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Dear Mr Couldrick

Monitoring visit of Birmingham children's services

This letter summarises the findings of the monitoring visit to Birmingham children's services on 14 and 15 August 2018. The visit was the sixth monitoring visit since the local authority was judged inadequate in November 2016. The inspectors were Peter McEntee, Her Majesty's Inspector, and John Roughton, Her Majesty's inspector.

The Trust is continuing to make some progress in improving services for its children and young people. However, a number of areas continue to require improvements in services for children and their families. These include the quality of the Trust's evaluation of social work practice, the consistent engagement of partners in contributing to multi-agency meetings and ensuring that in cases of neglect, over-optimism does not lead to inaction. More work is required to ensure that plans for improvement in children's circumstances are easily understood by parents and that plans detail what the next steps will be when no progress is being made.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made where children are subject to a child in need plan or a child protection plan. Inspectors considered whether thresholds were met and whether plans focused on the right improvements and outcomes for children. We looked at the quality of contributions from partner agencies to making plans and how they are progressed. Inspectors also looked at the quality of managers' decision-making about further intervention when there was insufficient progress in achieving better outcomes for children. Consideration was also given to the quality and impact of the Trust's revised practice evaluation process.

A range of evidence was considered during the visit, including electronic case records and supervision files and notes, and other information provided by staff and managers. In addition, we spoke to a range of staff, including managers and social workers.

Overview

There has been some progress since the last inspection of services for children subject to children in need or child protection plans. No children were seen to be at immediate risk or experiencing significant drift in the progression of work. Thresholds for children to be considered in need of services or requiring a child protection plan are appropriate and, in most cases, applied in a timely way. More engagement by partners is evident in multi-agency forums, although this is still not consistent and, where it is not happening, limits the effectiveness of these meetings. Plans in general clearly identify the risks to children and are focused on improvements to be made. In a small number of cases where issues of neglect are evident, there is a degree of over-optimism and this prevents decisions being made for further intervention at the right time. In the majority of cases, there is a willingness where appropriate to intervene further if sufficient progress has not been made. Further efforts are required to ensure that all work, including supervision, is well recorded and reflects the quality of work carried out by social workers. The Trust has made a positive step forward by introducing a new practice evaluation process. It is not yet fully embedded and further work is needed to ensure that evaluations of practice are completed to a standard that enables the Trust to fully measure and understand the quality of its practice with children and families.

Findings and evaluation of progress

The Trust continues to make some progress in ensuring that its services for children and families are continuing to improve. Senior managers understand that further work is required to ensure that the standard of services for children and families in Birmingham continues to improve.

In almost all cases, thresholds for intervention are appropriately applied and no children were seen to be at immediate risk or experiencing significant drift. In a small minority of cases, children remained on a child protection plan for too long. In some cases, this was as a result of partner agency anxiety. Other cases were not subject to consideration at a child protection conference, due to over-optimism about parental co-operation despite a history of neglect.

Assessments of need are timely and lead to appropriate plans for support and intervention. Pre-birth assessments seen are informed by family history and lead to timely interventions, including, where necessary, alternative care arrangements for children.

Child protection and children in need plans accurately identify areas of risk and improvements required. Although outcomes sought are identified, they are often very general and not specific enough to the circumstances of individual children.

This means that in some cases it is more difficult to measure progress towards desired outcomes. Plans are not consistently SMART, with some lacking measurable and time-related objectives. This makes a determination of progress more difficult and contributes to a few children remaining on plans for longer than they needed to.

Future plans for children are not always considered or recorded at case conferences and conference reviews. In some cases, significant decisions on the future direction of plans are taken outside of the conference format within days of a conference having been held and without the conference chair being consulted. In these cases, opportunities are lost to discuss options on a multi-agency basis and ensure that the conference chair has a role in case direction.

While, in many instances, there is an attempt in conferences and plans to explain what needs to improve, the language can still be complicated and difficult for some parents and older children to understand. Some language used is opaque. This is particularly the case in relation to contingency plans, which often contain the phrase 'the Trust will seek legal advice', rather than spelling out how the Trust will respond to increasing risks.

Core groups and children in need meetings are held regularly. Both meetings are used to update child protection and children in need plans, which helps to measure progress. In core groups, this could be enhanced by greater use of a risk scaling tool that is already used in child protection conferences.

During this visit, we saw an improvement in multi-agency attendance at conferences and core groups, but regular attendance from key agencies remains inconsistent. Where attendance is poor, the value of conferences and core groups is limited and progress and access to information, services and resources are hampered. In a small number of cases, schools do not demonstrate a clear understanding of their role in ensuring access to resources for those clearly in need of services. This includes a very late referral to the Trust for a severely disabled adolescent and not prioritising entry to school for a child on a protection plan. Social workers have expressed frustration about the high threshold for access to child and adolescent mental health services (Forward Thinking Birmingham) and long delays in the commencement of services when the threshold is met, delaying improved outcomes for children. Senior managers in the Trust are aware that cross-partnership working requires a continued focus if an effective frontline response to the needs of vulnerable children is to be delivered.

Social workers know their cases well. Children are being seen alone and their views and experiences are captured through age-sensitive direct work. Statutory visits are routinely undertaken within agreed timescales and often more frequently than that. Recording of visits is of variable quality, with the best demonstrating a clear link to the plan of intervention and poorer examples lacking relevance and purpose. Case summaries, chronologies and genograms are not consistently up to date.

Social workers reported that supervision is regular and recorded. However, in examples seen, the record does not always reflect the reported quality of the

discussion. A lack of reflection and analysis in supervision records means that they are less useful as a tool for embedding better practice. Most records identified tasks and actions needed, but often did not specify timescales for completion. This makes it more difficult to measure progress and ensure that priority actions are undertaken in a timely manner.

The Trust has introduced a new practice evaluation process, with a focus on the quality of work undertaken and the impact on outcomes for children. This is a positive move and should encourage and support a dialogue about good practice and achieving the best for children. However, the Trust is yet to successfully embed this process among frontline managers. The current execution of the process is poor, with too many sections of the evaluation template left blank or only partially answered by evaluators. Key sections such as learning outcomes often fail to address issues identified in the evaluation and as such cannot be a positive learning exercise for staff. It also means that the process is not yet contributing to the Trust's overall understanding of the quality of its practice with children and families.

The Trust has demonstrated that it has made some continued improvements in the quality of social work practice since the last inspection. Further work remains to be done to ensure that practice is consistently good and that the best outcomes for all children are achieved on a timely and consistent basis.

I would like to thank all the staff who contributed to our visit and their positive engagement with the process.

I am copying this letter to the Department for Education.

This letter will be published on the Ofsted website.

Yours sincerely

Peter McEntee
Her Majesty's Inspector