Making a Difference
in Stoke-on-Trent
Acknowledgements

Many thanks to all the practitioners, managers and colleagues within Stoke-on-Trent City Council who have worked hard to make the re-design a reality.

Your contributions have created this handbook, which provides an overview of how we continue to make a difference to the lives of children and families in the city.
Making a Difference

Making a Difference is “bold, innovative and ahead of its time” bringing exciting changes that will see:

• an emphasis on direct social work practice – enabling social workers to spend more time with children and families and less on administrative tasks.
• fewer changes of social worker, promoting consistency of relationships.
• practitioners using evidence based interventions to support families and be able to engage more therapeutically with children.
• an environment that encourages and values professional judgement, reflective learning and practice within its workforce.

Why are we doing it this way?

After exploring different ways of working and improving services, Stoke-on-Trent City Council’s Children’s Social Care implemented a new model of working.

• We want to provide high quality services to children, young people and their families. We know that some of the ways we currently deliver services are overly bureaucratic and take time away from working with children and families as workers have to concentrate on administrative processes.
• We want workers to be better able to engage with children more therapeutically and less administratively, and finally
• We want our practice to be based on evidence of what works in terms of models and modes of intervention – practice must be based on evidence i.e. ‘evidenced based practice’.

The `Making a Difference’ approach provides a much greater degree of professional judgment, more joined-up service delivery with a strong customer focus and a drive to ‘get it right first time’ and quickly. Associated with this is a de-layering of the management hierarchy. Managers have become ‘managers of the system’, freeing up front line staff to deliver the service. All this is consistent with the recommendations of the Munro review ‘A Child Centred System.’ (May 2011)

What is better about this approach?

The approach centres around small teams called ‘pods’ within the safeguarding and support, children with disabilities and children in care teams. Whilst other teams work with children and families eg fostering, adoption and next steps they are not currently working in pods.

Each pod is made up of two social workers, a social work assistant, a pod co-ordinator and a practice manager who has the lead for social work practice within the pods.

1 LGA Peer Safeguarding Review –November 2012
The pod co-ordinator is an integral member of the pod, ensuring that it functions smoothly. Children’s circumstances are discussed at a weekly pod meeting led by the practice manager where responsibility is shared and tasks are allocated to members of the pod. The approach is underpinned by systemic practice and a range of evidence-based tools.

What does a pod do?

A pod is a small team within a team. Pods within safeguarding and support work with children in need and children with a child protection plan.

They undertake duty on a seven weekly cycle when they will receive children’s cases directly after the initial contact and referral where it is considered that the initial referral information requires an assessment.

Children in care pods work with children in care (S20 voluntary accommodated, S38 Interim Care Orders, S31 Care Orders and Placement Orders). Children on existing Supervision Orders remain within children in care pods. Professional judgement and consistency for the child will determine where new Supervision Orders subsequently made should be managed.

Members of a pod sit together within their teams, which help pods establish themselves as a small close unit working together with shared responsibility for cases. They operate as part of a cluster of pods within a team.

What is systemic practice?

Systemic practice allows practitioners to understand family dynamics and that problems are not located within an individual, but recognises these problems are embedded in relationships. It encourages practitioners to work with families around relationships to bring about change in families needed to keep their children safe. The use of systemic ideas also allows practitioners to identify family strengths and promote change in behaviour by changing the system of which individuals are a part.

What about training?

The Institute of Family Therapy delivers a programme of systemic practice to practice managers, social workers, social work assistants and support staff. This programme is a mandatory 15 day course and accreditation is provided to consolidate the learning. Additional training includes:

- three introductory days for social work staff and partner agencies to introduce systemic principles.
- two days for practice managers around systemic supervision
- two days for pod co-ordinators enabling them to understand systemic thinking and terminology.
• contact officers had a training programme delivered by Reconstruct around the effective supervision and support of family contact.

The post of principal manager for systemic practice was created, working towards developing sustainability of the approach and embedding practice across the workforce.

How it all works

The weekly pod meeting provides the forum for:

• sharing information about the case
• ensuring that everyone within the pod has knowledge and understanding about the needs of the children and family dynamics
• ensuring risk is being managed in cases
• problem solving
• looking at creative solutions
• decision making
• management oversight
• updating case records

The meeting is chaired by the practice manager.

In his/her absence, another member of the pod or principal manager is appointed as chair.

Cases which are allocated to the social work pod are discussed at weekly meeting on a rotating cycle and a record of the discussion made on the case record including any new information, actions, recommendations for case closure etc.

In some cases the discussion is very short and may only reflect that there has been no activity since the previous discussion, or that none is required in the following week, but this must still be recorded.

The meeting is most effective if members are prepared by doing some thinking about the case, and noting the information they will bring to the case discussion. For newly allocated cases, the allocated workers are expected to have read key documents within the case file, for example, the chronology, assessments and care plans and/or other relevant materials to present to their pod.

The agenda for the meeting is not prescribed, but the following format is recommended.

• Meetings/visits
• Questions/clarification about facts and perceptions
• Analysis and hypothesising
• Summary/decision/allocated actions

Meetings/Visits: This section is completed prior to the meeting by the pod co-ordinator to provide dates of all relevant meetings regarding the family e.g. Child In Need meetings, Personal Education Plan, Child Protection Conference etc.
This will ensure that business details are dealt with efficiently and time can be spent discussing the family situation.

**Sharing information:** Contributions from all members who have had contact with the family or information/discussions with other agencies or relevant parties during the previous week(s). This is also an opportunity for questions and clarification of any facts or differing perceptions.

**Analysis and Hypothesising:** Breaking down the information into elements (as listed below) and developing a shared understanding within the pod about how all these elements relate to each other:

- Examining social history and patterns
- Examining family dynamics and the perspective for each child
- Taking account of gender, race, religion, age, (dis)ability, culture, class, ethnicity and sexuality (GRRAACCES)
- Providing a clinical lens to the thinking (to help us decide on how and where to intervene to effect the best chance of change)
- Looking at child development, parental capacity, wider family and environmental factors
- Looking at the child’s view
- Looking at the parent’s view and those of other family members
- Formulating views about risk and protective factors and ensuring that in each and every case risk is clearly understood and managed
- Testing hypotheses
- Bringing in research evidence

**Decision making:** Relating these different elements to each other to inform case planning and making decisions. Tasks will be allocated within the pod and a summary of the discussion given.

**Recording:** The pod co-ordinator will type the summary and allocation of tasks directly on to the child’s case file during the meeting if possible.

Clearly all the factors listed above will not all be discussed for every case for every meeting. However, in-depth case discussions are expected to take place for:

- newly allocated cases
- cases where a critical incident has occurred during the previous week
- cases which have not been subject to detailed case discussions during the previous five weeks.

The weekly pod meeting is a crucial discussion and decision making forum. Some basic elements for effective dialogue should be encouraged, in particular:

- openness
- reflection
• ability to challenge practice without personal criticism
• ability to receive challenge without becoming defensive
• responsibility and accountability for own practice
• ability to be concise
• ability to challenge one’s own hypothesis in the face of conflicting evidence
• value given to all contributions

The ultimate responsibility for the assessment and direction of work in all cases rests firmly with the practice manager who is accountable for the management of risk and holds full responsibility.

Dates for pod weekly meetings are agreed for the year ahead and will be placed in staff’s electronic calendars by pod co-ordinators.

These meeting are essential so that pod members discuss and reflect on their cases.

All pod members are expected to attend all meetings. While the practice manager will lead the meeting, responsibility for cases is shared and actions or tasks relating to the children discussed will be distributed at this meeting. A record of case discussions will be made by the pod co-ordinator and entered on the child’s electronic record.

The weekly meeting does not replace meetings which other professionals attend e.g. core group meetings or care planning meetings, but provides an opportunity for reflective case discussion and group supervision within the pod. In the future there may be opportunity for key professionals to join pod discussion e.g. CAMHS, but it is not envisaged that the pod weekly meeting will become a multi-agency meeting but an opportunity for the pod to reflect together on the child’s case through discussion, hypothesising and shared understanding.

If a pod member is unable to attend the pod meeting due to undertaking work required on duty, one of the agreed tasks should include identifying who will update them on the weekly team meeting.

When a pod is on duty, the weekly pod meeting may not occur, dependent on the number of referrals received.

New referrals cannot wait until the weekly meeting for assessment to begin or actions to be taken and therefore work will be allocated by the practice manager when received from Advice and Referral Team (ART).

**Case allocation**

All children’s cases will be allocated to a primary worker within the pod with other members of the pod allocated as co-workers, giving shared responsibility for children’s cases.
Where there are newly qualified social workers (NQSW) in pods, they will not initially be the primary worker for child protection cases. Tasks will be allocated across the pod by the practice manager as felt appropriate to skills of their staff.

**Advice and Referral Team (ART)**

The ART offer advice and signposting and record initial contacts to determine if they meet our ‘Level of Need’ criteria and require an assessment by the Safeguarding and Support Pods, Children with Disabilities or Next Steps. ART will refer cases not meeting our Level of Need to Localities for consideration and support as needed.

The ART is within the MASH (Multi Agency Safeguarding Hub), which is an information sharing function located in Stone, Staffordshire. Agencies share all the information securely on children and families and adults around the child or young person, in order to take timely and appropriate action. (The MASH model was highlighted as good practice in the Munro report into Child Protection).

Cases are transferred on CareFirst, using the appropriate codes. When there is a child protection S47 investigation, the practice manager will speak to the receiving pod practice manager on duty to alert them to avoid any delay.

**What difference does it make to children and young people?**

Children, young people and their families now have fewer transfers between teams and therefore don’t have to tell their stories to one worker after another.

The ART determine if the referral requires an assessment or intervention by the Safeguarding and Support Team or other team, if identified and transferred within 24 hours of the referral.

The advantage for families is that they will almost always be able to speak to someone who actually knows their case and current situation. It means families and social work staff can develop meaningful relationships in which to understand and address issues within the family. If the case is open to our Children in Care service, children will no longer need to move at 16, but retain the same social worker until 18.

**Evaluating the changes**

We wanted to evaluate what difference we are making following the changes to delivery of frontline services so we appointed an independent organisation to undertake this task – reason - The Research Evaluation and Analysis Support Network and the National Foundation for Educational Research (NFER) were commissioned to evaluate the project. Their evaluation was published in March 2014. The key findings were that “Stoke-on-Trent has made substantial
progress in implementing the ‘Making a Difference’ approach which is driving a culture change in relation to the delivery of its social work services”.2

What are the different roles?

Principal Manager

The principal manager is the manager of the system. They drive the service and have overall management responsibility for up to eight pods. They supervise practice managers and undertake professional supervision of social workers in pods e.g. professional development reviews, personal issues and any HR issues.

Although it is the practice manager who will lead on practice, the principal manager will be consulted on more complex cases and retain an overview.

Principal managers are responsible for:

- HR issues i.e. sickness management, return to work, performance and capability, disciplinary, performance development appraisal review (PAR).
- Team Performance i.e. Key Performance Indicators, Service planning.
- Attending/chairing of meetings i.e. performance, managers, team meetings, senior management team, multi-agency forums.
- Service development, policies and procedures.
- Resolving complaints.
- Supervise practice managers monthly and social workers 8 weekly (or more frequently when there are newly qualified social workers (NQSW or additional issues).
- Feeding into practice, policy and procedures.
- Driving development and being accountable for performance.
- Participating in multi-agency case reviews.
- Representing the service at Safeguarding Children Board (SCB) sub-committee.

Practice Manager

They are named as co-worker on all children’s cases open in the pods they manage.

They lead practice on children’s cases in pods they manage and chair the weekly pod meeting to discuss cases and agree what actions are required and who does what in the cases discussed, holding overall practice responsibility.

Practice managers hold responsibility for managing their pod staff including pod co-ordinators. They are responsible for the daily work and will be responsible for:

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• Monitoring the working patterns including the use of flexi time.
• Management/oversight of child protection investigations, including the strategy discussion.
• Attending meetings including Operational Management Team (OMT).
• Supporting social workers attending core group meetings, child protection conferences and court hearings when needed by staff.
• Allocation of cases within their pods, including cases generated from ART.

Social Workers

A social worker within the pod is named as the primary worker for children cases. They will undertake statutory functions and are encouraged to use their professional judgement so that over time, decision-making is devolved to the pods where staff really know and understand their families.

Social Work Assistants

A social work assistant is named as co-worker on children in need, children with a child protection plan and children in care for all new children’s cases. They work directly with families and support their social work colleagues in their day to day role. They assist in undertaking assessments and provide parenting support and any assistance or help identified within their pod when discussing cases.

Pod Co-ordinators

Pod co-ordinators coordinate the work of their pods and are often the first point of contact for children, families and professionals, quickly developing that relationship within the pod.

Pod co-ordinators day-to-day role is essentially office based, but with a higher complexity of tasks and higher level of contact with children and their families. Pod co-ordinators take on tasks that allow the pod to function efficiently and free up social workers and social work assistants as much as possible. They need to have a high degree of flexibility to undertake any tasks that ensure the pod functions to its fullest potential to help families effectively.

How team support will work

There is team support allocated to pods. Each team has their own named team support member of staff and undertakes tasks such as:-

• note taking
• typing/word processing reports
• stationery orders
• scanning/post
• CareFirst inputting
• message-taking
• photocopying/shredding
• file retrieval and filing of third party information
• complete paperwork for birth certificates, passports, DBS ‘s and bus passes
• financial payments and liaising with Finance Officers
• data gaps/infoview reports
• Change of placement notifications, Medicals and Personal Education Plans to be carried out by specific team support not done within pods
• Co-ordinating case record audit paperwork

Team support for other teams

Teams not in pods are supported by 11.5 team support, 7.5 conference and panel coordinators and 2 finance officers who carry out a range of general duties and some specific tasks i.e.

• administrative support for Looked After Child Reviews
• minuting of conferences and panels
• completion of 903’s (significant changes form)
• arranging medicals for children in care
• case record audits
• arranging Personal Education Plan meetings/Personal Education Allowances
• covering reception
• support for the emergency duty team
• reconciliation of petty cash, invoices, payments etc.

Most of the functions and responsibilities of teams not currently in pods will remain the same at present. A brief overview of these teams is listed below:-

Placement Finding Team

The Placement Finding Team consists of one quality assurance co-ordinator and one placement finding officer; all placement requests for foster care placements, residential home placements and supported accommodation placements for 16 -17 year olds are identified by this team.

Placements are identified that meet the needs of the child/young person and the team liaise with the social worker about the suitability of placements that are identified.

The Placement Finding Team:

• work closely with locally commissioned providers to ensure that any contracting issues can be addressed promptly in order to maintain the stability of placements and proactively prevent placement disruption.
• monitor the timescales and duration of placements and inform finance to ensure budgets are up to date.
• ensures the placement finding officer attends the weekly case directions meetings so the team are aware of any potential placements.
The quality assurance co-ordinator attends the West Midlands Contracting and Commissioning Group so the authority is aware of all placements and tenders that are in place.

The team are responsible for ensuring we have high quality placements that meet the individual outcomes identified for the child/young person and provide value for money, and that notice is served on all placements in a timely manner.

**Emergency Duty Team (EDT)**

EDT provides an out-of-hours service. They refer new cases directly to the pods on duty where they have determined that an assessment or service is needed as well as referring to the ART if it is felt that further lateral checks are required to establish if the threshold is met for services or assessment.

The EDT principal manager works office hours and is based with the principal managers from ART, Safeguarding, Children in Care, Fostering, Adoption and Small Group Homes. This enables direct interface between the day teams and the out-of-hours service.

**Placement Support Team**

This team supports children and young people aged 5-17 and their families to prevent admission into the care of the local authority. The team also support local authority foster placements when there is a risk of the placement breaking down. The service also supports children and young people returning to the care of parents after a period of time in alternative care.

The team develops a plan with the young person, family and social worker to meet the individual needs of the family. Direct work is completed with the child or young person and may be focused on areas including: anger management, impulse control, self-esteem, family relationships, positive relationships, education, aims and goals for the future, keeping safe, sexual exploitation, antisocial behaviour, positive peers or substance misuse. Young people may be supported to access other services more specialised to focus on individual needs when required. The service is flexible working 09:00-21:00 Monday to Friday and weekends 09:30-18:00, also offering groups for young people to encourage self-esteem, positive communication and appropriate peer relationships.

Work is also completed with the parents to offer parental support to manage behaviour in the home, implement boundaries, use positive praise and emotional support. Sessions are also offered together as a family to develop positive communication, shared goals in the family and develop relationships.

**Adoption Team**

The adoption team is comprised assessment/family finding and post adoption support.
The assessment and family finding section comprises a practice manager and seven social workers who have responsibility for the recruitment, preparation, assessment and approval at adoption panel of potential adoptive parents.

When family finding for children who have a plan for adoption, this involves gathering information about the child, undertaking direct work and preparation for an adoptive move. This team prepares the match for adoption panel, and once a placement is agreed for a child with adoptive families this is supported until an Adoption Order is made by the court.

The adoption support team which includes support to children subject to Special Guardianship Orders consists of a practice manager, 1.5 social workers and 3 social work assistants, one of which is the post box co-ordinator. This team undertake assessments for adoption and special guardianship support. Following this assessment this team provide support to the families, through regular support groups and also provide advice and information when requested, to all people affected by adoption or special guardianship.

The team also have access to therapeutic support from clinical psychologists who have particular experience with the needs of children who have been adopted.

This part of the team also provides support to birth parents whose children have a plan for adoption. In addition to birth records counselling, for adults who wish to access their adoption records.

The adoption panel recommends approval of adopters and matches children. The decision is taken by the agency decision maker (ADM), who is the assistant director.

The Fostering Service

The fostering service aim is to provide a safe and nurturing family based placement for children and young people in care, focusing on positive outcomes for children.

To this end, the service is divided into three areas of operation: assessment, support and supervision and supervised contact with a total staff group of 16 full-time equivalent social work post (including one family group conference post), 15 contact officers, three social work assistants, one training co-ordinator, three practice managers and a principal manager.

Foster carers are valued as an integral part of the service for children in care. Foster carers have access to a comprehensive training programme, both pre and post approval and are supported by a range of services.

Assessment

This team is responsible for the recruitment and assessment of foster carers, including connected carers and Regulation 24 (Care Planning and Placement Review Regulation 2011), court directed suitability assessments and Special Guardianship Order assessments.
Support and Supervision

This team is responsible for all post-approval support and statutory supervision of general foster carers and family and friends’ foster carers (connected others).

Training and Development of Foster Carers

This is co-ordinated by a dedicated training co-ordinator, providing training to foster carers and to the social care workforce to promote and increase the knowledge of the service, both in-house and externally.

Fostering Panel

The activity and operations of the fostering service is monitored by a fostering panel with authority to recommend approvals, de-registrations etc. to the Agency Decision Maker (Strategic Manager Level).

Contact Service

This service is based within the Fostering Team and supports contact between children and their birth family by providing supervision and support. Contact officers supervise on-going contact offering guidance and ensuring the safety of children at all times. They help to provide a safe, stimulating environment so that relationships can be enjoyed and developed and seek to enhance parenting skills when required.

They work flexibly throughout the week until 8pm and on Saturday mornings so contact can be arranged at a time that suits the child and not squeezed into office hours. There are two contact centres at Trent Vale and Burslem.

Where children are in foster care or in small group homes, their foster carers and residential workers are expected to support contact to provide consistency for the family.

Next Steps

This team consists of a practice manager, social worker and social work assistants who act as personal advisors. There is also a service user involvement worker, careers advisor and co-located linked housing officer. They provide services to care leavers 18+, and support social workers within the pods with information and advice for care leavers under 18 preparing them for leaving care.

The team also support 16 and 17 year olds who present as homeless children. This team also provide advice and information to the pods as and when required.

Small Group Homes

Small group homes are part of an established and effective partnership with the housing department as corporate parents. We currently have 10 houses used as part of the small group
home model of care which are small in size and capacity, and are placed firmly within local community settings. All homes are well furnished, decorated and well maintained, providing a welcoming homely environment. This model of care is a conscious decision to mirror and replicate family living for children in care often offered in foster placements.

The young people we care for in our small group homes often have complex needs which at times can present difficulties for them in achieving their goals. This requires a uniquely consistent and nurturing approach all of which are offered within a small group home.

Each small group home (SGH) has an individualised statement of purpose, this document outlines the homes aims and objectives, this can be accessed by contacting the homes principal manager.

**Aims and Objectives of Small Group Homes:**

- Provide a safe and secure home environment that will enable the building of self-esteem and confidence.
- Create an environment where stability and consistency enables young people to move forward towards a more positive future.
- Place young people at the centre of all we do.
- Establish and sustain effective working relationships with the young people and prepare them to integrate socially and educationally.
- To have a well-trained and fully committed care team who believe in the ethos and philosophy of the small group home principle.
- To promote an environment that educates and enables young people to live a healthy lifestyle.
- To support young people when their circumstances change.

**Connect / CAMHS / First Steps**

Provide services for children, young people and their families/carers who have concerns about mental health, behaviour or emotional well-being.

Connect / CAMHS providers are aware of the changes we have made and supportive of our approach. There is an identified link with our CAMHS social workers based at the Community Clinics in Tunstall and Blurton, who advise pods on what therapeutic support is available.

There are currently two CAMHS social workers who are approved mental health practitioners (AMHP) based within children’s services. A CAMHS social worker is based within Tunstall Health Centre and a further three social workers are based at Blurton Health Centre and the Darwin Centre. Members of a pod can contact the CAMHS Social Workers for advice and information regarding therapeutic support with cases. Most emotional difficulties in young people can be successfully managed at primary care level.
Referral to specialist community CAMHS Teams would be indicated where there is evidence of formal mental health disorder, developmental difficulties or severe emotional, social and behavioural problems, particularly when they have failed to respond to previous interventions from primary care agencies.

CAMHS and First Steps provide Tier 2-3 services with children, young people who are experiencing mental health, behavioural and emotional well-being difficulties.

CAMHS multi-disciplinary teams are staffed by social workers, mental health nurses, therapists, clinical psychologists, mental health practitioners and child and adolescent psychiatrists offering a personal and confidential approach to children, young people, their families and carers. CAMHS / Connect aim to promote positive mental health and help find solutions to difficulties that are affecting young people and their families by offering:

- specialist mental health assessments
- therapy, including individual work, family work and group work, art therapy and play therapy.
- consultation and training to other professionals.

**Children with Disabilities Outreach Team**

The team consists of one practice manager, two full time and three part time outreach workers. The aim of the team is to provide short breaks to parents and carers of children with a range of complex disabilities who would not be able to access short breaks elsewhere.

The team supports families with specific pieces of work, emergency and crisis intervention as well as work with the young people to develop skills in order to progress to be able to access social peer settings or services that are offered within the community.

All referrals to the Outreach Team are made via the Children with Disabilities Team where the child/young person’s needs are assessed to determine eligibility to receive a range of services, one of which may be Outreach. If the criteria are met and the referral made to Outreach, an assessment will be completed to ensure that the correct service package is implemented.

Each support package is designed to meet the needs of each individual child/young person and a support plan is drawn up and reviewed in line with child in need and child protection planning procedures.

The outreach team work flexible working hours up to 8pm throughout the week and currently run Saturday group sessions on a fortnightly basis and two group sessions during the week.

**Conference and Review Unit**

This unit co-ordinates and supports the work of our conference and review managers and independent reviewing officers. The conference and review managers chair child protection conferences, quality assure social work practice and provide support to child protection training
and supervise independent reviewing officers. The conference and review managers also provide a duty Local Authority Designated Officer (LADO) function and chair strategy meetings when an allegation has been made against an individual who works or volunteers with children.

The independent reviewing officers chair statutory reviews when a child is in care. Their primary task is to ensure the care plan for the child fully reflects the child’s current needs and those actions in the plan are consistent with the local authority’s responsibilities towards a child. The independent reviewing officers have a role in seeking the views of all children they are responsible for prior to their review to promote the voice of the child.

They also undertake foster carer reviews. Both roles are free of any operational and management responsibility of children’s cases, so they can remain independent.

**Principal Child and Family Social Worker**

The role of the PCFSW sits with the principal manager, systemic practice who reports directly to the assistant director. There is direct communication with the director of people services and the chief executive providing a clear channel for the voice of frontline practitioners to senior leaders.
Our journey is only at the beginning “but with committed and enthusiastic staff who care about Stoke-on-Trent and want to make a difference”* we are confident of success³.
Making a Difference - Supporting children and families in our city.

For more information contact 01782 235969
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