



# SELF EVALUATION

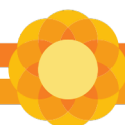
2025 - 2026



BIRMINGHAM  
CHILDREN'S TRUST

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# FOREWORD

**James Thomas, Chief Executive**

**Birmingham Children's Trust**

At Birmingham Children's Trust, we are all passionate about our mission to ensure that the needs of children and families are met at the earliest opportunity; that we protect children from abuse, neglect and exploitation; and that we provide the love and care for our children in care and care experienced young people which enables them to thrive.

Our primary focus is upon the core of our work to assess need and provide support through clear plans which are reviewed with rigour. We have strengthened our Quality Assurance framework significantly in the past 3 years and the triangle of intelligence from our data, our auditing and case reviews, and the feedback from children and families tells us that we have broadly maintained our standards since our last full inspection in 2023.

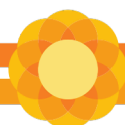
We have worked hard on deepening our culture of continual improvement; our relational approach rooted in our practice framework Connections Count; our explicit focus upon Equality, Diversity and Inclusion; and our role as leaders and partners in effective multi-agency working. And we have strengthened our approach to that continual improvement with more structure and rigour in our leadership and management.

The national reform programme for children's social care is a once in a generation opportunity to achieve whole system change, and we welcome the alignment of national and local policy priorities that the Families First Partnership Programme affords. Our own analysis has evidenced the opportunity to meet the needs of children at an earlier stage throughout our system, we have successfully expanded our use of Family Group Conferences and piloted our model of Family Help, which is now rolled out in our district model of Trust and partnership working. Given Birmingham's size, the scale of our change programme is correspondingly very large, and we know that it will take time to embed and refine these changes across all of our teams. We are patiently working through a phased set of changes in a three-year programme of work summarised as:

- 2025 Family Help implemented with the integration of Child in Need and Family Support
- 2026 Family Help consolidation of new ways of working and expansion of multi-disciplinary roles
- 2027 Multi-Agency Child Protection Teams to be implemented

Our workforce remains our most precious resource and we have done much to strengthen the ways we engage the whole team across the organisation and to focus upon staff wellbeing, and we are proud of the extremely positive results in our all staff Your Voice survey over the past two years. However, recruiting at the scale required in Birmingham for sufficient staff remains a challenge for some roles, just as sufficiency of the right homes for our children in care is also a continuing challenge.

Finally we continue to seek ways to innovate and enhance the core of our work with new initiatives such as our Harm Outside the Home pathway or a new approach to Corporate Grandparenting; learning from others such as through the regular use of peer reviews including recently on our front door and our approach to neglect; and expanding the ways in which we engage directly with the children and parents who are experts by experience such as through our increased deployment of care experienced apprentices and collaboration with the parents on our Family Advisory Board.



# BIRMINGHAM: OUR CITY

Our City Council is Europe's largest local authority, serving...

**1.14m**  
people!



Birmingham is a young and super-diverse city, with 44% of the population under 30 years old, a median age of 34 years.

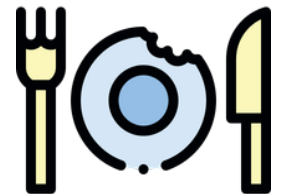
**51%**

of the population are from Black, Asian or other minority ethnic groups.



We have 187 different nationalities living in Birmingham, speaking 90 main languages other than English.

Birmingham faces challenges around poverty, ranked the 8<sup>th</sup> most deprived local authority.



41.7% of Birmingham's population live in income deprived households, the highest proportion in the country.

47% Birmingham's pupils are entitled to free school meals, and 23% households live in social-rented housing



We are home to five universities, with two ranked in the top 400 of the QS World University rankings.

Birmingham also has 444 schools, with 91% rated as 'Good' or 'Outstanding' by Ofsted



# OUR CITY AND OUR TRUST

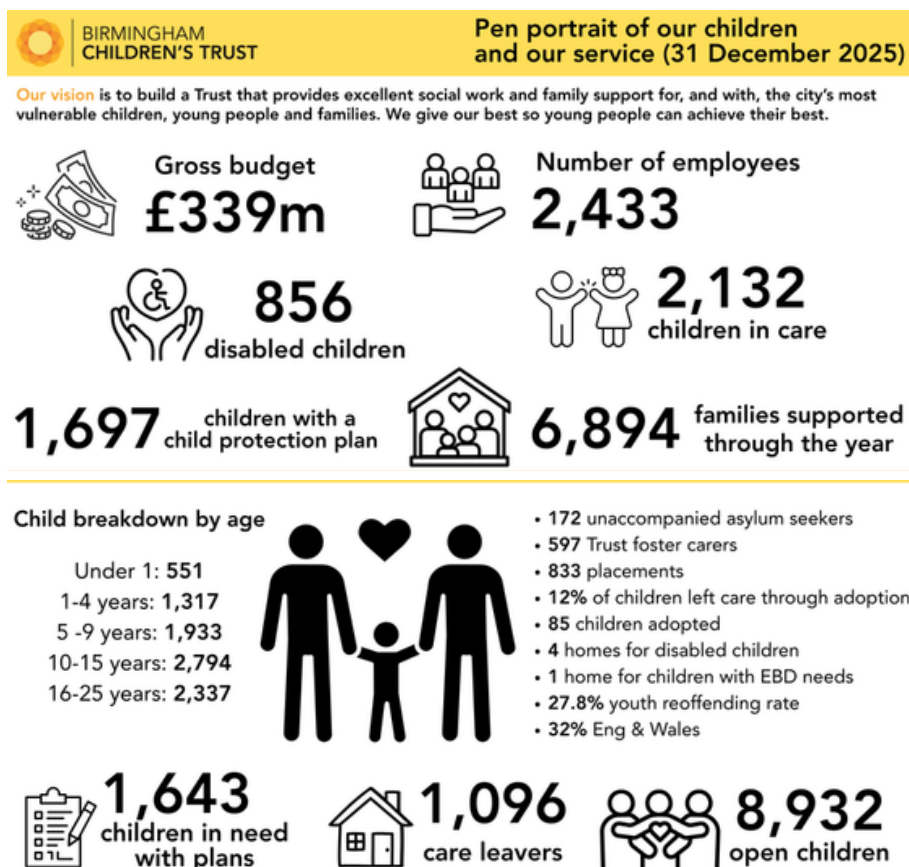
## Context of the City and Levels of Need

Birmingham is a large, diverse and complex city with major cultural and economic strengths, but also deep and long-standing inequalities. It is the third most deprived core city in England, with high levels of poverty, unemployment and poor health shaping daily life for many children and families. The legacy of the pandemic and cost-of-living crisis have intensified these pressures, driving higher demand and greater complexity across all agencies. This context frames the Trust's work and the scale of need we respond to.

## Governance and Accountability

Since 2018, Birmingham City Council has chosen to deliver its statutory children's social care responsibilities through Birmingham Children's Trust, an arrangement that has enabled improvement to progress at a faster pace than within the Council as a whole. The Council demonstrated its confidence in this delivery model by renewing the Trust's contract for a further ten years in 2023. The Trust is operationally independent but fully accountable to the Council. The Executive Team leads day-to-day delivery, while the Trust Board provides robust strategic oversight, scrutiny and assurance. The Board brings strong expertise across children's services, finance and organisational leadership, enabling effective challenge and support.

Governance arrangements are clearly defined through the Articles of Association, scheme of delegation and Service Delivery Contract, underpinned by a mature and well-established rhythm of operational, financial and strategic accountability. The Council maintains strong and active engagement, including through corporate parenting arrangements, regular member briefings and close oversight of performance and improvement priorities.



# SECTION 1: THE IMPACT OF LEADERS ON SOCIAL WORK PRACTICE

## OUR PRACTICE FRAMEWORK: CONNECTIONS COUNT

We have continued to deepen the embedding of Connections Count as our practice framework since 2023 with its core foundations of practice that is relationship based, trauma informed and developmentally sensitive.

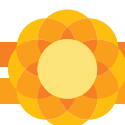


The Trust's practice framework, Connections Count, underpins how practice is delivered across the organisation. It places relationships at the centre of effective social work, supporting positive outcomes for children, particularly those who have experienced trauma. The framework provides a shared understanding of values, behaviours and expectations, ensuring consistency in practice across services and with partners. All staff have been trained in the model, supported by targeted learning and practice tools that strengthen its application. The Trust's quality assurance framework is explicitly aligned to Connections Count, providing clear lines of sight between practice, assurance and workforce development.

Since the 2023 inspection, the Trust has strengthened and embedded its relational practice approach, with clear evidence of sustained progress over time. Practice discussions, recording and decision-making increasingly reflect a consistent focus on relationships, with children's views actively sought, listened to and used to inform purposeful planning. This improvement journey was reinforced through external scrutiny, including the September 2024 Focused Visit, where Ofsted found the relational practice model to be evident in both practice discussions and case recording, noting that children's views meaningfully inform decision-making.

Leaders recognise that further work is required to secure full consistency across all services and case types; however, the Connections Count framework is now firmly established as a whole system approach. It underpins frontline practice, leadership oversight and continuous improvement, providing a stable and coherent foundation for sustained progress. This has strengthened professional confidence, supported reflective practice and contributed to clearer impact for children and families as the Trust continues its improvement journey.

Click on this link for more information: [Connections Count \[LINK WON'T WORK FOR OFSTED FOLLOW UP\]](#)



# OUR VISION, VALUES, AND STRATEGIC OBJECTIVES

The Trust has reset its five-year strategic objectives with a clear and consistent focus on improving outcomes for children and families. Progress is tracked through a defined basket of outcome-focused indicators, supported by performance data, quality assurance activity and direct feedback from children and families.

## BETTER OUTCOMES



Meeting children's needs through earlier support



Improving the outcomes for children in care and care leavers



Improved care planning and reducing drift and delay



Enabling more children to be cared for in their family networks



Improved support for children in the youth justice system and experiencing harm outside the home



More foster carers recruited

## ENABLERS



Equality, Diversity and Wellbeing Plans



Recruitment and Retention



Participation and Co-production



Strengthened partnership working



Delivering the system conditions for 'Connections Count'

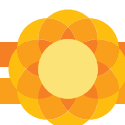


Deepening our quality assurance and learning culture

- Current evidence demonstrates emerging positive impact, particularly in earlier intervention and improved outcomes for children in care and care leavers. While progress in reducing risk and increasing care within family networks is evident, leaders recognise that impact is not yet consistent or fully embedded. Leaders are confident in the strategic direction of travel, underpinned by sustained external assurance from the Council, government-appointed Commissioners and Ofsted.
- Practice across the Trust is grounded in the Connections Count vision, with a strong emphasis on relational, values-led and collaborative working with children, families and the workforce. Compassion, dignity and respect are central to practice. The Trust is strengthening early help and family support, improving responses to neglect, abuse and exploitation, enhancing care planning and permanence, increasing family-based care and improving outcomes for children in care and care leavers. Participation and co-production are increasingly embedded, ensuring that the voices of children and families influence service design and delivery. A culture of high support and high challenge supports reflective practice, learning and continuous improvement.



- We aim to embed a focus upon Equity, Equality, Diversity and Inclusion throughout our work so that we identify disproportionality where it exists and so that we are proactive in considering children's identity and the ways in which children and family may be discriminated against and disadvantaged.
- Leaders are clear where further progress is needed and provide strong oversight through the Equalities Executive Board, ensuring challenge and accountability. This commitment shapes strategic decisions and everyday practice with children, families and the workforce.
- Children and families are increasingly benefiting from earlier, more effective support that helps prevent escalation. Risks are being identified and addressed more promptly, reducing children's exposure to harm. More children are being supported to remain safely within their family networks, strengthening stability, identity and belonging. For children in care and care leavers, there is an improving focus on permanence, stability and opportunity, supporting better preparation for adulthood and improved life chances
- Commitment to further improvement: Leaders are clear that further acceleration is required to ensure improvements in reducing risk and increasing family-based care are consistent, sustained and equitable. The Trust will continue to refine outcome measures, strengthen consistency in practice, and deepen learning from quality assurance and lived experience to secure demonstrable improvement across all four core outcomes for children.



# TRUST 2026 TRANSFORMATION PROGRAMME

**Trust 2026 is a transformation programme building on the foundations of Trust 2025. Its impact is evidenced through system performance, QA intelligence and feedback from pilots and implementation activity.**

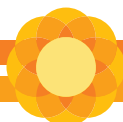


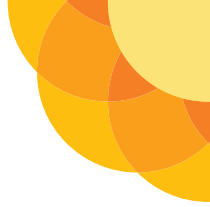
## What do we know?

- The extensive analysis carried out through Trust 25 identified clear opportunities to support children and families earlier at all points in the child's journey through our system, to reduce escalation and improve outcomes through whole-system change. We have successfully made the case to the Council to protect and then increase resourcing to our frontline services whilst contributing to the Council's necessary savings plans through reduced care costs.
- The Family Help pilot (Hodge Hill) showed lower progression to child protection and care compared with the rest of the city. Feedback from families and staff confirmed improved relationships, clearer support and better experiences. QA activity, including threshold testing, audit and feedback loops, confirmed that earlier, proportionate intervention reduced unnecessary statutory escalation while maintaining safeguarding assurance. Workforce and system intelligence indicates that caseloads remain higher than desired, reinforcing the need for continued system shift toward earlier help to enable meaningful, relational practice aligned to Connections Count.

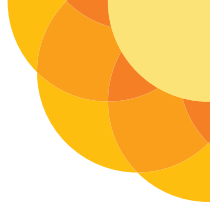
## What are we doing to improve?

- Embedding Families First for Children (FFP) principles through the citywide roll-out of the Family Help district model completed in December 2025, aligned to national reform expectations.
- Delivering the next phase of transformation through Trust 26, with strengthened governance via a monthly Programme Board and clear programme leadership, including dedicated leads for MACPT and Birmingham Families First.
- Using test-and-learn and discovery methodologies to design future phases of reform, including co-production, Corporate Grandparenting and ethical use of AI.
- Progressing a detailed delivery plan for MACPT, aligned to DfE timescales, ensuring thresholds, pathways and decision-making are proportionate and evidence-based.
- Strengthening system conditions for practice through EEDI principles, improved supervision models, and consistent application of Connections Count across services.





# MULTI-AGENCY LEADERSHIP



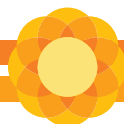
All of our children's experiences and outcomes are dependent upon effective Multi-Agency working and so this will always be a priority for us. We pay attention to this at all three levels of our work: the assessment, planning and review for individual children and families; service specific delivery and improvement; and whole system joined up governance.

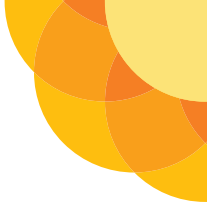
## What do we know?

- Multi-agency working across Birmingham Children's Trust and Birmingham City Council is well established and remains a sustained strength. Governance is clear, with shared accountability strengthened and aligned to ILACS expectations on whole-system working. Effective arrangements operate across safeguarding, early help, corporate parenting, community safety and SEND, with continued political and corporate prioritisation of children despite financial pressures. The Birmingham Families First programme provides a shared operating model that improves consistency and coordination.
- The Birmingham Families First programme is a really exciting opportunity to develop a shared district operating model, strengthening consistency and coordination across services. The Safeguarding Children Partnership provides effective oversight, challenge and learning, with multi agency audits and thematic reviews increasingly driving shared standards and improvement. The Right Help Right Time framework supports shared thresholds and earlier intervention, reducing escalation for some families. Strategy discussions are consistently multi agency, ensuring risks are understood holistically and responses are timely and proportionate.
- Practice evaluations confirm effective multi agency collaboration in most children's cases, particularly for child protection and children in care. Established arrangements including MASH, MARAC, MAPPA, Operation Encompass, Early Help panels, PLO forums and Family Help structures are routinely used to share information, manage risk and coordinate responses. Quality assurance shows that children's voices are increasingly visible in multi-agency assessments and plans, with stronger alignment of professional input around children's lived experience. Multi agency forums are well attended and purposeful, resulting in coherent and outcome focused plans.

## What are we doing to improve?

- Strong shared grip is maintained across the Trust, Council and safeguarding partners through established governance and joint accountability.
- The Birmingham Families First model continues to develop whole-system working, improving consistency in family help, early intervention and step-down, supported by multi-agency audits and shared learning.
- Partnerships prioritise timely information sharing, joint decision-making and coordinated planning for children at risk, with work underway to strengthen joint planning, recording and use of partnership data.





## What difference this makes for children

- Children receive timely, coordinated multi-agency support, improving safety and lived experience.
- Better information sharing leads to more accurate assessments, proportionate responses and clearer plans.
- Earlier help and shared thresholds reduce escalation and support families to access the right help sooner.
- Consistent oversight supports safer, more stable outcomes across early help, child protection, permanence and leaving care.

## Commitment to further improvement

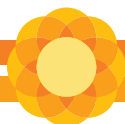
- Further consistency is needed in joint planning, moderation and recording across agencies.
- Partnership data needs strengthening to better evidence impact on children's lived experience and outcomes.
- Continued focus is required to ensure strong practice is experienced consistently by all children across the city.



# SYSTEM LEADERSHIP: BIRMINGHAM SAFEGUARDING CHILDREN PARTNERSHIP

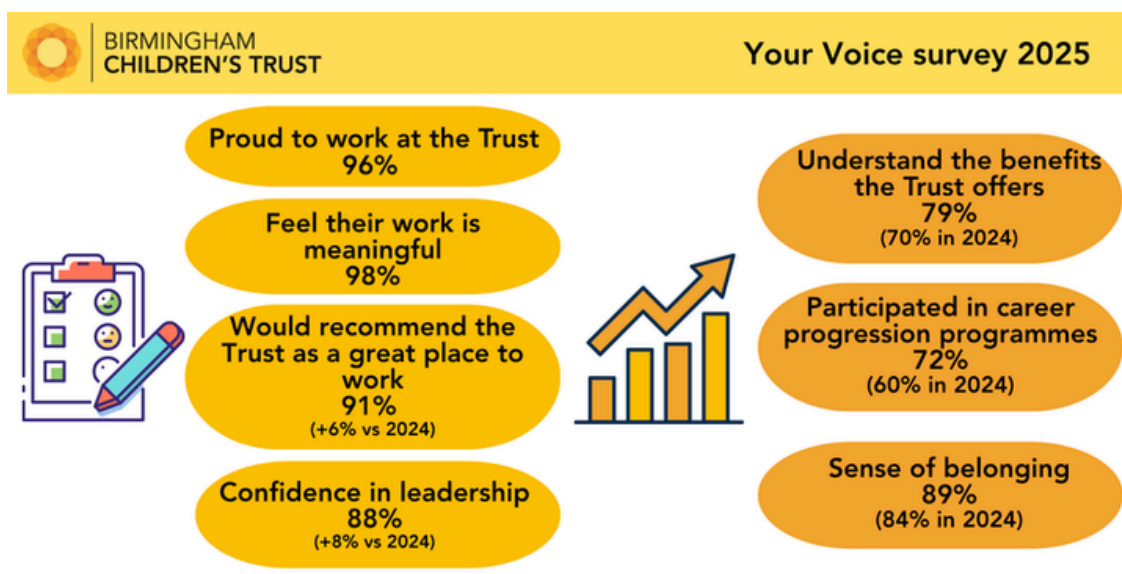
Since achieving GOOD in 2023, the Trust has been able to be a more active leader within the city's strategic partnerships, and multi-agency working is central to the Trust's delivery of effective services to children and families. The Trust's quality and credibility since inspection have enabled it to lead and shape collective priorities, rather than operate in isolation.

- The Trust plays a leading role within the **Birmingham Safeguarding Children Partnership (BSCP)**, the statutory multi-agency safeguarding arrangement established under the Children Act 2004 (as amended). Working alongside the other Lead Safeguarding Partners: Birmingham City Council, West Midlands Police and the NHS Birmingham and Solihull Integrated Care Board, the Trust contributes actively to strategic leadership, shared accountability and the effectiveness of multi-agency safeguarding arrangements, in line with *Working Together to Safeguard Children* statutory guidance. Through this role, the Trust helps set shared priorities, supports appropriate challenge between partners and ensures safeguarding arrangements remain focused on making a tangible difference to children's safety and wellbeing.
- A core function of the Trust's system leadership within BSCP is its contribution to learning, scrutiny and continuous improvement. The Trust plays an active role in undertaking Rapid Reviews and Local Child Safeguarding Practice Reviews where serious incidents occur, ensuring issues are identified swiftly, reviewed rigorously and escalated appropriately. Learning from reviews is translated into practical improvements through BSCP's learning and development framework, audited practice activity and targeted multi-agency training, with a strong emphasis on improving frontline decision-making and safeguarding responses for vulnerable children. The Trust supports BSCP's strategic priorities, currently focused on working together more effectively, strengthening the voice of the child and family, safeguarding children who are out of sight of services, and improving responses to harm outside the home. These priorities are delivered through BSCP's Business Improvement Plan and are informed by learning from reviews, audits and performance assurance activity. The Trust plays a key role in disseminating BSCP learning into operational practice, ensuring that findings from safeguarding reviews directly inform workforce development, policy, guidance and local service improvement.
- The Trust also leads the Birmingham Families First programme, closely aligned with BSCP priorities and national reform. Families First strengthens earlier help, improves multi-agency decision-making and reduces fragmentation through an integrated District Operating Model, supporting prevention, timely intervention and more consistent safeguarding practice across the partnership. Given the scale of reform in Birmingham, delivery is structured through a three-year partnership programme, bringing together the Trust 2026 Programme, the Birmingham Families First Programme, and the Multi-Agency Child Protection Teams Programme, providing a coherent framework for leadership, accountability and learning at scale. Beyond the city, the Trust contributes to West Midlands sector-led improvement, sharing learning from BSCP activity while adopting regional best practice. Together, this approach provides clear assurance of strong system leadership, effective partnership working, and a transparent learning culture that continues to strengthen safeguarding arrangements for Birmingham's children.



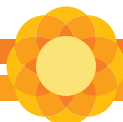
# OUR WORKFORCE

Our workforce is our most precious resource, and we prioritise ensuring that we recruit, retain and develop our staff so that they can deliver effectively for our children and families. Since 2023 we have done more to ensure we engage our staff effectively, including emphasising that everyone's role in the Trust contributes to children's outcomes, and we are proud of the very positive feedback received from our Your Voice surveys in the past two years. Challenges remain in recruiting at the scale necessary in Birmingham as we secure the funding to increase our capacity.



## What do we know? (Data/QA/Feedback)

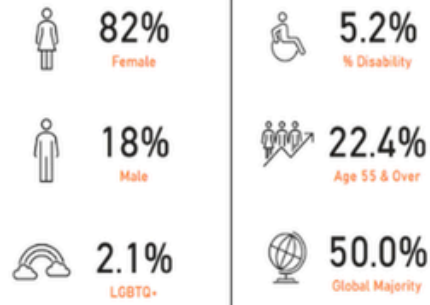
- The Trust employs 2,433 staff and 193 agency workers, with a workforce that broadly reflects the communities it serves. Workforce stability has continued to improve, with turnover at 7.9% and staff numbers increasing from 2,244 to 2,433, supporting greater continuity for children. Social work Agency staff use remain at 20%, and this continues to present a risk to consistency in some services.
- Since the 2023 Ofsted inspection, the Trust has sustained a positive and resilient workforce culture, underpinned by a strong leadership focus on manageable caseloads, staff wellbeing and professional support. Social workers consistently report feeling respected, valued and well supported through regular supervision, reflective practice and accessible leadership, strengthening confidence and contributing to safer and more consistent practice for children and families.
- Workforce oversight is continuing to strengthen. A growing proportion of children's casefiles evidence up-to-date supervision, with average caseloads reducing from 17 to 15. Supervision coverage for children's caseloads stands at 76% in 2025/26, although consistency in worker supervision still varies across services. Staff wellbeing remains a core organisational priority.
- The Your Voice 2025 Survey provides strong assurance of a highly engaged and motivated workforce. Engagement indicators are consistently high, with 96% of staff proud to work at the Trust, 98% reporting their work is meaningful, 91% recommending the Trust as a great place to work, and 88% expressing confidence in leadership. Understanding of benefits and access to career progression have improved year-on-year, alongside a strong and increasing sense of belonging (89%), reinforcing workforce stability and continuity for children and families.



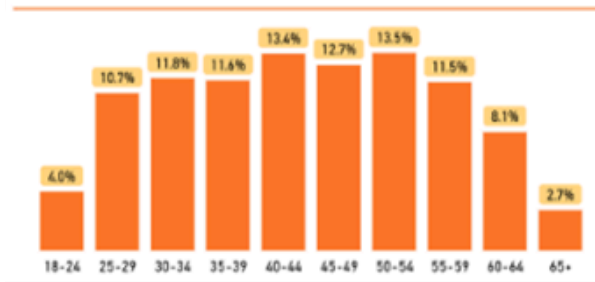
## OUR PEOPLE



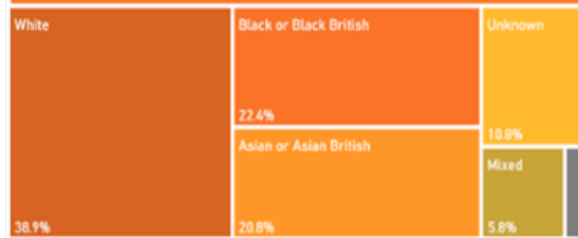
## EQUALITY, DIVERSITY & INCLUSION



## AGE BAND PROFILE



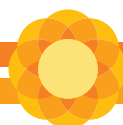
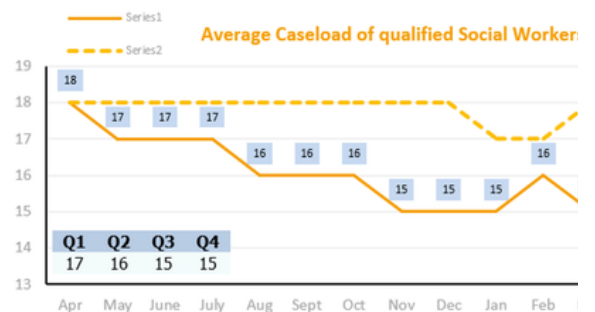
## ETHNICITY BREAKDOWN



## What we are doing to improve

- We have an established rhythm of staff engagement including weekly e-bulletins and shout outs, monthly webinars and annual marketplace events.
- Staff wellbeing has been strengthened through a refreshed Employee Assistance Programme and the introduction of TRiM, providing trauma informed support following critical incidents.
- Leaders are using HR data, QA intelligence and staff feedback to drive targeted action on supervision quality, wellbeing, communication and inclusion, with clear leadership grip on workforce priorities. All these actions support a stable workforce.
- Values based and EEDI recruitment approaches are in place to improve attraction and retention, alongside work to reduce agency reliance and support workforce growth.
- Learning from workforce feedback is being used to improve senior visibility, engagement and communication, with a clear focus on embedding regular, reflective supervision.
- Workforce planning is increasingly aligned to service improvement, with a focus on capacity, stability and multi-agency effectiveness.
- We have increased the numbers of apprentices in the organisation including those with care experience and we are proud of the ways in which they are helping ensure we take a child and young person centric view of the world.

% Childrens casefiles with up-to-date supervision	Q1	Q2	Q3	Q4
	77%	76%	79%	72%

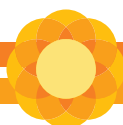




# QUALITY ASSURANCE

We have done a lot to strengthen our Quality Assurance Framework as a critical element of our infrastructure to ensure we have a line of sight to understand our performance and impact, and to ensure that we put our learning into practice to achieve continual improvement. Our QA team has grown in size, allowing us to undertake more Practice Evaluations and Moderations, and we have more rigour in the suite of structured meetings that pulls it all together.

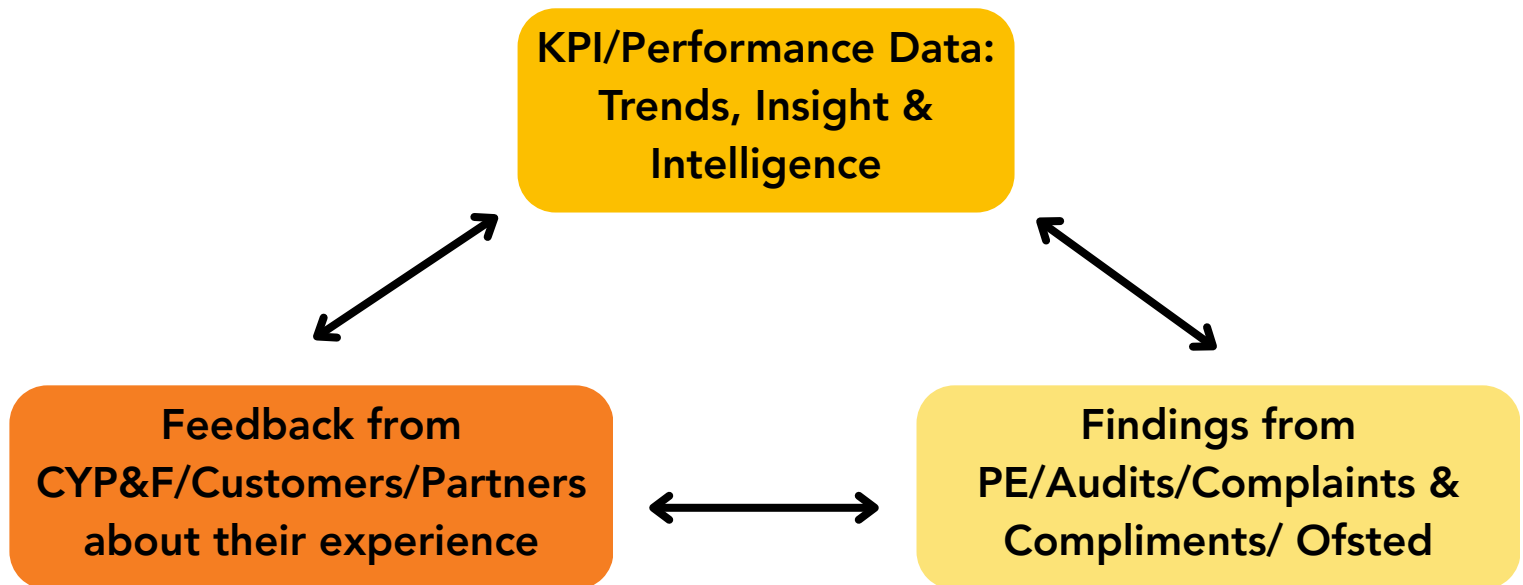
- The Trust's Quality Assurance Framework provides a clear and reliable line of sight from frontline practice to senior leadership and is fully embedded in day-to-day operational activity. A structured and systematic programme (including monthly service-level performance challenge meetings, quarterly citywide PQA review meetings, monthly scorecard reporting, real-time Power BI dashboards, a robust cycle of practice evaluation (PE) and moderation, monthly reporting on the voice of the child, and a monthly improvement board) enables leaders to routinely triangulate performance, practice quality and impact. These arrangements ensure effective oversight of risk, support timely decision-making and provide strong assurance that leaders understand the quality of practice and its impact on children's experiences.
- Clear and established arrangements are in place with partners to commission Rapid Reviews and Child Safeguarding Practice Reviews, with learning from national reviews, case law, peer challenge and external scrutiny systematically analysed and disseminated across the workforce. This supports a culture of reflection, professional curiosity and learning, and ensures improvement activity is informed by both internal and external evidence. Senior leaders maintain direct and purposeful visibility of frontline practice through TLT-led thematic audits and Practice Week activity, enabling them to test the consistency of practice, understand children's lived experience and validate performance intelligence.
- Together, these arrangements ensure that leaders know their service well, identify emerging strengths and risks promptly, and take timely, proportionate action where improvement is required. Strategic decisions are grounded in practice reality, learning is translated into sustained improvement, and there is a clear focus on improving outcomes for children.



# OUR PQA TRIANGLE

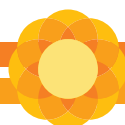
Our PQA Framework is grounded in understanding the lived experience of children and families, supporting practitioners to reflect on their work, and using evidence to improve practice. It brings together three connected and equally important elements:

- a) **Performance and KPI data:** which helps us understand patterns, demand and outcomes over time.
- b) **Feedback:** which ensures the voices and experiences of children, young people, families and partners are heard and acted upon; and
- c) **Practice evaluation:** through audits, reviews and practitioner reflection, to understand the quality and impact of our work.



Three pillars, one purpose: Insight, feedback and audits working together

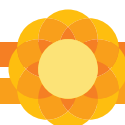
- Our PQA meetings and reports weave these elements together to tell a clear, evidence-based story about practice within the Trust. It shows us how data, feedback and evaluation are used in a joined-up way to strengthen frontline practice, support learning and drive meaningful continuous improvement for children and families.
- This self-sustaining structure enables leaders to target intervention effectively and secure safe, positive support for children and families. A Trust-wide feedback approach is embedded across services, with children's lived experience central to practice evaluation and routine reporting. Consistent feedback questions aligned to the practice model provide coherent evidence base for strategic oversight.
- Children's wishes and feelings increasingly shape assessment, planning and intervention, strengthening responsiveness, accountability and relationship-based practice.
- The voice of the child is routinely considered through team meetings, practice forums, monthly and quarterly PQA meetings and the Trust Improvement Board, where a monthly spotlight provides senior-level scrutiny.
- Quarterly and annual PQA reporting aligned to this framework ensures a consistent, intelligence-led approach to assurance, learning and improvement.



# RIGHTS AND PARTICIPATION: VOICES OF THE CHILDREN SUPPORTED BY THE TRUST

Whilst we have made strides year on year in the effective participation of children, young people and families, we have a strong desire to go further. We have embedded an explicit focus upon the voices of children and families in our Improvement Board and other strategic fora, and we benefit from the commitment of parents who have experienced our child protection system coming together in our Family Advisory Board.

- Participation reflects the diversity of Birmingham’s children, with targeted work ensuring that voices less often heard are influencing both operational practice and strategic decision making. Co production is well established across Trust 2026, corporate parenting, improvement boards and recruitment, with children and families driving change in areas such as housing, placements, education, employment and independence.
- Quality assurance confirms that children’s voices are increasingly visible in evaluation and governance, with feedback evidencing the positive impact of trusted relationships and lived experience on service improvement. Since the 2025 SEF, the Trust has strengthened coproduction through dedicated governance, expanded participation capacity, stronger apprenticeship pathways and increased Board level scrutiny, with feedback now informing business planning and priorities. While participation is strongest in some pathways, continued focus is needed to ensure all children, including those harder to engage, experience consistent influence and inclusion.
- Click on this link to see more about the various ways we engage with our children and young people: [Groups and forums for children and young people | Child's Voice opportunities](#)
- Co-Production: The Trust is committed to embedding coproduction as a long-term cultural shift, with children and young people routinely supported to share their views and influence service delivery. Engagement is well established, though co-design is not yet consistent across all areas and remains a priority for further development. A strong participation infrastructure underpins this work, with Children in Care and Care Leavers shaping decisions through BIAS, the Care Leavers’ Forum, the Children in Care Council, Junior CiCC, Don’t Dis Ability, All for One (LGBTQ+) and the Young Parents Forum. Learning and feedback from these groups feed directly into the Corporate Parenting Board, chaired by the Chief Executive and co chaired with a Lead Member, with representation from Health, Education, the City Council and the Foster Care Association. Young people attend every meeting and take over the Board twice yearly, ensuring lived experience remains central to scrutiny, challenge and decision making.
- Click here to go to our co-production hub: Participation and Co-Production Hub [\[INTRANET LINK\]](#)

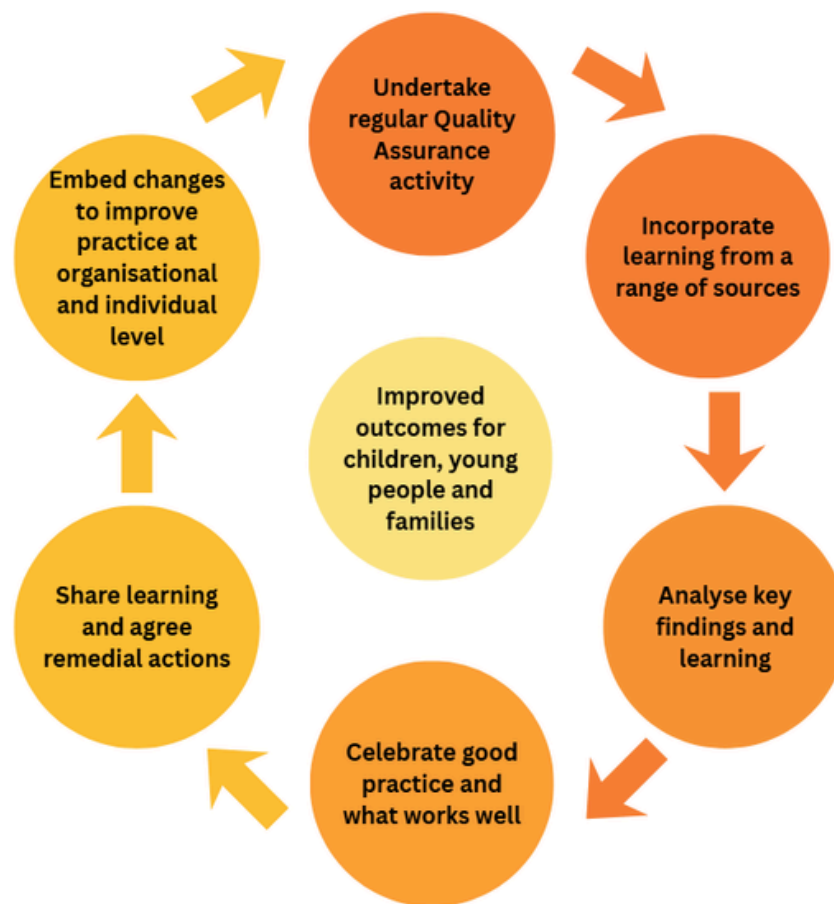


# OUR PQA ARCHITECTURE

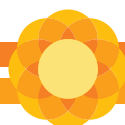
Since the 2023 inspection, the Trust has significantly strengthened its Quality Assurance (QA) architecture, moving from fragmented assurance activity to a coherent, whole-system approach that provides clearer grip, faster learning and more consistent impact for children.

- Central to this is the **Trust Leadership Team (TLT) Improvement Board**, which operates as the **Trust's engine of improvement**, bringing together performance data, practice quality, lived experience and risk intelligence to drive focused challenge, shared accountability and sustained change. This has strengthened leaders' ability to identify risk earlier, intervene decisively and maintain a clear line of sight from practice to outcomes for children and families.

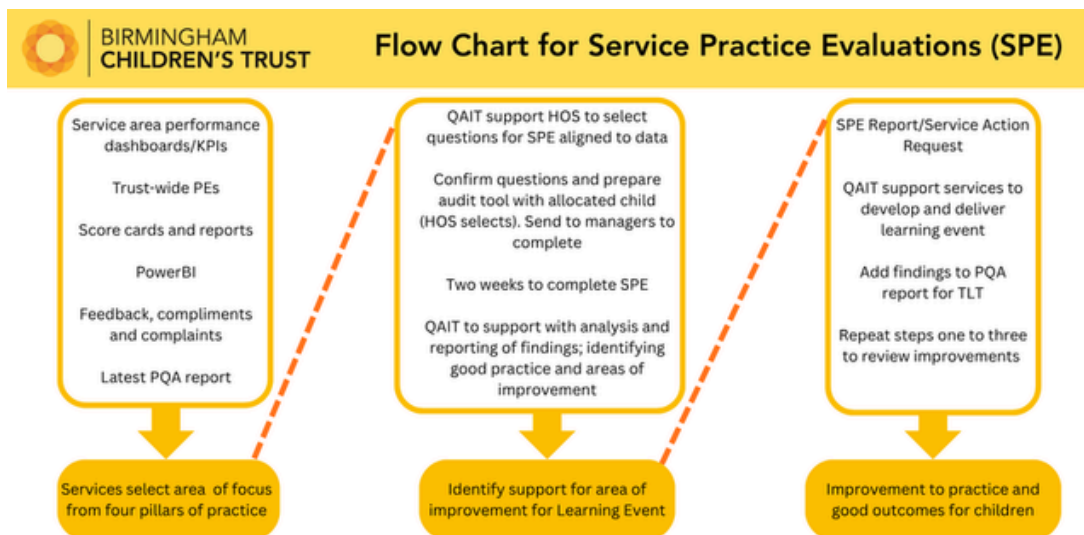
## Quality Assurance Cycle



- Our **Performance and Quality Assurance Meetings (PQAM)** provide consistent operational assurance feeding directly into the Improvement Board.
- Quarterly, citywide PQAMs are supported by strengthened, child-centred PQA report templates that triangulate performance, feedback and practice evaluation. This improve systemwide leadership oversight and strengthened consistency in frontline practice, directly benefiting children through clearer planning, improved timeliness and more responsive intervention.
- The establishment of the **Trust Insight & Intelligence Centre (TIIC)** in November 2025 has been a key step in the Trust's improvement journey. TIIC provides a single centre of excellence for performance, insight, intelligence, and quality assurance, delivering more reliable, timely and integrated intelligence to support decision-making.

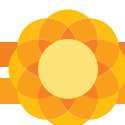


- Alongside this, the **Children’s Data Lake (CDL)**, now in phased development, will (on completion) support strengthened whole journey analysis of children’s experiences and outcomes. Together, these developments will improve data accuracy, consistency and confidence, enabling leaders to better understand demand, risks and impact, and to respond more effectively to safeguard where required.
- Practice assurance has been strengthened through expanded **Practice Evaluations and moderation activity**, led by the Quality Assurance and Improvement Team (QAIT). Capacity and consistency have increased markedly, with a three-fold rise in evaluations and a disciplined quarterly QA cycle now embedded.
- This has improved the reliability of assurance, strengthened reflective practice and ensured learning is translated into tangible improvements in practice. Children benefit from clearer assessments, stronger attention to their lived experience and more purposeful planning.
- The Trust’s **whole system assurance model** deliberately aligns financial, governance, practice and information assurance. Practice assurance sits at the centre, drawing together Practice Evaluations, TLT-led and QAIT-led audits, IRO and LADO oversight, inspection learning and feedback from children and families.
- Information assurance, customer relations and data governance complete the framework, ensuring transparency, integrity and learning from complaints and compliments. Together, this layered approach enables early identification of risk, continuous learning and sustained improvement, with clear oversight through the Improvement Board.



**SPEs will be completed after each Trust-wide PE cycle: April/June/September/January**

- Overall, the Trust’s QA architecture now provides continuous, evidence-led assurance, with strong alignment between performance, practice quality, lived experience and governance. The Improvement Board ensures learning is acted upon, risks are escalated and progress is sustained.
- This has strengthened organisational confidence and consistency, supporting safer practice and improved outcomes for children and families as the Trust continues its improvement journey.



# COMPLAINTS AND COMPLIMENTS

Complaints remain modest for an organisation of this size and complexity, with volumes stable and most resolved at Stage 1, providing assurance that concerns are addressed early and do not escalate into systemic issues.

- Themes are familiar: communication, timeliness, consistency, and decision making, and relate largely to how practice is experienced rather than whether services are provided. Where practice is clear, timely and reliable, complaints are less likely to arise, indicating variability rather than fundamental weaknesses. This picture is balanced by consistently positive feedback, with 76% of families rating their experience as excellent.
- Children and young people most often describe feeling listened to, safe and involved, while parents, carers and partners highlight empathy, professionalism and relationship-based practice.
- Low escalation to Stages 2 and 3 and limited Ombudsman findings further indicates that issues are typically resolved locally and do not reflect systemic concerns. Learning from complaints and compliments is embedded through supervision, team reflection and targeted oversight, reinforcing expectations around communication, recording and follow through.
- While demographic data quality needs strengthening to improve disproportionality analysis, overall feedback shows a stable system with strong relational practice and clear priorities to improve timeliness, consistency and transparency. Overall, children benefit from staff who build trust, communicate clearly and remain focused on their safety, stability and voice. The steady flow of compliments, predominance of Stage 1 resolutions and absence of systemic concerns provide strong assurance and meaningful progress to celebrate.

## LEARNING AND DEVELOPMENT

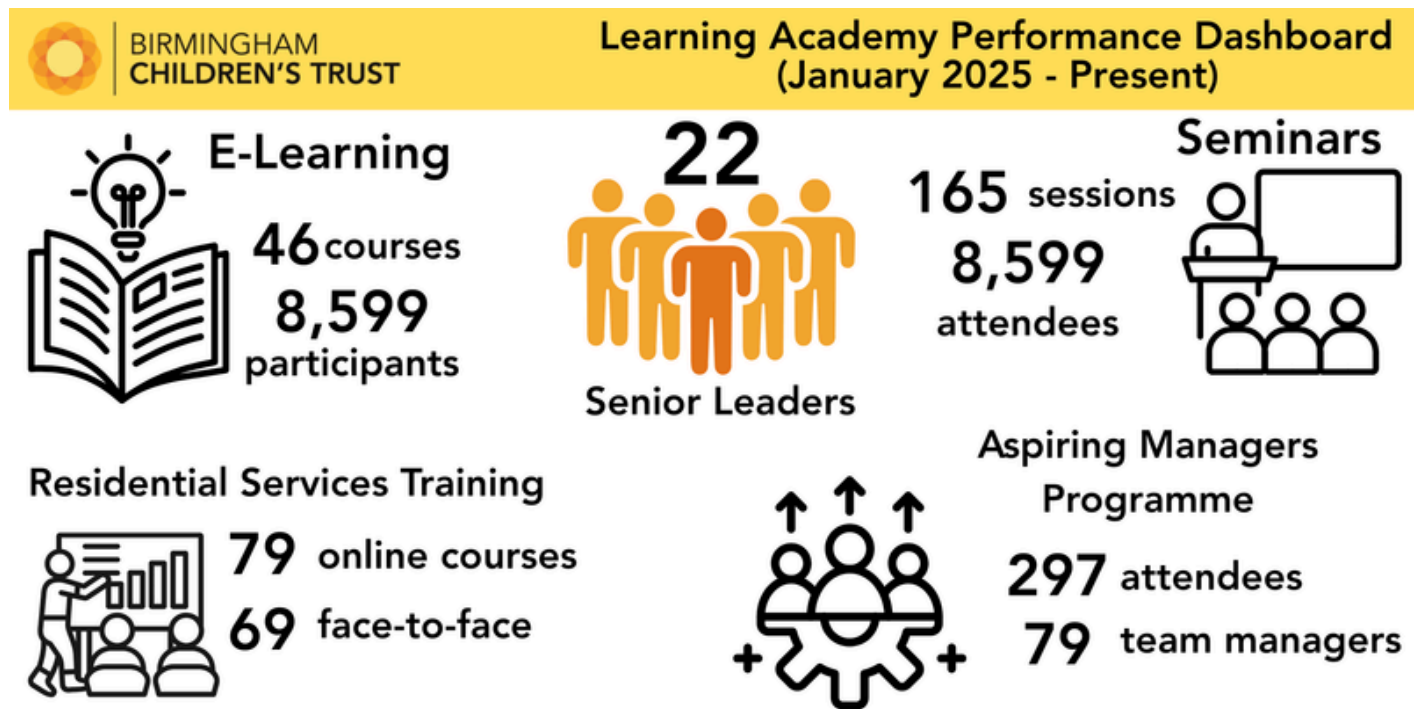
Since 2023 we have developed our successful Academy to support all staff across the Trust and deepened our offer in relation to our practice framework Connections Count. The academy provides structured learning, leadership development and coaching opportunities to staff across the organisation.

### What do we know?

- Workforce data evidences a strong and stable development pipeline, through a range of development opportunities and pathways.
- As an accredited assessment centre we continue to provide coaching level 3 to over 60 participants and 55 staff receiving 121 coaching as part of their development this last year.
- With launch of our own internal AIM high leadership development pathway in 2025 we have 93 staff who have participated in the Aspiring managers programme, 50 team managers completing the Inspirational managers course and 18 heads of service participating in the Managing leaders programme.
- With over 300 social work learners supported annually, including around 80 ASYEs, 12 apprentices, 10–12 Step Up learners, 50–60 students, 40–50 Practice Educator trainees and around 70 active practice educators, we have retention consistently above 70% of social work learners (meaning low dropout rate and choose to stay working in the Trust).

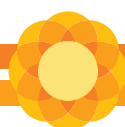


- Since January 2025, learning activity has been extensive, with 46 e-learning courses accessed by 8,599 participants and 165 Trust-wide seminars attended by 1,522 staff. We are strengthening our coproduction approach so that voices and lived experience, feedback and real practice examples are increasingly being incorporated within learning programmes to support reflection and ensure learning remains grounded in the experiences of the children and families we serve.
- QA and progression activity and colleague feedback confirm improved practitioner confidence, stronger relational practice and clearer alignment between learning, practice standards and audit findings.



### What we are doing to improve:

- The Practice and Learning Academies provide a coherent, end-to-end workforce development offer aligned to national reform, supporting recruitment, retention and progression. Specialist trauma-informed practice, leadership development and accredited pathways, including Aim High, are embedded across the workforce.
- Since January 2025, 1,313 staff have already completed the new EDI module demonstrating sustained commitment to inclusive and anti-discriminatory practice.
- Connections Count continues to strengthen relational practice, with 296 additional staff trained this year and 2,177 staff trained overall.
- Learning priorities are shaped by workforce analysis, QA findings, service priorities and colleague feedback, ensuring training is targeted and responsive.



## What difference this makes for children

- Children experience greater continuity and stability through a skilled, confident and well supported workforce.
- Improved safeguarding knowledge and compliance strengthens practitioners' ability to identify risk and respond effectively.
- Consistent, trauma informed and relational practice supports stronger relationships between children and trusted professionals, improving day to day experiences and outcomes.

## Commitment to further improvement

- Sustain and further increase completion of the refreshed EDI module, building on the 1,313 staff already trained following the system reset.
- Strengthen evaluation of learning impact at practice level, linking training more explicitly to measurable outcomes for children.
- Continue to adapt learning delivery to ensure it remains engaging, accessible and responsive to emerging practice and service pressures.

See our current learning offer brochure here: [BCT Learning Offer 2026/27](#)



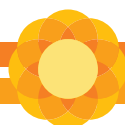
# PROGRESS AGAINST OFSTED RECOMMENDATIONS

## Ofsted Adoption Inspection 2025

*'The Agency takes action to address any issues of concern that they identify, or which are raised with them... ensuring effective working processes and relationships with partner agencies so that the adoption process and post-adoption experiences for children and their adopters promote consistent, timely and positive outcomes.'*

(Adoption: national minimum standards 25.7, page 73. Ofsted 2025)

- Since the Ofsted inspection in September 2025, the Trust has strengthened governance, escalation routes and partnership working across adoption services. Clearer pathways between adoption, Children in Care teams, legal services and health partners now support earlier identification and senior oversight of delays, including life-story work, documentation and therapeutic input. Strategic influence has also increased through the Head of Service's role on the Strategic Health Board for Children in Care and related groups.
- Regional and inter-agency protocols continue to embed through the Midlands Together Collaboration, including the post-adoption transfer protocol, which reduces duplication and supports continuity when families move across local authorities. These arrangements now contribute to wider regional learning through the RAA Leaders Group. Operational partnership working has strengthened through re-established multi-agency meetings, reinforcing shared thresholds and a "One Team, One Service" approach. Panel efficiency and quality assurance have improved, reducing matching times once court authority is granted, though further consistency is still required.
- Post-adoption support has improved through regional commissioning, effective use of the Adoption Support Fund and expanded direct work. Feedback from adopters and adoptees increasingly shapes service development. Risks outside the Trust's direct control, including partner workforce instability, are actively monitored and escalated through post-inspection engagement with Ofsted. These actions demonstrate clear progress while recognising the need for continued focus on timely, high-quality adoption outcomes. Safer recruitment for independent fostering and adoption panel members remains compliant with statutory requirements, with robust checks, induction, training and appraisal ensuring safe, independent and effective decision-making.
- Life story work has been strengthened in line with Ofsted's recommendation. Clear expectations, updated guidance, practitioner briefings and supervision prompts now support timely, age-appropriate and accurate materials. Two permanent roles in the Permanence Hub lead on Life Story Work and Later Life Letters, supporting social workers with tools, timescales and creative approaches. Quality assurance has been sharpened through auditing and Permanence Panel challenge, ensuring progress is tracked and work is completed before key transitions. Improved partner contributions and clearer post-order handovers are increasing consistency, reducing delays and improving children's access to coherent narratives about their lives.
- Overall, strengthened governance, clearer protocols, improved panel efficiency and enhanced post-adoption support mean decision-making is more timely and consistent, and outcomes for children and adopters have improved in line with **National Minimum Standard 25.7**.



# Ofsted Fostering Inspection 2024

**'The registered person should ensure that all people working in or for the fostering service, and the central list of persons considered suitable to be members of a fostering panel, are interviewed as part of the selection process and have references checked to assess their suitability before taking on responsibilities...'**

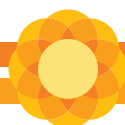
(Fostering services: national minimum standards page 38, paragraph 19.1. Ofsted 2024)

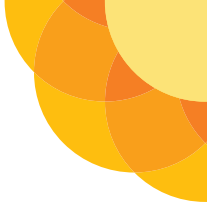
- The Trust has fully embedded robust safer recruitment arrangements in line with statutory requirements and National Minimum Standards.
- All staff and panel members are subject to standardised checks, including formal interview, enhanced DBS, verified references and recorded clearance before duties begin.
- Panel recruitment is further strengthened through a central suitability register, clear role expectations, mandatory induction and ongoing assurance via training, supervision, appraisal and conflict-of-interest declarations.
- Independent HR audits provide additional oversight. As a result, fostering panels are safe, well-governed and support high-quality, child-focused decision-making.

## **Sustaining and developing the foster carer workforce — Ofsted finding (October 2024):**

***Further growth, support and retention of foster carers, including kinship carers, were required to meet the scale and complexity of need.***

- Workforce capacity has been strengthened through additional Supervising Social Worker and Senior Practitioner roles, enabling reduced caseloads within Kinship Support Teams. This has improved consistency and timeliness of support, with all foster carers now having a named fostering social worker, strengthening accountability and continuity.
- Sufficiency oversight has improved, with foster carer capacity reported monthly to the Trust 26 Board and Directorate Sufficiency Performance Meetings, providing clear senior visibility of demand, capacity and risk.
- Recruitment activity continues, with 27 mainstream fostering households approved in year, creating capacity for 39 placements.
- Capacity risks are actively managed. In line with national trends, there has been a net reduction of 11 placements due to carers leaving; this risk is well understood and built into sufficiency planning.
- Retention has been strengthened through enhanced therapeutic support, expansion of the home and garden pod scheme, improved peer support, and a review of fees and allowances.
- Improvement planning is more structured and transparent, with a comprehensive Fostering Service Development Plan in place and progress monitored through quarterly Regulation 35 reports.
- Learning from the Fostering Hub pilots has been reviewed, with early engagement underway with regional partners to inform future development.





## **Embedding educational oversight and progress tracking — Ofsted finding (October 2024): *Educational oversight was positive but required more consistent tracking and promotion of progress.***

- Joint working around education has been strengthened. Case planning meetings with Children’s Social Care and the Virtual School now take place routinely when a child is not in full-time education, enabling timely challenge, coordinated planning and swift arrangement of alternative provision.
- Targeted investment includes funding two Education Social Worker posts to support kinship and mainstream foster carers, with carers involved in recruitment to ensure the roles reflect lived experience.
- Governance has improved, with a foster carer and the Assistant Director for Fostering are now members of the Virtual School Governing Body, strengthening alignment between education and fostering practice.
- Access to educational information has been enhanced through the Virtual School portal, enabling earlier advocacy, informed discussion and timely intervention.

## **Addressing Ofsted 2023 Additional Key Areas for Improvement**

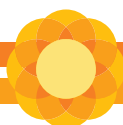
### **Connected carers not approved by panel — Ofsted finding (2023): *Insufficient risk assessment and oversight for a small number of children living with connected carers not approved by panel.***

- Practice in this area has been strengthened, with clearer and more robust risk management.
- Documented risk assessments are now in place, supported by coordinated input from the fostering service and children’s social care, with embedded IRO oversight ensuring appropriate professional scrutiny.
- Decision-making has been elevated, with all arrangements reviewed by the relevant Head of Service and signed off at Director level, providing clear senior accountability and recorded rationale.
- Oversight has been strengthened through weekly tracking and monthly scrutiny via the Directors’ Assurance Board, preventing drift and maintaining focus on progress.
- Where checks or assessments remain outstanding, progress is actively monitored and cases are escalated promptly to the Agency Decision Maker once information is complete, ensuring timely, child-focused decisions.

## **Ofsted Focused Visit 2024**

### ***The strategic and managerial oversight of children living in unregistered children’s homes:***

- Leaders have strengthened oversight and accountability for children placed in illegal settings. All use of illegal (unlawful) homes now require explicit Director authorisation, with a clear rationale, time limited plans and defined exit strategies, supported by regular Director review, strengthened quality assurance and clear expectations for recording and escalation.
- Ongoing work with Ofsted and commissioning partners supports provider registration and accelerates children’s moves into regulated provision.



- As a result, reliance on illegal provision has reduced and children are supported to move into safe, regulated and stable homes at the earliest opportunity.
- Since the Focused Visit in 2024, Directors' Assurance Meetings have reviewed every child in an illegal placement on a fortnightly basis, strengthening scrutiny, management grip and timely decision-making. Recording and tracking have improved, supported by a clear position statement and closer joint working with Ofsted and providers.
- While leaders recognise that illegal homes have not yet been eliminated, placement sufficiency pressures are well understood.
- An enhanced sufficiency strategy has been developed, alongside increased investment in regulated provision and refined commissioning approaches. Leaders recognise that sustained improvement in sufficiency remains essential to securing a long-term reduction in the use of illegal homes.

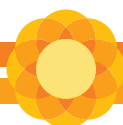
***The pace with which decisions are made, and action is taken to change the legal status of children living in permanent stable homes, reflecting their needs. (Focused Visit 2024):***

- The Trust has established a Permanence Hub to improve coordination and reduce drift in permanence planning, including adoption, long-term fostering, special guardianship, reunification and step-down to family-based care. By bringing together functions previously dispersed across services, the Hub has improved collaboration, reduced duplication and strengthened oversight through shared panels and decision-making. While still embedding, this model is supporting more purposeful care planning and earlier challenge where plans are not progressing.
- Progress has also been made in legal timeliness. Over the past 12 months, the number of discharge applications has increased, supported by clearer processes and improved quality assurance. Once cases are submitted to Legal Services, the average timescale from application to final order is now around eight weeks. This represents improvement, though leaders recognise that consistency needs to be sustained as demand continues.
- To support further improvement, additional legal capacity has been secured from March 2026, with a dedicated lawyer and legal assistant focusing on discharge work. This is strengthening tracking and throughput once cases enter the legal pathway. However, further work is required to ensure cases are identified earlier and progressed more consistently prior to reaching legal.
- Overall, the Permanence Hub marks a positive step forward, but leaders are clear that continued focus is needed to ensure improvements translate into consistently timely and high-quality permanence outcomes for all children.

## **Ofsted Children's Services Inspection 2023**

***The effectiveness of the response to domestic abuse. (Ofsted 2023):***

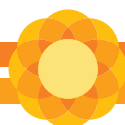
- Since the Ofsted inspection in 2023, the Trust has strengthened its response to domestic abuse, moving towards a whole-family, tiered and risk-based model aligned to national reforms.
- Children and young people are now consistently recognised as victims in their own right, and there is a clearer focus on perpetrator accountability and behaviour change. The recruitment of 19 Domestic Abuse Specialist Practitioners has enabled this shift.



- Ten district-based practitioners provide specialist advice, risk assessment, safety planning, joint visits and direct work for families experiencing low to medium risk abuse. This includes a structured offer of programmes for perpetrators and abusive parenting (Reprovide and Caring Dads), alongside parallel recovery support for survivors, children and young people, support for adolescent intimate partner abuse, child-to-parent abuse and parental conflict.
- For high-risk domestic abuse, nine specialist practitioners operate through a Drive-embedded Children's Services model in partnership with Respect. This includes six perpetrator workers delivering intensive one-to-one challenge and support, and three IDVAs providing parallel support to the non-abusive parent and children, including unborn babies. This work is overseen by dedicated managers and a Head of Service, strengthening consistency and oversight.
- The Trust has also maintained and strengthened its Domestic Abuse and Interpersonal Violence Service, overseeing MARAC, MAPPA, Police Offender Management, Operation Encompass, Domestic Abuse Related Death Reviews, Prevent checks and Reducing Parental Conflict.
- Through Operation Encompass, education settings receive consultation and termly training on domestic abuse, coercive control and impact on children. Workforce capability has been further strengthened through a Women's Aid-accredited Domestic Abuse apprenticeship, with 10 staff currently enrolled across IDVA, ISVA and children's domestic abuse pathways. While this model is still embedding, the Trust has made a clear shift since 2023 towards earlier intervention, stronger whole-family responses and direct work with perpetrators, with further work underway to evidence sustained impact and reduce repeat harm.

***Earlier pre-birth assessments to support early permanence planning and timely action to progress permanence plans for children in stable placements through changes to legal status. (Ofsted 2023):***

- Since the 2023 inspection, the Trust has strengthened its approach to earlier prebirth assessment and permanence planning, with a clearer focus on timely decision-making for babies and young children.
- Three specialist prebirth teams now undertake earlier assessments with smaller caseloads, improving the timeliness and quality of analysis to support permanence planning from birth.
- There has been a reduction in reliance on residential parenting assessments and increased use of parent-and-child fostering, supporting earlier, less disruptive permanence options where appropriate.
- Post-inspection, leaders undertook a comprehensive review of children at home on care orders, those with discharge plans, and children in foster care with Special Guardianship plans, strengthening strategic oversight across these cohorts.
- Citywide tracking through court progression officers, legal colleagues and the Citywide PLO meeting has improved visibility and progression of cases. However, TLT audit activity continues to identify variability in the quality and pace of permanence planning, with some delays in progressing legal routes and inconsistency in early family identification.
- Leaders recognise that, while the direction of travel is positive, further work is required to embed consistent practice and accelerate legal permanence for all children.
- Additional legal capacity has supported progress, but sustained focus is needed to ensure timely decision-making translates into improved stability, certainty and long-term outcomes for every child.





### ***Earlier engagement of personal advisers for children leaving care. (Ofsted 2023):***

- Since the 2023 inspection, Birmingham Children’s Trust has made significant investment (£1.2m) in its Corporate Parenting Service, resulting in the recruitment of three additional PA teams. This has enabled a system shift, with all young people now allocated a PA from age 16, ensuring earlier and more consistent support.
- This change strengthens early independence planning and aligns with the Trust’s practice model, prioritising relationship-based support that extends into adulthood. PAs now work alongside social workers and young people to progress pathway plan actions, ensuring young people understand their plans beyond age 18, have access to key documents, and are aware of the local offer.
- These objectives were co-produced with staff and young people, embedding lived experience into service design.
- The service now maintains contact with almost all care leavers (98%), and the vast majority live in suitable accommodation (96%), providing strong evidence of effective relational practice, safeguarding oversight and housing stability.

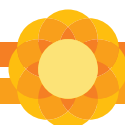
### ***Consistency of written plans. (Ofsted 2023):***

- Action has been taken to address inconsistency in Child in Need and Child Protection planning by strengthening expectations for analytical, outcome focused plans that can be understood by families across Front Door and Child Protection services.
- A structured programme of learning on analysis, SMART planning and purposeful recording, alongside the Family Help induction, has improved clarity and consistency. Planning quality is routinely tested through thematic and dip-sample audits, with learning fed directly into supervision, coaching and management oversight at key decision points.
- Audit evidence shows increasing consistency in planning quality, with remaining variation identified early and addressed through targeted support. As a result, children experience more purposeful intervention, reduced drift and clearer plans that families can understand, supporting improved progress and safer outcomes.

### **Additional Findings:**

#### ***While most care leavers were in suitable accommodation, planning was not always effective at transition to adulthood, resulting in a small number of young people moving into less suitable placements at age 18. (Ofsted 2023):***

- Planning is now more personalised and needs-led, reducing unnecessary moves at key transition points.
- Examples include young people remaining in their foster or supported homes beyond age 18 where their next planned move is to university accommodation.
- For disabled young people, joint working with adult social care has enabled some to remain in children’s homes beyond 18 in preparation for transition to residential colleges at 19.



# SECTION 2: THE EXPERIENCE AND PROGRESS OF CHILDREN WHO NEED HELP AND PROTECTION

## INTRODUCTION

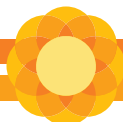
The Trust's strategic journey in Help and Protection began in 2023 with *The Journey of the Child* programme, which examined the lived and felt experience of children, young people and families as they moved through our system. This work confirmed that, while frontline practice was often strong, the overall system was fragmented. Children and families experienced too many handovers and transition points, frequently at the most critical stages of their journey, weakening accountability and disrupting the continuity of relationships that children told us mattered most. This learning provided credible rationale for system change.

In response, the Trust launched the Trust 2025 programme to deliver purposeful system transformation and has sustained the momentum through the Trust 2026 programme. Trust 2025 marked a significant shift in the operating model, piloting an approach that reduced handovers, strengthened practice ownership and placed a single key practitioner at the centre of the child and family journey wherever possible. This enabled earlier, more purposeful intervention and timely access to specialist support at district level, while maintaining a strong safeguarding grip. The Hodge Hill pilot demonstrated the impact of this approach and directly informed the wider Trust 2026 programme. This direction of travel has been reinforced by the National Social Care Reforms, which closely mirror the Trust's ambition for family help, multidisciplinary working and fewer transitions, giving leaders confidence that local reform has anticipated national change.

Help and Protection services are now delivered through an integrated directorate comprising CASS/MASH/EDT, district-based Family Help and Child Protection. Services are delivered by a mixed workforce of professionally qualified and alternatively qualified practitioners, supported through specialist, role-appropriate training and ongoing supervision. At the heart of the offer is a coherent range of specialist services for children with specific needs, including disabled children, adolescents at risk of harm outside the home, and children affected by exploitation, domestic abuse and neglect. This is complemented by specialist services for strengthening families requiring sustained whole-family intervention, including families at the edge of care, experiencing acute family stress or where 16–17-year-olds present as homeless. This structure enables targeted family help and statutory intervention to operate as a connected continuum, supporting proportionate decision-making and reducing drift.

The Trust has made clear, evidenced improvements for the most vulnerable children in our city. In response to SEND inspection findings, services for children with disabilities have strengthened safeguarding and review arrangements, improved the quality of EHC needs assessments and deepened joint working with health partners, including CAMHS. This has enabled children with complex needs, including mental health needs, to remain safely within family settings wherever possible, with their voice central to planning and review. In parallel, and working with partners, the Trust has strengthened its whole-family response to domestic abuse and long-term neglect, recognising children as victims in their own right and targeting intervention according to risk, in line with national expectations and Ofsted learning.

A strengthened pre-birth service and more robust pre-proceedings offer are enabling earlier permanence decisions, increased diversion from care proceedings and improved family experiences, including shorter proceedings where court is required. Family Group Conferencing is increasingly embedded in early planning, supporting earlier family-led solutions and reducing escalation. In conjunction with Birmingham City Council, the Trust maintains oversight of children educated at home, children missing from education and children out of sight, recognising these cohorts as a shared safeguarding priority.



Leadership grip, learning and continuous improvement are strong. Leaders have responded directly to Ofsted 2023 recommendations, particularly in relation to decision-making and quality of planning. Oversight at key decision points has strengthened, learning activity is aligned to quality assurance findings and services continue to develop more analytical, outcome-focused practice. Leaders are clear-eyed that improvement is ongoing and are undertaking a forensic review of decision-making through an EEDI lens to ensure equitable access, culturally responsive practice and proportionate outcomes across all communities.

Taken together, Help and Protection services are on a clear and coherent improvement trajectory, strongly aligned with national reform. Children increasingly experience continuity, clearer planning and earlier permanence, alongside a sustained and honest focus on areas requiring further development.

## FRONT DOOR

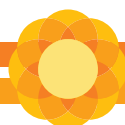


### CASS, MASH & OUT OF HOURS (EMERGENCY DUTY TEAM - EDT)

#### What do we know? Data/QA/Feedback

#### CASS/MASH

- Front Door demand remained high but stable across Q1–Q4 2025/26, with 56,484 contacts and 15,799 referrals progressed. Referral timeliness averaged 82%, demonstrating sustained operational grip despite high demand. Although performance dipped later due to Family Help mobilisation, overall consistency evidences resilient decision-making and threshold application, with recovery activity clearly in place. Since the 2023 inspection, decision quality has strengthened, with most decisions made within 24 hours, supported by strong management oversight, professional curiosity and relational practice. Audits, PQA activity and peer review confirm consistent risk assessment, early identification of need and appropriate use of consent.
- Peer Review (January 2026): As part of the first West Midlands CASS/MASH model trial, the Front Door received strong external assurance from colleagues in Warwickshire and Walsall. Reviewers were highly positive about partnership working, relational practice and engagement with families. Decision-making was consistently strong, with no inappropriate decisions, clear and robust recording on Eclipse, and effective collaborative safeguarding. All children sampled were safe. The sole area for improvement related to strengthening consent recording, which is already being addressed. Staff professionalism, resilience and commitment under sustained pressure were explicitly recognised.
- Overall, children receive timely, proportionate and effective help and protection, with improved decision-making reducing repeat contacts and enabling earlier intervention. Leaders remain focused on sustaining improvement and strengthening recording and consent practice to secure consistent impact for all children.



## EDT

- Out-of-hours demand remains high, with 1,060 home visits, 534 strategy discussions and 2,246 statutory referrals in 2025. Case complexity is significant, requiring timely and defensible decisions at points of greatest risk. EDT's timely responses and effective handovers, recognised by inspectors in 2023, remain a strength. Quality assurance through Practice Evaluations, KPIs, scorecards, complaints, compliments and Front Door audits evidences consistent thresholds, strong partnership working and sound decision-making, particularly with Edge of Care and Fostering.
- The stable and experienced workforce ensures all Requests for Support Forms (RFSF) are triaged by qualified social workers and strategy discussions completed within timescales. However, variable quality of RFSFs from A&E, WMAS and Police can delay analysis and requires additional verification.

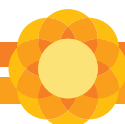
## What we are doing to improve:

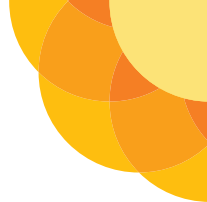
### CASS/MASH

- The service continues to strengthen relational, consent-based conversations at first contact, while maintaining timely and proportionate responses. Learning from audit and peer review is being actively embedded to improve the quality and consistency of recording, including clearer articulation of primary concerns and more consistent use of respectful, inclusive language. The routine use of the neglect screening tool is being reinforced to support earlier identification of cumulative harm. Improved team stability, alongside a forthcoming telephony upgrade, is expected to further strengthen responsiveness, information-sharing and families' experience at the Front Door.
- Since the 2023 inspection, the Trust has significantly strengthened multi-agency presence and contribution within MASH, improving the quality of information available to support decision-making. Safeguarding education is now embedded at the Front Door through a dedicated MASH representative, and schools are increasingly contributing to strategy discussions, strengthening understanding of children's daily lived experience, even during the school holidays and inset days.
- Strengthened contributions from health, police and other safeguarding partners has improved multi-agency oversight, supporting earlier risk identification and contributed to more confident, child-focused safeguarding decisions. All partners contribute to our cycles of themed multi-agency audits and this is addressing any remaining variability in partner contribution.

## EDT

- EDT continues to strengthen quality assurance and partnership working, ensuring defensible decisions and effective wraparound responses. Learning from audit and performance data is used to reinforce threshold consistency and recording quality. A planned service review will assess peak demand, cost-effectiveness and the suitability of the current out-of-hours operating model, alongside work to improve system grip and data visibility. Engagement with partners is being strengthened to improve the quality and clarity of RFSFs, reducing delay and strengthening analysis.





What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>• Children benefit from 24/7 access to a social worker, with timely out-of-hours intervention when risk is identified. Practitioners provide immediate safety planning and practical support, including emergency accommodation and essential provision.</li> <li>• Where overnight placement availability is limited, risk is mitigated through experienced decision-making and interim safety planning.</li> <li>• Overall, children experience a responsive, safety-focused service, with continuity maintained through effective handover to daytime teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Further improvement is required to address overnight placement availability, reducing reliance on interim safety planning. Combined CASS/EDT datasets currently limit visibility of EDT-specific demand and will be addressed through the planned review.</li> <li>• Improving the consistency and quality of information received from partners remains a priority to ensure analysis is as timely and robust as possible.</li> </ul>

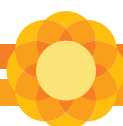
## FAMILY HELP

Family Help represents a significant redesign of how Birmingham Children’s Trust supports children and families below the child protection threshold. Introduced in line with the national reform programme following a pilot in Hodge Hill and rolled out citywide between October and December 2025, the model replaced previous Early Help and Assessment & Short-term Intervention (ASTI) arrangements with a single, integrated, district-based service. Family Help brings together targeted family help (formerly early help), statutory s17 assessment and Child in Need planning into one coherent offer, reducing handovers between teams and ensuring families experience greater continuity of relationships and support within their communities.

The model has strengthened relationship based and trauma-informed practice, with a single Family Help Lead Practitioner allocated to reduce duplication and improve engagement. Clear role differentiation has been established, with Family Help teams completing section 17 assessments and Child in Need work, while dedicated Child Protection Enquiry Teams undertake section 47 enquiries, ensuring children at risk of significant harm receive timely and focused responses. Access to the service remains through the Request for Support, screened by CASS, with strengthened triage and threshold decision-making improving consistency and accountability at the front door.

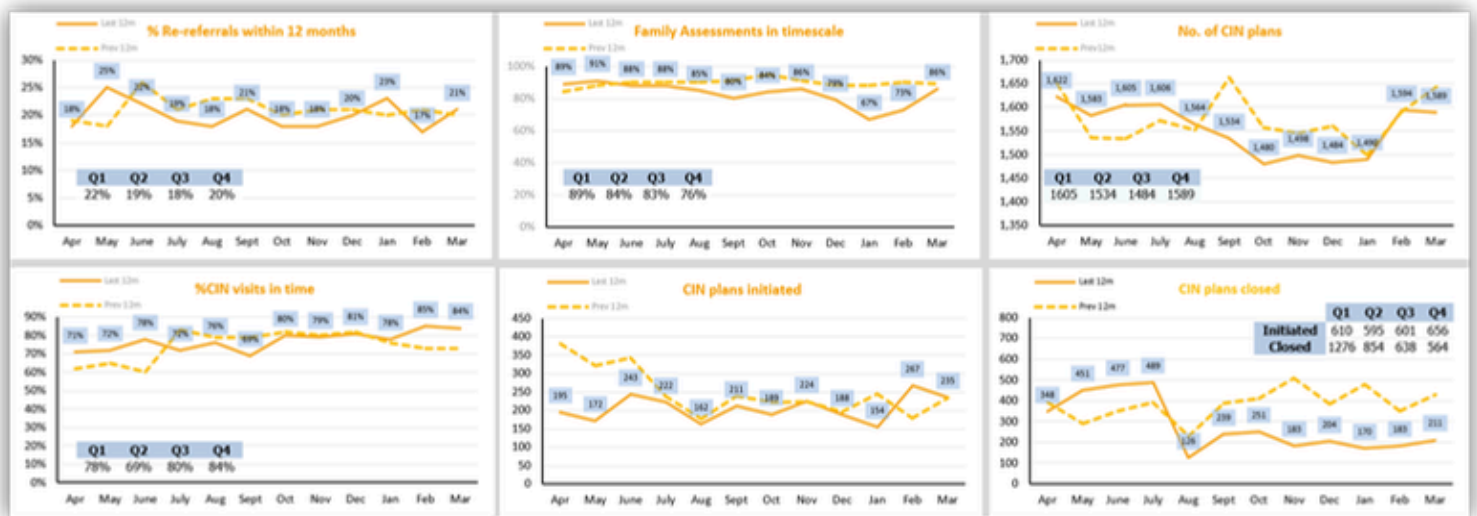
Our pilot was successful in

- delivering a reduction of escalations to child protection and to care whilst keeping children safe, in
- teaching us how to support the skills exchange between social workers and family support workers,
- moving from a model of assessment as a process to assessment with support, and
- delivering high levels of family satisfaction.



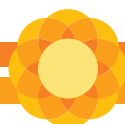
Birmingham’s scale means the roll out across the city has been a huge undertaking, and we have been working hard to embed consistency in the application of the new model, to ensure we have the right capacity in the right place, and to recover quickly from the short-term anticipated blips in performance and quality.

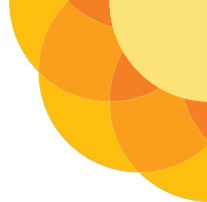
Leaders recognise that this progress is not yet consistent across all teams or cohorts, and that further work is required to fully evidence sustained improvement against a clear baseline. However, the introduction of the Family Help model has begun to support earlier engagement with families, clearer pathways and more coordinated responses, reducing unnecessary escalation in some cases while maintaining robust safeguarding arrangements. Ongoing QA activity and performance monitoring are being used to test impact, address variability and build confidence that improvements are translating into better and more equitable outcomes for children.



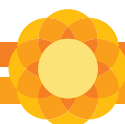
## What do we know? Data/QA/Feedback

- Across the year, CIN assessment timeliness averaged 83%, with performance reducing during mobilisation as the model was implemented and complexity increased. This was anticipated and performance remained broadly in line with national and statistical neighbours.
- Recovery is now evident, with KPIs returning within tolerance. Effectiveness at first contact strengthened over the year, with re-referrals averaging 20%, outperforming the national average of 23%, indicating children are increasingly being matched to the right support earlier and repeat contact is reducing.
- Statutory intervention is becoming more proportionate. The average number of CIN plans across Q1–Q4 was 1,553, with an overall reduction across the year despite a slight rise in Q4. The rate per 10k reduced from 55 to 51. CIN initiations remained broadly stable, while fewer CIN closures reflect increasing complexity and longer-term work for some families rather than increased churn. As we will see in the next section of this report, safeguarding data provides triangulating assurance that reductions in CIN numbers is resulting in risk displacement.
- Child protection demand, rates and thresholds remained stable or reduced across the year. The average s47 enquiry rate was approximately 167 per 10k, the ICPC rate continued to reduce, and conversion from s47 to ICPC remained consistently at 22–24%, evidencing stable thresholds. Timeliness of strategy meetings and ICPCs remained strong, ensuring children at risk of significant harm continue to receive timely and decisive multi-agency responses.





- However, while this demonstrates safe demand management, further evidence is required to explicitly demonstrate the shift from CIN into Targeted Family Help activity, and work is underway to strengthen this line of sight.
- To safeguard children during transition to Family Help, the Trust established nine CP Enquiry Teams (three per area) as an interim arrangement ahead of a future Multi-Agency Child Protection Team (MACPT). These teams lead strategy discussions, s47 enquiries and ICPC, including escalations from district teams. Front door practice continues to strengthen, with assessments and visits showing clearer risk analysis, better use of family history and stronger engagement with children's wishes and feelings. The CP Enquiry Teams have further strengthened statutory safeguarding, ensuring timely s47 enquiries, prompt strategy discussions and ICPCs held within timescales.
- Practice Evaluations (PE) and audits confirm that most s47 investigations are timely, children are consistently seen alone, their voices are well captured and management oversight is evident. Areas for improvement include embedding EEDI as a golden thread, more consistent consideration of CP medicals (with clear rationale where not progressed), stronger risk-reducing safety plans and clearer endings and feedback loops with families and partners. A West Midlands peer review (January 2026) found no inappropriate decisions, highlighted robust recording and effective partnership working, and identified consent recording as an area for further improvement.
- PE also identified a temporary dip in assessment quality in Q1–Q2, linked to mobilisation and the use of additional locum social workers to support core teams during training. Clear recovery is evidenced in Q3. Most assessments demonstrate sound understanding of children's needs, though fewer consistently include clear, outcome-focused recommendations. EEDI remains inconsistently embedded, limiting reflection of children's identity and lived experience. Planning quality has improved and supervision strengthened; however, management oversight reduced from 97% to 85%, and oversight of children's plans from 91% to 74%. Leaders are addressing this area of improvement priority to mitigate risk to consistent progress for a small number of children, as the service stabilises.
- Audit and PE activity shows assessments generally identify children's needs, risks and family strengths well, enabling timely and proportionate support. This is underpinned by a £3.1m investment to strengthen capacity in response to rising demand and builds on the 2023 Ofsted finding of an effective Early Help offer. PQA activity between February and December 2025 shows predominantly Good or Outstanding practice, with very few inadequate findings and clear evidence of purposeful intervention supporting positive outcomes at closure. Feedback from 862 adults and 322 children indicates that almost all parents and carers felt listened to and involved, and most children felt supported, reflecting strong engagement, trust and relational practice.
- Targeted audit activity evidences measurable improvement in the inclusion of fathers, with engagement increasing from 59.3% (February 2025) to 76.0% (December 2025), and 94.8% of case recordings capturing fathers' views directly or clearly recording a rationale where this was not possible. While feedback remains positive, response volumes remain relatively low. A refreshed feedback strategy was relaunched alongside Family Help, with full analysis planned for April to June 2026 to better understand impact, consistency and areas for further improvement across all communities.



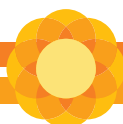
## What we are doing to improve:

- Leaders are focused on fully embedding the Family Help model, strengthening analytical depth, quality of plans, and multi-agency coordination. All staff received a two-week induction, supported by practice standards, handbooks and a targeted 2025–26 learning offer (including assessment-writing and analysis training). Supervision and Practice Supervisor support are being strengthened to restore and sustain management grip as new roles embed.
- EEDI remains a trust-wide priority. Front Door teams contributed to an EEDI Health Check, staff attended the first EEDI conference in October 2025, and a further conference took place in March 2026. Learning from audits and QA is being used to improve consistency in recording, family history analysis and use of direct work tools.
- All Enquiry Team members completed three days of training on the Family Help model and safeguarding expectations. A refreshed 2026 audit plan is in place, including focused audits on strategy discussions and s47 enquiries. Learning is being used to strengthen supervision quality, multi-agency triangulation and consistent consideration of health needs. Practice standards and handbooks support continued development.

<h3>What difference this makes for children</h3>	<h3>Commitment to further improvement</h3>
<ul style="list-style-type: none"> <li>• Most children experience timely, proportionate and child-centred responses, with swift allocation to a worker (typically within 24 hours) where thresholds are met. Improved matching at first contact reduces repeat referrals and unnecessary escalation.</li> <li>• Reduced handovers under Family Help enable children to experience greater continuity, supporting trust, engagement and emotional safety.</li> <li>• Where assessments and CIN plans are strong, children benefit from clearer safety planning, improved stability and earlier support within their family and community.</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders are clear that continued focus is required to stabilise assessment timeliness, strengthen analytical depth and embed EEDI consistently across assessment and planning.</li> <li>• Ongoing QA, service evaluations (including Voice of the Child, due March 2026) and refreshed feedback analysis will test whether improvements are sustained and equitable across all districts.</li> </ul>

## Direct Quotes:

- *"Just want to say a big thankyou to Nasrin for all her help and advice. She has been extremely polite and understanding."* 14 November 2025
- *"Judith is an excellent social worker who provided us with information, help and support."* 13 November 2025
- *"Nikita helped much more than anyone else locate and help our daughter."* 2 February 2026
- *"Helped me out financially, listened to me and made sure I understood what was being said."* 4 March 2026



# CHILD PROTECTION

**Birmingham's Child Protection Services have strengthened their grip over the past year, delivering more timely and proportionate intervention with clearer thresholds and reduced volumes, underpinned by strong relational practice and effective multi-agency safeguarding, while a smaller cohort facing entrenched risk continues to require sustained, coordinated support.**

## **What do we know? Data/QA/Feedback**

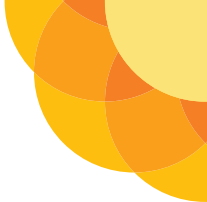
- To ensure children at risk of significant harm receive timely and decisive responses during the transition to Family Help, the Trust established nine Child Protection Enquiry Teams (three per area) as an interim arrangement ahead of a future Multi-Agency Child Protection Team (MACPT). These teams lead strategy discussions, s47 enquiries and ICPC presentation, including for children escalated from district teams.
- Safeguarding activity remains high but proportionate. The rolling 12-month rate of s47 enquiries reduced from 171 to 162 per 10,000, and conversion from s47 to ICPC remains stable at 22–24%, evidencing consistent thresholds. Timeliness of strategy meetings and ICPCs remains strong, ensuring swift multi-agency planning where risk is identified.
- Front door practice under the Family Help model continues to strengthen, with assessments, and visits showing clearer risk analysis, better use of family history and stronger engagement with children's wishes and feelings. Child Protection Enquiry Teams have further strengthened statutory safeguarding, ensuring timely s47 enquiries, prompt strategy discussions and ICPCs held within timescales.
- Practice Evaluations and audits confirm that most s47 investigations are timely, children are consistently seen alone, their voices are well captured, and management oversight is evident. Identified areas for improvement include embedding EEDI as a golden thread, more consistent consideration of CP medicals (with clear rationale where not progressed), stronger risk-reducing safety plans, and clearer endings and feedback loops with families and partners.
- A West Midlands peer review (January 2026) found no inappropriate decisions and highlighted robust recording and effective partnership working, while identifying consent recording as an area for further improvement.

## **What we are doing to improve:**

- All Enquiry Team members completed three days of training on the Family Help model and safeguarding expectations.
- A refreshed 2026 audit plan is in place, including focused audits on strategy discussions and s47 enquiries. Learning is being used to strengthen supervision quality, multi-agency triangulation and consistent consideration of health needs.
- Practice standards and handbooks support continued development.



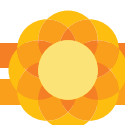
# S47 CHILD PROTECTION ENQUIRY TEAMS



What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>Children at risk of significant harm receive prompt, coordinated safeguarding responses, with timely strategy discussions and ICPCs enabling swift risk reduction and multi-agency safety planning. Stronger oversight and reduced handovers support clearer decision-making, continuity and protection for children who need it most.</li> </ul>	<ul style="list-style-type: none"> <li>Leaders will continue to strengthen EEDI integration, safety planning quality, supervision consistency and multi-agency feedback loops. The transition to a MACPT will further enhance shared ownership and consistency. Sustained QA and learning will ensure improvements are embedded and children’s experiences continue to improve.</li> </ul>

## Direct Quotes:

- *“Just want to say a big thankyou to nasrin for all her help and advice. She has been extremely polite and understanding.”* 14 November 2025
- *“Judith is an excellent social worker who provided us with information, help and support.”* 13 November 2025
- *“Nikita helped much more than anyone else locate and help our daughter.”* 02 February 2026
- *“Helped me out financially, listened to me and made sure I understood what was being said.”* 04 March 2026

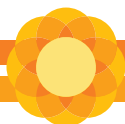


# CHILD PROTECTION SERVICES

Birmingham's Child Protection Services have strengthened their grip over the past year, delivering more timely and proportionate intervention with clearer thresholds and reduced volumes, underpinned by strong relational practice and effective multi-agency safeguarding, while a smaller cohort facing entrenched risk continues to require sustained, coordinated support.

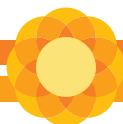
## What do we know? Data/QA/Feedback

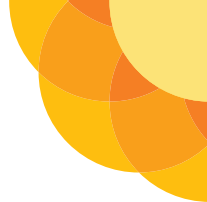
- Many children face overlapping vulnerabilities linked to deprivation, overcrowded housing, parental stressors and contextual risk. This is most acute in the North-West-Central area of the city, where poverty is highest and over 100 languages are spoken, requiring culturally competent and language-responsive practice. Patterns differ across South and East localities, where domestic abuse, adolescent risk, cultural expectations and language barriers shape demand, reinforcing the need for identity-aware, EEDI-informed safeguarding. Child protection activity shows a strengthening grip, improved timeliness and more proportionate intervention.
- Initial Child Protection Conference (ICPC) timeliness dipped slightly in 2024/25 as demand and complexity rose, followed by strong recovery in 2025/26, reflecting renewed focus on decision-making and oversight. The ICPC rate per 10k under-18s reduced from 67 to 58, indicating fewer children escalating to conference and more effective earlier intervention. Conversion from s47 enquiries to CP Plans remains high and stable, evidencing decisive and proportionate safeguarding where risk is substantiated and confirming consistent threshold application. The number of children on CP Plans has reduced 12.8%, with the rate falling from 52 to 46; stable initiation volumes alongside higher closures each quarter show improving step-down and reduced drift, while recognising some children require sustained protection due to entrenched risk. Review timeliness has strengthened significantly (77% → 91%), providing stronger assurance that risk is reviewed regularly and plans remain responsive.
- The number of children subject to Child Protection Plans has reduced over the past year, reflecting earlier intervention through Family Help and Child in Need, stronger partnership working and timely RCPCs where it is safe to step plans down. By Q3, the rate per 10k reduced to 46, demonstrating more proportionate use of statutory intervention. Repeat planning remains low at 13% or below, supported by strengthened early advice from Principal Officers and robust joint oversight between conference chairs and safeguarding managers. Conference timeliness remains largely stable, with Review Conferences improving to 91%, ensuring timely multi-agency review and adjustment of plans.
- A small increase in plans lasting over two years (2% to 3%) is being actively monitored and is likely influenced by denominator effects as overall plan numbers reduce. Enhanced midpoint checks and a new reporting framework from March 2026 will further strengthen oversight. Overall, the CP Review Service is demonstrating strong leadership grip, effective partnership working and sustained impact in improving safety and outcomes for children.



## What do we know? Data/QA/Feedback

- Practice quality indicators are positive. CP visit timeliness has risen from 92% to 95%, supporting more consistent relational safeguarding, while Core Group timeliness has improved from 45% to 70%, reflecting stronger multi-agency coordination. Emerging pressures remain: the proportion of children on a CP Plan for two years or more has increased slightly (2% → 3%) and repeat CP Plans within 24 months have risen to 12%, highlighting a small cohort experiencing entrenched harm linked to cumulative risk and complex parental factors. CP Plans ending within three months remain modest (12%), showing step-down is occurring but that safe, timely exit from CP still requires focus, particularly through stronger planning impact and multi-agency follow-through.
- PQA and Practice Evaluation activity continues to show predominantly strong practice, with purposeful, child-focused direct work and effective multi-agency coordination. Children consistently report positive, trusting relationships with practitioners, supporting engagement, continuity and day-to-day safety. Most children's wishes and feelings are captured and used to inform decisions, strengthening their agency. A small number, however, do not see their views fully reflected in plans, limiting shared decision-making and influence over progress.
- Assessment quality remains a strength, with most demonstrating clear understanding of children's needs and improving clarity of recommendations, though EEDI is not yet applied consistently, limiting how fully identity and lived experience are reflected. Almost all children have clear plans that support safety and stability, underpinned by strong partnership working, but fewer plans are delivering sustained positive change, highlighting the need to strengthen impact and outcome focus.
- Oversight remains strong, supported by high-quality supervision and timely decision-making. System improvements—including dashboards, streamlined conferences and strengthened Family Group Conference pathways—have increased grip and contributed to earlier step-down from CP Plans doubling in 2025, reducing unnecessary statutory intervention. Reducing variability remains the priority, particularly strengthening outcome-focused analysis, Core Group impact and consistent, identity-aware practice to secure equitable and sustained outcomes for all children.

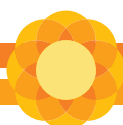




## What we are doing to improve:

- Pre-birth practice has become more systematic: Referrals are earlier, timescales clearer and early permanence outcomes improving, supported by strengthened tracking, clearer oversight and more trauma informed monitoring.
- Reduced CP volumes reflect earlier intervention through Targeted Early Help and Child in Need, stronger partnership working and timely RCPCs.
- Review Conference timeliness has improved, supported by strengthened Principal Officer advice and robust joint oversight. Enhanced midpoint checks and a new reporting framework from March 2026 has further strengthen grip.
- A small rise in plans lasting over two years is being actively monitored and is likely influenced by denominator effects as overall CP numbers fall.
- Pre proceedings practice has improved too. Families now spend fewer weeks in pre proceedings, with a marked reduction in cases exceeding 20 weeks. Citywide PLO meetings have improved senior oversight, and the average time from Legal Planning Meeting to first pre proceedings meeting is 15 days, close to the 14-day target. A 55% diversion rate demonstrates effective early legal intervention. Care proceedings have increased slightly year on year but remain lower than two years ago. Whilst we still have work to do, it is noted that increasing number of children’s cases conclude at IRH, reducing uncertainty, and average case duration has reduced from 38 to 36 weeks.

<p><b>What difference this makes for children</b></p>	<p><b>Commitment to further improvement</b></p>
<ul style="list-style-type: none"> <li>• Children experience clearer thresholds, quicker decisions and stronger risk management, reducing delay and unnecessary escalation, with earlier Family Help supporting stability and permanence.</li> <li>• Fewer children experience prolonged pre-proceedings, with improved sequencing, strong diversion and shorter case duration.</li> <li>• Overall, children benefit from safer, timelier and more proportionate intervention, with clear evidence of sustained improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Further reduction in repeat and long-term CP Plans is required through sharper analysis, stronger plan impact, and sustained multi-agency working.</li> <li>• Plans need to deliver more sustained change, with stronger Core Group impact, earlier completion of parenting assessments, increased pace in pre-birth and pre-proceedings, and earlier identification of connected carers.</li> <li>• Continued focus on variability, EEDI and outcome impact is required to secure equitable and sustained progress for all children.</li> </ul>

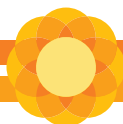


## Pre-Birth Teams:

- Since Ofsted 2023 highlighted the need for earlier pre-birth assessment and more timely permanence planning, practice has become more systematic. Referrals are earlier, timescales clearer and early permanence outcomes improving, supported by stronger tracking, clearer oversight and more trauma-informed monitoring. Dedicated capacity enables practitioners to work intensively with small caseloads (10–12 families), front-loading assessment before court and increasing the likelihood that babies remain safely with parents or wider family networks. Earlier identification of parental capacity has reduced reliance on residential parenting assessments, with greater use of parent and child fostering to maintain babies in family-based care wherever safe.
- Three locality-based pre-birth teams now operate under a single Head of Service, strengthening consistency, oversight and practice standards. Clear eligibility criteria are in place and refined through learning and audit. PQA activity shows more children benefiting from earlier pre-birth assessments, resulting in clearer analysis and more proportionate planning, though leaders recognise the need for all assessments and planning to begin at the earliest opportunity. Earlier assessment has reduced the need for residential parenting assessments, with increased use of parent and child fostering placements supporting safe family-based care. Overall, the strengthened pre-birth model is improving early decision-making, reducing unnecessary separation and supporting babies to remain safely within their families, with earlier assessment, stronger oversight and improved court readiness delivering better outcomes from the very start of life.

## Pre-Proceedings:

- Although care proceedings increased between Q3 2024 and Q3 2025, volumes remain lower than two years ago. A slight reduction in cases concluding within 26 weeks reflects wider system pressures, not unsafe practice. Most cases conclude at IRH, enabling earlier permanence decisions and reducing uncertainty for children. Court timeliness is improving, with average case duration reducing from 38 to 36 weeks, supporting more timely and stable outcomes. Thematic audits identified early drift for a small number of children, prompting targeted leadership action that reduced long-running pre-proceedings. PQA activity confirms that children enter proceedings at the appropriate threshold.
- Following the 2023 inspection, leaders reviewed all children living at home under care orders, those with plans to discharge care orders, and children in foster care with SGO plans. A newly appointed Head of Service for Permanence is strengthening focus and momentum. Oversight has improved through citywide tracking by court progression officers and the legal team, alongside enhanced scrutiny via the Citywide PLO meeting chaired by the Director of Help and Protection and the Operational PLO Oversight Meeting chaired by the Assistant Director for CP. While progress in securing legal permanence is improving, leaders recognise that additional capacity is required to increase pace across all three cohorts.
- Further senior scrutiny is provided by a newly appointed Head of Service for Legal Planning Meetings, strengthening consistency and grip, with increased impact expected as the role embeds. The PLO framework is stable and well understood. Improvement priorities include earlier completion of parenting assessments, clearer articulation to court of work completed during pre-proceedings, and more consistent exploration of wider family and connected-carer options. Overall, strengthened operational and strategic oversight since Ofsted 2023 has improved pace, reduced delay and established a clear trajectory of sustained improvement.



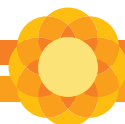
# SPECIALIST SERVICES

## Introduction

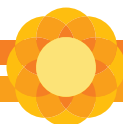
- Birmingham Children's Trust provides a coherent range of **specialist services for Special Needs** (which include children and families whose needs require targeted, intensive or specialist intervention, including disabled children, adolescents facing harm outside the home, children affected by exploitation, domestic abuse, or neglect,) and **Specialist Services for Strengthening Families** (for families requiring sustained whole-family support). Therefore, strengthening Families is one component of this wider specialist offer, operating alongside other dedicated pathways designed to respond to complexity, reduce risk and prevent escalation.
- Across specialist services, evidence shows improving impact, with children increasingly supported to remain safely within their families and communities wherever possible. Risk is being identified earlier, interventions are more focused, and step-down from statutory involvement is clearer, supporting improved safety, stability and emotional security for children. This has been underpinned by a strengthened workforce, increased use of trauma-informed and relational practice, improved data and performance intelligence, and clearer specialist pathways. Leaders recognise that impact is not yet consistent across all cohorts, and further sections set out the progress, challenges and next steps for each specialist service in detail.

## SPECIALIST SERVICES FOR STRENGTHENING FAMILIES

- The Trust has developed a comprehensive suite of specialist services that sit around core provision to strengthen families and deliver its strategic objectives. These are early-help, family-based support, and Trauma-informed services for children and families. They include Breathe Trust Connect, Edge of Care, Family Group Conferencing, Lifelong Links, Intensive Family Therapy and the Southwark Team, all enabling more children to remain safely within their families, diverting children from care, reducing progression to child protection and supporting timely step-down from statutory plans.
- **Breathe Trust Connect (BtC)** provides early, trauma-informed support for parents who have experienced the removal of a child, including a dedicated pathway for care-experienced parents. The service focuses on strengthening parenting capacity, attachment and emotional regulation, recognising the cumulative impact of trauma, loss and past care experiences on parenting. BtC supports parents during pregnancy and early infancy, helping to reduce risk, promote safe caregiving and prevent repeat removals where possible.
- Evidence indicates that therapeutic, relational practice through BtC is contributing to more purposeful engagement with parents, improved emotional regulation and strengthened parent-infant relationships. This has supported earlier intervention, step-down from statutory plans, and reduced escalation to proceedings for some families. Care-experienced parents report feeling better understood, supported and more confident in their parenting, with BtC receiving national recognition and expanding referral pathways reflecting growing confidence in the model. Leaders recognise that earlier referrals and stronger links with maternity services are critical next steps to maximise impact, particularly for parents with previous care or removal histories.



- **Family Group Conferencing (FGC) and Lifelong Links:** Family Group Conferencing (FGC) is a core, family-led intervention that enables children to achieve safer, more sustainable outcomes by mobilising their own family networks. By bringing together parents, extended family and significant others, FGC supports families to take ownership of decision-making and develop plans that are more likely to endure. The Trust uses FGC system-wide, at the Front Door, within Family Help, and ahead of escalation to Child Protection or care, ensuring that family solutions are actively explored before statutory intervention is intensified. FGC is now embedded as a key decision-making mechanism, not a standalone service. Its expanded use across Family Help, Child Protection and pre-proceedings is improving proportionality, reduced unnecessary escalation and supported earlier step-down from statutory involvement. For children, this means greater likelihood of remaining safely within their family or kinship networks, improved stability and continuity, and plans that are rooted in relationships they know and trust. The Trust continues to evidence the consistent use and impact of FGC at critical decision points across the system.
- **Lifelong Links** complements this offer by supporting children, particularly those in or on the edge of care, to reconnect with siblings, parents and wider family networks to build lasting relationships and identity.
- **Impact:** Since April 2025, 1,721 FGC requests from 850 families resulted in 672 conferences, representing a 52% increase on the previous year. This demonstrates significantly increased system confidence in family-led planning. FGCs have enabled more children to remain safely within their families or wider kin networks, reducing escalation and supporting earlier, proportionate decision-making. 76% of families rated their FGC as excellent, evidencing positive experience and engagement. Importantly, 86% of children progressing to ICPC were offered an FGC, strengthening early family involvement before statutory escalation. Lifelong Links received 96 referrals in the past 12 months, supporting children to reconnect with siblings, parents and extended family. Conversion rates average 50%, with a 38% increase in referrals in February 2026, reflecting growing practitioner confidence and recognition of its value in supporting permanence, identity and emotional wellbeing.
- **Intensive Family Therapy (IFT):** IFT provides time-limited, specialist intervention for families experiencing high levels of complexity, including neurodiversity, parental mental health needs, poverty and entrenched relational difficulties. The service works intensively with families where children are at risk of entering care, focusing on strengthening relationships, reducing risk and supporting sustainable change.
- **Impact:** Between April 2025 and January 2026, 275 referrals were received and 57 families completed intensive intervention. Outcomes for children are strong: 92% remained safely at home, 80% were engaged in education, and 93% had no new arrests during intervention. These outcomes demonstrate the effectiveness of intensive, whole-family therapeutic work in preventing care entry, reducing harm and improving stability for children living in highly complex circumstances.
- **Southwark Team (16–17-Year-Olds at Risk of Homelessness):** The Southwark Team provides specialist support to 16–17-year-olds who are homeless or at risk of homelessness, delivering timely safeguarding responses and rights-based support. Following Ofsted 2023 findings that recognised immediate safeguarding but identified inconsistency in recording young people’s accommodation rights, the service has since been strengthened and clarified.

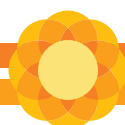


- **Impact:** The established team now provides earlier, safer and more rights-focused intervention, with timely holistic assessments under Sections 17 and 20, clearer SMART pathway planning, and access to four dedicated assessment beds, improving immediate safety and stability. Young people report feeling listened to, respected and empowered, with clearer routes into education, health services and independence support. Practice now better evidences young people’s legal entitlements, decision-making and progression, strengthening both safeguarding and outcomes.

### What we are doing to improve:

- Strengthening families' services continue to focus on early intervention, prevention and family-based solutions, supported by skilled, trauma informed practitioners. Investment in therapeutic models, including systemic psychotherapy, intensive home-based work and 24/7 crisis response, is strengthening impact at points of greatest risk.
- Workforce stability and multi-agency collaboration are being strengthened to improve safety planning, education engagement, missing responses and exploitation focused practice.
- Services are improving pathway alignment, step down planning and post intervention tracking to ensure sustained progress.
- Leaders are using QA, outcomes data and feedback to refine access routes, strengthen equity and improve consistency across services.

What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>• Children are safer, more emotionally secure and more likely to remain within their families, avoiding unnecessary care or proceedings.</li> <li>• Families experience reduced conflict, improved parenting capacity and greater stability, supporting children’s wellbeing and development.</li> <li>• Children report feeling heard, supported and involved in decisions, with stronger relationships and clearer plans for their future.</li> <li>• Young people at risk of homelessness experience earlier protection, improved stability and greater understanding of their rights, better preparing them for adulthood.</li> <li>• Reconnection with family networks strengthens identity, belonging and permanence, improving long term life chances.</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier access to services, particularly earlier referrals and stronger maternity links, remains a priority to maximise preventative impact.</li> <li>• Post intervention tracking, education pathways and exploitation focused practice require further strengthening to evidence sustained outcomes.</li> <li>• Ethnicity patterns, identity and inclusion need deeper analysis to ensure equitable access and impact across all services.</li> <li>• For adolescents and homeless young people, further improvement is needed in early identification, mediation, independent living readiness and out of hours housing options.</li> </ul>



## Direct Quotes and Feedback:

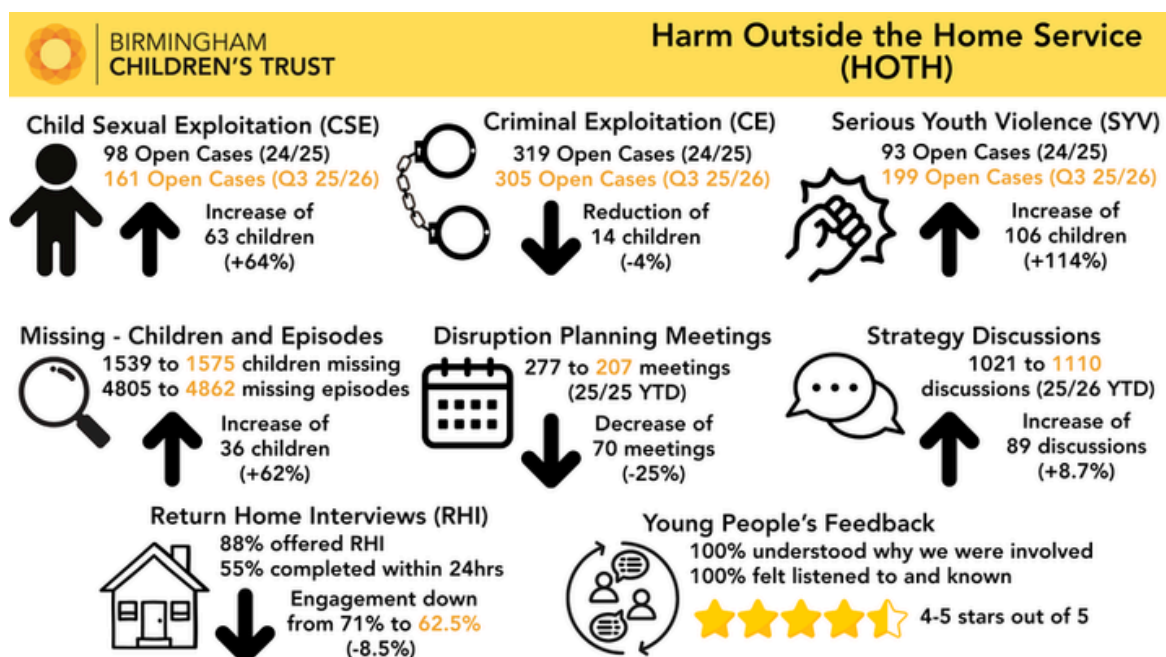
- KB, Principal Officer for Child Protection, Child Protection and Review Service:

*"... I want to recognise a fabulous piece of work with the family. There have been significant concerns for some 5 years for the children and the court (private law proceedings) has been involved extensively. There has been tremendous change for the children over the 9 months of the cp plan. A significant piece of work has been completed by MC with father and the 13yr old daughter where their relationship has been restored and the emotional health of the child improved. Overall, there has been a major change in how parents are communicating, and they are now co-parenting. Well-done E and MC! Mother and father also asked me to pass on their thanks for all the support they have received."*

Feedback for Edge of Care from parents, children and other professionals:

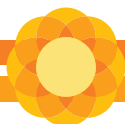
- K, RM (12 years) and TM's (15 years) mother said: *"When NW first came my family had completely fell apart every day was a constant battle, police here at least once a week. It has completely done a u turn rarely any arguing anymore and if there is it's over within a couple of minutes. My house is starting to feel like a home again not hell thanks to NW. NW has helped me how to handle situations and giving the children's there safe spaces and when best to approach not in the moment when they are calm. NW has been amazing really helpful. She got me through the worst point of my life with my children..."*
- How were things before we came to help your family? B age 15: *"They were terrible until KG got sent out due to the big argument and because I had moved out, it was not good at all. I wanted to go back but felt I couldn't speak to my parents. KG made it so I could speak to them without getting in trouble, she came out to see me and we talked then she spoke to them explained how I felt and I managed to come back home."*

## SPECIALIST SERVICES FOR SPECIFIC NEEDS EMPOWERU



## What do we know? Data/QA/Feedback

- EmpowerU is a multi-agency, preventative contextual safeguarding programme bringing together Children's Social Care, Police, Education, Health, Youth Justice, Youth Services and the voluntary sector. It operates as a shared intelligence, decision making and intervention hub for children affected by Missing, Criminal and Sexual Exploitation, and Serious Youth Violence (SYV). The model strengthens threshold consistency, information sharing and shared accountability, reducing unnecessary escalation into statutory safeguarding while improving system grip, timeliness and outcomes for children.
- Children affected by HOTH experience complex, fast-moving risks beyond the family environment, shaped by intersecting vulnerabilities including poverty, school exclusion, neurodiversity, discrimination and community level factors. EmpowerU coordinates multi agency risk assessment, disruption activity and relational direct work, supporting earlier identification, proportionate responses and more effective safeguarding.
- Performance data, quarter on quarter trends and QA evidence show a significant rise in identified demand across HOTH cohorts alongside strengthened identification, improved partnership intelligence and more confident practice responses. Increased volumes reflect improved screening, professional curiosity and intelligence sharing rather than increased prevalence alone. Since the 2023 inspection, where EmpowerU was identified as a strength, the Trust has moved from effective individual casework to stronger system wide consistency, clearer pathways and more embedded contextual safeguarding practice.
  - Child Sexual Exploitation (CSE) increased from 98 (24/25) to 161 by Q3 25/26, a 64% rise (+63 children). Quarter on quarter trends show sustained growth driven by improved identification and multi-agency intelligence rather than escalation of harm.
  - Criminal Exploitation (CE) reduced slightly from 319 to 305 (4%). QA evidence links this to effective disruption activity, young people turning 18, and appropriate re categorisation into SYV, indicating stabilisation and more accurate risk profiling.
  - Serious Youth Violence (SYV) increased from 93 to 199, a 114% rise (+106 children). This aligns with the launch and embedding of the EmpowerU SYV team, improved early identification and stronger partnership intelligence. The increase reflects enhanced visibility and earlier intervention rather than unmanaged escalation.
  - Missing data shows small increases: children missing rose from 1,539 to 1,575 (+2%), and episodes from 4,805 to 4,862 (+1%). QA interpretation suggests improved parental awareness, professional responsiveness and consistent reporting, enabling earlier safeguarding action.
- Quality assurance indicators show a 11% reduction in Disruption Planning Meetings (277 to 247 at end of Q4 2025/26), reflecting tighter POLE thresholds, increased use of case consultations and a rise in multi-agency strategy discussions (1,021 to 1,110). This demonstrates more proportionate, intelligence led decision making, with earlier and more effective multi agency intervention. Return Home Interviews (RHI) continue to be offered to 85% of children.
- Analysis highlights persistent over representation of children of Caribbean, White & Caribbean and White & Asian heritage across Missing, exploitation and SYV cohorts. Triangulated data and practice learning indicate this reflects structural and contextual factors, including deprivation, exclusion and community level vulnerability rather than ethnicity alone. Further analytical work is planned to extend this to disability and sexuality, strengthening an EEDI informed response.

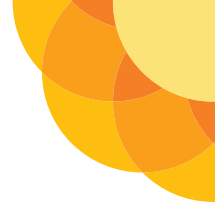


- Feedback from practice learning, case reviews and multi-agency forums evidences improved role clarity, stronger partnership working and more consistent post missing engagement. Direct feedback from young people supported by the EmpowerU SYV team is consistently positive: all children understood why professionals were involved, felt listened to and known by their worker, and rated feeling safer 4–5 out of 5. Qualitative feedback highlights trust, consistency and relational practice, with young people describing workers as supportive, caring and instrumental in helping them make safer choices.

## What we are doing to improve

- The EmpowerU SYV team, launched in January 2025, continues to embed a wraparound, risk-based approach for high-risk adolescents, strengthening continuity, oversight and timeliness. Leaders are sharpening intelligence quality, professional curiosity and post-missing engagement to ensure risk analysis remains dynamic and responsive.
- Daily intelligence-sharing and coordinated multi-agency disruption activity are embedded as business as usual, improving the quality and speed of safeguarding responses. Planned deployment of dedicated HOTH Practitioners into district teams will extend the EmpowerU model across exploitation and CSE, strengthening locality-based responses and alignment between specialist and district services.
- System learning focuses on aligning pathways, thresholds and responses so children receive the right intervention at the right time, with proportionate escalation and step-down. Tighter DPM thresholds and enhanced POLE intelligence ensure disruption activity is purposeful and impactful. A new engagement strategy for children resistant to RHIs is being rolled out alongside recruitment of additional Missing Support Workers. Localised NRM decision-making is being piloted to secure faster, more child-centred outcomes for potential victims of trafficking.
- Overall evidence shows a system increasingly skilled at identifying contextual harm earlier, categorising risk more accurately and coordinating multi-agency responses with confidence. Rising demand reflects improved visibility and professional vigilance, not system strain. However, persistent disproportionality, static RHI timeliness and reduced engagement among a complex cohort highlight where practice must deepen, particularly around relational, youth-led and EEDI-informed interventions.

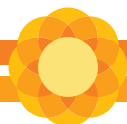




<b>What difference this makes for children</b>	<b>Commitment to further improvement</b>
<ul style="list-style-type: none"><li>• Children are identified earlier, including those previously hidden from view, enabling earlier protection and disruption of harm.</li><li>• Improved contextual risk analysis supports more confident, proportionate and timely interventions, reducing repeat harm for some children.</li><li>• Wraparound support and improved continuity strengthen relationships, safety and emotional stability, particularly for adolescents and care-experienced young people.</li><li>• Coordinated disruption activity and pathway realignment are beginning to reduce exploitation risk, contributing to safer and more stable outcomes.</li><li>• Localised NRM decision-making reduces delay and uncertainty for trafficked children, supporting recovery and stability.</li></ul>	<ul style="list-style-type: none"><li>• Further work is required to sharpen intelligence quality, particularly following missing episodes, and to deepen disproportionality analysis by extending it to disability and sexuality.</li><li>• Embedding the district-based HOTH model consistently is critical to achieving city-wide impact.</li><li>• Continued focus is needed to improve RHI timeliness and engagement through more flexible, youth-centred approaches; strengthen multi-agency intelligence pathways; and embed contextual safeguarding practice across all service areas.</li><li>• Sustained attention to community-level drivers of risk, school exclusion and neighbourhood vulnerability will ensure responses remain preventative, proportionate and equitable.</li></ul>

**Direct Quotes:**

- *“Got me on the right path”*
- *“He is a very friendly and very understanding person, is a really good person”*
- *“Show that he was committed and cared about the situation. Answered all the questions that we were concerned about.”*



# SUPPORTING CHILDREN AND FAMILIES AFFECTED BY DOMESTIC ABUSE

## Demand and Referral Patterns

**9,181**

domestic abuse contacts in 2025



**2,895**

progressed to Family Assessment (31.5%)

## Referral Sources



54% police



8.6% schools



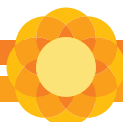
7.8% primary health

**73%**

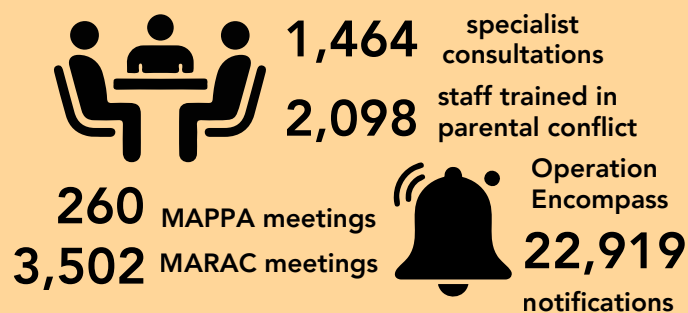
involved children not known to the Trust

## What do we know? Data/QA/Feedback

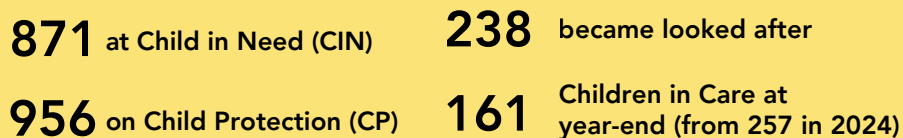
- Domestic abuse remains a significant and growing driver of demand, particularly for families previously unknown to the Trust. In 2025, the Trust received 9,181 domestic-abuse-related contacts, with 2,895 progressing to Family Assessment. Demand is driven primarily by police referrals (54%), while referrals from schools (8.6%) and primary health (7.8%) remain comparatively low, highlighting missed opportunities for earlier identification and prevention through universal services. Notably, 73% of referrals involved children not previously known to the Trust, reinforcing the importance of strong front-door screening and timely safeguarding responses.
- The profile of children affected by domestic abuse has remained consistent, with White British (38%) and Pakistani (33%) children most represented and no evidence of gender disproportionality, underlining the need for culturally competent and equitable practice. Ofsted (2023) identified the Trust's domestic abuse response as under-resourced. Since then, leaders have delivered significant transformation, recognising that reliance on commissioned provision alone was insufficient to meet need.
- QA activity and performance data show stronger early risk identification, improved alignment of intervention to risk and increasing consistency in practice. Outcomes evidence improvement. In 2025, 871 children were supported at CIN, 956 required Child Protection intervention, and 238 became looked after, with 161 children remaining in care at year-end, compared to 257 in 2024. Re-referrals and the number of children remaining in care have reduced, suggesting more effective early intervention and sustained risk reduction. Assessments consistently identify co-occurring needs, particularly parental substance misuse, reinforcing the importance of a trauma-informed, whole-family approach.
- Partnership activity provides strong assurance. In 2025, this included 3,502 MARAC meetings, 260 MAPPA meetings, 22,919 Operation Encompass notifications, and 2,098 staff trained in parental conflict. Following redesign, specialist consultations reduced to 1,464, indicating improved confidence and capability within frontline teams. The initiation of nine Domestic Abuse Related Death Reviews reflects the complexity of need and the intersection between domestic abuse, mental health and suicide risk.



## Partnership Activity (2025)

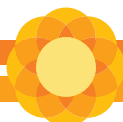


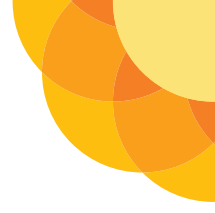
## Quality Assurance and Outcomes (2025)



## What we are doing to improve

- The Trust has embedded a tiered, whole-family domestic abuse model within Family Help, supported by the recruitment of 19 Domestic Abuse Specialist Practitioners. This includes 10 district-based specialists supporting low- and medium-risk cases, and nine DRIVE practitioners—six perpetrator workers and three IDVAs—delivering intensive, evidence-based intervention in high-risk situations. This ensures perpetrators are actively challenged and behaviour is addressed, while children and non-abusive parents receive focused, trauma-informed support.
- Workforce capability continues to strengthen. Ten staff have completed Women’s Aid-accredited Level 4 Domestic Abuse apprenticeships, with further cohorts planned for April and October 2026, expanding IDVA, ISVA and CHIDVA capacity. Improved data capture and analysis are sharpening understanding of cumulative harm and inequality, supporting more informed decision-making and targeted intervention.
- Multi-agency arrangements through MARAC, MAPPAs, Operation Encompass and parental conflict pathways continue to be strengthened, ensuring risk is shared promptly, perpetrators are managed robustly, and safeguarding responses are coordinated and timely.
- Overall, despite increasing demand, the domestic abuse response demonstrates strong leadership grip, effective partnership working and sustained improvement since 2023, with children experiencing earlier intervention, reduced repeat harm and safer, more stable outcomes.



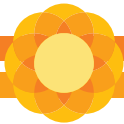


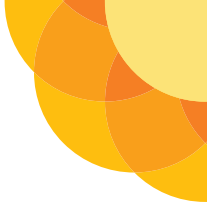
<p><b>What difference this makes for children</b></p>	<p><b>Commitment to further improvement</b></p>
<ul style="list-style-type: none"> <li>• Children affected by domestic abuse are now identified earlier, experience more decisive safeguarding, and receive support that is better matched to risk. The redesigned model has closed previous gaps, reduced drift and strengthened accountability, ensuring responses are proportionate and purposeful.</li> <li>• Stronger front-door decision-making and integrated working within Family Help are reducing repeat harm and enabling more children to remain safely within their family networks.</li> <li>• Where risk escalates, children receive timely statutory intervention, supported by effective multi-agency safety planning and active perpetrator management. Improved continuity, relational practice and whole-family intervention contribute to greater stability, fewer repeat episodes and safer outcomes for children and non-abusive parents.</li> </ul>	<ul style="list-style-type: none"> <li>• While progress is clear, leaders recognise that continued focus is required to strengthen analytical depth and ensure responses are consistently equitable across all communities.</li> <li>• Earlier identification through schools and primary health remains a key opportunity for development.</li> <li>• Sustaining workforce capacity as demand continues to rise, strengthening perpetrator-focused interventions, and ensuring learning from Domestic Abuse Related Death Reviews consistently informs frontline practice remain priorities.</li> </ul>

## SUPPORTING CHILDREN EXPERIENCING LONG-TERM NEGLECT

### What do we know? Data/QA/Feedback

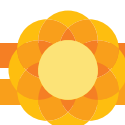
- Neglect remains a significant feature for children known to the Trust; however, data and QA evidence demonstrate clear improvement in both scale and impact. Over the past 12 months, the number of children subject to a Child Protection Plan for neglect reduced from 572 (February 2025) to 477 (February 2026), representing a 17% reduction. This reflects earlier identification of neglect, more effective targeted early help, and timely, proportionate statutory intervention where risk escalates.

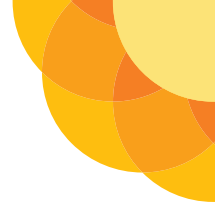


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- The profile of neglect has shifted, with alcohol and substance misuse now overtaking parental mental health as the most significant driver. Children subject to neglect plans most commonly experience:
    - Domestic abuse – 38%
    - Parental mental health difficulties – 36%
    - Alcohol or substance misuse – 31%
    - Beyond parental control – 14%
  - Many families are also affected by poverty, overcrowding and insecure housing, increasing the importance of skilled analysis to distinguish poverty related adversity from neglect.
  - QA activity and thematic audit work provide strong assurance. The TLT Thematic Audit of children subject to neglect plans for over 12 months confirms that GCP2 is well understood and consistently adds value, including where assessments are completed by non-allocated practitioners. For the majority of children audited, support was improving lived experience and reducing risk. Where used, GCP2 assessments are consistently of good quality, supporting clearer analysis, stronger parental engagement and more confident decision making. However, QA also highlights areas requiring further strengthening: EEDI is not yet embedded consistently, GCP2 use remains variable across services, and further analytical work is required to deepen understanding of the changing neglect profile.
  - During the 2023 inspection, inspectors identified limited impact for a small number of children experiencing long term neglect, including insufficiently impactful visits and management oversight. Since then, neglect has remained a priority improvement area, with evidence now showing stronger threshold consistency, more effective escalation and timelier review conferences, supporting safer step down.

## What we are doing to improve:

- Neglect continues to be a strategic priority for the Trust. The Neglect Strategy is embedded across services, supported by an active network of Neglect Champions, consistent supervision and a strengthened QA framework. Workforce development has been refocused to reflect the changing drivers of neglect, with increased emphasis on parental alcohol and substance misuse and medical neglect.
- The district Family Help model is strengthening local needs analysis, multidisciplinary working and targeted early intervention. Audit learning is being applied more systematically to improve practice consistency, ensure GCP2 is used at the right point, and strengthen decision making across all services. Planned district level analysis will further support targeted early help responses and better alignment of specialist expertise within frontline teams.
- Since 2023, practice has been strengthened through the rollout of the Neglect Toolkit and GCP2. This year alone, 221 practitioners have been trained, and 463 GCP2 assessments have been completed, primarily within Targeted Family Help and Families Together. Partnership working and effective use of GCP2 are enabling earlier identification, clearer analysis and more timely intervention for children experiencing neglect.



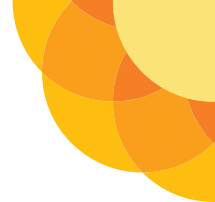


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<p><b>What difference this makes for children</b></p>	<p><b>Commitment to further improvement</b></p>
<ul style="list-style-type: none"> <li>• Children now experience a more focused, consistent and timely response to long term neglect. Fewer children require sustained child protection intervention, with more supported earlier through targeted, proportionate help.</li> <li>• Improved forensic understanding of neglect is shaping intervention, particularly in areas such as medical neglect and adolescent self-neglect, including diabetes, strengthening risk management and outcomes.</li> <li>• Where GCP2 is applied effectively, children benefit from clearer analysis, more purposeful plans and stronger parental engagement, leading to improved day to day experiences, reduced drift and greater stability.</li> <li>• Stronger partnership working and improved review processes ensure children are stepped down safely when risk reduces. Overall, children are more likely to experience earlier help, clearer intervention and improving safety and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Further improvement is required to embed EEDI informed analysis consistently, ensuring assessments and plans fully reflect children’s identity, culture and lived experience.</li> <li>• GCP2 use should be embedded consistently across all services, not solely within Family Help.</li> <li>• Continued focus is also needed to respond to the growing impact of parental alcohol and substance misuse, ensuring specialist expertise is accessible within frontline teams.</li> <li>• Deepening understanding of emerging neglect patterns and ensuring improved analysis translates into sustained impact for children, particularly those experiencing long term neglect, remains a key priority as the Trust continues its improvement journey.</li> </ul>



# SUPPORTING CHILDREN IN ELECTIVE HOME EDUCATION (EHE) AND MISSING FROM EDUCATION

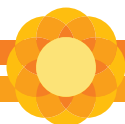


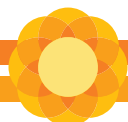
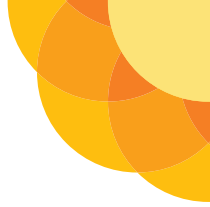
## What do we know? Data/QA/Feedback

- Leaders have made clear and sustained progress in strengthening safeguarding oversight for children who are electively home educated (EHE) and those missing from education (CME). Improved data quality, clearer pathways and increased capacity have significantly strengthened visibility of risk, enabling earlier identification of vulnerability and more timely intervention for children who are educated outside of school or at risk of becoming out of sight.
- As of February 2026, 2,939 children are registered as EHE, including 144 children known to Birmingham Children's Trust. There is increasing identification of additional need within this cohort, with 128 children holding Education, Health and Care Plans (EHCPs) and 54 receiving SEND Support, reinforcing the importance of strong alignment between education and safeguarding. Where education has been assessed as unsuitable, strengthened challenge has resulted in 93 School Attendance Order referrals, supporting children's right to appropriate education and safeguarding.
- For children missing education, 722 children are now actively tracked, with prioritisation given to those with CIN, CP or EHCP status. Increased staffing and improved multi-agency information-sharing have strengthened oversight and accelerated response times, enabling children to be located more quickly and supported back into education. SEND identification within the CME cohort has improved (16 EHCPs; 57 SEND Support); however, ethnicity data completeness remains low at 38%, limiting full understanding of disproportionality and requiring focused improvement.
- Ofsted (2023) recognised effective safeguarding systems for children missing from school but identified that fragmented recording systems limited rapid understanding of children's lived experience. In response, Birmingham City Council has delivered a service redesign, introducing district-based advisor capacity, enhanced leadership and a more representative workforce. This has embedded an intersectional, anti-racist and child-rights-based approach, supported by real-time dashboards that now provide clearer insight into safeguarding indicators and SEND profiles. As a result, ethnicity data completeness for EHE has improved significantly from 38% to 78%.
- Formalised complexity hub discussions, regular reviews and systematic lateral checks now strengthen analysis of patterns, themes and safeguarding risk, providing clear escalation routes for high-risk cases and improving coordination across education, health, police and children's social care.

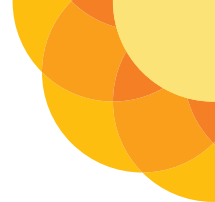
## What we are doing to improve:

- The service redesign continues to be embedded, with district-based advisors, enhanced leadership capacity and improved data intelligence strengthening safeguarding practice and accountability. Real-time dashboards are now used routinely to monitor risk, SEND need and patterns of vulnerability, supporting earlier intervention and more informed decision-making.
- Partnership working with Health, SENAR, Birmingham Children's Trust, Ofsted and the voluntary sector has been strengthened to improve coordination and reduce delay. Formalised complexity hub discussions, lateral checks and regular multi-agency reviews are being used to sustain grip on high-risk cases and ensure children receive timely, coordinated responses.
- Focused work is underway to strengthen equity and inclusion, including improving CME ethnicity data capture, embedding culturally competent practice and continuing to develop an intersectional, anti-racist approach across the service.

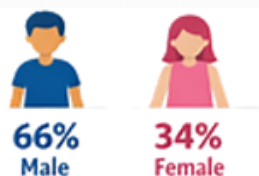
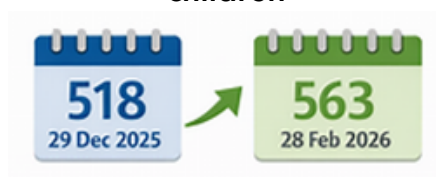




# SUPPORTING DISABLED CHILDREN

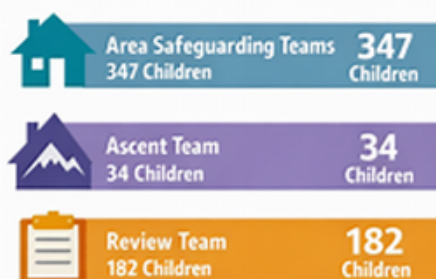


## Number of children



## Gender

## Service Structure & Caseload Distribution

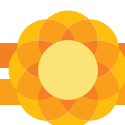


## Overview

The Children with Disabilities (CWD) Service provides specialist social care support to children and young people aged 0–18 with a complex and substantial disability, where disability is the primary need. Most children supported hold an Education, Health and Care Plan (EHCP) and attend specialist provision. The service delivers safeguarding, assessment, planning and review through three safeguarding teams, a Review Team for children with packages of care and no safeguarding concerns, and the Ascent Team, which provides intensive therapeutic support for children at risk of, or stepping down from, CAMHS Tier 4. Across all pathways, the service works closely with health, education and partners to promote safety, stability and improved outcomes for disabled children and their families.

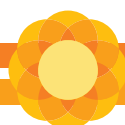
## What do we know? Data/QA/Feedback

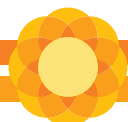
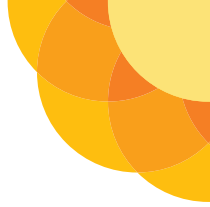
- Demand continues to rise, increasing from 518 children open in December 2025 to approximately 563 by February 2026, reflecting growing levels of need and complexity across the city. Children are supported across safeguarding, review and specialist pathways. Approximately 450 children are held across the CWD safeguarding and Ascent teams, with a further approximately 180 children supported by the CWD Review Team where there are packages of care and no active safeguarding concerns.
- **Ascent Team:** Holds a capped caseload of approximately 36 children at any one time due to the intensity of work. Caseload remains stable, with recent throughput balanced (13 allocations and 11 closures). No children became looked after and there have been no Tier 4 readmissions, with 118 young people supported remaining with their families at de allocation, providing strong evidence of impact and stability.
- **CWD Safeguarding Teams (x3):** Support approximately 414 children, derived from the combined safeguarding and Ascent cohort of around 450 children, minus the capped Ascent caseload. These teams provide end to end statutory social work support, including CIN, CP and CIC pathways.
- **CWD Review Team:** Supports approximately 180 children receiving packages of care where there are no safeguarding concerns. While live caseload figures fluctuate, Power BI reporting confirms this cohort as a distinct pathway focused on stability, review and support.



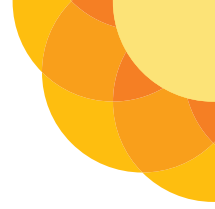
## What do we know? Data/QA/Feedback

- The cohort reflects Birmingham's diversity (41% Asian, 14% Black and 25% White children; 66% male), reinforcing the importance of inclusive, culturally competent and trauma informed practice. QA, inspection and performance evidence provide strong assurance. The Ofsted focused visit (September 2024) and Area SEND inspection (June 2025) confirmed positive and trusting relationships between children and practitioners, regular statutory visits, effective communication with families, strong partnership working and timely transitions, including safe admissions to and discharges from Tier 4 mental health provision.
- Practice Evaluation activity shows that good practice predominates overall. A temporary dip in Q1 was identified and closely monitored, with clear recovery in Q2–Q3, evidencing improving stability, practice quality and impact for children. Children's engagement has strengthened, with most experiencing good quality, consistent relationships with practitioners and their wishes and feelings increasingly informing assessments and plans, strengthening agency. Assessment quality has improved, with children's needs more clearly identified and recommendations more robust and outcome focused. However, EEDI integration has declined, limiting how fully assessments reflect children's identity, culture and lived experience. While more children benefit from clear plans, impact remains variable for a small number, reflecting inconsistency in partnership effectiveness and plan delivery. Management oversight has strengthened by Q3, with improved supervision quality and clearer decision making recorded, although some variability remains and continued focus is required to ensure consistent grip across all cases.





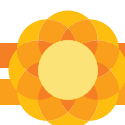
# SUPPORTING CHILDREN IN FAMILIES WITH NO RECOURSE TO PUBLIC FUNDS (NRPF)

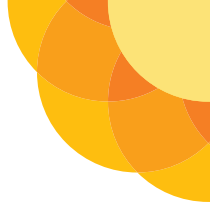


Children in NRPF families experience heightened vulnerability arising from immigration uncertainty, financial hardship and unstable housing, compounded by barriers to accessing services, particularly where language limits participation and understanding.

## What do we know? Data/QA/Feedback

- Performance data shows a positive trajectory over the last year. The number of children open to the NRPF service reduced from 93 in FY2024 to 80 in FY2025, representing a 14% reduction in caseload. At the same time, Child in Need (CIN) plans reduced from 65 to 62, evidencing more proportionate, sustained intervention rather than drift within statutory processes. Management oversight has strengthened significantly. The number of CIN plan reviews held and completed on time increased from 51 to 58, a 14% improvement, demonstrating grip and more consistent review of children's progress.
- Practice Quality Assurance (PQA) activity triangulating IMT data, Power BI dashboards and reflective practice discussions confirms that most children are making clear progress towards improved stability, safety and wellbeing. Children benefit from timely intervention, consistent safeguarding oversight and continuity of relationships within a stable specialist NRPF team. However, PQA also identifies language access as the most significant barrier affecting children's participation, understanding and pace of progress.
- Targeted risk mitigation has strengthened outcomes. There has been reduced use of B&B accommodation, clearer accommodation pathways and proactive engagement with the Home Office through the Connect database. A significant achievement has been the securing of two NRPF-only properties providing 16 self-contained, medium-term family accommodation units, markedly improving stability, routines and safeguarding oversight for children.
- Equity, Equality, Diversity and Inclusion (EEDI) is a core feature of NRPF practice. The service operates under a clear NRPF EDI Statement of Commitment, recognising the impact of disability, culture, migration history and lived experience on children's outcomes. Practice is flexible and responsive rather than model-driven, with ongoing reflection through supervision, group supervision and team learning. Strengthening how family feedback is captured and used remains a key area for development.

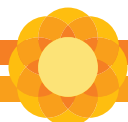
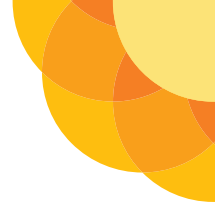




## What we are doing to improve:

- The Trust continues to embed a specialist, citywide NRPF model, maintaining strong management oversight and consistent thresholds. Accommodation pathways have been strengthened through reduced reliance on B&B, closer partnership with BCT Housing, and proactive use of NRPF-only accommodation to improve stability and safety for children.
- Addressing language access is a priority. The service is introducing real-time translation devices, expanding culturally appropriate direct-work resources, and strengthening interpreting provision in partnership with Strategic Commissioning. This will improve children's ability to participate, understand decisions and have their voice heard.
- EEDI principles are being actively embedded through trauma-informed, EDI-aligned direct-work tools and reflective practice. The service is also developing structured feedback mechanisms to better understand families' experiences, the impact of interventions and whether communication builds confidence, connection and understanding.
- To strengthen advocacy, the service is planning Level 1 and Level 2 immigration training to improve practitioner confidence when working with immigration advisors, solicitors and the Home Office, particularly in complex or prolonged cases.



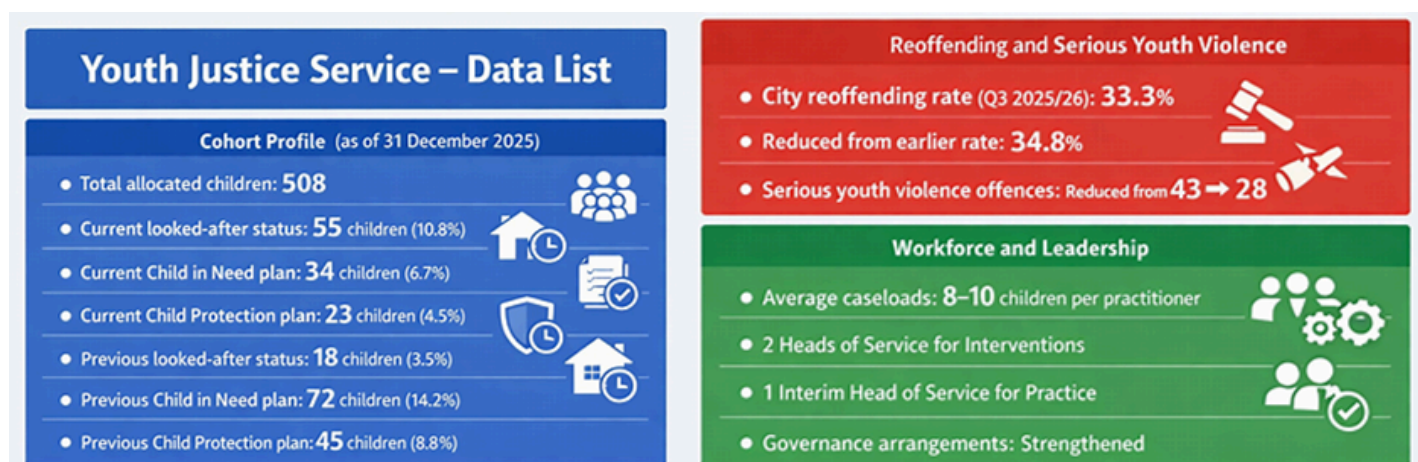


## SUPPORTING CHILDREN IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

- Birmingham’s Youth Justice Service (YJS) supports highly vulnerable children through a clear Child First approach that prioritises identity, safety and long-term change. Relationship-based, trauma informed practice is strengthened by stable staffing, manageable caseloads and child-focused environments that build trust, engagement and emotional safety. Interventions focus on strengths, aspirations and restorative practice, helping children reflect, repair harm and reconnect with family, education and community life. Diversion is improving, with stronger assessment, planning and early intervention beginning to disrupt harm trajectories and contributing to early reductions in reoffending and serious youth violence. Leaders have made diversion a core priority, and children’s voices increasingly shape service design through embedded feedback, influencing training, recruitment and work on disproportionality.
- Progress is being driven through the Youth Justice Improvement Plan (2025/26), aligned to HMIP expectations and focused on governance, workforce, case management and victims’ work. Leadership grip and workforce capacity have strengthened, early impact is visible, and the service remains firmly committed to Child First principles with a clear focus on improving outcomes for children, victims and communities.

### What do we know? Data/QA/Feedback

- As of 31 December 2025, the Youth Justice Service (YJS) was working with 508 allocated children, reflecting a cohort with significant complexity, safeguarding history and cumulative vulnerability:
- 55 children (10.8%) had a current looked after status
- 34 children (6.7%) had a current Child in Need plan
- 23 children (4.5%) had a current Child Protection plan
- 18 children (3.5%) had a previous looked after status
- 72 children (14.2%) had a previous Child in Need plan
- 45 children (8.8%) had a previous Child Protection plan





## What do we know? Data/QA/Feedback

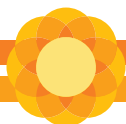
- This profile reinforces the need for strong multi agency alignment, trauma informed practice and consistent oversight, as many children experience overlapping statutory involvement, educational exclusion, neurodivergence and exposure to harm.
- The city reoffending rate at the end of Q3 2025/26 stands at 33.3%, reducing from 34.8% earlier in the year. While reoffending remains a key challenge, this downward movement provides early, cautious assurance that strengthened oversight, planning and workforce capacity are beginning to influence outcomes. Serious youth violence offences have also reduced (43 → 28), indicating improved disruption and prevention activity.
- Workforce capacity and leadership grip have strengthened. The service has maintained an over recruitment approach, with average caseloads now between 8–10 children per practitioner, supporting improved oversight, relationship-based practice and more defensible decision making. Leadership capacity has been expanded through the introduction of two Heads of Service for Interventions and an interim Head of Service for Practice, alongside strengthened governance arrangements.
- Support for victims continues to improve. Direct access to West Midlands Police systems for the Restorative Team has enabled earlier and more consistent victim contact, improving consent rates and strengthening the reach and quality of restorative interventions.
- The service has also successfully relocated to refurbished premises at Wake Green Road, providing a safer, more appropriate and child focused environment for assessment and intervention delivery. This has improved staff wellbeing, partnership working and the quality of engagement with children and families.
- Quality assurance activity continues to identify inconsistency in assessment, planning and delivery against HMIP standards, alongside variable management oversight. Leaders are clear that improvement requires both structural and developmental change, which has directly informed the Youth Justice Improvement Plan (2025/26).

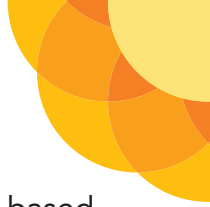
## What we are doing to improve:

Improvement is being driven through the Youth Justice Improvement Plan (2025/26), which provides a clear, structured framework across governance, workforce, case management and victims' work, explicitly linked to QA findings, inspection learning and children's feedback. Key improvement actions include:

### Governance and Leadership

- Updating the Youth Justice Strategy and delivery plan, including a refreshed profile of children supported in Birmingham and clearer articulation of service impact.
- Strengthening YJS Board governance, including improved senior partner attendance, clearer accountability and routine review of progress.
- Embedding partner and child feedback as a standing feature of YJS Board reporting, ensuring lived experience informs decision making.





## Workforce and Practice

- Sustaining manageable caseloads (8–10) through over recruitment to protect relationship-based practice.
- Embedding the Foundations Programme, delivering a service wide reset focused on:
  - Clarifying practice standards
  - Aligning assessment and planning to HMIP expectations
  - Strengthening restorative quality assurance
  - Improving consistency and depth of supervision
  - Strengthening leadership oversight to ensure practice drift is identified and addressed earlier.

## Case Management and Multi-Agency Working

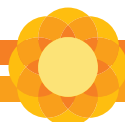
- Improving assessment quality and planning consistency, with a clearer focus on what will reduce reoffending and improve safety.
- Strengthening joint working with Children’s Social Care, education and health, supported through a joint practice forum to improve information sharing and coordinated risk management.
- Responding to strategic safeguarding themes, particularly where trauma, exclusion, neurodivergence and violence intersect.

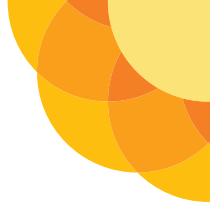
## Victims’ Work

- Building on improved police system access to further strengthen victim engagement, consent and restorative outcomes.
- Continuing work toward achieving the Restorative Justice Council Service Quality Mark, reinforcing confidence in the quality and consistency of victims’ work.

## Disproportionality

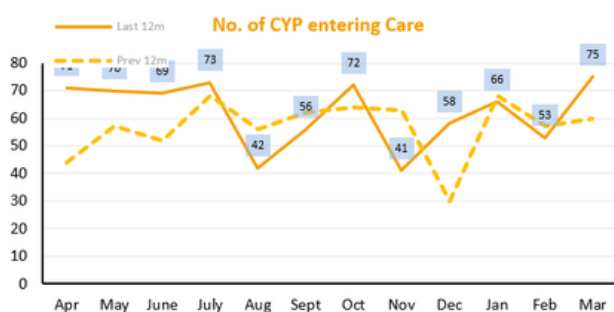
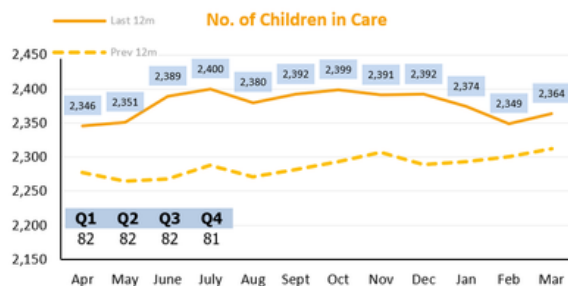
- Delivering a clear strategic response to disproportionality, informed by data, children’s feedback and partnership learning.
- Strengthening staff understanding of racial trauma and bias, including involvement of children in shaping training and recruitment processes.



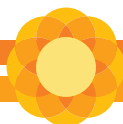


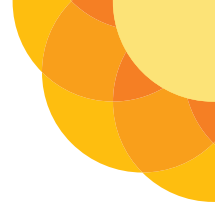
# SECTION 3: THE EXPERIENCE AND PROGRESS OF CHILDREN IN OUR CARE

## SUPPORTING CHILDREN IN OUR CARE

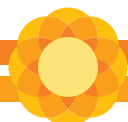
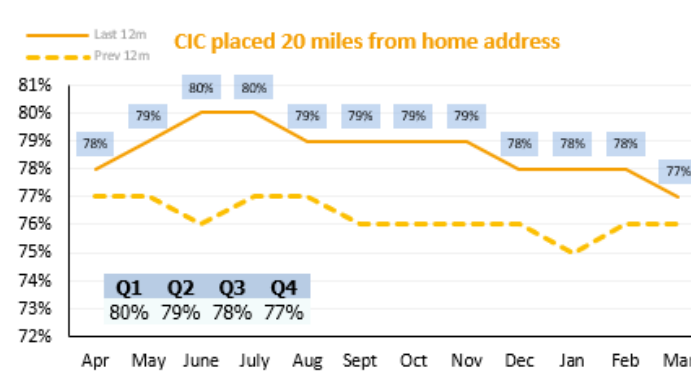
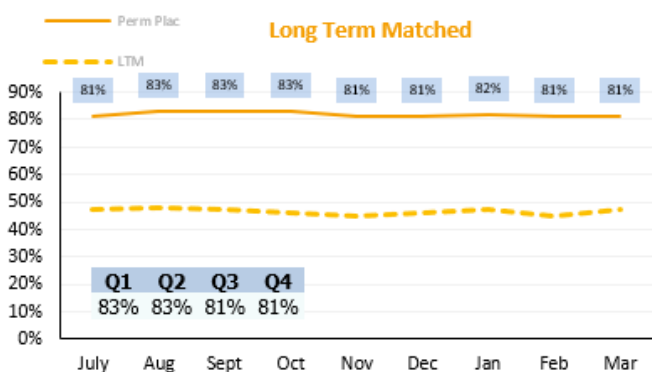
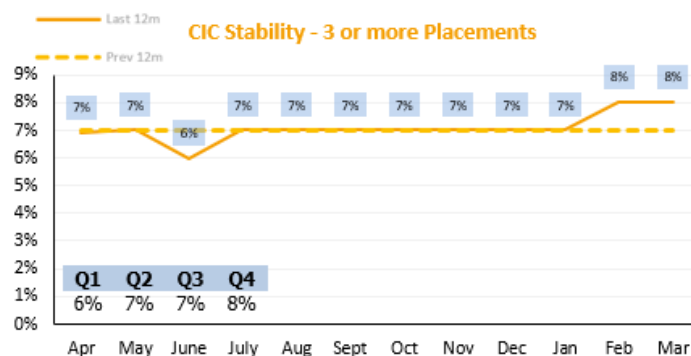


- The cohort is stable and well understood. CIC numbers remain stable over the last 12 months and within tolerance. The cohort fluctuated modestly across Q1–Q4, closing the year at 2,364 children in care (81 per 10k). This rate continues to sit below statistical neighbours and the West Midlands, while remaining above the national average, a position that is consistent across the year. The 12-month trend shows no sustained growth beyond tolerance, supported by broadly balanced entries and exits across Q1–Q4, evidencing effective system grip and managed demand. Care Proceedings lasting for 36 weeks provide timely decisions for most children, but delays still affect how quickly some children achieve permanence.
- Entry to care is tightly managed, supported by regular Accommodation Panel oversight and effective use of Edge of Care, IFT and wrap around support, with no evidence of unmanaged escalation and decisions showing proportionality and strong system grip. Care entry and exit patterns support comparative stability when benchmarked. Across Q1–Q4, the number of children entering care is closely matched by those leaving care, demonstrating controlled flow and avoiding drift beyond expected tolerance. This pattern compares favourably with statistical neighbours, where greater volatility is typical, and supports the Trust’s sustained position below neighbour CIC rates over the year.
- Most children experience stable, family-based care. Over the year, an average of 73% of Children in Care lived with foster families, kinship carers or parents, 11% lived in children’s homes, 73% remained in the same placement for 2.5+ years, and ~79% lived within 20 miles of home. This stability supports continuity in education, relationships and identity, strengthening children’s sense of belonging. Children’s survey feedback is positive, with overall satisfaction scores of 3.8+/5, indicating a strong day-to-day lived experience.
- **Health outcomes** are mostly strong. Health assessment compliance remains stable, with 78% of children in care up to date (12-month average). The vast majority of children continue to receive an Initial Health Assessment (85%, year average). Dental assessment compliance is also stable at 73% (year average).





- **Educational outcomes** for children in our care remain strong overall, with sustained performance above national and regional averages in Early Years, KS1 and most KS2 measures. The attainment gap continues to narrow, and outcomes for children with SEND remain strong, underpinned by effective partnership working and improving quality of PEPs. While attendance remains a strength, sharper focus is now needed on improving KS2 outcomes and reducing rising suspensions to maintain consistency of learning and a strong sense of belonging. A number of children in care progress successfully to university and higher education, apprenticeships, and vocational training, demonstrating positive longer-term educational trajectories.
- Practice quality is consistently high, driven by strong relationships; engagement with children's wishes and feelings reaches mid-90%, and their voices shape plans in the high-80% range. Despite workforce fluctuations, leaders identify areas of excellent practice in both written and direct work and monthly face-to-face training with the learning academy further supports practice improvement.
- Recruitment campaigns have remained a key priority resulting in successfully filling team manager vacancies, so there is full permanent team manager workforce. The drive to recruit social workers has been intentionally creative emphasising the benefits of joining the Trust.
- Assessment quality is broadly stable, with needs well identified, but inconsistent EEDI application limits how fully identity, culture and lived experience shape analysis and planning. Most children have clear, outcome-focused plans, though overall impact has plateaued, signalling the need for sharper focus on progress and measurable change.
- Management oversight is variable: supervision quality has improved, but declining clarity in management rationale reduces consistency for a small number of children. Strengthening oversight and grip is essential to secure equitable, timely outcomes.

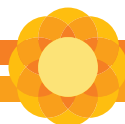


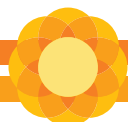
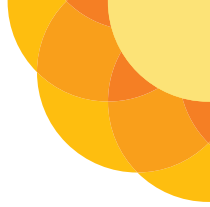
## Permanence and Stability

- Permanence planning remains a clear strength. 98% of children have a known permanence plan. Long-term fostering remains strong, with a year average of 82% of children placed and permanently matched. A small cohort remain placed but not yet matched, requiring continued management grip to prevent drift. The year average proportion of children with 3+ placements in 12 months was 7%, whilst it is a small number, leaders are aware of the need for sustained oversight to reduce placement disruption. Longer-term stability is a strength, with most children remaining in the same home for 2.5+ years. The majority of children are placed within 20 miles of home (circa 79%), just below statistical neighbours (80%), and within tolerance (76–90%).
- Progress in stepping children down from residential care continues, supported by reimagined family finding approaches, improved quality and timeliness of information for carers, and strengthened partnership working with Independent Fostering Agencies. As at March 2026, 12 children have moved from residential into family-based care, supported by BERRI informed matching and bespoke therapeutic packages delivered through TATC. This has strengthened placement sustainability and improved children's emotional security.
- Permanence panels, alongside statutory review processes, ensure that children and young people's plans are consistently overseen, with appropriate scrutiny and consideration given to changes in family circumstances and young people's evolving needs. This provides assurance that permanence plans are both stable and responsive, enabling timely adjustment where required to support the best possible outcomes.

### What we are doing to improve:

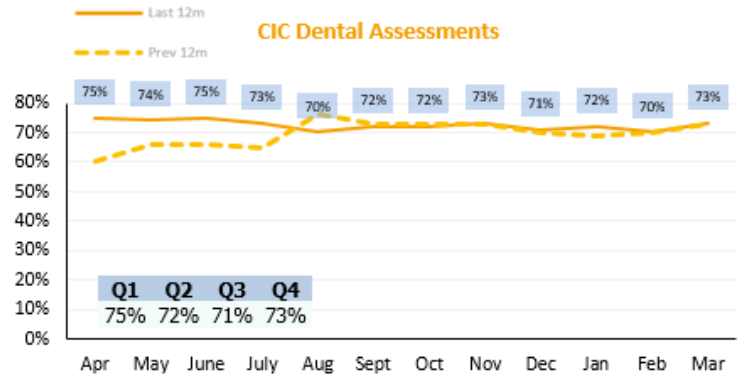
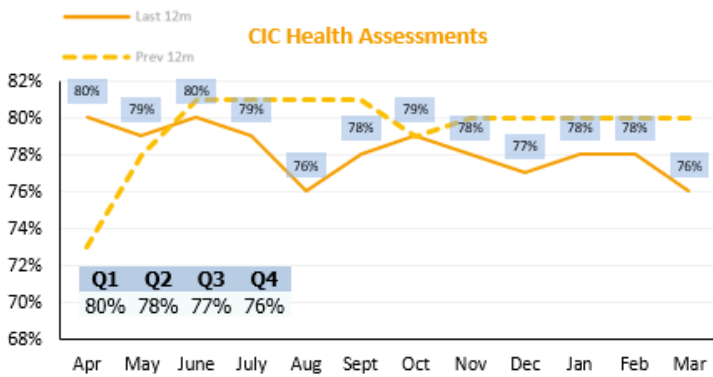
- Clear leadership grip is addressing priorities. Initial Health Assessment timeliness is being driven by a nominated AD and HoS, supported by improved data visibility, business support and joint Trust–health forums.
- Early improvement is evident, alongside a March Trust–NHS stocktake to accelerate system solutions. Decision-making and permanence oversight have strengthened through the Coming into Care Panel, Permanence Panels and the Permanence Hub, improving scrutiny, pace and accountability.
- Leaders closely monitor statutory visits through a daily dashboard to ensure visits are within timescales to maintain positive relationships. Trust 26 continues to drive earlier family solutions, care order discharges and SGO conversions, reducing unnecessary time in care.
- Workforce investment, including three ASYE teams, is supporting recruitment, retention and continuity, stabilising practice and reducing variability.
- In response to Ofsted 2023 findings on connected carers, oversight has been significantly strengthened through joint working between Fostering and Children's Social Care, standard IRO involvement and formal risk assessments.
- Senior oversight now includes HoS review, Director sign-off, weekly tracking and monthly scrutiny via the Directors' Assurance Board, with escalation to the ADM where needed, providing clearer, more consistent risk management and improved safety and stability for the small number of affected children.





# HEALTH AND WELLBEING OF CHILDREN IN OUR CARE

Children’s physical, emotional and mental health are central to their safety, stability and long-term outcomes. Many children enter care with significant unmet health needs, including developmental delay, emotional distress, trauma related difficulties and disrupted access to routine healthcare. The Trust works closely with health partners to ensure timely assessment, early identification of need and coordinated therapeutic support.



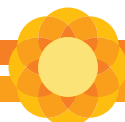
## What do we know? Data/QA/Feedback

### Physical health performance is broadly stable over the year

- On average, 78% of children in care are up to date with statutory health assessments, providing consistent baseline assurance across Q1–Q4. Initial Health Assessments (IHAs) remain strong at an annual average of around 85%, with improving timeliness over the year (year-average c.54%). This supports earlier reassurance, more timely identification of unmet need, and stronger early care planning when children enter care.
- Dental assessment compliance averages around 73% across the year, indicating relative stability; however, quality assurance consistently identifies oral health as the most fragile element of the pathway. Missed appointments, variability in access and reliance on external capacity continue to contribute to delay and inconsistency.

**Emotional and mental health need** remains high and increasingly complex. Demand for the Therapeutic Emotional Support Service (TESS) reflects rising complexity across the children in care and care leaver population:

- Referrals increased from 436 in 2024 to 511 in 2025 (+17.2%)
- Significant increases were seen from children’s homes (51.1%) and foster care (34.3%), indicating both escalating need and increased professional confidence in TESS as the specialist therapeutic offer



# SUPPORTING CHILDREN IN OUR CARE

## Physical Health Performance



- 78% of children in care up to date with statutory health assessments.
- 85% Initial Health Assessments completed.
  - Completed for 85% of children.
- Timeliness improved to 54% (above the 12-month average).
- Dental assessments stable at 70%.

## Emotional and Mental Health Need



- TESS Referrals: 436 → 511 (+17.2%)
- Increase in referrals from:
  - Children's Homes: +51.1%
  - Foster Care: +34.3%

## Strengths and Difficulties Questionnaires (SDQs)



- Completion Rates:
  - 75% in 2023/24
  - 80% in 2024/25
  - 73% so far in 2025/26
- Avg. SDQ Score: 11.2
- 35.9% Carer/Parent SDQs "High" or "Very High".
- 71.3% of these children receiving therapeutic support.

- Early 2026 data suggests emerging stabilisation, linked to strengthened early intervention, consultation and triage pathways. QA and PQA activity consistently highlight the emotional impact of waiting for therapeutic input, including increased dysregulation, carer stress, placement fragility and risk escalation. Learning from previous years shows that where children do not receive timely or sustained therapeutic thinking, they are more likely to re-present at crisis point.
- In response to capacity constraints, TESS has embedded a consultation-led model. Feedback from practitioners and partners confirms this model provides: Clear therapeutic formulation; Practical guidance for carers and professionals; Risk management advice; and Clear escalation and signposting where specialist intervention is required. This ensures children receive therapeutic direction without delay, even where direct therapy is not immediately available, stabilising systems around the child and reducing drift.

**Strengths and Difficulties Questionnaires (SDQs)** are increasingly used to support emotional wellbeing understanding:

- Completion improved from 75% (2023/24) to 80% (2024/25), with 73% achieved so far in 2025/26. Average SDQ score has reduced to 11.2. about 35.9% of carer/parent SDQs are rated 'high' or 'very high', with 71.3% of these children already receiving therapeutic consultation or support
- Historic data quality issues limit long-term trend analysis; however, system redesign is actively addressing this. QA confirms SDQs are most effective as a screening and conversation tool, rather than a diagnostic measure. Previous variability in interpretation, including over-reliance on total scores, has been identified and is being addressed through targeted training and guidance.

## What we are doing to improve

- Physical health: Closer joint working with health partners has strengthened oversight of missed appointments and cancellations, enabling earlier escalation and follow-up. New dashboards and practice discussions are improving grip on ongoing health reviews and dental pathways. Learning is being used to target variability and improve consistency, particularly for dental access.





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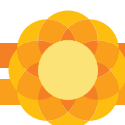
## **What we are doing to improve**

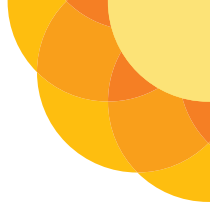
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- New dashboards and practice discussions are improving grip on ongoing health reviews and dental pathways.
- Learning is being used to target variability and improve consistency, particularly for dental access.

### **Emotional and mental health:**

- TESS continues to work closely with CAMHS, ensuring children with higher-level or specialist needs are escalated appropriately and supported through coordinated pathways.
- Multi-agency working has strengthened through the UASC clinical health team and increased clinical psychology capacity, improving formulation, consultation and joint planning for children with complex trauma.
- Key service developments include:
  - A dedicated under12s early intervention project
  - A redesigned Advice and Consultation model
  - Development of an Early Support and Short-term Intervention Service
  - Expanded brief intervention pathways
  - Increased Foundations for Attachment capacity
  - More consistent triage to support earlier emotional support and prevent escalation
- New Eclipse referral and SDQ forms are improving referral quality, clinical decision-making, data accuracy and clarity of thresholds across TESS and CAMHS interfaces.

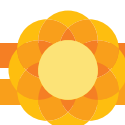




## Strengthening SDQ use:

- Targeted SDQ workshops for social work, TESS and Business Support staff are improving confidence and consistency.
- Refreshed guidance and resources emphasise sub-scale analysis, qualitative context and lived experience, rather than reliance on total scores.
- A coordinated programme led by TESS is embedding meaningful SDQ use through multi-agency governance, monitoring and consultation for children with high and very high scores.
- From 2026/27, SDQs will more directly inform decision-making and care planning, supporting earlier, proportionate responses.

<b>What difference this makes for children</b>	<b>Commitment to further improvement</b>
<ul style="list-style-type: none"><li>• Earlier and more timely IHAs provide faster health reassurance, enabling physical and emotional needs to be identified and addressed sooner at a critical transition into care.</li><li>• Improved health oversight reduces drift, supports placement stability and strengthens early care planning.</li><li>• The consultation-led TESS model ensures children receive therapeutic thinking without delay, reducing escalation and supporting carers and their homes to remain stable.</li><li>• Closer alignment with CAMHS improves access to specialist support for children with the most complex needs.</li><li>• Improved SDQ use supports earlier identification of emotional need, more meaningful conversations with children and carers, and better-informed planning, rather than reactive or score-driven responses.</li></ul>	<ul style="list-style-type: none"><li>• Sustain focus on improving IHA timeliness, strengthening dental and ongoing health review pathways, and reducing variation driven by partner capacity.</li><li>• Continue developing early-intervention and short-term therapeutic pathways to manage demand and prevent escalation.</li><li>• Fully embed consistent, high-quality SDQ use across services, ensuring emotional wellbeing data translates into timely, proportionate support.</li><li>• Maintain leadership oversight to ensure improvements are sustained and experienced consistently by children, improving health, wellbeing and long-term outcomes.</li></ul>

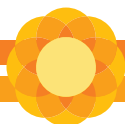


# VIRTUAL SCHOOL: SUPPORTING THE EDUCATION OF CHILDREN IN OUR CARE

- Educational outcomes for children in our care remain strong overall, particularly in Early Years and Primary. Children in care for 12+ months continue to outperform national and regional averages in GLD, Phonics and KS2 Reading, Writing and Maths, with Early Years outcomes improving further and GLD 5.3% higher than 2024. The attainment gap has narrowed by 3% for all CIC and 15.87% for CIC 12+ months, supported by the WellComm rollout. KS1 outcomes remain above comparators across all measures, and CIC with SEND perform strongly, with improved outcomes year-on-year.
- Inspectors in 2023 recognised strong partnerships, effective transition support and integrated planning, which remains evident. Attendance acts as a protective factor, with low overall absence and reduced persistent absence for both CIC and CIN, placing Birmingham in national quartile B. However, KS2 outcomes now require sharper focus, and suspensions have increased above national levels, disrupting learning and belonging. QA and PQA activity confirm improving quality and consistency of PEPs, effective use of PP+, stronger integration of education and care planning, and improved SDQ completion.

## What we are doing to improve:

- The Virtual School maintains strong focus on early language development, PEP quality, PP+ impact and attendance, while strengthening targeted support for cohorts needing additional help; KS2 outcomes are a priority alongside sustained improvement at KS4 and post-16, where performance remains above comparators.
- Work to address rising suspensions is progressing through stronger partnership working, earlier intervention and consistent challenge, with NEET tracking and targeted post-16 support refined through robust data oversight and multi-agency collaboration.
- Multi-agency oversight for children at risk of exploitation remains strong, supported by regular strategic engagement between the Virtual School Head (BCC) and the BCT Director of Help and Protection, and reinforced through ongoing professional learning for social workers.
- Practice is strengthened through targeted casework for CiN and CP children at risk of PEX, with educational progress routinely considered in Corporate Parenting visits; audits of school transitions have provided assurance, and joint deep-dives have highlighted the need for stronger education targets, now being addressed through new CiN and CP education dashboards.
- Daily attendance data for CiN and CP pupils educated out of authority has improved oversight and responsiveness; elective home education policy and practice have been reviewed, and shared access to the Virtual School Service Plan is improving alignment and cross-checking. Education will be the focus of the next Corporate Parenting Board, with senior leaders for SENAR, attendance, inclusive pathways and 14–19 provision providing strategic oversight.



## What difference this makes for children

- Children experience strong educational foundations, improving attainment and enriched learning experiences, supporting confidence, aspiration and long-term life chances. High attendance, effective multi-agency working and strong early support reduce barriers to learning, while enrichment opportunities and co-production strengthen engagement, belonging and voice.
- For older children, improving KS4 and post-16 outcomes support smoother transitions to adulthood, education and employment.

## Commitment to further improvement

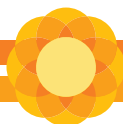
- Further improvement is required to reduce suspensions, address KS2 cohort challenges, and mitigate the impact of travel and placement instability on learning. Sustained focus is also needed to maintain post-16 engagement as national pressures increase.
- These priorities remain central to the Virtual School's improvement plan to ensure all children benefit from stable education, inclusion and positive progress.

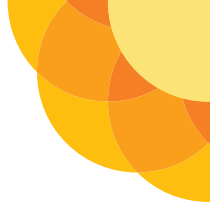


# CORPORATE PARENTING

## What do we know? Data/QA/Feedback

- Corporate parenting arrangements continue to strengthen, underpinned by clear leadership accountability, strong governance and multi-agency ownership. Oversight is exercised through established panels, hubs and governance structures, with a consistent focus on stability, belonging and aspiration for children in care and care-experienced young people. This is evidenced through strengthened permanence pathways, improved housing options, and an expanded offer for care leavers and young parents. Across the system, corporate parents are increasingly aligned around what matters most to children: safety, stability, identity and enduring relationships.
- Corporate parenting is a statutory responsibility shared by Birmingham Children's Trust, Birmingham City Council, elected members and system partners. This responsibility is discharged through clear governance and shared accountability, with the Corporate Parenting Board providing strategic oversight and assurance. The Board meets bi-monthly to scrutinise the lived experience and outcomes of children in care and care-experienced young people and to hold partners to account for delivery against the Corporate Parenting Strategy (2023–2026). Board membership includes Trust leaders, elected members, senior partners, and representatives from the Children in Care Council (CiCC) and Care Leavers' Forum, ensuring that children's lived experience directly shapes priorities, scrutiny and improvement activity. A young person acts as co-chair of the Corporate Parenting Board, strengthening shared leadership and ensuring decision-making remains grounded in children's perspectives.
- The Board drives improvement through a structured focus on the City Pledge, with each meeting aligned to a specific pledge area and informed by professional and partner presentations evidencing progress, impact and areas for further improvement. Two annual Takeover Boards, led entirely by children and care-experienced young people, provide additional challenge and accountability. In 2025, young people also addressed Cabinet and Full Council, marking the first time care-experienced young people have spoken directly in the Council chamber, strengthening political ownership and visibility of corporate parenting responsibilities.
- The Corporate Parenting Strategy (2023–2026) sets out a clear three-year ambition, co-produced with children and young people and owned collectively across the system. Delivery is shared across signatory partners, including Birmingham City Council and health, education, housing and commissioning partners, reflecting the shared responsibility required to improve outcomes. The Strategy is underpinned by six priority areas: voice and participation; learning and future; relationships; care; housing and independence; and health and wellbeing, alongside strengthened Council commitments, including increased education, employment and apprenticeship opportunities for care-experienced young people and an explicit focus on protected characteristics.
- Governance has been strengthened through an annual cycle of reporting to Cabinet and Full Council, including, for the first time, children and young people speaking directly in the Council chamber, and through young people taking on leadership roles, with a young person co-chairing the Corporate Parenting Board.





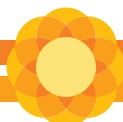
## What we are doing to improve:

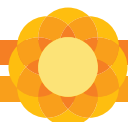
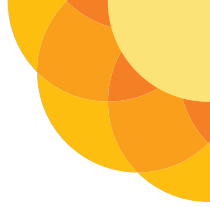
Council wide commitments to care experienced young people continue to increase and mature, including:

- Guaranteed interviews, apprenticeships and work experience opportunities for care experienced young people across the Council and partner organisations
- A strengthened focus on protected characteristics, ensuring corporate parenting responsibilities explicitly address inequality, discrimination and disproportionality
- A commitment to an annual cycle of reporting and scrutiny through Cabinet, Council and the Corporate Parenting Board, ensuring sustained political and system wide accountability
- The Trust is also strengthening how social value and community capacity are mobilised through BFriends (Friends of Birmingham Children's Trust). BFriends is the Trust's official, independent registered charity, established in November 2021 and co-designed with children in care and care experienced young people, in partnership with Birmingham Children's Trust and city partners. BFriends enhances the lived experience of children and young people by mobilising community, business and voluntary sector support alongside statutory services.

In practice, BFriends:

- Provides practical, relational and social support, particularly where statutory services alone cannot meet need.
- Mobilises donations, fundraising and corporate giving.
- Works with corporate and community partners to increase social value, opportunity and inclusion.
- Acts as a vehicle for mentoring, befriending and community connection, supporting wellbeing, confidence and independence.
- Ensures children's voices shape priorities, with young people embedded in governance and ambassador roles.
- BFriends works alongside statutory services and partners to broker opportunities linked to employment, independence and wellbeing, particularly for care leavers, and contributes directly to delivery of the Corporate Parenting Strategy, especially across the relationships, learning and future, and wellbeing priorities.





# RIGHTS AND PARTICIPATION FOR CHILDREN IN OUR CARE: OUR GROUPS AND FORUMS

Groups and forums for children and young people sit within the Trust's Rights and Participation offer and are collectively known as United and Unique, with the shared aim of Empowering Minds of the Future. The forums provide structured opportunities for children in care and care-experienced young people to influence services and decision-making. Most groups meet monthly at the Lighthouse Youth Centre in Aston, with transport provided to support access and inclusion. Together, these forums ensure children's voices are heard, valued and actively shape service improvement. The forums and groups are described below:

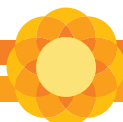
- **Children in Care council - CiCC (ages 12-18):** The Children in Care Council (CiCC) is a forum for care experienced young people aged 12–18 to influence services and decision-making. Through long-term projects and targeted pieces of work, members help improve the lives and experiences of children in care across Birmingham. The council provides a supportive, engaging environment that promotes participation, confidence and positive contribution, ensuring young people's voices shape service improvement.



- **BIAS: Beauty in all Shades:** BIAS: Beauty in All Shades is a forum for children in care aged 11–18 who are Black, Asian or from other ethnic minority backgrounds. The group provides a safe and supportive space for young people to explore identity, share experiences and raise issues that matter to them. Members work together to shape campaigns and influence service improvement, ensuring culturally responsive practice and that the voices of ethnically diverse children in care inform decision-making and lead to improved experiences and outcomes.



- **Young Parents Project - YPP (for parents or expectant parents up to the age of 25):** The Young Parents Project (YPP) supports children in care and care-experienced young people aged 16–25 who are parents or expectant parents. The project promotes positive parenting, independence and stability through regular, peer-led sessions held monthly. Young parents are supported to build skills, knowledge and confidence across key areas including housing, finances, health, wellbeing and relationships with professionals. Through collaboration and campaigning, participants actively shape service improvement, ensuring support for young parents is responsive, strengths-based and improves outcomes for them and their children.



ALL IS ONE



- **All is One, our LGBTQ+ Children in Care council (age 12-25):** All Is One is the Trust's LGBTQ+ Children in Care Council for young people aged 12–25. The group meets monthly and provides a safe, inclusive space for young people to connect with peers, build confidence and influence change. Through long-term projects and targeted pieces of work, members contribute to improving experiences and outcomes for LGBTQ+ children in care and care leavers. Practical support, including transport, ensures accessibility and sustained engagement, while the forum promotes belonging, voice and positive participation in service improvement.

- **Don't Dis-ability, our SEN Children in Care Council (age 12-25):** Don't Disability is the Trust's SEN Children in Care Council for young people aged 12–25. The group meets monthly and provides a safe, accessible and supportive space for children and young people with special educational needs and disabilities to connect with peers and share experiences. Through long-term projects and targeted pieces of work, members influence service improvement and help shape more inclusive, responsive practice. Practical support, including transport, enables participation, while the forum promotes voice, confidence and positive engagement, improving experiences and outcomes for children and young people with SEND.

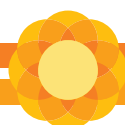


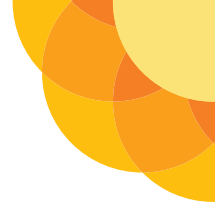
# JUNIOR

Children In Care Council

- **Junior Children in Care Council - JCiCC (ages 8-11):** The Junior Children in Care Council (JCiCC) supports children aged 8–11 to share their views and influence service improvement. The group meets every 4–6 weeks, either in person at The Lighthouse Young People's Centre or online, ensuring flexible and accessible engagement. Through age-appropriate activities and projects, members represent the voices of younger children in care, helping shape services and decisions that affect their lives and experiences.

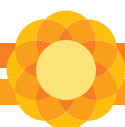
- Click on this link to find out more: [Groups and forums for children and young people | Child's Voice opportunities | Birmingham Children's Trust](#)





## What children, young people and families are telling us:

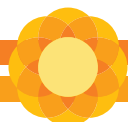
- Feedback from children, young people and families provides strong assurance about the quality of relational practice across services. Consistently, children and parents report feeling listened to, understood and treated with respect, with children describing being able to talk openly with workers and feeling known as individuals.
- Parents frequently highlight professionalism, empathy and continuity of support, particularly during periods of stress or change. This strength is evident across Family Help, Child Protection, Edge of Care, Youth Justice and CIC/ IRO feedback, and underpins safe, supportive and effective practice.
- Most children and families report understanding why services are involved and feeling appropriately involved in assessments, plans and reviews. However, feedback identifies inconsistency in communication and clarity, particularly around the sharing and understanding of plans and reports, preparation for key meetings and follow-up with children who do not attend. These issues are not universal but highlight a need to strengthen consistency and parity of experience across services.
- There has been clear and sustained progress in participation and co-production. Children and young people increasingly influence services through recruitment panels, service design, participation forums, Young Inspectors activity and lived experience roles. Youth Justice feedback is particularly strong, with young people reporting being treated respectfully and without judgement. Participation is now increasingly embedded and shaping how services are designed and delivered.
- Children and families consistently report tangible impact from support, including feeling safer, improved family relationships, better understanding of needs and increased confidence. Care leavers report particularly positive experiences, including strong accommodation outcomes and trusted relationships with workers. At the same time, some children and families identify delays or gaps in specialist provision (particularly mental health and neurodevelopmental pathways), and express frustration where progress feels slow, highlighting system-wide dependencies rather than practice failings.
- Feedback also highlights some variation in preparation for meetings, accessibility and how accurately family views are reflected in reports. Leaders are aware of this and are actively addressing it through strengthened preparation standards, multi-language tools, equity-focused quality assurance and improved feedback loops, with equity of experience a clear priority for 2026/27.
- Overall, the voice of children and families provides strong assurance regarding values, relationships and safeguarding intent. Feedback highlights meaningful and respectful experiences, while clearly identifying system priorities around consistency of communication, preparation for key decisions, closing the feedback loop and addressing equity and access. These insights directly inform service improvement priorities for 2026/27.



# SUMMARY OF THE THEMES OF VOICE OF THE CHILDREN SUPPORTED BY THE TRUST (YOU SAID/WE DID)



You Said	We Did
"We feel listened to and supported, but don't always understand plans or reports."	Strengthened expectations on plan sharing, clearer recording standards, and improved explanation of decisions through QA and supervision.
"I didn't know I could attend my review / conference."	Refreshed guidance, improved pre-meeting preparation, child-friendly materials, QR codes and increased IRO visits outside of reviews.
"I wasn't prepared for my conference and found it stressful."	Introduced clearer preparation requirements, PO follow-up calls, review of venues, and revised conference practice standards.
"We want our views written properly, even when we disagree."	Reinforced recording guidance to ensure family views are accurately reflected; strengthened QA and peer review focus on consent and decision-making.
"Mental health and ADHD support takes too long."	Used feedback to prioritise partnership escalation, improve data quality and target employability, wellbeing and specialist pathways.
"It helps when workers treat us with respect and not judgement."	Embedded participation, lived-experience roles, workforce development and values-based practice across services.
"We want more chances to give feedback in ways that work for us."	Expanded multi-route feedback mechanisms (online, verbal, paper), participation forums, Young Inspectors, and co-production activity.
"We want to know what changed because of what we said."	Strengthened learning loops through Improvement Boards, service action plans and explicit 'You Said/We Did' reporting.



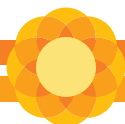
# COMMISSIONING AND SUFFICIENCY

## What do we know? Data/QA/Feedback

**The Sufficiency Strategy 2025–28 sets out how Birmingham Children’s Trust will meet its statutory sufficiency duty under Section 22G of the Children Act 1989. The strategy balances continued innovation with the need to consolidate and embed recent improvements, recognising that sustained progress is essential in a system experiencing ongoing demand, complexity and workforce pressures.**

[https://www.birminghamchildrenstrust.co.uk/downloads/download/203/sufficiency\\_strategy\\_2025-2028](https://www.birminghamchildrenstrust.co.uk/downloads/download/203/sufficiency_strategy_2025-2028)

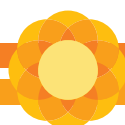
- Nationally, children’s social care sufficiency remains under significant and sustained pressure, particularly in relation to homes for children with complex needs, adolescents and children with disabilities. Demand continues to exceed supply, with key national challenges including:
  - Shortages of suitable homes, particularly for children with complex needs and disabilities
  - Over-reliance on out-of-area and private provision, disrupting continuity of care, education and relationships
  - Rising numbers of children entering care, including unaccompanied asylum-seeking children (UASC)
  - Constraints on local authorities’ ability to expand internal provision
  - Workforce challenges across fostering and residential care.
- These national pressures are reflected locally. Birmingham is forecasting up to 278 additional children in care by 2028, with a predominantly adolescent cohort (ages 10–15), increasing complexity of need and growing demand for specialist provisions. This continues to place pressure on placement availability, stability and system flexibility.
- Commissioning activity has strengthened sufficiency across key placement types; however, the Trust’s overall sufficiency position remains shaped by a challenging external market, constrained provider capacity and sustained recruitment challenges. These factors continue to affect placement availability and the balance between internal and external provision.
- Internal residential provision remains a significant strength. The Trust currently operates five internal residential children’s homes, providing long-term care for 27 children with disabilities and three children with emotional and behavioural difficulties, alongside two short-breaks homes supporting 35 children. Occupancy across long-term homes is consistently high (85–100%), demonstrating strong demand and effective utilisation. All homes are rated Good by Ofsted, with consistently positive parental feedback, indicating strong quality and stability. To further strengthen internal sufficiency, two additional children’s homes (Trinity and Bournbrook) are planned by the end of 2026, increasing capacity for children with disabilities and complex emotional and behavioural needs.
- Despite these strengths, reliance on external provision persists. External residential homes for children with disabilities have increased (21 to 29 children, +37%). External fostering has also increased (632 to 718 children, +13.6%), while internal fostering has reduced (440 to 404 children, –8.2%), reducing system flexibility. Growth in Connected Carer arrangements has been limited (+0.9%), constraining expansion of the most stable placement type.



- In contrast, supported accommodation represents a clear area of commissioning impact. Provision has expanded significantly (98 to 134 young people, +37%), with consistently high fulfilment rates (98%), supporting timely and planned transitions for older adolescents.
- Adoption sufficiency remains comparatively strong. Nationally, approved adopter sufficiency stands at 54%; Birmingham performs above this at 70%, reflecting effective recruitment and matching. However, despite this relative strength, the Trust continues to carry an annual deficit of approximately 40 adopter households, resulting in increased waiting times for children with an adoption plan.
- Quality assurance and performance oversight confirm strong operational grip across the system. Placement fulfilment consistently exceeds 90%, fostering utilisation has improved to approximately 74% (above the England and West Midlands average of ~60%), and internal residential homes remain stable and consistently judged Good. Placement stability data confirms that family-based care delivers the best outcomes, with children placed with connected carers and internal foster carers experiencing the highest levels of long-term stability.

## What we are doing to improve

- The Trust maintains strong strategic and operational oversight of homes/ provisions through weekly dashboards, strengthened negotiation capability and improved market intelligence.
- Adoption performance remains strong despite a contracting national market, underpinned by effective internal matching, strong sibling placement practice and a sustained focus on early permanence. Targeted action is underway to strengthen recruitment pipelines, including enhanced marketing, review of enquiry processes and improved enquiry-to-approval conversion.
- In fostering, investment in recruitment activity has increased enquiry volumes, alongside work to redesign enquiry functions and strengthen conversion rates. Therapeutic and wellbeing support for foster carers continues to develop, with a particular focus on improving retention within kinship care. There remains a strong focus on improving foster carer utilisation, enabling carers to care for more children through responsive, high-quality support.
- Commissioning activity has stabilised internal residential provision and expanded supported accommodation. The Trust is progressing soft-block partnership arrangements with providers that can demonstrably meet the needs of children who are harder to place, improving access, placement stability and continuity of care.
- Monthly Sufficiency Performance Meetings, underpinned by robust data across fostering, adoption, residential and placement services, provide assurance that improvement actions are being progressed and that sufficiency decisions remain aligned to children's needs.



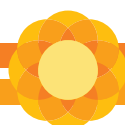


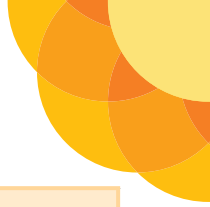
# SUPPORTING UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC) IN THE CITY

- As of February 2026, 136 UASC children in care and 525 care experienced young people are open to the service. The cohort is predominantly aged 17, driving a strong focus on preparation for adulthood, ESOL access, health support and community integration. 27% live in foster care and 73% in regulated supported accommodation, reflecting age and need. Placement proximity is strong, with 102 young people placed within Birmingham and almost all living within 10–20 miles, supporting continuity of education, relationships and networks.
- Placement stability is generally positive: most experience no more than one move, with only a small number experiencing multiple moves in multiple settings. Demand remains high, with UASC rising from 5% of the CIC population in 2020/21 to 8% in 2024/25, consistent with national trends, and current levels showing modest reduction but sustained pressure.
- QA and inspection findings confirm strong safeguarding and relational practice. Age assessment waiting times have reduced to within three months; 27 young people awaiting assessment are treated as minors on a non-prejudice basis. 91% of UASC CIC are seen within timescales and keeping in touch rates remain strong (95% for ages 17–21; 98% for ages 22–25). Inspectors (2023) recognised timely accommodation, access to health, education, interpreters and legal advice, and effective emotional wellbeing support, which continues to be evident. Feedback and PQA confirm strong trauma informed practice and positive progress for most young people.

## What we are doing to improve:

- Capacity and oversight have been strengthened through a six-team model and the recruitment of seven additional PAs and one Team Manager, enabling PA allocation from age 16 and earlier independence planning. Multi-agency working with EmpowerU, police, the Home Office and third-sector partners supports effective safety planning, while a clear missing protocol enables swift response and re-accommodation where required. Oversight for 18+ NRPf young people has been strengthened through closer work with providers, improving accommodation quality at a critical transition point. Triple planning, effective use of the NRM and nationally recognised practice through the New to Country Clinic continue to strengthen health, safeguarding and wellbeing outcomes.
- The service is preparing for the Illegal Migration Act, maintaining a clear commitment to best-interest decision-making, continuity of care and relational practice. While challenges remain, the direction of travel is positive, with strong grip, partnership working and a continued focus on improving outcomes for unaccompanied young people.

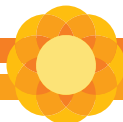


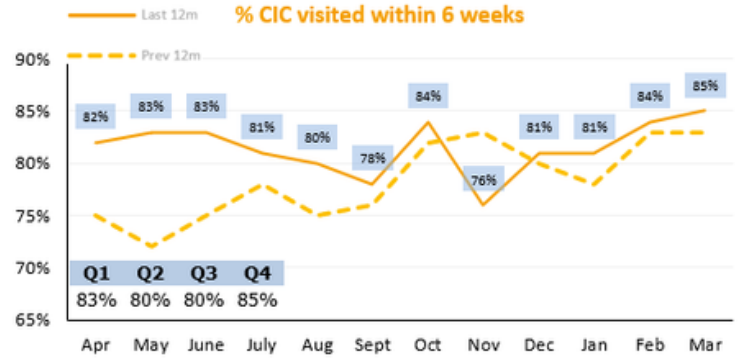
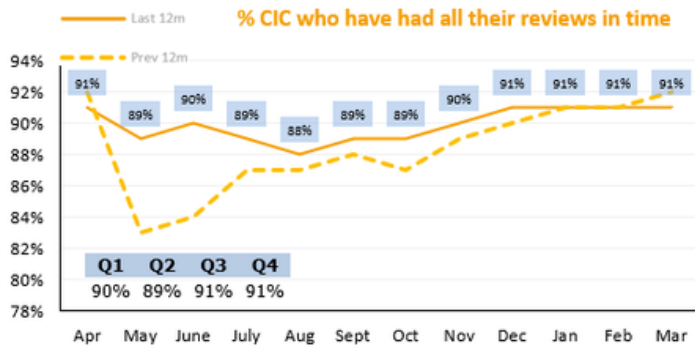


What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>• Young people experience timely safeguarding, stable and local provision (homes), and strong, trusting relationships with practitioners who understand their trauma and lived experience. Proximity to Birmingham supports education, routines and community connections, reducing isolation and anxiety.</li> <li>• Front-loaded safeguarding, effective health pathways (including the New to Country Clinic) and clear planning around immigration outcomes help young people feel safer, better informed and more prepared for adulthood. Low missing rates and strong engagement ensure young people remain visible, supported and protected.</li> </ul>	<ul style="list-style-type: none"> <li>• Further reduction in age-assessment waiting times is needed to minimise uncertainty for young people. ESOL access requires strengthening to support integration and employability; interim online learning is in place, with plans to secure dedicated tutors through Future Navigators.</li> </ul>

## INDEPENDENT REVIEWING OFFICERS (IROS)

- Every child has a named IRO, supported by strong workforce stability in this service. 92% of reviews are chaired by the same IRO, ensuring continuity and understanding of children’s needs. We know that most of our children have a good relationship and service from their IRO, however this is not fully consistent across the service, we are very ambitious for our children and their permanence planning. We therefore understand that we must ensure every IRO is meeting the expected standards and operates in the relational, trauma informed way with our children, fiercely advocating for and with them.
- We know that review activity is timely and that children’s voices are central. In 95% of reviews, children’s views are captured, and in 85% these directly inform plans. However, only 52% of children attend their reviews. We understand the reasons for non-attendance and are taking action where this is not explicitly the child or young person’s choice. For example, an apprentice young IRO has been appointed to promote the participation of older young people. Of those who do attend, 67% describe the experience as wholly positive, and 83% feel respected and valued. Where children do not attend, 84% are informed of decisions, supporting transparency and trust.
- Oversight, timeliness and permanence are largely strong: Across the year, around 90% of children had all statutory reviews completed in time, and around 82% were visited within six weeks, with improvement evident towards year end (reviews timeliness stabilising around 91% and visits recovering to mid-80s). 98% of children have a known permanence plan (82% single-track, 12% twin-track, 6% triple-track). In 89% of reviews, plans are progressing appropriately, with escalation used where delay is identified. Placement stability remains strong, with nearly three quarters of children living in the same placement for 2.5 years or more, supporting emotional security and belonging.

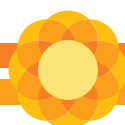




### What we are doing to improve:

- We know we need to focus on performance and quality in the IRO service, this includes timely records, QA documents being completed by the IRO’s post meeting, understanding on decisions regarding face-to-face v’s hybrid/online reviews, mid-point meetings, children’s engagement and participation in their reviews. These are a priority for the service, and a clear improvement plan is in place to continue our ambition to always be improving our children and families experience, as we walk beside them in their care planning.
- However we know we have more to do, so we will be reviewing practice guidance and QA against these, a focus on mid-point review activity to maintain pace between statutory is being prioritised. A new apprentice has been recruited to offer a mentoring role to our young people to strengthened face-to-face contact and refreshed expectations of our IRO’s from our children. One of the aims is to increase participation, particularly for children aged 14+. Management oversight and PQA learning are being used to sharpen focus on impact and outcomes, ensuring review activity continues to drive timely progress.

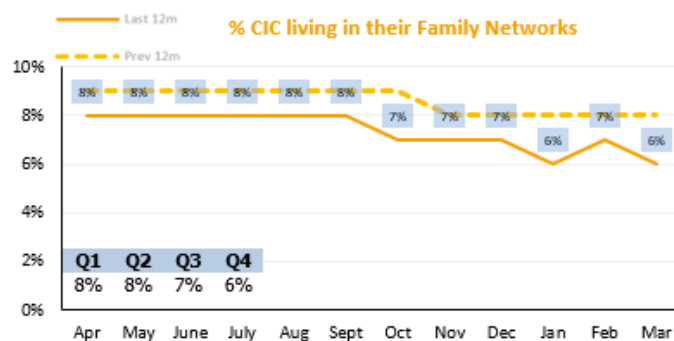
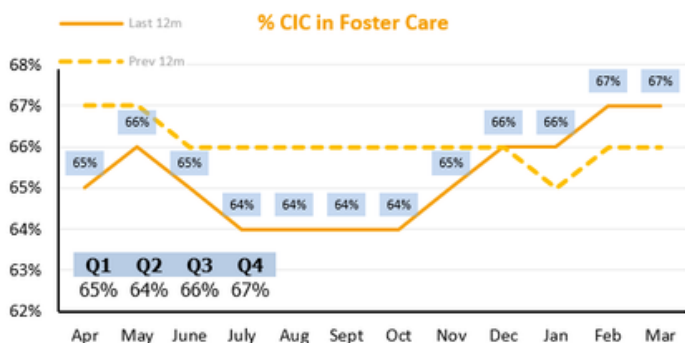
<h3>What difference this makes for children</h3>	<h3>Commitment to further improvement</h3>
<ul style="list-style-type: none"> <li>• Children experience stable relationships, consistent oversight and timely challenge where plans are not progressing. Strong continuity with IROs helps children feel known and heard, supports meaningful participation and strengthens confidence in decision-making.</li> <li>• High placement stability and clear permanence planning reduce uncertainty and drift, supporting children’s emotional wellbeing, sense of belonging and long-term outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Further improvement is needed to increase the timeliness of social work pre-review reports, strengthen mid-point scrutiny, and improve review attendance, particularly for older children.</li> <li>• Consistency in analysing and recording impact and outcomes also requires continued focus to ensure learning is applied uniformly and delay is challenged at the earliest opportunity.</li> </ul>



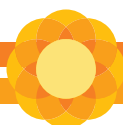
# SECTION 4: ARRANGEMENTS FOR PERMANENCE AND ADOPTION FOR CHILDREN IN OUR CARE

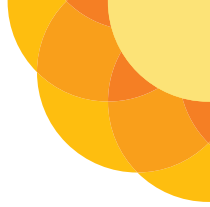
The Trust secures permanence through a stable fostering service, a high performing regional adoption agency and strengthened private fostering arrangements, enabling children to experience safe, nurturing and increasingly timely permanence. Strong leadership, clear practice expectations and robust safeguarding oversight keep children’s needs central. Despite national sufficiency pressures, performance remains resilient, with high use of internal foster carers, growing kinship care and improved adoption timeliness helping more children remain local and reducing delay. Strengthened identification and coordinated support for privately fostered children ensure they are seen, safeguarded and supported. Quality assurance, workforce stability and effective multiagency collaboration continue to drive improvement, supporting stable relationships, emotional security and lifelong belonging.

## FOSTERING SERVICE: FOSTER BIRMINGHAM



- Foster Birmingham continues to provide stable, safe, family-based care despite ongoing national sufficiency pressures. As of 31 December 2025, 767 children were supported by the fostering service, reflecting a stable cohort year on year.
- Quality assurance evidence confirms strong alignment between care planning and children’s assessed needs, with effective safety planning and clear oversight through Permanence Hubs, legal forums and core care planning meetings.
- Ofsted (2024) recognised foster carers as skilled and well supported, with a strong focus on children’s emotional wellbeing, relationships and permanence, and feedback indicates that carers feel valued and supported, contributing positively to retention and placement stability.
- Safeguarding arrangements with the fostering service remain robust, with timely management of concerns, effective post-allegation review processes and appropriate independent oversight.
- Across the year, an average of around 73% of children in care were supported in family-based settings (foster care and family networks including those placed with parents with PR), demonstrating the Trust’s sustained commitment to family-based care as the primary placement offer; while foster care strengthened towards year end, a modest decline in family network placements indicates that overall stability has been maintained.





## What we are doing to improve:

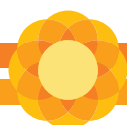
- Strong leadership grip is maintained while strengthening sufficiency and permanence. Recruitment has delivered 56 new carers (April–December), creating 83 homes, including 39 kinship carers providing 59 homes. Despite 73 de-registrations reflecting national trends, 26 SGOs to former foster carers have strengthened permanence and stability.
- Targeted pathways are improving outcomes for children with complex needs, including 14 children stepping down from residential to foster care, supported by a therapeutic fostering model with specialist training and clinical wraparound to sustain stability.
- Focus continues on kinship growth, culturally responsive recruitment, improved utilisation and earlier permanence, underpinned by stronger monitoring of timescales, accountability and midpoint scrutiny.

### What difference this makes for children

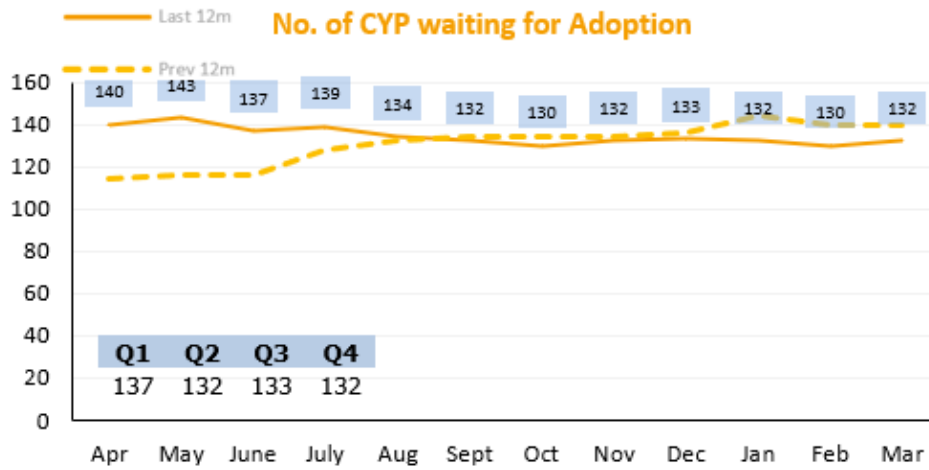
- Children are more likely to experience stable, safe family-based care close to their communities.
- Strong use of internal fostering, kinship care and timely adoption reduces disruption, supporting emotional security, identity and long-term wellbeing.
- Consistent safeguarding oversight and therapeutic support help homes endure, enabling trusting relationships and a lasting sense of belonging.

### Commitment to further improvement

- Continued focus is required to strengthen sufficiency through culturally responsive recruitment, expand kinship care, improve utilisation of existing foster homes and identify permanence earlier.
- Sharper timescales, clearer accountability and stronger midpoint scrutiny remain essential to reduce delay and secure permanence at the earliest opportunity for all children.



# ADOPTION SERVICE: ADOPT BIRMINGHAM

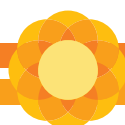


Adopt Birmingham continues to perform strongly, retaining a **Good** judgement with **Outstanding leadership and management** following the September 2025 Ofsted inspection. The number of children and young people waiting for adoption has remained broadly stable across the year, with a slight reduction evident towards the end of the period (from 137 to 132), indicating sustained grip despite national sufficiency pressures. Performance remains resilient, with 73% of children placed with internal adopters, an improvement from 59% in 2024/25, reflecting effective recruitment activity, timely and child-centred matching, and continued strength in local sufficiency arrangements.

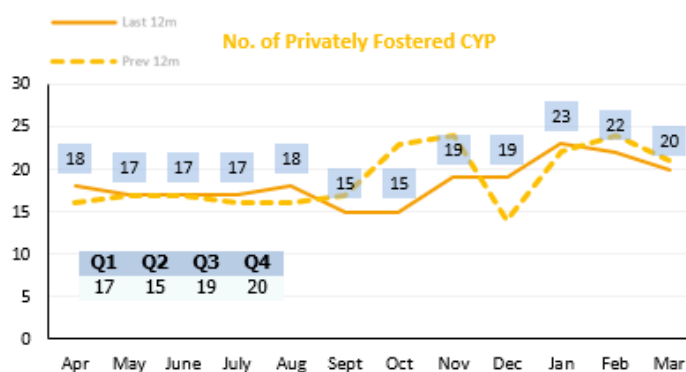
## What we are doing to improve:

- The service prioritises early permanence, internal recruitment and timely decision-making, increasing local homes and reducing delay.
- Strong leadership grip, robust PQA and clear learning loops sustain performance amid rising complexity (including disabled children), with continued focus on children’s voice, life-story work and practitioner confidence to keep adoption planning child-centred and outcome-focused.

What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>• Children benefit from timely, well-matched adoptive homes that support early attachment, emotional security and long-term stability, reducing time in care and uncertainty.</li> <li>• Consistent relational support promotes positive emotional, educational and developmental progress, helping children build lasting family relationships and a strong sense of belonging.</li> </ul>	<ul style="list-style-type: none"> <li>• Further work is needed to reduce time in care, particularly from entry to placement, and to convert adopter enquiries into approvals within a challenging national context.</li> <li>• Continued focus is required to improve timeliness across the adoption journey and to ensure children’s lived experience and voice are consistently reflected in planning and recording.</li> </ul>



# PRIVATE FOSTERING ARRANGEMENTS



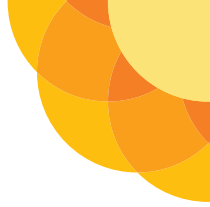
Between April 2025 and March 2026, the number of children and young people living in private fostering arrangements remained broadly stable, fluctuating between 15 and 23. This indicates a manageable but variable cohort requiring sustained oversight to ensure timely assessment and safeguarding assurance as demand changes. The cohort is predominantly aged 10–15, with smaller numbers of younger children and a minority aged 16+, where needs and complexity are typically greater. The ethnically diverse profile, including White British, Black Caribbean and Black African children, reinforces the importance of culturally responsive, identity-informed practice and ongoing professional curiosity to ensure arrangements remain safe, appropriate and responsive to individual vulnerability.

Routes into the service are stable and well embedded, with identification primarily through police and social work notifications. This reflects the strengthened awareness and clarity of professional responsibility that has been built over time and sustained since the 2023 inspection. Regulation 4 (initial visit) timeliness has been an area for improvement. The Private Fostering SEF evidence shows that, across the year, average Reg 4 compliance within seven days has been low. Inspectors in 2023 highlighted the importance of early assurance, and leadership has responded by prioritising this area. Since December 2025, a renewed management focus has resulted in a significant improvement in in-year performance, demonstrating clear recovery and grip. This means the full-year position is expected to improve markedly once finalised, strengthening early assurance of children’s immediate safety and living arrangements and improving inspection readiness.

The core strengths identified by inspectors in 2023 remain secure. Inspectors confirmed that when children are identified, they are visited promptly, their views are heard, and they are safe and settled. This continues to be seen in practice. Feedback from children and carers remains positive, reflecting trusting relationships with workers and a clear understanding of the assessment process. Quality assurance activity confirms that safeguarding arrangements are robust once children are known to the service. Reg 8 compliance is strong, supported by consistent monthly visits from the private fostering team. Assessment timescales and progression are generally effective, although evidence shows that progression can be delayed for a small number of children due to complexity, including clarification of family relationships and definitions of “close family”. The service has identified this clearly and is taking proportionate action. By raising awareness of consultation slots and workshops, thresholds and definitions are being clarified earlier, supporting smoother progression and earlier assurance of suitability and safeguarding arrangements.

Over the last three years, there has been sustained investment in strengthening awareness and routes to notification citywide. A coordinated programme of communications and professional engagement has raised the profile of private fostering across the public, partner agencies, the voluntary sector, Birmingham City Council and within the Trust. This has embedded clearer referral routes, supported more timely notifications and enabled earlier identification, strengthening statutory oversight and preventing children from remaining in unassessed arrangements.

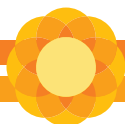




## What we are doing to improve:

- From summer 2026, a senior social worker will join the Private Fostering Team, increasing assessment and support capacity and providing additional professional leadership. This role will also deliver workshops, lunch-and-learn sessions, open mornings, podcast development and targeted marketing activity.
- Professional understanding of definitions and thresholds is being reinforced through service and team meetings, with a specific focus on clarifying “close family” arrangements to reduce delay and improve early decision-making.
- Citywide awareness and routes to notification will continue to be strengthened through sustained communications and engagement across partners, the voluntary sector, Birmingham City Council and within the Trust.
- Multi-agency oversight and accountability are being reinstated as a leadership priority to ensure timely action, manage delay, strengthen shared responsibility and mitigate inspection risk.
- Early oversight has been strengthened through joint Regulation 4 visits, a revised duty system enabling same-day action, and closer coordination between Private Fostering, Fostering and Special Guardianship Support teams.
- Monthly statutory visits are complemented by commissioned support from the charity Kinship, providing carers with advice, training and practical support.
- Partnership work with the Birmingham Safeguarding Children Partnership continues through webinars, toolkits and sustained professional engagement.
- A refreshed Private Fostering Communications and Stakeholder Engagement Strategy for 2025–26 is now in place. This sets out a clear, citywide approach to increase awareness and improve notifications, reinforcing parental duties and the Trust’s statutory responsibilities. It is underpinned by accessible, practical resources hosted on the Trust intranet, supporting professional confidence and straightforward referral routes.

<b>What difference this makes for children</b>	<b>Commitment to further improvement</b>
<ul style="list-style-type: none"> <li>• Once identified, children experience safe, stable and well-overseen care, with strong professional relationships and coordinated carer support that promote continuity, emotional wellbeing and a sense of security.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve early identification and Regulation 4 timeliness by restoring system-wide accountability, including re-establishing the multi-agency Private Fostering Oversight Group and ensuring consistent recording to strengthen early assurance.</li> </ul>



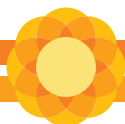
## Carers and Children's Thoughts on Private Fostering:

- *"Private fostering ongoing visits have been okay, it's good that I can talk to my allocated worker."* – Child
- *"I thought having a private fostering assessment would be intrusive, but I understand why it must be done."* – Carer
- *"Living with my private foster carer feels no different to living with my family."* – Child
- *"It's reassuring to know that the private foster carer has ongoing support, and I can continue to be involved with my child."* – Carer

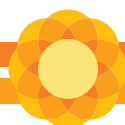
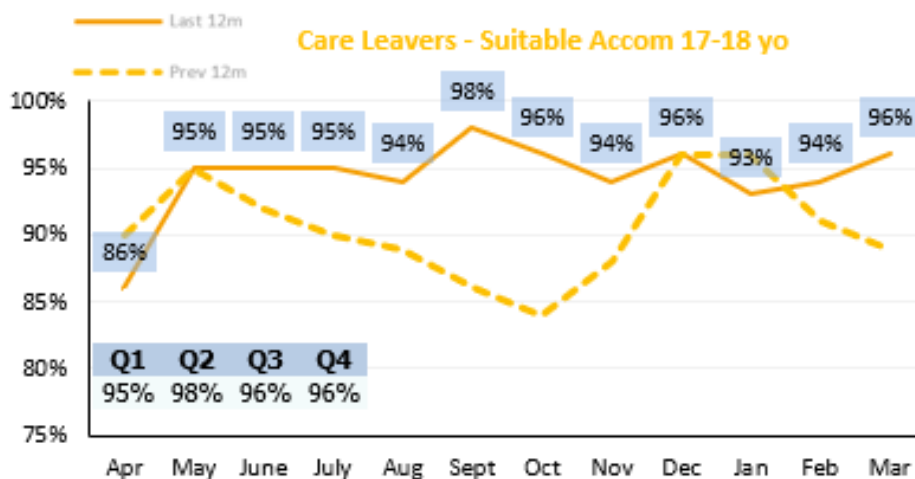
## SECTION 5: THE EXPERIENCE AND PROGRESS OF OUR CARE LEAVERS

### SUPPORTING CARE LEAVERS INTO ADULTHOOD

- The Care Leavers Service supports over 1,800 young people aged 16–21, with extended support up to age 25, and has recently strengthened its policy to ensure support continues beyond age 25. Through the You Are Not on Your Own offer, care-experienced adults continue to receive advice and support into greater independence. This is complemented by the phased implementation of a wider corporate parenting and grandparenting offer, strengthening whole-system responsibility for care leavers.
- The cohort reflects the city's diversity, with 65% male and an ethnic profile of 33% British, 24% Black or Black British, 22% Asian or Asian British and 15% mixed heritage; 13% have a registered disability. Increased investment has strengthened service capacity, enabling allocation of a Personal Adviser from age 16 and supporting earlier, more consistent relationship-based practice.
- Performance data provides strong assurance for care leavers. Keeping-in-touch for 19–21-year-olds remains consistently high at around 98–99%, evidencing sustained engagement and effective relationships. Accommodation outcomes are stable and positive, with 19–21-year-olds maintained at around 95% suitable accommodation across all quarters, and 17–18-year-olds improving from 95% in Q1 to 98% in Q2 and remaining at 96% in Q3 and Q4, demonstrating effective oversight where pressures arise. Pathway plan timeliness is 76%, reflecting an improving picture in planning for young people.
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- Quality assurance activity, including practice evaluations and thematic audits, shows most work is graded good or outstanding, providing assurance that care leavers receive effective, outcome-focused support. Feedback indicates young people value trusted relationships with Personal Advisers, understand the Trust’s role and feel meaningfully involved in planning, supporting confidence and readiness for independence. Most needs are well understood, with good access to health and wellbeing services.
- Strong management oversight and supervision continue to drive improvement. Supervision is a clear service strength, consistently graded good, with regular reflective oversight recorded on young people’s files. Performance across the four pillars of practice remains stable, particularly in capturing the child’s voice and demonstrating analytical thinking. Oversight has strengthened further, with drift and delay identified and addressed through timely, well-reasoned decision-making. While assessment quality dipped slightly in Q3, the service understands the contributory factors and is responding through targeted Service Practice Evaluations to improve consistency, particularly in capturing histories and embedding equality, diversity and inclusion within assessments and pathway plans. Embedding EDI more consistently within supervision is a key development priority to ensure proactive consideration of identity and lived experience.
- Overall, the evidence demonstrates strong oversight, growing confidence in practice quality and a clear understanding of where further improvement will enhance outcomes for care-experienced young people.

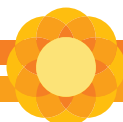




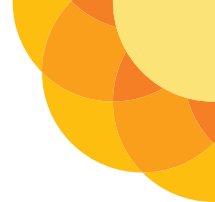
## What we are doing to improve:

- Capacity has been strengthened through three additional Leaving Care teams, enabling earlier allocation, improved continuity and stronger relationships. QA learning and young people’s feedback inform fortnightly management oversight and whole-service development, sharpening plan quality and impact.
- Joint working with Children in Care teams is improving transitions from age 16, with earlier, better-aligned pathway planning. Targeted action through the Education Panel, enhanced NEET tracking and new posts is strengthening focus on EET outcomes, particularly for older care leavers.
- The Future Navigator model and New Age Entrepreneurs programme provide tailored support for those facing the greatest barriers. A co-designed Local Offer, launched March 2026, strengthens clarity, accessibility and corporate parenting accountability, ensuring entitlements are better understood and delivered consistently.

What difference this makes for children	Commitment to further improvement
<ul style="list-style-type: none"> <li>• Young people experience stable, trusting relationships with Personal Advisers, high levels of support beyond statutory milestones, and greater confidence through meaningful involvement in planning.</li> <li>• Earlier PA allocation strengthens engagement, pathway planning and readiness for independence, with high levels of suitable accommodation and relational practice supporting safety, wellbeing and aspiration.</li> <li>• For most, needs are well understood and plans support progress and resilience; for a small group, weaker plan impact slows change, reinforcing the need for stronger sequencing, review and follow-through.</li> </ul>	<ul style="list-style-type: none"> <li>• Greater consistency is needed in pathway planning, particularly the quality, sustainability and measurable impact of support networks.</li> <li>• EEDI application must be strengthened so planning consistently reflects identity, culture and lived experience.</li> <li>• Earlier education tracking from Year 10, smoother transitions to independence, housing registration from age 17, and improved EET outcomes, especially for older care leavers, remain priorities.</li> <li>• Continued focus on supervision quality, sequencing and plan progression is required to ensure timely progress and consistent improvement in outcomes for all young people.</li> </ul>

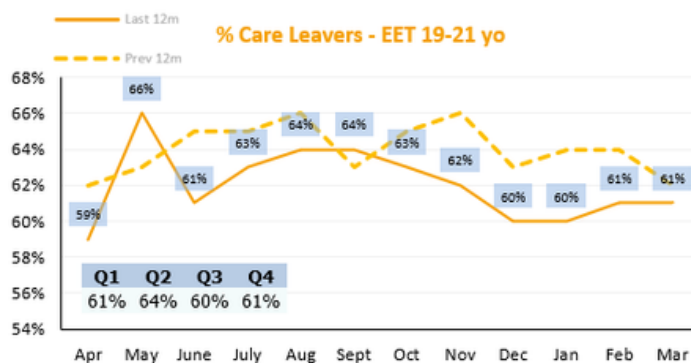
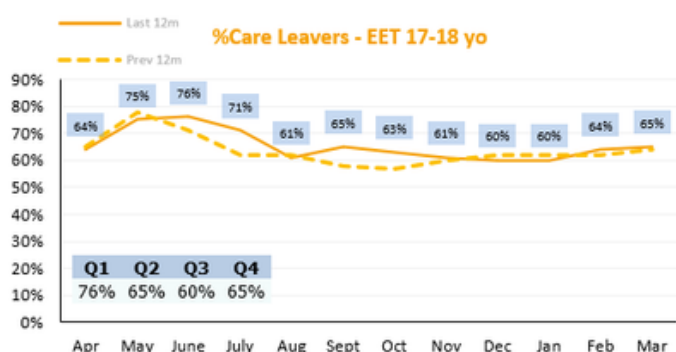


# EMPLOYMENT, EDUCATION AND TRAINING (EET)



Performance data provides assurance that participation in education, employment or training (EET) for care leavers remains broadly stable and within tolerance. EET participation for 17–18-year-olds is 65% at year-end, recovering from a mid-year low of 60% and remaining broadly consistent with statistical neighbour and national benchmarks. For 19–21-year-olds, participation stands at 61%, following a modest decline from Q2 but stabilising across the final two quarters. Overall performance for both age groups remains at or around 60–65%, indicating sustained delivery against EET measures, despite some quarterly volatility.

Targeted improvement activity is underway to address those not currently engaged. This includes strengthened oversight through the Education Panel, enhanced NEET tracking, and recruitment to newly created posts. Focused NEET support is being delivered through the Future Navigator model, providing tailored, evidence-based interventions for care leavers facing the greatest barriers to participation. This is complemented by the New Age Entrepreneurs programme, delivered in partnership with Birmingham City Football Club and the Community Hub, offering mentoring and enterprise pathways for care leavers aged 18–25.



## LOCAL OFFER

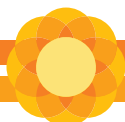
The Local Offer has been fully revised and co-designed with young people and partners, launched in March 2026. It provides clearer, more accessible information about entitlements and support, strengthening corporate parenting responsibilities and ensuring the offer reflects what young people say matters most to them.

The offer will be further enhanced through an expanded online platform and face-to-face workshops delivered via new hubs, supporting independent living skills from home maintenance to financial management and healthy living.

## HEALTH AND WELLBEING

Emotional wellbeing and mental health support remains a strong feature of the offer. Care leavers can access Therapeutic Emotional Support Service (TESS) support up to age 25.

Demand continues to rise, and staffing capacity is being expanded to maintain timely therapeutic support. This ensures young people receive the help they need to manage trauma, build resilience and sustain progress into adulthood.



# SAFETY

A stable, fully staffed workforce provides continuity through dedicated PAs who know young people well and remain aspirational for their futures. This supports emotional safety and sustained engagement, reflected in the 98% keeping-in-touch rate.

Direct work quality is predominantly good to outstanding, supporting confidence and readiness for adulthood. The opening of a satellite Care Leavers Hub has further enhanced young people's experience, offering a safe, welcoming space for advice, practical support and connection.

Opportunities for apprenticeships within the Trust, including newly created posts for care leavers and children in care, are strengthening routes into employment and raising aspirations.

## CORPORATE PARENTING

Corporate parenting for care leavers in Birmingham is increasingly embedded as a whole-system responsibility, extending beyond statutory duties to a shared moral and civic commitment across Birmingham Children's Trust, Birmingham City Council (BCC), elected members and partners. This is reinforced through strengthened governance, formal recognition of corporate parenting within council responsibilities, and the recognition of care experience as a protected characteristic, ensuring care-experienced young people are actively prioritised in policy, commissioning and decision-making. Children and young people consistently tell us they want adults to step in, stay involved and remove barriers, particularly at key transition points into adulthood.

There is a growing emphasis on practical, ring-fenced support that translates ambition into tangible impact. This includes BCC-supported ring-fenced apprenticeships, jobs and work placements, a strengthening EET offer, and improved coordination for care-experienced young parents, ensuring timely, joined-up support that promotes stability and prevents crisis. Housing pathways for care leavers are more purposeful, with increased challenge to poor-quality provision and clearer expectations that care leavers should not experience a lower standard than their peers.

Quality assurance evidence shows that where a corporate grandparenting mindset is evident (characterised by curiosity, advocacy and follow-through), care leavers experience clearer planning, reduced drift and improved stability across housing, EET and transitions. While this culture is not yet consistent across all services and partners, it provides a strong foundation for continued improvement in belonging, independence and long-term outcomes. The shared challenge across the organisation is increasingly explicit: ***"If this were my grandchild, would this be good enough?"***

## RIGHTS AND PARTICIPATION

### Care Leavers' Forum:

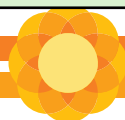
The Care Leavers' Forum (18–25) provides a safe, inclusive space for care-experienced young people to shape services, influence decisions and drive improvement without needing to share personal histories. Regular participation ensures their voices directly inform practice and development.

### Young Parents Project - YPP (for parents or expectant parents up to the age of 25):

The Young Parents Project supports care-experienced parents and expectant parents (16–25) through monthly peer-led sessions that build confidence, independence and positive parenting. Young parents influence service design through collaboration and campaigning, ensuring support is responsive and strengths-based.

### All is One, our LGBTQ+ Children in Care council (age 12-25):

All Is One, the LGBTQ+ Children in Care Council (12–25), offers a safe space for LGBTQ+ care experienced young people to connect, build confidence and influence change. Longterm projects and targeted work improve experiences and outcomes, with practical support ensuring accessibility and sustained engagement.



# CONCLUSION

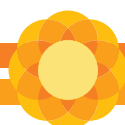
We work from a position of honest self-reflection, strengthened quality assurance and a clear commitment to continual improvement. Our quality assurance system now provides richer, more reliable intelligence, and we use that intelligence to drive learning and continuous improvement, strengthen practice and secure better outcomes. We take pride in evidencing positive impact for children, and we confront poor practice with the same clarity and purpose, using it as a catalyst for improvement. Leaders are explicit about their responsibility to create the conditions in which great practice can thrive, and this is increasingly visible in the lived experience of children and families.

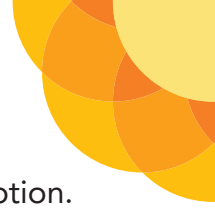
This self-evaluation reflects a system with credible leadership grip, mature governance and a clear trajectory of improvement. Trust 26 builds on the foundations of Trust 25, accelerating whole system transformation toward earlier, more proportionate and relational support. The Hodge Hill Family Help pilot demonstrates this shift in action. Families experienced stronger relationships, reduced progression to Child Protection and care, and improved confidence in the support they received. Quality assurance activity (including threshold testing, audit and feedback loops), validated that earlier, proportionate intervention can safely reduce unnecessary statutory escalation while maintaining safeguarding assurance.

Workforce intelligence shows caseloads remain higher than desired, reinforcing the need to continue shifting demand toward earlier help so practitioners can deliver meaningful, relational work aligned to Connections Count. Despite this pressure, there is clear and sustained improvement across early intervention, safeguarding, family stability and permanence, supported by trauma-informed relational practice, strengthened QA and whole system governance.

Clear actions are driving improvement across the system:

- Families First for Children principles are being embedded through the citywide Family Help model, aligned to national reform, which will be further enhanced by the development of the Birmingham Families First District Operating Model.
- Trust 26 is delivering the next phase of transformation through strengthened governance and dedicated leadership for MACPT and Families First.
- Test-and-learn and discovery methodologies (including coproduction, Corporate Grandparenting and ethical use of AI), are shaping future reform.
- A detailed MACPT delivery plan, aligned to DfE timescales, is strengthening thresholds, pathways and decision-making.
- System conditions for practice continue to improve through EEDI, strengthened supervision and consistent application of Connections Count.
- Insight and Intelligence from TIIC and the developing Children's Data Lake is enabling more accurate, timely and actionable insight.





These changes are making a demonstrable difference for children:

- Families receive help earlier and for longer where needed, reducing escalation and disruption.
- More children remain safely within their family networks through strengthened Family Help and kinship first approaches.
- Where care is necessary, more children (including those with complex needs), are supported in family-based care rather than residential settings.
- Improved threshold consistency and reinforced group supervision reduce progression into care and unlock family strengths.
- Children experience greater stability, clearer planning and more proportionate intervention, supporting safety, emotional security and continuity of relationships.
- Children in care benefit from strong permanence grip and placement stability.
- Care leavers experience earlier allocation, high keeping-in-touch rates and stronger preparation for adulthood.

The Trust's transformation is well aligned to national children's social care reforms. Through Trust 26, the Families First Partnership Programme and Connections Count, Birmingham is moving decisively toward earlier help, stronger family networks, reduced reliance on statutory intervention and improved whole journey oversight. The direction of travel is clear, credible and increasingly evidenced in children's lived experience, demonstrating a system that is improving, self-aware and relentlessly focused on impact and better outcomes for children, families and communities.

## ONGOING PRIORITIES

**1. Consistency of practice:** Further improvement is required to ensure consistent evidencing of impact, SMART planning, and reflective supervision across all services. Assessments and plans need a stronger focus on future health and development to secure long-term outcomes. We want to see more consistent consideration of EEDI and children's identity in all our casework.

**2. Embedding Family Help:** The Family Help model is still embedding; further development is required to achieve consistent multidisciplinary practice across all districts.

**3. Equity and inclusion:** Continued focus is required to ensure EEDI is consistently applied in system design, threshold decisions and pathway development.

**4. Caseload pressure:** Caseloads remain higher than optimal, limiting conditions for consistently relational and reflective practice; system-wide demand reduction remains critical.

**5. Impact maturity:** While transformation governance is strong, impact measures are still maturing and require clearer longitudinal evidence as reforms embed.

**6. Sustaining momentum:** As Trust 26 moves into delivery, sustained attention is required to maintain pace, consistency and cultural change.

