

AGREED BY
BCP BOARD



OUR CITY

INVESTING IN CHILDREN & FAMILY SERVICES

Birmingham Children's Partnership

'Benny's Babbies' Front cover image by kind permission of Cold War Steve

Project Title	Our City: Investing in Children & Family Services. Business Case Refresh.		
Project Sponsor	Andy Couldrick Prof Graeme Betts	Project Manager	Richard Selwyn
Directorate(s)	Education and Skills	Portfolio Holder	Cllr Booth
Invest to Save Proposal (Y/N)	Yes	Payback Period before Ongoing Savings realised	Various according to Scheme

Note, this document includes options to prioritise investment. See page 18 for details.

An accompanying spreadsheet includes all financial projections, benefits and priorities.

As this is a refresh, further detail is also available in the original business case.

A new Birmingham Children & Family vision is being developed.

Contents

Executive summary	8
i. Overview of the transformation	10
ii. Gantt chart of major transformation projects	13
iii. Responding to COVID-19	14
iv. Aligning with Integrated Care System, City Help & Support	15
v. Equality impact assessment	17
vi. Prioritising investment	18
vii. Financial summary	21
Chapter One – Locality teams	25
i. Summary	25
ii. Progress so far	26
iii. Benefits and impact so far	27
iv. Future plan	29
v. Future benefits and impact	29
vi. Milestones	30
vii. Budget	31
Chapter Two – Schools, Further Education and Nurseries	32
i. Summary	32
ii. Progress so far	33
iii. Benefit and impact so far	33
iv. Future plan	33
v. Future benefits and impact	34
vi. Milestones	34
vii. Budget	35
Chapter Three – Community	36
i. Summary	36
ii. Progress so far	37
iii. Benefits and impact so far	37
iv. Future plan	38
v. Future benefits and impact	38
vi. Milestones	38
vii. Budget	39

Chapter Four – Mental health and wellbeing	40
i. Summary	40
ii. Progress so far.....	41
iii. Benefits and impact so far	41
iv. Future plan.....	42
v. Future benefits and impact.....	42
vi. Milestones.....	43
vii. Budget	43
Chapter Five – Autism support	44
i. Summary	44
ii. Progress so far.....	45
iii. Benefits and impact so far	45
iv. Future plan.....	45
v. Future benefits and impact.....	45
vi. Milestones.....	45
vii. Budget	46
Chapter Six – Integrated commissioning	46
i. Summary	47
ii. Progress so far.....	48
iii. Benefits and impact so far	48
iv. Future plan.....	48
v. Future benefits and impacts	48
vi. Milestones.....	49
vii. Budget	49
Chapter Eight – Culture change	50
i. Summary	50
ii. Progress so far.....	50
iii. Benefits and impact so far	51
iv. Future plan.....	52
v. Future benefits and impact.....	54
vi. Milestones.....	54
vii. Budget	55

Chapter Nine – Impact evaluation	56
i. Summary	56
ii. Progress so far.....	57
iii. Benefits and impact so far	58
iv. Future plan.....	58
v. Future benefits and impact.....	59
vi. Milestones.....	59
vii. Budget	60
Appendix – Outcome framework.....	61
Appendix – Risks	66
Appendix – Equality impact analysis.....	69

Welcome to the revised Birmingham Children's Partnership (BCP) business case. A lot has happened in the year since our first business case that kicked off the whole system transformation of Birmingham children and family services. As a Board we started off with our vision for children and an ambition for partnership work to drive that change.

Twelve months down the line and we have engaged nearly 4,000 children and young people about what they want in their city. We have a new vision to engage our significant workforce, an innovative and robust model of Early Help in localities led by the voluntary sector. Five new services are either in place or ready to go, targeting big gaps in our capacity. Our model of joint commissioning heralds a new era of the integrated care system, joining up the system to create a new public sector economy.



Birmingham's BIG IDEAS

- 1. Be a child friendly city**
We celebrate our youth and super-diversity, value our children and young people, and we are a Child Friendly City.
- 2. Invest in early help**
Early help is everyone's business, and the responsibility of all professionals. We are investing to support families before their needs get worse.
- 3. Lift children out of poverty**
Through this investment we will reduce the number of children growing up in poverty, invest in jobs, education and outdoor spaces, and reduce needs such as mental ill-health, substance misuse and domestic abuse.

So every child and young person has a bright future

Birmingham Children's Partnership

12

The history of Birmingham children's services over the period of 2010 to 2018 has been marked by austerity, under-investment in Early Help, and a lack of collaboration with partners. The safeguarding system was failing and children's social care, CAMHS, community health and SEND services were all judged inadequate by regulators. Since 2018, Birmingham Children's Partnership has been turning around this story, taking Birmingham from the bottom decile of national performance with an expectation of being in the top decile by 2025. As the youngest city in the country with a super-diverse population, this is no less than what we should be aspiring to.

Some local areas think that by funding the statutory minimum of services they will have the most cost-effective delivery model. This is not effective and is thankfully a diminishing philosophy. Not only would services cost more in the medium term, but the long-term impact is catastrophic for economic viability and residents' outcomes, and so a cycle of decline begins. The evidence both nationally and globally, shows that investment in prevention as social problems emerge is economically and morally the right answer.

There are three reasons to refresh our business case for investing in children & family services:

1. **COVID-19 has had a significant impact on many families** — and lockdown has compounded safeguarding, domestic abuse and mental health issues. We need to be laser-focused on supporting these most vulnerable families as we build back.
2. **You only learn about a system when you try to change it** — as a partnership we've learnt lots over the last year and had some remarkable successes that we need to build on.
3. **Nothing stands still** — since the last business case local partners have been invited to become an Integrated Care System, and Birmingham City Council has started a new programme of City Help and Support. Alongside the Birmingham Children's Partnership transformation, we need these programmes to collectively be more than the sum of their parts.

The original business case was agreed in three stages: BCC Policy and Reserves Committee budget agreement in February 2020, BCP board approval in March 2020, and BCC Modern Council Delivery Board approval in April 2020. We have therefore retained the structure of the original business case and this refresh demonstrates our capacity to adapt and build on the success of our teams and partners. Each chapter within the business case have been updated to reflect our learning, our progress and renewed ambitions.

In October 2019, Central Government announced an additional £1bn for children and adult social care.

Birmingham City Council receives £35m additional funding per year from this grant, which is contributing to this business case.

Birmingham and Solihull CCG is committed to increasing the Early Help infrastructure for the City and the shift of resources to secure this. This involves a paradigm shift across service structures from specialist to preventative measures. The Integrated Care System changes will enable place-based commissioning and budgets from April 2022 reflecting local needs across the life-course. Shifting to outcomes-based commissioning at a population level will enable a significant investment in Early Help as the most cost-effective way to improve population health.

Early Help supporting Mental and Physical Wellbeing for Family of Six

Family of six: Mum and Dad had COVID -19 at the same time and were isolating. Three of the children with autism, one with complex care needs, and two of the children also had chicken pox at the same time as well.

The Erdington locality early help team provided the family with a breakfast parcel and cleaning materials to support them during the pandemic. We also provided wellbeing and support via a support worker who has been in contact with the family via the phone on a regular basis. This ensured the family was kept safe well and also supported their Mental Health and wellbeing. We received the following message from the family we supported as follows:

I would like to say a massive thank you to you. Me and my husband were really poorly with covid. I have four children. Three with autism. One with complex care needs. Two of my kids had chicken pox and two had covid as well. I managed to get a shop delivered but they didn't send any butter or cleaning wipes... or some of our normal breakfast items. With autism some of my kids are really picky eaters and no butter meant limited eating. We struggled with making breakfast and with us being poorly I was panicking about cleaning the house!! Being in isolation we couldn't get to the shop. Quick call to the Erdington Team and a lovely lady left some butter and some cleaning stuff on our doorstep it meant we could make breakfast and other meals.. That little act of kindness was so lovely. It really made a difficult time easier thank u so much. And will drop u some donations round when we can 🙏👍"

Executive summary

The purpose of investing in 'Our City' is to transform all children and family services to be as effective as possible.

This refreshed business case describes specific investments that go alongside a wider transformation which is about enabling all professionals to do a bit more for families and supporting partners to improve business as usual services. The changes we want to see are summarised in the Birmingham children and families' vision and described in more detail in the BCP Blueprint paper.



Nothing sits in isolation, and so this business case refresh should be understood alongside the Integrated Care System changes that will bring a new era of integration for both health and care services and commissioning, and greater investment in community delivery. And the City Help and Support programme in Birmingham City Council which brings investment in all-age early intervention across the community and services such as housing and benefits, and importantly delivers new integrated community hubs, which will become the home for the Early Help locality arrangements that have been established by the BCP transformation.

As you'll see through this document, we are ambitious and hell-bent on getting the best impact for children and families. The table below identifies the projected increase in the volume of support that can be delivered by this business case refresh. Draft figures to be confirmed.

New Services	Volume at Feb 21	Potential vol April 22 ¹
Kooth	5,000	13,000
Parenting support (Solihull Approach)	700	1,800
Financial assistance	7,200	7,000
Locality support for families universal plus level	6,500	20,000
Longer term support for children with additional needs	tbc	2,000
Community Autism support	0	3,000
Domestic abuse support, standard risk cases	0	5,000
CASS 'no further action' follow ups	700	3,500
Families in temporary accommodation follow up	350	1,200
Exclusion from school, 'Team around the family' (TAF)	0	300
Community grant service support to families	8,000	10,000
Totals	28,450	66,800

¹ Potential volume figures are estimates based on current supply and demand patterns in Birmingham and, in the case of Kooth and the parenting support service, equivalent uptake figures for comparable local authorities. Some families are inevitably helped more than once during the year, we calculate at least 14,000 unique families have been supported by Feb 2021.

To achieve these goals our approach is founded on the fundamental tenants of modern children's services:



- Working together to establish Early Help
- Locality working and co-production
- Relational practice with children and families
- Data informed and targeted support
- Building capacity to tackle latent demand
- Integrated provision and commissioning

Each of the key areas of transformation and the associated case for change is set out in the chapters of this plan. For this refresh we have considered the progress made so far, the benefits already realised, future plans, milestones and the financial investment required to deliver the change. A summary of each chapter is set out below:

1. **Locality teams** – new model of voluntary sector led Early Help in ten localities, connecting multi-agency professionals around the family and building Early Help capacity and social capital to reduce demand to acute services.
2. **Schools, further education and nurseries** – Placing schools at the centre of Early Help, developing a team around the education setting and enabling with shared data, shared case management and a clear offer.
3. **Community Connectors** – Developing our understanding of community resources in each locality, and training professionals across the system to connect vulnerable families to the community assets that will help them to be more resilient.
4. **Mental health and wellbeing** – Whole-school approach and much greater capacity to support children and young people following the trauma of COVID-19, including through education settings and online.
5. **Autism Support** – Big increase in capacity in the system and ensuring services can be accessed quickly by families and before a diagnosis.
6. **Integrated commissioning** – Developing integrated commissioning across health, care and education, improving placement stability, improving children's outcomes, reducing costs and reshaping local markets.
7. **Culture change** – Bringing our vision and values to life through communications, change leadership, training and development – and crucially enabling the transformation to have reach across the children and families' system.
8. **Impact evaluation** – Independent evaluation to understand the Early Help return on investment for each partner, and ethnographic insight into what it's like growing up in Birmingham.

Note that **Preparation for Adulthood** was previously included in the funding for Birmingham Children's Partnership but this has been moved to BCC Adult Social Care. We continue to work closely with the programme and see it as part of the BCP family.

Other sections of the business case cover key strategic areas including our tracking impact with a new outcomes framework, management of the risks associated with the transformation, and our assessment of how this transformation will impact on protected groups within the city. We have also included a summary of the BAME Report produced in 2020.

By the end of this investment, we expect to see significant benefits, these are set out in each business case chapter and span several key domains including social care, SEND, mental health, Autism, employability, domestic abuse and youth justice. By changing the culture across the system, these outcomes for children and families will be more sustainable and the benefits long-lasting.

i. Overview of the transformation

The Birmingham Children's Partnership is undertaking a transformation of the system for children and families, and we want to do it right. Transformation of a whole system is very different to changing specific services; it requires a more collaborative approach to change. We are building a scaffold of the new model with the operating conditions that will enable thousands of people across the system to make transformational changes. Shifting professionals to work in localities is an enabler, as is the new vision developed with children and young people. So far, our city has responded well to this approach, and the rapid response to COVID-19 is a testament to the commitment of partners and especially the voluntary and community sectors. Our response to COVID-19 sets Birmingham apart from other local areas which struggled early in the pandemic.

Our model of new service delivery is informed by what we see in other leading local areas, such as Oldham and Wigan in Greater Manchester, Bristol, Liverpool, Durham, Leeds, Barking and Dagenham and Staffordshire. In these places we see consistent messages of how to reform public sector delivery. Investment in early intervention, targeting those in most need of help by using data integration and analytics, the integration of public services in localities hubs are all approaches that have proven successful elsewhere in the UK. When these approaches are augmented with more compassionate leadership, partnership and engagement with the community, and user-led design, you see transformational change.

As a partnership, we have agreed the following principles to work together, which are guiding boards, professionals and the design teams:

1. We focus on relationships and bring even more compassion to our processes and service delivery
2. Services and systems are connected around families: multi-agency teams are based in localities and professionals are part of the community
3. Frontline practice embraces whole family working and co-production with families
4. We share data and intelligence to help target those most in need
5. We collectively rebalance investment from acute services to Early Help for children and families, and
6. Leaders at all levels trust each other, we solve problems as a system and share risks.

I love Birmingham City but some areas do seem deprived of opportunity and filled with violence and crime. There's a clear difference in the amount of money put into some areas such as Sutton Coldfield compared to Aston. It would be more helpful if more money was put into these areas to reduce the gap in money between different areas of Birmingham and also help young people not make bad choices such as participating in crime and violence.

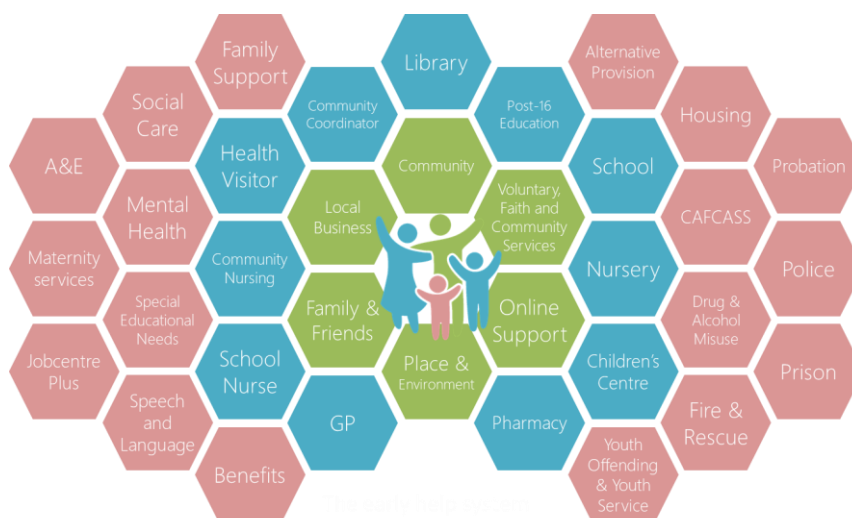
Male, age 15



Birmingham Children's Partnership

The overview of our transformation includes the following key changes:

- **Increasing the volume** of help that's there for families in localities, the community, universal services such as schools, and online. *From Birmingham with Love*² is a good example of stretching the Early Help / early intervention so there is a universal offer for *all* families during the COVID-19 lockdown. The extra capacity for online help includes a refreshed local offer website, advice and guidance, parenting courses and mental health support.
- **Community help** is important for all of us, be it from neighbours, friends and family, local interest groups, faith or voluntary sectors. This is what keeps you and me resilient. These connections to the community and resilience can be a distinguishing feature between families who thrive under difficult conditions, and those who need support from acute services. We are borrowing a Durham model of Community Connectors to train all professionals in the local community resources that are available, and how to connect vulnerable families into these resources.
- **Developing the quality** of support from schools, nurseries and further education. We know from other local areas that a *team around the school* model increases schools' confidence, engagement with multi-agency professionals, improves the quality of practice and reduces demand to social care (and likely other services such as policing, SEND, health, etc). A new case management system shared across all professionals will drive quality of practice, connect professionals, improve information sharing, and reduce the number of times families have to tell their story. All plans will include support from the community, this support remains when statutory services step down, increases long-term resilience and reduces demand.
- **More professional capacity in localities**, building local professional relationships and integration, and reversing the decade of austerity cuts. The extra staff in localities and the leadership from the voluntary sector which helps to pull in community capacity to help families is all critical. The Early Help Handbook will be a comprehensive online guide to drive up the quality of practice across the Early Help system. And we are stretching Early Help into the acute system, so the positive relationships a family might have with an Early Help professional, teacher or health visitor is maintained if needs escalate. This is important because it's these positive relationships which lead to trust, quality conversations, and ultimately the family wanting to change (c.f. the Islington Families First model).



² From Birmingham with Love offer www.birmingham.gov.uk/love

- **Understanding data insight** will lead to a step-change in our ability to understand residents' needs and connect them to a range of services, community offer, help through schools, digital advice and guidance. This model of targeting need only works if there is sufficient capacity to help those with hidden need earlier, which underlines the Birmingham Children's Partnership strategy. Early work to identify need and proactively offer support has been successful, e.g. for families in temporary accommodation.
- **Establishing infrastructure** for the new model, including BCP governance, the Early Help Partnership Board which will be an Alliance for Early Help linked to the Integrated Care System, the locality steering groups and Design Teams. And finally the new Birmingham Children and Families Vision, based on the views of 4000 children and young people, is an important rallying cry to the sector to shift the culture and investment of the city towards our young and super-diverse population.

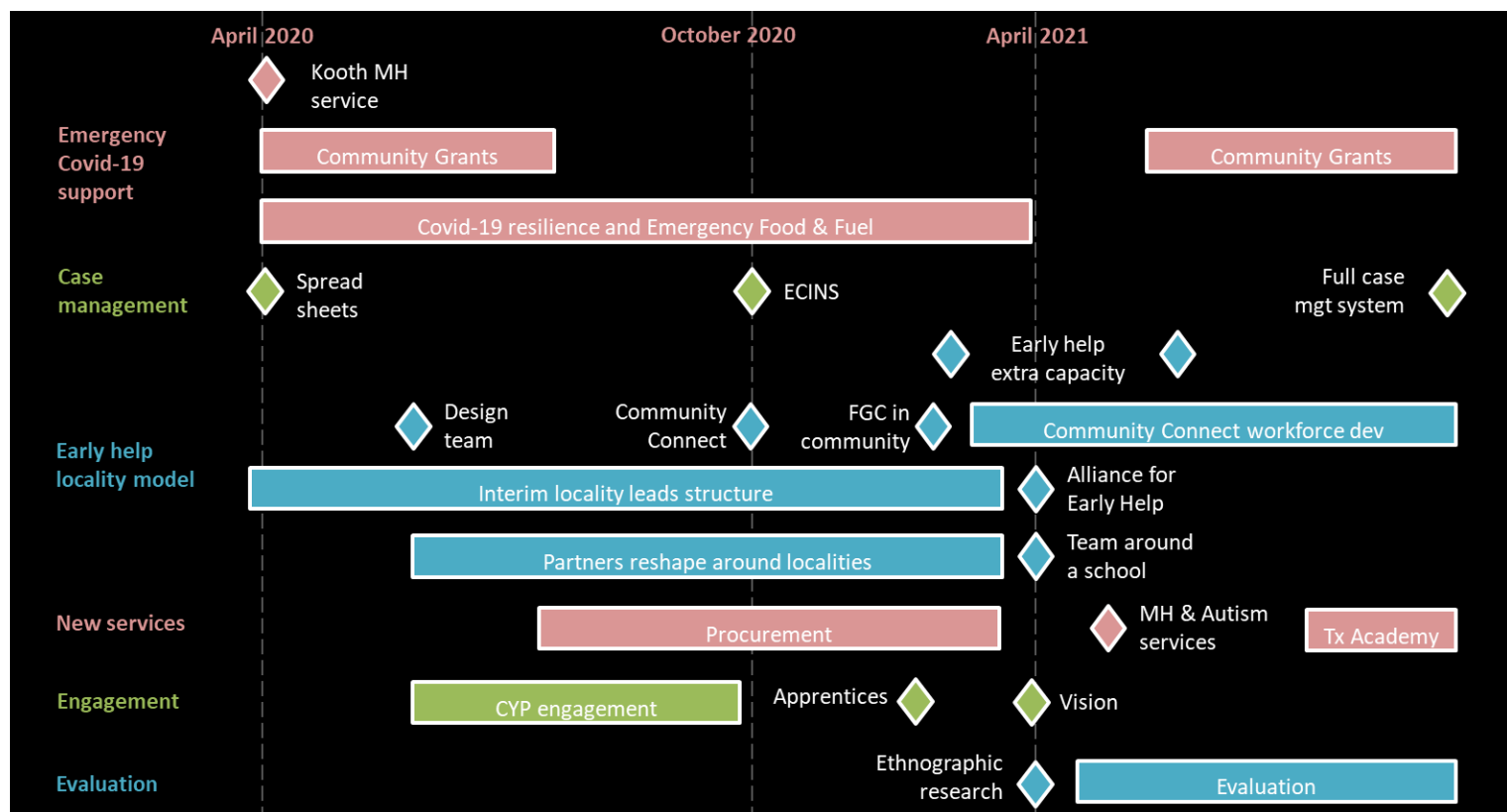
Early Help supporting single mother with food and financial advice

One mother of two young children, including one infant in Edgbaston, who we had been supporting through our wider Children & Families work prior to the COVID-19 outbreak had been struggling financially due to increasing bills during the lockdown, other challenges around having been at home during the lockdown period including unresolved damp issues.

We were able to advise her about changes to rules to allow social bubbling from our catch up calls. We referred her to our Community Advice service for issues with her Universal Credit payments, support with her water bills and chase up repairs. The Holiday Hunger parcel we delivered provided some much needed relief for the family, activities for her nursery age child, nappies and formula for her infant through our Baby Bank provision, help with utilities topping up her prepayment meters and a food parcel to help take further pressure off her finances.

ii. Gantt chart of major transformation projects

Summary of the major projects undertaken in the last year; more detail is described in the original business case (April 2020) and in subsequent chapters of this refreshed business case.



Draft summary of key projects to be undertaken by the transformation programme over the coming years.



iii. Responding to COVID-19

When COVID-19 and the first lockdown hit Birmingham we dropped everything to respond to worries about mental health, safeguarding issues, domestic abuse and poverty that affected so many families.

1. Established a new online mental health service for 400,000 young people aged 11-25. We set up Kooth in two weeks, the largest roll-out they have done in the shortest time.
2. Set up an emergency small resilience grant scheme for families that gave an average of £133 for each of 7000 families. This was a godsend to struggling families and enabled us to get a *foot in the door*, to ask about a family's needs and connect them into other professionals and community support. See images from various social media campaigns that were launched by all Birmingham Children's partners.
3. Established a new emergency food and fuel scheme as families in lockdown three are running out of fuel vouchers over winter and suffering food poverty.
4. Created ten new localities for Early Help in four weeks (we previously thought a year was ambitious). The voluntary sector was amazing at stepping up to lead the localities, and we have been able to connect better to communities and leverage the huge local resources that are available to help families at no cost to the taxpayer. The localities have now helped 6,500 families.
5. Distributed a grants scheme to community groups to create 162 new services to help families through lockdown and the impact of COVID-19. Overall, we distributed 33,000 activity packs, 8,400 IAG or counselling sessions, and 1,300 physical, health and wellbeing activities.
6. Accelerated the team around the school model as it becomes increasingly important that we work hand-in-hand with schools to pick up on safeguarding concerns and ensure no families are forgotten.
7. Engaged more with young people to amplify their voice during the pandemic, including surveys on the vaccine take up and impact of online schooling.

These changes have had a fundamental effect on the Birmingham Children's Partnership transformation, and this business case refresh is designed to meet the ongoing needs of families and the long-Covid effect that we are likely to see for many years. We are also seeing a worrying trend of a disconnect between the public and public services (e.g. take up of the vaccine), the Early Help model with leadership from the voluntary sector is part of our mitigation and designed to improve the relationships at a local level across Birmingham. This innovative model is likely to be of national interest.



iv. Aligning with Integrated Care System, City Help & Support

The Integrated Care System will bring with it a new era of integration at all levels of organisations – formal governance structures, service management and operational delivery. These changes have been long-anticipated and built into the Birmingham Children's Partnership structure:

- The Birmingham Children's Partnership Board has operated effectively at Chief Executive level for the last three years – driving the principles and design of transformation that is now being implemented. Over time this governance structure has grown, with boards at Director (BCP Exec), Assistant Director (BCP Senior Delivery Group) and Service Manager (Partnership Operational Group) levels to oversee different aspects of the delivery. The BCP Board will report to the ICS Board. We have been developing integrated commissioning which will align to the ICS life-course commissioning developments. The ICS also brings in a shift to place-based decision making on budgets and the opportunity to invest in early help where that makes sense for the city. The needs assessment at a locality level and locality based commissioning at a population level supports this transition. And we are also establishing an Alliance for Early Help underpinned by robust legal agreements including a section 75 for transfer of funding and functions. The Early Help Alliance will connect to other provider / commissioner alliances as they become operational.
- At the service management level we have shifted to locality working and installed a new place-based management structure for the ten localities in partnership with the voluntary sector. These changes are designed to improve effectiveness through re-establishing personal relationships between partners, including universal services, emphasising relational delivery, and connecting / integrating services around families. It is likely that the ICS place levels will include five areas of management which align to the boundaries of the ten localities and further enable integration.
- For operational delivery there is a significant campaign of bringing together the cultures of our workforces, promoting the values and behaviours of Birmingham Children's Partnership, connecting professionals around a family, changing processes and procedures (to be documented in the Early Help Handbook), and putting enabling technologies in place with the local offer website and shared case management system. All these changes are designed to bring together professionals across multiple agencies, to work for effectively for families. This cultural change is necessary before any structural change which puts the BCP transformation on the critical path for ICS integration.

The Birmingham City Council City Help and Support brings a significant and welcome new level of integration for Council services through local hubs, and a model of early intervention to help citizens to cope and then thrive.



- In designing the Birmingham Children's Partnership transformation, we looked across the country at the best and emerging practice, much of which is setting a new model for the relationship between citizens and public services, and re-thinking how public services align to needs in localities. It has been our ambition to pull together children and family services across the partnership so that we are ready to move to a more integrated hub-based model. The Birmingham City Council restructuring of City Help and Support was anticipated and aligns well to our ambitions – enabling 11 council services to be integrated and further to integrate with voluntary sector, health, social care and potentially DWP delivery of support to citizens in a new structure of local public service hubs. The cultural alignment we have put in place enables these changes that will need to be underpinned by an estates strategy and IT integration (both already underway)

through the ICS programme). We are also anticipating all-age services, where appropriate, through the Preparation for Adulthood programme, community grants and Family Group Conferencing in the community.

- The Birmingham Children's Partnership investment in early help has been about improving our targeted support to families most in need, and also about stretching early help into a broader offer to help all families who are struggling through COVID-19 and successive lockdowns to address the root causes of problems. For example, we identified a cohort of 3000 families in temporary accommodation who were at risk of food poverty, digital poverty and Covid-19 infection. We specifically targeted this group by working in partnership with Housing to share data and address these families' needs. And we have written to all parents in the city with partners' *From Birmingham with Love* offer which includes a broad, often digital offer, which can support more families much earlier. And finally, we have been working with communities to significantly increase social capital and then to connect the families that are most able to benefit to this social capital. Improving their resilience and reducing the likelihood that they will need more intensive support in the future.

These important changes go alongside other developments such as the community strategy in Birmingham Community Healthcare, the re-deployment to support the Covid-19 effort in the NHS, and internal restructures, which will be the constant of change that we navigate. The Birmingham Children's Partnership has always demonstrated a dynamic and inclusive approach to transformation management that is well positioned to work effectively across a complex partnership where we are more than the sum of our parts.

Early Help Supporting for Victims of Domestic Abuse in Ladywood

We have put into place emotional support for our ladies and children who were struggling to cope with Covid-19 restrictions as well all the worries around their life changes in fleeing Domestic Abuse.

One 11-year-old girl, who had been out of education for 6 months, was given education support on a weekly basis. She was still not happy in herself, missing not being at school and her mum was saying her behaviour had worsened.

This young lady is very reserved and struggled to show her emotion, her facial expressions were very vague. She would try having adult conversations with the staff, although they were often 1 sided and seemed uncomfortable.

Since she has been having the emotional support her whole appearance has changed, she is happier in herself which you can read on her face. The staff are reporting that she has returned to a child again and having really nice 2 way conversations. Her school work has improved and her mum has said her behaviour has changed for the better.

I still think we have a long way to go, but we have also made a huge difference for the better for this young lady; she has come through the hardest part.

v. Equality impact assessment

An independent Equality Impact Assessment (EIA) concluded that the proposals set out in this business case are likely to have an overall positive equality impact on the health and care needs of children and families. The EIA considered a comprehensive range of protected groups and communities, thoughtfully analysing the differing perspectives and needs that exist in our super-diverse city. There are several recommendations concerning the further development and implementation of the plan, these are set out in the full EIA appended to this business case. Key recommendations concerned importance of considering the experience of the 'digital generation' when designing and delivering services. Children born in the 21st Century are often considered 'digital natives' and expect services to be aligned with these expectations. At the same time digital exclusion remains a significant problem in society and our plans should take account of this.

The EIA warns of the how disadvantage, discrimination and disability can impact on some people and communities concurrently, creating a complexity of inequality that requires sophisticated service design and delivery to remedy. Regarding our plans to transform mental health services the EIA made recommendations regarding the stigma associated with poor mental health in some communities and the vulnerability of LGBTQ+ young people. There were also important recommendations regarding workforce development and the opportunities to create greater social value through our commissioning of services to third party organisations.

In order to promote inclusive practice and highlight areas of ethnic disparity, BCP led on a 'deep dive' analysis to understanding the impact of COVID-19 on the safety and wellbeing of children and families in Birmingham. This research was carried out in January 2020 and focussed on ethnicity. The impact of the COVID-19 pandemic on families living in Birmingham was investigated, with a view to identifying trends relating to ethnicity. Specifically, the report compared the experience of 'BAME' (Black, Asian or minority ethnic) children, young people and their families, with that of White groups.

During the initial onset of the COVID-19 pandemic, our analyses revealed small ethnic disparities for children admitted to hospital with injury, mandatory health visitor checks and recurrent missing episodes. In response to these findings, Birmingham Children's Hospital, Birmingham Community Healthcare Trust and Birmingham Children's Trust undertook detailed analyses to explore trends further, leading to improved awareness and increased scrutiny of ethnicity information. More specifically, changes in practice resulting from the report are as follows:

- Birmingham Community Healthcare Trust has updated internal dashboards and now reports regularly to the commissioner on ethnicity.
- Birmingham Children's Trust has set up a multi-agency forum to investigate missing episodes.

Our generation is not going to tolerate racism and we don't want our city to be that way. There is a big problem with normalised racism. Homophobia is normalised. "That's so gay" is used too often and the wealth divide is a problem.

Male, age 15



vi. Prioritising investment

Due to the pandemic and new developments in the Council there is a need to prioritise the investment for the next financial year. It is critical that we get these decisions right to maintain the momentum of the transformation, key principles for investment have been agreed by the Birmingham Children's Partnership Executive Board:

- We are **protecting frontline, children and family-facing services**. We hope to develop their reach through further future investment, based on future business cases, but for now we must support the work we have only recently stood up.
- We are seeking investment to support and **sustain the local, and locality-based, delivery** of services that build resilience, community engagement and family support.
(Both of these help us **manage demand** for higher tariff, higher cost services. Future budget assumptions in BCC assume that we can do this.)
- We recognise that there is much we don't know now about need and risk in communities post-pandemic, and so want to be able to **learn and respond**, pulling together partner responses and making further evidence-informed business cases for further investment to support recovery for our children, young people and families, with our schools and communities.

Each line of the business case has been assessed as one of three priorities:



Priority 1 – urgent to proceed as current employment is at risk or the service is immediately critical to children and family outcomes during lockdown. If we don't provide assurance before the end of February 2021 then professionals will be put on notice and services are likely to stop.



Priority 2 – important services that should be supported as there is a direct impact on children and family outcomes, and prioritising investment will reduce demand to pressured acute services.



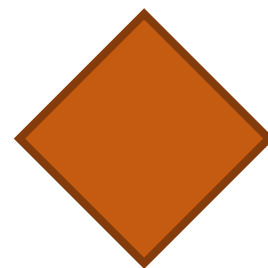
Priority 3 – important to continue with this investment although a small delay will have a longer-term rather than immediate effect on children and family outcomes.

The refreshed business case identifies the rationale, planning and benefits for each investment proposal. The following is a short summary of priorities, and the remainder of the business case should be consulted for details.

Priority 1 investment

This is our highest priority. The cost of priority 1 services for FY21/22 is **£4.8m**.

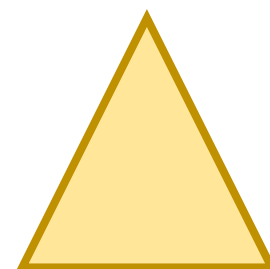
- **Locality teams phase one** – we are currently recruiting 37 professionals in the Birmingham Children's Trust (BCT) to deliver Early Help in three localities, due to start in February 2021. This is the first phase of the locality staffing model, and these professionals are essential to support families during the COVID-19 lockdown period, and in the aftermath.
- **Locality leads** – there are nine locality voluntary sector organisations providing a locality lead and back-officer support for the function. This service is funded through a grant to BVSC and is critical to engaging the community sector to support families and providing and coordinating the support that families receive.
- **BVSC leadership and administration**– Birmingham Voluntary Sector Council (BVSC) is an important partner to manage the delivery of the locality Early Help, community connect service, making every contact count project manager, and community grants.
- **ECINS license** (Electronic Charting and Integrated Navigation System) – for the new case management system that connects the whole Early Help system. If we don't purchase a new licence then the early help information sharing and protection of children will be at risk.



- **Online parenting support** – important part of the offer for parents, grandparents and carers during Covid-19 lockdown to know how to deal with challenging behaviour and improve relationships within the family.
- **Community Connect service** – 20 FTE staff are currently employed to deliver the community connect service in localities, with a service manager in BVSC to coordinate delivery. The community connect service trains all professionals across Early Help to connect families to local community resources so they are more resilient. These roles will significantly reduce demand by increasing the help that families get first in their neighbourhoods.
- **Kooth mental health service** – this is an online platform providing advice and guidance, moderated peer support and counselling. Having an online mental health service has been critical during the periods of lockdown when children and young people's anxiety, psychosis and eating disorders have been rising. The service was commissioned in April 2020 and is a joint contract with Solihull, administered by BSOL CCG.
- **Mental health STICK teams** – the Screening, Training, Intervention, Consultation and Knowledge service (STICK) is delivered by Forward Thinking Birmingham. The proposal is to significantly expand the service to provide more capacity to support families in the ten early help localities – providing both consultancy development of early help staff and direct support to children and young people.
- **Transformation Apprentices** – two young apprentices with experience of the health and care system were recruited in January 2021 for a two year term to work on service design and engagement. Already their presence on boards and perspective is having a profound effect and these roles are important to model the future of Birmingham Children's Partnership.

Priority 2 investment

This is our medium priority. The cost of priority 1 and 2 services for FY21/22 is **£8.2m**.



- **Locality teams phase two** – to recruit another 50 professionals to support targeted Early Help in the six remaining localities (Northfield already has pathfinder capacity). We are concerned about the increase in demand due to further lockdowns and this capacity will enable partners in localities to help families during this most difficult period.
- **Family support case managers** – we are rolling out ECINS case management to partners including schools. This gives us an enviable ability to manage the quality of Early Help across the whole Early Help system but requires capacity to coach and manage the quality of case records and practice. These roles support the practice in schools, nurseries and other universal services and are based in BCT.
- **Mental health NewStart programme** – this second new mental health service is based in schools and has been scoped by the Mental Health Design Team, with specifications agreed and Birmingham Education Partnership is ready to deploy. The proposal expands the number of schools running the NewStart programme from 75 to all primary and secondary schools. It's critically important that we develop capacity in schools to support children and young people's emotional health and wellbeing and reduce the likelihood of conditions getting worse and young people requiring acute interventions.
- **Autism services** – we have two new Autism services that have been scoped by the Autism Design Team, endorsed by the All-Age Autism Board, and are ready to be deployed. The Community Autism Service will support 3,000 families a year (pre or post-diagnosis), we have run a competitive tender and identified the preferred provider. The second service is for parenting training and the specification has been agreed with the provider. Both services are ready to begin deployment and meet a huge gap in our SEND and Health services, with an Ofsted / CQC inspection expected in the Summer. 50% of children in care have an Autism diagnosis and Birmingham desperately needs early intervention capacity.
- **Head of Communications and Engagement** – as a transformation that is working with hundreds of organisations and thousands of professionals, the comms function has been critical. As we promote support

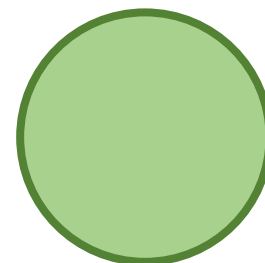
to families, directly engage through localities and roll-out a vision, the Early Help Handbook, weekly comms to all staff, and products such as the ethnographic study, we are dependent on effective delivery of comms.

- **Integrated Commissioning service manager** – we recruited a service manager for the integrated brokerage service in Autumn 2020 to start the process of integrating commissioning in anticipation of the ICS programme. This role is critical to improving the education and care management of placements.

Priority 3 investment

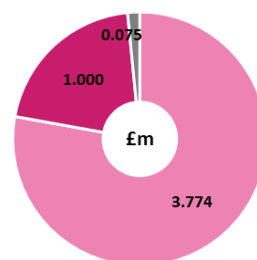
This is our lowest priority. The cost of priority 1, 2 and 3 services for FY21/22 is **£11.4m**.

- **School engagement and data sharing** – two school negotiation leads, employed in BEP and Birmingham City Council (BCC), are proposed to lead on scoping the *offer* and *ask* of schools / nurseries / FE, and coordinate our engagement with this strategically critical partner. The data leads would be employed in Public Health and support data sharing with schools leading to a new level of openness and partnership work.
- **New case management system** – scoping and development of a new case management system that will ensure interoperability between Early Help and all-age social care.
- **Family group conferencing in the community** – this is a pilot building on a Camden model to support people in the community to solve their own local issues.
- **Community grants** – building social capital in localities that we can connect families to through a series of grants to for small community, voluntary and faith groups. This proposal includes a post in BVSC to help small groups to bid to this, the 50 other grant schemes in the city, and national schemes.
- **Local offer website** – development of the local offer website to host all information for families and young people.
- **Placements review** – a third party review of placements across the partnership to identify improvements in outcomes for children and young people and efficiency improvements in how we manage providers.
- **Leadership academy** – a service and system design and leadership training programme for service managers across the partnership to develop our ability to lead the changes needed for children and young people, and to develop more cost effective services that reduce demand.
- **Impact evaluation** – to answer the critical question: what is the return on Early Help investment for each partner. So that all partners are confident that continuing to increase Early Help funding is the best way to make efficiency savings and support the city. The tender documents and market warming have been completed and are ready to go.



vii. Financial summary

The following tables show the financial investment and non-cashable return for priorities 1, 2 and 3. A full spreadsheet is available for Finance colleagues.



Priority 1 investment

Including locality teams phase 1, locality leads, BVSC leadership and administration, ECINS license, online parenting, community connect service, Kooth mental health, mental health STICK teams, and transformation apprentices.

■ Frontline ■ Training ■ Infrastructure

Investments		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	2.830	2.849	2.849	2.849	11.377
2	School, Further Education and Nurseries	0.020	0.020	0.020	0.020	0.080
3	Community	1.000	1.000	0.500	0.000	2.500
4	Mental Health and Wellbeing	0.943	0.943	0.943	0.943	3.773
5	Autism Support	0.000	0.000	0.000	0.000	0.000
6	Integrated Commissioning	0.000	0.000	0.000	0.000	0.000
7	Culture Change	0.055	0.055	0.000	0.000	0.110
8	Impact Evaluation	0.000	0.000	0.000	0.000	0.000
Total		4.849	4.867	4.312	3.812	17.840

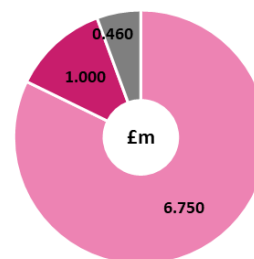
Possible Business Benefits		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	2.1	3.4	3.4	3.4	12.2
2	School, Further Education and Nurseries	0.0	0.0	0.0	0.0	0.0
3	Community	2.2	2.2	1.1	0.0	5.6
4	Mental Health and Wellbeing	0.9	0.9	0.9	0.9	3.8
5	Autism Support	0.0	0.0	0.0	0.0	0.0
6	Integrated Commissioning	0.0	0.0	0.0	0.0	0.0
7	Culture Change	0.0	0.0	0.0	0.0	0.0
8	Impact Evaluation	0.0	0.0	0.0	0.0	0.0
Total Benefits		5.2	6.5	5.4	4.3	21.5

Net Cost (Benefits)		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
Net (Benefits)		-0.4	-1.7	-1.1	-0.5	-3.7



Priority 1 & 2 investment

Including priority 1 investments, and locality teams phase two, family support case managers, mental health NewStart, autism services, head of communications and engagement, and integrated commissioning service manager.



■ Frontline ■ Training ■ Infrastructure

Investments		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	4.867	5.537	5.537	5.537	21.477
2	School, Further Education and Nurseries	0.182	0.234	0.234	0.234	0.884
3	Community	1.000	1.000	0.500	0.000	2.500
4	Mental Health and Wellbeing	1.283	1.396	1.396	0.943	5.018
5	Autism Support	0.600	0.800	0.700	0.600	2.700
6	Integrated Commissioning	0.129	0.129	0.000	0.000	0.258
7	Culture Change	0.149	0.149	0.094	0.094	0.486
8	Impact Evaluation	0.000	0.000	0.000	0.000	0.000
Total		8.210	9.245	8.461	7.408	33.324

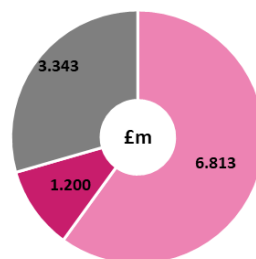
Possible Business Benefits		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	4.0	9.9	9.9	9.9	33.7
2	School, Further Education and Nurseries	0.0	0.0	0.0	0.0	0.0
3	Community	2.2	2.2	1.1	0.0	5.6
4	Mental Health and Wellbeing	1.3	1.4	1.4	0.9	5.0
5	Autism Support	0.6	0.8	0.7	0.6	2.7
6	Integrated Commissioning	0.0	0.0	0.0	0.0	0.0
7	Culture Change	0.0	0.0	0.0	0.0	0.0
8	Impact Evaluation	0.0	0.0	0.0	0.0	0.0
Total Benefits		8.1	14.3	13.1	11.4	46.9

Net Cost (Benefits)		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
Net (Benefits)		0.1	-5.1	-4.6	-4.0	-13.6



Priority 1, 2 & 3 investment

Including priority 1 and 2 investments, and school engagement and data sharing, new case management system, family group conferences in the community, community grants, local offer website, placements review, leadership academy, and impact evaluation.



■ Frontline ■ Training ■ Infrastructure

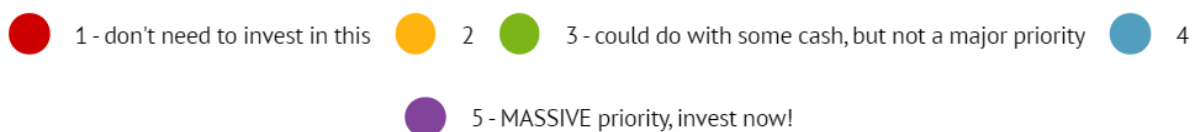
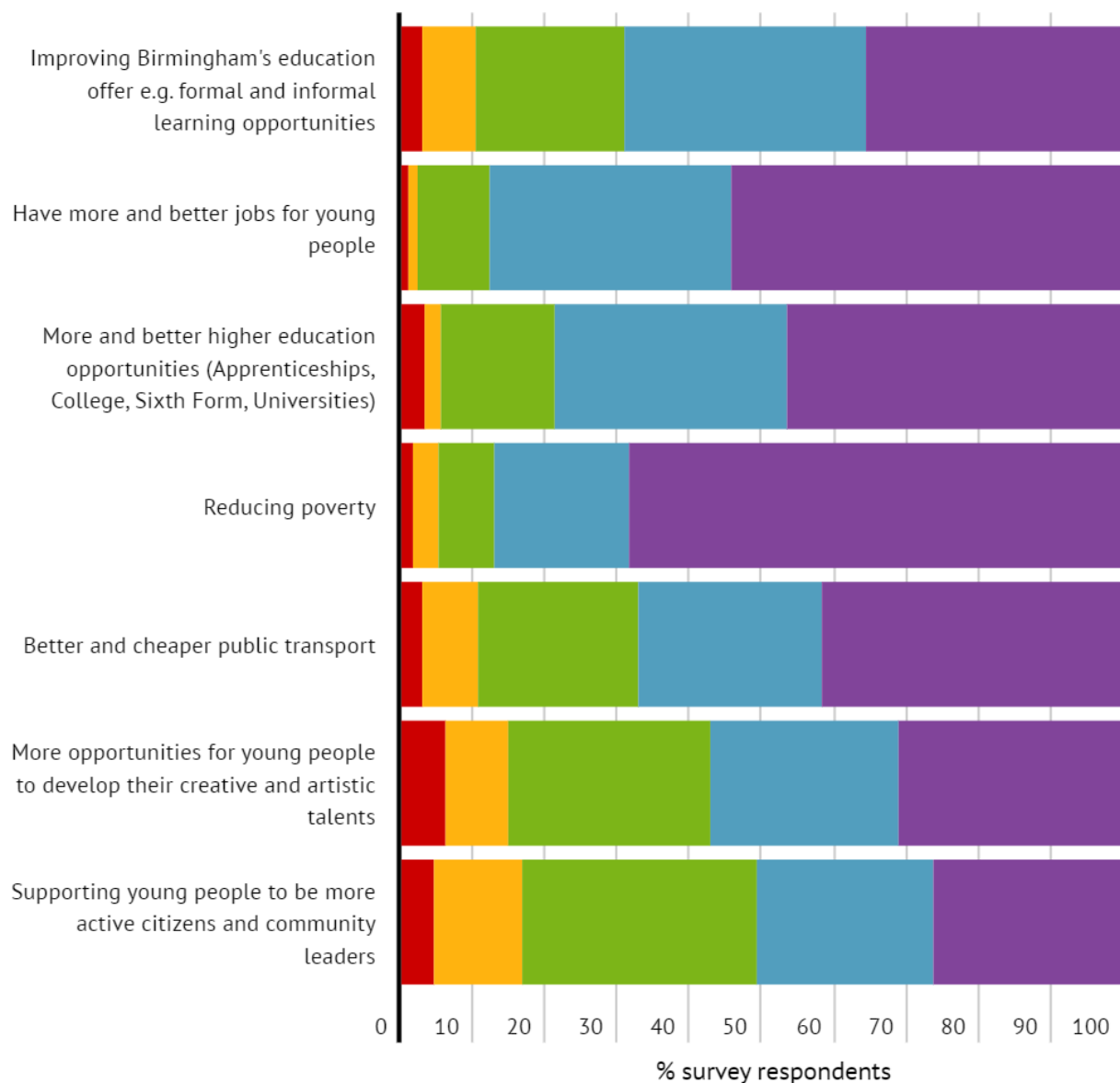
Investments		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	4.867	5.537	5.537	5.537	21.477
2	School, Further Education and Nurseries	1.459	0.864	0.864	0.864	4.051
3	Community	1.861	1.882	1.341	0.800	5.883
4	Mental Health and Wellbeing	1.346	1.460	1.460	1.007	5.272
5	Autism Support	0.600	0.800	0.700	0.600	2.700
6	Integrated Commissioning	0.729	0.129	0.000	0.000	0.858
7	Culture Change	0.374	0.374	0.119	0.119	0.986
8	Impact Evaluation	0.120	0.125	0.125	0.103	0.473
	Total	11.356	11.170	10.145	9.029	41.701

Possible Business Benefits		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
1	Locality Teams	4.0	9.9	9.9	9.9	33.7
2	School, Further Education and Nurseries	0.0	0.0	0.0	0.0	0.0
3	Community	4.1	4.2	3.0	1.8	13.1
4	Mental Health and Wellbeing	1.3	1.5	1.5	1.0	5.3
5	Autism Support	0.6	0.8	0.7	0.6	2.7
6	Integrated Commissioning	1.2	1.2	1.2	1.2	5.0
7	Culture Change	0.0	0.0	0.0	0.0	0.0
8	Impact Evaluation	0.0	0.0	0.0	0.0	0.0
	Total Benefits	11.3	17.6	16.3	14.5	59.7

Net Cost (Benefits)		2021/22	2022/23	2023/24	2024/25	Total
		£m	£m	£m	£m	£m
	Net (Benefits)	0.1	-6.4	-6.1	-5.5	-18.0

This graph shows Young People's priorities for Birmingham, following a survey by their peers on the BCP Young Researchers team.

Graph showing young people's answers (aged 11-25) to the question, "Which of the following do you think Birmingham City should invest in, as a priority for young people. Please choose 5 top priorities at score of 5 and then rate the rest as normal!"



Chapter One – Locality teams

i. Summary

Locality teams are the glue of the whole Birmingham Children's Partnership transformation programme. Working in ten localities enables staff to build personal relationships with other professionals and settings such as schools, children's centres and GPs, and enable a relational model of practice. Additional capacity in the teams has been developed through linking to communities, with networks of Voluntary Community Sector (VCS) organisations now developing in each locality. In each locality there is a partnership approach with a lead VCS organisation, and a team of public sector staff. The locality arrangements are to be commissioned by the Early Help Partnership Board, currently in shadow form.

To develop the capacity of locality teams, we are proposing an investment of £5m, to recruit 92 professional and support staff and develop further the multi-agency support for the Early Help teams based in localities (with a mix of care, education, police and health staffing), aligned to both adult social care, Birmingham Forward Steps and special education needs and disabilities (SEND) teams. We will increase intervention and support provided to families that fall into the Universal Plus and Additional Needs as per the Right Help Right Time Guidance (RHRT).



Evidence suggests this multi-agency approach to Early Help can effectively reduce demand for statutory social care and its associated costs:

- As part of its Troubled Families Programme, East Kent ran a pilot which placed integrated social care and Early Help teams within high need, high referring schools. Teams, which were either physically or virtually linked with schools, were available to support school staff to understand and manage risk, and also identify relevant support for families. Over the course of a year, **overall demand for social care in East Kent reduced by 22%³**.
- Westminster City Council Family Recovery Programme saw a return on investment of **£2.10 for every £1 spent** associated with interventions which centred around multidisciplinary teams which were set-up to tackle families at risk⁴.

³ Ministry of Housing, Communities & Local Government (2019) Building Resilient Families: Third annual report of the Troubled Families Programme 2018-19, p.33

⁴ <https://www.healthysuffolk.org.uk/uploads/research1.pdf> [Accessed 02.20]

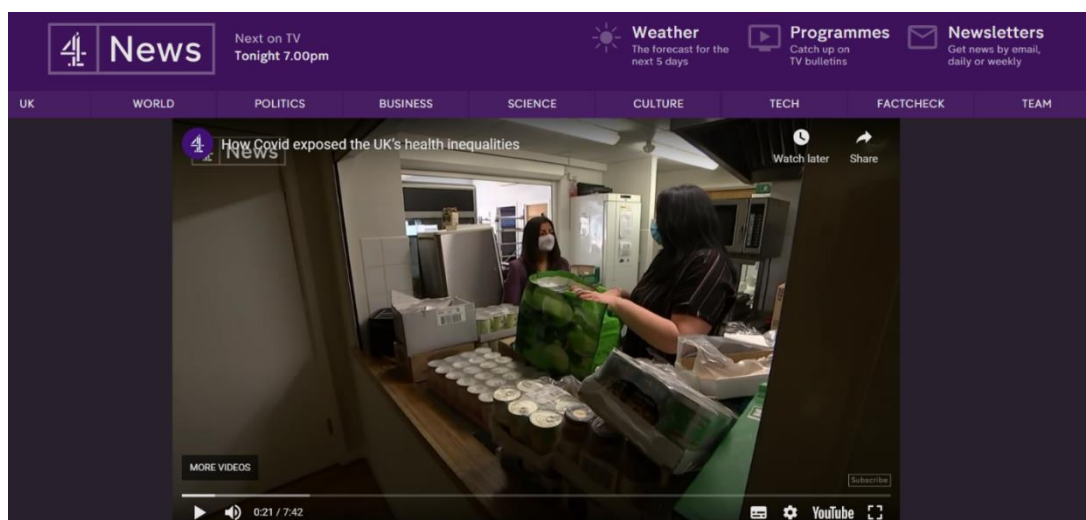
- Drawing on evidence of the impact of transformations in adult social care, it has been estimated that the introduction of a new community-led, local hub based system of support generated a return of **£2.22 in non-cashable savings for every £1 spent** in one local authority area. The savings relate to costs avoided by supporting people new to the system, diverting them away from formal social care support⁵.
- More widely, the Troubled Families programme provides attributable evidence of the positive impact of earlier intervention on demand for social care. By intervening in a timely way in the lives of families with complex needs, the programme was found to bring about a reduction in the proportion of children in care. After two years of engagement with the programme there were fewer children in care in families that took part in the programme (1.7%) compared to similar families that had not engaged with the programme (2.5%): a 32% reduction in children in care⁶. In addition to improved, attributable outcomes for families, the Troubled Families Programme can be credited with a return of £1.51 of fiscal benefits for every £1 spent on the programme or £2.28 benefits when including non-cashable savings⁷.

ii. Progress so far

Following the agreement of the Business Case in March 2020, the mobilisation of the plan was quickly revised in the context of the COVID-19-19 pandemic.

The plans for locality teams were accelerated, and in each of the ten localities, a Voluntary Sector organisation was appointed to lead the development of a locality Early Help partnership and team. The voluntary and community sectors were incredible at stepping up in a time of need for Birmingham. Co-ordinated by the VCS lead thousands of families have benefited from practical, and wider family support to help cope with the challenges of the pandemic. BCC also approved emergency funding for Resilience Grants for individual families up to £150 and a community grants programme to build community capacity.

Channel 4 interview with Kim Ensor, Selly Oak Locality following publication of the Marmot report on health inequality



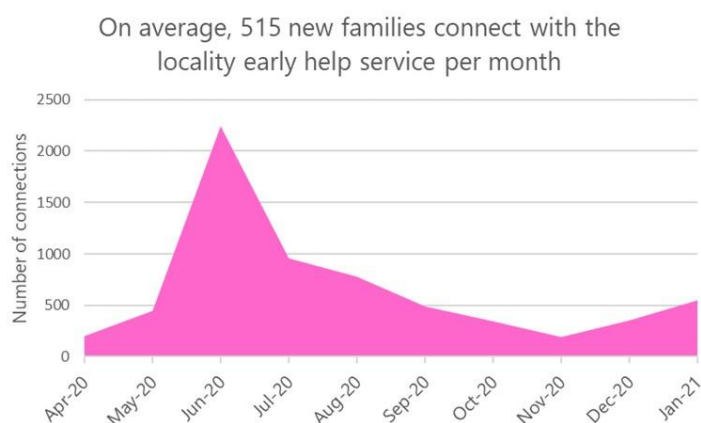
⁵ National Development Team for Inclusion (2017) What works in Community Led Support?

⁶ Ministry of Housing, Communities & Local Government (2019) National evaluation of the Troubled Families Programme 2015-2020: Findings

⁷ Ministry of Housing, Communities & Local Government (2019) National evaluation of the Troubled Families Programme 2015-2020: Findings: Evaluation overview policy report)

In October 2020 there was further agreement to build a partnership approach to locality teams, with the continuation of the VCS lead organisation role, but with an initial 35 Early Help workers to be recruited by Birmingham Children's Trust, that are due to start in February 2021, in three of the ten localities.

The major success in the locality based Early Help support available in 2020 was as a result from the development of a network of VCS organisations in each locality, supported by the community grants programme. Since April 2020, 6,500 families have received locality Early Help support, with an average of 515 new connections per month⁸.



Financially, the cost of funding 10 VCS lead organisations in 2020 was approximately £700,000, although it was noted that many of the VCS lead organisations repurposed existing staff to support the locality Early Help family support work.

The emergency funding was £1.07m for the resilience fund, and £0.8m for the community grants programme. A further emergency food fund was agreed in November 2020 and is supporting families to the end of the financial year – current value £0.15m.

iii. Benefits and impact so far

- Resilience Fund supported **7000 families** with an average value of £133. These were some of the most vulnerable families in Birmingham, requiring emergency help to get through the challenges of COVID-19 lockdown. Evidence suggests the fund succeeded in reaching people most in need: recipients resided in the most deprived areas of the city⁹, and many had characteristics that suggest a higher level of financial need including single parents, parents with multiple dependents, people in receipt of benefits, women that have recently fled domestic abuse¹⁰. The map on the (top) left, below plots the postcodes of resilience fund recipients against level of deprivation during the initial onset of the pandemic: the most deprived areas are the darkest in colour. The densest clusters of postcodes are found in the most deprived areas of the city.
- Locality teams supported **6,500 families**, for example, connecting families to support networks in their community such as foodbanks, coordinating multi-agency support to families. The most frequent reasons for recent connections are financial / housing / employment / training needs (47%), health / emotional

⁸ Note: Average number of new connections excludes outliers (June and November 2020). Reason for unusually high number of connections during June 2020 is associated with the bulk referral of a list of 441 families by BCT during that month.

⁹ Source: BVSC grants awarded data (April-Sept 2020): comparison of volume of highly deprived areas (LSOAs) and amount of funding invested by locality found localities have received a level of funding broadly in line with deprivation levels (+/- 6 percentage points)

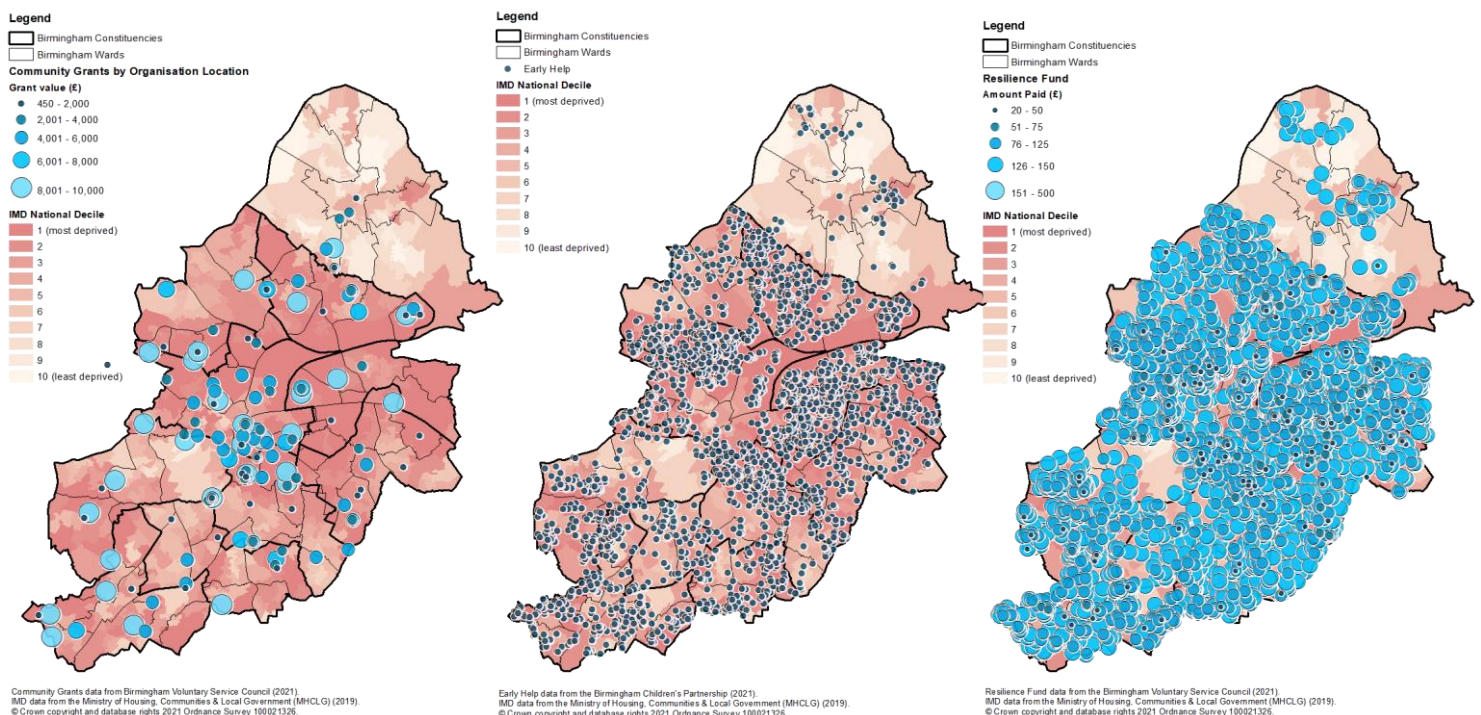
¹⁰ Source: Birmingham Children's Partnership (July 2020) COVID-19 Emergency Resilience Fund: Evaluation Report

wellbeing needs (36%), children & young people who need help (25%), domestic abuse related needs (15%), education related needs (14%), and risk of homelessness (8%). The map on the right, below plots the postcodes of households that have been in receipt of early help support against level of deprivation during the initial onset of the pandemic: the most deprived areas are the darkest in colour. The densest clusters of postcodes are found in the most deprived areas of the city.

- **700 parents, carers and grandparents** have already signed up for online parenting support services.
- An emergency food and fuel grant scheme aimed at those families experiencing the most challenging circumstances during the pandemic was launched in November 2020. Via the locality Early Help service, **600 families** have so far received up to £100 for food and fuel.
- **162 voluntary and community sector services** received a community grant, (with over 8000 families supported and some 33,000 activity packs distributed) enabling them to deliver much-needed support to children and families during the pandemic. Interventions have included food delivery, activity and well-being packs, advice and guidance, and leisure, training activities. The map on the (bottom) left, below plots the postcodes of community grant recipients against level of deprivation during the initial onset of the pandemic: the most deprived areas are the darkest in colour. Investment is concentrated in the most deprived areas of the city.
- The impact of the work is difficult to quantify at this early stage. We have now established **outcome tracking** (aligned to the Think Family programme) and **Outcomes Star measurements** in the ECINS case management system that will enable performance management of localities. Birmingham Children's Trust and the Department for Education noted that the Children's & Adults Social Services (CASS) front door was less busy than anticipated when schools returned in September 2020.



Maps showing the alignment of support from locality early help with the index of multiple deprivation.



iv. Future plan

- To develop the locality teams with the continuation of the VCS lead role and a physical presence in each locality
- To support the capacity of locality teams with a further recruitment of BCT Early Help workers to make c. 90 in total across nine of the ten localities
- To support the Northfield locality with an extension of the 'Pathfinder approach' working closely with school and locality support
- To continue to build a multi-agency locality support team- with dedicated links to Autism service, mental health services, police, SEND and inclusion services
- To develop systems and processes so that there is a clear Early Help offer to families affected by domestic abuse, in temporary accommodation, mental health concerns, Autism and ADHD

v. Future benefits and impact

The benefit of committing to this investment is early and timely input for around 2000 families with additional needs, and an estimate of 20,000 families with universal and universal plus needs per year. This level of support will reduce the need for cases being escalated to statutory services. Over time there will be improved outcomes for families in areas such as mental health and wellbeing, school attendance, domestic abuse, safeguarding, drug and alcohol misuse, youth offending and speech and language therapy. Longer term there will be a reduction in demand for all members of Birmingham Children's Partnership which will be assessed through the evaluation.

What will be the impact benefits in 2021 and beyond?

Based on the work in the last nine months, the original figure of 1900 families supported by a core team of family support professionals is seen to be a significant under-estimate. There are a very large number of families in our communities that need practical help and support and where connections to other services are needed. There is also a need to help universal services (VCS, schools, early years settings, to take a lead role with Early Help and family support).

If we can set a goal to end poverty by 2040. We want there to be no need for food banks. There is a lot of poverty at the moment. You can see a lot of homeless people in the city centre in particular.

Female, Care Leaver, age 17

Metrics, Benefits expected in 2021/22:

- Current emergency food and fuel support for families to continue for the remainder of 20/21 – estimate of 120 families per week.
- Community based support for families at universal and universal plus level – 20,000
- Longer term support for children with additional needs – 2,000
- Greater training and support for universal services in understanding the local neighbourhood community-based support.
- Links to NHS primary care – social prescribing, and social prescribing link workers
- Links to NNS prevention and support networks to build broad family support across the age range.
- Greater community capacity with targeted commissioning of community grants at a locality level.

vi. Milestones

- 26 FTE new Early Help workers (BCT recruited) start in three localities – March 2021
- Advertising for additional Early Help workforce starts (45 FTE) – March 2021
- Deployment for additional staff in remaining 6 localities – July 2021
- Multi agency named staff linked to schools and localities build a large virtual locality Early Help team – April 21 onwards

Hodge Hill Community Grant Case Study – Alice Bath, Locality Lead

In April 2020, St Margaret's trust made an application to Hodge Hill Early Help Locality, requesting the sum of £8,541.00 of community grant funding, to support with the development of an innovative project, which would be an extension of their successful gardening project. They also pledged to integrate another popular Hubb activity into this project, their popular 'cook together eat together' group, by running zoom cook along sessions, provided the ingredients for these sessions to people who sign up in advance.

In October I visited the Unity Hubb allotment project, where I met with the centre manager and 15 members of the community.

There was representation from various cultural heritages, gender and age. The atmosphere within the group felt uplifting and positive. Lots of chat and laughter reciprocated amongst the group members. They welcomed me and was interested to hear about the Early Help agenda. But more importantly each person whom I spoke with openly shared their story with me. The women that I spoke with highlighted the prevalence of complex mental health issues, which was a common feature for all within the group.

The complexities ranged from a group member experiencing long standing issues with bi-polar, which took her down a dark path where she openly spoke about attempting to take her own life. Another member, also shared with me her health needs and the added layer of vulnerability which required her to be in the shielding group during lockdown, which exasperated her mental health and impacted hugely on her becoming isolated and withdrawn. Another lady spoke about her treatment which she was receiving for cancer, and that being shielded also impacted on her mental wellbeing.

So, the development of the allotment project had been a real life line, and that without it they would they all stated that they did not know where they would have been or what would have happened to them. Connecting with nature also was referenced, which had added benefits, as they all felt that being outdoors provided them with an uplift, as for many home was a lonely place.

As I continued to consult with the group on how they would like their community to be, as well as identifying any gaps in support services. The whole group collectively shared that they would like an emphasis on wellbeing and exercise. Many of the women were from Asian backgrounds, where they identified that culturally they felt that they could not just join a gym. So, thought needs to be given around cultural sensitivity. Groups that were inclusive, also was an important feature, where they felt safe and not judged.

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Team Managers GR6 (x3) Phase 1	BCT	◆ 1	0.190	0.190	0.190	0.190	0.762
	Business support GR3 (x2.5) Phase 1	BCT	◆ 1	0.074	0.074	0.074	0.074	0.294
	Early Help coordinators GR4 (x4) Phase 1	BCT	◆ 1	0.163	0.163	0.163	0.163	0.652
	Early Help professionals GR4 (x30) Phase 1	BCT	◆ 1	1.221	1.221	1.221	1.221	4.886
	Team Managers GR6 (x6) Phase 2	BCT	▲ 2	0.286	0.381	0.381	0.381	1.428
	Early Help professionals GR4 (x50) Phase 2	BCT	▲ 2	1.527	2.036	2.036	2.036	7.633
	Business support GR3 (x6.5) Phase 2	BCT	▲ 2	0.143	0.191	0.191	0.191	0.715
	Locality Lead and office support (x10) (c. 30 FTE)	BVSC	◆ 1	1.000	1.000	1.000	1.000	4.000
	TOTAL			4.604	5.255	5.255	5.255	20.370
	BVSC Admin and Leadership costs at GR6		◆ 1	0.063	0.063	0.063	0.063	0.254
Non Salary Budget	IT Expenses	37 staff: 53 staff:	◆ 1	0.056	0.074	0.074	0.074	0.278
	Office and other supplies							
	Training							
	Accommodation							
Other Costs	Miscellaneous							
	Interpretation services		◆ 1	0.047	0.047	0.047	0.047	0.188
	Online parenting courses - Solihull Approach		◆ 1	0.016	0.016	0.016	0.016	0.064
Total costs:	TOTAL			4.867	5.537	5.537	5.537	21.477

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Phase 1: Future Demand Reduction: BCT		◆ 1	1.317	2.633	2.633	2.633	9.217
Phase 1: Future Demand Reduction: SEND		◆ 1	0.750	0.750	0.750	0.750	3.000
Phase 2: Future Demand Reduction: BCT		▲ 2	0.975	5.267	5.267	5.267	16.775
Phase 2: Future Demand Reduction: SEND		▲ 2	0.938	1.250	1.250	1.250	4.688
			3.979	9.900	9.900	9.900	33.679

Key Assumptions

Reduced demand for Education, Health and Care Plans because families are receiving earlier support (aligned to the SEND model of early help and graduated response)

BCC £2.0m non-cashable saving is based on conservative demand reduction of 2.5% of SEND £80m

Reduced social care demand and increased payment by results from the MHCLG Troubled Families programme

Reduction in MH referrals to Forward Thinking Birmingham (FTB) and Tier 3 and 4 (CAHMS) health services.

BCT £7.9m non-cashable saving is based on reducing a forecast demand of 180 placements at an average placement cost across all placement types of £843 per week. Part year impact assumed from 2021/22. BCT savings are accounted for in the contract with

Split of savings for Phase 1 and Phase 2 is based on number of localities with BCT early help teams

Grade 6 (midpoint) including on costs £63,475 BCT

Grade 4 (midpoint) including on costs £40,750 BCT

Grade 3 (midpoint) including on costs £29,400 BCT

On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)

Non-Salary Budget based on BCT average of £1,500 per post.

Interpretation services – figure is based on current actual costs provided by finance on predicted costs for Family Support work for 15

Implementation of Phase 1 is from February 2021, Implementation of Phase 2 is from July 2021

Chapter Two – Schools, Further Education and Nurseries

i. Summary

Schools, nurseries and further education settings are critical to many of the outcomes for children and families. We therefore need to work closely in partnership with headteachers, designated safeguarding leads, and all teachers and support staff across the city. Many of the overarching changes such as locality working, new case management and the team around the school are specifically to help develop those personal relationships and connection between teachers and Birmingham Children's Partners.

Looking at other local areas such as Lancashire, Darlington, Peterborough and Kent we can see the transformative improvement that comes from a close relationship with schools – improving confidence among teaching staff to support families whole needs and reducing demand to social care and other acute services. We will also extend this relationship to nurseries including Private, Voluntary and Independent (PVI) nurseries which can sometimes be overlooked but have an equally important place in a child's development and Early Help.

We are putting in place a new offer from the public sector which aggregates the things we do that help education settings to support their children and improve attainment. We will establish named professionals (e.g. family support, SEND and Inclusion, social care, speech and language therapy) linked specifically to each setting. More data will be shared with schools to show case management and population information at the school level. A new case management system will be offered to schools so we can share case information about children and families, provide support to schools on their work with specific children, build confidence and quality assure practice.

The benefits of these changes are closely linked with locality working and community connections — building capacity across the Early Help system and relationships between all partners who are vital to outcomes for Birmingham families. Both the volume of support and the quality will significantly improve, leading to better outcomes for families, and therefore a reduction in the volume of support needed in our acute services so we can continue to fund Early Help.

The team around a school model is well established and part of the national direction of travel. As previously noted, as part of its Troubled Families Programme, East Kent ran a pilot which placed integrated social care and Early Help teams within high need, high referring schools. Teams, which were either physically or virtually linked with schools, were available to support school staff to understand and manage risk, and also identify relevant support for families. Over the course of a year, overall demand for social care in East Kent reduced by 22%, and for the schools involved, families requiring social care support reduced by three quarters¹¹.



¹¹ Ministry of Housing, Communities & Local Government (2019) Building Resilient Families: Third annual report of the Troubled Families Programme 2018-19, p.33

ii. Progress so far

- Increasingly schools have been working with locality Early Help teams, asking for community support for families, linking to practical help, and advice as well as family, mental health and domestic abuse support.
- Community Connectors (20 FTE) are linking with schools and a programme of training on the neighbourhood support for families is developing and will be in place by March 2021
- Birmingham Children's Trust – Early Help coordinators are liaising with schools and have delivered over 50 training sessions for schools on how Early Help is working.
- BCC SEND and Inclusion directorate have identified a school lead link person to support the profile of Early Help linking with schools, and Birmingham Education Partnership (BEP) have recruited extra staff to support the engagement with schools, linking to Early Help.
- The *team around the school* – named professional for every setting will be completed in February 2021.
- The framework of every school having an 'offer and ask' so that they can be full part of an integrated Early Help system is under development with BCC and BEP is starting that work in January 2021.
- Schools are already familiar with using the new Family Connect Forms, and the roll out of the ECINS Early Help case management system will continue.

iii. Benefit and impact so far

- Thousands of families have received either up to £150 COVID-19 resilience grants (spring and summer) or emergency food and fuel payments (winter) – from needs identified by schools, through the use of the family connect form.
- BCT Early Help staff and VCS leads have led training in over 20% of schools.
- Birmingham Digital partnership and Early Help locality teams have supported over 100 vulnerable families in accessing new IT equipment.
- The roll out of the interim Early Help case management system, initially with each of the ten locality teams, and with BCT staff, and some Birmingham Forward Steps (BFS) staff, has facilitated better case management for these core teams.

iv. Future plan

- During 2021 all schools will have a 1:1 meeting with the VCS locality lead, Community Connectors and BCT staff.
- All schools will know named professionals for their setting from social care, health, the voluntary sector and other professionals as appropriate to their setting.
- Training will be in place for all schools to both develop effective links with Early Help support programmes, and to develop the range of Early Help work in the school.
- Two full time roles – Senior school Early Help leads / one based in BCC Send and Inclusion, and one in Birmingham Education Partnership will be recruited. These roles will develop a compelling *offer* on behalf of the public sector (police, health, council, etc), and an *ask* of schools for how we want them to support Early Help across services.
- An options appraisal will take place to discern the best long-term solution for a common Early Help case management system.

- A core ECINS/ long term case management support team will be developed to monitor and improve the quality of case recording and in being able to develop sophisticated reports on key aspects of how the system across agencies is working. Team of five FTE staff, budget £210k.
- Data sharing of the needs of families across partners will continue to develop, and include families in temporary accommodation, DA, exclusions, Early Help support, mental health, and will support better targeting of vulnerable families.
- A core team of data sharing/ identifying vulnerable families' team will be recruited, to lead on the development of an intelligent Early Help system.
- The developing relationship, and partnership with schools will create both greater capacity and quality of family support; this is difficult to quantify but will be 1000's of families a year.

v. Future benefits and impact

- Efficient data sharing between education, health and care professionals using new case management system, reducing handovers and referrals, and increasing the speed of response to support children and families.
- Improved quality of Early Help case work across the education sector through the case management system, visibility of case work, team around the school, training, clear guidance in the Early Help handbook, confidence building of teaching professionals, and quality assurance of cases leading to a significant improvement in outcomes for children and families as measured by outcomes star and outcome tracking.
- Reduction in demand for social care as measured by case load and referrals to the CASS.
- 1800 parents, carers and grandparents to be supported through online parenting courses
- All primary, secondary, special, PRU and further education schools to be trained by the Community Connect service so schools are connecting vulnerable families into local community resources.

vi. Milestones

- *Team around the school* model rolled out by April 2021
- Training for all schools in place by September 2021
- 450 school 1:1 meetings completed by April 2022
- Case management roll-out to all schools by April 2022
- Schools trained by Community Connectors by April 2023

Early Help Supporting Education Choices in Yardley

Young person who would've been taking GCSEs this year and looking to enter post-16 education had been missed by school in terms of supporting transition. Had been working with school's career officer to support in identifying next steps/courses post school due to additional needs.

Since lockdown had begun they hadn't had any contact from schools career officer and hadn't applied for any post-16 provision. Through online sessions, we were able to identify a range of courses they may be interested in and supported young person and family through process of contacting colleges and with application. Signposted young person to partner organisation to support with college interview prep, and young person was accepted onto the course of their choice.

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Engagement Managers (2 x head of service)	BCC / BEP	3	0.159	0.159	0.159	0.159	0.636
	Data Sharing Lead (1 x grade 6)	BCC PH	3	0.054	0.072	0.072	0.072	0.271
	Analysts for data sharing (3 x grade 5)	BCC PH	3	0.130	0.173	0.173	0.173	0.648
	Technical Support for Case Management (1 x grade 6)	BCT	3	0.048	0.063	0.063	0.063	0.238
	Manager for case management support (1 x grade 6)	BCT	2	0.048	0.063	0.063	0.063	0.238
	Family Support for Case Management (3 x grade 4)	BCT	2	0.107	0.143	0.143	0.143	0.534
	TOTAL			0.545	0.674	0.674	0.674	2.566
Non Salary Budget:	IT for staff (priority 2)		2	0.008	0.008	0.008	0.008	0.032
	IT for staff (priority 3)		3	0.036	0.042	0.042	0.042	0.164
	ECINS licence		1	0.020	0.020	0.020	0.020	0.080
	Purchase / development and licences for early help case manage		3	0.700	0.120	0.120	0.120	1.060
	CYP database architecture development		3	0.150	0.000	0.000	0.000	0.150
Total costs:	TOTAL			1.459	0.864	0.864	0.864	4.051

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
	Accounted for in Early Help - Locality Teams.		0.000	0.000	0.000	0.000	0.000

Key Assumptions

Head of Service Grade 7 (midpoint) including on costs £79,444
 Senior family support officers (midpoint) including on costs £38,120
 On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)
 Concurrent licence costs is £680; additional user cost is £150
 BCC IT and accommodation costs etc are 10% salary
 BCC IT and accommodation costs etc are £2k per person
 Grade 6 (midpoint) including on costs £63,475 BCT
 Grade 4 (midpoint) including on costs £40,750 BCT
 Grade 3 (midpoint) including on costs £29,400 BCT
 Grade 6 (midpoint) including on costs BCC £72,377
 Grade 5 (midpoint) including on costs BCC £57,627
 Implementation of Engagement Managers is from April 2021, all other roles from July 2021

Chapter Three – Community

i. Summary

This section includes the Community Connector service, social prescribing, family group conferencing in the community and a community grants programme to build social capital.

The Community Connectors project aims to develop a model that connects vulnerable individuals and families to organisations that can help them and support them in difficult times and in the long term, building social capacity and reducing the need for acute services and state intervention through early intervention in the community.

To deliver the desired outcomes a locality-based Community Support structure (building on the locality delivery model) needs to be implemented, and social prescribing will be extended from adults to children and family services. Community Connectors would know what services and support is available in the community, helping professionals understand not just what available but also how vulnerable families and individuals can access the available support and services.

To increase capacity in the community, funding schemes would be run through grant giving to community groups to support local initiatives that increase resilience and improve outcomes of local vulnerable families. An innovative model of a Community Family Group Conferencing Team will also be implemented, taking family conferences to the community setting at the beginning of a problem developing, reducing the likelihood of individuals or families coming into the system. This model builds on work in Camden and Durham to develop community capacity, and the ability of local leaders and families to solve their own problems without direct state intervention. Camden's recent analysis found that 79% of families who have had an Early Help Family Group Conference remained free from further Early Help or social work intervention within 12 months of closure. The percentage was similar (83%) for those families receiving formal Early Help casework¹².

Ten localities

Sutton Coldfield Broadly a well-resourced area with low levels of deprivation in comparison with the rest of the city, one estate Falcon Lodge where need is higher. High level of adopted children. Emotional and mental health issues also a concern. Large volunteer base and faith groups.

Perry Barr Many newly arrived communities including Romanian, Polish, African, Afghan and Iraqi. High transient population. Houses with more than one family, informal arrangements. High levels of domestic abuse and poverty. Strong food networks and faith based community spaces.

Ladywood Significantly young and diverse population with 75% BAME and many new arrivals. Ladywood includes the city centre and is the second most deprived – unemployment and debt are key issues. Strong community links and many voluntary and community groups applying for grants to support local families.

Edgbaston Wide disparity but with poor estates and wards in the West, and large number of families in temporary accommodation on the Hagley road. Good links with churches but no mosques. Partnerships are well developed.

Northfield Long term area of high need compounded Rover factory closure. Digital poverty, higher needs highlighted by IDACI index. Families have low expectations. Some concern about racism, broadly white population with small groups of BAME communities. Northfield community partnership supporting a large number of families.

Erdington Mid-ranking in terms of deprivation. Police 'impact area'. Regeneration in parts but family needs remain high, hidden issues even if housing looks good. Mental health a concern and Kooth is popular. Established partnerships and strong youth offer.

Hodge Hill The most deprived locality in the city, and not just in particular wards. Huge diversity in the West of the area, predominately white working class in the East of the locality. Families won't travel across the locality. Concerns about honour-based violence. Other concerns about violence and anti-social behaviour.

Yardley Mid-ranking in terms of Birmingham deprivation, but high when compared nationally. Concerns about domestic abuse, sexual exploitation, parenting neglect, with diverse communities. Need to build links with grass-roots groups.

Hall Green Broadly high need in North of locality, diverse community, and wealthier in South with need more hidden. Infant mortality and SEND issues a concern. LGBTQ issues and barriers. Strong Islamic organisations in the area, good outreach through Unity FM.

Selly Oak Mixed locality, Bournville wealthier but Druids Health and Billesley with high needs. Some estates with significant needs, generations of unemployment. Low confidence, trust, not asking for help. Youth crime a concern. Mental health also of concern locally with people not accessing services. Strong links between Malachi and schools. Some links to churches and Jewish community.



¹² <https://www.eif.org.uk/resource/family-group-conferencing-camden> [Accessed 02.20]

In Durham there is a similar Community Connector service training professional in what is available in the community to support families. 90% of family support plans in Durham have something from the community, which is helping that family, and will continue to be there when services step-down, improving resilience and reducing demand to acute services.

Furthermore, there is evidence to suggest investment in community-based support structures represents good value for money; for example, in their evaluation of local approaches to transforming adult social care, National Development Team for Inclusion (2017) found that for every £1 spent on community programmes in the first year of delivery, there is a return of £2.22 in non-cashable savings. The report is based on community led support evaluation in Denbighshire, Derby, Doncaster, East Renfrewshire, Leeds, Scottish Borders, Shropshire, Somerset and South Ayrshire¹³.

ii. Progress so far

The development of ten VCS lead organisations responsible for creating an Early Help system, and team in each locality has developed strongly. During lockdown's one and two there was a remarkable degree of mobilisation of social capital, community support for families with strong VCS networks emerging and strengthening.

During the year each locality has developed a network of VCS and public sector organisations, and briefings, webinars and training has been developed on a locality structure. The networks are different in each locality but are supported through social media channels, newsletters, stakeholder meetings and the level of engagement in high.

The community grants programme funded in 2020 by emergency COVID-19 BCC funding, was facilitated and administered by each locality with the support of Birmingham Voluntary Services Council. Over 300 grant applications were received and 162 approved, creating both a network of COVID-19 support in each locality and impacting on 8300 families receiving practical and family support. We purposefully created a feedback loop between the locality leads and the community groups, this led to more connections between loops, and ensured local priorities and needs were met by the new social capital. Through the 162 community grants we distributed 33,000 activity packs, 8,400 IAG or counselling sessions, and 1,300 physical, health and wellbeing activities.

The creation of 20 Community Connector posts, accelerated and developed the community investment that was already underway in the first half of the year. The Community Connectors are now well embedded in the community, linking well with Birmingham Forward Steps (BFS), Primary Care Network (PCN) and Neighbourhood Network Schemes (NNS) community-based programmes, mapping VCS support in each neighbourhood, and increasingly training and developing professionals to understand what is available locally.

iii. Benefits and impact so far

- 7200 grants or emergency payment for families experiencing hardship issues.
- 6500 families connected to locality-based support.
- 3000 families in temporary accommodation linked to their locality Early Help team.
- Many families in B&B accommodation receiving an outreach visit or practical help.
- VSC lead organisation linking together locally and developing new projects, and greater synergy.
- Families being signposted by GP's to social prescribing link workers who are then working closely with Community Connectors to link families to local support.

¹³ National Development Team for Inclusion (2017) What works in Community Led Support?

- Thousands of links made by Community Connectors to voluntary, community and faith organisations, and hundreds of conversations and training sessions supporting professionals, delivered by Community Connectors.

iv. Future plan

- Develop a 2021 community grants programme, to further develop the capacity of community support, particularly at a neighbourhood level and where possible linking with community grants programmes that are part of the adult neighbourhood network Early Help programme.
- Appoint a community grant facilitator post in BVSC to help community groups to develop, bid for funding and connect to each other (there are 50 grants programmes in the city which are hard to navigate, and Birmingham historically brings in less than our fair share of national grants).
- To further extend the workforce development elements of the work of Community Connectors, and VCS lead organisations, to train 50,000, professionals in the city about the support available from the VCS and faith sector.
- To establish a community family group conferencing project and team of two staff, to facilitate community and family solutions to concerns.
- Build a strong joined up approach across all Primary Care Networks, linking social prescribing and locality children and family support teams, building on the current pilot schemes.

v. Future benefits and impact

- As more and more families and young people are connected to universal, and recreational activities and neighbourhood communities they will become more resilient and more able to manage the challenges in their lives.
- Two hundred community organisations to receive a community grant average value of £4000 to develop community-based family support programmes, and significantly enhance the capacity of community and neighbourhood support for families.
- 5000 children and families supported by the 2021 community grants programme, (estimate)
- 3000 families joined up with community support as a result of joint working with social prescribing link workers,
- In 2021, 20 families will be supported with a community-based family group conferencing pilot in two of the localities, working in particular with community organisations.
- Assuming an ROI of £2.22 for every £1, in 2021/22 this equates to £4.04 million costs avoided and a total of £12.98 million by 2024/25.

vi. Milestones

- All schools to have received Community Connector training by December 2021
- 25,000 professionals to receive Community Connector training by April 2022
- Community grants to be distributed by Summer 2021
- Community grant facilitator to be recruited by Summer 2021
- 20 families to have been part of a pilot community family group conferencing project by April 2022

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Community Connector service	BVSC	1	1.000	1.000	0.500	0.000	2.500
	Family Group Conferencing (2 x GR4)	BCT	3	0.061	0.082	0.041	0.000	0.183
	TOTAL			1.061	1.082	0.541	0.000	2.683
Non Salary Budget:	Grants to the Community (inc administration)	BVSC	3	0.752	0.737	0.737	0.737	2.962
	Community grant support role (GR6)	BVSC	3	0.048	0.063	0.063	0.063	0.238
Total costs:	TOTAL			1.861	1.882	1.341	0.800	5.883

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Reduction in need for state intervention (non-cashable)		1	4.132	4.177	2.976	1.776	13.061

Key Assumptions

Community Family Conference Coordinators Gr4 (midpoint) including on costs £39,345

On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)

Grade 6 (midpoint) including on costs £63,475 BCC

Grade 4 (midpoint) including on costs £40,750 BCT

Estimated fiscal benefit due to gross reduction in service use among families one year after intervention is £2.22 for every £1 spent.
www.ndti.org.uk/resources/what-works-in-community-led-support

Implementation of FGC and Community Grant role from July 2021

Early Help supporting homeless Mother in Perry Barr

Kate was referred in by her family support worker. Kate and her 4 year old son Ben are currently homeless. Kate and Ben have had numerous house moves over the last few months. Having first moved to a crisis centre after fleeing domestic violence, they have lived with various family members.

Kate is due to move into a council property on the coming weeks but in the meantime is living in a 2 bedroom flat with her sister and their family. We made up an activity pack especially for Ben to make him feel special and give him his own belongings. We also put together some self care items for Kate too. In addition to this, we created a pack for Kate's sister and her family who have taken in Kate and Ben during this extremely difficult time.

Chapter Four – Mental health and wellbeing

i. Summary

Mental health support is critical both for the effect on children and young people's lives, and because poor mental health is a driver of demand to all BCP partners. COVID-19 has had a particularly strong effect on children and young people's mental health, as evidenced by the education survey conducted by the Youth City Board, the BCP engagement work, and national studies¹⁴.

National data suggests that some 23% of children and young people will have a mental health need. NHS investment is being prioritised so that a proportion (between a third and a half) of those young people will get help by 2024. In Birmingham it is estimated that the shortfall in the capacity of the support in the city is in the order of 30,000 children and young people per year, with Forward Thinking Birmingham receiving some 20,000 referrals a year but signposting most of those referrals back to community-based support. Therefore, the priority of increasing the capacity of schools, digital support, and community-based support for the mental and emotional health of young people in the city is based on this level of unmet need.

The proposal makes the case for investment in three key elements of a broader city-wide Early Help Mental Health and well-being offer, with the aim of significantly increasing the direct support for children and young people in schools and local community settings. The investment is complimentary to and will be aligned with the work of SEND and Inclusion services, Forward Thinking Birmingham and Birmingham Education Partnership.

- Expansion of support to all schools with a 'Whole School Approach' building resilience programme
- Emotional Wellbeing offer to Schools as part of the Early Help locality model
- A digital online website and online Counselling, Advice and Guidance offer

Because of my mental illnesses it is impossible for me to work or study at the moment. It is a struggle to look after myself and keep myself safe every day.

This investment will build capacity to deliver Early Help support which best fits the needs of individual schools and local communities, and where possible the delivery team will be based in localities. The benefits of this investment will be better and earlier support to children currently not accessing support for emotional or mental health needs at the earliest point because we are strengthening the capacity of schools to support their pupils and adding other direct services. Early Help for mental health needs will meet the latent need in society and is expected to reduce future demand on mental health services, social care and SEND.

Indeed, evidence points to a gap between need and provision: the NHS is on track to treat only around a third of those with significant mental health needs by 2021¹⁵. Moreover, the Children and Young People's Mental Health Coalition highlighted that 'being born into poverty puts children at greater risk of mental health problems and, for many, this will lead to negative consequences through their lives'¹⁶. This indicates that Birmingham is likely to have

¹⁴ <https://files.digital.nhs.uk/AF/AECD6B/mhcpy 2020 rep v2.pdf> [Accessed 04.02.21];

www.princes-trust.org.uk/about-the-trust/news-views/tesco-youth-index-2021 [Accessed 09.02.21]

¹⁵ Children's Commissioner (2018) Children's mental health briefing, p.10

¹⁶ Cited in: BSoL CCG (October 2019) Birmingham Children and Young People's Mental Health and Wellbeing Refresh Local Transformation Plan 2020/21

large numbers of children and young people with mental health needs, given that 41% of children are estimated to live in poverty in the city¹⁷ (before COVID-19).

The overall Mental Health proposal will ensure young people are getting support as soon as possible, increase access to Information, Advice and Guidance, self-help, peer support, improving the emotional resilience of school children through the delivery of evidenced based interventions as well as children and young people receiving support from professionals at the right time. We anticipate 30,000+ children receiving support from the website, 400 school leaders trained, 2,000 more young people supported in school programmes, and long-term a reduction in demand to mental health services as well as policing, SEND and social care.



ii. Progress so far

As a result of the COVID-19 pandemic the Kooth mental health and emotional health on-line support service was purchased to support all young people aged 11-25 in Birmingham and went live in April 2020. During the last nine months over 5000 young people have registered for the service and the number are increasing all the time.

In September the partnership established a mental health design team that developed through a consultative process a specification for the expansion of the NewStart whole school approach into all schools in the city, building on the support currently for 60 secondary and 15 primary schools.

The design team also developed a specification for the expansion of the STICK service (STICK stands for Screening, Training, Intervention, Consultation and Knowledge) that is part of Forward Thinking Birmingham partnership. The expansion will ensure that a member of staff from the STICK team is part of the ten locality Early Help teams and is able to provide consultancy support to staff, and to respond to initial concerns for a young person.

The design team was also able to oversee an alignment of the different school support offers that are available from SEND and Inclusion teams, from FTB and from NewStart, and as mobilisation of new services and capacity happens this process of alignment will continue. The outcome of this work will be a single page mental health offer for each school, and all services supporting school Well-being networks.

There has been preliminary work with groups of young people, and a large scale survey of young people's priorities and concerns, that will support in time the development of a new children and young people's website. The current work has supported the development of a vision for the city, with over 4000 young people contributing their ideas and priorities to a city wide survey.

iii. Benefits and impact so far

- 5000 young people registered with Kooth
- In December 2020 alone, Kooth users sent 2130 messages, had 240 therapeutic chat sessions, viewed articles 750 times, and accessed forums 3390 times.

¹⁷ <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/> [Accessed 24/01/20]

iv. Future plan

- The expansion of the NewStart whole school approach will be achieved during the academic year 2021/22 and will consist of the expansion of a team of 'Strategic Well-Being leads. These staff and specialist trainers will deliver training for Senior leads for Well-being in each school (310 primary schools, 90 secondary schools, special and independent schools). The support for schools will also include training for 1000 pastoral care staff in addition to the 400+, senior leads for wellbeing, and will help each school undertake an audit of their current emotional health and well-being support for the whole school community, staff, pupils, parents. The audit work will lead to school level plans, and priorities, that will also be networked (Wellbeing Networks) across schools to maximise learning and resources.
- The expansion of the Screening, Training, Intervention, Consultation and Knowledge (STICK) team – will support the capacity and training of the locality Early Help teams. The STICK staff will be part of the operational support to families who are seeking support, and staff will offer training and consultation to each locality, and well as assessing pupil needs at an earlier stage in schools and community settings.
- Kooth as a powerful and sophisticated on-line platform (see case study) offers young people a broad range of anonymous support including:
 - Moderated articles and stories from other young people
 - Chat rooms that are moderated where young people can interact
 - Information about mental health concerns and conditions
 - Direct support from an on-line counsellor.
- Mental Health and Emotional Health is and is likely to continue to be a high-level concern for partners, and a priority for NHS and local authority commissioners. There will be a continuing need to bring partners together to create simple and easy access to a wide range of support that is integrated and joined up behind whatever is the 'front door'. To support this work a Mental Health design team will be formed in 2021 to ensure comprehensive support to young people and the best use of current and new resources.

v. Future benefits and impact

- NewStart will deliver training for 1000 pastoral care staff, and over 400 'Senior leads for well-being'.
- NewStart will deliver over school-based support to over 4000 young people by 2022, and an additional 2000 young people by 2023.
- Schools will be able to deliver a consistent approach to both identifying young people who are vulnerable to mental ill-health, and a graduated response to supporting pupil's mental health and well-being needs.
- The quality of support for young people and the understanding of need will also lead to better signposting, and interagency work to support pupils.
- Kooth will continue to be a key part of the universal offer to the city's young people. 250,000 young people aged 11-25 eligible to access Kooth, and we expect 10% of this number e.g. 30,000 to be registered by 2023.
- STICK services will deliver over 100 training sessions to locality-based staff and services in a year, and over 2000 assessments and early interventions, alongside locality based Early Help staff.
- The development of a complementary young people's offer website, alongside the current local offer website, will pull together a range of information so that young people have one place they can go to get information and support.
- Over time the enhanced and increasingly helpful support and culture within schools, and the coherent offer from the Council, NHS, BEP and VCS, will mean that at least an additional 6000 young people will be supported each year and over 25,000 young people accessing digital support, will have a major impact on resilience of young people. This will lead to reduced pressure on specialist services, and earlier support (less trauma) for young people themselves.

vi. Milestones

- Confirm service level agreements for NewStart and STICK by March 2021
- Recommission Kooth by April 2021
- Increase staffing for the STICK Team by June 2021
- Expand the NewStart programme from 80 schools to 450 by September 2021
- Develop the school and community mental health and emotional health offer by September 2021
- Develop a young person's section of the local offer website, led by young people, by September 2021
- Spin-off the young person's section of the local offer website into a sister site, by April 2022

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	New Start Programme Officers and Trainers	BEP	▲ 2	0.340	0.453	0.453	0.000	1.246
	School Facing EWB (STICK)	CCG	◆ 1	0.543	0.543	0.543	0.543	2.173
	TOTAL			0.883	0.996	0.996	0.543	3.418
Non Salary Budget:	Online Counselling - Kooth		◆ 1	0.400	0.400	0.400	0.400	1.600
	Local offer and YP website coordination GR6	BCC	● 3	0.063	0.063	0.063	0.063	0.254
Total costs:	TOTAL			1.346	1.460	1.460	1.007	5.272

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Reduction in unmet need							
Reduction in the growth of referrals to FTB - equivalent to the investment							
Estimated annual benefits			1.732	1.885	1.885	1.273	6.775

Key Assumptions

Grade 6 (midpoint) including on costs £63,475 BCC

The NewStart programme is an extension of an existing project and those costs have been taken into account

The online counselling, advice and guidance, has been based on estimates from other contracts from a current provider in other local authority area, but enhanced based on expected demand.

The return on investment for school based mental health programmes is 1.35 : 1. When benefits to families are included the return is 5.05 : 1.

www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning

On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)

Implementation of Kooth and STICK is from April 2021, implementation of NewStart is from July 2021

Feedback from a young person using Kooth

'Since being a little girl I haven't felt loved – my dad never wanted to know me, an ive never experienced a dad figure in my life. At school I used to hear all my friends talk about how amazing their dads were an it made me really jealous/upset because I couldn't join in with that conversation. I didn't have the best childhood growing up, but one day my mum announced my step dad to me, for the first time I felt I had a father figure, someone I can tell my friends about. But that wasn't the case. I won't go into details but I went through a string of horrible abuse.

'Fast forwarding quite a few years, I got myself into an abusive relationship, I thought it was normal because of my childhood, I didn't feel good enough or I even deserved love, affection an care! Me an amazing counsellor here got myself out of the abusive relationship an I finally felt free. I got a new place an started to grow. The trauma still haunts me and affects so many of my relationships. I'm scared of abandonment, or caring for someone an they leave. Constantly feel like I'm not good enough an kinda a newcence. I've never once felt like I was good enough an important to my parents – still to this day I wish I could have parents who love me an watch me grow – a normal family. I guess what I'm trying to say even at the darker times someone can walk into your life an save you, I've found that here on kooth!' M

Chapter Five – Autism support

i. Summary

From the start of the BCP transformation, Autism services were identified as a big gap, with little support before diagnosis, long waiting times for a diagnosis and a poor service following diagnosis. This was reinforced by an all-age review of Autism undertaken by Linda Harper from Adult Social Care.

The current wait for a diagnostic assessment of Autism by the NHS is significant, with some families waiting up to two years for this confirmation and understanding. The recent review of Autism in the city identified that not only do children and families wait a long time for a diagnostic assessment, but there is also little support for families whilst they are waiting and even after diagnosis. This service and capacity gap cause huge distress for families and means children and young people's needs can escalate significantly, and unnecessarily.

A new Autism Design Team has been working to specify new capacity to support families and children on the autistic spectrum with a service that will support 3000 families both pre and post-diagnosis, in line with Early Help developments in SEND. The proposal is to invest £0.8m per annum to develop community based local support services and school-based parent training programmes as a complementary programme to the diagnostic pathway the Clinical Commissioning Group (CCG) is developing and that is currently receiving NHS investment.

Overall, the investment in new capacity, the redesign of pathways by the Autism Design Team, the new all-age model and CCG and SEND changes will create a step-change in the support families experience and reduce long-term costs to placements. A recent BCT audit showed 50% of children have an Autism diagnosis, and perhaps another 30% have some form of Autism. One reason for children being taken into care was the lack of community and family support for their children, with families struggling to meet the needs of their children as they become older. Parents and carers have also been critical of the lack of community based pre and post diagnostic support for children with Autism.

The proposal is to offer a tender to existing voluntary sector providers who are working across the West Midlands to deliver this support. In addition, there will be further support for school based six week programmes, for parents and carers to support those cohorts of children with Autism in mainstream schools. This team will be based in the localities.

Benefits include 3000 families receiving community based support, 2,000 families accessing a range of training support, better attendance and attainment at school for children on the autistic spectrum, and a reduction in demand for education, health and care plans and SEND support services.

UNDERSTANDING YOUR CHILD
SOLIHULL APPROACH

ourplace

NHS

FREE (prepaid) Online course available for residents of BIRMINGHAM

Part of the Solihull Approach series
14 Modules
Available 24/7

Go to:
www.inourplace.co.uk
and enter the 'access code'
COMMUNITY

To return to the course(s), go to
www.inourplace.co.uk and sign in

For technical support contact:
solihullapproach@heartofengland.nhs.uk
or 0121 296 4448 Mon-Fri 9am-5pm

Understanding your child with additional needs
For everyone around the child:
Mums, Dads, Grandparents,
friends and relations

SolihullApproach
www.solihullapproachparenting.com

@SolihullApproach (NB: 1 p)
www.inourplace.co.uk

ii. Progress so far

- Across Birmingham Children's Partnership there was increasing awareness for health, social care, and education colleague that Autism related need was an important area of focus for the city. The partnership has agreed a strategic level post to coordinate the work across agencies and to improve the work to be compliant with government requirements.
- In September the Autism design team agreed the specification for the Community support service and a tender process is underway with a contract award before the end of March 2021.
- In addition, the specification for the parenting training programme was agreed with the BCC SEND and Inclusion team, with an emphasis on both school-based training programmes and a new online offer.

iii. Benefits and impact so far

The benefits from this work will take place in 2021/22 financial year, building on the procurement and design work in the current year.

iv. Future plan

- The future work will focus on the mobilisation of the two service developments, the community Autism support service and the school-based parent training programmes for Autism. This will take place in the second quarter of 2021.
- The next phase of the Autism Design Team's work involves taking a whole-system view of Autism – ensuring that new developments compliment and dovetail with existing provision and the new Early Help teams in localities.
- BCC will also establish a senior strategic lead for Autism to work across the partnership, jointly funded by a range of partners.

v. Future benefits and impact

- 3000 families will be supported each year through the new community Autism support service.
- 1000 families will benefit from the expansion of school-based parenting training and large number of families will benefit from the on-line offer.
- As Early Help for families with an autistic need get help pre- and post-diagnosis, it will mean that unnecessary stress and trauma will be reduced, and families are more likely to stay together and support their children. There will be the opportunity for greater dialogue with schools and other professionals, leading to better attainment fewer developing acute needs.
- NHS, Social Care and SEND reduction in acute and specialist provision including a reduction in placements for children and young people with Autism.

vi. Milestones

- The community Autism support service to be awarded in March 2021
- The Community Autism Team training programme to start in April 21 and be fully mobilised by September 21
- New blueprint for the Autism system by October 2021

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Team staffing for training programme (CAT)	BCC (trade	▲ 2	0.150	0.200	0.100	0.000	0.450
	TOTAL			0.150	0.200	0.100	0.000	0.450
Non Salary Budget:	Tender for Community Autism Support Service (VCS)	BCC (tende	▲ 2	0.450	0.600	0.600	0.600	2.250
Total costs:	TOTAL			0.600	0.800	0.700	0.600	2.700

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Non-cashable savings due to demand reduction		▲ 2	1.800	2.400	2.100	1.800	8.100

Key Assumptions

Services have been tendered / arranged and are ready to mobilise
 CAT service programmes will also reduce number of EHCPs at an annual cost of £20k per EHCP
 Autism non-cashable cost reduction of 3:1 based on parenting programmes for parents of children with conduct disorders (of which there is a frequent co-morbidity with ASD)
www.centreformentalhealth.org.uk/investing-childrens-mental-health
 Implementation of both services is from July 2021

Early Help Supporting Autism in Ladywood

A family with 2 children 1 with autism and 1 with cerebral palsy, mom referred with isolation and financial difficulties during this pandemic, she was also very concerned to attend appointments for child 2. After several telephone calls and virtual meetings we supported the family by contacting the necessary organisations deferring appointments and gave mom encouragement to feel more secure staying at home whilst the pandemic was at its peak.

Chapter Six – Integrated commissioning

i. Summary

Chief executives are committed to integrating our commissioning across health, social care and education services. More recent proposals for the new Integrated Care System reinforce this model. Birmingham Children's Partnership has made good progress with a new integrated brokerage team, development of a Section 75 agreement to enable pooled budgets and function transfers, and work to develop new provision for young people falling through the gaps between health and care.

Integrated commissioning and pooled budgets will lead to better outcomes for children and young people, for example:

- Multi-agency panels and teams are focused on what's best for this child, not who pays for what.
- Market development across sectors enabling greater sufficiency of services in Birmingham and fewer children being placed far from home (which ensures wrap around services such as for mental health are better managed and more accessible for the child) as well as maintaining links to their families and communities where that is appropriate. c.f. 'Pass the Parcel: children posted around the care system' (Children's Commissioner, December 2019) and 'These are our children' (Dame Christine Lenehan, January 2017).
- Joint teams bring out capacity together to improve outcomes for children and young people, reducing the likelihood that decisions are made in an emergency, and improving choice.
- New investments are possible such as the Intensive Residential Outreach Care (IROC) project for a new home for children who are sometimes between the care and health provision.

There is a strong financial, marketing and commissioning imperative to this project. Currently, the majority of costs associated with high cost placements are for placements outside Birmingham in specialist provisions. Costs for placing children and young people with complex needs are high: £62 million was spent on our high cost placements (for 491 placements costing more than £1k per week). This project provides the partnership with the opportunity to proactively manage the market and to commission more cost-effective placements in Birmingham where it is in the best interests of the child to do so.

A key piece of commissioning work is the Intersectional Residential Outreach Care or IROC project. This project is seeking to develop a crisis residential centre in the city, to help young people who are not able to benefit from mental health and social care support, and who are currently presenting themselves in crisis to either statutory service. The project has identified a potential building, and in the spring 2021 will develop a business case for the development. There is a multi-agency steering group leading the work reporting to the Senior Delivery Group and BCP executive.

In order to enable integrated commissioning and joint working across the partnership Section 75 of the NHS Act 2006 allows for the delegation NHS and Local Authority functions and budgets to partners, e.g. for the purpose of a pooled budget for service commissioning. Work has been undertaken to develop a three year S75 agreement.

ii. Progress so far

- The brokerage team has been established between BCT and BCC with BSOL CCG staff joining in the future. The team is led by a joint post and the team has received training from the Institute of Public Care.
- An Intensive Residential Outreach Care (IROC) Steering Group has been established together with a project team. The purpose of the Steering Group has been to focus on the development and testing of a business case for an innovative jointly-commissioned residential facility for children in crisis.
- A potential facility for the new residential service has been identified and work is being undertaken with Property Services to ensure due diligence in terms of suitability.
- A three-year shell S75 legal agreement has been produced for children and family services (aged 0-25). The S75 agreement has been signed off by BCC, BCT and BSOL CCG, with remaining partners signing off in the next month.
- We have started work on schedules for the section 75 agreement, with the immediate priorities as Autism, Placements and Therapies.

iii. Benefits and impact so far

- The Integrated Commissioning project work has been delayed during the Covid-19 pandemic and will develop pace and more detailed plans and milestones during 2021.

iv. Future plan

- The IROC project will complete a business case to include: costs analysis, as staffing profile, whether it should be commissioned or directly managed, and a confirmation of the definition of the young people who would benefit from the provision. This will include the potential number of beneficiaries and need in the city, and a young person's exit strategy and post IROC pathway with links to adult services
- As an addendum to the Section 75 agreement partners will now establish which specific services and functions will be jointly developed and detailed schedules will be produced which will be subject to approval by each relevant partner organisation.
- Birmingham Complex Care Panel continues to meet on a fortnightly basis, with commissioner and senior professional advisors working to support young people needing tripartite or bipartite funding. The panel has been reviewed in the last year and six young people's cases have been audited to understand how complex care placement and planning is working currently.

v. Future benefits and impacts

- An IROC facility will offer a medium-term (approximately 90 day) intensive internal provision that will help to assess and stabilise a crisis and offer an appropriate response, whilst joint planning takes place for the long-term based on a thorough assessment of need.
- The facility will be local and as a result will offer a more resource and cost-effective solution and should generate a return on investment based on the audit of six cases that has informed the project.
- Establishing a Section 75 agreement and supporting schedules will provide the legal framework which enable partners to align and pool financial and other resources to deliver the efficiencies associated with partnership working.

vi. Milestones

- The IROC business case is currently being developed (March 2021) and will include delivery milestones
- Section 75 legal framework is in place with supporting schedules to be developed as joint services and alignment opportunities arise.

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Non Salary Budget:	Interim Service Manager		▲ 2	0.129	0.129	0.000	0.000	0.258
	TOTAL			0.129	0.129	0.000	0.000	0.258
	Consultancy to identify placement efficiencies	BCT (tende	● 3	0.600	0.000	0.000	0.000	0.600
Total costs:	TOTAL			0.729	0.129	0.000	0.000	0.858

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
2% saving high cost placements (> £1k / wk) to BCT / BCC / CCG		● 3	1.240	1.240	1.240	1.240	4.960
			1.240	1.240	1.240	0.000	4.960

Key Assumptions

Placements under £1,000 per week amount to £100m

Placements over £1,000 amount to £62m

Interim Service Manager resource agency worker based on cost of 46 weeks per annum

On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)

Early Help for Brothers after Father's sudden death – Selly Oak

Two brothers have been having play therapy with us since November 2019. They were referred to us because their Father died suddenly in the family home 6 months previously. English is not Mum's first language and she was struggling with their behaviour at home. Mum has Type 1 diabetes and is very reluctant to leave the house. The family live in a two bedroom flat. The boys are 12 and 6 years old. The children have very few toys and were fighting constantly over a play station. We have delivered play boxes to the children with games and art and craft materials and have guided Mum over video about how she might play with the children with the items we have sent.

Chapter Eight – Culture change

i. Summary

In a system-wide transformation which crosses hundreds of autonomous organisations and thousands of people, it doesn't work to come up with the perfect plan for each organisation and tell everyone what to do. We are much more reliant on people *wanting* to change, feeling *empowered* and *informed* to make things better, *connecting* professionals and communities together, and *encouraging* the natural and amazing change agents we already have across the system.

Unlike a simpler NHS or local authority reorganisations, we have to use different tools for transformation. This makes good communications much more critical, to build awareness, share information and demonstrate new behaviours and values. It means we need to encourage and enable organisations to take the principles and a scaffold for change and interpret it for their circumstances. We need to increase training – at a senior level coaching boards to be more systemic, at a middle management level training in the tools of systems design, and on the frontline training for whole family working and relational practice (the *Birmingham Way* of doing things). Across the city we need to enable behaviours, such as locality working to create an environment that builds professional and community relationships, creating the Design Teams to give change agents the information, ability and mix of perspectives on the system to change our services for the better, ensuring children and young people are involved in service design, and amplifying their voices.

So this chapter includes the key elements of culture change: comms, training and engagement.

ii. Progress so far

- We have created a communications network with partners and beyond to ensure a 'joined up' approach to Early Help, using all channels, including social, to reach the 50,000 staff involved in children's services across the City. Resources and content are reaching professionals working alongside families, so they are aware of available to help, support and advise families to deliver the best outcomes possible.
- Working with Children and Young People in Birmingham, the Partnership has created a 'Vision' for Birmingham's future based on children and young people's priorities. Young people from a range of backgrounds have come together as an advisory board for the Partnership. The board surveyed nearly 4,000 children and young people in order to inform the 'Vision'.
- We are rolling out a new place-based brand for children and family services, building on the vision from children and young people.
- Effective comms is sent out on a roughly weekly basis to professionals at the frontline of all Birmingham Children's Partners, the voluntary and community sector working in children's services, and schools, further education and nurseries. This is a big change, and rather than creating a newsletter that wouldn't be read, we are dropping articles into recognised comms channels for all these professionals. Comms articles are designed to emphasise the BCP values and behaviours (see box).
- Effective communications have been established with the Locality Teams, including their Community Connectors who are creating a comprehensive database, mapping local assets which will become available to families and professionals through the Local Offer website.

- In response to COVID-19, we have written to all parents in the city (via schools) to share the *From Birmingham with Love* offer which includes universal Early Help services such as mental health support, parenting, bereavement counselling, domestic abuse help, and locality Early Help. This is backed up by a social media campaign and our presence on twitter and Instagram, and through partners on their social media feeds.
- Design teams to apply a systemic approach to service design, with mixed teams, dual SROs (tbd), frontline professionals, and either engagement with families and communities or direct involvement in the design team. Design teams for the Early Help localities, Mental Health and Autism have been established, a fourth design team is proposed for Therapies.
- We have redesigned and are rolling out new Making Every Contact Count training to the frontline, as a bite-sized module to help engagement and advice to families during COVID-19. Phase 2 will be a larger roll-out and emphasise the *Birmingham Way* of working with residents.
- Transformation Apprentices – two young people with experience of the health and care system have joined the BCP team, supported through a structured apprenticeship training plan. Some design work is being led by the apprentices and importantly their presence on Boards and Design Teams will help colleagues to think from the perspective of a young person and demonstrate our values. Just a month in, we can already see the impact.

Values and behaviours

In all comms to frontline professionals we want to reinforce the values and behaviours of Birmingham Children's Partnership. These are not written down in a vision, but are to be demonstrated through the stories and case studies that we champion.

Our focus is child centred, child friendly, whole family, collaboration, communities and integrated co-production. We are outcome focused, compassionate, value for money, agile and work without 'ego' for the best outcomes. And we promote:

- a) Strong voice and influence of children and young people
- b) Openness and inclusivity – engaging and involving through co-production
- c) Clear governance and accountability arrangements
- d) Establish a learning culture where experience and good practice are shared to learn from experiences
- e) Collective responsibility
- f) Generosity, giving, openness
- g) Learning by doing.

iii. Benefits and impact so far

- 5000 Young People signed up for Kooth, via advertising on social media and through schools
- 700 people have used the Solihull Approach online parenting course.
- 150,000 families received a *From Birmingham with Love* letter (estimated recipients)
- 50,000 professionals receiving weekly comms (estimated recipients)
- Over 160 ECINs users, providing a platform for VCS and public sector professionals to collaborate
- Young People's Future Vision of Birmingham report written – to guide KPIs Weekly communication flow established across all partners, with key information disseminated to Locality Teams and ultimately families in need

Northfield Community Partnership (NCP) rescues Christmas for bereaved family

- Struggling, recently bereaved single father of 3 boys initially contacted the NCP for a food parcel
- He was supported with food parcels, warm home vouchers, £50 food assistance grant, a full benefits check, access to legal advice to gain parental responsibility of the eldest child (who is not biologically his) and bereavement counselling.
- Dad was also struggling to cook meals, so NCP contacted Gym Shark who donated fresh healthy meals and food parcels. Dad also given cooking lessons.
- At Christmas NCP organised for the family to have toy vouchers, presents, a Sainsburys voucher and a Christmas hamper.

Here is the email Dad sent to the Northfield Community Partnership / Pathfinders:

When my wife passed away my whole life ended, I felt so alone looking down at my three boys and could not fathom how I was going to continue. As the days moved forward I just felt like I was keeping afloat then you guys contacted me and I really do not feel alone anymore.

The kindness we have been shown at this time will never be forgotten -you have gone above and beyond to try and ease our suffering. Seeing my children smile as they see there piles getting bigger helps me realise I still have something left. You are definitely in the right job, you're a warm and caring person and it shows. I feel connected to you straight away and know that you have our backs going forward.

I will at some point need to find a way to repay you and your company if ever you need me for something please let me know I have never seen kindness like this before and I want to share some of that back

iv. Future plan

- Roll out of the new Vision for Birmingham Children and Families. Starting with engaging schools (as our most critical partner) we will engage on an equal basis with teaching forums and individual schools, SEND, localities, community services, health service, social care, policing, City Help and Support, the LEP, WMCA, various boards, etc. A large engagement will enable us to make changes to the vision as we go, reflecting a whole system effort to improve the lives of children and young people across the city. The vision will be accessible and interactive and available on the local offer website (to drive traffic and awareness of the local offer).
- The partnership is embedding the 'Make Every Contact Count' (MECC) project across all partners. This initiative encourages professionals to hold wellbeing conversations with those they encounter, promoting wellbeing, good health and equality of care by using everyday conversations as opportunities to signpost the person to find the help they may need. This underpins the ethos of 'the team around' which seeks to offer a joined-up approach to Early Help where referrals are no longer necessary and families can find a range of help through one contact. MECC will be on the local offer website, reinforcing this as *the* place to go for information across the system.



- The second phase of MECC is to develop the *Birmingham Way* of working, a cultural training programme for all professionals across the city which reinforces the community connect training, and a whole family model of relational practice. This is similar to the training in Wigan or Oldham to create a consistent set of principles, such as dealing with need when you see it, looking out for the whole needs (not just presenting needs) of individuals, looking out for the rest of the family, displaying compassion, etc.
- Work is being undertaken to rebrand the partnership which may in time, be adopted as the branding for all Birmingham's Children's Services. School children have contributed to the design which is in work in progress and speaks to a bright and happy city that children want to see for their futures. Below are ideas of what the new logo might look like.



- The Early Help Handbook will be completed and herald a culture change for partners, this will be written and launched in Spring 2021.
- We will continue to engage frontline staff across the partnership on a weekly basis to demonstrate the values and behaviours of BCP. Social media channels have been set up and work is being undertaken to engage partners and professionals in their output to further promote and share support and resources available to families in Birmingham.
- Design teams will continue to develop Early Help, Autism services, mental health services and therapy services. We will develop materials and a methodology to support the design teams that can be reused by the Integrated Care System and other transformation programmes (there is already interest in other sectors) – effectively bottling a systemic model of solving some of our harder wicked issues.
- We will continue to engage children and young people across the city. The Youth City Board is well aligned to these intentions and we are working to align engagement activity across the city to link into this board of c. 50 children and young people. We will undertake more surveys of children and young people's views of key issues, to amplify the young voice in the city.
- The Local Offer website, due to be launched in March will provide a user-friendly platform for the Birmingham Children's Partnership resources. This will be accessible to both professionals and families and will be widely advertised and communicated to the whole city to ensure that everyone knows where to access any information or support that they need. A young person's tile will be developed for the local offer website with guidance from young editors – in time this will spin-off to a new sister website dedicated to young people. Long-term there is an option to have a Client Record Management system on local offer website, enabling us to push Early Help digitally to residents, and to blend delivery of face-to-face services and online content.
- An *academy* for service and system design will be established. The academy is for middle managers who are often forgotten in change programmes. These individuals are critical to set the culture across the system (which is one reason why the Partnership Operational Group has been so vital) and to enable services to be redesigned to achieve outcomes more effectively for children, young people and families. The academy will

All I want is a small reminder that I'm valued, loved and supported. Organisations you can go to and call for mental health problems whenever you need.

Male, age 15

be based on the NHS leadership programme with additional content from other local areas and national experts showing the practicalities of how services can be redesigned. There will be practical content with users working on a local wicked issue and continuing that work after the academy concludes.

v. Future benefits and impact

- Closer working and understanding between professionals, whole family working practice, co-production, better service design, will deliver more efficient support to families.
- Promoting and sharing case studies will create a virtuous cycle where people in need trust local teams and know where to access the help that they need.
- Practical change planned for the Autism services, the Early Help handbook and the Local Offer website will transform and professionalise the Early Help offering in the city.
- Inclusion of all sectors of society in the change process will mean that the changes are adopted organically and effectively.
- BCP will use new opportunities to engage city-wide, such as the 2022 Commonwealth Games, and a potential Wigan Deal style consultation.
- Routine involvement of young people, drawing on existing forums will produce more effective decision making.
- Creating a structure for recruitment to groups, and a strategy to interconnect groups to each other will embed the transformation and allow for 'joined up thinking'.
- 200 middle managers to attend the 7 day academy for service and system redesign, significantly increasing capacity and capability for service improvement
- Engagement manager will coordinate resourcing, bringing together current capacity
- Young person's website – new advice and guidance alongside the local offer with shaping and articles from young people will give an authentic voice to Young People.
- ECINs will provide a contiguous approach to case management across all partners

vi. Milestones

- Rebrand launched February 2021
- Youth City Board survey on education in lockdown by February 2021
- Integrating the work of the Youth City Board and the Young Researchers by March 2021
- Young Researchers 10 Year Vision Report by March 2021
- Completing the Community Connector recruitment by March 2021
- Local offer website to be launched in March 2021
- Social Media becomes a highly effective channel of engagement by May 2021

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Communications resource	BCC	▲ 2	0.094	0.094	0.094	0.094	0.376
	2 x Apprentice Commissioners (figures from BCT)	BCT	◆ 1	0.055	0.055	0.000	0.000	0.110
	TOTAL			0.149	0.149	0.094	0.094	0.486
Non Salary Budget:	Materials for events and marketing	BCC	● 3	0.025	0.025	0.025	0.025	0.100
	4 x Academy Course	CCG	● 3	0.200	0.200	0.000	0.000	0.400
Total costs:	TOTAL			0.374	0.374	0.119	0.119	0.986

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
No direct financial benefits			0.000	0.000	0.000	0.000	0.000

Key Assumptions

Communication resource agency worker based on cost of 46 weeks per annum

On costs are 27% (CCG), 30.2% (BCT), 44% (BCC)

Apprentice training costs covered by Apprentice Levy

Materials for events and marketing includes printing and distribution

Early Help for a young family fleeing domestic abuse in Edgbaston

Mum had left her partner due to domestic abuse; she and her five children were now living in a hostel. Edgbaston Early Help connected her to local services which could support the family as she was finding it difficult to afford some essentials. She received food from The Active Wellbeing Society and help from the Baby Bank, as well as toiletries and children's clothes. Mum received money from the Resilience Fund for mobile data so that she could contact friends, family and other support from home during the lockdown.

With some of her anxieties now reduced, she was able to focus on finding a more permanent housing solution. With the help of her Social Worker and Birmingham's Housing teams, the family were able to move into semi-permanent accommodation within a couple of months and now she is able to start building a new life for herself and her children.

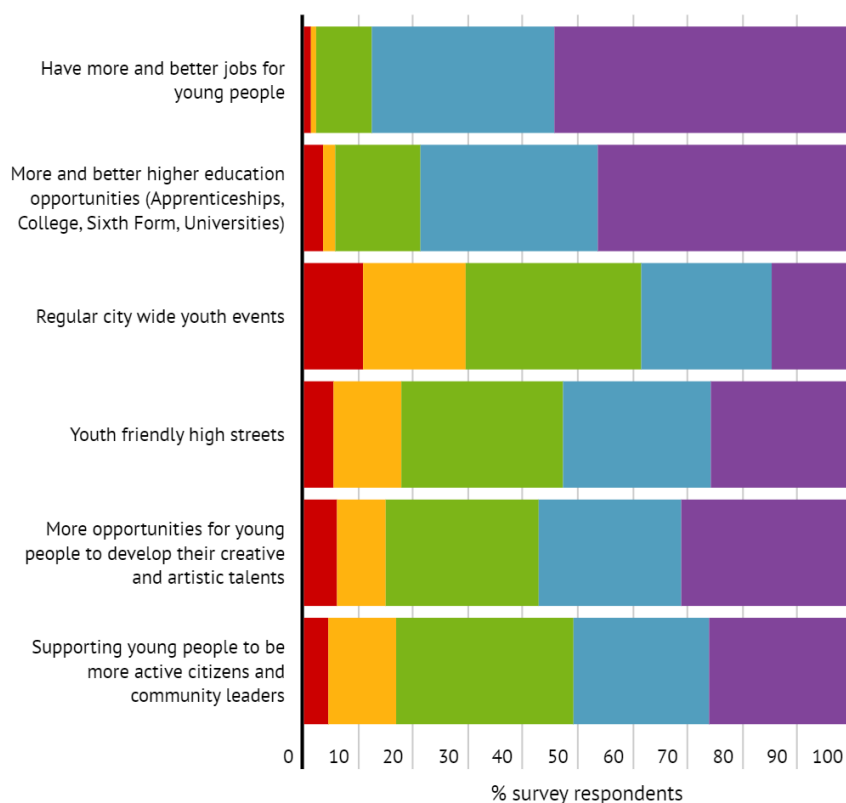
Chapter Nine – Impact evaluation

i. Summary

When budgets are squeezed, children and family services have nationally struggled to secure sustainable funding for Early Help. We know in Birmingham ten years of austerity led to a false economy of cutting Early Help, often driven by cashflow issues and a national trend towards statutory minimum service delivery.

Young Researchers wanted to help young people to think about what the city needs to invest in now and the future...

Graph showing young people's answers (aged 11-25) to the question, "Which of the following do you think Birmingham City should invest in, as a priority for young people. Please choose 5 top priorities at score of 5 and then rate the rest as normal!"



The Birmingham Children's Partnership is committed to increasing our investment in Early Help, because we know that supporting a family early reduces the likelihood of that family needing acute services later, and therefore significantly reduces the costs of overall delivery. However, it's not enough to sit on this current level of support as economic challenges can be expected in the future. Other evaluations are helpful, but normally focus on discrete projects rather than whole system change and maintaining fidelity to the original projects is difficult if not impossible, reducing the relevance of other evaluation findings. A whole system transformation will enable a learning culture that we have already started to embed with the in-depth research into the roll-out of localities.

We are therefore proposing to fund an evaluation of the whole system change to Early Help and acute services that is being introduced by Birmingham Children's Partnership transformation. The fundamental research question is *What is the return on Early Help investment for each BCP partner*, with the aim of providing a clear evidence base for continued investment in Early Help over future decades. The scope of the transformation should also include City Help and Support early intervention as a critical part of outcome improvement for families.

The evaluation is expected to take four years in total (with interim annual reports) and will draw together quantitative and qualitative data to capture the impact of the investment in reforms that aim to bring about earlier intervention in the lives of children, young people and their families. Evaluators will provide a series of annual formative, interim evaluations. These will identify how the programme is working operationally and what could be changed to increase the efficacy of the programme. The final (summative) evaluation will provide a public-facing set of messages framed around what has been achieved in terms of outcome measures such as return on investment, improved outcomes, improved quality of care, reduced demand for services, and culture change within the partnership. The final evaluation will also compare the programme with similar transformation programmes that have occurred in other areas, with a view to describing relative impact therein. Overall, the evaluation will amount to a rich and detailed resource from which the partnership can develop and build from in future.

Complementing the evaluation research, this year will see the completion of an ethnographic research study currently being undertaken by University of Wolverhampton Education Observatory, exploring the lived experience of 24 local children and young people and their families. Feeding into the 'Culture change' programme, the findings from the study will be documented via a visually appealing, glossy A5 book with photographs that will then be utilised in transformation programme PR and communications activity to promote compassion and empathy in the city's public sector workforce. More widely, it is anticipated that the stories and customer journey maps that emerge from the research study will also be used by the partnership to inform the redesign of services. The research study is informed by similar studies conducted by other local authorities including: Oldham, Wigan, Essex, Central Bedfordshire, Luton, Lewisham and Knowsley¹⁸. These reference studies provided policy makers with customer insights that would not have been achievable using more quantitative techniques, and led to service changes which would not otherwise have occurred, ranging from a redesign (rationalisation) of services meeting the needs of offenders just released from prison which led to c. £250,000 per year reduction in costs (Lewisham), to a reduction in the average time taken for a Housing Benefits claim to be processed from 50 to less than 10 days (Central Bedfordshire and Luton).

ii. Progress so far

- An evaluation and research steering group was established (August 2020), including representatives from across the partnership¹⁹, along with expert representation from Wellcome Trust.
- Led by the steering group, a specification for the evaluation was drafted. It was agreed with Birmingham City Council – Preparation for Adulthood that the evaluation would be a joint commission. A market warming day for potential providers was held on 3rd September 2020, attended by University of Birmingham, NIHR Applied Research Collaboration West Midlands (ARC WM), Oxford Brookes University, Cordis Bright and Enigma Consultancy Services.

¹⁸ Local Government Association (2013 - 2016) Customer led transformation programme (case studies); The Public Office & Essex County Council (2015)

¹⁹ BCP Evaluation Steering Group members include: Forward Thinking Birmingham, Birmingham City Council – Preparation for Adulthood, West Midlands Police & Crime Commissioner, Birmingham City Council – Public Health, Birmingham Voluntary Service Council, Birmingham Children's Trust, Birmingham City Council – SEND, NHS Birmingham & Solihull Clinical Commissioning Group.

- The draft specification was presented at the BCP Executive Board in October 2020. A final specification was agreed in November 2020. Funding pressures related to COVID-19 meant that the evaluation did not go tender in November 2020 as was originally planned.
- The ethnographic research contract was awarded to University of Wolverhampton Education Observatory in November 2020 and there are currently 6 families signed-up to take part, with a total of 10 expected to form part of the phase one, interim publication due in March 2021. The contract is being expertly guided by our evaluation and research steering group.

iii. Benefits and impact so far

- We have developed an evaluation specification that has been widely consulted on and agreed.
- We have established an engaged, expert steering group who are ready to guide the evaluation.
- The ethnographic research study is underway, due for completion in July 2021

iv. Future plan

- The ethnographic research book will be shared widely with frontline staff and underpin the culture change, encouraging empathy for what it's like to grow up in the city.
- We will commission a whole system evaluation of the BCP transformation (and City Help and Support if required) to be undertaken by an independent evaluator. Given that the evaluation will capture the impact of investment in earlier intervention across the whole system (as opposed to discrete projects and services), we anticipate that the evaluation will be of national importance.
- There will be monthly contract monitoring meetings with the providers throughout the four year period.
- Our evaluation and research steering group will guide the evaluation contract, working closely with evaluators to ensure the work meets the specification requirements. The group meets on a monthly basis.
- In the early stages of the evaluation, evaluators will develop and test an evaluation framework in addition to establishing a baseline position from which the transformation programme will be measured against.
- By December 2021, evaluators will provide a literature review paper which will act as an accessible reference handbook for practitioners thereafter, pointing to good practice in the realm of early help / enhancing an understanding of 'how to' do early help effectively.
- Evaluators will produce annual (interim) evaluation reports focused on immediate learning that can be reflected in service redesign.
- The final evaluation will provide a public-facing set of messages framed around what has been achieved in terms of outcome measures including return on Early Help investment for each of the BCP partners. There will be a series of knowledge sharing, launch events which will help communicate findings with client groups and public sector staff across the system.

v. Future benefits and impact

The evaluation is fundamental to how we as a partnership are able to express what difference the transformation programme is making / has made. This goes beyond internal communications: the evaluation will allow for credible, independent statements about impact to be developed and communicated externally to residents and other stakeholders.

- Independent, expert assessment of the impact of investment in earlier intervention, including:
 - Return on investment for each of the nine BCP organisations (cashable benefits)
 - Any improved outcomes for the city's children, young people and families
 - Any reduction in demand for statutory services
- Independent, expert assessment of programme performance relative to other, similar programmes that have happened in the UK and beyond
- Robust decision making with research to underpin social and economic implication of future changes
- A learning culture for frontline service design and delivery, linked to outcome measurement, sharing of data with partners and the impact evaluation

The ethnographic research will provide expert insight into what it feels like to grow up in Birmingham and people's lived experience of navigating services. Outputs from the ethnographic research will include:

- 24 ethnographic studies presented in an A5, glossy book that will be utilised to promote compassion and empathy in the city's public sector workforce about what it's like to grow up in Birmingham.
- Customer journey maps
- 10 workshops with professionals working across the partnership, emphasising the value of conducting / commissioning qualitative, ethnographic research with residents as a means of gathering in-depth insights that are not possible using other methods

vi. Milestones

- Completion of ethnographic research contract (A5 book, customer journey maps, workshops with staff, digital resources including photographs and film) by July 2021
- Initial scoping meeting with programme team by July 2021
- Initial scoping work (evaluation framework, baseline established etc.) by December 2021
- Scoping stage for Transitions strand by September 2021
- Literature review paper by December 2021
- x3 interim evaluations (inc. public-facing, accessible executive summary with infographics) - April 2022, April 2023, April 2024
- x2 standalone (detachable) Transitions-focused, interim evaluations (inc. public-facing, accessible executive summary with infographics) - December 2021, September 2022
- Final standalone (detachable) Transitions-focused evaluation (detachable) (inc. public-facing, accessible executive summary with infographics) by March 2023
- Final evaluation (inc. public-facing, accessible executive summary with infographics) by April 2025
- Series of knowledge sharing events with client groups and public sector staff by April 2025

vii. Budget

Planned Investment	Project Costs	Provider	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Proposal	Impact evaluation	BCC (Tender)	3	0.120	0.125	0.125	0.103	0.473
Total costs:	TOTAL			0.120	0.125	0.125	0.103	0.473

Business Benefits	Activity	Priority	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
No direct financial benefits			0.000	0.000	0.000	0.000	0.000

Key Assumptions

Evaluation implementation starts July 2021

Early Help with Food for a COVID-19 survivor in Northfield

We were honoured to help a lady who had been in hospital with COVID-19, on a ventilator for 1 month, with a nine year old son at home with dad who has been furloughed. She thankfully survived COVID-19 and has returned home, but she is very weak, in a wheelchair and her husband is now her carer, thus his employment future looks very uncertain and they have no cash reserves.

They contacted us, hugely upset that they had to 'bother' a food bank, but left with few options as they'd run out of money and food. We provided them with our 6-day food parcel, which helped them in the immediate term practically, whilst reassuring them that it would be ok for them to receive more assistance from us and giving them time to try to sort out the benefits they are entitled to.

Appendix – Outcome framework

In Autumn 2020, nearly 4,000 children and young people engaged our young researchers through a survey, workshops and interviews. The resulting vision set out key priorities for the city, and these have been distilled into nine outcomes that form the basis of this outcomes framework:

1. Reduce poverty
2. Good jobs
3. City feels safe with reduced bullying
4. Physical and mental health
5. Good education and opportunities
6. A home for every family
7. Reduce domestic abuse
8. Clean, green and eco friendly
9. Happy, inclusive and no racism

This is the outcomes framework we are using to capture the data which describes the impact and progress of the transformation programme on behalf of the partnership. The data here is a work in progress that will iterate as our measures improve and the transformation matures.

Ref	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	DoT	TREND	DATA OWNER
1. Reduce poverty															
1.1 % children living in poverty, after housing costs (under 16)			42%												end child poverty
1.2 % of 0-17 year olds in a household where an adult experienced domestic abuse in last year			7%												Children's Commissioner
1.3 % of 0-17 year olds in a household where an adult has severe mental ill-health symptoms			14%												Children's Commissioner
1.4 % of 0-17 year olds in a household where an adult reports any substance misuse			11%												Children's Commissioner
1.7 No families referred into locality Early Help service (cumulative)						2725	3644	4504	5104	5454	5646	5999			L. Amery










Ref	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	DoT	TREND	DATA OWNER
1.12 No training/information sharing sessions with professionals (Community Connectors)											189				L. Amery
1.14 No. Early Help intensive referrals per month (BCT)	16	14	20	27	32	82	26	16	4	39	65	12			P. Martinez
2. Good jobs															
2.1 % CYP that feel the kind of job they want in the future will be in the city	Dec-19: 70%														Beatfrecks
2.2 % NEET (16-25 EHCP)			4.1%			4.4%			4.7%						M. Eccles
2.3a) No. NEET / jobless (14-19 yr. olds)											1519				P. Mountford
2.3b) % NEET / jobless (14-19 yr. olds)											3.8%				P. Mountford
2.4 Joblessness (18-24 yr. olds)										17454					DWP
3. City feels safe with reduced bullying															
3.5 Number of contacts (Birmingham Children's Trust)	4089	4213	3532	2724	3001	3784	3824	3381	4129	4413	4447	3755			P. Joyce
3.6 Number of referrals (Birmingham Children's Trust)	1501	1730	1465	1040	1156	1400	1210	1049	1521	1474	1347	1294			P. Joyce
3.7 No. children in care	1939	1943	1929	1911	1908	1915	1922	1941	1937	1951	1961	1933			P. Joyce
3.8 No. missing from home or care incidents reported	338	328	276	147	199	205	228	251	258	288	264	276			P. Joyce
3.9 No. 3+ missing from home/care episodes in the last 30 days	92	98	83	24	39	48	64	80	70	81	64	83			P. Joyce
3.10 Total paid for placements for all CYP with SEND (0-25)										7878					D. Dawson
3.12 No. placements for CYP with SEND that are outside the area (>25miles from home AND outside B'ham)										17					D. Dawson
4. Physical and mental health															
4.1 Age 0-25 Did Not Attend rate (acute)	17%	15%	19%	19%	14%	12%	12%	15%	16%	17%	14%	19%			S. Haider
4.4 % pupils who have excess weight - RECEPTION	Apr-19: 11%														Fingertips
4.5 % pupils who have excess weight - YEAR 6	Apr-19: 26%														Fingertips
4.6 Uptake of mandatory health visitor checks (28 weeks)	11%	8%	6%	13%	18%	17%	8%	8%	6%	6%	6%				S. Sekhon
4.7 Uptake of mandatory health visitor checks (newborn visit)	97%	98%	97%	97%	97%	97%	97%	98%	96%	97%	96%				S. Sekhon
4.8 Uptake of mandatory health visitor checks (6-8 weeks)	79%	88%	82%	77%	78%	81%	84%	81%	79%	83%	81%				S. Sekhon
4.9 Uptake of mandatory health visitor checks (9-12 months)	53%	53%	54%	42%	42%	37%	44%	44%	39%	45%	47%				S. Sekhon
4.10 Uptake of mandatory health visitor checks (2-2.5 years)	59%	56%	58%	57%	53%	55%	53%	51%	44%	44%	51%				S. Sekhon
4.12 Smoking status at time of delivery (%) (England 10.4%)			11%												Fingertips

Ref	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	DoT	TREND	DATA OWNER
4.14 Reported child deaths (sudden/unexpected)	1	3	1	2	1	0	2	3	2	2	3	1			M. McKenzie
4.15 Reported child deaths (neonatal)	6	5	5	2	5	3	7	3	7	4	5	7			M. McKenzie
4.16 No. new registrations (Kooth)				628	656	508	480	329	592	634	627				L. Amery
4.17 No users logging in (Kooth)				628	734	631	599	463	716	700	817				L. Amery
4.18 Number of CYP referred to FTB Referral Management Centre	1523	1531	1301	533	752	1019	1202	1034	1460	1677	1727	1379			K. Guy
4.19 No. CYP making contact with Pause	301	302	189	23	63	163	67					67			K. Guy
4.20 Number of CYP referred on to Open Door	94	121	172	73	66	76	121	64	116	144	114	138			K. Guy
4.21 Number of CYP referred on to GP/Primary Care	305	326	372	159	141	190	212	193	230	242	259	254			K. Guy
4.22 Number of CYP referred into FTB	327	330	341	184	226	250	309	204	256	344	361	303			K. Guy
4.23 Number CYP receiving treatment with FtB (2 or more sessions)	320	310	305	265	236	289	284	226	239	283	320	251			K. Guy
4.24 Average waiting time (FtB)	40	31	32	36	24	17	12	12	26	13	13	6			K. Guy
5. Good education and opportunities															
5.3 No. not attending school (children on a CP plan)												183			P. Joyce
5.4 No. not attending school (Children in Need)												405			P. Joyce
5.5 No. not attending school (Children in Care)												391			P. Joyce
5.6 % Children on a CP plan not attending school												22%			P. Joyce
5.7 % Children in Need not attending school												39%			P. Joyce
5.8 % Children in Care not attending school												33%			P. Joyce
5.9 % vulnerable children not attending school (CP, CiN, CiC)												32%			L. Amery
5.10 No. children with EHCP not attending school					6833	6121	6106	0	1873	2361	2830	1832			Madzivanyika
5.11 % children with EHCP not attending school					86%	77%	77%	0	27%	32%	37%	25%			Madzivanyika
5.13 % pupils with low attendance (<90%) ²⁰	Jul-19: 2%						Jul-20: 1%								P. Mountford
5.14 No. permanent exclusions (Primary)	Jul-19: 103						Jul-20: 56								S. Parton
5.15 No permanent exclusions (Secondary)	Jul-19: 164						Jul-20: 165								S. Parton
5.16 No permanent exclusions (Special)	Jul-19: 3						Jul-20: 6								S. Parton

²⁰ All attendance was set at 95% for Spring and Summer terms 2019/20 so results for Jan-Jul 2020 are non-typical and non-comparable with previous results.

Ref	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	DoT	TREND	DATA OWNER
5.17 % achieving good development (Foundation)	Sept-18: 68%						Sept-19: 68%								S. Anwar
5.18 % pupils reaching expected standard KS2 RWM	Sept-18: 61%						Sept-19: 62%								S. Anwar
5.19 % achieving 9-5 in English and maths KS4	Sept-18: 40%						Sept-19: 43%								S. Anwar
5.20 % achieving a L2 qualification by age 19	Sept-18: 81%						Sept-19: 81%								M. Eccles
5.21 % achieving a L3 qualification by age 19	Sept-18: 58%						Sept-19: 59%								M. Eccles
5.25 Total learners starting an apprenticeship (0-24)				2580											DfE
5.26 Total learners achieving an apprenticeship (0-24)				1080											DfE
6. A home for every family															
6.1 Family Homelessness: households with dependent children homeless or at risk of homelessness			787			517									MHCLG
7. Reduce domestic abuse															
7.1 No. contacts with the reason of domestic abuse (Birmingham Children's Trust)				14	702	732	667	750	575	578	781	767			P. Joyce
7.2 No. reported domestic abuse incidents (West Midlands Police)	2898	2747	2560	2649	3134	3134	3156	2745	2841	2932	4182	2560			WM Police
7.3 No. domestic abuse incidents (high risk)	352	334	295	369	387	397	447	379	394	423	666	295			WM Police
7.4 No. domestic abuse incidents (medium risk)	930	921	790	754	968	884	888	822	881	948	1251	790			WM Police
7.5 No. domestic abuse incidents (standard risk)	1615	1492	1475	1526	1779	1853	1821	1543	1566	1561	2265	1475			WM Police
8. Clean, green and eco friendly															
8.1 Total carbon emissions per year (mn tonnes)														Data pending	
9. Happy, inclusive and no racism															
9.1 Reported homophobic crimes (CYP aged 0-25 was victim)														Data pending	
9.2 Reported racist crimes against (CYP aged 0-25 was victim)														Data pending	

Notes

	Improving performance since last data release (higher figure)
	Declining performance since last data release (lower figure)
	Improving performance since last data release (lower figure)
	Declining performance since last data release (higher figure)
	No notable change since last data release
	Could not be calculated
	Lower since last data release
	Higher since last data release
	No change since last data release

To aid interpretation, apparent variation compared to normal historic patterns are highlighted **blue**; however, these observations have not been verified by the data owners and should therefore be viewed as provisional.

For accompanying commentary / caveats please visit the full dashboard here: <https://tinyurl.com/ybmcdvhm>

Appendix – Risks

Business case transformation risks are reviewed regularly by the BCP Senior Delivery Group.

	Category	Risk	Owner	Likelihood	Impact	Priority	Mitigating actions	Target date	Latest Update
34	General	There is a risk that the current environment for service delivery is overwhelmingly challenging – including political, financial and demand risks linked to the pandemic. Leading to the transformation programme failing.	BCP Board / Exec	Medium	High	High	Strong partnership working and relationships are helping to maintain momentum.	April-21	New risk added following SDG discussion
3	Early Help Case Management System	There is a risk that the interim case management system will take time to roll out to all schools, and early years providers, leading to continued safeguarding risk	Rob Willoughby	Medium	High	High	Project management support and an ECINs governance board has been set up to ensure timely roll out of the software across the partnership	April-21	
4	General	There is a risk that the relationships between partners are not sufficiently mature to stay the course when things get tough collectively or individually, leading to the transformation plan and benefits failing	BCP Board / Exec	Medium	High	High	Building trust through repeated positive experience Strong governance and programme management Culture of systemic problem solving, so partners do not go it alone on their challenges Section 75 being established to make contributions clear and give robust governance Evaluation to identify impact of Early Help and encourage investment as a savings option Strong governance for BCP Establishing a Birmingham way of designing services, to shift away from national influence	Ongoing	Merged with risk 16
5	Savings pressure and investment priorities	There is a risk that partners' savings pressures and investment priorities will change, leading to fragmentation of the partnership and lower benefits	Senior Delivery Group	High	Medium	High	Strong governance arrangements, and principle of systemic problem solving together (partners should not act alone) Aligning BCP transformation with BCC Early Intervention programme NHS long term plan prioritises investment in mental health services, and 'school support teams' by 2024. Investment in 2024 can build on the evidence that this programme will deliver	Ongoing	Updated to reflect BCC Early Intervention Programme

	Category	Risk	Owner	Likelihood	Impact	Priority	Mitigating actions	Target date	Latest Update
6	Schools, further education and nurseries	There is a risk that schools will not engage, leading to inequality and poorer outcomes	Senior Delivery Group	High	Medium	High	Negotiate individually with schools, further education settings and nurseries so the offer and ask reflects their needs. Engage through forums and existing relationships to improve relationships. Repeated comms and direct contact from locality leads.	Apr-21	
28	Data sharing and intelligence	There is a risk that partners will not share their data, leading to safeguarding risks	Senior Delivery Group	High	Medium	High	New governance responsible for ECINS and new case management system to address Build case studies of where schools are successfully sharing data, e.g. Bristol. Lead in the Council to take responsibility, and legal advice Extend existing data sharing agreements to new partners	Dec-21	Risk moved to high likelihood due to experience of ECINS project
34	Savings pressure and investment priorities	There is a risk that prioritising investment in the business case will reduce the available support for families during Covid-19 and increase demand for acute services. There may also be a reduction in services joining-up in localities.	BCP Board / Exec	High	High	High	Careful prioritisation of spend to minimise the impact, consulting with partnership boards and BCC Finance.	April-21	
22	Placements	There is a risk that the partnership does not have capacity to support integrated commissioning, leading to low engagement of commissioners, increased costs and poor outcomes for children in placements	Integrated Commissioning Workstream	Medium	Medium	Medium	To apply clear governance arrangements and programme management principles to ensure mutually agreed outcomes are progressed across the system with the required pace and grip Brokerage team is being established with service manager	Apr-21	
23	Placements	There is a risk that the market will not respond to integrated commissioning changes	Integrated Commissioning Workstream	Medium	Medium	Medium	Research and analysis of the local market and varying commissioning models	Apr-21	
30	Culture change	There is a risk that we do not sufficiently engage with the 50,000+ workforce, leading to low commitment to the programme and lack of change	Richard Selwyn	Medium	Medium	Medium	Weekly comms is being produced and communicated through partner briefings. An additional communications officer has been recruited. Vision, branding and other materials are in development	Jan-21	Risk increased following SDG discussion
21	Locality model	There is a risk that a 'System narrative' for operational teams to understand how different approaches to Early Help align is not in place e.g. SEND and locality based Early Help	Rob Willoughby	Low	Medium	Low	Development of training programme to be delivered to operational teams Strengthening of communication strategy to include links with operational teams Early Help Handbook being drafted New vision for children and families	Jan-21	Likelihood reduced due to work on vision and handbook

	Category	Risk	Owner	Likelihood	Impact	Priority	Mitigating actions	Target date	Latest Update
9	Communities	There is a risk of poor engagement with voluntary and community sectors, leading to poor mobilisation of community resource	Rob Willoughby / Stephen Raybould	Low	Medium	Low	Ensure comms and engagement is undertaken on a timely manner Ensure engagement tailored to stakeholders Locality leads to establish local VCSF networks	Apr-21	Likelihood reduced due to VCS infrastructure
17	Locality model	There is a risk that there will be lack of consistency in Early Help delivery and offer geographically across Birmingham and with partners, leading to a confused experience for users and professionals	Richard Selwyn	Low	Medium	Low	Oversight board for Early Help delivery Learning from differences between localities Consistent manual for Early Help and contract terms Early Help Shadow Partnership board being established to ensure consistency	Ongoing	
20	Locality model	There is a risk that wider links to older people programme board and all age approach are not developed	Rob Willoughby	Low	Medium	Low	To develop partnership working with Adults Services To undertake ongoing engagement with Adults Services building links to its older adult community programmes Mapping of activity and resources that link to both programmes Early pilots for social prescribing, FGC, Community Grants.	Feb-21	
24	Communities	There is a risk that community assets compete for funding and are not working together, leading to duplication and lower quality outcomes	Senior Delivery Group	Medium	Low	Low	Engagement with community organisations. Thorough mapping of community assets for each locality / community, supported by the Community Connectors. Locality leads to establish local VCSF groups to encourage collaboration and connections	Apr-21	
25	Culture change	There is a risk that it is difficult to identify or quantify the culture of staff in the partnership, leading to poor targeting of comms and lower impact	Senior Delivery Group	Medium	Low	Low	Careful tender for third-party provider. Consultative design for questions in survey.	Jun-21	Tender delayed due to funding issues
27	Culture change	There is a risk of low take up of the Leadership Academy, leaving a gap in the culture changes for middle management	Senior Delivery Group	Low	Low	Low	Promotion of the Academy through internal comms to partners. Seek a wide range of delegates across the partnership. CE sponsorship of Academy and reporting to CEs at end of six months. Alignment to ICS academy.	Apr-21	Academy delayed due to funding issues
31	Locality model	There is a risk of destabilisation of other services due to high recruitment drive, leading to staffing shortages in existing partners	Senior Delivery Group	Medium	Low	Low	Partners are made aware of recruitment of new service and possible impact on staff levels due to staff applying for role in new service. Recruitment for Early Help professionals will be made in two tranches.	Apr-21	Recruitment delayed due to funding issues
33	Mental Health and Wellbeing	There is a risk that schools will not have enough capacity to take forward a whole school approach to well-being due to other priorities, leading to poorer support for pupils	Senior Delivery Group	Medium	Low	Low	Offer and ask for schools which negotiates their contribution It is highly likely that schools will see change of leadership or Ofsted judgements that will affect roll out. Schools can opt in at any time.	Apr-21	

Appendix – Equality impact analysis

The local population is extremely diverse and it is recognised that the Children and Family Services transformation must take into account the differences in population and need while still building a consistent response to the challenges presented, reducing variation and creating equitable services. As leaders of Birmingham organisations we commit to working together, in partnership with the people of Birmingham, to develop the programme, and ensure it meets the needs of children and families, and the most vulnerable in our society, delivering better outcomes and reducing health inequalities.

The Plan and resulting models of care and services will be underpinned by the following strategic equality framework:

- Equality Act 2010 and Public Sector Equality Duty
- Human Rights Act
- Social Value Act
- Social Care Act and duty to reduce health inequalities
- NHS Workforce Race Equality Standard
- NHS Accessible Information Standard

In summary, the analysis found that the transformation programme overall would have a positive impact. The Transformation programme will have the following impact in terms of protected characteristics:

- A positive impact on children and young people across the age ranges 0-25
- A positive impact on the health and care needs of disabled children and families
- The plan is likely to have an overall neutral impact on gender reassignment
- The plan is likely to have an overall neutral impact on marriage and civil partnership
- The plan will have a positive impact on pregnancy and maternity
- The plan is likely to have a positive impact on the health and care needs of the protected characteristic of race and ethnicity
- The plan is likely to have a positive impact on the health and care needs of the protected characteristic of religion or belief
- There are a few negative impacts to consider, that have interdependencies on the right building blocks being put in place when developing services and ensuring further equality analysis are carrying out.

1. Background

EA Title	Investing in Children and Family Services - Business Case Refresh		
EA Author	Project Manager EDI BSOL CCG	Team	On Behalf of Birmingham Children's Partnership Board
Date Started	07/02/2020	Date Completed	09/02/2021
EA Version	V2	Reviewed by E&D	
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>The Birmingham Children's Partnership Board comprising of Birmingham City Council, Birmingham Children's Trust, Birmingham and Solihull Clinical Commissioning Group, Sandwell and West Birmingham Clinical Commissioning Group, Birmingham Women and Children's Hospital, Birmingham Community Healthcare Trust, West Midlands Police, West Midlands Police and Crime Commissioner, Birmingham Voluntary Service Council has developed a proposal to invest in Children and Family Services.</p> <p>The EA sets out the potential impacts of these proposals on reducing health inequalities and for those people with protected characteristics.</p>			
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.			
<p>The transformation will impact on all its member partners across the Birmingham health and care infrastructure, along with the following:</p> <ul style="list-style-type: none"> • Children and Families in Birmingham • Vulnerable children and families • Children's Partnership Board – organisations and staff • GP Practices • Maintained nurseries private, voluntary, independent, (PVI) • Primary Schools • Secondary Schools • Third Sector / community organisations 			

Demographic and Population Features²¹

- **Birmingham has 429,606 children and young people (0-25 year olds), 83,536 of which are under the age of 5 – this is the largest proportion of any local authority in England.**
- **28% of the population is 0-19 years compared to the national average of 24% and other core cities 25%. This age group is projected to grow over the next ten years, where nationally this is set to decline.**
- **67% of school children are from a minority ethnic group. There is a correlation between deprivation and ethnicity (with more ethnic minority communities living in deprived areas).**
- **Gen Z born between 2000 and 2019 are characterised as digital, social, ethical, social networks, realistic and pragmatic, entrepreneurial, unique.**
- There is also a sizeable 20-24 years' population due to the large student population
- In Birmingham there are two wards where 1 in 3 of the population are children – Washwood Heath (33.9%) and Bordesley Green (33.8%).
- In 2019 there have been 46 child deaths (1-17 year olds) each year on average
- Birmingham's teenage conception rate is one of the highest in the country.
- Levels of child obesity are worse than England 11.3% of children in Reception and 25.6% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 76.4 per 100,000 is similar to England. The rate for self-harm at 265.5 per 100,000 is better than England
- **The rate of family homelessness in Birmingham is higher than the England average and increasing with 2879 in 2019.**
- **Infant and child mortality rates are higher than the national average.**
- **11% of children aged 4-5 years and 24% of children aged 10-11 years are classified as obese.**
- **There are currently around 2000 children in care in Birmingham.**
- **41% of children grow up in poverty and deprivation.**
- **19% of children are in households with severe instances of domestic abuse, drug and alcohol abuse, and diagnosed mental health conditions. Mental health problems affect 1 in 10 children and young people. There is a recognised need to intervention at an earlier age and addressing unmet need.**

²¹ Birmingham and Solihull Child Health Profile 2019

- Birmingham has an overall total population of c.1.3 million. Birmingham is characterised by its high levels of ethnic diversity with a Black and Minority Ethnic population of 42% and a high level of migration into the City, a younger population with only 13% aged over 65 years. People are living longer and in three decades' people over 65 years old is expected to increase by a third and the number over 85 years old will double. Six in ten of the population living in the 20% most deprived neighbourhoods in England.
- The key health inequalities issues impacting Children and families in Birmingham and Solihull Long Term Plan 2019 are;
 - *Infant mortality rates are one of the highest in the country with 7.9 deaths per 1000, compared to 3.9 in other parts of the country.*
 - *Childhood obesity – 1 in 4 Reception children in Birmingham are overweight or obese, and 22% of Year 6 Children in North Solihull are obese.*
 - *Child poverty – there is a strong evidentiary link between poverty and long-term health and wellbeing outcomes.*
 - *Unhealthy lifestyles are the cause of the top three causes of early death – Coronary Heart Disease (CHD) lung cancer, and alcohol liver disease.*
 - *Poor mental health in adults and young people with one in ten mothers suffering mental health in the first years after giving birth.*
 - *Cancer: We have a higher proportion of people (45%) presenting with stage 3 and 4 cancer and a low uptake for breast, bowel, and cervical cancer screening. There are also variations by protected characteristics; there is a higher risk of cervical cancer amongst African Caribbean and Asian females over 65 years and Lesbian and Bi-sexual women are twice as likely to never had a smear test*
 - *Learning Disabilities: improvements in access and community based support for children and young people with Special Educational Needs and Disabilities People*

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
Investing in Children and Families Business Case	Birmingham Children's Partnership Board	

The Birmingham and Solihull Long Term Plan 2019	BCP Senior Delivery Group	
Census Data 2019		
BSOL CCG Reducing Health Inequalities Strategy 2018		
Birmingham Child Health Profile (PH Birmingham) 2019		
Birmingham JSNA Birmingham Joint Strategic Needs Assessment SEND 2018/ 2019		
Health Equity in England – a report on health equity in England focusing on inequalities between ethnic groups: https://www.gov.uk/government/publications/health-equity-in-england		
Birmingham and Solihull Clinical Commissioning Group Equality Objectives and Health Inequalities Strategy 2020 – 2022		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

Age Impacts

The plan has a positive impact on children and young people across the age ranges 0-25 years, with identified additional investment into services for children and families with the impact of reducing health inequalities through:

- Preventative services
- Earlier interventions
- Wider access to services for more children
- Personalisation – services are designed and delivered in a manner that enables choice and autonomy and reflective of younger generations (Gen Z born between 2000 and 2019), with a focus on on-line platforms, community connections, and engagement and co-production with children and families.
- Localised provision – delivered through local community assets including schools, third sector, and a range of localised and neighbourhood providers.
- Accessible and integrated resulting in less disruption, streamlined, less travel
- Services that are closer to home and integrated – making vulnerable children easier to reach
- Some wards within Birmingham have a significantly higher proportion of children and young people combined with higher levels of deprivation. Investment into the development of locality structures and teams will need to be proportionate to the level of need in order to reduce health inequalities between the most affluent and least affluent parts of the City.

There are potential negative impacts to consider:

- Not all have access to equipment and or the internet which would have an adverse impact on the focus on on-line platforms and community connections

- A clear approach to how the community, community organisations, schools, third Sector and neighbourhood providers will be integral to the development and delivery of the localised provision. Not being integral may have an adverse impact on quality of service, service delivery and culture change.

Age Recommendations

- Onward service design of the work streams identified within the transformation will need to reflect and build on the needs and characterisation of Gen Z children and young people including a focus on digital and online, connectivity, and fostering entrepreneurialism, through engagement and co-production with children and families. **Equality Analysis to be completed on all onward service models and specifications.**
- Work across partner agencies to develop consistency of access to digital platforms to address any barriers to end-user access to services. Ensure digital inclusion for children and young people without access to the internet or device. **Equality Analysis to be completed**
- Ensure the wards within Birmingham that have a significantly higher proportion of children and young people combined with higher levels of deprivation are known to ensure appropriate and relevant localised provision.
- Work/working with schools to open communication channels and better plan for practical requirements, as well as ensuring a flexible system approach when working with schools and communities is considered and developed.
- Investment allocation in localities is calculated proportionate to level of need and reduces health inequalities

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Population with a disability:

In 2011 there were 19,598 children and young people aged 0-24 years in Birmingham, recorded with a long-term health problem or disability which limits daily activity. The prevalence is higher than the national average. The higher population prevalence of risk factors associated with disability, such as low infant birth weight and economic disadvantage, may be contributory factors to levels of SEND in the city.

SEND Prevalence - the total number of Birmingham children and young people aged 0-25 years, with an EHCP at January 2018, was 9,023 (includes early years and post-16 EHCPs).⁶ Trend analysis for EHCPs show the numbers of children and young people with an EHCP have been increasing over the last 10 years. The prevalence of pupils with an EHCP in Birmingham schools is 3.2%. This is significantly higher than the national figure of 2.9% and higher than other English core cities.

There is a strong association between low income and higher rates of SEND prevalence.

Transition into adult services should start at 14 years according to the SEND Code of Practice. The SEND Inspection Report (2018) highlighted that more needs to be done to give young people in Birmingham a more positive experience of change in the level and types of service they receive as they grow older.

Disabled children and young people are more likely to experience barriers to social participation, be at higher risk of violence and abuse and experience difficulties accessing key services and support.

Mental health and wellbeing – There has been a significant rise in demand for early help with mental health support for children and young people in Birmingham. Over 75% of the referrals to Forward Thinking Birmingham are for emotional and mental health early help.

Disability Impacts:

The Plan is likely to have a positive impact on the health and care needs of disabled children, young people and families. It specifically sets out commitments to deliver services to meet the needs of disabled people:

- Improved Autism supports and Special Educational Needs and Disability (SEND) diagnosis and treatment and support.
- Improving the support to people with Learning Disabilities and Autism
- Investing in mental health services and capacity in schools and community sector to support vulnerable children and families
- Improved access to mental health support for up 4000 vulnerable young people in schools, digital offer supporting wider access, a city wide programme of training for senior school leaders and pastoral care staff.

Disability Recommendations:

- Reduce the stigma of mental health, disabilities and other conditions to support people to live well and self-care – across providers and agencies as part of culture change programme
- Information that is easy for everyone to understand and promote access to communication support for disabled people – reduce gaps in the NHS Accessible Information Standard
- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics.

There are potential negative impact to consider:

- The inclusion of the different stages/other transitional areas in a child's or young persons life, a person centred approach. The idea of transition is more than from one service or a different key stage at school. There is a potential for an adverse impact if this isn't fully considered.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

Children and young people experiencing gender dysphoria are usually referred to a specialist child and adolescent gender identity clinic and pathway.

A recent Government inquiry (Transgender Equality 2015/16) heard evidence that trans people face discrimination in accessing general NHS services. Trans people encounter significant problems in using general NHS services due to the attitude of some clinicians and other staff when providing care for trans patients. This is attributable to lack of knowledge and understanding—and even in some cases to out-and-out prejudice. GPs in particular too often lack an understanding of trans identities; the diagnosis of gender dysphoria; referral pathways into Gender Identity Services; and their own role in prescribing hormone treatment. It is asserted that in some cases this leads to appropriate care not being provided particularly where there is a lack of clarity about referral pathways for Gender Identity Services.

- There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are “likely to be gender incongruent to some degree”

Gender Reassignment Impacts

- **The plan is likely to have an overall neutral impact on gender reassignment.**

Gender Reassignment Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including the ability of health and social care professionals and those working with children and young people to be adequately and supported and referred into appropriate support services.

There are potential negative impact to consider:

- There needs to be a clear understanding of what ‘adequately and supported’ looks like to ensure positive change/improvements
- Provisions for collection of statistical data and monitoring information/data needs to be considered
- Meaningful consultation and engagement to inform service develop/scope

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

When comparing the Birmingham figures to that of England as a whole, people in Birmingham are more likely to be single (England: 34.6%), less likely to be divorced (England 9%) and less likely to be married (England: 46.6%).

Marriage and Civil Partnership Impacts

- The plan is likely to have an overall neutral impact on marriage and civil partnership.

Marriage and Civil Partnership Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Specific questions around pregnancy and maternity were not asked through the 2011 Census

Birmingham has high rates of perinatal and infant mortality. The infant mortality rate is 7.7 per 1,000 live births, compared to the England average of 4.7. Rates are significantly higher in ethnic minority groups. When the NHS was founded, there were 34.5 deaths for every 1,000 live births.

Severe pulmonary immaturity and congenital abnormalities are the main cause of infant death in the West Midlands.

10% of babies born in Birmingham weigh less than 2.5kg compared to 7.5% in England. Low birth weight is as high as 29% in some areas of the city.

Birmingham has a higher rate of teenage pregnancy than the national average.

Pregnancy and Maternity Impacts

The plan will have a positive impact on pregnancy and maternity

- Targets the most vulnerable mothers and children through the provision of early help and family support work
- Improved access to mental health support for new mothers
- Programmes to develop well-being and resilience in children and adolescents.

Pregnancy and Maternity Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics.

- Any Equality Analysis should be inclusive of a deeper look of the percentages to capture age range and ethnicity

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

- 66% of children and young people in Birmingham are from a BAME background.
- 58% of Birmingham's population is White British, but the White British share varies widely with age. 42% are from a Black and Minority Ethnic background (BAME). BAME groups are very unevenly distributed within Birmingham. The heart of the city has the majority of the 'non-white' ethnic groups. Over half of the 'non-white' population (51%) live in these areas with only 18% in south Birmingham. Birmingham is a growing city linked in part to migration (9.9% increase since 2004)
- The 2011 Census recorded English as the main language for 84.7% of usual residents aged three and over in Birmingham. Of the remaining 15.3% (156,553) who classified themselves with a different language, 30% (47,005) were 'non-proficient' (cannot speak English or cannot speak English well); this is twice the regional and national averages. Where English was not the main language the most commonly spoken were Southern Asian languages, with Urdu the highest accounting for 2.9%.
- Figures for the West Midlands region shows the top three country of origin for international migrants arriving before 1961 were Ireland, India and Jamaica. For each subsequent decade until 2001, Pakistan, India and Bangladesh were the most reported countries of origin. Since 2001, it has been Poland followed by Pakistan and India. GP registration data on new patients who are recorded as being born outside the UK shows an increase of 81,314 in overseas migrant registrations within Birmingham between 2013-2016. The highest number of new registrations were from those from Romania (11,715), followed by Pakistan (6,704) and China (6,095). Most applications for work come from Romania, Poland, and Bulgaria. Migrant health priorities include tackling Female Genital Mutilation (FGM), communicable diseases such as HIV and TB, access to screening and vacs, and mental health.
- Birmingham has a substantial Gypsy Roma Traveller (GRT) community, with estimates of more than 1000 GRT people living in Birmingham and a planned traveller site located in Aston.

Migrant Health

The profile of migrants within Birmingham is changing and growing. There is evidence that many migrants are relatively healthy upon arrival but that good health can deteriorate overtime in the receiving society. A number of factors impact on migrant health including mental health, social isolation, dispersal into society, and poverty:

- Unaccompanied minors
- There are higher rates of unmet mental health needs including depression, post-traumatic stress disorder, anxiety and psychosis. There are different cultural perspectives on mental health so mental health issues may not be expressed.

- Barriers to primary care include being unable to register due to inability to provide documentation, a lack of trust in GPs due to a lack of agency and knowledge of the healthcare system, and different cultural expectations of care and treatment – resulting in later diagnosis and overuse of A&E.
- Language barriers
- Communicable diseases such as HIV, TB and Measles
- Access to screening and vaccinations – particularly for pregnant migrant women
- Female Genital Mutilation (FGM) impacting on migrants from some African countries
- Fears about healthcare charging, confidentiality, and confusion in the system
- Sickle Cell
- Thalassaemia
- Diabetes tied to obesity

Race/ Ethnicity Impacts

The Plan is likely to have a positive impact on the health and care needs of the protected characteristic of race and ethnicity. The plan sets the foundations for services to be delivered in a manner that supports cultural inclusion through personalisation, place-based, and choice to support the design of services to meet the needs of local communities:

- Personalisation, place-based approaches and utilisation of community assets to support and meet the needs of vulnerable children and families
- Early help will widen access to more vulnerable children and families in need of help.
- Localised approach supports care closer to home and better understanding of local needs through place based approaches.

Race / Ethnicity Recommendations

- Developing a workforce that is representative of the communities served across all providers of children and young people's services through the NHS Workforce Race Equality Standard, Public Sector Equality Duty and realised through Social Value procurements within the third sector grants /contracts
- The plan would benefit from a statement describing the ethnic diversity of children and young people within the City.
- Ensure the health care needs of migrant children and families, including those with no recourse to public funds, will be addressed particularly through prevention mechanisms
- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including race and ethnicity.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

Modern-day Birmingham's cultural diversity is reflected in the wide variety of religious beliefs of its citizens. 74.1% of residents identified themselves as belonging to a particular faith in the [2011 Census](#), while 19.3% stated they had no religion and a further 6.5% did not answer the question

Christianity is the largest religion in Birmingham however at 46% this is lower than that of England as a whole which is 59%.

Birmingham has more Muslims (22%), Sikhs (3%) and Hindus (2%) than England (5%, 0.8% and 1.5% respectively).

Religion or Belief Impacts

The Plan is likely to have a positive impact on the health and care needs of the protected characteristic of religion or belief. The plan sets the foundations for services to be delivered in a manner that supports faith based inclusion through personalisation, place-based, and choice in services that meet the needs of local faith based communities:

Religion or Belief Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including religion or belief:
- Explore the use of faith based assets to deliver support to vulnerable children and families
- Explore how pastoral care and support can be used to deliver early intervention in schools and faith based community centres

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

Birmingham and Solihull has a gender profile of 51% female and 49% male.

Impacts

The plan is likely to have a positive impact on the health care needs of the protected characteristic of gender – for males and females. The plan sets the foundations for services to be delivered in a manner that supports gender inclusion through personalisation and choice:

- Addressing the social factors that lead to vulnerability early on through prevention
- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

According to Office for National Statistics (ONS), in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB).

- More males (2.0%) than females (1.5%) identified themselves as LGB in 2015.
- Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015.
- The population who identified as LGB in 2015 were most likely to be single, never married or civil partnered, at 68.2%.

Birmingham LGBT organisation stated (in their report 'Out and About: Mapping LGBT lives in Birmingham') that whilst there are no agreed figures as to the percentage of the LGBT population, estimates of between 6% and 10% are popularly used. Accepting this range, means the local LGBT population to be between 60,000 and 100,000 people.

There are a range of health inequalities experienced by LGB people including homelessness, mental health, and poorer levels of access to primary care services, and poorer access to cervical screening.

Impacts

The plan is likely to have a positive impact on the health care needs of the protected characteristic of sexual orientation – for the LGB population. The plan sets the foundations for services to be delivered in a manner that supports LGB inclusion through personalisation and choice:

The plan sets out how it plans to address access to services through:

- Mental Health support earlier on
- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including sexual orientation:
- Engage and work with LGBT third sector organisations

Sexual orientation Recommendations

- Implementation of the Sexual Orientation Monitoring Information Standard
- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including sexual orientation

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

A carer is defined in the Carers (Recognition and Services) Act 1995 as a person who provides a “substantial amount of care on a regular basis”. Given that many people do not recognise themselves as carers (according to research by Carers UK nearly a third of carers do not recognise themselves as such for over 5 years) and that the number of carers is increasing across the country (research by Carers UK estimates a 60% increase in the number of carers by 2037). The majority of carers both locally and nationally care for somebody for between 1 and 19 hours per week.

- The 2011 Census indicated that 107380 people in Birmingham provide unpaid care (10% of usual resident population). Of those who provided unpaid care over 26% provided 50 or more hours a week.
- Unpaid Carers - data shows that a higher proportion of the Birmingham population are undertaking care for family / relatives than the England average, this can be linked to the diverse communities identified within the population and must be considered when Commissioning decisions are made.
- **There is an estimated 700,000 young carers in the UK.** There is evidence which points to a range of unmet health needs of carers and young carers. All practices across Birmingham are required to have a carers register and signpost carers to support and carer assessments.

Carer Impacts

The plan is likely to have a positive impact on the health care needs of carers. The plan sets the foundations for services to be delivered in a manner that supports inclusion through personalisation and choice:

The plan specifically sets out how it plans to address access to services through:

- Supporting mental Health and wellbeing needs of children and young people earlier on
- Local services – improving access and less travel
- Digital – improving access

Carer Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics including carers
- Explore how the young carers experience of service provisions can be captured and fed back into service improvements

- Explore developing a mechanism that captures relevant data inclusive of the identification of unmet needs

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Homeless

Homelessness means not having a home – most people who are homeless don't sleep on the street. Even if you have a roof over your head you can still be homeless. This is because you may not have any rights to stay where you live or your home might be unsuitable for you due to severe overcrowding or other reasons" (Shelter, 2011)

- Locally there are more than three times the rate of priority homelessness than the national average and double the rate of Core City neighbours. With more than 20,000 (est.) households in Birmingham each year either homeless, at risk of becoming homeless or transitioning out of homelessness – the overall health and wellbeing of the city is under threat. Birmingham is at crisis point with rough sleepers at the most visible tip of the homelessness iceberg. The number of street homeless people has increased by 53% in the last year, and by 588% since 2012.
- Unmet health care needs: multiple health care needs at any one time, drug and alcohol dependency barriers to registering with a GP, undiagnosed and untreated mental health needs

Homeless Impacts

The Plan recognises homeless people and their health care needs and seeks to address these needs through:

- Social prescribing and building capacity within the third sector to support children and families that are vulnerable or at risk of homeless or at risk of homelessness, drug and alcohol abuse, domestic abuse - building social capital through community connections
- Prevention and self care
- Mental health and wellbeing needs are identified and addressed earlier

Recommendations

- It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics and vulnerable groups and communities

- Explore incorporating a more specific focus on young homeless, gathering statistics and identification of needs

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	Yes	Delivering resources to meet need – locality model
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	Yes	The plan seeks to address and support the needs of the most vulnerable in society
<p>How will you ensure the proposals reduce health inequalities?</p> <p>Public sector bodies have a duty to reduce avoidable health inequalities. The plan will achieve this through</p> <ul style="list-style-type: none"> - Organising services so they are delivering care locally through investment in school and community based provision - A focus on prevention and early intervention - Use digital technologies to provide faster and more accessible services - Local, place-based, and personalised care delivered social prescribing and community based support - Collaborative and co-production, and enabling choice – with children and families - Creating social impact through realising social value – supporting the most at need in society (addressing wider social issues including homelessness and domestic abuse) - Responding to the Social Value Act, Social Care Act Duty and Equality Act Duty - Carry out consultation and engagement - Investment allocation in localities is calculated proportionate to level of need in order to reduce health inequalities at the geographical level 		

5. FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	All patients eligible to receive health care free at the point of entry will have fair and equal access to services
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Personalisation approaches will facilitate this right
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The plan is underpinned by equality and fair access
	How will this affect a person's right to freedom of thought, conscience and religion?	No impact
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The plan is underpinned by dignity, choice, and personalisation
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The plan is underpinned by choice and self care to aid prevention
Right to Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?
Enable all people to have control over their lives and maximise their capabilities	The plan seeks to realise wider health and well being benefits to address the needs of vulnerable children and families through social value – as part of commissioning and procurements
Create fair employment and good work for all	Build on opportunities to create a workforce for children's services that are reflective of the diversity of Birmingham – adherence to the NHS Workforce Information Standard, PSED, and via social value
Create and develop health and sustainable places and communities	
Strengthen the role and impact of ill-health prevention	The plan places a heavy focus on prevention and early intervention to support children and families

7. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
Engagement with 3,800 children and young people to inform the priorities and vision for Birmingham Children's Partnership	All of Birmingham, children aged 7 to 25, good representation of age, gender, ethnicity.	Autumn 2020
Two apprentices recruited to the team who will help to steer the service design	The apprentices have experience of the health and care system	January 2021
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
Children and young people told us of their priorities for the city, which are reflected in the vision, outcomes framework and activities that will be undertaken through the transformation. Apprentices will be involved in the design of services.		

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The proposals to transform Children and Family services are likely to have an overall positive equality impact on the health and care needs of the children and families of Birmingham.

The Equality Analysis has identified positive impacts for all protected characteristics:

- Preventative services
- Earlier interventions
- Digital – supporting access and is responsive to technological and cultural change
- Wider access to services for more children
- Personalisation – services are designed and delivered in a manner that enables choice and autonomy enabling for services to be delivered in a way that responds to diversity and need E.g. reflective of younger generations, ethnic and religious diversity, sexual orientation
- Localised provision – delivered through local community assets including schools, third sector, and a range of localised and neighbourhood providers.
- Accessible and integrated resulting in less disruption, streamlined, less travel
- Services that are closer to home and integrated – making vulnerable children easier to reach
- Social prescribing and building capacity within the third sector to support children and families that are vulnerable
- Improved Autism supports and Special Educational Needs and Disability (SEND) diagnosis and treatment and support.
- Improving the support to people with Learning Disabilities and Autism
- Investing in mental health services and capacity in schools and community sector to support vulnerable children and families
- Improved access to mental health support

Equality Analysis potential negative impact to consider:

There are potential negative impacts to consider:

- Not all have access to equipment and or the internet or devices which would have an adverse impact on the focus on on-line platforms and community connections
- A clear approach to how the community, community organisations, schools, third Sector and neighbourhood providers will be integral to the development and delivery of the localised provision. Not being integral may have an adverse impact on quality of service, service delivery and culture change.

- There needs to be a clear understanding of what 'adequately and supported' looks like to ensure positive change/improvements when looking at Gender Reassignment within service provisions
- Provisions for collection of statistical data and monitoring information/data needs to be considered when looking at Gender Reassignment within service provisions
- Meaningful consultation and engagement to inform service develop/scope is a necessity with the community, nurseries, schools and other organisations

9. Mitigations and Changes:

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

The following recommendations have been identified to ensure the plan and its ongoing development and implementation is inclusive:

1. To undertake consultation and engagement on the development of the proposals with children and families, protected groups and communities including those that are seldom heard.
2. Working with schools to open communication channels and better plan for practical requirements, as well as ensuring a flexible system approach when working with schools and communities is considered and developed.
3. It is recognised that as service streams are further developed across providers Equality and Quality impact assessments will be undertaken to ensure inclusion for all protected characteristics.
4. Work across partner agencies to develop consistency of access to digital platforms to address any barriers to end-user access to services. Ensure digital inclusion for children and young people without access to the internet or device.
5. Ensure the wards within Birmingham that have a significantly higher proportion of children and young people combined with higher levels of deprivation are known to ensure appropriate and relevant localised provision.
6. Investment allocation in localities is calculated proportionate to level of need and reduces health inequalities
7. The plan would benefit from a statement setting out the aims and purpose of the Equality Analysis.

8. Developing a workforce that is representative of the communities served across all providers of children and young people's services through the NHS Workforce Race Equality Standard, Public Sector Equality Duty and realised through Social Value procurements within the third sector grants /contracts
9. The plan would benefit from a statement describing the ethnic diversity of children and young people within the City.
10. Ensure the health care needs of migrant children and families, including those with no recourse to public funds, will be addressed particularly through prevention mechanisms
11. Explore the use of faith based assets to deliver support to vulnerable children and families
12. Explore how pastoral care and support can be used to deliver early intervention in schools and faith based community centres
13. Engage and work with LGBT third sector organisations
14. Reduce the stigma of mental health, disabilities and other conditions to support people to live well and self-care – across providers and agencies as part of culture change programme
15. Information that is easy for everyone to understand and promote access to communication support for disabled people – ensure all health and social care providers comply with the NHS Accessible Information Standard
16. The different periods of personal transition can be a risk to already particularly vulnerable groups. Explore priority groups and how services can be developed and consider things like poverty, gang activity, county lines as examples. There is a potential for an adverse impact if this isn't fully considered.
17. Implementation of the Sexual Orientation Monitoring Information Standard
18. Explore how the young carers experience of service provisions can be captured and fed back into service improvements
19. Explore developing a mechanism that captures relevant data inclusive of the identification of unmet needs for young carers
20. Explore incorporating a more specific focus on young homeless, gathering statistics and identification of needs
21. A general refocus when looking at service provisions in light of Covid – 19

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

How this will be carried out will become more relevant overtime.

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):

How this will be carried out will become more relevant overtime.

12. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

To be determined

Following approval all finalised Equality Analysis should be sent to the Communications and Engagement team for publication:
bsol.comms@nhs.net

13. Sign Off		
The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality Diversity and Inclusion or the Manager for Equality Diversity and Inclusion prior to approval from the delegated committee		
	Name	Date
Quality Assured By:	Senior Manager Equality Diversity Inclusion BSOL CCG	09 February 2021
Which Committee will be considering the findings and signing off the EA?		
Minute number (to be inserted following presentation to committee)		

Please send to Michelle Dunne – michelle.dunne1@nhs.net or Juliet Herbert – juliet.herbert@nhs.net, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net

