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19 October 2017

Mr Colin Diamond CBE
Corporate Director Children and Young People
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Dear Mr Diamond

Monitoring visit of Birmingham children's services

This letter summarises the findings of the monitoring visit to Birmingham children's services on 19 and 20 September 2017. The visit was the second monitoring visit since the local authority was judged inadequate in November 2016. The inspectors were Peter McEntee HMI and Dominic Stevens HMI.

The local authority is making continued progress in those services reviewed for its children and young people.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made to services for children who have a disability and who are subject to a children in need plan and, more broadly, children who have a children in need plan and who require social work services. Inspectors particularly focused their activity on thresholds for intervention, the quality of social work practice, the quality of partnership working with other sectors and whether outcomes for children are enhanced as a result.

The visit considered a range of evidence, including electronic case records, supervision notes, discussions with social workers and senior practitioners undertaking children in need work, and other information provided by staff and managers.

Overview

Summary of Findings

Despite progress already made, senior managers are aware that considerable work needs to be done to ensure that services for children in Birmingham are of a standard at which outcomes for children are consistently good. Improvements

include the completion of work to reduce social work caseloads to a manageable level and to stabilise the workforce. Quality assurance of work is supported by a good-quality audit format, and this is helping the local authority to understand its performance and the impact of practice on outcomes for children. Progress is being made. In 2016, the children with a disability service (CWD) moved from education to children's services. This has been positive and has helped to ensure a focus on safer practice. Social work practice is now stronger and shows an improvement from the time of the inspection, and children and families are now being regularly visited. Further progress is required for assessments and planning to be of a consistently good enough standard. The standard of management oversight, in affirming case direction and the quality of work done, remains too variable. Clear guidance on case direction is in many cases not provided or clearly recorded. Good-quality, multi-agency partnership working is effective in many cases. However, in those cases in which the quality of partnership working is poorer or absent, this has had a negative impact on progress and outcomes for children.

Findings and evaluation of progress

The local authority has made progress in ensuring that social work caseloads are manageable and that social workers, particularly in the CWD service, have more time to build and establish relationships with the children they work with. These improvements have resulted in social workers being able to regularly visit families and ensure that children are being seen and heard. There is a greater focus on practice quality and skills, with a particular emphasis on direct work with children. Direct work was evident in many of the cases seen in the CWD service, helping to ensure an understanding of children's wishes and feelings. More work needs to be done, however, to embed this understanding in the outcomes of assessments and planning.

In almost all cases, thresholds for children considered to be in need are appropriately applied. In cases seen, plans to step cases down from children in need status to early help services are also appropriate and demonstrate a willingness of other agencies to take on the role of lead professional in these instances.

All cases seen had children in need plans in place and most, but not all, of these plans are being updated through reassessment on a regular basis, ensuring a more robust response to changing need than seen previously. When children are at risk, this is recognised. In several cases in the CWD team, the inspectors saw evidence of responsive intervention and an appropriate refocus of work, including application of the Public Law Outline process. As a result, in these cases the potential for safer outcomes for children is enhanced. In a small number of cases, plans have not been used effectively to drive progress and, as a result, there has been a delay in meeting children's needs.

The quality of case recording, including that of home visits, is not consistently good. In good examples seen, there is a clear sense of purpose to workers' activities and

an appropriate analysis. This is often present when the relationship between worker and family is strong. Poorer work lacks focus and does not demonstrate a clear link with the child's plan, and actions lack clear purpose. Although key areas of disability are often well considered, other issues, such as ethnic origin and the impact of different cultures, are less well explored in most assessments and plans seen.

Management oversight was evident in all cases seen. However, the quality of oversight, particularly in case supervision, remains variable. The best examples provided case direction and demonstrated an awareness of case progression. However, in too many instances recording is merely an update of events and there is no case direction, little challenge or any reflective consideration of events. This means that opportunities to enhance case practice and staff understanding of how they can make a difference are being missed.

There was a lack of effective coordination between agencies in a number of more complex cases seen. This includes non-attendance at children in need meetings, which makes it difficult to update progress, and a failure of school, health and special education needs services to ensure that education is being provided to support the prevention of family breakdown. Additionally, poor engagement from adult mental health and child and adolescent mental health services, and an unwillingness to share information, lead to a delay in provision that impedes the progression of necessary work.

For most children in need, partnership working is effective, and in the CWD service this includes social workers contributing to education, health and care plans (EHCPs). However, EHCPs are not being used consistently to support social work assessments and to inform planning.

Through its use of its practice evaluation document (audit tool), the local authority has already identified many of the issues outlined in this letter and so was able to effectively evaluate and, where necessary, remedy any deficits. The authority has demonstrated that it has made 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