Birmingham City Council

Inspection of children's social care services

Inspection dates: 3 December 2018 to 14 December 2018

Lead inspector: Pauline Higham
Her Majesty's Inspector

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The local authority, the shadow board, and since its inception in April 2018, Birmingham Children’s Trust (BCT), have made progress from a low base in improving the quality of services to children and families. They have made good use of monitoring visits since the 2016 inspection, and many of the recommendations for improvement from that inspection have been acted on effectively. The delegation of statutory functions to BCT has enabled the re-vitalisation of both practice and working culture, and, as a result, progress has been made in improving the experiences and progress of children.

Considerable and focused work has resulted in a more effective response to the needs of children and families at the point of contact. Significant improvements now ensure that all domestic abuse incidents are evaluated quickly and that there is clear identification of and an effective response to child protection issues. Most children in care live in stable placements, but for some children where adoption is not planned, there is delay in achieving permanence. Young people who are leaving care and unaccompanied asylum-seeking children receive a good service that meets their needs and ensures that they receive support to thrive and become independent.

While improvements are evident, these are not yet resulting in consistently good services or social work practice. In some areas gaps remain, along with a lack of pace for
improvement. The quality of partnership working across agencies has not improved at a fast enough pace, and police support in a small minority of cases is inconsistent. Long-standing concerns over the efficacy of legal services have not been resolved, and this has contributed to a lack of assurance and trust in the service by the judicial system. This means that, for some children, social work assessments and care plans are not acceptable to the court.

Birmingham city council virtual school leaders do not have a clear enough understanding of the progress made by children in care over time. This is because systems to monitor pupils’ progress have not provided them with sufficient information about how well pupils are progressing from their starting points.

BCT has improved their evaluation of performance overall, but gaps remain in their understanding of the effectiveness of the fostering service.

BCT are aware of all these issues but accept that further work is required in order to ensure that all services are consistently good for all children.
What needs to improve

- The quality, effectiveness and pace of partnership working with external agencies, including partner-led early help services.
- Trust and confidence between the courts and BCT.
- Effectiveness of the fostering service.
- Robust and timely focus on all permanence options for children.
- Alignment of the approach to contextual safeguarding.
- The impact of the virtual school in improving provision for children in care.

The experiences and progress of children who need help and protection requires improvement to be good

1. A growing number of children in Birmingham are beginning to benefit from early help services provided by better engaged partner agencies. However, the quality of assessments completed by partners requires improvement and BCT has yet to make any significant impact on ensuring that partners better understand the purpose of good-quality assessments. This means that, in some instances, early intervention is ineffective, leading to inappropriate escalation to BCT internal family support services. Children are not yet receiving a consistent response from partner agencies in order to improve their experiences or progress.

2. Children were not found to be in situations of unassessed or unmanaged risk. Referral thresholds are appropriate for most children. Partners are co-located and effectively engaged in the Children’s Advice and Support Service/Multi-agency Safeguarding Hub (CASS/MASH), which ensures that arrangements are in place to share information and safeguard children. Re-referral rates are above the national average, and children’s circumstances are not always improved or being sustained as a result of recent interventions. BCT recognised that some children would have benefited from step down to early help support rather than their cases being closed.

3. A small minority of decisions to step down children’s cases are made with insufficient information and without full consideration of historical information and the cumulative impact that this has had on the child. During the inspection, BCT took immediate action to address this, with an assurance that all agency checks will now be completed before cases leave CASS/MASH.

4. Police triage of domestic abuse notifications is effective, with a quality control in place to ensure that early help intervention is considered for lower level
need. Where children have specific needs, for example needs relating to homelessness, child sexual exploitation and domestic abuse, these are quickly identified, and workers effectively use relevant assessment and intervention tools to assess and address risk to children.

5. Work to tackle the risks posed to children from child sexual exploitation and going missing are, in most cases, well addressed by assessment and short-term intervention (ASTI) and safeguarding teams, but this is not consistently the case. Multi-agency sexual exploitation meetings provide a good forum for sharing information. However, alongside child sexual exploitation risk assessments and return home interviews, these meetings are not consistently used to best effect to shape children’s plans.

6. The majority of child protection enquiries are thorough and evidence multi-agency contribution, informing appropriate decisions about next steps. In a small minority of cases where agreements to undertake joint s47 enquiries were made, the police did not subsequently attend with social workers. This means that families in complex situations were not always fully supported by an appropriate multi-agency response. Strategy meetings are appropriately held, but not all relevant agencies attend. This limits their effectiveness in the sharing of information that informs planning and decision-making for children.

7. BCT designated officer arrangements to manage allegations against professionals and persons in positions of trust are robust, timely and well recorded. The interface between the designated officers and key partners results in good sharing of information and swift decision-making. Action plans to protect children and coordinate multi-agency responses are clear, time bound and subject to effective review.

8. Assessments carried out by the ASTI service are completed within children’s timescales, and, in most cases, are thorough, exploring background history, presenting issues and information from partners. When analysing children’s needs, social workers make effective use of practice methodology, clearly identifying risk and protective factors, danger statements and safety goals that appropriately inform future actions. Management overview is evident, and the majority of assessments contain clear rationale for recommended action that is proportionate to children’s levels of need.

9. Effective management arrangements and close working relationships between Family Support and ASTI teams underpin well-managed step up and step down practice. However, the rationale for requesting children’s cases to step up from family support to social work assessment teams is not always clear.

10. Within family support teams, thresholds are applied appropriately and assessments are completed within the child’s timescales. Family support plans are thorough but are not always clear enough so that the desired impact,
timescale for change to take place and outcomes for the child are easily understood by families.

11. Child protection and child in need plans are consistently in place and contain appropriate actions that are used to progress work that improves experiences and progress for children. Plans are not always clear enough, meaning that parents do not always understand what needs to change, and by when, to improve their child’s circumstances.

12. A small minority of children remain on a child protection plan for too long, without the necessary changes being made to improve their experiences. For these children, management oversight to challenge the lack of progress in making sustained change has been ineffective.

13. Core group meetings and child in need review meetings are held regularly and are mostly well attended. They are not always promptly recorded, or minutes distributed to ensure that all parties are clear about what actions are required. Better quality work shows where children are making measurable progress.

14. BCT services for disabled children in need have improved since the last inspection. For example, children are seen regularly and receive services that meet their needs.

15. In most cases, private fostering assessments take significantly too long to complete, meaning that BCT cannot be fully assured that such arrangements are suitable. Despite this, in most cases, children’s experiences and progress have improved because of the private fostering arrangement.

16. BCT edge of care service is impressive and delivers good-quality, successful personalised interventions. An absolute focus on engagement with families has increased the number of children in receipt of this service who do not enter care subsequently. Edge of care workers undertake effective practice with families and children to bring about lasting change. Families value the service and inspectors saw feedback from families that noted significant satisfaction with service delivery and outcomes.

17. Homeless young people who are 16 and 17 years old receive swift and well-targeted support that includes a wide range of suitable accommodation options. This is supported by effective assessments and often tenacious and skilful work to engage young people.

18. Systems to identify and track children missing from education are effective. Robust risk assessment processes ensure that immediate attention is directed to the most vulnerable children. Workers use a wide range of appropriate information sources to try and establish the whereabouts of the child.
19. The local authority fulfils its responsibilities for the provision of children who are electively home educated, and appropriate safeguarding measures are in place. There are clear processes in place for schools to refer any cases of electively home educated children to the local authority. Leaders analyse referrals and effective action is taken if, for example, they identify a situation of a school potentially off-rolling.

The experiences and progress of children in care and care leavers requires improvement to be good

20. Children enter care appropriately. Once in care, most children enjoy timely support and frequent visits from social workers who know them well.

21. Decision-making for a minority of children demonstrates a history of missed opportunities to intervene effectively to improve their circumstances. Some current delays for a small number of these children are compounding their previous experience.

22. BCT does not yet have a clear focus on permanence for children outside of adoption. Practice to secure permanence for children lacks pace and maturity. While practitioners and managers have an improving focus, the impact of this on outcomes for children remains inconsistent. For example, parallel planning for children to achieve permanence is not routinely considered or used by social workers.

23. The quality of legal advice available to social workers and managers has been inconsistent and has not ensured that children routinely benefit from swift, purposeful and decisive action when they need to come into care. While more effective decision-making is beginning to be evident, this is not yet sufficiently widespread. The introduction of a legal tracker tool has yet to routinely identify and remedy drift and delay for children through the pre-proceedings stage.

24. The quality of social work practice within the Public Law Outline is not consistently good and can add to delay for some children. Letters before proceedings explain to families what issues are of concern but fail to explain what impact these issues are having on the child. This limits families’ understanding of professionals’ concerns and of what needs to change. The quality of recent social work assessments in care proceedings is beginning to improve, and this has been recognised by the local judiciary and the Children and Family Court Advisory and Support Service (Cafcass).

25. The voice of the children in care is given high priority and is consistently well considered by social workers. Children are seen regularly and are seen alone by their social workers, including those children placed out of the Birmingham area. This means that children are able to develop meaningful and trusting relationships with their social workers.
26. Social workers are actively engaged in doing direct work with children, which helps them to understand what is happening to them. This is not always recorded well, meaning that important information about children’s histories and experiences are not available to them.

27. Children are actively encouraged to participate in their reviews. Most young people reported positively on the availability of independent reviewing officers (IROs) and described sustained and positive relationships with them. Children benefit from the impact of IRO scrutiny and oversight. This is consistently demonstrated in case records and is beginning to contribute to swifter decision-making to achieve permanence for children. IROs are beginning to escalate cases appropriately, and, while there are low numbers of escalations, this is helping to improve care planning for children.

28. The quality of children’s reviews and subsequent care plans is improving, although senior leaders recognise that the specificity of plans requires further refining and improvement. Children’s needs are, for the majority, well identified, and plans are becoming more outcome-focused to care for their needs holistically. Risk to children, including child sexual exploitation, is mostly well identified and care plans reflect risk-reducing strategies that help young people keep themselves safe.

29. Advocacy is not routinely considered for children and their families and this limits their access to independent advice and representation.

30. Young people are positive about changes in practice since the shadow board arrangements and the inception of BCT. They say that there are now fewer changes of social worker and IROs than previously and that senior leaders are accessible and listen to their views. Young people reported that when the Children in Care Council raise concerns or make suggestions, changes are made more quickly than previously.

31. Unaccompanied asylum-seeking children receive responses that are swift, comprehensive and highly effective. Young people are placed in supported accommodation in a timely and well-planned manner, with education, health and home office arrangements immediately addressed by dedicated and committed workers.

32. Children seen during the inspection were living in appropriate placements that met their needs, with evidence of improved experiences and progress. Most children are matched with suitable and experienced carers. BCT recognises the need to recruit specialist foster carers as well as carers who have the skills to provide care for teenagers.

33. When children’s placements end unexpectedly, disruption meetings are not always held, and this does not enable effective information-sharing or
facilitate better planning for individual children. Learning from disruptions is not understood or shared within the service in order to help children more widely.

34. Children seen during the inspection who were placed in emergency duty team (EDT) placements were not well matched, and information-sharing with the foster carers about the needs of the children was limited. The use of EDT placements, their quality and the appropriateness of matching is not effectively evaluated or monitored. This means that BCT are not assured that these placements meet the diverse needs of children.

35. When children in care have been missing, including those placed in other local authority areas, they are always offered a return home interview. This is a real improvement. Take-up of interviews by children in care is also improving, although less than half of young people are interviewed, and some were not seen in a timely way. This limits professionals’ understanding of risks and their ability to plan to mitigate risks effectively.

36. Children’s social workers, independent reviewing officers and team managers, through their supervision, show a good awareness of child sexual exploitation and criminal exploitation, in particular gang affiliation. However, the quality and impact of work to address these issues are not consistently good. For example, return home interviews are not always included in children’s electronic case files, and when they are, it is not clear how they have been used to shape plans or interventions.

37. Children in care who have a plan to return to the care of their birth families experience a carefully planned and well-managed transition. Comprehensive parenting assessments help to ensure that such decisions are made safely and are in the best interests of the child. On return to their birth families, the welfare of children is well monitored by social workers and partners.

38. Children whose permanence plan is adoption receive an effective and mostly timely service. Children’s permanence reports are thorough. Contact arrangements are thoughtful and well managed. Foster-to-adopt is not routinely considered or pursued by social workers. For some children, this is a missed opportunity to promote early attachments and avoid delay in them achieving permanence.

39. For some children, where adoption is not the permanence plan, there is delay in achieving permanence within the child’s timescales. For some children in long-term foster placements, these have not yet been formally confirmed as children’s permanent homes. Stability for these children in order to allow them to develop and sustain permanent attachments is not being achieved in a timely way. Children’s case records were not able to evidence matching rationale for long-term matches and do not easily evidence child-focused decisions.
40. BCT is not currently evaluating placement stability, success and disruptions in relation to children’s experience and progress in their foster homes. This was identified in the September 2016 SIF inspection and remains a challenge for the fostering service. BCT cannot therefore be assured that all children are living in a placement that continues to meet their individual needs. BCT responded with urgency to the issues raised by inspectors and expedited the appointment of a senior manager to progress this area of work.

41. While the quality of life-story work is good, the initiation of this work is not sufficiently timely. Too many children do not have life-story work completed in a timely way. This means that carers do not have a comprehensive and accessible account of a child’s life and children themselves do not have the opportunity to understand their experiences and histories.

42. Children in care receive good access to health and dental services and these are well prioritised by social workers. Health passports are now being introduced and disseminated to children in care following a co-production with the children in care council (CICC) and care leavers’ forum (CLF). Children in care receive good access to mental health services and are well supported by therapeutic and emotional support services.

43. The quality of education for children in care is not consistently good. End of key stage outcomes for children in care are typically low when compared with other pupils nationally. At the end of key stage 2 in 2018, pupils made noticeably better progress than the previous year, particularly in relation to reading and mathematics. However, at key stage 4, children in care mostly progress similarly to other children in care nationally, although grades are low, especially for boys.

44. Effective support is provided for the growing number of unaccompanied asylum-seeking children. This support helps them to settle quickly into education and reduces their barriers to learning. The guidance in place for care leavers is strong and helps them to achieve their aims and next steps in education, employment or training.

45. The virtual school’s work to reduce permanent exclusion of children in care has been successful and there have not been any permanent exclusions of children in care in the last academic year.

46. The virtual school has worked effectively to overhaul the e-Personal Education Plan system, with the overall quality of Personal Education Plans starting to improve. Until recently, the virtual school did not evaluate its work with enough rigour to check that its actions were bringing about intended improvements. This is now improving, and collaboration and sharing of information between different teams is proving beneficial and helping to meet the needs of vulnerable pupils more swiftly. The attendance of children in
care at school has declined overall this year. This has not been analysed sufficiently well and is not understood by leaders. The virtual school headteacher has invested time, with growing success, in developing systems of support for children in care across groups of schools.

47. Care leavers receive a strong service that makes a positive difference to their well-being and prospects. Personal advisors do well at keeping in touch with care leavers, often going ‘the extra mile’ to build relationships with more challenging or difficult to reach young people. BCT successfully ensures that a good range of suitable accommodation options are available for care leavers and that the numbers who are in education, employment or training continue to rise from a low base. Pathway plans are reviewed regularly, and they effectively reflect young people’s current needs and circumstances. The BCT offer to care leavers is strong and provides a broad range of good-quality advice and information about services to care leavers.

The impact of leaders on social work practice with children and families requires improvement to be good

48. BCT, the local authority, leaders and staff know themselves well and are building on progress to date in order to achieve lasting change. They have shown a dogged determination to ensure a focus on the well-being, safety and improving outcomes of children in Birmingham.

49. Sufficient improvements have been made to ensure that BCT initial point of contact response to the needs of children and families is robust and in the majority of cases effective. BCT acknowledges that further work is needed to reduce the rates of re-referrals. Following analysis, several measures have been introduced to address this. While all children who need one now have a plan, which was not the case at the last inspection, the quality of plans requires improvement if they are to be fully effective. This will be progressed through a BCT practice evaluation approach. BCT has sustained the quality of services for children in care and improved those services for children with an adoption plan and young people leaving care. Most children in care are living in stable, safe placements. BCT knows that permanence planning for children who are not being adopted needs to improve and plans to address this with several initiatives to include embedding family group meetings, family placement transformation and a joint system review with the judiciary. Young people who are leaving care and unaccompanied asylum seekers receive a good-quality service and there are notable improvements in the numbers of those aged 19–21 in education, training or employment since the last inspection.

50. BCT has developed a quality assurance system and performance information database that enables it to measure and track performance in the majority of service areas. This enables senior leaders to track progress against targets
and identify effectively where further work is required in almost all areas. BCT has been able to produce a good-quality evaluation of its own effectiveness that has identified the vast majority of areas where improvements had been made as well as those areas where more progress is needed. Evaluation of performance has improved overall, but gaps remain, particularly in relation to understanding the effectiveness of the fostering service.

51. A well-developed case audit format enables a focus on the quality of practice, but not all managers are routinely completing these and there remain inconsistencies in the quality of audits.

52. Virtual school leaders do not have a clear enough understanding of the progress made by children in care over time. This is because their systems to monitor pupils’ progress have not provided them with sufficient information about how well pupils are progressing from their starting points. Leaders do not gather and analyse information from schools quickly enough or use it effectively to identify and rectify weaknesses with provision. This had been recognised by leaders, who have begun to address this issue and have recently introduced a new assessment process which should provide a more accurate picture of pupils’ achievement.

53. BCT has undertaken much work to engage positively with both Cafcass and the judiciary. Both acknowledge recent improvements in the overall quality of work presented to the courts. They also report that inconsistencies in the quality of work presented result in a high number of court requests for independent social work assessments. An enduring lack of trust and confidence between the courts and social care means that too many assessments are rejected by the courts. This is de-moralising and, in some cases, leaves BCT with orders inappropriate for the child’s circumstances. These issues have yet to be resolved.

54. BCT has worked hard with police and other partners to enhance the quality and efficacy of services for children and young people at risk from child sexual exploitation, going missing from home or care and criminal exploitation, including gang affiliation. Despite this, measures to better align work around child sexual exploitation, children going missing, children missing education and wider contextual safeguarding are still at a relatively early stage. BCT is aware that this needs to be strengthened further, along with making stronger links to information about children missing education and being persistently absent. Data and intelligence are not consistently used proactively or to best effect to move from a predominantly reactive to a more proactive response. BCT and West Midlands police have only very recently jointly appointed a data analyst to help progress this work, but it is too early to measure their impact.

55. The workforce profile has significantly improved since the last inspection and progress has been accelerated by BCT. Development of staff is a priority and
a comprehensive and focused approach contributes to staff having the right core skills. Average caseloads have reduced. Social workers and social care staff are proud of where they work and what they do to help children. Use of agency staff has significantly reduced as has the rate of staff turnover. Staff are enthusiastic about working for BCT and are keen to demonstrate their commitment to improvement.

56. The voice of the child is often well represented across the Trust and in social work records and reports. CICC and CLF are dynamic and active, reporting positively about what they see as better engagement with them by BCT. This includes the visibility of senior managers, their ability to be actively engaged in the appointment of senior staff and the opportunity to discuss issues that are important to them.

57. The local authority has proportionate scrutiny arrangements in place to ensure that they fulfil their role as the corporate parent. Corporate parenting board members actively engage with children and social workers in order to understand and influence children’s circumstances. BCT and the board have ensured that a ‘Birmingham Pledge’ is in place, based on what children in care told them is most important to them.
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