. I feel that most of the time I end up signposting, referring or just supporting what has either already been done or is in the process of being done.'

Pathways

One way of ensuring that different services, organisations and the community work well together, is the presence of clear integrated pathways. Stakeholders raised the concern that this would need to be developed. The principles of co-production would be desirable here⁴.

'Robust pathways and processes will need to be developed between the provider, stakeholders and service users.'

'They felt it was important the new 0-19yrs service ensured there was a clear pathway between Early Help and Mash and that staff in these services should manage the transfer through.'

'There are multi-agency pathways out there; the challenge is how it will link'

'By closely aligning and designing robust pathways and delivery model with wider services to ensure seamless integrated delivery'

Delivery model

Stakeholders liked the fact that the proposals for the delivery model were based on a 'whole family' and strengths based approach.

Whole Family Approach; *There is a need to work with the family and encourage parental responsibility.*

Strength Based; *this is more appropriate than using the term support, need to build on existing skills of the workforce and recognise strengths of all involved.*

'Great to see you have taken a strength based focus and recognise that by using the advantages we possess as humans – our assets, talents, resources and abilities, you can create the conditions for a society in which everyone can thrive.'

'It must have a strengths based approach with a focus on parental responsibility'

⁴ SCIE (2015) *Co-production in social care: What it is and how to do it*, <https://www.scie.org.uk/publications/guides/guide51/index.asp>

Parenting support was highlighted, in particular by schools as a need that was needed in the new model.

'Schools felt most issues experienced by young people in their setting related to Parenting and felt there should be a greater emphasis on parenting support and addressing parental behaviours that impact negatively on the child or young person.'

Vulnerable groups

A large number of vulnerable children, young people and families (see Appendix 2 for full list) need to be considered when targeting specific groups to improve outcomes. Thought needs to be why certain groups do not access services easily, though this list could apply to many people in the population and the reasons have been highlighted by service users, in particular young people, for why they don't access the service.

'Transient families don't know about the services, we need to support new families entering the area'

'Families may not want to feel judged (fear)'

'Failure to recognise abuse is taking place'

'Embarrassment / shame'

Evaluation

In focus groups and stakeholder events, people were asked if they would want to continue to be involved and contribute to the evaluation process. Parents from the group run by South West Family Values, a young person from another focus group and Schools and practice managers from primary care all wish to be involved.

As part of the online survey, respondents were asked: *'Please specify how else we should assess suitability?'*. The responses were:

'Proven History of Effective Partnership Working - Track Record of Service Delivery'

'Integrity & Financial Sustainability - Pricing Strat.'

'Wider impact, what other funds, services, employment etc can they bring alongside this contract.'

'How does the organisation demonstrate an asset based approach? Is it organisational wide?'

Conclusion

Services users, staff involved in the process and stakeholders have been keen to make sure that the Local Authority is aware of both their hopes and concerns. Rich information was collected from focus groups and stakeholder events. The idea of a seamless integrated service where people only had to tell their story once was seen as the key selling point of the new proposals but this was not without concerns over whether people would use the Family Hubs due to their location, type of premises and size. What has been shown by all groups is that the involvement of the community in designing the new service is essential and co-production should be a central theme of the new specification. There has been some really useful points identified that the Local Authority need to be aware of and that would need addressing/paying attention to if this new way of commissioning and providing a service to 0-19 years olds is to be successful.

The vision and core offer need to be clear and in language that everyone understands. At present there is a confusion of what the new service and Family Hubs will look like and whilst that may be right now, so as not to stifle innovation, service users, stakeholders and the workforce need to be consulted, engaged and taken on the journey from the beginning.

Transition from the current system to the new was identified as being extremely important and problematic and therefore there needed to be a robust plan and time given so that there was minimum disruption to the service user.

The working and communication with stakeholders, partner agencies and the community is crucial from both the launch and introduction of the new service model to the continuation and engagement. This will ensure that the service is successful and outcomes improve for children, young people and families.

Involving the community and service users in designing and monitoring the new service should be built in to the procurement process and ongoing service design.

When considering the formation of an integrated team then the following points need to be considered and inform the decision:

- Whilst improving communication and cohesiveness within the Integrated team, how is it ensured that there doesn't form a barrier and poor communication between the 'team' and other services – both in health and Children's Services?
- Who is in and who is out of the Integrated team?
- How is it ensured that the majority prevention and early identification elements of the services does not become overshadowed by the minority, but more urgent needs, of the targeted service?
- Where are the services based and what do the 'teams' look like?

- How are staff included in the changes and therefore allaying fears and building on the positives highlighted in a seamless service?

If the views of services users, staff and stakeholders are taken into account when planning the commissioning process for the delivery of a new service provision, then there is the opportunity for the new model of an Integrated team and Family Hubs to be successful with outcomes improved for children, young people and their families.

Appendix 1

Working with Other Services:

1. Health
 - a. Primary Care
 - b. Hospital
 - c. Maternity
 - d. Sexual health services
 - e. CAMHS
 - f. Adult mental health
 - g. Drug and alcohol service
 - h. Perinatal mental health team
 - i. DAS
 - j. CCG
2. Schools
3. Children's services
4. YOT/probation
5. Adult social care
6. Housing
7. Benefits DWP
8. Police and fire service
9. CAB
10. Faith groups

Appendix 2

Vulnerable Groups:

Transient families	Sexual Abuse/CSE	Families living in poverty
Young carers	Domestic Abuse – including children assaulting parents	Gypsy & traveller families
LGBTQ	Refugee families	Elective home educated
Families who can access 2 year old funding	Same presenting families	Father's
ACE	Young parents	NEET
Children & families where English is a second language	Children & families with life limiting conditions	Armed forces
Children with parents in prison	CP & CIN	Those who have experienced trauma
Gangs and county lines		