Birmingham City Council

Our Operating Model for Children’s Services

Introduction

We have a two year Early Help and Children’s Social Care improvement plan which runs to March 2017. The plan is in the context of the agreed vision and purpose statement set out below. A key part of the plan is to develop and refine our operating model, so that we can better achieve our outcomes, vision and purpose for children in Birmingham. This paper sets out the operating model that we have agreed as a leadership team that we will move to over the next few months and the changes and developments we will make. There is much detailed work to do to achieve these changes and we want to engage staff and partners in a discussion about how best to do this, with minimum disruption and building on what we have all achieved in the last year.

Outcomes

These are the outcomes we seek to achieve for children and their families in Birmingham:

• Healthy, happy and resilient children living in families
• Families (especially parents, but also young people) who are able to make positive changes to their behaviour
• Children are able to attend, learn and achieve at school
• Young people are ready for and able to contribute to adult life
• Children and young people are protected from significant harm

Vision and Purpose

• Our primary purpose is to ensure that children are protected from significant harm and their development and wellbeing are promoted. We do this by working openly with children and families and collaboratively with partners across the city.

• We will work openly with children and their families to bring about change, in solution-focused ways, building on their strengths, so that parents and carers are able to provide good parenting, consistent boundaries and emotional warmth, allowing children to develop life skills and resilience.

• We are committed to supporting children to remain within their family wherever possible. We value the importance of direct social work and family support work with families as a means of enabling change,
responding through support and challenge to the diverse emotional, cultural and material needs of each child and their family.

- Where care at home is not possible, we seek to provide high quality substitute care within family settings, wherever possible within the city, and to maintain links with birth family whenever this is in the child’s best interests.

- We recognise that bringing about change, and building resilience in families who are often very disadvantaged, is difficult and challenging work requiring skilled and confident social workers and family workers who need to be supported by good leadership and management, supervision and learning opportunities.

- We have a specific responsibility to ensure that children in our care and care leavers receive stability through high quality support and care planning from us as corporate parents.

- We will deliver effective services for children and families within the resource envelope allocated to us. We will eliminate inefficiency, duplication and waste and we will only fund that which is effective and adds value.

**How good is the journey for children in need of help, care or protection?**

We are in the fifth month of the *Early Help and CSC improvement plan*. Overall the service is calmer and more stable, with some signs of reduced turnover and more manageable caseloads. Since April we have achieved the following:

- Area assessment teams established
- Stronger area resource panels
- Big reduction in unallocated work
- Reduction in caseloads
- Improvement in single assessment timescales
- RSRT and Early Help strategy in place
- Work being appropriately directed to Early Help at MASH front door
- Children in care and CP numbers stable and reducing a little
- Improved recruitment of foster carers
- Reduced staff turnover and new Agency single provider/gateway
- AD Early Help, CSWO, HoS IRO and HoS CP appointed
- Workforce Development plan in place
- Some improved recruitment and small reduction in agency staff

We have a calmer, more stable and more focused service in the City, and there has been a positive response from social workers and managers to a renewed focus on relationship-based social work with families, high quality assessments that engage
with family members and a commitment to interventions that support and enable families to make changes.

However, we have also identified some significant issues with our current operating model that result in delay and drift for children. There is also considerable waste in the system where high costs are not leading to good outcomes and are often substitutes for good social work practice (specialist assessments and some external residential placements, for example). While staff are working hard to address these issues, the organisation of our teams, systems and processes tends to add to the complexity rather than help improve the child’s journey. Some of the significant issues are:

- A number of unallocated assessments over 7 days from referral;
- Assessments taking many weeks to complete and not always reflecting the child and family’s story;
- High numbers of Section 47 enquiries and new child protection plans, some of which could be identified as child in need;
- ICPCs happening out of timescale and sometimes not informed by evidence-based assessment;
- A tendency to escalate our response and be concerned with process rather than on gaining a good understanding of strengths and dangers and context for children before making significant decisions;
- Significant numbers of children coming into care through EDT and MASH without full assessment or proper exploration of less restrictive options;
- Lack of clarity about which work is carried out by family support and which by qualified social workers - Family support work seems to span level 2 (universal plus) to level 4 (complex);
- Poor care planning for children in care, with significant drift and a lack of focus on permanency planning (i.e. return home, adoption, SGO, or long-term stable placement) by 4 months;
- Significant numbers of children placed at home with parents but still on care orders;
- Over 150 children on adoption placement orders not yet matched with a family;
- High numbers of older teenagers drifting in care, often in high cost residential homes;
- Poor pathway planning for young people aged 16+;
• Concern over effectiveness of some new processes and data issues in relation to CSE and Missing;
• High cost supported living placements, including for young people aged over 18+;
• A CareFirst data/case management system not fit for purpose.

To add to our learning, in early July a diagnostic visit was undertaken by a team from Essex plus a Birmingham link civil servant. They reported well motivated staff and managers who want to do well for families but are frustrated by systems and processes, including CareFirst, which impede rather than supported good practice. They found a culture of compliance and rules rather than an environment where the use of professional skills was encouraged to solve problems and support families to change. Staff demonstrated commitment and enthusiasm but a lack of confidence or permission to work differently.

Future Council Vulnerable Children workshops are coming up with similar issues in relation to demand management; risk averse and process driven systems; a culture of referral upward rather than working together to resolve problems with families at lowest effective level; and a range of issues about children in care case progression and placements. There is a significant amount of high cost waste in the system, but this can only be reduced though a problem-solving culture where systems and processes make it easier for staff to do more direct work with families and resolve issues quickly.

**Intervention and Support**

Birmingham children’s services remains in Government Intervention and receiving support from Ofsted and from the Department for Education (DfE). Ofsted undertook an improvement visit to MASH in January and will make a similar visit to assessment teams in September. This will add to our learning.

DfE have sponsored Essex children’s services to be our improvement partners and Essex will be spending a minimum of 150 days with us in Birmingham to support the delivery of our Early Help and CSC improvement plan, particularly supporting social workers and teams in thinking about how they can improve social work practice with children and families.

We have sketched out a programme of improvement work with Essex from late September through to next summer:
Sept-November –

- Team diagnostic work around Assessment and Intervention with the ten S.47 and ASTI teams;
- Support to CP conferencing service to embed the strengthening families approach;
- Support to establish/ maintain case audit and learning system;
- Follow up learning seminars.

Jan-March 16 – Team diagnostic with Safeguarding teams

April-June 16 – Team diagnostic with Children in Care and Leaving Care Teams

Other areas of focus, such as Family Support or EDT, can be built into the programme as we decide. This is a great opportunity for us to participate in active learning and development around social work practice as set out in our vision and purpose to achieve the outcomes above for children in Birmingham.

Shaping the service to match the journey of the child

The Children’s Services Leadership Team wants to maximise the impact of the commitment and enthusiasm of front line staff and managers by reducing the complexity of systems and processes, and simplifying the child's journey, by giving staff permission to work in a solution focused child and family centred way. We have been discussing the best ways to achieve this for some time and we are all agreed on how we need to modify and simplify our early help and children’s social care service, so that each child and family receive the right type and level of response according to their needs at that time.

In addition we need a stronger focus on what constitutes high quality social work practice. There has not been the development of clear and consistent social work practice models, although certain models have been piloted, such as the Hope project in South. We need to develop a unifying use of theoretical models of evidence-based social work practice for Birmingham – ‘the way we do social work here’ – which incorporates aspects of signs of safety and strengthening families approaches, is reflective and systemic, and at its core seeks to engage with family members in order to meet children’s needs.

Therefore we will develop a ‘social work curriculum’ based on learning from research and practice, which is reflective and systemic in scope and approach and puts ‘working with children and families’ at its centre.
Birmingham has a good service model which is balanced between central services (MASH, Fostering & Adoption etc) and the three Areas and 14 Hubs. We want to retain this structure but ensure the design of the whole service matches the needs of children and families at each stage. We intend therefore to move over the next few months to our operating model as set out below.

1. All our workforce development activity will use the agreed theoretical models and social workers will have ‘family kit bags’ to do direct work with children and families. We will actively recruit team managers and social workers who want to do direct work with families to enable change. Family support staff will adopt similar tools and approaches. We will promote shared learning across family support and social work.

2. The CAF brokerage service at the front of MASH is already part of the Early Help service. In order to ensure a consistent level 3 early help offer joined up with Think Family services, whilst maintaining a close relationship between family support teams and safeguarding teams in each hub/area, it is proposed that all family support teams are managed under the AD Early Help. This will also free up Area Heads of Service to focus on managing and improving social work practice.

3. Family support teams’ relationship with Level 2 Universal plus services though TAF meetings and the step up/step down arrangement between family support and social work teams will be clarified, ensuring that family support are not holding cases that require a qualified social worker. We will have strong step up/step down arrangements in place and clarity about how family support undertake bespoke pieces of work with families to support the social work plan.

4. MASH as a single point of entry for contacts and referrals and multi-agency information sharing has been a great success and remains critical to Birmingham’s improvement. The contribution of Police and Health to information sharing and strategy meeting has been and remains invaluable, including around our shared CSE and Missing approaches. We recognise that MASH can be developed further to support information-sharing and planning around Domestic Abuse, CSE, Missing children and Prevent and other social ills that impact on children and required a co-ordinated multi-agency response.

5. However, having distinct Section 47 teams rather than strong assessment and short-term intervention (ASTI) teams tends to escalate our response before we have a full picture of the child and family’s needs and can lead to delays in delivering the right intervention and support. The common model nationally is to have teams that integrate S.17 and S.47, who carry out an assessment of
need and work with families from the start to meet any needs identified. Where it becomes evident that children have suffered significant harm, ASTI will arrange a multi-agency strategy meeting to plan the way forward with partners. We now need to move to this model in Birmingham. We recognise the need to retain the multi-agency information sharing and strategy discussion arrangements already located in MASH.

6. There are now two assessment & short-term intervention (ASTI) teams in each area. These have been successful in carrying out assessments and responding to children’s needs in a more timely way, but they have increasing caseloads. It is proposed that there are more ASTI teams in each area, and that the four Section 47 teams are moved to the areas and become part of the ASTI teams and service.

7. The development of integrated ASTI teams will be informed by the Ofsted improvement visit in September. We will develop a detailed model of how ASTI teams will operate consistently across the City, including undertaking S.47 enquiries with partners. The improvement partner support from Essex will also help ASTI managers and staff shape this model.

8. With more ASTI teams across the City, there is the opportunity to do more short-term child in need work with families to help improve parenting and child development in conjunction with local health, schools and Police. This should reduce the number of long-term child in need and child protection cases that require intensive intervention from safeguarding teams. It is proposed that the number of safeguarding teams be reduced and we model having about 60 children on child protection plans per team along with longer term child in need work.

9. The Child Protection service will align itself to each Area and CP co-ordinators will discuss and plan CP conferences and plans with team managers and social workers. The CP service is developing further the ‘strengthening families’ approach and will promote this internally and with partners.

10. ASTI and safeguarding teams will include cases where children have recently entered care for whom the plan is to return home. However, to ensure good care planning, children in care should not remain in these teams for more than a few weeks unless they are about to return home. Safeguarding teams will do pre-PLO work, and where the area resource panel agrees to initiate care proceedings (PLO), safeguarding teams will put together and present the evidence to court and then hand over case responsibility to the children in care team.

11. The court teams will merge with the children in care teams and there will probably need to be more children in care teams, modelled on a maximum of 15 children in care per social worker. Children in care teams will become
involved in care proceedings at legal planning meeting and take case responsibility early in proceedings. As far as possible the same social worker will remain allocated to a child from early in PLO right through to Adoption, SGO or leaving care. Children in care teams will have a focus on moving children into long-term stable care arrangements. These arrangements should lead to much better care planning and much less drift for children in care. The contact service in each area will be managed as part of the children in care service.

12. The fostering and adoption family finding and support teams will work much more closely with the area children in care teams to share information and plan together at the earliest point how to meet the child’s short and long-term care needs, thus speeding up adoption process and making better use of our in-house fostering resources. Similarly the IRO service will build stronger and more collaborative links with the area social work teams to progress plans for children in care. The Therapeutic Emotional Support Service (TESS) will continue to work closely with children in care teams and foster care and residential placements to support children in care, and will also broaden its scope to support for children on the edge of care.

13. The Youth Offending Service will work more collaboratively with ASTI, safeguarding and children in care teams where young people are known to both teams or are in danger of offending or are remanded, sharing information, knowledge and ideas.

14. In each Area there will be a Head of Service for ASTI, a HoS for safeguarding and a HoS for children in care. Each Area Assistant Director will also have a thematic lead for one of these service areas, in addition to the leadership of their area/service. The Assistant Director for Children In Care Provider Services will also have a thematic children in care lead.

15. The leaving care service, unaccompanied asylum seekers team, and the service for homeless 16 and 17 year olds will all be managed by one head of service, who will report to the AD children in care provider services. Any young people who come into care aged 16+ and cannot return quickly home will be supported in these teams. This head of services will also lead the new ‘Edge of care’ service.

16. We will develop a clear workflow and case transfer protocol which will set out the role and remit of each type of team and the case transfer points. One principle is that cases generally can only flow in one direction and cannot be sent back or refused, whilst the transferring team should ensure that recording and transfer details/summary are complete.

17. We will develop more robust quality assurance systems which will drive learning and improvement, including learning from the voices of children and
families that we work with. This will be led by the chief social work officer, supported by the principal social workers. The CSWO will also focus on practice development and link closely to the staff development programme.

18. The numbers of teams required will be no fewer than at present and are likely to increase in number. Areas will do some mapping work to match predicted case numbers with social worker numbers. There is much detail to sort out but we need to make change and move into the operating model and then sort out issues and make adjustments based on what we learn as we develop.

19. It will be an iterative process and we will adjust the model as we go along to ensure an equitable balance of staff resources and need. Changes will be kept to a minimum and team managers and social workers offered some choice about which type of teams they want to work in where a change is necessary.

*Children’s Services Leadership Team – August 2015*