

# Inspection of safeguarding and looked after children services: Birmingham

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**Reporting inspector:** Stephen Hart HMI

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI), one additional social care inspector, a shadow inspector and three inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line managers, health professionals, senior officers including the Director of Children's Services and executives of each of the three Primary Care Trusts and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives.
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006. The final report of the work carried out in response to the Government's improvement notice issued in January 2009 and a selection of preceding and associated papers were also reviewed.
  - a review of 42 case files for children and young people with a range of need. This offered a view of services provided over time and the quality of reporting, recording and decision making undertaken.
  - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in July 2009.

## The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

### Service information

4. Birmingham is situated in the heart of the West Midlands, with the adjacent motorway network providing good road links across the region. Birmingham is one of the largest local authorities with a population of 1,016,800. It is mainly urban with a rich heritage in architecture, public buildings and culture.
5. There are an estimated 287,000 children and young people under the age of 19 in Birmingham representing 28% of the overall population. About half of these children and young people are from black and minority ethnic groups with more than 50 community languages spoken. The largest minority ethnic communities are Pakistani (20%), African Caribbean (10%), Indian (7%), Bangladeshi (4%), and children of mixed heritage (6%).
6. Birmingham has significant areas of deprivation. Only seven of the 40 wards in the council area are below the national average for children living in poverty (22.4%). In the seven wards with the highest levels of deprivation, the percentages of children living in poverty range from 52.5% to 61.9%.
7. A number of strategic partnerships exist in Birmingham including the Birmingham Children's Trust Board and the Birmingham Safeguarding Children Board. The Children's Trust Executive Board is small in number and comprises the Cabinet Member for Children, Young People and Families, the Chief Executive of the City Council, the Chief Executives of the three Primary Care Trusts, the Chief Constable, the lead for Children from West Midlands Strategic Health Authority, the Head of Probation and the Director of Children's Services. The Executive Board is supported by a trust membership comprising a wide and appropriate representation including senior managers from children's services, partner agencies, representatives of voluntary sector organisations, the wider health communities, Birmingham Safeguarding Children Board, primary and secondary head teacher representatives. Birmingham Safeguarding Children Board has recently become independently chaired and brings together the main organisations working with children, young people and families in the area to deliver safeguarding services.
8. Children's community-based social care services are delivered through five organisational service units: Duty and Assessment, Care Management, Family Placement, Residential Service and Looked After Children's Education

Service. The duty and assessment service comprises 19 teams including a hospital based children's social work team, three duty screening teams, three targeted support teams, one neighbourhood care team and an emergency duty team. The care management service comprises 41 teams including unaccompanied asylum seeker and persons from abroad and three contact and escort teams. In addition, there are 20 residential units (including three short break residential units), three care leavers teams, three children with a disability teams, an adoption team, fostering team and a looked after children's education service. As at 22 June there were 2012 looked after children and 1321 children had child protection plans.

9. The Children's Safeguarding and Child Protection Service comprises three area based Child Protection and Review teams and a city wide Child Protection and Review team, a change management team, customer relations and business support. The service also supports the Birmingham Safeguarding Children's Board's functions in relation to business co-ordination, administration, training and licensing.

10. The local authority directly provides 760 mainstream foster placements and 251 family and friend placements. In addition, it commissions 537 foster care placements from 25 Independent Fostering Agencies through a framework contract.

11. There are 75 children's centres in Birmingham each of which is located in one of the 41 extended schools clusters.

12. Birmingham has 25 nursery schools, 299 infant, junior or primary schools, 75 secondary schools and 27 special schools. In January 2010 there were 177,834 children and young people on school rolls. In addition, there are four pupil referral units in Birmingham which provide 466 places for pupils aged four to 15.

13. Commissioning and planning of health services are carried out by the three Primary Care Trusts in Birmingham which will merge into a single commissioning organisation for Birmingham by April 2011. Acute hospital services are provided by the University Hospitals Birmingham NHS Foundation Trust (UHBT), Sandwell & West Birmingham Hospitals NHS Trust (City Hospitals) Heart of England NHS Foundation Trust and Birmingham Children's NHS Foundation Trust. Two specialist acute providers also serve the area; Birmingham Women's NHS Foundation Trust and the Royal Orthopaedic Hospital NHS Foundation Trust. Child and Adolescent Mental Health Services (CAMHS) are commissioned by a Birmingham children's commissioning team and by specialised services commissioners. Services for children up to 15 years of age are provided by the Birmingham Children's Hospital and services for those aged 16 and 17 are provided by the Birmingham and Solihull Mental Health NHS Foundation Trust. Community health services such as the health visiting, school nursing services and specialist community services are managed through the provider arm functions of the three Primary Care Trusts (PCT);

Heart of Birmingham Teaching PCT, South Birmingham PCT and Birmingham East and North PCT.

## The inspection outcomes: Safeguarding services

### Overall effectiveness

### Grade 4 (Inadequate)

14. The overall effectiveness in safeguarding is inadequate. Although some improvements have been recently made in some key areas by social care services and by partner agencies, including most of those areas required by the Government Improvement Notice that was issued in February 2009, some key and important deficiencies remain. Critical practice shortcomings, particularly within children's social care and health, mean that not all children are being safeguarded and protected and weaknesses in, or absence of, performance management data result in information about safeguarding and child protection cases not being monitored or evaluated. Quality assurance systems, including supervision, fail to identify the major weaknesses in casework in too many cases with the result that poor working practices which fail to assure the child's safety and well-being in accordance with his/her plan are not challenged. Audit arrangements which have been targeted in looked after children services are not yet systematic in front line social care services. The Birmingham Safeguarding Children Board has been pre-occupied by its attention to the business generated by 20 serious case reviews which have been undertaken over the last four years and although plans are underway to achieve a shift in focus, the Board is not yet able to fulfil its role in professional leadership to which it properly aspires.

### Capacity for improvement

### Grade 4 (Inadequate)

15. The capacity to improve in safeguarding is inadequate. Critical deficiencies remain in front line work with children and young people despite significant attempts to deliver improvements. Although safeguarding concerns which have previously been identified in residential child care have been addressed to good effect, and pockets of good standards of safeguarding exist elsewhere across the partnership, overall there is not a track record of achieving continuous improvement in service provision, particularly in community-based child protection work where outcomes continue to be poor. Serious deficiencies in management and practice remain across the partnership and details of the extent and nature of the problems affecting the service have not been identified and analysed. Medium-term plans to address some concerns, although important, do not address the serious deficiencies in the quality of the safeguarding and protection services which are longstanding, very evident and in need of immediate action. The very recent plans to allocate resources to provide additional support to front line services are overdue and importantly not part of a co-ordinated approach to service improvement across and at all levels in the partnership.



## Areas for improvement

16. In order to improve the quality of provision and services for safeguarding children and young people in Birmingham, the local authority and its partners should take the following action:

### **Immediately:**

- Ensure that there is a detailed understanding of the deficits in current practice on cases and the extent of the difficulties affecting front line safeguarding and child protection services; and take the necessary action to provide a safe service to all children and young people.
- Take steps to comply in full with statutory requirements for safe staffing.
- Ensure that all management decisions taken in relation to individual cases are immediately recorded on the child's records.

### **Within three months**

- Introduce systematic auditing arrangements to provide comprehensive and accurate qualitative and quantitative information about safeguarding and child protection services.
- Clarify the roles and capacity of the designated professionals across the three PCTs.

### **Within six months**

- Ensure that health care workers are enabled to apply fully the requirements of the common assessment framework.
- Develop the capacity of the voluntary sector.

## Outcomes for children and young people

### **The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (Inadequate)**

17. The effectiveness of services in Birmingham to ensure that children and young people are safe is inadequate because of significant weaknesses in child protection arrangements. There is evidence of some good initiatives in universal services and in social care settings which have had discernable impact and led, particularly in residential care, to much improved outcomes for children. However, there has been insufficient focus on the critical core business of protecting children and young people at the highest risk

18. Partnerships have improved over the past two years. The Director of Children's Services was until recently chair of the Birmingham Safeguarding Children Board (BSCB) and he actively promoted the strengthened links between the board and the Children's Trust arrangements. The newly-appointed independent chair is taking this work forward while beginning to establish the wider focus of the BSCB beyond its hitherto dominating focus upon the outcomes of the 20 serious case reviews that have been undertaken since April 2006. A new Operational Effectiveness Group of senior operational managers from all partners is specifically supporting the BSCB's change agenda by focusing on operational effectiveness and quality assurance. A revised quality assurance focus for the quality assurance and audit sub group is also developing its work programme but at this stage it is too early to identify sustainable impact. These developments are supported by all partners. A tighter focus on serious case review findings and detailed tracking through a revised serious case review sub-group is working to ensure that the lessons learned remain a priority whilst not distracting from other necessary activity but again this work is at an early stage..

19. Insufficient use is made of management information across the partnership and although there are significant amounts of information available, key data have not been commissioned or are not available in suitable and accessible formats which support the development of a performance management culture. As a result, managers are unable to establish if their service is complying with statutory requirements and are largely unaware of the quality of the service. For example, social care services are unable to report upon the size of social workers caseloads, or whether children with child protection plans are visited in accordance with statutory requirements; the looked after children health team is unable to provide accurate data about the number and types of core health checks which are carried out. The four accident and emergency units visited during this inspection have adequate systems in place to identify children who frequently attend and those children and young people who are the subject of a child protection plan, but referral processes to social care and the feedback arrangements are inconsistent across the partners.

20. Over the recent past, BSCB has prioritised the collection of data relating to serious case reviews and insufficient qualitative information is gathered about wider safeguarding or child protection concerns. This has prevented the Board from being able to understand the extent to which children and young people in Birmingham are safe and to develop fully its role in professional and community leadership in relation to safeguarding issues. Audit is not fully established to evaluate qualitatively front line services and too much reliance has been placed upon Ofsted inspection reports as the predominant source of information about service quality. Although audit tools have been developed and managers are in the process of being trained in their use, it is too early to see evidence of the safeguarding service improvement agenda being informed by evaluations of practice. Five of the 42 cases selected and reviewed by inspectors demonstrated that the children and young people had not been seen by key professionals or that there were major deficits in practice which led to the children being or remaining at significant risk of harm. Notwithstanding that the internal audit of these cases required by Ofsted found similar concerns, limited remedial action had been taken to rectify the problems as a result.

21. Arrangements by the council to ensure safe staffing in social care and education services are inadequate. No corporate record is maintained of all staff that have had CRB checks across Children and Young People and Families Services. That responsibility is delegated to local managers who are also responsible for recruitment and there is evidence of significant variation in the application of council procedures. The standard recording of CRB, health and identity checks on the HR files seen by inspectors was inconsistent with a number of files missing key information. This therefore means that the system is unreliable. Some staff, for example five in one office, had been identified by management as not having had the required refreshed CRB clearance in accordance with the council's policy of updating checks on a three year cycle.

22. Safeguarding training across the health agencies is at various stages. For example, Birmingham Children's Hospital requires take-up at level 2 within 8 weeks of joining the Trust while completion rates of level 2 training in South Birmingham Community Health are disappointing. There is, however, a named GP in each PCT provider and over 120 GPs and practice managers have participated in a Level 2 safeguarding training during 2009-10.

**The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (Adequate)**

23. The evidence from surveys indicates that most children and young people feel safe. There are a range of activities in place and being developed further in order to support young people. For example, the Bullying Reduction Action Group (BRAG) has already begun to work with children and young people supported by the Stonewall Education Champions scheme in relation to homophobic bullying, and other initiatives are tackling cyber-bullying and bullying of young people with learning difficulties and disabilities. Anti-bullying

work will be extended by the full implementation of the School Help Advice Reporting Page (SHARP), a web-based programme which enables young people to use computer or mobile phone to inform a trusted adult if they are bullied or unhappy. Seventy-two secondary schools have installed the software and 32 police officers are included in the list of trusted adults.

24. Significant work has taken place to target knife crime and in excess of 5000 pupils have so far engaged in work as part of the partnership's *Tooled Up For School* and *Respect* initiatives. Building upon the impact of these initiatives, further work to develop a young people's strategy for reducing knife crime is being undertaken in conjunction with schools. The pilot projects are having demonstrable impact upon young people's attitudes towards carrying knives and are well received by teaching staff. However, it is too early to identify any impact upon knife crime. Good impact has been achieved in improving the safety of travel across the city. Pupil monitors can report concerns confidentially to dedicated school contacts and the safer travel police team responds to both individual episodes and targets trends when evaluation of aggregated data indicates a particular problem.

## **The quality of provision**

## **Grade 4 (Inadequate)**

25. Service responsiveness, including complaints, is inadequate. The unannounced inspection of contact, referral and assessment arrangements in November 2009 identified as a priority action the shortfall in multi-agency services for families. This has been addressed in part by the development of the common assessment framework (CAF) but although there are good examples of practice through the CAF and associated services it is yet to be fully implemented across the city. The unannounced inspection also identified a number of areas for development, some of which, most notably that concerning the lack of quality assurance processes have not been fully addressed.

26. Thresholds for access to services are clearly documented and generally understood across the partnership. They do not appear to be consistently applied, particularly at times of pressure but the absence of qualitative data prevents the service gaining a full understanding of this issue. All contacts and referrals received by the children's social care service are initially screened by the unqualified referral and advice team. Decisions about whether they progress as referrals, are discontinued or signposted to other services, are taken by the qualified duty screening manager. This role is pressured and in the course of any day large numbers of decisions are taken, a significant proportion of which were observed to be on the basis of discussion without any reference to documentation which may have revealed significant facts about the child's history. The quality of decision-making was variable but in general decisions were timely and appropriately identified child protection concerns which were speeded through the system to enable further enquiries to be made or investigations to commence. Access to interpreting services at the point of

referral was variable generally, although good in each of the four main hospital accident and emergency departments.

27. Domestic violence referrals are subject of a joint agency screening involving dedicated police, health and social care staff to ensure that an informed assessment of the risk posed by the incident is undertaken before social care services become fully involved. This measure is welcomed but capacity problems precluded attendance by social care staff on a number of occasions resulting in the meetings being cancelled.

28. Sound systems are in place to deal with complaints made against staff by children and young people. There is clear evidence that the wider partnership is fully conversant with the local authority designated officer's role and responsibilities. Some 393 referrals were received in 2009/10 from a wide range of agencies, 307 of which went to an initial meeting. The position of trust team undertakes this work effectively and resolution is completed in a timely manner. The annual complaints report for 2008/09 demonstrates an improvement in compliance with the statutory timescales for complaints. The percentage of new complaints dealt with within 20 days increased by 11% despite a corresponding 18% increase in the total number of complaints received. The percentage of complaints completed within the 25 and 65 working days threshold also improved in 2008/09. However, the increasing complexity of cases also meant that the percentage reaching 3 months increased. Lessons learned from complaints have been built into practice, although there is no analysis of impact.

29. Assessment and direct work with children and families are inadequate overall. There is a clear process for the delivery of the Common Assessment Framework (CAF) and a robust central CAF team. This team provides a range of data which is used to identify progress and trends and offers valued support to agencies in the delivery of CAFs. While the number of CAFs completed has risen to 1175 in the past year, and many service users report positive experiences of the process, not all agencies have embraced the process to the same extent. For example, there is evidence of particular variability in its implementation within health, particularly in health visiting services. A significant shortage of health visiting staff, particularly in the Heart of Birmingham PCT has had a detrimental impact on their capacity to deliver universal as well as targeted services. Significant investment has been made across the 3 PCTs to tackle longstanding difficulties in recruiting and retaining health visiting staff but this has yet to have a demonstrable impact.

30. The timeliness of completion of initial assessments has improved in accordance with the requirements of the improvement notice but the timeliness of core assessments (81% completed within 35 days at March 2010) remains below the Improvement Notice Target of 86%. The quality of the assessments is variable and is not assisted by staff in the social care service needing to access three databases to gather and input information, a complexity which contributes to the high levels of inaccurate and contradictory information found

in records. Although some assessments are of good quality and there has been recent improvement in the quality of assessments submitted to child protection conferences, too many are descriptive, insufficiently evaluative and poorly analysed. Insufficient attention is given to seeking and responding to the views of the child or young person. There is little evidence of effective management oversight or action across most of the partnership to address what is often poor identification of risk factors directly affecting the safety of the child or young person. However, the development of contractual arrangements by the 3 PCTs in Birmingham is enabling improved monitoring of safeguarding activity within the commissioned provider services. Pressures of work, capacity and capability pressures were cited as the root causes of the fundamental performance problems in the duty and assessment service. However, this could not be substantiated as no accurate data exist which show the nature and state of active caseloads. This major deficit prevents effective analysis and action by managers.

31. There are still poor outcomes for infant mortality rates in Birmingham which remain amongst the highest in England; reduction is a high priority for partners in the city. An action plan has been produced and the Health and Well Being Partnership has a detailed delivery plan that specifies work to be done both city-wide and within individual agencies. Recent data show a sustained drop in the infant mortality rates but they remain unacceptably high.

32. Some positive outcomes in reducing the teenage conception rates can be seen as a result of a targeted approach through priority schools and youth services in hotspot areas. Latest figures show under 18 conception rate for Birmingham fell from 53.2 per 1,000 girls in 2006 to 50.1 in 2007, a decline of 9.5% compared with 8.2% decline regionally and 10.7% decline nationally.

33. Good progress is reported as being made to improve mental health of children and young people with the CAMHS strategy closely linked to the Brighter Futures strategy. Services have been reconfigured in the community and extra resources have been allocated to improve mental health support for care leavers. However, children and young people are still waiting too long for access to specialist CAMHS despite a reduction in waiting times for assessment and treatment within specialist CAMHS. Birmingham Children's Hospital have focussed significant resources through service re-design to achieve these reductions.

34. Although qualified social workers have been trained in child protection Achieving Best Evidence (ABE) interviewing in accordance with statutory requirements, no social worker has yet led an ABE interview. The reasons for this are not explained. Management decisions made in the course of supervision are not uniformly recorded on the child's files in children's social care, although there is good progress in instituting and recording the outcomes of regular supervision of health services staff in response to the recommendations of serious case reviews. While some of these issues had been previously identified by the council and its partners, there is little evidence of any systematic and

co-ordinated action being taken to tackle them. Emergency Duty Team (EDT) processes are managed well to provide a clear and consistent service. The protocol between EDT and other teams is clear and is consistently applied.

35. Case planning, reviewing and recording are inadequate. Although there has been improvement in the timeliness of child protection conferences, only 55% of initial child protection conferences were held within statutory timescales although 99.2% of reviews were on time. There are significant variations in the quality of practice. Some cases demonstrate good quality work that is evidenced, carefully and appropriately planned, actioned and recorded, with good quality management oversight and decision making. However, these cases comprised a small proportion of the sample selected for inspection. Child in Need plans are rarely produced or reviewed which reflects the focus on child protection and the absence of a fully integrated family support strategy with its associated range of universal and targeted services. Too frequently child protection plans are insufficiently clear as to what has to happen in order for the child to be deemed safe. Outcome targets are often lacking in clarity or are unrealistic which makes it extremely unlikely that they will be successful. For example, one child protection plan required the parent to take responsibility for the safety of two children who were living at different addresses. This lack of clarity is compounded where the service user has difficulty in reading or understanding the content of the plan. Too little attention is given to establishing whether additional means of communicating the requirements and expectations of plans are required. Although child protection conference chairs are working to include parents and children more effectively in conference processes, the practice of parents often not being given advance copies of reports and having to suffer significant delays before receiving copies of the child protection conference minutes militates against their full inclusion. This is exacerbated further by all documentation being produced in English only.

36. Attendance at child protection core group meetings is variable and minutes of these meetings are not always written up and distributed within appropriate timescales. As a consequence, some actions that had been identified as a requirement of a child protection plan had not been taken or visits had not been made on time. In too many cases it is not possible to establish confidently from case records when a child had been seen and whether he/she had been seen alone in accordance with statutory requirements. This poses a critical and unacceptable risk to the safety and well-being of the child or young person and team managers are not uniformly certain that they knew basic facts about safeguarding and child protection cases in their team's workload. This resulted in some children being 'lost from view', an issue compounded when the children or young people concerned are not attending school.

37. The chairs of child protection conferences have instituted a Red, Amber and Green (RAG) rating system to classify the effectiveness of work to implement plans. This rating is applied at each review conference and concerns and serious concerns are RAG rated amber or red respectively with the

intention of generating appropriate action to respond to the problem, the nature of which is usually discussed in a telephone call between the conference chair and the manager of the worker. Although this system is a positive attempt at injecting a quality assurance measure into the child protection process, its effectiveness is compromised by the absence of accurate information. For example, in one case, the assertion by a manager that the child subject to a child protection plan was seen in accordance with statutory visiting requirements was inaccurate and contradicted the file record, thereby potentially denying the conference chair an accurate overview of the work that had been undertaken.

## **Leadership and management                      Grade 4 (Inadequate)**

38. The developing Children's Trust arrangements are exercised through the Children and Young People's Strategic Partnership. This provides an adequate and developing platform of ambition and priorities upon which services will continue to be built to achieve the expressed desire to achieve a shift to early intervention and preventative work with a view to reducing reliance upon the costly child protection and looked after children services. The Trust's Executive Board is enabling decisions to be made about the priorities for contributing services.

39. Brighter Futures, the long-term overarching strategy for children's services which has secured political and inter-agency sign up, identifies safeguarding as one of its three central priorities. There is clear evidence that the Children's Trust arrangements and BSCB jointly share a strongly voiced commitment to offering services to ensure that children are safeguarded and protected. However, longstanding and significant issues in the quality of key aspects of frontline services have resulted in children not being visited in accordance with required frequencies, child protection plans not being implemented in full and child protection referrals not being followed up. This demonstrates that insufficient priority has been given by the partnership to addressing fundamental deficiencies in the quality of the service. Although some concerted work has been undertaken to try to effect improvements, and some of this has had some impact on elements of the service, improvement planning has not been brought together into a coherent and logical whole. Deficiencies in data and insufficient analysis of the extent and nature of the issues facing the service have meant that the necessary improvements have not enabled the partnership to offer consistently safe services to the children and young people it serves. Current major reorganisation in the health community, the reconfiguration of police boundaries to align them with those of the council, and the recent developments being implemented in BSCB are each offering the partnership opportunities to strengthen its role. However, these have not been easy to take up in the context of the significant change agenda in which each body is individually engaged.



40. Despite energetic and visible leadership which is welcomed by staff, there is an emerging sense among some front line social care managers and staff that they are isolated and detached from the exciting professional developments associated with the implementation of the Brighter Futures Strategy which has not yet produced services, particularly family support, essential to their work. This sense of disconnection, whether real or perceived, is generating the sense of being overwhelmed by the magnitude of the demand for services and is inhibiting progress. It is understood that longer term strategies are being developed to sit alongside the current services but not all perceive the partnership to be giving at least equal priority to developing and maintaining a clear understanding of the challenges facing the existing service.

41. The roles of the designated professionals within the PCTs are defined and reflect statutory guidance. However, there is evidence that designated doctors and nurses are taking on operational activity which is the remit of named professionals. This impacts on their ability to provide strategic oversight, supervision, leadership and their capacity to ensure that learning from serious case reviews is embedded across all health partners. The allocation of 1.6 whole-time equivalent designated nurses across all three PCTs is insufficient and is being reviewed in preparation for the proposed merger.

42. Evaluation, including performance management, quality assurance and workforce development is inadequate. There are significant amounts of performance information available to front line managers and social workers in children's social care. However, these have not been used systematically to drive performance improvement and to gain a comprehensive understanding of the demand for services and the size of social workers caseloads. This has not been helped by professionals experiencing the IT system to be cumbersome and insufficiently supportive to their task. This, together with significant evidence that for some key staff the council's drive towards creating a data-literate culture has had minimum impact, has meant that opportunities have been lost to use performance information to bring about improvements in practice and to understand whether capacity at the front line is sufficient to meet demand.. For others, however, there is some evidence that the council's drive has had a positive impact and for some this has been reinforced by the Rapid Improvement Programme implemented by the council to assess and to improve the capacity and capability of all managers.

43. The recently completed improvement programme in response to the government's Improvement Notice generated a demand for a range of data associated with the performance targets set out in the plan. This information is still collected and analysed by the Improvement board but quantitative material is insufficiently augmented by qualitative data to enable senior managers and members gain a fully informed view of the state of the services. The reliance on Ofsted inspection reports to provide this understanding is inappropriate.

44. Significant work has taken place to improve the quality of the workforce. The Rapid Improvement Programme, the more frequent use of capability measures and successful recruitment have all had some impact.

45. User engagement with social care services in child protection is not being achieved easily and is adequate overall. Families receive child protection reports at the point of entering conferences and outcome letters and plans arrive in written form some time later and without the benefit of an explanation about its intent; this has not encouraged engagement. However, contrasting experiences were reported by those families subject to the CAF. In health there is also some evidence that healthcare services across the city have reacted and changed in response to the views and involvement of children and young people.

Examples of young people's involvement in the planning and delivery of services at both a strategic and operational level include the input into the business case and service specification for the vulnerable young person's key team in the Heart of Birmingham PCT.

46. Partnership working is inadequate overall. The partnership has failed to identify and tackle in a co-ordinated way the profound and longstanding problems facing the safeguarding and child protection services which is leaving children and young people unprotected and at continuing risk of suffering significant harm. However, there are examples of good partnership working at operational levels that are being built upon. The hospital-based social work team at Birmingham Children's Hospital has contributed to effective working between health practitioners and social work staff. The targeted teenage pregnancy strategy is showing a consistent reduction in the rates of teenage pregnancy and the Healthy Schools initiative, part of the childhood obesity strategy, is showing some success in reducing obesity rates in children of primary school age. The voluntary sector continues to provide a range of universal and targeted services and they are members of the Children's Trust. However, their capacity has not been sufficiently developed or utilised despite the council funding the development of an overarching voluntary sector body, VCS Matters, which has the potential to develop the voluntary sectors contributions to service development.

47. There is clear evidence that health partners are effectively contributing to the development of the Children's Trust. Strong foundations for partnership working have been laid, supported by a consistent approach adopted by the executive board.

48. The jointly commissioned Drug and Alcohol Team (DAAT) provides universal and targeted interventions that are commissioned through third sector providers. The contracting process for DAAT services are mature and well embedded and more recently include outcome-focussed measures. Currently commissioners of the service are undertaking a needs assessment which is enabling effective action by targeting appropriate services. Early indicators are showing that alcohol use by young people in Birmingham is lower than national averages. There is good engagement with general practitioners across the city

in relation to drug care. For example, an expert GP is mentoring colleagues to develop expertise and a shared care approach. The National Treatment Agency has recognised this element of the DAAT service as an example of good practice.

49. Equality and Diversity is an adequate and integral part of the commissioning, contracting and provision of health and education services and increasingly in social care services across the city. There are some good examples of culturally sensitive provision in the Child and Adolescent Mental Health service and the targeted employment of speech and language therapy staff to reflect the ethnic make up of the community ensures effective delivery of service. In children's social care services, ethnicity is frequently inadequately recorded and the BSCB does not have a breakdown of service users classified by their ethnicity, thus inhibiting appropriate service development or reconfiguration. However, there was evidence of good work to target specific groups and ensure good access to services, using on occasions community representatives as a gateway.

50. Value for money (VFM) is adequate overall. The Audit Commission assessed the council as achieving level two or above in all of the areas covered by its use of resources assessment. The Children and Young People's Plan charts recent progress in co-locating professionals to improve opportunities for joint working as part of a VFM drive. Improved commissioning and joint commissioning are also beginning to generate potential areas of saving and efficiency. Health-based commissioners are specifying required safeguarding arrangements in all contracts, although there is some variation in their robustness. Aligned budgets and joint appointments in CAMHS, drug and alcohol and teenage pregnancy services are also impacting upon effectiveness and costs. In the latest assessment of Birmingham's progress against the improvement notice, the Government Office for the West Midlands notes that "Birmingham City Council has had difficulty in managing the social care budget this year due in part to an increase in referrals (in line with national trends) and will start the new financial year (2010/11) with a 5 million pound overspend". This overspend is currently supported by council members who anticipate that the drive to secure early intervention and prevention delivered through services within the developing extended schools cluster network, will continue to produce efficiencies and in the longer term cash savings. However work is underway to produce plans that will as far as is practical seek to protect front line services in a challenging economic climate.

## The inspection outcomes: services for looked after children

### Overall effectiveness

### Grade 3 (Adequate)

51. The overall effectiveness of looked after children services is adequate. Concerted action to tackle serious deficiencies identified by Ofsted inspections in the quality of residential care services has been successful and progress has been sustained. Commissioning practice is improving and positive progress is being achieved in increasing the choice of good quality provision available to children and young people. Outcomes in fostering and adoption services are judged to be good by Ofsted despite staffing challenges in the fostering service. Partnerships to support looked after children are well established and there are some specialist targeted services which are having a significant impact. Children and young people in the care system have significant opportunities to contribute to their plans, where necessary with the support of advocates. The developing Children in Care Council is an effective vehicle for gathering children's views to put to the council and then to provide feedback.

### Capacity for improvement

### Grade 3 (Adequate)

52. The capacity to improve looked after children services is adequate. Services have improved their capacity to deliver good outcomes to children and young people and these have been sustained. Changes to the residential estate made necessary by poor performance have been handled robustly with evidence that children's needs were dealt with sensitively. Partnership working is established in a number of areas but there is no strategic framework governing the role of the looked after children nursing team. The provision of annual health and dental assessments and immunisation checks is inadequate and outcomes are well below the required levels. Although children and young people have opportunities to contribute to service development and their individual plans, this is not done within the context of an established and fully functioning corporate parenting policy.

### Areas for improvement

53. In order to improve the quality of provision and services for looked after children and care leavers in Birmingham, the local authority and its partners should take the following action:

#### Immediately:

- Ensure that statutory visiting and review frequencies are achieved for all children and young people who are privately fostered.

**Within three months:**

- Develop a strategic plan for the health care of looked after children and care leavers and ensure that current serious deficiencies in health checks are rectified.
- Ensure health care services, particularly CAMHS are available for all looked after children, including those placed outside the area.
- Address with the courts the unacceptably long timescales for the completion of care proceedings and take action to reduce the number of children and young people living at home subject to care orders.

**Within six months:**

- Plan and implement action to improve the participation of care leavers in education, employment and training (EET).

**Outcomes for children and young people****Being Healthy**

54. Services to promote the health of looked after children are inadequate overall. The core provision is deficient in a number of respects although there is also some evidence of imaginative work to enable the provision of some targeted services. There is a clear service specification agreed by all three PCTs that intends to ensure that looked after children in Birmingham receive consistent healthcare, and a team of eight doctors and 6 nurses and assistants has been established to deliver it. This specification is supported by improved processes for data collection and sharing which have recently been agreed by the child health team and their social care partners. However, there is no overall strategic plan for the health care of looked after children which consistently and effectively identifies and targets necessary improvements. As a consequence health outcomes are poor in certain respects. The levels of annual health needs assessments and dental examinations of looked after children at 68 and 69% respectively are below the national averages. Similarly poor practice means that only 42% of looked after children have had a developmental assessment and only 51% have up to date immunisations.

55. Although all initial medical assessments are effectively carried out by community paediatricians, the subsequent health care pathway for each child is not performance managed to ensure that individual and service-wide health outcomes are achieved. The pathway has also not been updated to reflect latest statutory guidance. The arrangements for medical assessments and the provision of CAMHS for out of area placements of looked after children are also inadequate. The lack of appropriate service specification set out in contracts

with providers means that the quality of service received by children and young people placed out of area is variable.

56. For those looked after children placed within the Birmingham area, effective health promotion activity is carried out by the nurses during health assessment reviews. This includes advice on healthy lifestyle choices which is highly regarded by children and young people and is having a positive impact on their well-being. Access to counselling services is available through CAMHS and the recent appointment of an additional dedicated CAMHS nurse has increased the capacity of the dedicated health care service for looked after children. However, the availability of health care support for care leavers is insufficient to meet their needs. A number of different voluntary groups including Open Door, Space and Malachite are used by looked after children and care leavers and provide effective support for their emotional well-being.

57. Cultural and diversity issues are addressed well as part of everyday practice within the looked after children's health team. For example, effective signposting to support groups helps ensure the varying needs of individual children and young people are met.

58. Partnership working is well demonstrated through health representation on the 'Up for It' initiative run by Birmingham City Council which, among a wide range of activities, targets healthy living and emotional well-being. There is some early evidence that this initiative has improved stability of placements, school attendance and improvements to the well-being and emotional health of the looked after children involved in the programme. This initiative has been nominated for a national award.

### **Staying Safe.**

59. Looked after children are adequately safeguarded. Placements are more stable than those for children in similar authorities and a range of supportive services are in place to prevent breakdown. An example of this is the specialist scheme that works with foster carers when placement disruption is identified as a risk. In addition, staff and foster carers receive adequate support and can access well received training provided by the BSCB.

60. Effective action is taken to trace and recover missing looked after children and at the time of the inspection there were only three out of a total child in care population of 2012. When children are returned they are seen by the police who undertake safe and well interviews. An innovative service, the Looked After Missing Persons (LAMP) project, is available to children and young people who go missing from Birmingham's own children's homes. However, the effectiveness of this valuable service is undermined by its limited capacity to work with the young people concerned. Excessive delays in providing services reduce its effectiveness although when the service is able to respond it has a positive impact.

61. All looked after children and young people interviewed by inspectors report feeling safe in their placements and at school and this is reinforced by survey findings. Care plans have a specific focus on safeguarding and reviews ensure that suitable arrangements are in place. All are allocated to an experienced worker. Although some case holders are not qualified social workers their work, which is valued by children and foster carers, is overseen by suitably qualified and experienced colleagues. Council-run services are all judged as having good safeguarding practices and there are no children placed in services where safeguarding has been judged by Ofsted as inadequate.

### **Enjoying and achieving.**

62. The outcomes for services which support looked after children and young people to enjoy and achieve are good. The partnership working between schools and the looked after children education service (LACES) is effective in driving up educational standards. Looked after children and care leavers spoke positively about the support provided to them by schools and LACES.

63. The consistent relationship between schools and outreach workers from LACES is appreciated by schools and is effective in meeting the needs of young people and schools. This includes monitoring of young people educated outside of Birmingham. The trend of improvement in looked after children's educational attainment at Key Stage 2 shows steady improvement with the results in 2009 in mathematics and science above those of similar areas and national figures. Results for English were broadly in line with statistical comparators and the national average. This improving picture is similar for looked after Year 11 students. The latest results show that the proportion of looked after students gaining five or more GCSEs at grades A\*-C are above similar authorities and the national average.

64. Particular support within the LACES framework is the short stay school-based on two sites; one with a focus on supporting Year 11 students and the other with Year 7 to 11 students with the aim of them returning to mainstream school. This provision enables tailored support to be available to looked after children who have particular challenges in their lives. The inclusion within LACES of dedicated educational psychologists enhances support for individuals.

65. LACES management information systems provide adequate data to measure the attainment of looked after children but have only recently begun a pilot project to measure the progress made over time by the cohort of Year 10 students. The service has the capacity to develop and expand this to all looked after children and this will provide important evidence of the progress made by individuals and groups. Headteachers are clear about the importance of monitoring closely the progress made by this group and providing intervention strategies when underachievement is detected.

66. Students' personal education plans have been reviewed recently with young people providing their views on format and content. These new plan formats are appropriate for each age group and attractive for the young people to use although some schools note that they are not always kept up to date.

67. Attendance rates for looked after children have steadily improved over time and remain broadly in line with that of all children and young people in local authority schools. Generally, schools are well aware of the importance of thorough monitoring of looked after children's attendance and education social workers are effective in supporting this endeavour. Exclusion rates have fallen significantly over time. During the 2008/09 school year only one looked after child was permanently excluded from school. The figures for fixed term exclusions for the latest reporting year show that the proportion of looked after children excluded was lower than the local authority average.

68. Looked after children have good opportunities to develop their interests and skills outside school. Through the 'My Choices' programme, looked after children are funded for a high proportion of the places on holiday play schemes operated through the extended schools clusters. The personal education allowances are used effectively to develop looked after children's skills, interests and abilities across a range of sporting, cultural, learning and vocational activities.

### **Making a positive contribution**

69. Opportunities for looked after children and young people to make a positive contribution are good. Looked after children contribute to the design and review of services and the developing, ambitious and well-run children in care council is providing an effective vehicle for assuring that the voices of looked after children are heard and responded to. This has been instrumental in working with the council in developing *The Pledge*, the charter setting out the council's commitment to looked after children and young people. It is currently developing this work further to ensure that all young people can be helped to understand its significance and meaning. The children in care council is also producing a summary of the findings of serious case reviews for looked after children. These measures are directly contributing to the view held by most children and young people in the care system that they feel valued and included by the council. This sense of belonging is reflected in the increased figure of 91% of looked after children contributing to their reviews, an improvement assisted by the user friendly questionnaire which helps children and young people formulate their contribution and is proving to be effective.

70. Good partnership working with LACES, leisure, integrated youth, library and voluntary sector, and extended schools services has successfully widened the participation of looked after children in out of school educational, leisure and cultural events. Looked after children have also directly influenced the redesign of the housing points system to ensure timely processes governing the



allocation of suitable accommodation. Consequently, the percentage of care leavers living in suitable accommodation has risen over each of the last two years from a low of 79.7% to 94% currently.

71. All looked after children and young people are able to use the advocacy service and were positive about their experiences. These services were ethnically and culturally sensitive and children and young people were able to access support from specialist advocates when necessary. Looked after children and care leavers were very aware of the complaints procedure and the annual complaints report shows that in general the responses to complaints were timely and appropriate.

### **Achieving Economic well-being.**

72. The impact of partnership working to support and improve care leavers economic well-being is adequate. Most care leavers have multi-disciplinary pathway plans. However, the quality of the plans and the rigour of the review process are inconsistent. In contrast, transition planning for care leavers with complex needs has undergone significant development over the last three years and partners spoke enthusiastically about the impact in terms of the increased and timely opportunities for young people. Earlier involvement by adult services at the age of 14 and then at 17 supports a very smooth transition to adult services with effective personalised planning.

73. Care leavers are encouraged to progress to higher education and currently there are 57 undertaking under graduate and post graduate study at universities. However, the proportion of care leavers aged nineteen in education, training and employment remains at 45% against a national average of 53%. Leisure activity for care leavers is a priority for the council and there is free access to facilities, such as the swimming pools and gymnasiums. A low number of looked after young people (5) became first time entrants to the youth justice system.

### **The quality of provision**

### **Grade 3 (Adequate)**

74. The service responsiveness for looked after children is adequate. However, the number of looked after children at 2020 in June 2012 (reduced from 2198 in August 2009) remains significantly in excess of comparators and too many children are placed outside of the area. However, for those children who do need the protection of the care system, the current average time of 63 weeks to complete court proceedings is too long, particularly for babies and very young children. The changing needs of looked after children are generally understood and services are refocused or re-provisioned in response. An example of this is the creation of a residential service to focus on troubled

young people using reparation as a means of helping them modify their behaviours.

75. In response to comparatively high numbers of children's homes judged unsatisfactory by Ofsted, an effective strategy was put in place to improve their quality and fitness for purpose. Two have been closed and all the others improved to a point where 85% are now judged good or outstanding and none inadequate. The fostering and adoption services have both been judged as good in their respective inspections but the last inspection of private fostering in 2007 found the service to be inadequate. Recent evidence demonstrates that although some improvement has been made, management and practice concerns continue in relation to the identification of privately fostered children, and in achieving consistent levels of compliance with statutory visiting and review frequencies.

76. The new and adequate commissioning process has led to more effective purchasing of provision, both within and outside the area. Resources are known and effectively managed to ensure the majority of children's needs are met within existing provision. Partners provide looked after children with targeted services, offering leisure, and other support services. Care leavers are now receiving improved housing services as a demonstrable result of work undertaken by council officers and the children in care council to improve the 'points system' used for the allocation of accommodation.

77. Assessments and direct work with looked after children are adequate. Although assessments are variable in quality, they usually include the views of children and their parents. The advocacy service is understood and used by looked after children to effectively represent their needs. They are aware also of the complaints process that is fit for purpose. Families whose children are on the edge of care are increasingly the focus of intense work to reduce the need for 'in care' solutions. Some intensive preventative work is undertaken and developing services provided under the 'Brighter Futures' umbrella, such as the Triple P Parenting scheme are increasingly available but full 'roll out' is awaiting evaluations of their effectiveness. It is too early to see the impact of these services and the absence of an implemented family support strategy limits options to intervene with families.

78. The multi-agency accommodation panel which ensures consistent decision making for children on the edge of care has been welcomed by social workers and managers as a means of matching resources to needs, a process that is having a positive impact on the stability of placements. However the quality of some presentations to the panel is poor and some decisions appear to be too optimistic with insufficient attention being given to case history. When it is appropriate to do so, attempts are made to place children with wider family and friends. A specialist service provides assessment and support to the families concerned. Increasingly children and young people are being re-united with their families. When done well, this work is having a sustained impact although

too many children are living at home under a care order for some considerable time after the child has been returned to the family home.

79. Arrangements for planning, case review and recording are adequate overall. Looked after children and care leavers have up to date care plans and personal education plans which are regularly reviewed. However, the implementation of care plans is inconsistent in some cases with the result that cases drift. Ineffective and inconsistent management oversight and supervision fail to tackle the root causes, although there is some evidence that independent reviewing officers bring shortcomings to the attention of managers using the Red, Amber, Green (RAG) rating system. The timeliness of reviews of looked after children is improving but remains below statistical neighbours at 84%. Work is underway to further improve timeliness and to align different processes such as provision for special educational needs and looked after children reviews in order to minimise the number of meetings a child in care experiences in any one year. However, it is too early to assess sustained impact of this measure.

80. All looked after children are allocated to an experienced, although not necessarily qualified social worker, in which case their work is overseen by a suitable qualified and experienced colleague to assure its quality and suitability. Social work and other case files held by school and health professionals are mainly up to date and legible. However, in social work files, ethnicity is not always recorded accurately. The health contribution to the health care plans is inconsistent; some of the case records audited as part of this inspection showed drift in terms of contacts and apparent lack of partnership working, while others were robust and demonstrated a collaborative approach. The health audit tool used for this process was not applied consistently and was process rather than outcome focused.

## **Leadership and management**

## **Grade 3 (Adequate)**

81. The developing children's trust arrangements that are exercised through the Children and Young People's Strategic Partnership are providing an adequate platform upon which ambition and priorities can be determined and services will continue to be built. The Trust's Executive Board is enabling authoritative and consistent decisions to be made about the priorities of contributing services thus establishing the 'golden thread' from top management to ground floor operations.

82. Following a number of highly critical Ofsted reports and the publication of a far reaching Scrutiny Review of children's social care, resource deficits, particularly in children's residential care have been understood and addressed to good effect. Commissioning has recently improved to increase choice of placements for looked after children and young people and although there are still too few foster care placements available, a well resourced recruitment campaign is underway. Needs are understood and services have adapted

accordingly but overall there are currently too many children in care and living at home subject to care orders. Leadership towards achieving the key objectives for the service is clearer although corporate parenting is being re-developed to enable members to understand fully and to exercise their responsibilities, including their key role in holding the Children's Trust to account for the outcomes of looked after children. However, long-term challenges in relation to private fostering remain. Little progress has been made since the 2007 Ofsted inspection in identifying privately fostered children and in achieving consistent visiting and review frequencies in accordance with statutory requirements.

83. Evaluation, including performance management, quality assurance and workforce development, is adequate. Appropriate attention at strategic or managerial levels has ensured that in general the impact of services on looked after children and young people is understood. There is a lack of systematic quality assurance across the partnership, most particularly in the looked after children health care service where there is poor performance in relation to the core functions of providing annual health, developmental and dental checks and in the maintenance of immunisation records. However, elsewhere, for example in the looked after children's education service and in parts of the health services for looked after children, good levels of monitoring and evaluation ensure that progress is monitored. In addition, the independent audit of the case of each looked after child and young person undertaken in response to the Scrutiny Review Report enabled a clear understanding to be formed about areas for priority action which have largely been tackled. However, insufficient attention has been afforded to developing measures to enable authoritative overviews to be formed about quality as well as the volume of services provided. Workforce planning intended to equip the residential and family support workforce with the practice and managerial skills, is proceeding to enable staff to be developed to respond to changing requirements. However, practices in relation to safe recruitment are inconsistent and potentially provide a significant risk to children and young people.

84. User engagement with looked after children is good. Looked after children and young people feel very engaged by the council and welcome the many opportunities to contribute to and affect service development and review as well as contributing to their own case plans. The council and its partners have been active in supporting work which has enabled children and young people to have their voices heard irrespective of age, ability, race or culture. The children in care council is proving to be an effective force in ensuring that the voice of looked after children and young person is heard. Importantly, it is now engaged in innovative work to ensure that the outcomes of serious case reviews are conveyed to all looked after children and young people.

85. Partnerships are good, with good examples of multi-agency frontline working to improve outcomes for looked after children. For example, well established partnership working between social workers, LACES, foster carers and residential care staff results in the effective co-ordination of services to

looked after children and improved outcomes for them. Good inter-agency partnership working has enabled access to a range of leisure and voluntary services which have contributed to good outcomes in relation to diverting looked after young people from offending behaviour as well as positively affecting their emotional and physical well-being. Evidence from Ofsted regulatory inspections of the fostering service and the children's homes describes developing and established partnerships which provide a wide range of services to support young people such as drug advisory and sexual health services.

86. The promotion of equality and diversity for looked after children and young people is adequate overall with evidence of variable practice. There is clear evidence that in most individual cases ethnic, cultural, linguistic and religious background of the child or young person is taken into account and positively influences assessment and case planning. Conversely, there are some other cases in which important details about ethnicity, language or religion are either incorrectly recorded, contradicted on the case file or missing from the record and although the partnership is committed to providing interpreters they are not always accessible when required.

87. Service-wide developments demonstrated good evidence of imaginative approaches, for example, the sensitive targeting of sexual health services to some looked after ethnic groups, working with community elders to ensure that vulnerable young people can be reached and using international best practice to target specific services. Good work is undertaken to meet the individual needs of looked after children with special educational needs and/or disabilities. For example, professionals skilled in communication are deployed to ensure that that they are fully able to participate.

88. Value for money is adequate. Although the proportion of looked after children and young people is considerably higher than that found nationally, it is decreasing without significant impact upon placement stability. However, this progress is at risk unless the service quality problems which are very evident in safeguarding and child protection services are addressed robustly. Considerable work has been undertaken to ensure that the costs of residential and foster care are known and improved tendering and contracting arrangements have produced savings in excess of £1.4m. However, too many children remain placed outside of the Birmingham area and insufficient rigour is applied to discharging care orders when children are returned to live at home with their families on a permanent basis. Looked after children's educational outcomes are mostly better than that found for similar children nationally and the low rate of entrants to the criminal justice system illustrates good outcomes in response to managed investment in targeted services.

## Record of main findings: Birmingham

<b>Safeguarding services</b>	
Overall effectiveness	Inadequate
Capacity for improvement	Inadequate
<b>Outcomes for children and young people</b>	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
<b>Quality of provision</b>	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
<b>Leadership and management</b>	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Inadequate
Equality and diversity	Adequate
Value for money	Adequate

<b>Services for looked after children</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>Outcomes for looked after children and care leavers</b>	
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution	Good
Economic well-being	Adequate
<b>Quality of provision</b>	
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Adequate
<b>Leadership and management</b>	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Good
Equality and diversity	Adequate
Value for money	Adequate