RE-IMAGINING OUR CHILDREN'S CENTRES

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Believe in children Barnardo's

Smart Start

Warwickshire County Council

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Smart Start

Smart Start is a 3 year programme run by Warwickshire County Council (WCC) and partners, looking at how families and children aged 0-5 are currently supported and how organisations can work together to ensure all young children in Warwickshire get the best start in life.

Overall, the Smart Start Programme aims to develop and deliver the strategy to improve the wellbeing and development of our 0-5s through:

a. *redesign and improvement of our existing services to ensure that they are effective and sustainable.*

b. *innovative solutions to address the gaps in provision for 0-5s in Warwickshire. It's not just about us providing services, but we have to empower our communities to do this for themselves.*

c. *integrating pathways and services for children to ensure better access and value for money.*

In 2016 Smart Start gave the opportunity for organisations to tender against the key Smart Start priorities. Together Warwickshire Children's Centre providers tendered to undertake a reimagining project, with Barnardo's as the lead organisation. This means that all Children's Centre provision across the whole of the county have had the opportunity to contribute to the project

Reimagining Children's Centres project

The time-limited project ran from June 2016 until March 2017. The purpose of the project was to offer evidence to the commissioners and elected members on what works and might work, and to influence the future delivery of 0-5 services within Warwickshire.

The aim of this project was to provide localised evidence to enable WCC and other stakeholders to re-imagine its county-wide Early Childhood Services/Children's Centres to meet the aims of their 0-5 strategy. The project's research and co-production with stakeholders has generated some important indicators in a short period that contribute to WCC's identification of efficiencies and pan-service improvement.

Through the project's outcomes, Barnardo's has contributed to WCC's exploration of innovative options to offer the best service for children in their earliest years and their families, in a national context of reduced resources

What informed our work

two workshops

To commence the project, two workshops were held on 24th May and 12th July 2016, with representatives from:

- *Warwickshire County Council*
- *Parents from across the County*
- *Barnardo's*
- *Parenting Project (Stratford)*
- *St Michael's Children's Centre*
- *Stockingford Children's Centre*
- *WCAVA Smart Start research team*
- *CCG – representation from staff within South Warwickshire CCG, North Warwickshire CCG and Coventry and Rugby CCG.*

During the workshops we drew out key themes from the Warwickshire Community and Voluntary Action (WCAVA) Smart Start research 2016; the focus of the reimagining children's centres project reflects the gaps/themes from this work.

From the workshops we were able to identify clear priorities and gain agreement the project would focus on:

- *Parental experience in the ante-natal and immediate post-natal period*
- *Integrated working*
- *Information sharing*
- *Volunteering*

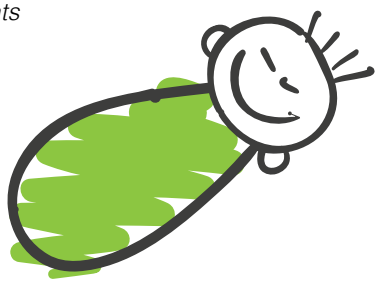
These elements have created the visioning and focus for the project and a summary of the outputs can be found at (Appendix A)

The Pilot Projects

The two pilot areas were identified, St Michael's Children Centre in Bedworth and Clopton and Stratford Children's Centres in Stratford Upon Avon. Working with these centres broadened the scope of involvement within the project as St Michael's Children's Centre is an independent provider and Stratford is run by the Parenting Project. The pilot was planned to run from 1st November 2016 to 31st January 2017.

Ante-natal pathway development and feedback

- *Information for parents-to-be about what lay ahead for them from the time of pregnancy was confirmed as a gap in current provision. The creation of a down-to-earth ante-natal pathway leaflet for wide distribution through midwifery services, GPs and children's centres at pregnancy registration was recommended by parents and professionals to be a simple and practical solution.*
  The project began by development of a content including the following partners;
  - *Reimagining Children's Centres Steering Group*
  - *Children's Centre staff*
  - *Midwives*
  - *Health Visitors*
  - *Parents*



The leaflet (Appendix B)

- *received positive feedback for its size, format and content*
- *was distributed through GP surgeries and Children's Centres, with all women registering as pregnant within the pilot areas receiving one*
- *was promoted through 3 'Meet and Greet' sessions, arranged at the Children's Centres in the pilot areas*
- *will be available on paper and electronically on Children Centre websites and Facebook pages and also on WCC Family Information Service web pages*
- *enabled more children and families to receive good quality information and improved access to services from the earliest point in their pathway.*

Post-natal family pathway leaflet development

Positive experience of the ante-natal information for parents led to:

- *development of a post-natal family pathway leaflet in a similar style to the ante-natal pathway (Appendix C)*
- *inclusion of key information, contact numbers and sign posting*
- *distribution across the county and available on-line for services to amend/print and distribute as appropriate*

Midwifery

Development of Midwifery services in South Warwickshire Children's Centres

As part of improving the parental ante-natal experience for greater join-up between services, the project addressed the need for greater ante-natal presence of midwives within children's centres. Outcomes have included

- *more venues for midwifery ante-natal appointments in 3 children's centres in the south of the county*
- *midwives able to work from Newburgh Children's Centre in Warwick, Lillington Children's Centre in Leamington and Stratford Children's Centre.*
- *planned developments for midwifery services beyond the completion of the project through SWFT Community Midwifery Lead and Children's Centre Managers.*
- *reduction in isolation for expectant parents, information sharing between professionals supporting parents-to-be, signposting and support to parents returning to the Children's Centre once their baby is born*
- *development of a Data Sharing Agreement between Midwifery and Children's Centres that has the potential to become more widely adopted between all agencies supporting parents with young families*

Integrated working and Information Sharing

Key Findings

- *integrated working practice is inconsistent across the county*
- *there is a raft of data sharing agreements both at county and national level, yet data sharing practice is poor and inconsistently applied*
- *survey questionnaires to explore the views of parents and professionals on integrated working and information sharing evidenced frustration from both parties*
- *findings from the survey were further explored with the steering group, identifying an appetite for focused action to adopt a common protocol for data sharing*

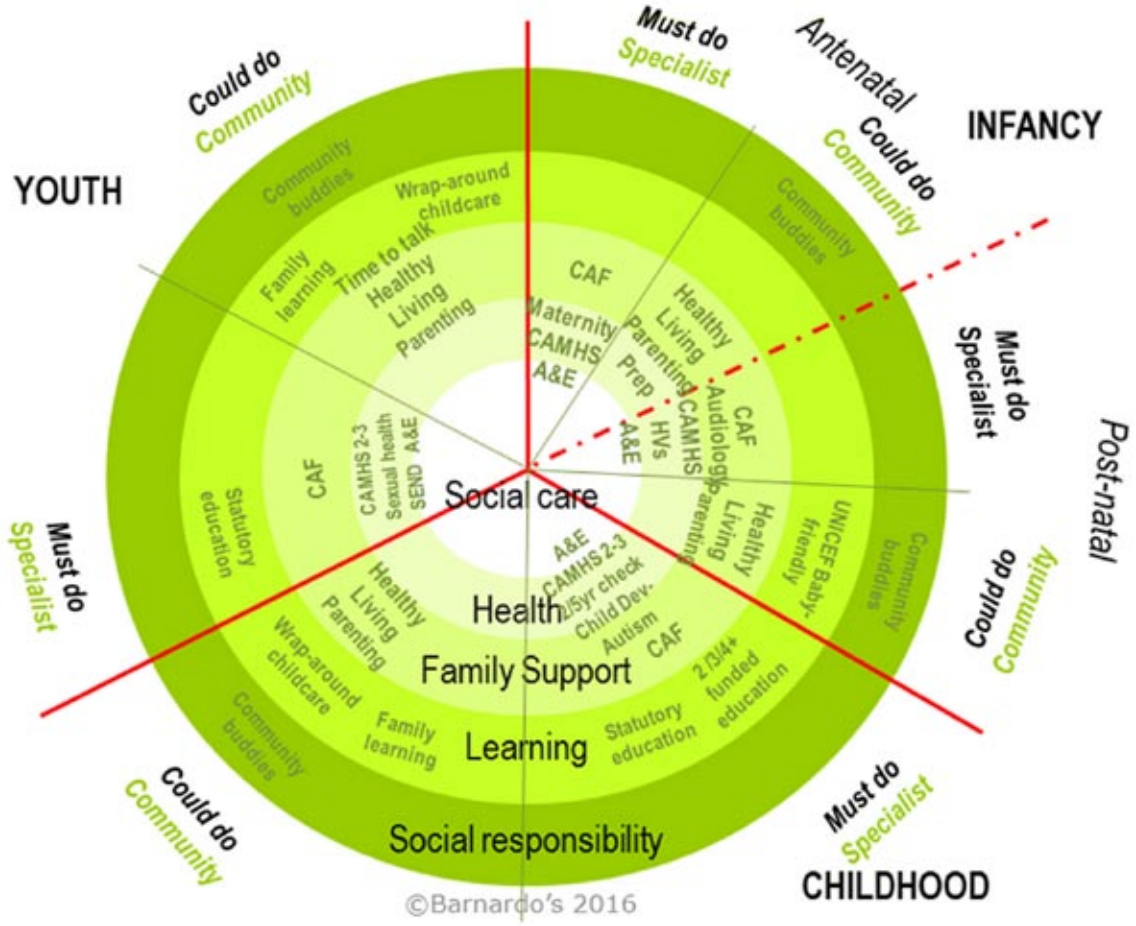
Analysis of the questionnaires revealed:-

- *the most prominent barrier to integrated working was personality and culture of professionals*
- *information sharing is largely decided on an individual or service locality level and is not applied consistently throughout and between each organisation signing up to the agreement*
- *parents are happy to share their information if it is kept confidential as appropriate*

Approaches that Informed our Recommendations

Whilst it is not our place to recommend a system or structure, which may go beyond our remit, "reimagining" suggests we may have a view about how service may look in the future. The recurring themes arising from discussions with families and professionals about working as-one led us to imagine what would a reconfigured service look like?

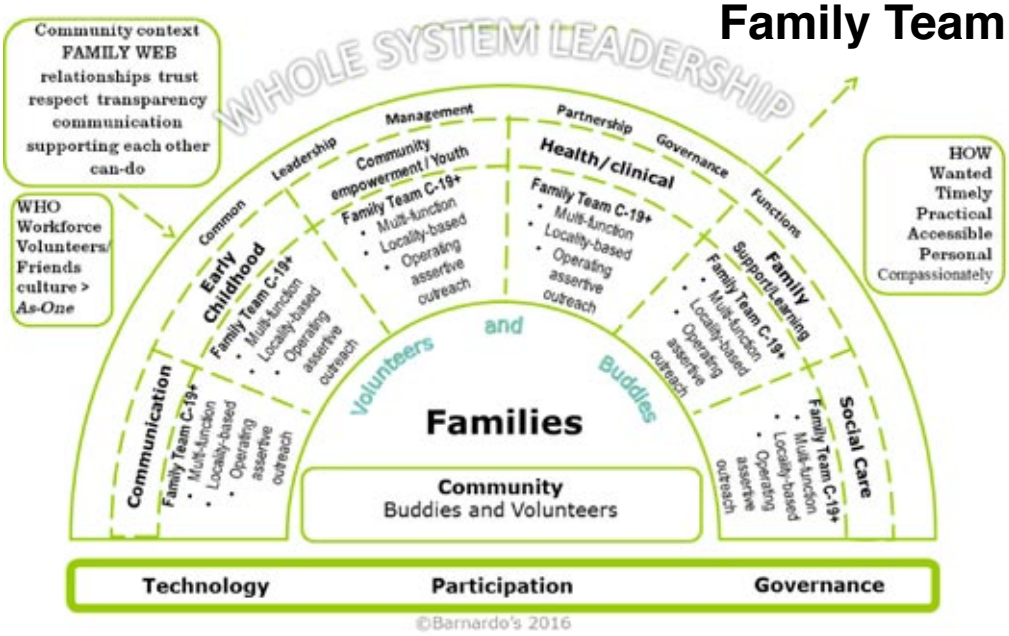
People-centred service model



It needed to recognise that limited resource may need providers to have a strong volunteering capacity to secure quality, community empowered, universally accessible activities and provision. This open-door approach in connecting with a community is essential to enable families to feel provision is always there for them when they need it – before crises happen. But, we needed to acknowledge those aspects of support that only professionals could offer. In exploring what was required PB (Pre-Birth)-5, we recognised that there is similarity of requirement for families for their older children. A reimagined service could bring significant economies of scale if working from PB-19+, which may be a consideration for Warwickshire in the future.

The as-one service had to have the full skill mix as now, but orchestrated across a region and localities, with a mixed-heritage leadership group to ensure the knowledge and professional respect essential to good professional relationships in collaborative work.

Family Team

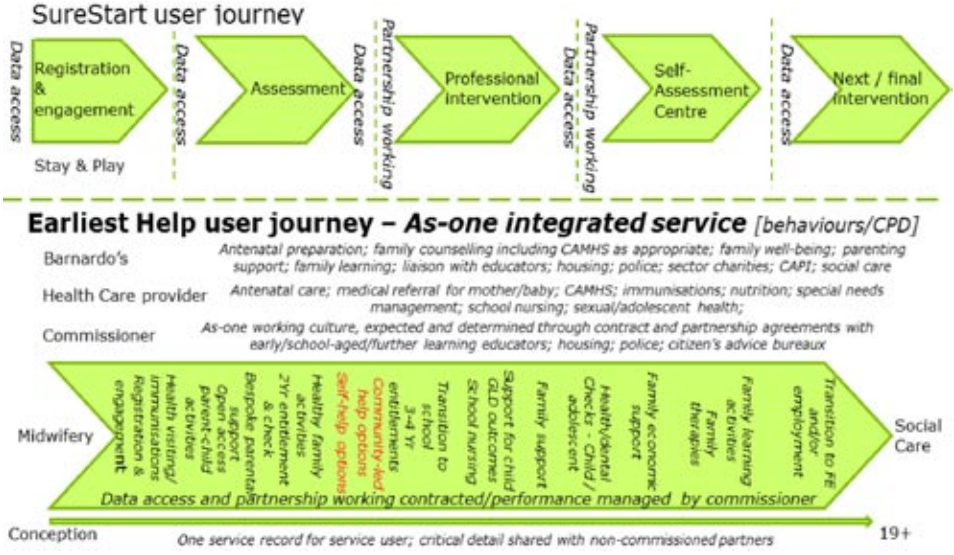


The challenge of increasingly reduced resources led us to recognise that significant resources could be saved through integrated commissioning of system rather than just services, to reflect this as-one approach. An integrated approach to commissioning could ensure that system links are created at the pre-birth/maternity services cross-over, as well as at the critical social care end of the spectrum of need.

The commissioning process needs to be reimagined as much as the system redesign. Nationally there is a move towards joint commissioning and reports used in this document, 1001 Critical Days (2015), Better Births (2016) and The Kings Fund report (2016) all comment that shared resources through joint commissioning is essential for integrated working. However, most of the efforts at joint commissioning are for perhaps two services to be joint commissioned and not a whole systems approach. Public Health in Warwickshire has commissioned research in this area and a report is due later in the year.

An integrated service requires all partners to play to their strengths so that service elements are not duplicated and each contributor provides the best experience for the caring adults or the child. The as-one service that we explored in our research, would limit potential for family information to be lost between agencies, would speed response to problem solving and most importantly help families to feel they are the focus of our work and help.

Earliest help Making the difference



We include our stages of work below, to illustrate how the ideas emerging from our focused pilot opened out into the bigger picture we have just described.

Recommendations

Whilst the period for trialling and sampling were relatively small, given the funding and timeframe available, some important indicators emerged from parents who wanted:

- *to receive a consistent informed service wherever they lived*
- *to tell their story once, knowing that all those working with them would share important information that related to their well-being and care needs*
- *consistent support from a team of professionals and assistants they knew and trusted*

This led to the Steering Group to review the outcomes of the work and the parent feedback to recommend:

- ***the development of an Early Childhood Team which would provide early childhood services and could include midwifery, health visiting, children's centres, speech and language therapists and social care***
- ***branding of the Early Childhood Team so that families and providers understand the 'as-one' nature of the services and support being offered and have confidence that information flows appropriately within it for the good of children and families***
- ***integrated working should be systemic resulting in full professional co-operation and removal of barriers, often created through personal prejudice or lack of capacity***
- ***greater use of volunteers and buddies within communities to provide known and trusted faces to complement specific support and advice from professionals***
- ***secure management of volunteers in treating their role in information sharing respectfully and confidentially to protect neighbours using information shared inappropriately***

- ***all services adopt the same fixed geographical area***
- ***commissioning and co-funding of the Early Childhood Team***
- ***investment in a trouble-shooting/ networking role in new structures to identify and help to remove barriers or issues to ensure an 'as one' system***
- ***services based in community hubs, with consideration of children's centres being appropriate, quality and well-appointed spaces.***
- ***shared IT systems recognising that using available tools enabling systems to communicate would be an important first step***
- ***investment in quality on-line systems to avoid the need for professionals to have regular face-to-face meetings, which would reduce administration time significantly***
- ***new quality frameworks for monitoring and evaluation with inspections being carried out by one Inspectorate or new joint Inspectorate for integrated services. Whilst this may be an aspiration for a national change, Barnardo's has developed a framework which has been commended by Ofsted to pursue with the Department of Education***

Introduction

Warwickshire County Council (WCC) developed a 3 year programme, Smart Start, which aims to develop and deliver a strategy for joint action to improve the development of children from 0–5 years, focusing on preventative and early help services that intervene to limit problems from becoming expensive crises.

The need for this approach comes from national and local drivers. Nationally there is a lack of policy clarity about Children's Centre provision. Therefore local authorities are already beginning to consider the most effective ways to use their resources to maximum effect. Some are significantly reducing provision; others, like Warwickshire are seeking relevant, efficient solutions, co-constructed with the communities to be served. Locally the current model of delivery is unsustainable financially in the long term and may not be contributing sufficiently to enable school readiness for 29% of 5 year olds.

The aim of this project was to provide localised evidence to enable WCC and other key stakeholders to re-imagine its county-wide Early Childhood Services/Children's Centres to meet the aims of their 0-5 strategy. The project's research and co-production with stakeholders has generated some important indicators in a short period that contribute to WCC's identification of efficiencies and pan-service improvement.

Our research and findings reflect best practice nationally from other local authorities and feedback from national consultations.

Background

The children's centre programme was introduced via a national programme of SureStart centres and services between 2000-2011. New streams of funding were created for Local Authorities (LAs) to establish new venues to house agencies, working collaboratively to offer families integrated service for support, well-being and positive mental/physical health.

Evidence from the Department of Education (DfE) shows between 2010/11 and 2014/15, the annual children centres expenditure has dropped from £1.2 billion to approximately £740 million; a decrease of over 35%, which has resulted in over 1000 centres disappearing from the system and amounts allocated to centre-services are around 40-50% of original 2010 levels. Faced with a 56% cut in early intervention grant since 2010, local councils seek radical remodelling of services in order to ensure statutory provision and those most in need are supported. It is no longer appropriate to consider what to cut in children's centre services alone if LAs seek to offer coherent early intervention services. As LAs and Health Commissioners' budgets contract and the needs of families continue, a whole-service redesign is required.

Children's Centre legislation

Legislation in relation to Children's Centres is within the Childcare Act 2006 and latterly The Apprenticeships, Skills, Children and Learning Act 2009 this legislation places duties on local authorities in relation to establishing and running children's centres, and Ofsted to inspect them.

A children's centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents (mothers, fathers and carers) and prospective parents in accessing services provided elsewhere.

Early childhood services are defined as:

- *early years provision (early education and childcare)*
- *social services functions of the local authority relating to young children, parents and prospective parents*
- *health and well-being services relating to young children, parents and prospective parents*
- *training and employment services to assist parents or prospective parents; and information and advice services for parents and prospective parents.*

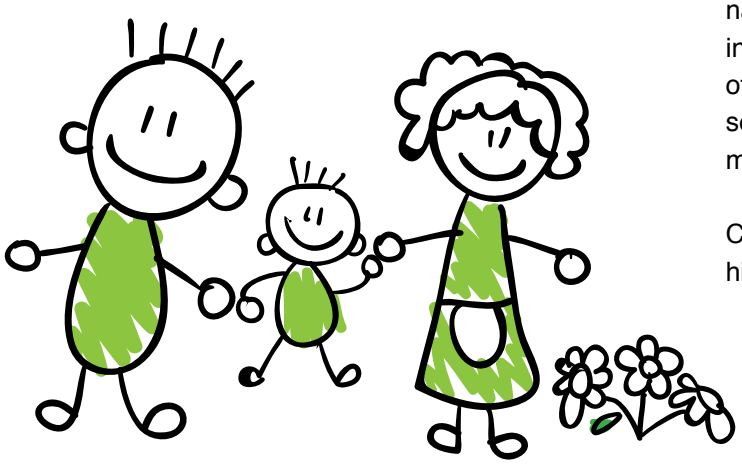
Local Evidence

As a result of the reduction in funding by WCC for children centres, starting with a £2.3m reduction in 2014, there have been a number of consultations with parents. It was found at the Warwickshire 0-5 visioning day (June 2015) that families who use Children's Centres really value them and it is recognised that Children's Centres can play a key role in helping children become school ready. However, it appears that the current model of delivery will be unsustainable if further cuts are required. National research indicates that most use is made of centres by families experiencing disadvantage until their child reaches 18 months, since the implementation of the targeted 2 year funded nursery places. This would indicate that a more targeted approach might be a better use of limited resources, but it would be necessary to ensure clear pathways and integrated working with other universal services in order to lessen evidenced inequalities in school readiness. Any changes to services would need to tie in with the revised national requirements.

Warwickshire Smart Start Strategy, 2015 - 2018, is focussed on improving the health and development of children up to the age of 5 years, to enable them to achieve a good level of development by entry into school.

To improve this WCC set up a multi-agency partnership, Smart Start Strategy Group which reports to the Warwickshire Health and Wellbeing Board.

The Smart Start Strategy Group brings together representatives from health, early years' education, social care and the third sector and oversees a 3 year programme of innovative work to develop and deliver the strategy to improve the wellbeing and development of 0-5s.



Warwickshire Community and Voluntary Action (WCAVA) Engagement and Asset Mapping Project June 2016

WCAVA ran a set of engagement and research initiatives to assist WCC to plan new strategies and make best use of resources to provide services for babies, young children and their families. There were a number of key findings, including the importance of social networks, having somewhere to go, and how children's centres were valued by parents.

The finding that would be important in developing this research was that parents stated that ante-natal support across the county was inconsistent. In the north of the county, midwives worked from children's centres which made access easier and was valued by parents. Ante-natal provision in the south of the county was mainly at GPs or medical centres, with only one children's centre being used. Access to parenting classes was also intermittent, at the start of the project there was targeted provision of Baby Steps in the north and classes provided by third sector organisations in the south, but parents had to pay. This may give some clarity as to why 63% of expectant mothers stated that the only ante-natal provision they accessed was their midwives appointments. Parents also stated that they needed more information about services and activities and accessing ante-natal classes. One of the important factors outlined by parents was the importance of building social networks and ante-natal activities were seen as a way of doing that.

Post-natal services were also seen as in need of review, with parents expressing the need for more support after the birth and that there was a variable response from professionals on the issue of post-natal depression. Breastfeeding support was also inconsistent, with support being offered in the north of the county but not in the south. This support was seen as very important and if it was not available, mothers switched to bottle feeding.

Concerns about post-natal provision are also highlighted in the better Births Report below.

National Evidence

Early Intervention – evidence - 1001 Critical Days

One of the aims of WCC is to focus on intervention and early help service that prevents manageable problems from escalating to expensive crises ensuring that children and families get the support they need for children to have the best start in life.

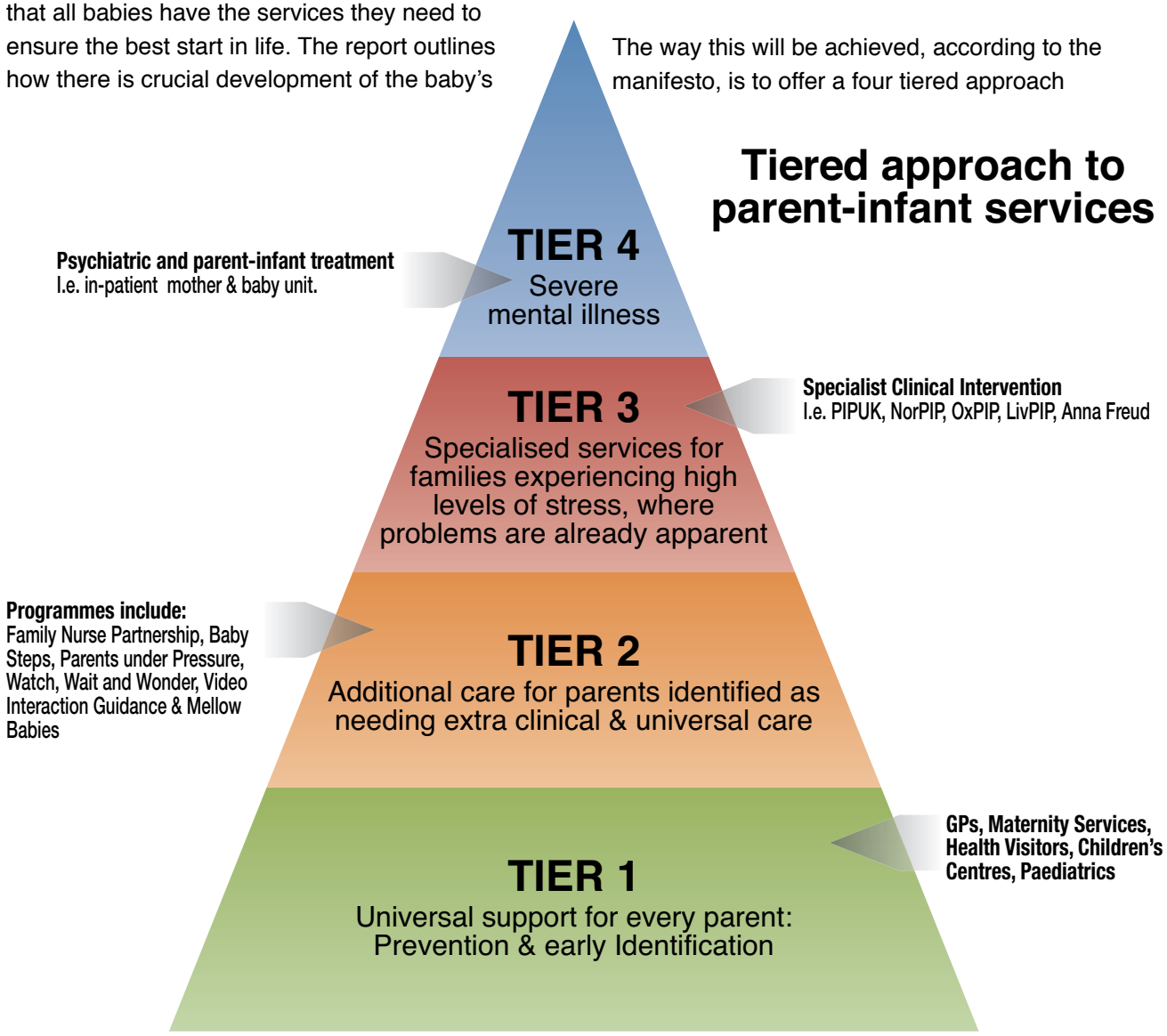
There are two national policy documents that will be referred to here, which inform us of the importance of the period in a child's life from conception to two years and how crucial it is for appropriate support to be given to parents. The 1001 Critical Days focuses on working with parents so they can offer the best start to their baby during this crucial time.

The 1001 Critical Days manifesto reflects the work of a cross-party group of MPs seeking to ensure that all babies have the services they need to ensure the best start in life. The report outlines how there is crucial development of the baby's brain during this period and how essential it is for the baby to experience caring and responsive relationships at this time. The report states that babies are disproportionately vulnerable to neglect and abuse and the impact of this and poor development can lead to poor outcomes throughout the child's life.

The manifesto states:

> ***'Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant relationships to be developed'***

The way this will be achieved, according to the manifesto, is to offer a four tiered approach



The aim is to have a holistic approach to service provision during the 1001 days from conception until two years, with seamless access for parents. This would give an opportunity for professionals to build relationships with parents (and each other) at the earliest stage and be in a position to recognise where support is needed and how/by whom it can be best offered to meet the needs of the family.

Access to ante-natal classes and activities that inform about the physical and emotional issues for both baby and parents, whilst also building social networks between people who will become parents together, are seen as an important way to inform and give parents-to-be every opportunity to develop their confidence in their new role. It is also recognised services such as midwifery and health visiting should be available within children's centres so they are centralised and accessible for parents. Birth registrations should be facilitated within the children's centre increasing the opportunity for parents to be introduced to the centre and find out what services are on offer if they haven't done so before.

Here in this manifesto, as in most of the documents used within this literature review, two issues are highlighted; firstly the importance of information sharing between professionals; secondly, the importance of co-commissioning to allow resources to be shared.

Better Births

Better Births (2016)* focuses on how appropriate ante-natal and post natal services can be offered to help ensure this happens.

The Better Births Report sets out a five year plan for the provision of maternity care across England. The main aims are to provide women with access and information that enables them to make decisions about their care, and for professionals to work in teams and be supported in delivering that care.

Although maternity care in England has improved, the case for change is made by outlining a number of issues which included:-

- *whilst women wanted their midwife to be with them from the start, they rarely saw the same professional twice.*
- *the quality of maternity care varied considerably, there was insufficient collaboration across professional boundaries and staff spent too much time collecting poor-quality data.*
- *women are not always getting the opportunity to make choices about their care, rather being told what would happen.*

*** https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf**

There were a number of recommendations that were seen as fundamental in improving maternity services

- *teamwork and respect leading to better communication between professionals. Participants in our Warwickshire research emphasised the importance of professionals communicating with each other so that the service user did not have to repeat the same information to every professional with whom they came into contact*
- *better information gathering that is applicable and relevant that can be shared appropriately with other professionals.*
- *joint training to ensure all staff received the same input and work to the same guidance and policies*
- *bringing care together in community hubs*

The idea of community hubs will be discussed in relation to children's centres below, but it was an important issue in this report. In the context of maternity services, hubs were seen as important in that they offered local services that were accessible to women and de-medicalised birth and preparation for it. As a single venue for services the hub could provide fast and effective referral services. Children's centres were seen as a setting to locate hubs, as they met a number of the necessary criteria such as being local, able to offer support services or signposting where appropriate, a place where health visitors if not already working there, could be accommodated and that new parents could meet other new parents and build networks for friendship and support. Participants in this report did not see post-natal services as adequate and matching those offered during pregnancy. They suggested there was a need for more breastfeeding support and more access to counselling or therapy services so helping to prevent depression or other mental health issue. By working from hubs, what services were available in the local area would be known and women could be referred promptly.

The main points raised here are reflected in the research undertaken as part of this project and will be discussed later.

*** https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Supporting_integration_web.pdf**

Integrated working – evidence

Kings Fund Report (2016) *

Over recent years there has been considerable legislation and policy development aimed at increasing interagency working across services. This is because, although integrated services may not be the ideal model, evidence from research has shown that integrated working does bring about an increase in effectiveness in practice, which can lead to better outcomes (Oliver, Mooney and Statham 2010). However, integrated working is not embedded as normal practice across all services for children both nationally and in Warwickshire.

Evidence over time has shown that effective integrated working faces a number of barriers and these barriers have remained difficult to overcome (Report from Every Child Matters, Change for Children 2006, Oliver, Mooney and Statham 2010 and The Kings Fund 2016). The barriers that have remained over this period include

- *integrated working based on successful personal relationships are not sustainable in the long term; systemic protocols are required that are performance-managed robustly. Where personal relationships are not secure then integrated working is unlikely to occur.*
- *senior leaders not establishing regulatory frameworks for integration which enables practice to develop in the desired direction, sustained by rigorous performance management*
- *the challenge to professional identity and professional protectionism, where professionals are resistant to new ways of working.*
- *disparity in function and approach which leads to the perception that some professionals do not have the ability to meet the needs of service users.*
- *training tends again to be in professional silos which should be integrated to build confidence in and between professional skills*
- *support and information systems need to be integrated, as working on different systems that need different information, not only leads to practical difficulties, but can create professional conflict*
- *accountability and regulation –*

> ***Professional registration not only defines the roles and tasks of the individual professions but also validates that a given individual has the requisite skills and capability to undertake their role in a safe and effective manner. Regulation tends to be 'territorial' which poses problems for roles that do not fit neatly within an existing regulatory and training frameworks***
>
> ***(Cameron 2010)***

The barriers outlined above have been embedded over time; in order to change practice the Kings Fund Report (2016) identifies that there needs to be a sustained effort to build not only good professional relationships, but agreed pathways and referral systems and this can be supported by integrating resources and leadership.

One of the main barriers to integrated working appears to be information sharing. Information is seen as being important and is key to offering integrated services. There are a number of Acts of Parliament that set out what data can be shared and when, the main act being the Data Protection Act 1998. Reports, guidance and policies have been written by government departments (DofE 2015) and local councils (Warwickshire County Council) resulting in the creation of local data sharing agreements. There are reports commissioned by the government or other organisations such as the Caldicott Report (2013) and the report by Jean Gross (2013) giving accessible guidance permitting sharing information for the benefit of the individual.

All of this work is supposed to assist professionals to know how and when information can be shared, however, the issue now appears to be complex and determined by individual professional interpretation, which makes it difficult to find consistency. Gross suggests that the barriers are more about 'institutional and professional practice and culture than national regulation'. Many of the barriers that have been outlined in integrated working above are also seen to be present when examining why information is not shared. This has been reflected in our project experience.

There are a number of areas where information sharing would be to the benefit of both children and families and professionals, but this is particularly true when transitions occur within early years and moving to school education. Ofsted has examples of good practice in this area where up to date records are kept by early years foundation stage providers (EYFS) for each child, and these are then passed onto the appropriate school when this has been decided for the child. This means that all relevant information that may impact on the child's learning is known by the school, before the child arrives.

Re-imagining Children's centres *What we did*

At a time when financial pressures are at their highest, there is a focus on what services can be provided and how those services can best meet the needs of local people. These decisions need to be informed by engagement with professionals working in the area and service users who will rely on services being accessible and sustainable. We adopted a co-production approach between all involved as being the most productive way to re-imagine service.

From June 2016 - February 2017 the project team worked with the full range of service providers operating in, with and through children's centres, led by groups of parents using services pre-birth to when their children are five, to identify the most important elements around which to create a new integrated Pre-birth (PB) -5+ family service. We facilitated user/provider comment to propose a re-shaped approach that will:

- *reduce costs for children's centre-styled services*
- *extend remit of service to whole family, focusing mainly on adult carers/professionals*
- *meet family need*
- *make systems smarter, simpler and cheaper*
- *remove duplication of process/service between agencies*

To begin re-visioning a service model in practice, two parent-led events for families and professionals were run in Warwickshire to test new concepts and establish parental priorities for service. We proposed that all professionals and volunteers working in the related early childhood services should operate 'As-One' (Quigley and Baghai 2011) and sought commitment to work in this way during the pilot activities. Working 'As One' examines the concept of having a shared identity and establishing where professionals feel they belong within an organisation. It is also important to use the 'As One' concept when developing new models of operation, as it can assist in generating collective behaviour and build team working.

Detailed table-top, templates were constructed to

- *capture positive/negative experiential stories from parents of children from pre-birth - to 5 in each district of Warwickshire*
- *identify what most needed to change, and*
- *envisage how change might be achieved.*

The second workshop extracted priorities from the first to focus on a selection of potential projects and ask how these projects could best be implemented.

How it informed our work
the Workshops

The aim was to see if change could generate efficiencies that could be redirected towards prevention.

Professionals (midwives, health-visitors, social workers, family-information-service, children's centres, early childhood/school learning providers, district council representatives) were willing to work in the spirit of as-one using the project to identify barriers and challenges to procedures (recording systems) and processes (referrals to complementary services; information-sharing).

The two pilot areas were identified, St Michael's Children's Centre in Bedworth and Clopton and Stratford Children's Centres in Stratford-Upon-Avon. Working with these centres broadened the scope of involvement within the project as St Michael's Children's Centre is an independent provider and Stratford's Centres are run by the Parenting Project. The pilot was planned to run from 1st November 2016 to 31st January 2017. The topic focus was the pre-birth (PB) to 4-month period. Families vehemently expressed anxiety at the lack of consistent support between confirmation of pregnancy and the birth of the baby. The first workshop mapped the content of a simple, visual, parental journey that could demystify the experience of early pregnancy. In the areas chosen to pilot activity, a significant proportion of families-to-be were not smart-phone users and relied on more traditional means of information giving. We refined the projects to:

- *create two credit-card-sized leaflets containing basic information and sources of help for families-to-be and new parents (both sites)*
- *arrange 'meet and greet sessions to introduce expectant mothers to the children's centre and review the pregnancy information contained in summary in the leaflet*

The projects required individuals that may not have worked consistently in an integrated way to unite and collaborate to offer a service as-one. These experiences have prompted:

- *need for and development of accessible IT systems by all involved (on-line booking for ante-natal registration and checks)*
- *universal information sharing agreements negotiated and acted upon*
- *joint training around role expectations*

Governance
Steering group

The Reimagining Children's Centres Steering Group membership was initially formed through attendance at the two workshops. This enabled representation from parents, Children's Centres, Midwifery, Health Visiting, Family Nurse Partnership, WCC, Public Health, Adult Learning and the Family Information Service.

The steering group's aim was to bring together professionals and service users to assist in developing new innovations in early childhood provision in children's centres and to assist in the development of new models for integrated working within this provision.

The role of the group was agreed as the following:

- *To support the overall aims of the project*
- *To assist in assessing the viability of new working models for early years provision*
- *To offer guidance on issues relating to integrated working and information sharing as is relevant to their organisations or as service users*
- *To provide advice and guidance on issues facing the project*
- *To ensure the project is aligned with relevant strategy and to assist in resolving any strategic level issues and risks*
- *To support the project in developing relationships with key partners identified by the group*

The steering group met on three occasions, we had good representation from the all parties at each meeting, we were not though able to gain parental representation at the meetings, however parental views were sought through the two questionnaires we undertook and these were fed back into the steering group.

Methodology

During and towards the end of the project data was collected by the use of questionnaires, which were semi-structured containing both open-ended and closed questions (Appendix D). Quantitative data was collected through questions where participants selected a relevant response category. Qualitative data was collected by participants completing free text open-ended questions.

Two sets of questionnaires were designed to seek the views of both parents and professionals. One questionnaire examined the views of participants with regard to the pregnancy pathway leaflet as to its content and usefulness. The second questionnaire examined participant's views about integrated working and information sharing.

The questionnaires for parents were delivered on an individual face-to-face basis so discussion could take place. The questionnaires for professionals were sent electronically and could be sent back by post or by sending back as a team through one email address.

Quantitative data was coded, combined and analysed to produce descriptive statistics. All parent data was analysed using this method.

Qualitative data was analysed using Quantitative Content Analysis and Thematic Analysis. For the content analysis the responses were coded and a percentage given for each response type.

For the thematic analysis, the responses for professionals were coded to identify dominant themes. The coded data was then categorised into 6 themes

For professionals there were six themes identified

- *Respect/Working Relationships*
- *Duplication/Economies*
- *Data protection vs Safeguarding*
- *Targets/Goals*
- *Better Outcomes – Families – Staff*

This was the final framework as it accommodated all responses.

Results

Pregnancy Pathway Leaflet

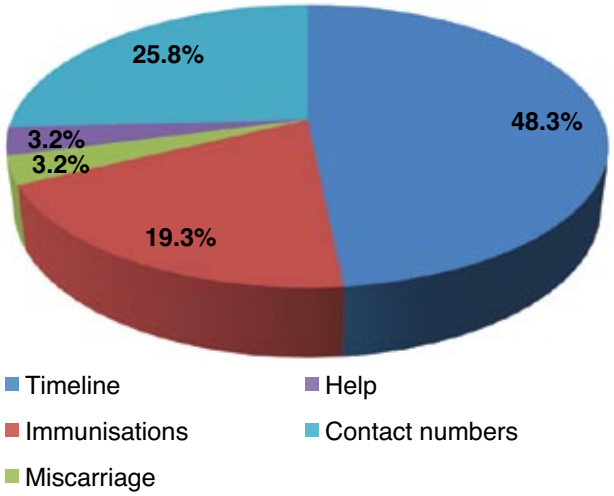
Parents

The project worked in two pilot areas, Bedworth and Stratford-Upon-Avon between 1st November 2016 and 31st January 2017. In Bedworth 78 women registered as pregnant at St Michael's Children Centre and 80 leaflets were distributed and in Stratford-Upon-Avon 54 women registered as pregnant, all receiving the leaflet.

Contacting parents for feedback on the leaflet was difficult as we did not have core information about the pregnant women. In order to obtain feedback, questionnaires were completed at the 3 meet and greet events, by visiting chatter matter groups and stay and play sessions.

Of the parents who responded (N=26) a significant proportion valued the timeline of appointments, contact numbers and up-to-date information about immunisations. Two other areas of information that parents thought useful were the location of information and support for miscarriage and also information about breastfeeding. Being signposted to the Family Information Service to access support for a number of highly personal issues, such as domestic violence was also useful.

What was the Most Useful Information for Parents %



Some quotes from parents about the information provided included:

> *Midwife appointment information, phone numbers. Information about miscarriage, phone numbers for breast feeding support*

> *Found the leaflet to be very helpful*

> *Health Visitor visit information. The reminder to come back to children's centre when baby is born*

When asked about accessibility and format of the leaflet, parents found the size and layout of the leaflet to be ideal

> *Good size, clear, nothing to change*

> *Can keep it in my wallet or pocket*

> *No change – perfect*

> *I Like the lay out, zig zag design, and that it is small*

One parent thought that the size might be a problem for her

> *Size – might get lost. Could put it on the fridge.*

When asked for suggestions as to what information could be included the only suggestion was for further phone numbers such as the midwife or the triage unit at the hospital.

The suggestion came from parents that a 0 – 4 month leaflet in a similar format would be useful:

> *A leaflet for 0-4 month timeframe would be helpful*

Professionals - feedback

Most of the feedback from professionals was given verbally as the leaflet was shared widely; the feedback was very positive, with the views reflecting those listed below. Questionnaires were sent out and 17 responses were received (N=17). Not all professionals stated their role, but responses were received from GPs, a Practice Manager, a Children's Centre Manager and a response from the Family Nurse Partnership.

When asked their opinion of the format and the content of the leaflet, professionals stated they found it clear and concise and easily accessible. They also thought it informative; with clear information about the ante-natal timeline and that the size was good.

Some of the comments made about the format were:

> *Useful, appropriate and easy to understand content*

> *Format was good – can fit it into a purse/ handbag/red book easily*

> *Very clear, sequential and relevant (GP)*

> *Excellent – clear and informative (GP)*

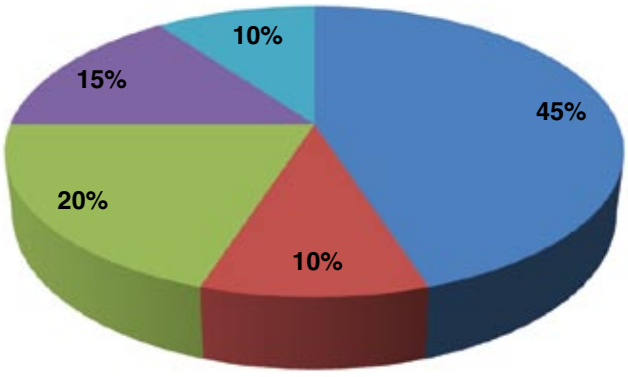
Some suggestions for improvement were made which included:

> *Clear and easy to view the info, think it would be tidier if text was aligned to both margins rather than centred (GP)*

> *Information is good, but it doesn't explain what the children's centre is about*

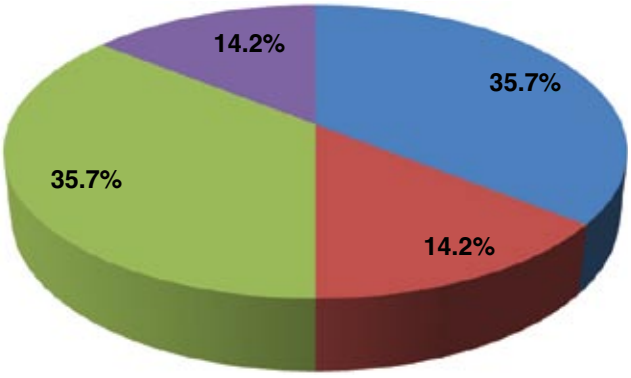
When asked about what information was most useful, contact numbers and the pregnancy pathway were deemed most useful. Social media links and sign- posting were seen as equally important.

% What was important about the format - Professionals



Clear/concise
Timeline
Easily accessible
Size
Informative

% What was the Most useful information - Professionals



Contact numbers
Pathway info
S/Media links
Signposting

Professionals made the following comments about the information provided in the leaflet:

> *It gives timescales on when appointments will happen, lots of contact numbers*

> *Detailed info about what to expect at each stage of the pregnancy*

> *I feel the content around developing social contact for parents to be most useful*

> *Dates and resources available and the telephone contact details (GP)*

The following responses were received when professionals were asked if they would add or remove anything from the leaflet:

> *Make it very clear that patients do not need to see a GP just to inform them that they are pregnant, but GP happy to see them if there are any problems (GP)*

> *More info for younger parents, to make them feel welcome at CCs and reference to family nurse.*

Integrated working and information sharing

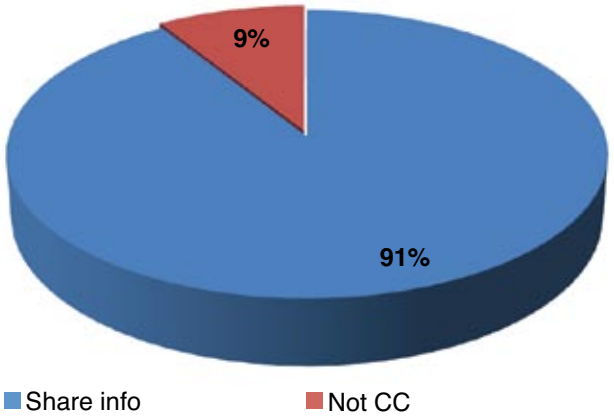
For the integrated working and information sharing questionnaires, parents were asked whether they were happy to have their information shared. 91% of parents were happy to share their information so long as the information was kept confidential as appropriate. 9% stated they would rather contact the children's centre themselves.

The collaborative process to create the parent journey resources highlighted important qualities of integrated working through a short but intensive and practical period. Reflecting on the experience, prompted by the research questionnaire, professionals identified barriers and enablers to effective integrated working.

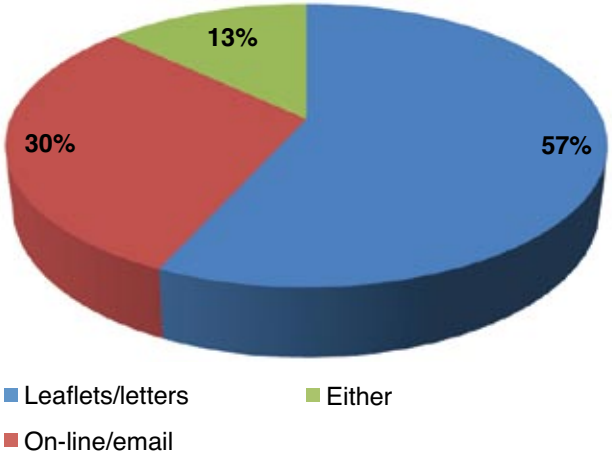
Parents were supportive of integrated working and stated that if services were centralised into one place then families would know where they were and they would not have to go to different locations to access each service.

With a move away from using paper for circulating information, parents were asked how they preferred to receive information. 57% of those who responded stated they preferred to receive information as leaflets or letters.

Parents who are happy for information to be shared %



% Preference for electronic or paper versions of information



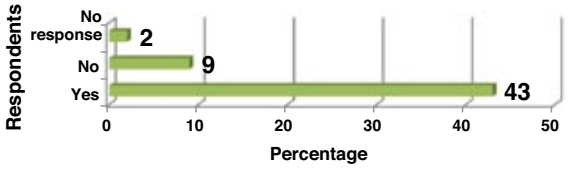
Professional views on integrated working and information sharing

Questionnaires were sent to professionals and 54 responses were received (N=54). Participants were asked to give their role, but many chose not to. We are able to say that responses were received from GPs, practice staff, midwives, health visitors, children's centre staff and WCC staff.

The questionnaires were semi-structured with open-ended questions, so answers consisted of text. The data was analysed qualitatively for themes and quantitatively using content analysis to tabulate the occurrences of responses into codes. The quantitative data will be examined first and then the qualitative data.

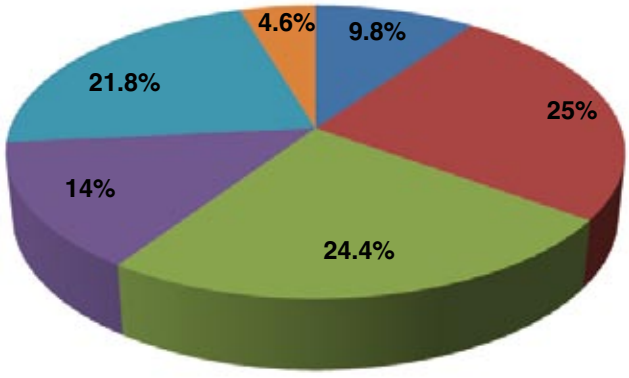
Professionals were first asked if they had experienced integrated working

Number of professionals who have experienced integrated working



Participants were then asked how they would describe integrated working, and they could choose any of the suggestions they thought applied.

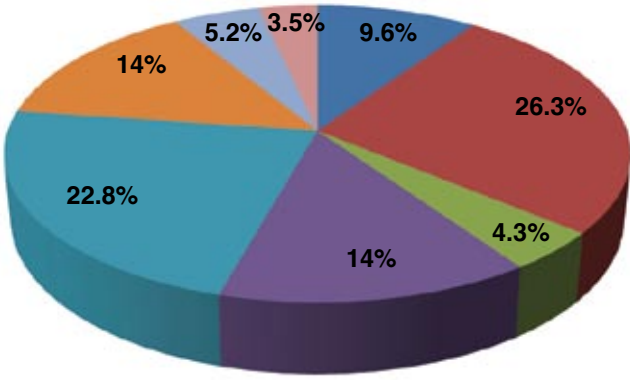
How would you describe Integrated Working



- Same building
- Families tell story once
- Info Sharing
- Improved communication
- Offering joint services
- Other suggestions

The next question explored what professionals thought the benefits of integrated working were.

Benefits of Integrated Working %

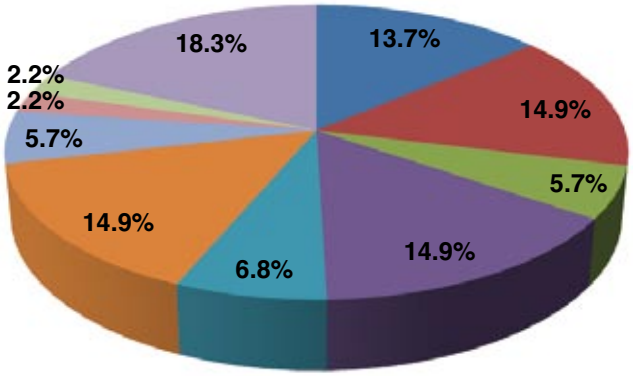


- Communication
- Holistic service
- Better outcomes
- Information Sharing
- Location
- Effective safeguarding

There were a number of suggestions made but the most supported were better outcomes for families and offering a more holistic service.

The barriers to integrated working were seen as

Barriers to Integrated Working %



- No barriers
- Not sharing info
- Poor communication
- Hierarchies
- Work practices
- Bureaucracy
- Lack of time
- Poor management
- Different systems

Again here a number of barriers to integrated working were identified with a number of them receiving almost equal support. Four of the barriers identified, poor communication, lack of time, not sharing information and respect received similar scores.

Qualitative Analysis

When examining the benefits and barriers to integrated working using thematic analysis the responses for professionals were coded to identify dominant themes.

The coded data was then categorised into 6 themes

For professionals there were six themes identified

- *Respect/Working Relationships*
- *Duplication/Economies*
- *Data protection vs Safeguarding*
- *Targets/Goals*
- *Better Outcomes – Families – Staff*

Respect/working relationships.

Participants outlined the benefits of integrated working in terms of respect and working relationships, in that it helped to enhance the understanding of each professional's role, competency and training:

> ***'Health care professionals don't always appreciate the full role of other allied practitioners - through integrated care, can advise each other etc for better outcomes'***

> ***'Clear understanding of roles - professionals who understand and respect each other's roles and support the work that the other professional is doing without repetition or confusing the client with mixed messages'***

However, a considerably higher amount of barriers to integrated working with regard to respect and working relationships were stated and included the idea that professionals did not feel that others could do the job as well as they could

> ***'Professionals believing that something is their job and not passing it on/collaborating with the person most qualified to deal with an issue'***

However, the suggestion was made that some professionals:

> ***'do not fully understand the value of an integrated approach'***

Many comments were centred on negative personal and professional attributes or behaviours:

> ***'Professional jealousy, protectionism, judgmental attitudes, stereotyping'***

> ***'Professional hierarchies - some people not respecting others'***

> ***'Relationships/ individual personalities'***

> ***'Fear of change, fear regarding loss of professional identity'***

> ***'Still feels like a 'blame culture''***

> ***'Adherence to individual professional 'ways of doing things'. No agreed process of sharing knowledge concerns about families or individual children due to silo working'***

Others identified organisational faults:

> ***'Partners/Organisations commitment'***

> ***'Organisation structures, governance, resources, effective leadership'***

Duplication/Economies

A number of participants recognised that duplication occurred between professionals offering the same services:

> ***'Less duplication, more holistic service'***

> ***'Time saving - records only entered on one system'***

If this were addressed then economies could be made

> ***'Economies of scale through co-location'***

> ***'Mixed skills/range of expertise within a team under one roof'***

> ***'Lessens the workload in the long term and provides extra support to families'***

Data protection vs Safeguarding

One issue that elicited a strong response was that of data protection, which was considered to be given more emphasis than protecting children:

> *A strategic focus prioritising data protection rather than safeguarding as a primary principle of information sharing by HV senior managers means that this contributes to lessened integration*

A reason given for this was that each profession completed their training within their own organisation:

> *Health professionals all complete their IG training annually which teaches them about only sharing when necessary/safeguarding*

Targets/Goals

Participants were asked if shared targets/KPIs and joint inspections would be beneficial in helping to facilitate integrated working. There was a mixed response to this question. Those who saw the benefit suggested:

> *Ensuring that all professionals are adhering to the same plan*

> *Reinforcement and consolidation of care and advice if all sharing the same guidance and recommendations*

> *Being able to understand the family and effectively safeguard children*

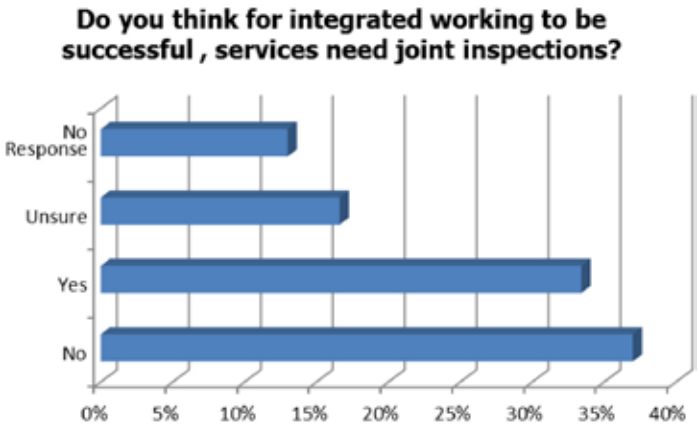
However, others did not see the benefit of this and saw it as being more difficult as a result of:

> *Less resources, less funding mean staff are under more pressure to achieve their services specific targets and less able to contribute to shared targets*

It was also construed as being difficult to manage because of:

> *Conflicting thresholds*

When the question about whether joint inspections would assist in more successful integrated working the response was No 37%, Yes 33.4%, Unsure 16.6%, No Response 13%



Better Outcomes - Families - Staff

Participants saw integrated working as offering better outcomes for families and staff.

For families professionals saw the following benefits:

> *Parents see a joined up service and can see how different agencies support them*

> *Service centred around the child/family rather than families having to fit into a number of service structures - support is seamless*

> *Increased opportunities to provide support before circumstance/conditions negatively escalate*

> *Easier navigation through the system for parents - may only need one 'central' access number for services*

> *Shared view (by professionals) of goals for client*

> *Ensures correct information is received (shared)'*

There were also a number of benefits outlined for staff if integrated working was operating effectively:

'Greater job satisfaction'

'Creative - skills mix'

'Professionals all feel they are working together as a whole'

'Improved communication - being able to communicate quickly and effectively'

Information sharing

The benefits for families were described in terms of families only having to tell their story once and that safety for children and families would be improved.

'The story is told only once'

'Safety and well-being of the child'

'To safeguard children and families'

A barrier for families was that not all families would want their information shared.

For staff the benefits were seen as:

'All necessary parties working with the family are aware of family plans. All parties can come together with the full story in order to move forward and support. Better safe-guarding and less serious case reviews'

'Safer Professionals'

'Diminishes professional hierarchy. Shared approach to improving outcomes'

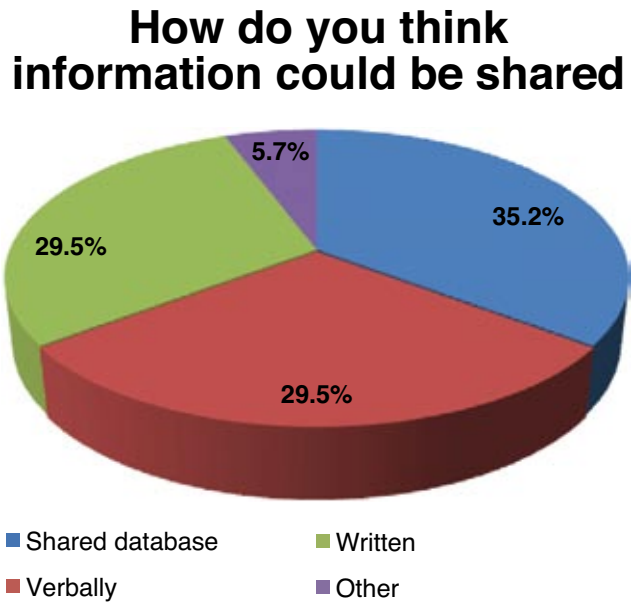
Professionals also outlined some factors that may impede information sharing:

'If staff are aware of their responsibilities and do not over-step boundaries, follow procedures there should be none as the information is for support'

'Strategic leads forgetting that safeguarding should come before data protection'

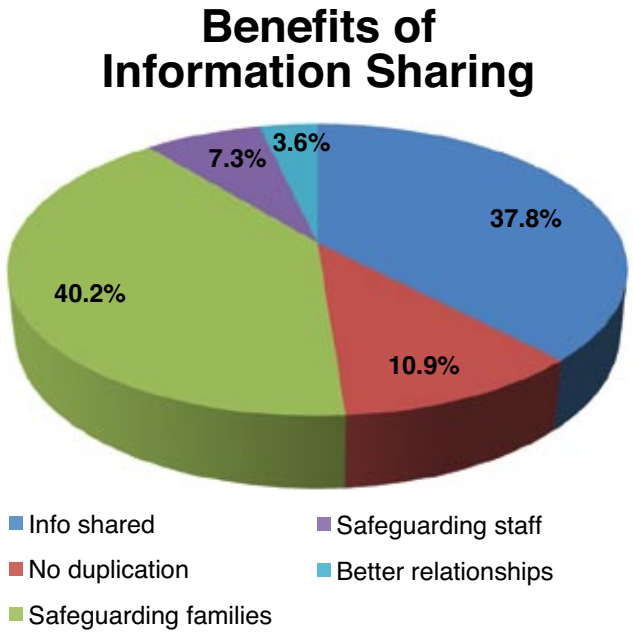
'Professional hierarchy bureaucracy, strategic decision makers not communicating effectively. A lack of common sense approach'

Professionals were asked how they thought data should be shared



An example of other the suggestions were that meeting notes should be shared.

The benefits of information sharing were categorised as:



This concludes the results from the questionnaires and there will be discussion about the impact of these results in context below.

What we achieved

Introduction

As a result of challenging financial times, where cuts of up to 40% have been made to children's centre expenditure since 2010 and further cuts are expected in 2018/2019, it will not be possible to offer the service in the same way and new methods of operation will need to be established.

The aim of this project was to provide localised evidence to enable WCC and other key stakeholders to re-imagine its countywide Early Childhood Services/Children's Centres to meet the aims of the 0-5 strategy. The evidence gathered on two areas of work will be discussed here. The two areas of work for the project were improved information and services for pregnant women, and an examination of integrated working and information between organisations working in early years' service provision.

Taking the priority of WCC of focussing on prevention and early help it would seem vital that services are aimed at pregnant women as this is the earliest time in a child's life/existence, and a healthy mother, emotionally and physically, will offer her baby the best chance to be healthy at birth. It is also important for pregnant women to build support networks during pregnancy as this can be more difficult once the baby is born, but can reduce isolation and improve mental well-being.

Pregnancy and new baby

Using key data from the Warwickshire CAVA report and input from the two workshops involving parents and professionals, the area of pregnancy and ante-natal services were identified as being an area where service provision needed to be improved. Ante-natal sessions were offered in the north of the county, but not universally, and in the south of the county, classes were only offered by private providers or Voluntary, Community and Social Enterprise organisations (VCSE) and parents had to pay. Apart from providing information on birth and care of the baby, these sessions give parents the opportunity to meet other expectant parents and develop invaluable friendships and support networks, for after the baby is born.

Focussing on ante-natal services enabled the project work to be facilitated within on-going children's centre provision, and it allowed for the wider areas of integrated working and information sharing to be explored. Working on this particular area of provision would meet the strategy of Warwickshire County Council, that aims to focus on prevention and early help to ensure children and families get the support they need to ensure children get the best start in life, which is also identified in the national manifesto of the 1001 Critical Days.

This part of the work project work was centred on the development of an information leaflet and work to help extend the delivery of midwifery services from children's centres.

The Pregnancy Pathway leaflet

Although pregnant women get a wealth of information from midwives and later in their pregnancy, from health visitors, this information tends to focus on medical issues and because there is so much, it may not always be in a useful or convenient format, which is why the idea of a compact but informative leaflet was seen as a useful addition for expectant parents.

The pathway leaflet was developed by working with experienced parents, children's centre staff, midwives, health visitors and the Family Information Service at WCC. Once a draft leaflet was available, the project team attended baby groups to share the leaflet more widely with parents and to seek their views. The leaflet was then finalised and printed ready for distribution (see Appendix B)

When it came to distribute the leaflet, it had been envisaged that it would be posted to all women registering as pregnant across the two pilot areas and similarly to follow-up for the evaluation of the leaflet at the end of the pilot period. However, we were informed that we were not allowed the contact details of the women, and so had to find another route for distribution. Although we were able to distribute the leaflet by other means, described below, not having this information would impact on the evaluation.

Enquiries revealed that women register their pregnancy differently in the north and the south of the county. For the pilot areas, in Bedworth the majority of women register their pregnancy at the children's centre, whilst in Stratford-upon-Avon women register at the GP surgery. We arranged for the leaflet to be given out at the children's centre and then contacted GPs in Stratford-Upon-Avon and in Bedworth through the practice managers. In Stratford-Upon-Avon there were two surgeries that participated in our pilot area and both were willing to assist us in our project by giving the leaflet out at the time of registration. In Bedworth there were seven surgeries who may take registrations from pregnant women and we secured the support of three of them. We also liaised with the midwives working in both areas and ensured they had copies of the leaflet to distribute, if the women hadn't already received it.

The leaflet was also shared widely with professionals who provided feedback at the time. This included Children Centre staff; Midwife Leads, both community and hospital based; Health Visitor Leads; the three Clinical Commissioning Groups (CCGs) that cover Warwickshire; Arden and Greater East Midlands Commissioning Unit (Arden GEM CSU); Early Years Providers; Family Information Service; Interdisciplinary Hub for Nuneaton and Bedworth; Warwick District Council Hubs; WCC Transformation Team; Warwickshire Public Health; Warwickshire CC Family and Parenting Support Team; Warwickshire Local Medical Committee.

Evaluating the leaflet with parents proved difficult as the details of the pregnant women was not available to the project team to follow up. In order to obtain data, pregnant women were asked about the leaflet at three meet and greet events that the project team organised. Further feedback was obtained by attending Chatter Matters groups and Stay and Play sessions.

The feedback on the leaflet from both parents and professionals was extremely positive with the size and content being seen as excellent. Only a few suggestions were made for alterations which included more telephone numbers which was addressed in a further iteration.

As a result of the success of the pregnancy pathway leaflet, a 0-4 month leaflet was developed with assistance of professionals. This was completed before the end of the project, but had not been distributed and evaluated at the time of writing.

Both leaflets are being made available to all stakeholders in electronic form so that can use them in the future as they see fit.

Community Midwifery

One of the main tenets of the Better Births document 2016 is that midwifery services move into the community, using community hubs. Children's centres were identified within the report as being appropriate locations for these hubs. Whilst working on the leaflet and liaising with other professionals, it was apparent that midwifery services worked differently in the north and the south of the county. In the north midwives regularly worked from children's centres and there is good integrated working, however the midwives are not able to access health IT systems at the centre. Appointments were made on paper and the community midwife lead relied on phone calls or faxes to try and keep her records of what appointments were occurring at which centre. In order to address this, discussions were started as to how a shared electronic appointment system could be put in place in north Warwickshire. Initial enquiries revealed that the children's centre could access a system that was provided by the NHS and the next step was to see if this could work in the children's centre. This work continues as the project comes to a close.

In the south of the county midwives work predominantly from the GP surgery and so that did not bring them into contact with children's centres on a regular basis. One midwife had pioneered work with the children's centre in Kenilworth and was delivering her midwifery appointments from the centre. The issue of accessing the health IT system called Badger had been resolved and the process was working well.

As part of the project we then worked with the Midwife Lead in the south of the county to establish how midwifery services could work from children's centres. The suggestion was for midwives to have their booking in appointments and subsequent appointments at the children's centre, moving away from GP surgeries. Suitable children's centres were identified and work to move midwifery into three centres is on-going. The integrated work developed here will continue after the completion of the project through the connections made between midwifery and children's centres in the south. One issue that was apparent from these discussions was that there was no data sharing agreement in place between midwifery and children's centres. Meetings were held between midwifery, children's centres and Public Health and this is now being developed and at the time of writing a draft agreement has been drawn up.

Integrated working and information sharing

A second focus for the project was to examine how integrated working and information sharing could inform new practice in early childhood provision. As the work of the project team progressed it became apparent that across Warwickshire, integrated working and information sharing was not operating consistently or well.

The questionnaires completed by professionals from health, children's centres and WCC, gave an indication as to why integrated working may not be operating to a desired level across the county.

Barriers to Integrated Working

From the responses to the question about the barriers to integrated working, it became apparent that there were number of problems with trying to work in an integrated way and that in many cases it was not happening. When seeking to examine why this is the case (below), our experience and research was reflected in documents such as the Kings Fund report (2016), so can be seen to be a national problem rather than just a local one.

Personalities

One of the strongest influences on whether integrated working was successful or not, appeared to be based on personalities.

In some areas services are co-located within buildings, but this had not resulted in integrated working even though the staff would be united in wanting to offer the best support for service users.

Examining the results of the questionnaires in this study, a number of negative personal and professional attributes were brought to the fore. There appeared to be either a lack of respect for or a lack of understanding of, professional roles which was explained in terms of hierarchies and professional jealousy. Hierarchies appeared to be maintained by professional culture and 'ways of doing things' that excluded others from working with them. These hierarchies also appeared to be maintained by organisations undertaking their own training and professional regulation, which appeared to increase the distance between organisations and lead to questions about other professionals ability to offer the best service.

Hierarchies can develop and be maintained by accountability and regulation. As outlined in the Kings Fund Report (2016)

> ***'Professional registration not only defines the roles and tasks of individual professions but also validates that a given individual has the requisite skills and capability to undertake their role in a safe and effective manner' Cameron (2010).***

This issue was identified by participants in terms of 'lack of respect' and being seen as 'amateurish'. This can be problem for VCSE organisations, where although robust training and monitoring is in place, they are not seen as being 'regulated' in the same terms as statutory organisations. This idea is reinforced for some professionals because VCSE will have volunteers working within their organisation.

One of the recommendations of this report is to have an Early Childhood Team, where all organisations would be trained together and work under the same governance, so helping to remove these hierarchies.

Where successful integrated working was taking place, this was again based on personalities, but here they worked together to overcome obstacles and had developed trust in each other as professionals. However, as Olive, Mooney and Statham (2010) point out, these pockets of integrated working can become silos in their own right and they are not sustainable into the future as staff move on.

Benefits of Integrated Working

The views of the participants were examined to see what they thought the benefits of integrated working were, and there were a number of areas where integrated working was seen as offering benefits for both families and professionals.

A number of respondents could see better outcomes for families in that they would receive a seamless, holistic service, where professionals worked together for the benefit of families, rather than families trying to navigate through different systems. Professionals working together have an increased opportunity to provide services required by families at the time of need, which can help to prevent a situation escalating. There were also benefits for staff, in that working together can improve working relationships and trust. This comes with better communication and more understanding of the skills and roles of other professionals. Through integrated working it would become possible to offer joint training, which results in all staff working to the same standards and governance. Working with other professionals can result in a broader skills mix, which can improve service and develop new creative ways of working, which may result in greater job satisfaction.

Other benefits outlined included the reduction of duplication of service. One area of duplication occurs because professionals from different organisations are entering the service user's details onto their own IT systems. This could be repeated by a number of professionals coming into contact with the family. If details were only entered onto one system that was shared, there would be savings in administration time, allowing more time to spend with service users.

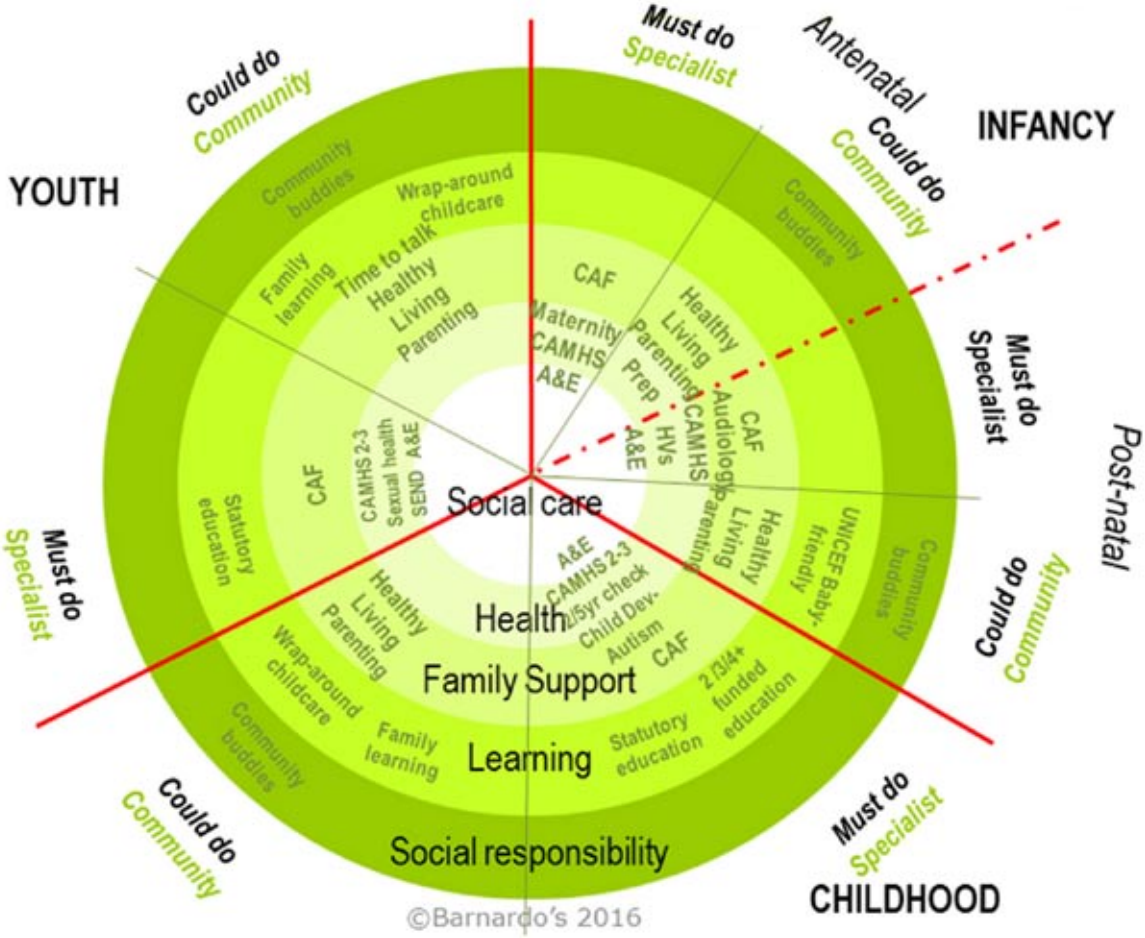
The participants suggested that families could be offered the same service more than once. This could occur because of poor communication between organisations, or it may be because one professional was of the opinion that the original provision was not offered by someone with the right skills to offer that service. There's a cost implication for this, and if this was eliminated it would result in a more efficient service.

Building on these positive outcomes for families, suggestions can be made as to what an such a team might look like.

Reconfiguring an 'As One' system

Although a new system would be developed with reduced resources there are certain principles that should remain as central to service provision. This includes offering a people-centred service model, where help is offered by professionals before issues get to crisis level, but also by building community resilience, helping people to help themselves or other members of their communities, to try and prevent or reduce the need for professional help.

People-centred service model



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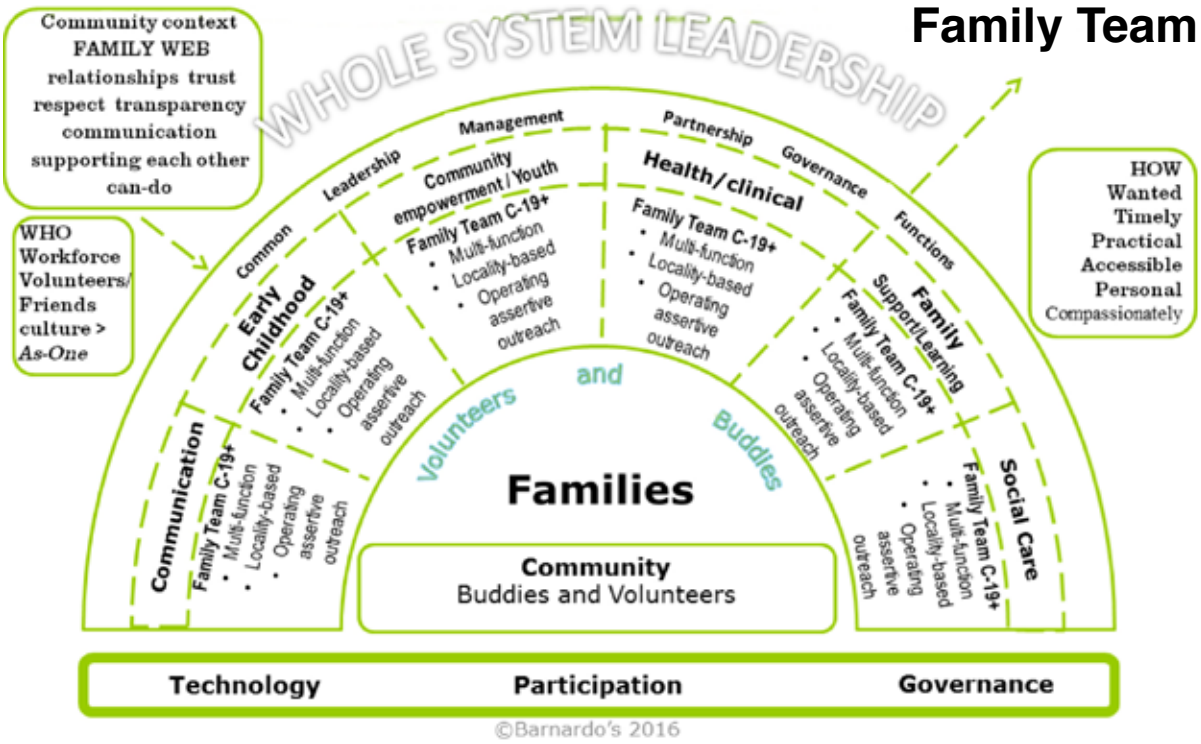
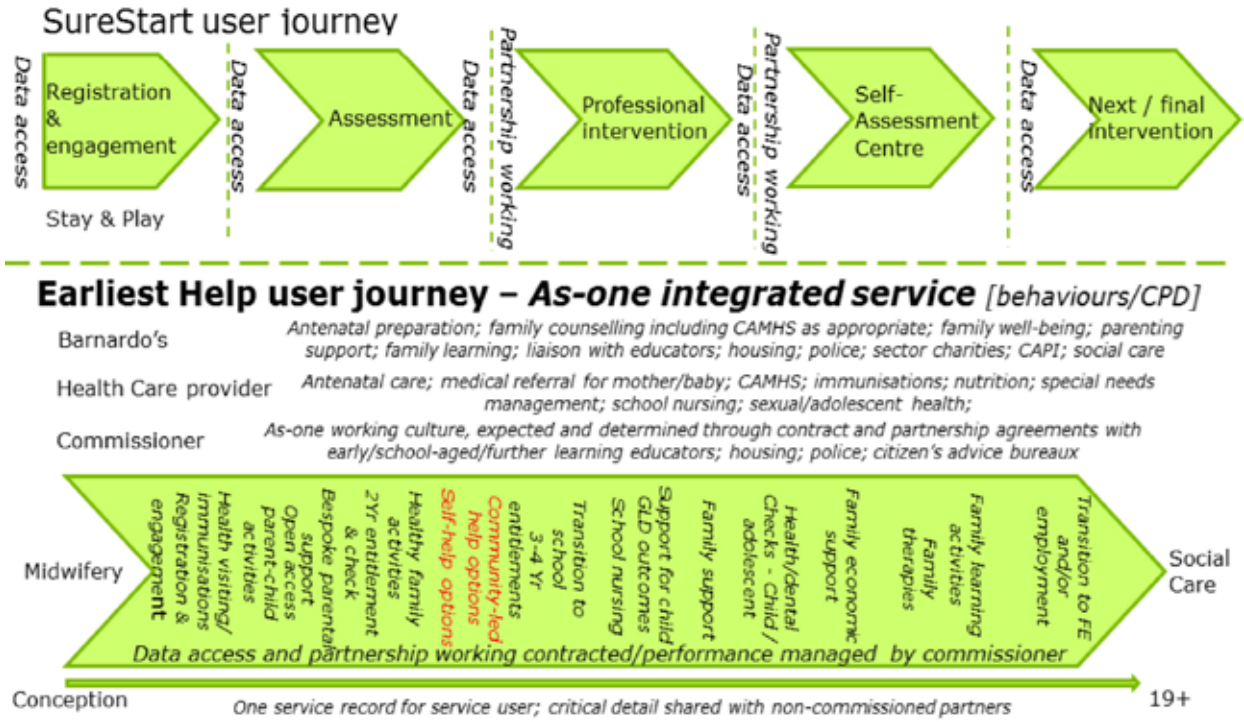
When developing an 'As One' Early Childhood Team, it would have a mixed skills base and would develop a shared culture to ensure respect across the team and improved relationships and collaborative working. This would be supported by a whole system leadership with shared resources through joint commissioning.



An 'As one' team would work for the benefit of families by offering a holistic, seamless service for service users. These service users would have the advantage of knowing what services were available to them and where they were centrally located if in a hub. WCC has a focus on prevention and earliest help and so the team would offer services at conception to help to build relationships with families.

Earliest help Making the difference



Data Protection and Information Sharing

Data protection and information sharing also posed an enormous barrier to integrated working. One of the findings from the questionnaires was that participants stated that there now appeared to be a

> ***'strategic focus prioritising data protection rather than safeguarding'***

There is raft of local agreements and information governance documents as well as national reports such as Caldicott (2013) and Gross (2013) that outline and determine what information can be shared and how. However, this appears to be an issue that is determined by local agreement between providers and professionals, or by personal decisions not to share. This may be because of a belief that professionals fear they may face litigation, but if data is shared in line with the law and guidance, this will not be the case.

The issue of information sharing isn't just on a personal level, but can be on an organisational level, where LAs may not share a child's information with all early childhood providers or an example was given anecdotally of live birth data may not be available to health visitors, or this information not being given in a timely manner. These barriers flow through from LA to providers of the two-year-old childcare entitlement, where minimal information is provided in a very short window of time if at all. This barrier was particularly true for schools, where transitions of children from nursery to school were hindered by the school having little information about a child. An example given was that a school would be unlikely to know if a child was born prematurely and yet that may impact on their learning, which would be important for the school to know. Again there were examples of good information sharing but this was not the norm across the county.

What became apparent was that professionals had concerns that the lack of information sharing about children could impact on safeguarding in that not all professionals would know the history of a family. It also impacted on communication between professionals and hampered professional relationships.

Strategic Management

There is a need for coherent strategic management. The development of a regulatory framework that determines how integrated working can be achieved by organisations is urgently required and the framework needs to be adhered to and monitored as to its correct use. This is particularly true of information sharing where there appears to be a number of governance documents and data sharing agreements, which are largely ignored, and individuals decide what and who they will share information with. The system has become complex with this vast array of local agreements and would benefit by one data sharing agreement that was adhered to across the county.

Joint Inspections

Participants were asked if joint inspections would help to make integrated more successful? The responses for yes (33.4%) and no (37%) were very close, but these were matched by the unsure and no response (29.6% when added together)

The benefits of joint inspections were described in terms of all working to the same goals, with defined pathways across the service, removing service boundaries which would assist in developing integrated working and result in a co-ordinated service.

The problems associated with joint inspections included the logistics of conducting the inspections and questioned how one format for inspections could fit all areas of expertise. It was suggested that if there were joint inspections and one organisation was given a poor rating, this would reflect on other professionals who would otherwise have been found to meet a higher level.

In parallel with this reimagining work in Warwickshire, Barnardo's has been developing a self-assessment framework for PB-19+ services that takes full account of the legislative position and existing Ofsted and Care Quality Commission frameworks, in order to provide a more relevant support and challenge process for integrated teams providing a collective service. This work has been considered and supported by Ofsted, Barnardo's children's centres in Warwickshire contributed to the final version for implementation.

New innovative service provision cannot be established unless new targets, KPIs and quality frameworks are developed. New service provision would be stifled if it was still trying to meet old targets, with professionals and organisations continuing to work with the same practice to meet requirements.

However, changes to children's centre services need to be in line with the legislation outlined in the Childcare Act 2006 and latterly The Apprenticeships, Skills, Children and Learning Act 2009.
This legislation places duties on local authorities in relation to establishing and running children's centres.

Joint commissioning

As well as joint inspections, joint commissioning of services with shared resources would not only allow for efficiencies and cost savings, but would also assist in embedding integrated working by ensuring that issues such as shared training and secure inter-agency information governance as well as coherent strategic management were put in place as part of the commissioning process.
The issue of geographical boundaries for service provision would need to be addressed as this can prove to cause a disconnect for service provision, resulting in confusion for families.

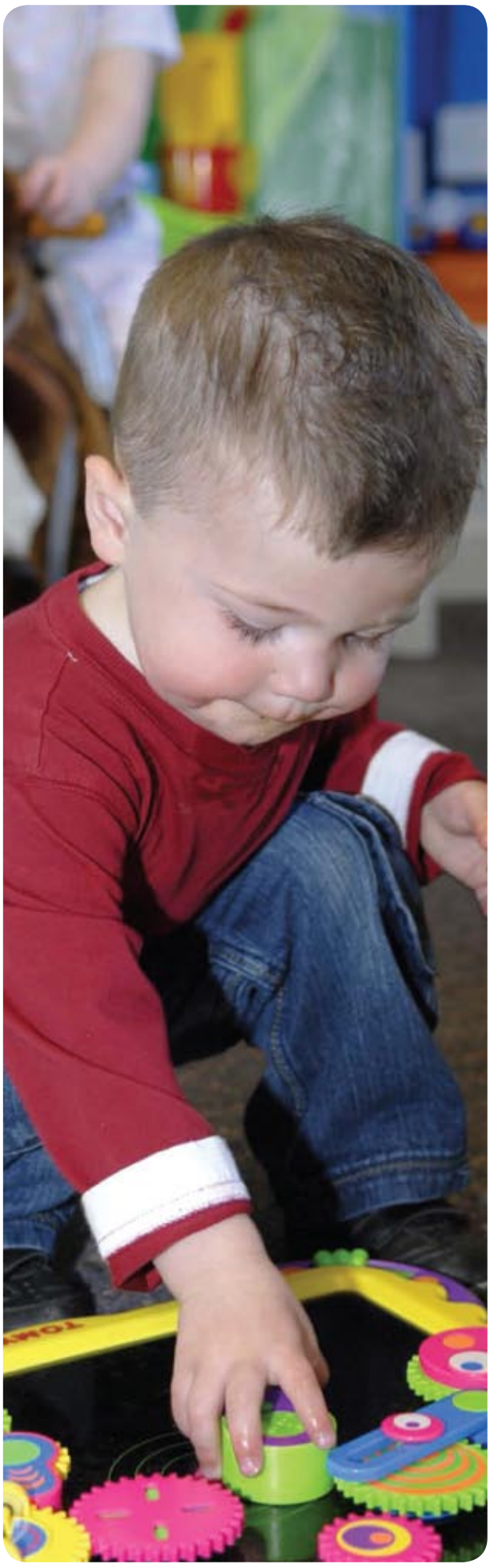
There are moves nationally and in Warwickshire, but commissioning for a whole systems approach in children's services is yet to be developed.

Conclusion

The focus of this project was to help re-imagine children's centres. By using data from local and national research and by working with parents and professionals, two work areas have been completed.

WCC have a focus on prevention and early help and this should start at conception, which is the earliest help that can be given. However, the support and service pregnant women receive varies greatly across the county. The issue of ante-natal classes and breastfeeding support were important to the pregnant women and mothers we spoke to. The development of an Early Childhood Team would offer consistency for these women.

The development of an Early Childhood Team would also address the issues that have been identified in relation to integrated working and information sharing such as the reduction in hierarchies and better co-operation. By co-commissioning and co-funding there are likely to be savings through shared resources and budgets.



Recommendations

- *the development of an Early Childhood Team which would provide early childhood services and could include midwifery, health visiting, children's centres, speech and language therapists and social care*
- *branding of the Early Childhood Team so that families and providers understand the 'as-one' nature of the services and support being offered and have confidence that information flows appropriately within it for the good of children an families*
- *integrated working should be systemic resulting in full professional co-operation and removal of barriers, often created through personal prejudice or lack of capacity*
- *greater use of volunteers and buddies within communities to provide known and trusted faces to complement specific support and advice from professionals*
- *secure management of volunteers in treating their role in information sharing respectfully and confidentially to protect neighbours using information shared inappropriately*
- *all services adopt the same fixed geographical area*
- *commissioning and co-funding of the Early Childhood Team*
- *investment in a trouble-shooting/ networking role in new structures to identify and help to remove barriers or issues to ensure an 'as one' system*
- *services based in community hubs, with consideration of children's centres being appropriate, quality and well-appointed spaces.*
- *shared IT systems recognising that using available tools enabling systems to communicate would be an important first step*
- *investment in quality on-line systems to avoid the need for professionals to have regular face-to-face meetings, which would reduce administration time significantly*
- *new quality frameworks for monitoring and evaluation with inspections being carried out by one Inspectorate or new joint Inspectorate for integrated services. Whilst this may be an aspiration for a national change, Barnardo's has developed a framework which has been commended by Ofsted to pursue with the Department of Education*

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Appendix A

Summary of Smart Start Workshop Data

There were a number of themes that were mentioned across all three age ranges.

Integrated Working

- Holistic development plan for parents
- Better integrated working
- Sharing data
- Single pathway/ recording of information
- Consent to share information from first professional contact
- All professionals having better access to information
- All professionals recognised as 'Early Years' workers to support integrated working
- Professionals share training, KPI's and targets
- Joint induction and on-going training, locally
- 'What matters most' shared planning, vision, outcomes, values, aims, philosophies and understanding
- Seamless on-going workforce/team with the necessary skills and knowledge

Information for Parents

- One organisation to bring pathway together e.g. FIS, general for Warks, perhaps with a sub pathway for local areas.
- Focused - avoid parents having to sort through irrelevant information to find what is required.
- Simple language, different language, different ways of communicating - pictures/symbols/ media/observation/doing indoors and outdoors
- Focussing on what parents can do and building on that
- Leaflet with a time line for pregnancy and post birth pathway, with space to add clinic dates etc, + directions when to bring samples/help to be prepared
- Use of technology – apps, social media, text
- Take advantage of community activities s uch as fete's markets and supermarkets - one stop shop info
- Directory/guide to childcare providers
- How to access specialist support eg for autism

Volunteers

- How did community support/change /get lost?
- Volunteer co-ordinator to support volunteers
- Volunteer drivers to help with transport
- Parent/grandparent buddies
- Identifying and utilising parent skills
- Less formal approach for parents and volunteers, 2 tier approach
- Sustainable volunteers, capacity building
- Respect for contributions from parents and volunteers
- Volunteers/acknowledging skills/expertise/ growing these - need support;

Locations

- Hub and spoke to increase accessibility – need to ensure that are spokes are accessible and frequent enough.
- Need hubs to be accessible - transport
- Non-medical buildings increase accessibility (locality), encouraging for parents to attend
- Use of libraries, church halls, community buildings (Asda)

Conception to Post-Natal 3 Months (Specifically)

- Pregnant mother should be contacted at registration of pregnancy
- Building networks from conception
- Ante-natal care in buildings with a non-medical focus to increase accessibility, eg Asda community room
- Clear messages supporting and preparing being a parent, attachment and relationships
- Follow-on sessions post birth, breast feeding, development stages, social networks

Appendix B (pregnancy leaflet)

Generic pregnancy leaflet

Local Children Center branded pregnancy leaflet

MIDWIFE AND GP

Your Midwife will see you after baby is born for up to 10 days to check your health and that of the baby.

If you have any concerns during this time contact your midwife for advice.

Around 6 to 8 weeks after the birth of your baby, you should arrange for a post-natal check-up with your GP, to make sure you are feeling well and recovering as expected.

You can drop into your local Children's Centre for information and support.

HEALTH VISITOR FAMILY NURSE

Every family with children under 5 may have a health visitor. Younger parents may have a family nurse.

In your baby's early months and years, your health visitor is able to advise you about:

- **your mental well-being**
- **your baby's physical growth**
- **emotional development and attachment**
- **monitor baby's weight and advise about feeding**
- **help to establish good sleep habits**
- **healthy eating for you and your baby**
- **coping with minor illnesses and advising on immunisations**
- **who to contact about social/personal/financial or housing needs**

KEEPING YOU AND BABY WELL

Post-Natal Depression
If you have any concerns about your mental well-being after your baby is born you can talk to someone.

Domestic Violence
If you are being subjected to domestic violence you can find help and advice.

Health and Well-Being Needs
If you need help and support with specific concerns/diagnosis for you or your baby, advice and support are available.

You can speak to your midwife, health visitor, family nurse or GP

For advice and support contact Warwickshire Family Information Service

01926 742274
www.warwickshire.gov.uk/fis

Or ask for advice and information at your Children's Centre.

MONEY MATTERS

It can be a strain on your finances when your baby arrives. If you have any concerns you can get help and advice on issues such as

Maternity Pay
Benefits
Debt Advice

Go to
www.gov.uk/browse/benefits/families

Contact Warwickshire Family Information Service for advice and support

01926 742274

Housing
For advice about housing contact
www.nuneatonandbedworth.gov.uk/info/20012/housing

USEFUL CONTACTS

Contact your local Children's Centre

Health Visitors - **024 7649 0002**

WCC Family Information Service
www.warwickshire.gov.uk/fis
01926 742274

NHS - **www.nhs.uk**
Out of hours call **111**

George Eliot Hospital
www.geh.nhs.uk - 024 7635 1351

UHCW Hospital
www.uhcw.nhs.uk - 024 7696 4000

Warwick Hospital
www.swft.nhs.uk - 01926 495321

NHS Choices **www.nhs.uk**

Remember to go to your local Children's Centre with your baby, to see what activities they have on offer.

HELLO

Here is some useful information for when your baby arrives

WCC Family Information Service
www.warwickshire.gov.uk/fis
01926 742274

Register your baby's birth (within 42 days)
www.warwickshire.gov.uk/birthregistration
to make an appointment. Or call **0300 555 0255**

Believe in children
Barnardo's

Find your local Children's Centre on Facebook

HOW YOU MAY FEEL

You may experience physical, emotional and hormonal changes after delivering your baby which are normal. If you have had a caesarean section you may have more questions. For information see **www.nhs.uk/conditions/pregnancy-and-baby/pages/you-after-birth.aspx**

If you have any concerns about your own health or that of your baby contact your Midwife (up to first 10 days) Health Visitor, Family Nurse or GP.

Tiredness

There is the excitement of getting to know your baby, but you will also be tired, and your body will be recovering from labour and the birth. Rest and take naps when you can.

YOUR NEW BABY

Fontanelles - On the top of your baby's head there is a diamond-shaped patch where the skull bones haven't fused together. It maybe a year before the bones close over. You can touch or wash the fontanelles gently as they are covered by a tough protective membrane.

Jaundice - If you see any symptoms of new-born jaundice such as yellow skin or yellowing of the whites of the eye, speak to your midwife, health visitor, family nurse or GP.

Umbilical Cord - Between five and 15 days after your baby is born, the umbilical stump will dry out, turn black and drop off. Until the stump drops off and the belly button is completely healed, it's important to keep the area clean and dry, to prevent infection.

Speak to your midwife, health visitor, family nurse or GP if you have any worries

See **www.nhs.uk** for information

LIFE WITH YOUR NEW BABY

Take time to experience and enjoy your new baby.

Feeding - In the early weeks you can let your baby set their pace for feeding. You can look for cues such as the baby sucking his fist or opening his/her mouth searching to be fed. If you need support with feeding your baby see **www.nhs.uk** or speak to your Midwife or Health Visitor.

Crying - Try to be confident and not get overwhelmed, babies do cry, you will soon discover what your baby needs.

Sleeping - At first, babies don't know that night time is for sleep and daytime is for being awake. Routines may help your baby gradually learn that night-time is for sleeping.

By responding and being sensitive to your baby's needs, in a few weeks you may start to see patterns to your day and you may begin to think about routines.

FIVE TO THRIVE

Things you can do every day to help attachment and to develop your baby's growing brain

Your baby hears your voice in the womb and recognises it. He/she loves it when you make noises, talk and sing to them. You can copy your baby's sounds and make new ones to develop communication.

Playing with your new baby is as simple as pulling faces and smiling. By copying you, your baby makes new connections in the brain and it makes your baby happy.

When you relax with your baby your heartbeat slows and your babies does to. This makes both of you feel calm and comfortable.

Cuddle your baby as often as you like - babies can't have too much contact.

Your baby's brain works very slowly at first. As you respond in the same way, over and over again, the baby develops connections in the brain.

www.fivetothrive.org.uk

INFORMATION FOR DADS

Being a dad can be a bit overwhelming at first.

Dads are important

There is information out there to help you.

www.newdadssurvivalguide.com

To help your baby develop
Respond • Cuddle • Relax
Play • Talk

Appendix D (i)

Professionals Questionnaire - leaflet

We would be grateful if you would take a few moments to answer our questionnaire. As part of a Reimagining Children's Centres project we have developed an information leaflet for pregnancy and we would value your opinion.

The questionnaire is anonymous.

Your Professional Role

Questions

1. Having seen the leaflet what was your opinion of the format and the content?

2. What information in the leaflet did you think was most helpful?

3. Is there any information you would add or remove from the leaflet?

4. If you have distributed the leaflet to parents, can you estimate how many you have given out?

5. In your opinion has the leaflet been useful for signposting parents, or reducing the number of enquiries you receive?

6. Do you think the leaflet informed you or parents about:-

   • the children's centre and the service they offer You ☐ Parents ☐
   • the Family Information Service You ☐ Parents ☐

7. Have you received feedback about the leaflet from parents? If so what have they said?

8. Would you prefer the leaflet to be distributed :

   • As a paper copy ☐
   • As an electronic copy ☐
   • Or for both a paper copy and electronic copy of the leaflet to be available ☐

Many thanks for taking part.

Please return to

becky.marples@barnardos.org.uk
emma.smith@barnardos.org.uk

Appendix D (ii)

Parent Questionnaire - leaflet

We would be grateful if you would take a few moments to answer our questionnaire.
As part of a Reimagining Children's Centres project we have developed an information leaflet for pregnancy and we would value your opinion.
The questionnaire is anonymous.

About you?

Do you already have children? Yes ☐ No ☐

Questions

1 Who gave you the Pregnancy Information Leaflet?
e.g. Midwife ☐ Children's Centre ☐ GP surgery ☐
other - please state:

2. What information did you find the most helpful?

3. Looking at the design of the leaflet, do you like the size and layout?
Let us know of any changes to the design you would recommend:

4. Do you think other information should have been included?
If so, what suggestions do you have?

5. Without the leaflet would you have known about:

- the children's centre and the services they offer ☐
- the Family Information Service ☐

6. Would you prefer to have:

- A paper copy of the leaflet ☐
- Access to an electronic copy of the leaflet ☐
- Or both a paper copy and electronic copy of the leaflet ☐

7. Is there anything else you would like to see added to the leaflet or any other comments?

Many thanks for taking part.

Equality and Diversity Monitoring Form

Please tick the appropriate boxes

A) Do you have a disability: ☐ Yes ☐ No ☐ Prefer not to say

B) Gender: ☐ Male ☐ Female ☐ Prefer not to say

C) What is your age group:

☐ Under 18 ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45
☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65 ☐ 66 and above ☐ Prefer not to say

D) What is your ethnic group:

White	**Mixed/Multiple Ethnic Group**	**Asian or Asian British**	**Black African/ Caribbean/ Black British**	**Other ethnic Group**
☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ British ☐ Irish ☐ Gypsy or Irish traveller	☐ White/Black Caribbean ☐ White/Black African ☐ White/Asian	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese	☐ African ☐ Caribbean	☐ Arab

Please write in

Any other white background	Any other mixed/multiple background	Any other Asian background	Any other Black African/Caribbean / Black British	Any other ethnic group

☐ Prefer not to say

Appendix d (iii)

Integrated working, information sharing

Professionals questionnaire

Professional Role:

Area you are based:

1. How would you describe integrated working? (tick all that apply)

   ☐ Working in the same building as other professional groups
   ☐ Information sharing
   ☐ Offering joint services across professional groups
   ☐ Families only telling their story once
   ☐ Improved communication within professional groups
   ☐ Other (please give a brief description)

2. Have you experienced integrated working?

   If you have please give a brief description:

3. What do you think the benefit of integrated working is?

4. What barriers have you experienced when working in an integrated approach?

5. Moving away from traditional service delivery, do you have innovative suggestions of how services can be offered in the community, to support accessibility for clients/patients?

6. Do you think for integrated working to be successful, services need joint inspections?

   What would the benefit to this be?

   What would the barriers to this be?

Information Sharing

7. What client information do you think should be shared, with whom and when?

8. What do you perceive are the benefits of information sharing?

9. What do you perceive are the barriers to information sharing?

10. How do you think information could be shared? (*tick all that apply*)

- ☐ Shared data base
- ☐ Verbally
- ☐ Written record
- ☐ Other (*please give a brief description*)

Thank you for completing the questionnaire

If not being collected please return to
becky.marples@barnardos.org.uk
emma.smith@barnardos.org.uk

Appendix D (iv)

Parent Questionnaire

Integrated Working

We would be grateful if you would take a few moments to answer our questionnaire.
As part of a Reimagining Children's Centres project we have we would value your opinion on how we can improve integrated working and information sharing.
The questionnaire is anonymous.

Integrated Working

8. What town do you live in?

9. What do you think would be the benefit of professionals working together in teams to offer 0 to 5 years services such as midwifery, health visiting, and children's centres?

10. In what other community locations do you think these services could be offered?

11. If you live in a rural area, are there places in the community that would be easy for you to get to for these services? Where?

Information Sharing

12. What do you understand by the term 'information sharing'

13. Assuming strict guidelines are in place, once you have given your contact information to one professional, are you happy for it to be shared with others e.g. midwife, health visitor and your local children's centre? *If no, please tell us why.*

14. If you are given information or letters, do you prefer paper copies or electronic versions such as email/website?

Many thanks for taking part.
Becky Marples tel: 07734 300137
Emma Smith tel: 07738 689350

Equality and Diversity Monitoring Form

Please tick the appropriate boxes

E) Do you have a disability: ☐ Yes ☐ No ☐ Prefer not to say

F) Gender: ☐ Male ☐ Female ☐ Prefer not to say

G) What is your age group:

☐ Under 18 ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45
☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65 ☐ 66 and above ☐ Prefer not to say

H) What is your ethnic group:

White	**Mixed/Multiple Ethnic Group**	**Asian or Asian British**	**Black African/ Caribbean/ Black British**	**Other ethnic Group**
☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ British ☐ Irish ☐ Gypsy or Irish traveller	☐ White/Black Caribbean ☐ White/Black African ☐ White/Asian	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese	☐ African ☐ Caribbean	☐ Arab

Please write in

Any other white background	Any other mixed/multiple background	Any other Asian background	Any other Black African/Caribbean / Black British	Any other ethnic group

☐ Prefer not to say