# Health Check survey write-up

## What is Changing Futures?

*Changing Futures* *Cambridgeshire & Peterborough* is about improving outcomes for people with multiple disadvantage. Multiple disadvantage means someone experiencing three of five of homelessness, mental health issues, substance misuse, domestic abuse and offending behaviour, at any one time. Changing Futures does this by encouraging involvement of people with lived experience at all stages of our system and service design and looking at how our partnerships affect people.

## Health Check

In March 2024, a survey comprising 45 questions was sent to the mailing list and partner groups, for the Changing Futures programme. There are 252 people representing 83 organisations on our mailing list.

The aim of the survey was to benchmark awareness of the programme and gather feedback on its early days, with a view to repeating the survey and testing progress in future.

With 30 responses (12% of those sent the link) the health check survey provides a baseline for future comparison, a useful guide to respondents’ current sentiments and some high-quality comments and suggestions from across the system, on Changing Futures work so far. This is not sufficiently reliable to provide “scalable” conclusions with a level of statistical confidence.

Respondents were:

* Generally aware of the Changing Futures programme
* Supportive of the principles set out for the programme
* Aware of the principle of co-production and co-design, many using it in their roles but with some caveats for use across their organisations (“we are starting to and improving” for example). The level of the co-production ladder people feel they, and their organisations, are on varies from level 2 (information) to level 5 (sharing power). Some 25 respondents were aware of Changing Futures’ work on co production.
* Working in a trauma informed way with 27 required to work in this way in their current role). Not all (23) felt their organisations were striving to be trauma informed. 19 were aware of Changing Futures’ work in this area, 1 was not aware and 5 were not aware but wanted to find out more.
* Aware of and participating in, the various groups listed which form part of Changing Futures network. There was lower awareness of Changing Futures creating opportunities for learning and information flow, with 13 aware and 13 not aware. However 12 of the 13 people not aware wanted to learn more and possibly get involved.
* Varied in their feelings on how well they felt their organisations work together when facing complexity. Only 1 said “very well” while 10 said “quite well”. 7 were neutral or didn’t know, while 8 said not very or not at all well. Similarly, when asked how willing respondents feel organisations are to take risks, innovate, fail and learn when facing complexity, there was a fairly even split between positive and negative responses, with 8 saying “quite willing”, 10 neutral or don't know and 9 saying not very or not at all willing.
* Aware on the whole of the trusted person approach with 17 aware and involved, 3 wanting to find out more and possibly get involved, and 8 either aware but it's not very relevant to them, aware and others in their organisation use it, or aware but their organisation does not apply the approach
* Overall positive about partners being ready to achieve systems change, with the number of respondents who feel partners are ready outweighing the number who do not think partners are ready – based on a very simple scale of 1 to 7.
* Well informed about Changing Futures overall, with 24 respondents feeling well informed, 4 neutral and 2 not feeling well informed. So positive but with some work still to do.

## Summary of responses

### Section 1 About you

30 people in total competed the survey in total.

Responses came from a range of organisations across Cambridgeshire and Peterborough. Agencies responding were:

* Cambridge City Council
* Cambridge Cyrenians
* Cambridge Women's Aid
* Cambridgeshire County Council x 2, including
  + Counting Every Adult, Cambridgeshire County Council and
  + DASV Partnership Team - CCC
* Cambridgeshire Police
* CCVS
* CGL x 2
* CPFT/ CCC Youth Justice Service
* CPSL Mind
* DDSP
* ECDC
* Housing Options
* Huntingdonshire DC
* It Takes a City x 2
* Lifecraft
* North Cambridgeshire and Peterborough Care Partnership (NHS)
* Peterborough City Council
* Probation Service
* Safer off the Streets Peterborough Partnership
* Sodexo Justice - HMPPS
* The EDGE Cafe (Recovery Hub)
* The Housing Board, Cambridgeshire, Peterborough & West Suffolk
* The SUN Network
* Wintercomfort
* YMCA Trinity Group

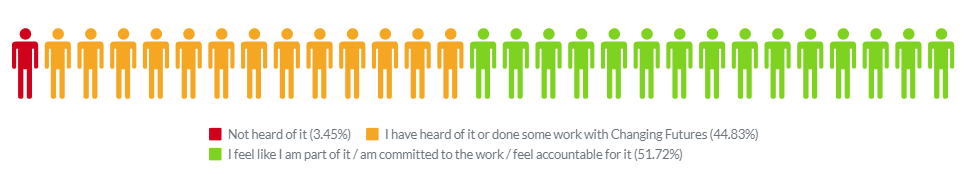
Of a mailing list of 252 people within 83 organisations, 30 individuals or 11.9% (rounded to 12%) responded. Because this is a relatively small, qualitative survey the statistics can only be used recognizing that they may be +/- 10% at an 80% confidence level, so it would not be wise to imply from the numbers gathered that the %’s in the survey hold true across the whole population (meaning, everyone on the mailing list or everyone across the Cambridgeshire and Peterborough system). However they do provide

1. A baseline for future comparison
2. A useful guide to respondents’ current sentiments
3. Some high-quality comments and suggestions from across the system, on Changing Futures work so far.

So, noting that the survey was sent to people already on a Changing Futures mailing list, so are more likely to be aware of Changing Futures and are possibly part of it:

## Awareness of Changing Futures

What is your awareness of Changing Futures?



This is a positive response showing good awareness of the programme with 15 people feeling part of it / committed to the work / accountable for it; 13 had heard of it or done some work with Changing Futures and only 1 had not heard of it. Some 28 of respondents (93%) felt Changing Futures is directly relevant to their role.

## Principles

Changing Futures has adopted 5 principles which guide the way the programme will run. These are \* recognise complexity \* build trust \* open (no wrong) door \* meet people where they are and \* embrace learning. The principles largely reflect respondents’ principles in their role with 29 respondents giving each of the 5 principles a score of 4 or 5, on a 5-point scale, and similar (23 out of 30) for their organisations.

There were some interesting feedback on principles, including (in summary)

* We will always have some partners who are not at the forefront on all of these principles
* (The principles) are vital, but need to be embedded in each organisation, which can be tricky as funding isn't usually given to promote these, so charities have to focus… on what the funders want, which can mean the principles don't become the focus.
* Recognise operational constraints sometimes get in the way.
* …We are committed to them... However, we are limited in providing our service accordingly due to decreased funding from the county council. The funding has gone to an out of county service that does not hold these principles to a certain extent. This disadvantages local women with complex needs experiencing domestic abuse…

## Co production and co design

All respondents were aware of the principles of co production and co design, with 18 (60%) incorporating co-production and co-design within their role, while 6 responded “maybe”. Edited comments on include

* We would like to do more
* Moving towards greater coproduction
* Can be a challenge as there is a lot of top-down processing in the NHS

And for organisations

* (The organisation) tries but this is relatively new and there is work to do to make it better
* Individually in casework but not in organisational decision-making
* More for victims of crime than perpetrators
* We are starting to, and improving
* We try, but there are some conflicts.

Looking at the ladder of co-production, the overall feeling for indivual roles and organisations was that all respondents were at the “Information” level and above, but none acheiveing the top level of “full control”.

|  |  |
| --- | --- |
| Rung 1: No control | 0 |
| Rung 2: Information | 10 |
| Rung 3: Consultation | 3 |
| Rung 4: Participation | 9 |
| Rung 5: Sharing power | 5 |
| Rung 6: Full control | 0 |

Edited comments on co-production when asked to provide some detail and examples of work you are doing or your goals...

* Consultation with the lived experience team within probation on new initiatives. Including them in meetings looking at improving practice, multi-agency working, improving quality.
* Coproduction is often an ambition but is not given the time it needs to be of greatest value
* Co-production should be an element of all commissioning projects relating to procurement, service design, redesign and developing approaches or strategies. The level will vary depending on customer group, resources and capacity.
* Counting Every Adult work to put the voice of the individual at the centre, working with them and others to help them achieve their goals. …wider co-production… is in its infancy in my area and I am supportive of this.
* I am actively aiming to improve communication between service users and providers, as well as communication between providers.
* Introducing the Sun Network to help shape substance misuse services and Chairing the Peterborough Change Forum
* Voices from the Frontline project which worked with service users to determine the project. We co-produced a What Works for Women graphic and co-produced a design for a Fair Family Court System. We have worked with the group to design a strategy on how we use and publicise this work which we continue to do effectively. In refuge we have weekly house meetings where all residents play a part in deciding the running of the house & resolve difficulties & propose ideas. We held a Survivors Conference where we brought women together to discuss campaigning and changing the world alongside a workshop on designing services.
* Our aim is to co-produce within the MH and D&A system e.g. having people with lived experience co-producing service specs for Home Care, co-designing training for The SUN Network, co-producing literature for Eating Disorders, co-creating a personalised care and support plan for those with severe mental illness.
* Our consultative work on the additional requirements of those in temporary accommodation incorporated many voices from those with lived experience.
* Our Haven pilot project, an overnight safe space for homeless and vulnerable women, has been designed with considerable input from the local Women's Homelessness Action Group including members with lived experience
* Our role is to support groups working in communities. We are keen to look more at how communities can take a lead and ensure that those working with them put them in control. A good deal of our work is about how we work across the system to help them find more community focused ways of working.
* People with lived experience sit on our Board, are among our staff and volunteers, and are part of our collaboration groups.
* The women took the lead on changing the hours that the women's sessions are run. They also decided on how we would spend the time we have and what meals we shall have. They also clear up at the end of the session voluntarily and take the time to support each other as well as refer to staff.
* We are a user-led charity. Lived experience runs through the whole organisation, from Trustee Board, staffing team, volunteers and decision-making by service users on both key strategic and operational issues. For example, we are currently co-producing our rebrand and website development. Decisions about what groups and activities we run are made by our members.
* We are pursuing deliberative democracy activity as part of the development of the community wealth strategy.
* We involve residents in recruitment panels taking into account their views, we've held consultations with them around our documentation (such as our welcome guide) we've produce learning sessions based on their ideas (which have been delivered as AQAs) we've sought funding to run sessions and now have a role focused on engagement and learning which is underpinned by the co-production ethos.
* We try hard to listen to young people and families we work with to ensure our case work is collaborative as possible. We try to advocate for our families and to empower them to share their experiences and wish for change. We have managed to support a young person to be part of a presentation on the trauma informed approach to working with young people at risk of exploitation
* Co-Production Team made up of individuals (accessing services), staff and volunteers.  
  All service business plans have reference to influence & participation and co-production.  
  Reports written/shared with Board/Trustees highlighting co-pro plans and activities.  
  Co-Production Lead (paid staff member) attendance at various external meetings across the system

When asked about their awareness of Changing Futures work on co production and co design, 25 respondents were aware and had participated, or were aware but it’s not relevant to their work. 2 were not aware but one of these wanted to learn more.

### **Work Area 2: Trauma Informed Practice**

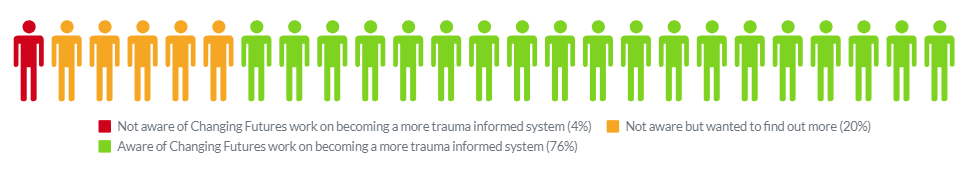
Some 27 respondents said their role requires them to work in a trauma informed way. 1 did not and 2 were neutral. 28 said they strive to be more trauma informed in their role.

The energy was not quite as strong when asked if respondents feel their organisations strive to be trauma-informed, with 23 agreeing, and 7 disagreeing or neutral.

Edited comments on this area:

* We recognise (it’s) an important way to help individuals as well as a way communities can support people.
* HMPPS are well informed on trauma led practice and encourage training opportunities for staff
* Commissioning roll-out of trauma informed training in Peterborough via substance misuse and housing services.
* I don't think trauma informed practice is adopted across the board
* I know we don't manage this all the time but I'd like to think we strive to.
* I support managers of services to ensure their service is delivered in a trauma informed way
* My teams receive trauma informed training and we have a framework in place for service users and the staff to be trauma informed in the approach. A review of the project commended the trauma informed approach we had and that it should be implemented across the partnership.
* Our Crossways Winter Provision for rough sleepers has been widely recognised as incorporating a trauma-informed approach to its operation.
* Our partners are all engaged in supporting those that are homeless or sleep rough in some form. Some have a good working theoretical and practical knowledge of trauma, but there are gaps in awareness across the partnership, although many have high levels of general compassion.
* Our staff and therapists are trained to work in a trauma-informed way. We regularly tweak things that we do, based on feedback and experiences, but treat everyone as an individual and understand that everyone's experiences and responses to experiences are different.
* The design of our front-line services is focused on placing the user at the centre, not the organisation.
* The Youth Justice SAFE team use the TIA as a central tenant but not all Youth Justice teams are able to practice this fully, although they do their best ability.
* The wider CCC children's services are attempting to use a TIA but systemic procedures often present a challenge.
* Trauma informed practice should be considered for all areas of health and social care. It is so important to be able to acknowledge the patterns of the past and how they impact recovery.
* We are encouraged to attend an enormous amount of training on this issue, and we have a dedicated staff team in the general and women's service who want to provide the best service possible. We don't always get it right, but we always striving towards that end.
* We are part of the work with MHLDA Partnership to create a trauma informed ICS, working alongside Tom Tallon from CEA. Our team have attended trauma informed care training and very much believe in the values and beliefs of trauma informed care.
* We have always worked in this way and can evidence this by holding the Women's Aid Quality Standards mark. We support this work as we are increasingly fed up with local services claiming to be trauma informed with no evidence of this practise.
* We use models such as the trauma informed approach, the restorative approach and the strengths-based approach all of which are under the umbrella of a person centred and holistic model that removes blame/shame, recognises ACEs and trauma and how this can be reflected in behaviour, working to recognise trauma rather than sanction for behaviour

Respondents were generally aware of Changing Futures work on becoming a more trauma informed system, with only 1 respondent not aware and 19 replying “yes”. 5 were not aware but wanted to find out more.



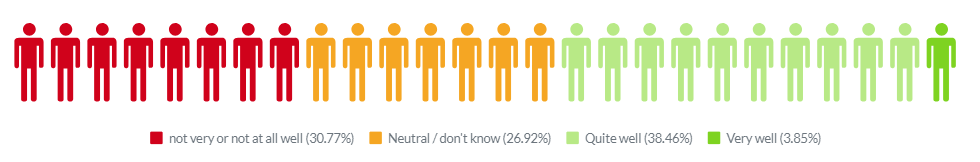
### **Learning Mechanisms**

The number of respondents aware of, and participating in, the various groups listed which form part of Changing Futures, was fairly similar so this list places the groups in order of awareness and provides a “midpoint” if there is a small different in the number aware or participating. Only 2 respondents were not aware of any of the groups.

|  |  |
| --- | --- |
|  | Number aware / participating |
| Coproduction Groups | 18 |
| Caseload meetings | 15 |
| Change Forums | 13 |
| Trauma informed system | 13 |
| CF systems leaders’ group | 12 |
| Systems Enquiry Groups | 7 |
| CF governance group | 8 |
| Systems change agent network | 4 |

When asked about awareness of Changing Futures creating opportunities for learning and information flow, 13 replied yes and 13 no – with 12 of the “no’s” wanting to learn more and possibly get involved

When asked how well respondents felt organisations work together when facing complexity, only 1 said very well but 10 said “quite well”. 7 were neutral or didn’t know, while 8 said not very or not at all well.



When asked how willing respondents feel organisations are to take risks, innovate, fail and learn when facing complexity, there was a fairly even split between positive and negative responses, with 8 saying “Quite willing”, 10 neutral or don't know and 9 saying not very or not at all willing.

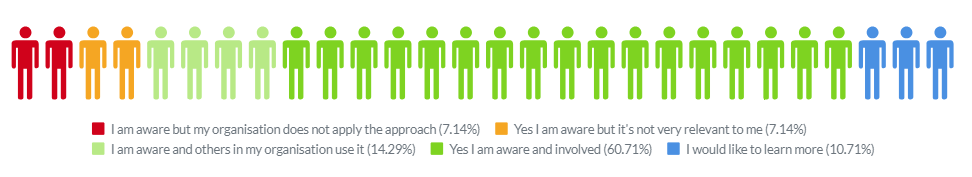
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* There were some interesting insights, with inconsistency the headline.
  + It depends on the case, the organisation, the staff member, the situation: can be brilliant, can be poor, maybe inconsistent is the best description!
  + Inconsistently
  + It can vary a lot from very well to not very well at all. It's not a uniform acceptance of the need to work together from all partners, as far as I can see. Some still think they can solve a system problem on their own!
* Comments:
  + Depends on the organisation, the law, requirements, in my experience some excellent work, but is organisation and staff member dependent
  + Our team has been very willing but the wider organisation still seems to be reluctant to really commit to a truly TIA
  + Varies tremendously by sector and organisation

### **Work Area 4: The Trusted Person Approach**

Overall there was a positive response to the question on awareness of the trusted person approach with 17 aware and involved, 3 wanting to find out more and possibly get involved, and 8 either aware but it's not very relevant to them, aware and others in their organisation use it or aware but their organisation does not apply the approach



When asked about whether respondents think their organisation uses the trusted person approach, 11 said their organisation is aware and uses the approach, 1 said their organisation is aware but not using the approach and 5 said their organisation is exploring using it. 1 was not sure.

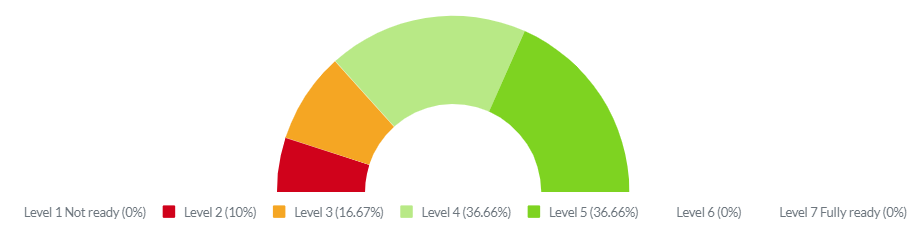
* Comments:
  + Aware however we are not approached to take part in this yet
  + If my organisation knew more about it I think they might get involved
  + I'm not sure it is used "formally" but often IDVAs will lead on a case with the client and support them
  + Our YJS and SAFE team are aware and use this approach
  + We work in a similar way, but not under this banner

Edited reflections on the trusted person approach...

* Buy in from services is the sticking point as most services don't offer the resource for holistic joined up care.
* There are always staff changes that can flummox even the best plans if there nis not continued input and training.
* It is a challenge for statutory services to adopt this as their practices may conflict with it.
* Welcome some guidance on how it could be used in probation, given the information sharing aspect.
* This is key to supporting women and children to be safe. We recognise funders are not very supportive of time we may take to be a trusted person outside of our funded remit
* We run a Survive and Thrive service that primarily assists the transition from our winter accommodation project into longer term accommodation options. The Trusted Person approach, albeit in quite an informal way, is an important part of how we operate this service.

### **Overall**

When asked how ready respondents feel partners are to achieve systems change, there was a range of views mainly in the middle to positive end of the spectrum:

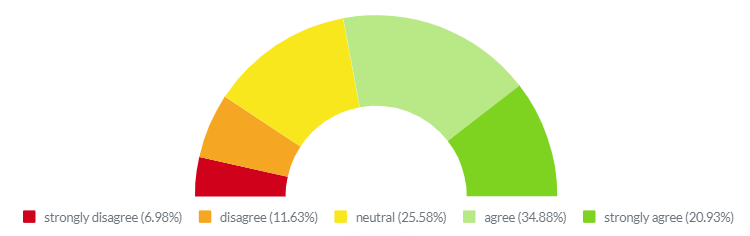


Some useful thoughts were added on his topic (edited below), and on the health check overall

* I note that the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence partnership has a mention in their draft strategy and I am interested to see what meaningful actions they take. "Actively participate with the Changing Futures programme to ensure that victims and survivors who face multiple disadvantage and are most excluded are represented"
* I think that there is an eagerness and willingness from frontline workers to improve the way the system works for the people that are using it. There is also interest and engagement from the higher level, but we are perhaps missing the 'middle' level.
* I think there is a sliding scale here with some people/orgs being very willing to embrace change but others being quite reluctant
* Not all partners are able to reflect on issues and deny them, or engagement is tokenistic.   
  Lots of partners say they are doing co production, but it isn't, it's led by the systems not those using them. It achieves what the system wants not the individuals.
* So many services are commissioned, these elements need to be an integral part of the commissioning process
* Some systems will be difficult/impossible to change so small, local changes will have to be the focus
* The ICS is very disparate and there is lots of silo working.
* There are professionals within CCC who are making great efforts to work towards system change. Other parts are more stuck and we come up against frustrating barriers frequently. This appears to be related to the parts of the system that have statutory or legal elements to their work, as well as the need to further educate professionals across the board on the TIA and why it is so important. We are largely still working from very old Governmental Acts and policies which don't account for the TIA.
* This type of approach has to be the way forward yet current funding models do not support this. Too often there is a will but not a way to make this happen, too often the groups working directly in communities are not engaged or resourced to deliver.
* We need resources alongside the intent.

On communications, when asked if respondents overall feel well informed about Changing Futures, 2 people disagreed, one strongly. 4 were neutral, and 24 agreed or strongly agreed. So more respondents at the “informed” end of the scale but not everyone.

*Overall, I feel well informed about Changing Futures…*



Finally, when asked if they had seen the Changing Futures newsletter, some 23 had subscribed, 3 had seen the newsletter and wanted to subscribe and 3 had not seen it.

## To find out more about Changing Futures

You can e-mail the team at [changing.futures@cambridgeshire.gov.uk](mailto:changing.futures@cambridgeshire.gov.uk) or visit our [web page](https://cambridgeshireinsight.org.uk/changing-futures-cp/)

## Full results (un-edited)

### Section 2 Your awareness

Q4 What is your awareness of Changing Futures?

* Not heard of it 1
* I have heard of it 4
* I have done some work with Changing Futures 9
* I feel like I am part of it 1
* I am committed to the work 6
* I am committed and feel accountable for it 8
* Other:
  + We've had an initial meeting and hope to work together in the future

Q5 And what do you feel is your organisation's awareness of Changing Futures

* I don't think my organisation has heard of it
* I think my organisation has heard of it 8
* I think my organisation has done some work with Changing Futures 5
* I think my organisation is part of it 6
* I think my organisation is committed to the work 5
* I think my organisation is committed and feels accountable for it 4
* Other
  + We are aware, however are not really connected to others
  + We know of it, but I don't currently feel engaged (possibly my lack of time to engage)

Q6 I feel the Changing Futures programme is relevant to me in my role

* Strongly disagree 0
* Disagree 0
* Neutral 2
* Agree 11
* Strongly agree 17
* Don't know 0

### Section 3 Changing Futures Principles

Changing Futures has adopted 5 principles which guide the way the programme will run. These are: Recognise complexity, Build trust, Open (no wrong) door, Meet people where they are, Embrace learning.

Q7 On a scale of 1 to 5 how closely do you feel your role follows these principles?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Scale | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Recognise complexity |  | 1 |  | 5 | 24 |
| Build trust |  | 1 |  | 5 | 24 |
| Open (no wrong) door |  | 1 |  | 5 | 24 |
| Meet people where they are |  | 1 |  | 5 | 24 |
| Embrace learning |  | 1 |  | 5 | 24 |

Q13 And on a scale of 1 to 5 how closely do you feel your organisation follows these principles?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Scale | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Recognise complexity |  |  | 6 | 7 | 16 |
| Build trust |  |  | 6 | 7 | 16 |
| Open (no wrong) door |  |  | 6 | 6 | 16 |
| Meet people where they are |  |  | 6 | 7 | 15 |
| Embrace learning |  |  | 6 | 7 | 16 |

Q19 Do you have any suggestions or comments to make about the principles?

* As an organisation endeavouring to bring multiple partners together to move our collective services forward, we will always have some partners who are not at the forefront on all of these principles
* I agree with the principles!
* I do think they are vital, but need to be embedded in each organisation, which can be tricky as funding isn't usually given to promote these, so charities have to focus, to an extent, on what the funders want, which can mean these principles don't become the focus.
* Just to recognise that operational constraints sometimes get in the way.
* These are principles we have worked to long before Changing Futures and we are committed to them.   
   This is evidenced by us being awarded the Women's Aid National Quality Standards mark which also commits to these principles. However, we are limited in providing our service accordingly due to decreased funding from the county council. The funding has gone to an out of county service that does not hold these principles to a certain extent. This disadvantages local women with complex needs experiencing domestic abuse. Although we are well placed to deliver a service to them as a trusted, accessible, grassroots, local, voluntary sector organisation with history, connection and credibility, we are limited in what we can do due to decreased capacity.

### **Work area 1: Co-production & Co-design**

Q20 Are you aware of the approach of co-production and co-design?

* Yes 30
* No 0
* Not sure 0

Q21 Do you incorporate co-production and co-design as a way of working in your role?

* Yes 18
* No 0
* Maybe 6
* Don't Know 0
* Other
  + A little - we would like to do more
  + As much as possible in a strategic role
  + Moving towards greater coproduction
  + When attempts made the feedback was that our peers wanted to do the 'frontline work' rather than joining all discussions to input their views on planning etc, I think this has meant I eventually stopped asking/ suggesting which is also unhelpful.
  + Where possible
  + Yes. But this can be a challenge as there is a lot of top-down processing in the NHS

Q23 Do you feel your organisation incorporates co-production and co-design as a way of working?

* Yes 17
* No 2
* Maybe 2
* Don't know 0
* Other
  + I think it tries to but this is relatively new and there is work to do to make this better.
  + Individually in case work but not in organisational decision making
  + It varies, but somewhere between 4 and 5 for the women's service
  + It's a very wide range of topics covered by the Board, some lend themselves more to co-production. However I feel we could do a lot better on this
  + More for victims of crime than perps of crime
  + We are starting to and improving
  + We try, but there are some conflicts.
  + Working towards

Q22 Looking at 'the ladder'

A which level of the ladder do you feel best describes where your role is now?

B which level of the ladder do you feel best describes where you organisation is now?

C which level of the ladder do you feel your organisation would like to work towards?

To summarize: Looking at 'the ladder', which level of the ladder do you feel …

|  |  |  |  |
| --- | --- | --- | --- |
|  | …best describes where your role is now? | …best describes where you organisation is now? | …your organisation would like to work towards? |
| Rung 1: No control | 0 | 0 | 0 |
| Rung 2: Information | 10 | 10 | 10 |
| Rung 3: Consultation | 3 | 3 | 3 |
| Rung 4: Participation | 9 | 8 | 9 |
| Rung 5: Sharing power | 5 | 5 | 5 |
| Rung 6: Full control | 0 | 0 | 0 |
| Blank | 0 | 3 | 3 |
| **Total** | **27** | **29** | **30** |

Q26 If you are unsure, please add your thoughts below

* Answers are based on my role and team, but within the County Council (and even within my wider team) levels of co-production do vary
* I think my team leader attends meetings
* In our experience, a lot of staff within services think they know what co-production is and that they are delivering in, when in actual fact they are doing pockets of involvement. Full power where something is service user led is very different from co-production and our organisation is focused on co-production, although all of our staff have their own lived experiences of mental health/drug and alcohol challenges.
* It is easier to address this with the women who attend the women's sessions as the numbers are lower, with the main service there are many more people in the room with immediate needs, dealing with system change can be harder.
* This is where I would like the Housing Board to be, I have not consulted them as a group but am fairly confident this is the "rung" they would like to be working towards
* We can aspire to 'Full power', however, that would require those this lived experience to be embedded in supportive roles, so 'sharing power' maybe a better medium target at this time.

Q27 Thinking about your answers on co production, please provide some detail and if possible, examples of the work you are doing or your goals...

* Consultation with the lived experience team within probation on new initiatives. Including them in meetings looking at improving practice, multi-agency working, improving quality.
* Coproduction is often an ambition but is not given the time it needs to be of greatest value
* Co-production should be an element of all commissioning projects relating to Procurement, service design, redesign and developing approaches or strategies. The level will vary depending on customer group, resources and capacity.
* Counting Every Adult work to put the voice of the individual at the centre, working with them and others to help them achieve their goals. In regards to wider co-production, this is in its infancy in my area and I am supportive of this.
* having involvement through forums where they can come and discuss issues/how support should look and how they would like to be involved in that.
* I am actively aiming to improve communication between service users and providers, as well as communication between providers.
* I am not directly involved but my team leader is
* If I go to my dentist, I don't want co-production. I want a say on how the procedure will go ahead, so I can make an informed choice. I don't want full control.  
  I think co-production, is valuable work that is needed to change culture within institutions. However, 'the customer knows best/ patient knows best' is not always true.   
  It also invalidates others, whose views don't align with theirs - I can refer to the 'professional' patient. I have had countless disclosures of this occurring from service users. Professional patients being those whose views are always sought, despite their experiences differing to those who would be supported within such a service.   
  I have also had poorly informed persons commenting on clinical practice that they have no actual experience of, other than them being a user of a similar service. This often overrides years of experience, training or the clinicians own personal experience in the field.  
  I think lazy assumptions can be made by both sides of this spectrum.
* Introducing the Sun Network to help shape Substance Misuse services, Chairing the Peterborough Change Forum
* Last year we had a Voices from the Frontline project which worked with service users to determine the project. We co-produced a What Works for Women graphic and co-produced a design for a Fair Family Court System. We have worked with the group to design a strategy on how we use and publicise this work which we continue to do effectively. In refuge we have weekly house meetings where all residents play a part in deciding the running of the house & resolve difficulties & propose ideas (same with the children). In February we held a Survivors Conference where we brought women together to discuss campaigning and changing the world alongside a workshop on designing services.
* Our aim is to co-produce within the MH and D&A system. Examples would be having people with lived experience co-producing service specs for Home Care, co-designing training for The SUN Network, co-producing literature for Eating Disorders, co-creating a personalised care and support plan for those with severe mental illness.
* Our consultative work on the additional requirements of those in temporary accommodation, which incorporated many voices from those with lived experience.
* Our Haven pilot project, an overnight safe space for homeless and vulnerable women, has been designed with considerable input from the local Women's Homelessness Action Group, which has several members with lived experience
* Our role is to support groups working in communities. We are keen to look more at how communities can take a lead and ensure that those working with them put them in control. A good deal of our work is about how we work across the system to help them find more community focused ways of working.
* People with lived experience sit on our Board, are among our staff and volunteers, and are part of our collaboration groups.
* The women took the lead on changing the hours that the women's sessions are run. They also decided on how we would spend the time we have and what meals we shall have. They also clear up at the end of the session voluntarily and take the time to support each other as well as refer to staff.
* We are a user-led charity. Lived experience runs through the whole organisation, from Trustee Board, staffing team, volunteers and decision-making by service users on both key strategic and operational issues. For example, we are currently co-producing our rebrand and website development. Decisions about what groups and activities we run are made by our members.
* We are pursuing deliberative democracy activity as part of the development of the community wealth strategy.
* We have just started our own internal co-production group which is feeding into decision making/service developments. Attendance at the wider co-production group is getting better.
* We involve residents in recruitment panels taking into account their views, we've held consultations with them around our documentation (such as our welcome guide) we've produce learning sessions based on their ideas (which have been delivered as AQAs) we've sought funding to run sessions and now have a role focused on engagement and learning which is underpinned by the co-production ethos.
* We try hard to listen to young people and families we work with to ensure our case work is collaborative as possible. We try to advocate for our families and to empower them to share their experiences and wish for change. We have managed to support a young person to be part of a presentation on the trauma informed approach to working with young people at risk of exploitation
* Whole organisation trained in what co-pro is/isn't.  
  Expectation that staff and volunteers share and promote opportunities to get involved with those accessing our services.  
  Co-Production Team made up of individuals (accessing services), staff and volunteers.  
  All service business plans have reference to influence & participation and co-production.  
  Reports written/shared with Board/Trustees highlighting co-pro plans and activities.  
  Co-Production Lead (paid staff member) attendance at various external meetings across the system

Q28 Are you aware of Changing Futures work on co-production?

* Yes 2
* Yes - I have participated 22
* Yes - but it's not relevant to my work 1
* No - but I would like to learn more about it and possibly get involved 1
* No 1
* Other
  + Yes, Just made the connections and hope to get involved
  + I am aware of it but have not directly participated
  + Looking to embed a role with DA in this area
  + We were involved in the Buddy system and had it adopted by the co-production collaborative but the work seems to have not included us recently.

### **Work Area 2: Trauma Informed Practice**

Q29 My role requires me to work in a trauma-informed way

* Strongly disagree 1
* Disagree 0
* Neutral 2
* Agree 7
* Strongly agree 20
* Don't know 0

Q30 I strive to continue to be more trauma-informed in my role

* Strongly disagree 1
* Disagree 0
* Neutral 1
* Agree 9
* Strongly agree 19
* Don't know 0

Q31 I feel my organisation strives to be trauma-informed

* Strongly disagree 0
* Disagree 1
* Neutral 6
* Agree 6
* Strongly agree 17
* Don't know 0

Q32 You are invited to provide reasons for your answers in the space below. If you can, please give examples

* As we work predominantly with groups of people rather than individuals this is less of a concept that we use, but we recognise that it is an important way to help individuals as well as a way in which communities can support people.
* HMPPS are well informed on Trauma led practice and encourage training opportunities for staff
* I am commissioning the roll out of trauma informed training in Peterborough via the substance misuse and housing services.
* I am sure individual organisations on the Housing Board strive to be trauma informed, but not sure we could say we aim for that as a group. We often look at projects like bidding for funding, setting up new partnerships, how to tackle a new govt initiative or what the needs are in our area that we should respond to - so while individual customers need a trauma informed approach, I am not sure the Board as a group is very trauma informed.
* I don't think trauma informed practice is adopted across the board
* I know we don't manage this all the time but I'd like to think we strive to. Systems change is difficult where it gets in the way.
* If my organisation means IDVAs and commissioned services then definitely - but not so sure about the wider CCC
* My role specifically is within the Senior Leadership Team so I do not directly work with individuals, however I will support managers of services to ensure their service is delivered in a trauma informed way
* My teams receive trauma informed training and we have a framework in place for service users and the staff to be trauma informed in the approach. A review of the project commended the trauma informed approach we had and that it should be implemented across the partnership.
* Our Crossways Winter Provision for rough sleepers has been widely recognised as incorporating a trauma-informed approach to its operation.
* Our partners are all engaged in supporting those that are homeless or sleep rough in some form. Some have a good working theoretical and practical knowledge of trauma, but there are gaps in awareness across the partnership, although many have high levels of general compassion.
* Our staff and therapists are trained to work in a trauma-informed way. We regularly tweak things that we do, based on feedback and experiences, but treat everyone as an individual and understand that everyone's experiences and responses to experiences are different.
* The design of our front-line services is focused on placing the user at the centre, not the organisation.
* The Youth Justice SAFE team use the TIA as a central tenant but not all Youth Justice teams are able to practice this fully, although they do their best ability. The wider CCC children's services are also attempting to use a TIA also but systemic procedures often present a challenge to this.
* Trauma informed practice should be considered for all areas of health and social care. It is so important to be able to acknowledge the patterns of the past and how they impact recovery (from homelessness, to health, to education and so on).
* We are encouraged to attend an enormous amount of training on this issue, and we have a dedicated staff team in the general and women's service who want to provide the best service possible. We don't always get it right, but we always striving towards that end.
* We are part of the work with MHLDA Partnership to create a trauma informed ICS, working alongside Tom Tallon from CEA. Our team have attended trauma informed care training and very much believe in the values and beliefs of trauma informed care.
* We have always worked in this way and can evidence this by holding the Women's Aid Quality Standards mark. We support this work as we are increasingly fed up with local services claiming to be trauma informed with no evidence of this practise.
* We use models such as the trauma informed approach, the restorative approach and the strengths-based approach all of which are under the umbrella of a person centred and holistic model that removes blame/shame, recognises ACEs and trauma and how this can be reflected in behaviour, working to recognise trauma rather than sanction for behaviour
* Working with complex cases at times dealing with trauma substance misuse homelessness domestic abuse

Q33 Are you aware of Changing Futures work on becoming a more trauma informed system?

* Yes 1
* Yes - I have participated in workshops 17
* Yes - but it's not relevant to my work 2
* No - but I would like to learn more about it and possibly get involved 5
* No 1
* Other
  + Yes I know but have attended other training.
  + Yes is relevant but have not participated.
  + Yes, but a limited knowledge of the actual work in this space

### **Work Area 3: Learning Mechanisms**

Q34 Of the list of groups below, which (if any) are you aware of and which (if any) have you participated in?

Number of people aware Number participating

* Coproduction Groups 18 18
* Change Forums 13 13
* Systems Enquiry Groups 9 5
* Caseload meetings 15 15
* Trauma informed system 13 12
* CF systems leaders group 13 11
* CF governance group 10 6
* Systems change agent network 6 2
* None 2 2

Q36 Are you aware of Changing Futures work on creating opportunities for learning and information flow?

* Yes - I am aware and involved 12
* Yes - I am aware but it's not very relevant to me 1
* No - but I would like to learn more about it and possibly get involved 12
* No 1
* Not sure 1
* Other
  + Aware and supportive
  + Aware but not in detail

Q37 Overall, how well do you feel organisations in Cambridgeshire and Peterborough work together when facing complexity?

* Very well 1
* Quite well 10
* Neutral 6
* Not very well 7
* Not well at all 1
* Don't know 1
* Other
  + I think it depends on the case, the organisation, the staff member, the situation, can be brilliant, can be poor, maybe inconsistent is the best description!
  + Inconsistently
  + It can vary a lot from very well to not very well at all. It's not a uniform acceptance of the need to work together from all partners, as far as I can see. Some still think they can solve a system problem on their own!
  + This can really fluctuate depending on the professionals and team. I think sometimes this is done well but others it is not very well.

Q38 How willing do you feel organisations are to take risks, innovate, fail and learn when facing complexity?

* Very willing 0
* Quite willing 8
* Neutral 7
* Not very willing 7
* Not at all willing 2
* Don't know 3
* Other
  + Depends on the organisation, the law, requirements, in my experience some excellent work, but is organisation and staff member dependent
  + Our team has been very willing but the wider organisation still seems to be reluctant to really commit to a truly TIA
  + Varies tremendously by sector and organisation

### **Work Area 4: The Trusted Person Approach**

Q39 Are you aware of the trusted person approach?

* Yes - I am aware and involved 17
* Yes - I am aware but it's not very relevant to me 2
* I am aware and others in my organisation use it 4
* I am aware but my organisation does not apply the approach 2
* No, not aware of it
* I would like to find out more about it and possibly get involved 3
* Other
  + As we don't provide accommodation, we usually continue to support people through their whole journey. Everyone gets a named support worker, but I'm not sure of the whole process as to whether this is enough.
  + I am aware but not directly involved

Q40 The trusted person approach and your organisation. The question above asks about your awareness, now we'd like to hear how aware you think your organisation is of the trusted person approach

* My organisation is aware and uses the approach 11
* My organisation is aware but not using the approach 1
* My organisation is exploring using it 5
* If my organisation knew more about it I think they might get involved
* My organisation is not aware of it
* Not sure 1
* Other
  + Aware however we are not approached to take part in this yet
  + I am not sure tbh
  + If my organisation knew more about it, I think they might get involved
  + I'm not sure it is used "formally" but often IDVAs will lead on a case with the client and support them
  + My organisation is a Board, so a collection of organisations, some are aware some are less so.
  + Our YJS and SAFE team are aware and use this approach
  + We work in a similar way, but not under this banner

Q41 If you would like to offer reflections on the trusted person approach, please do so here...

* Buy in from services is the sticking point as most services don't offer the resource to holistic joined up care.
* I do think that regular frontline worker meetings with all agencies attending, and all workers taking turns to attend is vital if this is going to work. There are always staff changes that can flummox even the best plans if there nis not continued input and training.
* It is a challenge for statutory services to adopt this piece of work as their practices may conflict with it.
* Some guidance on how it could be used in probation, given the information sharing aspect, would be useful
* This is key to our objects of supporting women and children to be safe. We recognise that funders are not very supportive of the time we may take to carry out a trusted person outside of our funded remit
* We run a Survive and Thrive service that primarily assists the transition from our winter accommodation project into longer term accommodation options. The Trusted Person approach, albeit in quite an informal way, is an important part of how we operate this service.

### **Overall**

Q42 Thinking about your response to all the questions in this Health Check, how ready do you feel partners are to achieve systems change?

* 1 (Not ready) 0
* 2 3
* 3 5
* 4 11
* 5 11
* 6 0
* 7 (Fully ready) 0

Q43 Any thoughts you'd like to add here? (These thoughts can be about any part of the Health Check, or specifically about system change)

* I note that the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence partnership has a mention in their draft strategy and I am interested to see what meaningful actions they take. "Actively participate with the Changing Futures programme to ensure that victims and survivors who face multiple disadvantage and are most excluded are represented"
* I think that there is an eagerness and willingness from frontline workers to improve the way the system works for the people that are using it. There is also interest and engagement from the higher level, but we are perhaps missing the 'middle' level.
* I think there is a sliding scale here with some people/orgs being very willing to embrace change but others being quite reluctant
* Not all partners are able to reflect on issues and deny them, or engagement is tokenistic.   
  Lots of partners say they are doing co production, but it isn't, it's led by the systems not those using them. It achieves what the system wants not the individuals.
* So many services are commissioned, these elements need to be an integral part of the commissioning process
* Some systems will be difficult/impossible to change, so small, local changes will have to be the focus
* The Housing Board is a good launch pad for a group of housing partners to think about systems change, and to look at the results of many of the 4 work areas. They can also contribute to the various structures. The board definitely wants to be part of systems change and to contribute to it. However a lot of housing partners are not on the board and will be contributing separately, which is great. We just need to remember the Board is only one of many mechanisms to get people involved and contributing to the whole process.
* The ICS is very disparate and there is lots of silo working.
* There are professionals within CCC who are making great efforts to work towards system change. Other parts are more stuck and we come up against frustrating barriers frequently. This appears to be related to the parts of the system that have statutory or legal elements to their work, as well as the need to further educate professionals across the board on the TIA and why it is so important. We are largely still working from very old Governmental Acts and policies which don't account for the TIA.
* This type of approach has to be the way forward yet current funding models do not support this. Too often there is a will but not a way to make this happen, too often the groups working directly in communities are not engaged or resourced to deliver.
* We need resources alongside the intent.

Q44 Overall, I feel well informed about Changing Futures

* Strongly disagree 1
* Disagree 1
* Neutral 4
* Agree 15
* Strongly agree 9

Q45 Have you seen the Changing Futures newsletter?

* Yes - I have subscribed 23
* Yes - I would like to subscribe 3
* No 3
* Other
  + I tried to subscribe but the email bounced back

## Agencies and individuals on CF mailing list (summary)

|  |  |  |
| --- | --- | --- |
| “Petal” | Total contacts in group | Number of agencies in group |
| Housing & homelessness | 41 | 24 |
| Criminal Justice | 39 | 10 |
| Mental Health | 35 | 2 |
| Substance misuse | 23 | 3 |
| Health | 18 | 12 |
| Domestic abuse | 6 | 5 |
| Lived Experience | 5 | 2 |
| Mix / other | 25 | 17 |
| Counties & Districts | 60 | 8 |
| Total | 252 | 83 |