

**REPORT OF THE IMPROVEMENT QUARTET: COUNCILLOR JOHN CLANCY, COUNCILLOR
BRIGID JONES, MARK ROGERS AND PETER HAY**

CHILDREN'S SOCIAL CARE: IMPROVEMENT AND CHALLENGES

The motion: The Council welcomes and notes the progress in children's social care and proposed next steps, including the intention to explore and develop a voluntary trust arrangement for children's services.

1. Introduction

At the meeting of the Council on 1 December 2015 it was agreed that, in addition to routine performance reports to Cabinet and the work of the scrutiny function, there would be a six-monthly report to Council on progress in children's social care and in education. This is the first of those reports and covers children's social care. A report on education is scheduled for the July Council.

The position of the Council has been one of long term difficulty in running children's social care, perhaps best captured in our own words by the 2009 Scrutiny Review:

"Unfortunately Birmingham's children's social care service has a history of underperformance over the past decade. The difficulties in children's social care are systemic and deeply ingrained so there is no quick fix...It is about asking the question, in the light of our history of underperformance, how do we make sure that (immediate) improvements are sustained and embedded?"

(Cllr Len Clark, Preface pp03 Report of the Inquiry into Protecting Children and Improving Children's Social Care)

All parties in this Council have accepted that they have had a part to play over this period of sustained failure.

2. Timeline

1999 – Joint Review inspection points to serious difficulties in children's services which need urgent attention.

2001 – SSI inspection finds children's services inadequate with poor prospects; zero star rating and Performance Action Team approach.

2003 – SSI re-inspection finds the same rating.

2004 – SSR re-inspection rates service as still poor but with promising prospects.

2004 – Serious case review on the death of Toni Ann Byfield published.

2005 - SSI re-inspection rates the service as adequate with promising prospects – one star rating.

2006 – creation of new Children’s Services Departments becomes law and Birmingham makes this arrangement.

2008 - Children’s Services Annual Performance Assessment judges the service as inadequate at helping children to stay safe. The first twelve month improvement notice is issued by Government.

2009 - Serious Case Review on the death of Khyra Ishaq published. Improvement Board with an Independent Chair (Liz Railton) appointed.

2009 - Scrutiny Report of the Inquiry into Protecting Children and Improving Children’s Social Care, published.

2010 - Ofsted inspection of Safeguarding and Looked After Children’s services judges both overall effectiveness and capacity for improvement as inadequate. There was criticism of deficiencies in front line work and of the inadequate medium term plans of the council which lacked immediacy.

2012 - Ofsted inspection of Local Authority Arrangements for the protection of Children found significant weaknesses in practice, ineffective partnership working and a lack of strategic oversight and leadership from the Children’s Trust and Safeguarding Board.

2013 (summer) - DfE case review found the service to be in a fragile and unsafe state, with a lack of trust following a reorganisation showing in high vacancy rates and excessive workloads. An immediate stabilisation period was implemented, with the Minister concluding in November 2013 that he had asked Professor Julian Le Grand to review structure and governance.

2013 - Serious Case review on the death of Keanu Williams published.

2013 - LGA Peer Review of Children’s Services and InLoGov peer review of partnership working.

2014 - The Le Grand Report was published.

2014 - Ofsted Single Inspection Framework finds the council inadequate.

2014 - Implementation of the Le Grand Recommendations and appointment of Lord Warner as Commissioner (Note Lord Warner also worked alongside Sir Mike Tomlinson as Commissioner for the Education Plan improvement requirements and both were members of the Improvement Panel).

2015 - Appointment of Andrew Christie as the second Commissioner.

3. What progress has been made since Le Grand?

The Le Grand report highlighted a number of serious practice and structural issues which reflected a lack of focus on the long term nature of the problems and a corporate/political centre that appeared to lack attention on key issues. These significant themes have been addressed by:

- Major investment programme, particularly to address staffing levels with the creation of additional posts.
- Review of recruitment methods: a recruitment package that assists the employment and retention of social work staff is now in place.
- Significant engagement with stakeholders through the new joint commissioning panel and the Strategic Leaders Forum.

- Appointment of an Executive Director, with a focus solely on children's social care and a clear view on great social work. This is supported by the new Chief Social Work Officer (CSWO) appointment so that practice matters are embedded into the approach.
- A risk assessment on senior management capacity and a statement about resource deployment are now standard practice, both overseen by the Chief Executive and reported within the budget and policy setting reports to Council.
- Tackling, with the oversight of Lord Warner, the issues identified in the Le Grand report about "unidentified risk".

With Lord Warner's oversight the following issues were addressed:

- The establishment of clear lines of accountability. The "Quartet" arrangement is a simple bringing together of those who hold the statutory roles for children and leadership of the council so that there is clear oversight. Lord Warner was clear that this was effective, but that such an arrangement should remain in place for the medium term.
- A single improvement plan.
- The MASH development (Multi-Agency Safeguarding Hub), which rebuilt a degree of confidence and led to further work to respond with greater speed to children and families who need help and support rather than just protection referrals.
- A significant review of management capacity and capability with a major independent assessment exercise completed across the service, followed by development processes.
- A significant review of employment issues covering recruitment and retention, the replacement of the previous PDR system, a more competitive pay offer and the single agency supplier framework agreement.
- The development of an IT strategy, with a focus on immediate strengthening of the system as well as the longer term procurement of a replacement system now underway.
- An itemised three year budget and finance strategy that secured the right level of resourcing and ways of maintaining this on a sustainable basis.
- A review of placement mix, leading to strengthened teams in aftercare, adoption and fostering to improve the experience of children.
- The development of greater commissioning capacity in children's services through the Commissioning Centre of Excellence approach within the Directorate. This was then supported by a market dialogue event and new partnerships that emerged.
- The most obvious of these new commissioning changes has been the outsourcing arrangements to transfer the Council's residential child care homes to Priory Group.
- The implementation of changes to Partnership approaches, particularly through the Strategic Leaders Forum, the establishment of the Birmingham Education Partnership and the Early Help and Safeguarding Partnership.
- In an innovative arrangement, CAFCASS managed the Independent Review service for 10 months providing much needed capacity and impetus, and handing it back as a more effective service, which we have continued to develop.
- Lastly, Lord Warner secured DfE support for the work that has commenced to review the Safeguarding Board and design better ways of overseeing multi-agency systems work to safeguard children. This leaves the Council well placed to take forward the thinking contained in Alan Wood's review published last month that suggests more local design of arrangements.
- Lord Warner relinquished the Commissioner role in May 2015, after the Early Help and Children's Social Care plan 2015-17 was agreed by the Cabinet. The DfE have supported that plan and the new operating model launched in September 2015 and have funded direct improvement work to social work teams from Essex County Council Children's Services.

In December 2015 a new Commissioner, Andrew Christie, was appointed by DfE. Andrew was a member of the Le Grand Review. In his current role he has observed that he is seeing a very different service now in Birmingham to what he saw in early 2014.

Appendix A contains a fuller summary of progress over the last year. **Appendix B** sets out a number of performance measures demonstrating progress over the last 12 months. **Appendix C** sets out priorities for 2016/17.

No one doubts that further progress is needed. Much of the work done is at an early stage, and the constant message about a determined and sustained focus on social work practice must be heeded. That practice also needs to evolve to respond to the identification of threats to children coming from extremism and CSE.

4. Trusts - background

The Prime Minister announced in December 2015 that if a local authority experienced a second, successive inadequate Ofsted rating that would lead to automatic consideration of alternative delivery methods instead of continued lead provision by “failing” Councils.

There has been a history of imposed Trust solutions, such as the 10-year independent trusts at Doncaster and Slough. At the end of last year Sunderland, responding to its own failings, developed a more “co-produced” model, working with the DfE. Hampshire County Council took over the running of the Isle of Wight’s children’s “inadequate” services for five years. Nottinghamshire Children’s Trust is a partnership of organisations that provide services to children, young people or families in Nottinghamshire and is a commissioning sub-group of the Nottinghamshire Health and Wellbeing Board. Trafford Council and Pennine Care NHS Foundation Trust have entered into a Strategic Partnership Agreement for Integrated All Age Community Health and Social Care Services, with Pennine Care taking lead responsibility for the day-to-day provision of children’s services.

In recent months a growing number of Councils with good ratings have begun to think through whether Trust models would offer business and strategic advantage, Lincolnshire are highlighted in particular. The term “Trust” is used here in a broad sense to include a wide range of other delivery models.

As we continue to develop and embed good practice, and in the context of the financial pressures facing all public services, it is right that we too have been exploring models of governance, organisation and innovation, including those being developed across the country by other children’s services local authorities that share our interest in securing and sustaining good social work practice and improving outcomes for children and families. The Dispatches TV programme, which aired on 26 May 2016 and focused on Birmingham Children’s Services, was not reflective of wider progress in children’s social care and our general direction of travel. It did, however, have some effect on the timing of the announcement of the Council’s intention to explore the development of a trust option.

Over recent years, Governments have sought to widen the options available to respond to failure in children’s services, through which the Trust model has emerged.

5. Trusts and the 2014 Le Grand Review

Le Grand considered four formal options:

- “Watchful waiting” which was not recommended.

- The transfer of responsibility for children's services to another authority (the "Isle of Wight" option) ; it was felt difficult to conceive of another local authority both strong enough in performance and large enough to undertake a "take over" of Birmingham and therefore this was not recommended at this stage. (Note this predates the DfE creating the "Partners in Improvement" programme, which has seen Essex provide improvement support to Birmingham since summer 2015.)
- Splitting commissioning from provision. Le Grand set out options around not for profit trusts, existing private or social enterprise organisations at city or area level. The panel considered that at the time the principal difficulty in taking forward such a recommendation was the absence of resources by way of high quality delivery partners within the "market" to set up such an organisation. Professor Le Grand has subsequently been leading a national review of this very issue to stimulate improvement capacity. The panel also had concerns about the ability of the Council to "commission well" in such a scenario as the arm's length nature could compound the risk of a lack of future corporate priority.
- The recommended option, which was the appointment of a Commissioner, Panel and associated directions.

As part of the Le Grand review, the Council was asked to submit an options appraisal covering five scenarios. These options were assessed against a range of criteria and then scored. The full assessment is attached as **Appendix D** to this report. The options and their total score were:

- Break Up Birmingham (46).
- Outsource to the private sector (57).
- Trust model with accountability to the DfE (64).
- Trust model with accountability to BCC (74).
- Integrated Transformation (82).

It also assessed the acceptability of each proposal in a ranking score.

Le Grand commented on the favourable score that the Council had given to the Trust options and stated:

"we do consider that this option has potential in the longer run for helping to resolve Birmingham's difficulties, and we consider it important that the capacity barriers, both in terms of provision and commissioning, to the realisation of this potential be explored in greater depth..." (*Le Grand pp23*).

There have been significant changes since Le Grand's evaluation. The law has been changed to explicitly prohibit a private sector provider. Equally, there are now Councils that have completed the process of moving services into Trust arrangements and some of the legal complexity has therefore been reduced by these precedents. It is however still too recent for evidence to emerge to support a view on whether Trusts are an effective improvement intervention. "

6. Securing long term sustainability

Whilst the improvement of children's experiences and outcomes remains of the highest priority, we need to consider the best ways in which to secure long term sustainability. We commenced a programme of work in early May 2016 to look again at the context and the Trust option. This is shaped by a number of key factors:

- The Council has developed a much sharper commissioning function which, when combined with public health intelligence, allows us to consider better the options for service design for children's social care.
- The need to be able to attract and retain social workers requires a competitive salary, good working conditions and above all a feeling of being well managed and supported. These options could perhaps best be secured in the longer term within a Trust structure.
- From the work being led on the Safeguarding Board we have seen that there could be real advantages in a model which combines a range of expertise in overseeing a focussed business model.
- An argument placed by Le Grand is for a "clean break" with the past. Of course any child care organisation in Birmingham will carry echoes of the past, but the weight of that past history has been clear in recent weeks.
- Combining all of these – an intelligent commissioner with a Board focussed upon delivery - could create the right degree of focus upon a shared aim of being a city that has the highest ambitions for those children and families who need the most help in childhood. Indeed the absence of this type of creative tension is a part of the past.

There is a great deal to be done before we properly consider the shape of any Trust arrangement and to bring full information in front of the Council for decision. However some early principles are very clear:

- The Council must be able to sustain a focus upon the improvement in social work practice that is most needed by children and families. It should not pursue a Trust option if that becomes a distraction from this task.
- The Council must be able to design an organisational form that supports and develops the best social work support to children and families.
- The Council must take responsibility for working with social work and related staff through this period. Their engagement and support is essential to any Trust being a success. In particular it is important to stress to full Council that we understand that social workers are a scarce resource and that the Trust must be well placed to compete by at least matching and preferably bettering current terms and conditions.
- The Council must engage and develop the Trust model with partners.
- The current financial plan and Council priority must be maintained through to at least 2020.

In taking the trust development forward we will ensure we keep an unrelenting focus on social work practice, on direct work with children and families, on purposeful plans implemented in a timely way, on effective management oversight, support and challenge, on collaborative partnership, and on building a learning culture that seeks to improve by listening to children and families.

Appendices:

Appendix A - Birmingham Children's Services - Overview of progress

Appendix B - Performance May 2015- April 2016

Appendix C - Priorities for 2016/17

Appendix D - Options Appraisal – Transforming Children's Services – December 2013

Birmingham Children's Services - Overview of progress

1. Summary

Since the 2014 Ofsted inspection we have delivered the first 2 years of our improvement plan, as part of the response to Government Directions and with the oversight of Lord Warner, the appointed Children's Commissioner. The primary focus in year 1 was on establishing stability in the service, the creation of MASH, a highly visible single point of entry and multi-agency information sharing to ensure children's needs are met, and establishing a credible budget and stabilising the workforce. All of these were achieved.

We now have a new 'Early Help and Children's Social Care improvement plan 2015-17' with a stronger focus on improving social work practice and reducing delays. We are almost fully staffed, although still relying on agency staff for a quarter of posts and we have more manageable caseloads (average 15 children). We have agreed partner thresholds – Right Service, Right Time (RSRT) and an early help strategy is in place, with a strong targeted early help offer. We have also established a system-wide Early Help and Safeguarding Partnership to shape our service responses and our offer across agencies and settings.

There is clear vision and purpose and direction for the service and more stable leadership with improved political ownership of the improvement journey. However, there is still a long way to go to ensure children and families receive a responsive and effective service that engages with them to enable positive change.

In August 2015 we launched 'our operating model for children's services' setting out how we would move to a consistent shape so that the needs of children and families are met by the team with the right expertise for their circumstances. We finally moved into that model in February 2016. Alongside the model we have developed guidance which sets out the remit of each team and how work flows between teams when needed without delay. The shape of the service is now clear, coherent and consistent with each team knowledgeable about their role in the whole system.

2. Social Work Practice

Assessment & Intervention teams (ASTI) are now established in each of the three Areas and these, alongside a focus on being clear about the purpose of our intervention, and a better use of our early help family support service, have enabled us to reduce average caseloads to 16. This is giving social workers more time to work with families.

We launched 'Our Support for children and families' guidance for January 2016 clarifying the role of each team and making sure work transfers easily and without delay when it needs to. Learning from the first round of Essex diagnostic self-assessments has informed this and helped develop clarity and consistency around the operation of ASTI teams.

These changes support a focus on direct work with families to improve outcomes for children. This is a big cultural change for the service which staff have generally welcomed, but which will take much more time to achieve fully. We now have a Chief Social Work Officer and three Principal Social Work Officers to support practice development across our 800 strong qualified workforce.

We have refreshed our strengthening families approach to child protection case conferences from October and have had very positive feedback about listening to children and families, informing meaningful plans that are addressing the real issues identified. This has resulted in a reduction of children on child protection plans as more children are supported through child in need plans.

Similarly, our practice focus on challenge before children come into care and moving children in care more quickly to permanent arrangements, such as adoption, has resulted in a reduction in numbers of children in care since April 2015 (although our Unaccompanied Asylum Seeking Children have increased).

We are working well with the local family justice board, our own legal service and CAFCASS collaboratively to improve court timescales and the quality of evidence in applications to the court and we have developed a new special guardianship policy in line with recent DfE consultation.

Practice is still variable and we have a long way to go, but gradually we are sorting out problems, addressing deficits and improving practice, and the full implementation of the operational model will give social workers a much clearer framework, expectations and capacity to continue improvement.

There is agreement to replace the CareFirst data and case management system with a more modern and fit for purpose system that will be much easier for social workers to use and thus free them to spend more time in direct work with children and families. Much work has been completed in recent months to simplify processes and forms on CareFirst for social workers, but it still remains a very cumbersome system using up lots of staff time.

3. Workforce

We now have a workforce strategy to stabilise staffing and give social workers the skills, confidence and the right tools to deliver social work that will make a real difference to children's lives. Recruitment of newly qualified social workers, social workers, team managers and foster carers is improving. We have a contract in place to procure agency staff through a single master agency (HCL), and this will over time reduce cost and improve quality.

The service is almost fully staffed and we have 40 additional posts from April 2016 to support improvements in fostering and adoption, leaving care, children in care and quality assurance (QA). Our HR data is still not sophisticated enough, and we have about 23% agency staff (West Midlands average 18% - but Birmingham May 2015 figure, 30%). The service is calmer and more stable, but we still struggle to recruit experienced social workers and team managers. We need to develop and agree an improved pay and rewards policy for qualified social workers.

We have strengthened our Assessed and Supported Year in Employment offer and we also recruited over 25 students this summer (as we did in summer 2015) who had been on placement with us. We have established a bespoke 'systemic supervision' course for team managers with the Institute of Family Therapy, which a second cohort of managers begins in June 2016. We were the largest local authority to pilot the new accreditation process in January with 120+ staff participating. We have a stable head of service and senior manager group with only one interim, and we have addressed several issues of middle/senior managers not able to perform.

We have a clear and workable supervision policy, and the Council has adopted a more outcome focused appraisal system. As we build on stability, a culture of learning and a slowly improving reputation, we expect our ability to recruit and retain will improve. Turnover has fallen from 21% to 16% in last year and agency staff from over 30% to 23%.

The above activity continues to be supported by the HR Business Partner for the Directorate for People and a Children's Services dedicated HR team which has a changed cultural focus and an ambition to operate at pace. Managers are now much better supported with HR issues and to manage performance.

4. Financial Planning

The Council has made children's services its top priority and has invested much-needed money into the service - making a further £21.5m available for 2015/16 (on top of an extra £9.6m in 2014/15).

The City Council has to find very significant savings (over £200m) over 4 years, but it has maintained its commitment to funding improvement in children's services with increased investment in the next two years. As part of the Future Council programme, in the 'Preventing Family Breakdown' stream, Children's Services will deliver £10m savings gross over 4 years, through having fewer young people in care, and more children in local foster placements overall, and through reductions in agency staff usage and a vacancy factor. The savings targets are realistic and achievable and in line with the improvement plan.

5. Partnership

We have established a new partnership framework this year by setting up the Children's Strategic Leaders Forum, chaired jointly by the Council's Chief Executive and the Chief Constable, and the Early Help and Safeguarding Partnership, also chaired jointly by the Council and West Midlands Police. The latter is establishing agreed multi-agency systems and processes across the whole children's system in Birmingham. We now have the fora in place where debate and discussion about what we are collectively trying to achieve and the best way of doing it together can take place – learning from the Leeds 'plan on a page' approach. We are continuing to explore new models for the local/regional safeguarding children board in light of Alan Wood's national LSCB review.

We have a strong youth offending service which has developed effective partnership working that engages vulnerable young people and their families which children's social work can learn from.

6. Quality assurance

The CSWO will lead on developing effective social work practice and help us build effective QA systems that produce learning to inform improvement at area, team and individual levels. We have a new QA framework and have launched a new case audit system. We also have a programme of monthly service area focused performance meetings to improve how we work together (this is in addition to arrangements in each Area). We have been subject to three peer challenges in last three months from other LAs – one about our leaving care services, one on Fostering and Adoption and one about our case audit system.

7. Children in care

Children in care are receiving more timely reviews and better care planning, and there have been improvements to the fostering and adoption service. However, children in care planning and care leaver pathway plans remain an area of weakness that requires more attention – eg. we have 126 children on placement orders waiting to be matched with an adoptive family (down from 150 in April).

We have also brought into place improved corporate parenting and children in care council arrangements. We are developing ways to more actively listen and learn from the children and families we work with to improve services for them.

Our Independent Reviewing Officer Service (IRO) was managed by CAFCASS from November 2014 and a better performing service returned to Council management in October 2015. We are now tracking children in care more systematically to reduce delays in their care journey and IRO are providing more constructive challenge and support to social workers.

We have high numbers of older teenagers entering care and we recognise that we need to offer such young people and their families a service focused on mediation and support and learning ways of

managing difficult behaviour and emotional regulation. We established a short-term intensive 'Edge of Care' service from October 2015. We have also applied to the DfE Innovation fund to establish a new service to work intensively with very vulnerable teenagers (CSE, radicalisation, self-harm) and their families.]

We need to improve our services for care leavers, with better pathway planning that supports more young people in education and employment and reduces the percentage of care leavers who are not in education, employment or training (NEET). A peer review by North Somerset has assisted here and we have invested in additional support to help care leavers into employment

We have a substantial programme of improvement in Fostering and Adoption which has resulted in the bringing in-house of foster carer, adopter and Special Guardianship Order (SGO) assessments, establishing stronger post-adoption and post-SGO support teams and a substantial recruitment of foster carers and adoptive families to improve quality and reduce our reliance on expensive external agencies. We have also had a recent peer review from Lincolnshire which has helped develop a new set of improvements in this area.

140 children were placed for adoption in 2015/16, compared to 120 in 2014/15, and 95 the year before.

8. Leadership and Management

We have a senior management team in place made up entirely of permanent appointments - ending the cycle of leadership change and failure to drive effective practice change which has characterised Birmingham's recent history. Senior managers are being held to account for their leadership and performance and action is being taken when deficits are apparent.

There is strong political commitment to improving outcomes for children in Birmingham and supporting children's services with resources and the tools to deliver these outcomes. Collectively the Leader, Cabinet Member, Chief Executive and Director of Children's Services maintain regular oversight of the improvement plan.

Partnership working around children's services had been poor for some considerable time. The new Children's Strategic Leaders Forum signals strategic and high level attention to improving children's outcomes. The forum is able to consider children's issues within the wider context of families' experiences and the opportunities and challenges presented by the city. It takes an overview of the systems working to support children and families in the city so that they are all aligned and working together to deliver that intention. The forum challenges gaps in coordination and delivery and ensure that the vision for services is stretching and ambitious.

The Early Help and Safeguarding Partnership oversees the delivery of the Early Help strategy and the shape of multiagency working to meet the needs of children and their families from universal to specialist, including locality working in hubs and areas and central processes such as the MASH. The co-chairs and members are visible champions of a "whole system" approach. This partnership will also develop models for more local partnership working in each of the City's three Areas. The work of the partnership in its first year was presented to all partners at a recent conference (June 2016), where a number of system and process changes were endorsed to improve access to help for children and families.

9. Commissioning

We have established a 'Commissioning Centre for Excellence' across the Directorate for People and embarked on a programme of review of externally commissioned services, with a greater focus on

targeted services, impact and value for money. This involves developing new more integrated contracts as existing arrangements come to an end.

We have agreed a contract with the Priory Group for the externalisation of 5 children's homes.

10. Improvement Support

The DfE have appointed Essex CC Children's Services as our improvement partner. Essex have delivered a programme of diagnostic peer/self-assessments in front-line teams followed by practice learning seminars. In the autumn the focus was on MASH and ASTI teams. Before Easter diagnostics were completed with Safeguarding teams, and at present children in care teams are undertaking these. The diagnostic is in effect a supported self-assessment of practice carried out with the team manager and their team. It is a learning exercise. The three main areas to come out of the work so far for improvement are: recording not showing the work carried out; insufficient management oversight on the record; not enough direct work with family focused on outcomes for the child. The safeguarding teams in each area were graded at 'Requires Improvement'.

11. Engaging with the reform agenda

In January 2016 Nicky Morgan, Secretary of State at DfE, launched 'Children's Social Care Reform – A Vision for Change'. This set out a national agenda to improve social work practice and leadership, and social work education. The paper announced a second round of Innovation Fund opportunities and an expansion of the Frontline social work qualification programme (similar to Teach First). At a meeting with Nicky Morgan on 20 January 2016, the Council's commitment to this reform agenda was made explicit. We have therefore been exploring the following:

- Innovation Fund expression of interest for funding a new approach to work with high risk vulnerable young people, with Morning Lane Associates. Proposal is for £3.4m over two years with the Council redeploying £500k of own its resources each year.
- Expression of interest to Frontline to support 6 social work student units (24 students) in Birmingham from summer 2017 – and we received confirmation on 3 June that this was successful.
- working with PAUSE, a current innovation fund project to establish a service for young women who have had children removed in care proceedings.
- regional adoption discussions with Herefordshire and others.
- early thinking about potential future organisational models.

PERFORMANCE - May 2015**% Re-referrals (Monthly)**

	6 month cumulative	May-15
No. re-referrals	351	370
Total Referrals	1,459	1,328
Re-referrals %	24%	28%
Performance rating	AMBER	
Trend	AMBER	

Annual performance is OK but increase in May. This is an area for audit this year.

% Children seen at Assessment (S17 and S47)

	May-15
Assessments completed	1124
Children seen	691
% Seen at Assessment	61%

This is the first time this data has been extracted and is currently subject to validation and presentation to service leads.

Number of children with a Child Protection Plan - Snapshot as of month end

	Mar-15	May-15	EAST	NWC	SOUTH	MASH
No of CPP	1,301	1,305	385	394	453	9
Rate per 10K	47	48	37	37	69	
National average per 10K						42

Note: DCSC not included in area breakdown

Our rate per 10,000 of children who are the subject of a child protection plan has increased significantly since January 2014 . Our rate is now higher than the national average and statistical neighbours.

% of child protection visits in the month

	6 month average	May-15
Number of CPP visited	980	1,108
Number of CPP to be visited	1,116	1,198
% visited in month	88%	92%
Performance rating	AMBER	
Trend	AMBER	

The standard is to see all children who are the subject of a child protection plan at least every fortnight and this is a core social work activity. In most cases children are visited at least monthly, and this is improving.

Number of Children in Care - Snapshot as of month end

	Mar-15	May-15	EAST	NWC	SOUTH
Total CiC	1975	1951	614	602	625
Rate per 10K	72	71	60	57	95
			Note: DCSC not included in area breakdown		

Note: DCSC not included in area breakdown

The rate has increased significantly since January 2014 but has plateaued in last three months. We are developing "edge of care" services for adolescents at risk of family breakdown. 220 of those in care are aged 17 and 21% are over 16.

Average caseload of qualified social workers

	May-15
Assessment Teams	25
Safeguarding Teams	20
Children in Care Teams	18
MASH Teams	13
Average Caseload - City	19
Performance rating	AMBER
Trend	AMBER

There is a trend of reducing average cases as cases that are not active are closed. But there are a number of newly qualified staff on protected caseloads, so the average for more experienced staff is higher. The new assessment teams have high caseloads, and this is an area we need to watch.

PERFORMANCE - April 2016**% Re-referrals (Monthly)**

	Prev. 6 months cumulative	Apr-16
No. re-referrals	1,507	239
Total Referrals	6,376	1,168
Re-referrals %	23%	20%
Target	25%	
Performance rating	GREEN	
Trend	GREEN	
National average		24%

Since the MASH ASTI changes early this year we have seen a slight downward trend in re-referrals. It is probably too early to say this is a change rather than a variation.

% Children seen at Assessment (S17 and S47)

	Prev. 6 months average	Apr-16
Assessments completed	827	1068
Children seen	549	679
% Seen at Assessment	64%	64%
Target	68%	
Performance rating	AMBER	
Trend	AMBER	

CareFirst is not an easy system to extract good data such as this from. Children seen is a good proxy measure for quality of assessment. We want to see this % increase.

Number of children with a Child Protection Plan - Snapshot as of month end

	Mar-16	Apr-16	EAST	NWC	SOUTH
No of CPP	851	825	163	314	328
Rate per 10K	31	30	16	30	50
Target	850				
National average per 10K		42			

Our rate per 10,000 of children who are the subject of a child protection plan has gradually decreased since we refined our more child focused strengths based approach to case conferences. This puts parents and children at the centre. We are increasing the number of conferences where family and professionals agree that a child in need, rather than a child protection plan, is the way forward. There is continuing work about ICPC timescales and developing smarter and more purposeful CP plans.

% of child protection visits in the month

	Prev. 6 months average	Apr-16
At least one visit in a month		
Number of CPP visited	805	742
Number of CPP to be visited	862	778
% visited in month	94%	95%
Target	95%	
Performance rating	GREEN	
Trend	GREEN	

The standard is to see all children who are the subject of a child protection plan at least twice a month as this is a core social work activity. Visiting children on CP plans has increased significantly over last year.

Number of Children in Care - Snapshot as of month end

	Mar-16	Apr-16	EAST	NWC	SOUTH
Total CiC	1,807	1,807	559	508	575
Rate per 10K	66	66	54	48	87
Target - March 17	1,750				
National average per 10K		60			

* Since April 2015 18+ are excluded from the total CiC

The number of children and young people in care is gradually reducing as intended in our improvement plan. This is a combination of more adoptions and return homes and more challenge at resource panel. The edge of care teams are now operating in all three areas. Since April 2015 the number of unaccompanied asylum seeking children has increased from 13 to 75.

Average caseload of qualified social workers

	Apr-16
Assessment Teams	17
Safeguarding Teams	16
Children in Care Teams	14
Average Caseload - City	15
Target	16
Performance rating	GREEN
Trend	GREEN
National average	16

There is a trend of reducing average cases as we become more focused on purposeful interventions. There are a number of newly qualified staff on protected caseloads, so the average for more experienced staff is higher. The ASTI teams have higher caseloads. We will seek to report this data by Area also in future months.

PERFORMANCE - May 2015

Number of unallocated single assessments (open >7 days)

	6 month average	May-15	EAST	NWC	SOUTH	MASH
Unallocated (open >7 days)	161	121	25	62	15	6
Total number of open single assessments	2,118	1,391	311	427	297	277
% of unallocated single assessments	8%	9%	8%	15%	5%	2%
Performance rating	AMBER					
Trend	AMBER					

The data shows that performance has improved significantly since November 2014 and the level of unallocation is approaching an acceptable level. Assessment and short term intervention teams (ASTI) have been introduced to improve the quality and timeliness of assessments and support for children and their families. The figures in NWC are an area for concern.

On-going single assessments in timescale (45 working days incl. S47)

	6 month average	May-15	EAST	NWC	SOUTH	MASH
No. inside	1619	1123	270	308	230	253
No. outside	449	268	41	119	67	24
Total	2067	1391	311	427	297	277
% Inside	78%	81%	87%	72%	77%	91%
Performance rating	AMBER					
Trend	GREEN					

Note: DCSC not included in area breakdown

The % completed is improving but this is an area for focus and improvement by Heads of Service in each area, especially NWC and South.

PERFORMANCE - April 2016

Number of unallocated cases (open >7 days)

	Prev. 6 months average	Apr-16	EAST	NWC	SOUTH
Unallocated (open >7 days)	N/A	17	7	10	0
Total number of open cases	N/A	5,357	1,341	2,479	1,537
% of unallocated cases	N/A	0.3%	0.5%	0.4%	0.0%
Target	20				
Performance rating	GREEN				
Trend	GREEN				

Note: Citywide Teams are not included in area breakdown

This new indicator is of open cases post MASH where there is no allocated social worker 7 or more days after referral. A report is sent to heads of service each week, so the cases are ever changing. We have set a target of keeping this number under 20 at any given time. This is a tiny percentage of all open cases.

Family assessments completed in timescale (45 working days incl. S47)

	Prev. 6 months average	Apr-16	EAST	NWC	SOUTH
No. inside	736	986	320	335	276
No. outside	142	135	43	59	12
Total	878	1,121	363	394	288
% Inside	84%	88%	88%	85%	96%
Target	82%				
Performance rating	GREEN				
Trend	GREEN				

National Average 82%

The timeliness of assessments is important to prevent drift and we are doing well in relation to 45 days. We want to see more assessments completed within 20 days in ASTI and a greater focus on short-term interventions.

	Off target	target	Above target
Rating	RED	AMBER	GREEN

	Not better	Bit better	Much better
Trend	RED	AMBER	GREEN

Priorities for 2016/17 - Early Help and Children's Social Care Improvement Plan 2015-17

	Main Issue	OBJECTIVES/ACTIONS
1	Workforce Development	Robust workforce development plan in place which delivers practice improvement, learning, management oversight and a focus on direct relationship-based social work interventions supporting a culture of high expectation and high achievement.
2	Family Support	Clarity about Early Help level 3 request for help pathway. Coherent Think Family/Family Support offer, including relationship with local universal plus services, in each Family Support team.
3	MASH	Improve and streamline MASH systems and processes, including use of CIAS (Children's Information and Advice Service), formalising information sharing, building strong CSE (child sexual exploitation) and missing processes, and passing work for assessment more quickly to Family Support or ASTI (assessment and short term intervention) teams.
4	16+ and Care leavers	Ensure all young people aged 16+ who are in care have an active pathway plan that they have contributed to, are in a nurturing placement (foster care where possible), have good educational support and are being prepared for adult life. Ensure that care-leavers aged 18+ have active plans and are being supported into further education and employment opportunities. Ensure that accommodation and support is of good quality and value for money.
5a	Missing Children	Missing Children - clear guidance, good data set and information, multi-agency processes, especially between Police and MASH, and implementation to ensure we act on learning from Return Interviews.
5b	CSE	Good information sharing, data and tracking of young people at risk of CSE. Effective multi-agency interventions to reduce risk or stop abuse. Good support and recovery service for young people.
5c	Radicalisation/Gangs	Prevent/Radicalisation - ensuring we have an effective response to people at risk of radicalisation/gangs etc - Both young people and children of young adults, including training and awareness.
6	Recruitment and HR	Recruitment & Retention - agree corporately a robust pay and reward scheme to recruit and retain social workers and reduce reliance on agency staff. Ensure sufficient HR capacity to support Children's Services. Improve ASYE (Assisted Supported Year of Employment) and post ASYE support. Explore Frontline.
7	Children living in long-term family	Improved care planning - including return home or move swiftly to long-term arrangements. Special Guardianship Orders, stronger focus on adoption; embed Edge of Care teams; more mediation between young people and parents to mend relationship. Increase use of Family Group Conference; Improved timescales and evidence in care proceedings.
8	More local foster placements	Increase use of internal fostering and reduce placements and residential use. Improve way placements are made with stronger focus on using in-house foster care.
9	Replace CareFirst	Tender for CareFirst system replacement. Simplify forms and processes in CareFirst in meantime.
10	Regional Adoption	Explore regional adoption arrangements.
11	Partnership	To strengthen and progress partnership by developing shared agreement around purpose and vision for children and families, building on the Early Help & Safeguarding Partnership.
12	LSCB (Local Safeguarding Children's Board)	Develop new and innovative arrangement to assure partner and individual agency effective work and collaboration to safeguard and promote the welfare of children.
13	Voice of Child and Family/ Quality Assurance	Improving our feedback from children and families including Children in Care, Children in Need and Children on Child Protection Plans - and learning from this feedback to improve our services.

APPENDIX D

SUMMARY							
	Option	Unweighted score	Overall weighted score	Weighted score as %	Improvement to services	DfE acceptability	Local acceptability
1	Break up Birmingham	46	0	0%	2	3	2
2	Outsource to private sector	57	0	0%	4	3	1
3	Trust Model - accountable to DfE	64	192	65%	5	5	1
4	Trust Model - accountable to BCC	74	222	75%	5	4	4
5	Integrated Transformation	82	0	0%	5	3	5

Birmingham City Council - Children, Young People & Families
STRATEGIC OPTIONS FOR TRANSFORMING THE SERVICE

1) Break up Birmingham Break up BCC into four councils(districts) with independent political and managerial governance and own budget

1	Better outcomes for children - they are safer as a result	2	Low - med Unlikely to provide cultural change and skills required - need more changes than just structure Highly destabilising for service during change
2	Clear vision	3	Medium
3	Break from the past	2	Low
4	Delivers cultural change	1	Low Does not address any of the cultural issues
5	Focuses on improving practice in short term	3	Medium Arguably simpler to manage in a smaller structure but the ability to focus on practice is more dependent on
6	Support recruitment & retention of staff	4	Med - High Notwithstanding the impact of large scale change on staff retention, the model of 4 smaller councils will be a
7	Provides financial stability	2	Low -Med Likely to cost more than current organisation because of additional management layers, governance
8	Strong leadership and management	2	Low - Medium Fragmenting the council is likely to weaken leadership and management through losing the synergy of the existing leadership teams Split of existing resources across 4 areas is likely to reduce leadership and management capacity unless additional investment made.
9	Injects pace into improvements	2	Low-Med The scale and significance of the change will distract the entire council and its focus and capacity will be consumed by the structural changes rather than delivering improvements in any service. Highly likely to delay pipeline improvements that involve partners (e.g. MASH) because the new model would require 4 interfaces and models rather than 1
10	Alignment of corporate / business support	1	Low Dependent on BCC approach to setting up new structures. Possible to design strong alignment and business support into new model but likely to increase costs which are not accounted for - needs to be determined
11	Provides clear accountability	4	Med -High Assumes that the existing DCS model and statutory accountabilities would be applied to the new arrangements
12	Delivers local political leadership	4	Med-High Assuming the breaking up creates four local authorities, it maintains democratic accountability in each new area, but loses the breadth and depth of experience in the total member cohort
13	Infuses external capacity, skills & energy	3	Medium Assumes that the existing commitments to provide additional resources would still stand BUT likely to need higher level of support if split across 4 new councils
14	Strengthens effective relationships and integration with partners	2	Low-Med Fragments the public services and partner relationships of Birmingham. The entire partner economy of Birmingham is a strength and would be lost and add to the complexity of the relationship management for partners, i.e. dealing with 4 rather than 1. The loss of the council as a single partnership broker with the multiple partners in Birmingham will place heavy demand on Leadership team in the new structures and require additional capacity. The new structure will undermine pipeline agreements for partnership working and set back progress.
15	Acceptability - DfE	3	Med Not discussed but assume that this would be acceptable based on previous suggestions that the size and scale of Birmingham are limiting factors
16	Acceptability - local	2	Low-Med Not supported- the council believes scale of the entire economy of Birmingham is a strength Deeply unpopular with Head Teachers because of impact on community cohesion Unlikely to be supported by partners because it increases the number of interfaces with council services
17	Financial viability	2	Low-Med Likely to be more expensive because loss of any economies of scale and duplication of management & governance frameworks. Process of break up and redesign likely to be high cost and limited capacity of management to focus on both practice and structural change will require high level of external input / expertise - adding to cost
18	Speed of implementation	1	Low Likely to require significant lead in time - minimum 18 months. Unlikely to deliver any benefits for 2+ years. May need to align with political timetables
19	Transparency to DfE	3	Medium Dependent on effective mechanisms in place - but requires 4 governance structures Would require the same agreements around DfE involvement in improvement boards and milestones for assessing progress (multiplied by 4)

2) Outsource to the private sector

Outsource delivery of children's social care services to an external provider for 5 year contract.

1	Better outcomes for children - they are safer as a result	4	Medium Not yet proven elsewhere in children's social care Lead in time likely to distract from focus on front line Will still require programme of improvement in parallel to outsourcing - so if that works, why go ahead?
2	Clear vision	5	High Opportunity to set a very clear vision for the service - would be critical for successful tendering and contracting to choose provider
3	Break from the past	5	High New ground for children's social care locally and nationally
4	Delivers cultural change	3	Medium Likely to deliver some cultural change by moving to a different organisation but learning from other outsourcing deals, does not guarantee a positive change in culture
5	Focuses on improving practice in short term	3	Medium Using private sector / business principles to managing service likely to provide greater rigour But this model does not yet have a proven successful track record for children's safeguarding
6	Support recruitment & retention of staff	2	Low - Med Most people who become SWs do it because it is a vocation and being in a council they support the public service ethos. Unlikely, therefore, they will want to work for private sector organisation. Will be easy for them to transfer to another council due to the high vacancy rates and demand in the region.
7	Provides financial stability	3	Medium Council has already agreed to address historical underfunding in revenue budget and invest in change capacity for two years. Assume this would transfer with the Trust BUT does not include provision for outsourcing process. Also, would need a well constructed contract to ensure that provider does not significantly increase costs and at the same time does not make safeguarding decisions based on resources
8	Strong leadership and management	3	Medium In theory a trust model can provide strong leadership and management Assumes Peter Hay and senior managers from People directorate would not transfer. Dependent on the successful provider recruiting externally and there is a limited pool of high performing senior managers for children's services available in the market
9	Injects pace into improvements	3	Medium Will distract the service from the immediate improvements required and will divert resources into design and management of the outsourcing process. Service does not have sufficient capacity to give both due attention in parallel. Likely to divert frontline staff from improvements because of concerns about the change and time spent in TU / HR consultations
10	Alignment of corporate / business support	4	Med - High Assuming that part of the contract was an agreement that they could buy support from elsewhere
11	Provides clear accountability	3	Medium Possible through effective commissioning.
12	Delivers local political leadership	3	Medium If the contract and commissioning arrangements are well designed, there can be a clear opportunity for political leadership but not to the current extent
13	Infuses external capacity, skills & energy	5	High Assumes that part of the tendering and contracting process would ensure a commitment from any new provider to invest in the required capacity and skills.
14	Strengthens effective relationships and integration with partners	1	Low Risks isolating the service. In delivering better outcomes for children, safeguarding needs to work closely with partners within and outside the council. Outsourcing is likely to fragment existing relationships and the loss of the council as a partnership broker with the multiple partners in Birmingham will place heavy demand on the new Leadership team and require additional capacity. The new structure will undermine pipeline agreements / plans for partnership working modelled on the existing structure and set back progress.
15	Acceptability - DfE	3	Med Not discussed but assume that moving the service out of the council framework would be acceptable
16	Acceptability - local	1	Low Not politically acceptable and unlikely to be unpopular with staff and partners with strong commitment to public ownership of services
17	Financial viability	2	Low-Med Likely to be more expensive because private sector will want to cover risk; potentially high cost of staff redundancy. Additional high cost of managing outsourcing process. Unclear where additional funding would come from for both the improvement and the outsourcing
18	Speed of implementation	1	Low Likely to require significant lead in time - minimum 18 months. Will not deliver any benefits for 2+ years
19	Transparency to DfE	3	Medium Would require highly effective monitoring of provider - not often seen in local or national gov - but can be built in. If accountability rests with BCC as commissioner, unclear how likely a private provider will accept high level of DfE intervention / presence in governance structures

3) Trust Model - accountable to DfE (as per Le Grand paper)

Creation of a Trust for safeguarding children services separate from the Council and with a DfE appointed commissioner and statutory accountability back to Sec of State

1	Better outcomes for children - they are safer as a result	5	High Assumes that the focus and operations of the new organisation will be set up to deliver better outcomes. But will still require a programme of improvement in parallel and does carry the risk of distraction from outcomes for children to managing the structural changes Evidence from ALMOs suggest it can be successful.
2	Clear vision	5	High Safeguarding remit and direction for improvement with a view to return to council in 5 years provide a clear vision for the medium term
3	Break from the past	5	High Innovative for social care - feels different and puts delivery at arms length
4	Delivers cultural change	3	Medium Provides high potential for changing the culture but this is highly dependent on the Leadership & Management team put in place, especially because the workforce in itself will be the same as now. Score assumes Peter Hay and senior managers from People directorate would not transfer. Dependent on recruiting externally and there is a limited pool of high performing senior managers for children's services available in the market
5	Focuses on improving practice in short term	3	Medium Theoretically the single focus on safeguarding would support the short term practice priorities but such a large scale change risks diverting resources and focus from staff, management and the council to the structural change.
6	Support recruitment & retention of staff	4	Med - High For external candidates (and some internal) there is the appeal of working for an org focused on social care but may not appeal to some if the council is no longer the employer. Unlikely to appeal to most internal staff because they are weary of change and craving stability
7	Provides financial stability	3	Medium Council has already agreed to address historical underfunding in revenue budget and invest in change capacity for two years. Assume this would transfer with the Trust BUT does not include provision for costs of design and implementation of the Trust nor any additional running costs as a result of being a separate entity
8	Strong leadership and management	3	Medium In theory a trust model can provide strong leadership and management Assumes Peter Hay and senior managers from People directorate would not transfer. Dependent on recruiting externally and there is a limited pool of high performing senior managers for children's services available in the market
9	Injects pace into improvements	3	Medium Will distract the service from the immediate improvements required and will divert resources into design and implementation of the Trust. Service does not have sufficient capacity to give both due attention in parallel. Likely to divert frontline staff from improvements because of concerns about the change and time spent in TU / HR consultations
10	Alignment of corporate / business support	4	Med - High Potential to have greater alignment of support services if Trust is given freedom to specify and commission support from alternative providers. If still have to buy from BCC, score will be much lower. Corporate alignment within the Trust would be high by virtue of the design and remit. Alignment with the corporate centre of the council likely to reduce significantly because the Trust is taken out of the council framework
11	Provides clear accountability	1	Low Legality of the proposals in relation to statutory accountabilities is unclear and unresolved
12	Delivers local political leadership	1	Low The proposed model removes statutory accountability for children away from the council
13	Infuses external capacity, skills & energy	4	Med - High The injection of additional capacity does not appear to be a core part of the model but there is no reason to believe it couldn't be built into the model subject to the identification of funding
14	Strengthens effective relationships and integration with partners	3	Medium High risk of fragmenting public services and losing partner relationships In delivering better outcomes for children, safeguarding needs to work closely with partners within and outside the council. The new structure is likely to fragment existing relationships and the loss of the council as a partnership broker with the multiple partners in Birmingham will place heavy demand on Leadership team in the Trust and require additional capacity. The new structure will undermine pipeline agreements for partnership working and set back progress.
15	Acceptability - DfE	5	High But question whether they would proceed until accountability issues as a minimum are resolved
16	Acceptability - local	1	Low Not acceptable to the council because of the loss of accountability (statutory for children's social care and democratic) and local political leadership
17	Financial viability	4	Med - High Score is based on 2 key assumptions: 1. The service is given financial stability before creation of the Trust 2. The total costs of design and implementation of the Trust model are funded by DfE

18	Speed of implementation	2	<p>Low - Med</p> <p>Legal issues are not resolved yet so it is likely to delay implementation.</p> <p>Also, the process from in agreement to design to implementation is expected to take at least 18 months.</p> <p>Any benefits in quality of the service are unlikely to be realised until service has settled into new Trust (min 6 months), so 2 years + following decision to establish Trust</p>
19	Transparency to DfE	5	<p>High</p> <p>The high level of involvement and accountability of the DfE in the model - through appointed commissioner and changes in stat accountability - would necessitate a high level of transparency</p>

4) Trust Model - accountable to BCC (as per Doncaster counter-proposal)

A delivery and commissioning Trust for children's safeguarding services, directly accountable to the Council. It allows for the service to be handed back to the council once improvements have been made.

1	Better outcomes for children - they are safer as a result	5	High Assumes that the focus and operations of the new organisation will be set up to deliver better outcomes. But will still require a programme of improvement in parallel. If follow shadow trust approach, allows focus on practice in short term and reduces risk of distraction Evidence from ALMOs suggest it is successful.
2	Clear vision	5	High Safeguarding remit and direction for improvement with a view to return to council in 5 years provide a clear vision for the medium term
3	Break from the past	5	High Innovative for social care - feels different and puts delivery at arms length out of council framework and direct management
4	Delivers cultural change	3	Medium Provides high potential for changing the culture but this is highly dependent on the Leadership & Management team put in place, especially because the workforce in itself will be the same as now. Score assumes Peter Hay and senior managers from People directorate would not transfer. Dependent on recruiting externally and there is a limited pool of high performing senior managers for children's services available in the market
5	Focuses on improving practice in short term	3	Medium Theoretically the single focus on safeguarding would support the short term practice priorities but such a large scale change risks diverting resources and focus from staff, management and the council to the structural change.
6	Support recruitment & retention of staff	4	Med - High For external candidates (and some internal) there is the appeal of working for an org focused on social care but may not appeal to some if the council is no longer the employer. Unlikely to appeal to most internal staff because they are weary of change and craving stability
7	Provides financial stability	3	Medium Council has already agreed to address historical underfunding in revenue budget and invest in change capacity for two years. Assume this would transfer with the Trust BUT does not include provision for costs of design and implementation of the Trust nor any additional running costs as a result of being a separate entity
8	Strong leadership and management	3	Medium Assumes Peter Hay and senior managers from People directorate would not transfer. Dependent on recruiting externally and there is a limited pool of high performing senior managers for children's services available in the market
9	Injects pace into improvements	3	Medium Will distract the service from the immediate improvements required and will divert resources into design and implementation of the Trust. Service does not have sufficient capacity to give both due attention in parallel. Likely to divert frontline staff from improvements because of concerns about the change and time spent in TU / HR consultations
10	Alignment of corporate / business support	4	Med - High Potential to have greater alignment of support services if Trust is given freedom to specify and commission support from alternative providers. If still have to buy from BCC, score will be much lower. Corporate alignment within the Trust would be high by virtue of the design and remit. Alignment with the corporate centre of the council likely to reduce somewhat but can be mitigated through effective provider management
11	Provides clear accountability	5	High Retains clear statutory accountability to council for DCS functions
12	Delivers local political leadership	4	Med-High If the commissioning arrangements are well designed, there can be a clear opportunity for strong political leadership. Opportunity for Political representation on Executive Board (as in some ALMOs)
13	Infuses external capacity, skills & energy	4	Med - High The injection of additional capacity does not appear to be a core part of the model but there is no reason to believe it couldn't be built into the model subject to the identification of funding
14	Strengthens effective relationships and integration with partners	4	Med - High In delivering better outcomes for children, safeguarding needs to work closely with partners within and outside the council. The new structure is likely to fragment existing relationships and the loss of the council as a partnership broker with the multiple partners in Birmingham will place heavy demand on Leadership team in the Trust and require additional capacity. The new structure will undermine pipeline agreements for partnership working and set back progress.
15	Acceptability - DfE	4	Med - High Addresses issues of concern from DfE and based on Doncaster proposal, is deemed acceptable
16	Acceptability - local	4	Med - High Acceptable because of the phasing of the shadow trust and retention of political and statutory DCS accountability

17	Financial viability	4	<p>Med - High</p> <p>Score is based on 2 key assumptions:</p> <ol style="list-style-type: none"> 1. The service is given financial stability before creation of the Trust 2. The total costs of design and implementation of the Trust model are funded by DfE <p>Low additional costs for establishing shadow trust arrangements</p>
18	Speed of implementation	3	<p>Medium</p> <p>Shadow Trust phasing can be set up relatively quickly (within 6 months)</p> <p>But the process from agreement to design to implementation of full Trust is expected to take 18 months.</p> <p>The full benefits in quality of the service are unlikely to be realised until service has settled into new Trust (min 6 months), so 2+ years following decision to establish Trust</p>
19	Transparency to DfE	4	<p>Med - High</p> <p>e.g. through a strategic commissioner approved by DfE</p> <p>Also a mutually agreed lead / team on improvement board who is directly accountable to DfE; clear milestones / intervention points for DfE</p>

5) Integrated transformation

A phased strategy that maintains front line practice as short term priority but signals a clear strategic direction towards integrated commissioning and delivery, including establishment of inter-agency governance and a shadow multi-agency board for commissioning. Taps into the skills and capacity of external improvement partners from the private and public sector.

1	Better outcomes for children - they are safer as a result	5	High Provides stability and maintains a clear front line focus. Children's outcomes are at the core of the strategy with benefit of partnership approach Has benefit of learning from the past attempts in children's plus replication of model for delivering operational excellence and better outcomes for vulnerable people in Adult Social Care
2	Clear vision	4	Med - High Strategy provides a clear vision for the future of children's services - based on integrated commissioning and delivery with partners. Design principles provide clear view of direction. Score will increase once the delivery programme for the strategy is in place
3	Break from the past	3	Medium Analysis of why service has failed to deliver change in the past - and strategy seeks to address those issues For the first time, the issue is accepted as a whole council responsibility Sector support, improvement partner, and skills / inputs from public, private and vol sector represents a shift from traditional in house improvement plans and forces a more outward focused (rather than isolated) approach supported by creation of People Directorate
4	Delivers cultural change	4	Med - High Strategy acknowledges poor change management culture has been key factor in failing to improve - addressed through strategy. Developing a performance management culture also part of strategy. Integration of children's services into People Directorate will naturally result in a change in culture with opportunity to apply learning & methodology for change mgt from Adults Transformation programme
5	Focuses on improving practice in short term	5	High Work to improving practice (eg BIT) and implement changes to strengthen frontline management through increase in Team Mgrs is already in train. Strategy has strong emphasis on improving practice programme in short term alongside projects to set foundations for redesign of children's service model
6	Support recruitment & retention of staff	4	Med - High Existing staff base in place. Many staff are committed to working for Birmingham and craving stability which the strategy delivers. New culture of honesty and transparency together with focus on practice and integrated model appear popular with frontline staff Recruitment strategy includes need to rebrand the council / service and clear vision will support that. New simplified frontline management structure will make sense to potential candidates.
7	Provides financial stability	4	Med - High Council has already agreed to address historical underfunding and agreed permanent increase to the revenue budget and also agreed to invest in change capacity for two years. Two service reviews (Schools relationship and Early Years) are critical for addressing current mismatch in resources and securing financial stability.
8	Strong leadership and management	4	Med - High Creation of the People Directorate provides a strong leadership team to own the transformation agenda for children's services. A workforce development programme will strengthen the management within children's services through training and peer support. Strategy based on transformation through the wider workforce (skills, capacity and relationships) not structures
9	Injects pace into improvements	4	Med - High Injection of capacity, skills and energy is core plank of the strategy. Focus on immediate priorities in the short term ensures that there is no delay or distraction from immediates improvements. Funding for external support and project managers has already injected pace into priority projects / actions. Package of support will sustain the pace.
10	Alignment of corporate / business support	3	Medium Contingent on setting up support services board and changing the relationship between service and corporate services AND explicit changes to increase freedoms on recruitment and procurement. New CE will review corporate arrangements early on Increased score with freedom for service to buy services from elsewhere if level of corporate support not satisfactory / does not meet SLA
11	Provides clear accountability	5	High Keeps clear line of statutory accountability from front line through to Director of People and CEx. New TM structure provides clearer accountability and line of sight on operations. Firmly maintains democratic accountability with view to increase engagement of politicians at local level.
12	Delivers local political leadership	5	High Strong local political leadership already demonstrated by Leader and Children's Cabinet Member in challenging service, supporting the strategy and Leader chairing Improvement Board. Strategy further develops political leadership through strengthening Scrutiny and increasing engagement of members at local service level.
13	Infuses external capacity, skills & energy	5	High Analysis recognises that additional capacity, skills and energy are required to deliver the strategy. It includes commitment of support from within council and makes financial provision for a network of external expertise from partners and the private, voluntary and local gov sectors.

14	Strengthens effective relationships and integration with partners	5	High Strategy is fundamentally based on strengthening partnerships and establishing interagency governance and multi agency commissioning and delivery. Partners have been given a clear signal that they are part of the solution and invited to engage in agreeing a shared vision and shaping the future. Keep the scale and influence of the wider council in brokering and building relationships with partners.
15	Acceptability - DfE	3	Medium Not yet discussed but may not be considered sufficiently "different" and enough of a break with the past but does align with direction from Children's Minister in terms of immediate focus / priorities
16	Acceptability - local	5	High The strategy is the council's preferred option, balancing the need to focus on the immediate practice issues with an acceptance that it needs to do things differently in order to deliver sustained improvements in children's services
17	Financial viability	5	High Council already committed to funding the strategy and improvement plan. Strategy establishes financial stability through service reviews as well as increase in revenue funding. Focus on transformation through workforce (skills, capacity and relationships with partners) rather than structural changes.
18	Speed of implementation	5	High Builds on the current simple plan and is quick to implement. Plan is a phased one that enables short term focus on practice and putting in place foundations for the design of the future operating model and medium term plan.
19	Transparency to DfE	4	Med - High Intention to maintain close and regular engagement with the the DfE through the delivery of the strategy, e.g. an approved lead or team on the improvement board who is directly accountable to DfE and the joint development of agreed clear milestones and intervention points for DfE to assess progress.

Low: 1

Low – Med: 2

Medium: 3

Med – High: 4

High: 5