



Children and Young People Overview and Scrutiny Committee – supplementary

Thursday 29 March 2012 at 7.00 pm

Committee Rooms 1, 2 and 3, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

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The purpose of this report is to provide an update on the outcome of the Safeguarding and Looked After Children (SLAC) inspection which took place between 3 and 14 October 2011.



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- The meeting room is accessible by lift and seats will be provided for members of the public.
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Inspection of safeguarding and looked after children services

London Borough of Brent

Inspection dates: 3 – 14 October 2011

Reporting inspector: Lynn Radley HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision, and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 53 case files for children and young people with a range of need. This gave a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from North West London Hospitals Trust (NWLHT), Northwick Park Hospital site and Central Middlesex Hospital, NHS Brent, Brent Community Services (part of Ealing Hospital NHS Trust) and Central and North West London Health Foundation Trust (CNWL).

The inspection judgements and what they mean

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

| | |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2) | A service that exceeds minimum requirements |
| Adequate (Grade 3) | A service that only meets minimum requirements |
| Inadequate (Grade 4) | A service that does not meet minimum requirements |

Service information

4. London Borough of Brent has a resident population of approximately 74,000 children and young people aged 0 to 18, representing 23% of the total population of the area. In 2011, 91.7% of the school population was classified as belonging to an ethnic group other than White British, compared to 22.5% in England overall. About 60% of pupils speak English as an additional language. Gujarati, Somalian and Arabic are recorded as the most commonly spoken community languages in Brent schools. Large and established communities of Indian, Black Caribbean and Irish people live in Brent. However, the proportion of children from these backgrounds is decreasing. The numbers of children from Somali and other Black African groups, Eastern European, Afghanistani, Iraqi and Hispanic backgrounds are increasing.
5. Brent has 83 schools comprising 60 primary schools, 15 secondary schools, a number of academies including an all-through academy, four special schools and four pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 100 settings, and the local authority maintains four nurseries.
6. The Brent Children's Partnership, which was originally constituted in 2005 under former Children's Trust arrangements brings together key agencies within the public, community and voluntary sectors who have responsibility for the development, implementation and monitoring of the Brent Children and Young People's Plan. A Partnership Board is responsible for the development and monitoring of the plan. A Partnership Forum, which includes agencies such as the police, Brent Primary Care Trust, the probation service and Brent Youth Parliament, has responsibility for the delivery of the plan. The Brent Local Safeguarding Children Board (LSCB) became independently chaired in 2006, bringing together the main

organisations working with children, young people and families in the area that provide safeguarding services.

7. Brent social care services for children have 105 in house foster carers, two respite care units and a range of externally commissioned services such as fostering and residential care placements for looked after children. Community-based children's services have been provided since January 2009 by five locality teams; two care planning teams; two young people in care teams; one crisis intervention and support team; three children with a disability teams; one youth offending team; two adoption teams (pre and post teams); two fostering teams which recruit, assess, train and support foster carers, and a commissioning and resources service. An emergency out of hours service provides cover for Brent. Other family support services are delivered through children's centres and extended services in schools.
8. At the time of the inspection 384 children were looked after, comprising 64 children of less than five years of age, 198 children of school age (5–16), 122 post-16 young people and a total of 153 with care leaver status, of which 30 are currently at university.
9. At the time of the inspection 240 children (107 females, 131 males and two unborn children) were subject to a child protection plan, and this figure has increased over the last two years. Some 34% of these children are aged under five, 1% are unborn, 48% are aged five to 11 and 17% are aged 12 years or older. The highest categories of registration are emotional abuse at 55% and neglect at 38%, with physical abuse at 5% and sexual abuse at 2%.
10. Commissioning and planning of health services and primary care are carried out by NHS Brent, with the main delivery of community health services being through Brent Community Services (part of Ealing Hospital NHS Trust). The main provider of acute hospital services is North West London Hospital Trust. Community-based child and adolescent mental health services (CAMHS) are provided by Central and North West London NHS Foundation Trust. In-patient CAMHS (Tier 4 services) are externally commissioned by NHS Brent. The Primary Care Trust (PCT) recently joined with NHS Harrow to form a sub-cluster with the overall North West London cluster of eight PCTs.
11. Universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by Brent Community Services Directorate of the Ealing Hospital NHS Trust. The service was managed by NHS Brent until March 2011, merging with Ealing Hospital Trust from April 2011.
12. The acute hospital providing accident and emergency services for children and young people in Brent is North West London Hospitals Trust (NWLHT). Accident and emergency services are provided at the Northwick Park Hospital site and Central Middlesex Hospital. Maternity and newborn

services are provided by NWLHT and Imperial College Healthcare NHS Trust. Children and families access primary care services through one of 70 GP practices, walk-in centres (including the walk in service at the Wembley Centre for Health and Care) and urgent care centres/minor injury centres at Northwick Park Hospital (provided by Ealing Hospital NHS Trust) and Central Middlesex Hospital (provided by Care UK).

13. Services for children with learning difficulties and/or disabilities and who have complex health needs services are provided by Brent Community Services.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

14. The overall effectiveness of the council and its partners in safeguarding children and young people is adequate. The council has improved service provision from a low base by implementing a successful recruitment and retention strategy, resulting in a stable and qualified workforce who offer a range of appropriate interventions and provide a solid foundation from which the council can grow and develop. However, supervision of social workers is not occurring with sufficient regularity and the quality of supervision records is not routinely good enough. Brent council and its partners are meeting their statutory responsibilities and senior managers have made progress in raising awareness of safeguarding responsibilities across agencies. The council takes prompt action to safeguard children and young people. However, processes in relation to managing the timeliness of child protection enquiries from the point of initiation to the holding of an initial child protection case conference are not consistently understood or implemented by staff and managers. Assessments are variable in quality and analysis of risk and protective factors was not evident in all cases examined by inspectors. Robust cross-directorate management of finance is in place and regular monitoring meetings chaired by the Chief Executive ensure effective use of resources. Recent budget cuts have led to reduced capacity within youth offending and early intervention services. However, it is too early to evaluate impact.
15. The use of the common assessment framework (CAF) demonstrates that partnership involvement with early intervention processes is established and leads to the provision of services to support and safeguard children and young people in the community. However, the number of completed common assessments is reducing, with limited contribution of health practitioners to this level of intervention, and no evaluation of the impact or quality of the CAF has been undertaken. The council takes the views of children and young people into account and assessments provide evidence that the wishes and needs of individual children are identified and often acted upon in individual cases. However, there is little evidence that their views inform service development or contribute to evaluating service effectiveness.

Capacity for improvement

Grade 3 (adequate)

16. The local authority, health agencies and their partners have an adequate capacity for improvement. The council undertook a programme of reconfiguration in 2010 to respond to a more constrained financial environment, at a time when children's social care services were at an early stage of their journey of improvement. The impact of this changed environment is that the linkages between corporate and departmental

strategies, plans and performance management are neither clear nor robust. At an operational level the safeguarding action plan 2011–12 goes some way to mitigate this. Implementation of a more robust performance management framework which links finance and performance using a council-wide scorecard system has begun. The children and families directorate has not yet completed a cycle of reporting, evaluation and challenge so it is too early to be able to evidence any sustained improvement. Senior managers and elected members have ensured that they have protected core services in relation to safeguarding and child protection, despite cuts to council resources. The council and its partners have broadly addressed the areas for development from the unannounced inspection of contact, referral and assessment arrangements in November 2010. The quality of analysis in assessments has not been raised to a high enough standard in all cases, but managers are aware of this and have plans in place for ongoing staff development, audit and review.

17. Service user engagement, particularly with parents and carers, is poor and there appear to be few, if any, formal mechanisms of effective survey or aggregation of these views to inform service improvements. The new 'strengthening families' focused approach to child protection conference arrangements aims to improve this, but to date there is little evidence of any impact. However, to improve parental involvement in decision making about their children, the number of family group conferences held this year has been increased.
18. Improvement has been seen in the timeliness of assessments; for example 89% of initial assessments are completed within 10 working days set against a target of 75% and the number of core assessments completed within 35 working days has risen to 90% from 83% last year. However, Brent Children's Partnership acknowledged in July 2011 that from their 43 key performance indicators, 18 identified targets, which equates to 40%, were not yet met and the performance report is limited in its effectiveness as it does not include an underpinning analysis of why this is the case.
19. Workforce planning and development have been effective in retaining and recruiting qualified social workers and this shows evidence of the council's ability to implement a programme of improvement. However, the workforce is now weighted with relatively inexperienced staff who need focused professional support and development to consolidate the council's initial success and drive standards of practice and service delivery forward. In addition to this, practice is extremely variable in undertaking and recording formal supervision of staff, which is a weakness in maximising the benefits of the successful recruitment strategy. The workforce is diverse and is representative of the local community.

Areas for improvement

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

Immediately:

- ensure that timely, supportive and reflective supervision is provided for social care staff by managers and that this is recorded promptly and to a high standard
- ensure that supervision files are subject to a regular system of audit and review by senior managers.

Within three months:

- fully implement a system of qualitative as well as quantitative performance management which links to their auditing processes
- develop effective systems for obtaining and aggregating service user views, to include key themes from complaints and advocacy services, with the purpose of informing service improvement and development
- ensure that the quality of child in need and child protection plans is improved so that timely, measureable and achievable outcomes for safeguarding are clear and effective
- the LSCB to ensure that thresholds and 'step up, step down' processes are fully understood and effectively shared across agencies in relation to children who no longer require a child protection plan
- NW London NHS Trust to ensure that safeguarding thresholds are clearly understood. The Trust also to ensure that appropriate child protection and safeguarding training and regular updates are in place for all staff, and that attendance and impact on practice are monitored effectively
- NHS Brent to put in place a performance management framework to fully encompass providers' safeguarding activity and outcomes and monitor this routinely through effective clinical governance arrangements
- Ealing Hospital NHS Trust to develop a workforce development plan for the health visitor service which aligns with national 2015 targets
- NHS Brent to ensure that general practitioners are fully engaged with multi-agency risk assessment conference (MARAC) arrangements

- Brent children's social care services, NHS Brent and Ealing Hospital NHS Trust to put in place consistent and effective arrangements to ensure the prompt sharing of information about children subject to child protection plans and children who are looked after
- Brent children's social care services, NHS Brent and Ealing Hospital NHS Trust to ensure that disabled children and young people and their parents/carers are actively engaged in the quality assurance and development of services.

Within six months:

- Brent children and families' directorate and Brent children's partnership to strengthen the coordination and integration of strategic plans, underpinning them by appropriate performance management arrangements to monitor and drive improvement.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

21. Safeguarding outcomes for children and young people are adequate. The role and function of the local authority designated officer (LADO) is established within Brent with regard to addressing concerns about the conduct of adults working with children, although changes in personnel have had an adverse affect on the role being utilised in the fullest way. In most cases lead agencies respond appropriately to child protection concerns and allegations, and immediate safeguarding needs are usually accurately identified. As yet there are insufficient monitoring and evaluation processes in place. This results in service development not being informed by learning from the work of the LADO. Children's services respond promptly to complaints, often resolving these at an early stage, although there is no clear aggregation of learning taking place to inform service planning. Safeguarding provision is identified as good or better in Ofsted inspections of local authority fostering and adoption services and private fostering arrangements, and at least satisfactory in the most recent inspections of local authority children's homes.
22. Appropriate procedures for safe recruitment are in place and in most cases are observed. However, in two cases examined there was evidence that where applicants had criminal record bureau disclosures that gave rise for concern, the council did not follow its own policy and the decisions to appoint staff were poorly managed and recorded. The council has acknowledged this is not acceptable and has plans to strengthen procedures and data retention by November 2011.
23. Children's social care services positively engage with and listen to children and young people and in most cases act upon their views. However, there are few, if any, formal systems or surveys which aggregate their views to regularly inform service development or improvements, even within the recently implemented 'strengthening families' approach to child protection conferences. Young carers highly value the emotional support provided by an effective young carers' group. While there is a generally strong understanding and sensitivity to the individual needs and diversity of families, children's social care audits consistently identify that when children are subject to child protection plans those needs become of secondary focus rather than being incorporated in the primary aims of work being done. Services are highly effective in closing the gap educationally for those children subject to economic deprivation, with achievement being particularly pronounced for children who have arrived in the area seeking asylum. Effective anti-bullying guidance, which includes cyber and homophobic bullying, is in place for schools in the

borough. An anti-bullying council of young people from secondary schools meets regularly, which leads to the production of educational media and lesson plans.

Quality of provision

Grade 3 (adequate)

24. The quality of provision is adequate. Early intervention processes are established and lead to the provision of services to support children and young people in the community. Although the total number of common assessments is declining schools have engaged well with the CAF and health practitioners who have been less likely to initiate common assessments, do participate in team around the child meetings. The more recent addition of the crisis intervention support team is proving particularly successful for children with acute vulnerability to becoming looked after. The development of a 'step up, step down' approach, enabling children to move between different levels of assessed need and services, is beginning to be implemented to positive effect and examples were seen by inspectors where agencies had successfully escalated intervention when children's circumstances were deteriorating.
25. Parents who had received services as a result of the CAF had achieved some positive outcomes and valued the help they received. The support provided was matched well to their individual needs and they had gained a range of skills and knowledge to better understand their children's behaviour, as well as developing practical parenting techniques and strategies. While it is not satisfactory that there is no formal evaluation of the impact of CAF on children, young people and their families, individual services, agencies and practitioners can articulate outcomes achieved and know where strengths exist as well as areas for development. The new early support service is bringing together multi-professional health teams drawn from a range of disciplines and this service, which supports families long-term, is beginning to develop parents as peer key workers for other parents.
26. Access to interpreters for children and their families for a wide range of languages is quickly accessible when needed to support assessment and direct work. Community-based services such as the Asian Women's Domestic Violence Service and the Iranian and Kurdish Women's Rights Organisation are used regularly in cases where honour-based violence, forced marriage and domestic violence are issues for women and children from these communities.
27. Clear contact and referral systems are in place that are understood and straightforward to operate at the 'front door' of children's social care. Referrals are dealt with in a timely manner and cases are allocated to workers that are appropriate to their skill and experience. Within children's social care services the statutory guidance on the timescale for holding an initial child protection conference following the undertaking of child

protection enquiries is not consistently followed, leading at times to unacceptable delay.

28. Most assessments show an improvement in the quality of analysis but this is recent and the focus on analysing risk and protective factors is insufficient. Core assessments are largely completed in a timely way but to a variable standard of quality. Cases are reviewed regularly, although the rigour being applied in driving plans forward within timescales appropriate to the child is variable.
29. The circumstances of many children are improved as a consequence of focused activity leading from their child protection plan and some cases seen show evidence of recent, assertive practice. Some practitioners seen exhibited high levels of skill, insight and sensitivity in relation to the individual children on their caseload. However, the progress of plans to fully meet the needs of some children who experience or are at risk from chronic neglect or emotional abuse have at times been subject to drift. At times this has been the result of social workers and managers not fully understanding or taking account of the impact of biographical factors and a family's historical responses to intervention - for example, parents who exhibit clear and extensive histories of resistance to achieving and sustaining change for their children. Inspectors also saw cases where children were no longer at risk of significant harm but remained subject to child protection plans.
30. Improvements to the quality of children in need plans are underway, although many of those seen by inspectors were of variable quality and had a limited focus on identifying specific and timely objectives. The intended outcomes were not consistently clear. The recently adopted practice of holding one plan per sibling group has been developed to lessen bureaucracy for social workers, but the impact of benefits balanced against inherent risks in the system has yet to be seen. Recording of work is timely in most cases, although the practice of 'cloning' records between siblings in the same family who are children in need is not appropriate and can lead to the individual needs of each sibling not being accurately or fully identified.
31. Some child protection plans are insufficiently specific about what would make the real difference to improving the safety and wellbeing of the child. Many plans seen by inspectors contained numerous activity-focused, generic tasks, so that clear evaluation of the impact of the plan in direct relation to risk to a child was unable to be seen. More effective oversight by managers and child protection review chairs has led to recent improved practice focusing on driving plans forward and achieving desired outcomes.

The contribution of health agencies to keeping children and young people safe

Grade 3 (adequate)

32. The contribution of health agencies to keeping children and young people safe is adequate. Most staff working in health services are aware of their safeguarding responsibilities and are able to identify risks and appropriately make referrals arising from their contacts with children and young people. Practitioners are increasingly participating in child protection processes, with community midwives being individually supported by the specialist midwife for safeguarding. Thresholds for child protection referrals are generally understood and accident and emergency staff appropriately use the out of hours emergency duty team for consultation and advice when required. While safeguarding training at the appropriate levels is in place for the most part, there are some gaps identified at the acute hospital trust where not all non-clinical front line staff have received recent update training, although there is no evidence of children being put at risk as a result of this. Managers within the acute trust are aware of these gaps and plans are in place to secure the required training. Appropriate supervision arrangements are in place for clinical staff, as are arrangements for regular reflective practice sessions, but these do not address the needs of non-clinical staff.
33. The designated doctor and nurse appropriately supervise named professionals in provider services, and are accessible and regarded as being able to give reliable safeguarding advice and support. Named professionals engage positively with provider services in acute, community, mental health and primary care practices and also work closely with their colleagues in neighbouring boroughs to develop a model of collaborative working. Since NHS Brent has moved into a more commissioning -focused role, a positive step has been to increase capacity in the safeguarding team and the delivery of training for and increased engagement of general practitioners, dentists, opticians and other primary care services is a priority area of work. A performance management framework to encompass safeguarding activity and outcomes is planned by NHS Brent, but this is not yet in place. Commissioners are aware of areas in need of development such as recognising the need to strengthen performance management and are taking action to address it by building safeguarding expectations and requirements into all new contracts with health providers.
34. Health visitors prioritise child protection activity, have a high level of awareness about risk assessment and take appropriate action to ensure that children are safe. Attendance at core groups and conferences is good but in order to achieve this staff are working excess hours during evenings and at weekends due to high vacancy rates within the service. Managers have taken steps to improve recruitment and there has been a recent good uptake of student health visitor places. Skill-mixing is a positive development within the service, extending the roles and skills of nursery

nurses to take on some accident prevention work as a result of lessons learnt from serious case reviews. Work is at an early stage to map current services against needs in order to develop a strategy to build capacity and deliver on national 2015 targets.

35. Pre-birth planning is improving although there is work to do to achieve consistently effective action across all areas of the borough. There are examples of good practice where early planning has achieved positive outcomes such as midwives being present at all pre-birth planning meetings since December 2010.
36. MARAC meetings are well-attended by health agencies and existing arrangements work well. The acute trust's health visitor liaison service acts as the health link on MARAC. However, some general practitioners and primary care services are unaware of MARAC and are not engaged with the MARAC arrangements, despite rising awareness in primary care of domestic violence and the impact it has on children. The safeguarding designated and named professionals effectively disseminate information and briefings from LSCB and the Child Death Overview Panel and there is evidence of lessons learned from serious incidents nationally and locally informing the development of improved front line safeguarding practice. However, these drivers to improving practice do not have high profiles and not all front line staff in acute, community and primary care are aware of them.
37. Adult mental health services staff supporting adults with mental health or substance misuse issues are appropriately aware of the risks of hidden harm to children within these households. They work effectively with social care colleagues, who regularly attend their team meetings where child safeguarding is a standing agenda item. In-patient adult mental health services are also well-attuned to issues around the potential for hidden harm to young people and have effective policies in place in relation to children visiting adult in-patients.
38. CAMHS are of high quality and are well-regarded across the partnership. Operational cooperation between CAMHS and adult services is positive with a number of case examples demonstrating effective working to safeguard children. There is a protocol for out of hours services to children needing CAMHS assessments although these arrangements are being reviewed by commissioners in a multi-agency partnership as part of the overall review of paediatric pathways following the imminently expected closure of paediatric services at Central Middlesex Hospital. The Tier 4 in-patient provision operates across a number of boroughs in a consortium arrangement under contract at The Priory in Roehampton. Transitions from children's service into adult provision generally work well for young people with rarer conditions such as sickle cell anaemia, for which pathways may not be clear and which are scrutinised by the LSCB.

Planning for transition in CAMHS starts six months prior to transfer and liaison with adult services on individual children is effective.

39. The contract at Central Middlesex Hospital with Care UK to provide 24/7 Urgent Care Centre (UCC) services has been in place since March 2011. Overall, this has been a success, effectively treating nine in 10 of all children coming to hospital for an emergency with less than one child per day then being admitted to the paediatric assessment unit, representing an 88% reduction in admission rates under previous arrangements. A baseline audit of UCC performance was taken by the designated nurse in April and will be repeated annually. The effective health visitor liaison (HVL) service which operates across both acute hospital sites has been extended to include the UCC. Activity and outcomes arising from the health visitor liaison are reported through the Community Services Brent annual report. When the liaison health visitor is absent, staff are aware of how to raise concerns and seek advice but no backfill cover is in place to maintain the level of quality assurance across the three sites.
40. Child health outcomes are generally improving. Priority has been given to improving performance around child immunisations, which are still low. Young people needing immunisations are fast tracked at GP practices. There is a good range of sexual health services; GUM services are delivered by North West London Hospitals Trust, community based sexual health services delivered by Central and North West London Foundation Trust as well as others commissioned from the voluntary sector. Performance is improving and mostly positive. Schools are well-engaged with the sexual health agenda and there are some specialist services working with specific community groups to address locally identified issues such as female genital mutilation.
41. Young people's engagement in health commissioning is insufficiently developed and whilst there has been engagement and consultation in specific service areas, there is significant scope to improve. There has been no Young Inspectors or mystery shopping programme to evaluate services against the You're Welcome criteria and young people are not engaged in the training or recruitment of health personnel.
42. While there is some evidence that hearing impaired children have positive experiences of health services, parents of children with learning difficulties and/or disabilities, autistic spectrum disorders and those who have attention deficit hyperactivity disorder do not feel their children are well-supported by health and social care services with the exception of services from CAMHS. Examples cited include: difficulties in accessing occupational therapy assessments for inclusion in statements; lack of effective transfer of information about their child's needs between hospital services; and the lack of effectiveness of health passports for those who have them. There is no evidence of an effective approach to coordinated health planning between disciplines, which would enable multiple interventions routinely to

be achieved under a single appointment or anaesthetic. Parents spoken to do not feel engaged in any meaningful discussions with health or social care about service development to meet the needs of their children more sensitively or effectively. Workers are able to present individual complex needs cases to a resources panel which has recently become multi-agency with the inclusion of the lead paediatric physiotherapist for children who require additional resources. However, assessments brought to panel are not always fully comprehensive or multi-disciplinary, potentially reducing the likelihood of the best outcome for the child.

Ambition and prioritisation

Grade 3 (adequate)

43. Ambition and prioritisation are adequate. Elected members champion the needs of all children and young people and this is evident in the commitment they make to hearing and taking seriously their views, such as by having three members of Brent Youth Parliament sitting regularly on Children and Families Overview and Scrutiny Panel. Also, the council has undertaken to provide permanent accommodation for the Youth Parliament in their new Civic Centre.
44. Operational managers of safeguarding services are ambitious to improve standards and quality of practice in the borough and have a clear understanding of many of the key challenges to be addressed. Their priorities appropriately include improving the quality of assessments and the implementation of qualitative audit tools to gain a greater understanding of work being undertaken and to accurately inform service development. However, this is not reflected at a strategic management level, where priorities and ambitions lack coherence and are not clearly articulated. For example LSCB's 26 wide-ranging priorities for this year do not link clearly to the priorities of Brent Children's Partnership or Brent's Child Poverty Strategy.
45. Operational planning priorities are well-supported by the established and developing Advanced Practitioner role in locality teams. This provides skilled and flexible targeted input at practitioner level into specifically identified issues such as in dealing with the impact of domestic violence on children. The role is also effectively utilised to develop working relationships with partner agencies, such as schools, and building their confidence in appropriately dealing with safeguarding concerns.

Leadership and management

Grade 3 (adequate)

46. Leadership and management are adequate. Social care teams are appropriately established and sufficiently staffed by permanent, qualified social workers as a result of an effective workforce strategy that tackled poor recruitment and retention. The morale and motivation of staff across children's social care are high, with practitioners expressing an equally high regard for their immediate and senior managers. The profile of the

workforce suitably addresses the needs of the local community, with additional support from, and high level of use of, accessible translation and interpretation services. Appropriate training and development opportunities are available for the social care workforce and include more specialised and valued training available via the West London Alliance for front line managers. Staff are clear about the messages from local serious case reviews and the implications for their practice, and the role of the Advanced Practitioner supports and promotes this. The Advanced Practitioner role is highly regarded and has much influence and value for locality teams and key partners. The council and partner agencies in responding to reduced budgets have reduced the workforce, and have ended projects such as the Youth Offending Service's targeted early intervention programme. It is too early to assess the full impact on young people of this reduction in services. A range of prevention and early intervention services are experiencing challenges as a result of cuts to their financial capacity, and although this impacts on service provision core safeguarding services are presently protected. The balance of maximising efficiencies in resources with care planning, risk management and oversight of commissioned services is taking place appropriately within the council and being reported through to the corporate centre and the Chief Executive.

47. User engagement in service planning and development is at a rudimentary stage and this has been recognised by managers, who are keen to establish more effective communication and consultation with the wealth of communities in the area. The contracting of the Victoria Climbié Foundation to assist in the understanding of and consultation with minority ethnic and cultural groups in the area is an example of this. While much data is available about service user characteristics, analysis and evaluation mechanisms to aid or drive service planning and improvement remain in development. Complaints present as being few in number and are efficiently resolved at the lowest level, although again there is no aggregation of messages from complaints to inform service improvement.

Performance management and quality assurance

Grade 3 (adequate)

48. Performance management and quality assurance systems are adequate and are established at strategic and operational levels. Improvements in key performance measures, mainly in relation to timeliness or numbers of assessments completed, are reported as being achieved in recent years. These improvements are reported to the Overview and Scrutiny Panel, although shortfalls and areas for development identified in inspections are not strongly profiled. A wealth of data is monitored, but evidence of this being used to inform and target improvements is limited. For example, there has been no effective evaluation of the impact of the CAF and early intervention services. Senior operational managers are clear that further improvements are required to increase the focus on qualitative measures

of performance. Existing audit processes attempt to evaluate the quality of some work as well as the quantity, but to date have had limited effectiveness in practice.

49. Managers at operational level are accessible to staff, exercising sufficient oversight of the work of their teams. They have addressed issues of poor conduct and performance of some staff and are increasingly clear about the high levels of performance they expect from the individuals in their teams, but as yet this has not led to an appreciable rise in the quality of service delivery. Although staff reported positive levels of satisfaction with the supervision process, evidence of supervision is extremely variable, ranging from poor to excellent, with limited reference to the timeliness of meetings, reflectiveness within the sessions, references to casework decision making or specific detailed focus on learning and development. In some cases the lengthy periods between supervision sessions are unacceptable and evidence was seen where no supervision had been recorded for several months.
50. The wide ranging oversight in relation to the overview and detail of the child protection service by child protection chairs is satisfactory. Although there are good arrangements for raising and escalating concerns about cases using a 'CP Alert' to the Head of Service, and despite them being in place for the past year, no data are available and no evaluation of the arrangements has been undertaken. Monitoring of agency attendance at and contribution to conferences is in place and has contributed to improvements in the attendance of some partner agencies, particularly by police and some health professionals. Data collected by the child protection service are quantitative and appropriately contribute to the suite of wider management information, but senior operational managers acknowledge its limitations and have plans to further develop qualitative performance measures to extend beyond those identifying simple compliance.

Partnership working

Grade 3 (adequate)

51. Partnership working is adequate. The LSCB has an independent chair and appropriate governance arrangements are in place to ensure regular communication between the LSCB and the Brent Children's Partnership. The LSCB has an appropriate overview of safeguarding issues across the borough and at times its influence is effective. The recently reconfigured strategic partnership presents as committed to improving outcomes for children and young people in Brent and has deliberately adopted a strategy of building strength and resilience in universal services with the aim of reducing or containing the demand for more costly targeted and specialist services. Evidence of the success or effectiveness of this strategy has yet to emerge. There is a small amount of evidence that the LSCB, coming from a low base, has achieved improvement in raising its profile with operational staff within public services, but front line health staff still

have no awareness of the board, the Child Death Overview Panel or the serious case review sub-committee. Concerns about the variable commitment to and attendance at child protection core groups by partner agencies have been successfully tackled in most respects and are an example of the recent use of a 'challenge and support' mechanism by the LSCB in pursuing the commitment and contribution of all key partners. The board has also effectively formally challenged Brent Children's Partnership in response to their concern about services for children affected by domestic violence and secured some degree of success such as in the retention of funding to MARAC for a year. However, the board acknowledges they are not effectively engaged with the community they serve and have not as yet been able to recruit any lay members.

52. Effective partnerships are in place with voluntary sector organisations such as the Freeman Family Centre and Kids Company, which are both commissioned services and work on a time limited basis to support families and vulnerable children. Evidence was seen of this having a positive effect on behaviour and familial relationships.
53. Some effective operational partnership arrangements are in place, such as the positive relationship between children's social care and the police child abuse investigation team. Although partners (apart from the police) are not routinely involved in strategy discussions even when there has been significant involvement with a family, neither the LSCB nor the strategic partnership has been effective in making the necessary improvements to practice. Operational relationships between agencies in relation to children affected by gang activity are established. Schools are engaged in processes to protect children and are supported through the role of the Advanced Practitioner as well as at locality practitioner forums. Most cases seen by inspectors showed evidence that thresholds of need are mostly understood and consistently applied where children are at risk of significant harm, although it is less clear that the 'stepping down' to child in need takes place at appropriate times when risks are sufficiently reduced.
54. Out of hours services are well-established and benefit from practitioners with skill and experience. Relationships with daytime social care services are effective and clear arrangements are in place for information sharing and communication as well as between the key emergency services. While the out of hours service has limited capacity and is managed by adult social care services, management liaison arrangements are effective.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

55. The overall effectiveness of services for looked after children is adequate. Statutory requirements are met by the local authority and its partners and some improvements in performance are being achieved such as sustaining low rates of looked after children who are involved in offending and a growth in numbers of looked after children attending university. Partnership working is generally well-established but health services for looked after children are inadequate. Senior managers in both the primary care and provider trusts acknowledge this and have already developed an action plan for approval by the primary care trust to address deficits. Some health assessments have not been completed and have not been reviewed, which is unacceptable. The quality of health assessments for looked after children varies from inadequate to good, with some being very superficial even when carried out by consultant paediatricians. Health plans are not sufficiently or consistently outcome focused, and in the most part simply identify tasks to be undertaken such as attending clinics. No comprehensive performance management framework is in place to ensure Brent Community Services' effective governance of and the delivery of the Being Healthy outcome, and actions identified in health plans are not monitored effectively.
56. The majority of in-house residential care provision for looked after children and young people is judged to be good or better in Ofsted inspection reports and no services are judged to be inadequate. The most recent inspection of fostering services found overall care to be good with the exception of outcomes for 'Enjoying and Achieving', which were judged to be outstanding. Assessment and care planning for looked after children are not consistently robust and are too variable in quality; plans are not being progressed with sufficient drive and planning for contingencies is not considered in enough detail. However, the leadership and management of services for looked after children are generally effective, with senior managers across the partnership having set ambitious targets and priorities for developing and improving services. Resources are used effectively and work with the West London Alliance adoption and fostering consortium has been developed to provide substantial savings in placement costs without compromising quality or choice of placements.
57. The council has effectively implemented a successful recruitment and retention strategy which has resulted in children experiencing fewer changes of social worker, and placements providing looked after children with a sense of stability and security. The workforce in Brent is diverse and is reflective of the community it serves.

Capacity for improvement

Grade 2 (good)

58. The capacity for improvement is good. The council has sustained improvement in performance in key outcome areas such as the number of care leavers who are in employment, education or training and their increased use of special guardianship orders as well as adoption to secure permanency for children. Performance in securing good quality stable accommodation for care leavers overseen by the children's social care transformation project is good and has led to positive outcomes for young people. Brent Looked After Children Strategy 2011–14, launched in May 2011, demonstrates a clear, coherent and ambitious vision for looked after children involving partner agencies, taking account of the views of young people and prioritising objectives that contribute to improved outcomes. The council and its partners understand their strengths and weaknesses and the strategy evidences their commitment to taking appropriate action to address them.
59. Good progress in safeguarding the welfare of looked after children has been achieved by the development and implementation of robust placement commissioning and contracting arrangements in conjunction with other local authorities. Work to drive forward progress is underway and the recruitment of specialised staff will further strengthen contracting and procurement arrangements.
60. Looked after children and young people are represented in a very effective Brent Youth Parliament, which participates in formal structures such as Overview and Scrutiny Panel and meets regularly with senior officers and elected members. Care in Action, the children in care council, has an enthusiastic and committed core group who have worked extremely hard to develop a children's pledge and to review progress against a set of 20 promises. A framework that ensures children have access to the senior management team including corporate parents is in place and secure. The views of looked after children are sought and understood and this is now beginning to have an impact upon service development and delivery.

Areas for improvement

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

Immediately:

- NHS Brent to provide an effective health service to looked after children:
 - to ensure the timely completion of all health assessments and reviews

- to develop a robust approach to monitoring actions identified in health plans
 - to improve information exchange between health and social care professionals
 - to provide age appropriate and comprehensive health information for looked after children
 - where appropriate, to ensure that health professionals are invited to or able to contribute effectively to looked after children reviews
- The council to ensure timely notifications of all newly looked after children to partner agencies, and to inform them of other significant changes to placement arrangements.

Within three months:

- The council to draw up robust pathway and transition plans in conjunction with all those young people leaving care or who have left care
- The council to ensure that all social workers benefit from regular, good quality formal supervision that provides appropriate management oversight of case work planning
- The council to ensure that care plans and assessments for looked after children are focused, specific and include the consideration of all relevant background information
- The council to ensure that action is taken to improve school attendance for looked after children and reduce the numbers that are subject to fixed-term and multiple school exclusions.

Within six months:

- The council to ensure progress is made in providing stable placements for children on admission to care, and the timely provision of permanent homes for children with a plan for adoption
- The council to improve monitoring arrangements for individual children to measure educational progress relative to their starting points.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 4 (inadequate)

62. Health outcomes for looked after children and young people are inadequate. A significant failure in the completion of initial and review health assessments for looked after children led to 179 assessments being overdue by October 2010. Increased capacity within the looked after children health team and action planning has resulted in a current backlog of 39 health reviews for looked after children; this remains unacceptable. Although performance is improving there remain significant areas for development, not least in achieving accurate and agreed data with social care. A further deficit arising from the backlog is that no targeted public health programmes are being delivered for looked after children due to the priority given to improving performance in completing health assessments. No comprehensive performance management framework is in place to ensure that the Brent Community Services directorate of Ealing Hospital NHS Trust effectively manages the delivery of the Being Healthy outcome. However, changes to governance arrangements in April 2011 are intended to deliver a greater level of oversight.
63. The designated doctor and named nurse do not have access to the children's social care looked after children health database and it is of concern that the administration of the health assessment system is dependent on one individual administrator. Poor arrangements for information sharing and lack of mutual access to databases between children's social care and health staff lead to difficulties in maintaining an accurate profile of the health needs of looked after children. Where children are placed outside of the borough there is effective liaison across boundaries to ensure a child's health needs are identified and met. Reviewing and assessment arrangements between children's social care services and health professionals are disconnected, with designated health staff not being routinely informed of looked after children's reviews. This is particularly of concern where a child may have complex health issues that would benefit from a multi-disciplinary approach. Health records show little evidence that the participation or voice of the child is taken into account and more generally the quality of recording practice is not at an acceptable standard.
64. Some effective specialist psychological CAMHS are in place for looked after children. Valued, supportive programmes for foster carers and social workers are provided by CAMHS, which are successful at sustaining placements where risk of breakdown has been identified. Health support to care leavers overall is at an early stage of development and although care leavers who have a disability can be supported until age 23, it is a matter of concern that there is no comprehensive health information yet

available in a user friendly format or which young people have helped to develop. Further evidence of the lack of engagement with young people is that looked after children are not involved in the recruitment or training of key health practitioners. Teenage pregnancy figures for looked after children and care leavers are high, with 40% of female care leavers in the 18–21 age range being either pregnant or already mothers.

Staying safe

Grade 2 (good)

65. Staying safe outcomes for looked after children are good. Looked after children and care leavers met during the inspection and in a survey undertaken by Care in Action say that they feel safe or fairly safe within their placements, and are able to identify at least one adult whom they trust, with the majority confident that their carers would respond appropriately to any safeguarding concerns they might have.
66. The proportion of children in care in the borough is in line with comparators, and has been at a similar level for the last five years. When a child needs to be received into care or their home circumstances are fragile, robust and well-understood procedures are in place. These include a placement panel which also considers and reviews decision making to ensure an early return home if at all viable and to review the quality of placement matches. The number and timeliness of children being placed for adoption is slowly improving and performance targets are included within the looked after children strategy.
67. Collaborative work to commission placements on a cost for volume basis with other local authorities through the West London Alliance adoption and fostering consortium is ongoing and placements with independent providers are only made in provision that is judged by Ofsted as good or better. The majority of in-house residential provision is good or better and no services are inadequate. The most recent inspection of fostering services in October 2009 found overall care to be good and staying safe to be good; the adoption service was judged as good in March 2008 with staying safe judged as satisfactory. Stability of longer-term placements is improving and in this area performance is better than comparator councils and the national average, although too many children experience three or more placement moves in the 12 months following their admission into care. Senior managers are aware of this problem and have introduced a number of initiatives which include support from a dedicated looked after children's CAMHS and the crisis intervention support team, who provide support to children and foster carers. However, improved stability has yet to be consistently achieved. Good and effective arrangements are in place to monitor children's placements including the significant number who are placed out of the borough. Regular meetings with independent providers ensure placement planning is outcome focused and that any placement drift is challenged assertively and largely avoided.

68. All looked after children are allocated to a suitably qualified social worker and children report that they have positive relationships with them. Brent foster carers receive appropriate support in keeping children safe and in addition they receive specialised support from CAMHS, which increases their knowledge and understanding of the needs of young people and is highly valued by carers who describe this as a responsive and flexible service. In addition social workers make good use of the specialist support and consultation available via a child psychologist and play therapist attached to the placements team, when planning direct work with children.
69. Children missing from care are managed appropriately within the terms of a joint agency protocol and a multi-agency management board has more recently been established to oversee practice and risk management in individual cases. However, further work is required before the board will be able to effectively analyse any patterns or trends that are emerging and the board has yet to submit a report to the LSCB for scrutiny and challenge.
70. The needs of unaccompanied asylum-seeking children are addressed effectively by a knowledgeable and committed group of staff. Processes for their management within children's social care are well-established and referrals are directed immediately to care planning teams where all social workers undertaking age assessments are appropriately trained. Advocates and interpreters are easily accessible and are used throughout the age assessment process. Issues relating to individual experiences and wellbeing are well-considered. Young people are accommodated under Section 20 of the Children Act and are accorded full status as looked after children. They are placed in a range of appropriate placements such as foster care or semi independent living, according to their age, individual and cultural needs. Support from CAMHS, which includes a worker in the care planning team, is available to address the emotional or mental health needs of asylum seeking young people.

Enjoying and achieving

Grade 3 (adequate)

71. Outcomes for enjoying and achieving are adequate. Educational achievements for looked after children in Brent are improving although achievement at Key Stage 2 has fluctuated year-on-year with improvements in 2011 leading to 67% of children attaining Level 4 or above in English and mathematics as compared to 73% for Brent children overall. The education for looked after children team (EDLAC) focuses clearly on supporting children when they move to secondary school. Although a greater proportion of young people at Key Stage 4 achieve 5 GCSEs including English and mathematics than comparable areas which is positive performance, the proportion of looked after children doing so has declined over the last three years. The gap in attainment between looked after children and all pupils at Key Stage 2 has narrowed but remains wide

at Key Stage 4. While the EDLAC team has gathered information and data on the cohort, staff are not yet in a position to judge how well individual children make progress from their starting points. The team has refocused its resources to better support those pupils at Key Stage 4. The team works with children's social care services to effectively identify and target those in the post-16 cohort for additional support if required, including those in education and training. Young asylum seeking people are achieving well, and comprise 52% of the 30 looked after children aged 18 and over who are presently attending university.

72. In the cases examined by inspectors, looked after children and young people are making satisfactory progress and enjoying school. Their educational needs are being met and they are developing personal, social and academic abilities. However, absences from school for Brent's looked after children are higher than comparable areas and the England average and this has been identified as a priority in the looked after children strategy. Too many young people have meetings arranged during school hours and both fixed-term and multiple exclusions are higher than comparable areas and the England average, although permanent exclusions are low. The EDLAC team ensures that educational support, including resources and tuition, are available where necessary for those pupils out of school, for example on fixed term exclusions. Looked after children and young people are encouraged to develop their wider interests and enjoy extra-curricular activities such as football and drama, which support the growth of their confidence and ability to communicate well. A good range of activities is in place including theatre trips, university taster days, outdoor pursuits and a well-attended high profile celebration of achievement awards event. Those children and young people with special educational needs and/or disabilities receive appropriate support and are placed in specialist settings if required. Personal education plans are in the most part up to date, sufficiently detailed, and subject to effective oversight by the EDLAC team. Personal education allowances are aligned to the learning goals of children and young people who are placed both in Brent and outside the borough and the EDLAC team is proactive in monitoring progress of children placed outside of Brent through liaison with schools and local authorities.

Making a positive contribution, including user engagement

Grade 2 (good)

73. Outcomes for looked after children and young people in making a positive contribution are good. The views of looked after children have an impact upon service development and delivery and looked after children and young people take an active part in shaping the services that they receive, for example in the development of care planning and children in care services. Good links for communication are in place between Care in Action and the corporate parenting panel, as well as regular meetings between looked after children and the Director of Children's Services.

Additionally, looked after children meet with a range of council staff such as those from leisure services to share their views and exchange information and they are being trained to effectively participate in the recruitment of social workers

74. A pledge setting out what children in care can expect from the council is in place and was developed in conjunction with looked after children. It has been effectively reviewed by Care In Action through two surveys with children, social workers and managers. Where expectations have not been met, Care In Action has recommended that actions to resolve matters are included in the objectives of the looked after children strategy, and this has been raised with senior officers. However, the strategy review group has yet to meet so it is not possible to evaluate the impact. Most looked after children contribute to their reviews and children report that their views are appropriately considered by professionals and reviewing officers. Commissioned advocacy services are accessible for those who wish it but no detailed evaluation of the service's impact has been undertaken as yet. Effective processes are in place for resolving complaints and the majority are resolved at an early stage, with only a small proportion of complaints being escalated. This success is supported by the service manager, who adopts a proactive approach in meeting directly with children and young people to seek a resolution. Where improvements to services are identified as a result of a complaint these are considered appropriately by the complaints manager and the senior management team.
75. The sustained good performance in relation to looked after children involved in offending, with lower rates than similar areas and the England average, is underpinned by effective multi-agency work between children's social care services, the youth offending service and the EDLAC team, which includes information sharing, liaison, and assessment of individual needs. The triage system used in Brent is successfully preventing offending by young people who are looked after; approximately 85% of those who do enter the criminal justice system do not re-offend.

Economic well-being

Grade 3 (adequate)

76. Economic well-being outcomes are adequate. The proportion of care leavers in education, employment or training is higher than the national average and a range of agencies provides appropriate support to ensure that looked after children achieve well after they have left school. Support from the EDLAC team has been extended and they provide one-to-one support for those in education; the number of care leavers studying at university has increased to 30 in 2011. Care leavers report good levels of support to help them achieve their goals and they are guided well in making positive choices about their next steps in education, employment and training. The 'Teenagers to Work' programme provides valuable opportunities for a small number of care leavers to gain work experience

and develop employability skills such as communication, customer service and time-management.

77. The quality of pathway planning is inconsistent and most cases inspected were of inadequate quality. Although assessment of need is timely, too many plans that are in place do not include sufficient analysis of the practical and other skills necessary for young people to live independently. While increasing numbers of care leavers have a pathway plan, in August 2011 14% did not. Plans seen by inspectors lack sufficient detail to identify the support available for young people to sustain and build social relationships, and insufficient attention is given to planning for contingencies. In some cases plans remained incomplete six months prior to young people's leaving care dates and therefore did not offer coherent, focused direction to complete the necessary work for young people to be appropriately prepared.
78. Increasing numbers of care leavers are in suitable accommodation and multi-agency work to secure a range of housing options for care leavers is effective, with targets to accommodate care leavers being exceeded. Placements are carefully matched to the needs of individual young people and care leavers are appropriately prioritised for accommodation. Where appropriate, care leavers are supported well to remain in foster care.

Quality of provision

Grade 3 (adequate)

79. The quality of provision for looked after children and young people is adequate. Appropriate and well-understood procedures are in place that inform practitioners of the circumstances in which children should be received into care. Despite this, some cases seen by inspectors contained evidence of initial delay in convening strategy meetings, resulting in delay in assessing the degree to which children were at risk of harm. However, once a strategy meeting had taken place, decisive action was taken and young people were appropriately brought into care. The targeted use of the crisis intervention and support team, using solution focused and accredited parenting programmes, along with the expanding use of family group conferencing, is successful at maintaining children on the edge of care at home and therefore reducing the necessity for care, at least in the short term. However, there is no longitudinal review to evaluate effectiveness.
80. A kinship care team is now established and has made progress in raising awareness of the need to consider a child's wider extended network when looking at accommodation or permanence plans among professionals. Processes to manage the quality of viability assessments have improved and the kinship care team now meets statutory requirements in that no child is placed prior to an assessment being completed and authorised by a senior manager. Although a high proportion of young people remain in residential care and are placed out of borough, the inspection found no

evidence to suggest that these placements were inappropriate. Overall, children benefit from placements that are stable and placement matching is appropriate in terms of skills and experience of carers. A successful foster carer recruitment campaign has increased placement choice and placement commissioning strategies are becoming more effective, with further improvements anticipated through Brent's participation in the West London Alliance.

81. In Brent all looked after children have care and placement plans and all have an allocated social worker. However, the quality of assessments and plans remains too variable. In half of the assessments seen by inspectors there appears to be little regard to significant background factors and limited evidence that the children's holistic needs have been fully assessed and well-understood. Care planning in some cases, particularly where parallel plans are in place, is passive, with social workers allowing their progress to be driven by court timescales and requirements; care planning is not routinely comprehensive and fails to drive work forward in an assertive way, resulting in drift and uncertainty for children and young people. Generally, assessments and case planning demonstrate that satisfactory attention is paid to disability, culture and gender and in the majority of cases a suitable placement match is identified. However, at times placement matching is not as comprehensive as it could be and assumptions that placing a child with a foster carer of the same ethnicity or cultural background will meet his or her needs results in care or placement plans not always fully articulating the individual needs of the child.
82. Case work supervision and management oversight are clearly provided in looked after children's services but evidence is very limited of significant impact other than in directing short-term action planning. Formal auditing systems are in place but have, as yet, not ensured that required improvements in the quality of assessments and care planning are consistently achieved. Children spoken to during the inspection report that they have positive relationships with social workers, that they are regularly visited and that social workers listen to them. Case recording is generally up to date although in some cases there are multiple entries of routine visits occurring on the same date and chronologies are not always up to date or sufficiently clear, making it difficult to obtain a clear overview of the case history.
83. Performance in relation to the timeliness of reviews of looked after children is positive and independent reviewing officers (IROs), who know children well, are consistent and knowledgeable. The role of the IRO is broadly effective in monitoring and helping direct care planning, although their high caseloads compounded by significant travel to out of borough placements and limited access to the electronic case file system, severely restrict their capacity and impact. While an appropriate escalation policy is in place, this has not been used in the last 12 months and not all

reviewing officers are familiar with it. Most of the IRO team are agency workers and although they chair the majority of looked after children reviews, their views were not sought or used to inform the latest annual report of their service, which is not satisfactory. IROs are innovative in their approach and ensure that children regularly participate in their reviews, but they do not routinely invite contributions from colleagues in health, even where there are significant health concerns. Also, health professionals do not routinely receive copies of minutes from reviews, which undermines the effectiveness of care planning and progress in individual cases. Outcome focused meetings with external placement providers complement the looked after children review process and are effective in holding providers to account, ensuring that key milestones in children's care plans are reached.

Ambition and prioritisation

Grade 3 (adequate)

84. Ambition and prioritisation are adequate. The children's social care transformation project, part of Brent's One Council programme, seeks to drive forward an improvement agenda and is on course to meet its financial targets. The resulting strategy puts in place a set of multi-agency objectives to ensure that children are placed in provision best suited to their needs and supported by effective services. Implementation of the strategy has started and although a framework to review progress has been agreed, the project group tasked with reviewing progress has yet to meet so it is not possible to evaluate its impact. Work is continuing to reduce and monitor the use of residential care, out of borough placements and placements with independent fostering agencies. Clear objectives such as growth of in-house foster placements to 40% by 2014 and a 7% reduction in the use of residential placements have been set and adequate progress is being made towards meeting these targets.
85. The LSCB has acted to promote the welfare of looked after children by prioritising a specific issue, such as health, and requesting that health partners produce an action plan to address the delay in completing initial and review health assessments, but so far this has not been fully effective or led to improved outcomes for looked after children. Elected members and corporate parents are committed to promoting positive outcomes for looked after children and have been influential in establishing work based apprenticeships for looked after children and summer work placements within the library service.

Leadership and management

Grade 3 (adequate)

86. Leadership and management are adequate. Under the remit of the children's social care transformation project the council has developed a clear strategy to manage demand and maximise resources and efficiencies, with the result that the placements budget is on target to be balanced in this financial year. Despite recent developments in the

management of services for looked after children, several areas remain where required actions have not been taken to ensure improvements in outcomes for children and young people. These include lack of rigour and quality of audit processes, the effectiveness and quality of supervision, infrequent use of the escalation process by IROs where they have identified concerns, and in securing appropriate health provision for looked after children.

87. The commissioning of placements is improving, with efficiencies achieved through more effective contracting and collaboration with neighbouring authorities through the West London Alliance. Commissioning activity is now driven by the need to meet challenging financial targets set within the children's social care transformation project. The number of looked after children placed within the borough is increasing, and the number of approved Brent foster carers has grown in-line with targets, but further work is still required to ensure that a sufficient range of placements is available within a reasonable distance of Brent. A service development steering group with input from care leavers has effectively overseen the expansion of the Brent Shared Housing Scheme, which offers stability through improved quality of housing to care leavers.
88. Social workers have manageable caseloads, enabling statutory duties to be carried out and meaningful relationships to be developed and sustained with children and young people. However, while locality teams have benefitted from Approved Practitioner posts, the role has not been included within care planning teams and so practitioners do not have the same opportunities to develop expertise in such a focused manner. The proportion of permanent staff is now 75% across all teams working with looked after children and care-leavers. This has been achieved through a revised recruitment campaign and incentives including Newly Qualified Social Worker and early professional development programmes. These initiatives have helped to ensure that the workforce largely reflects the diversity of the local population, and they are well-regarded by staff.

Performance management and quality assurance

Grade 3 (adequate)

89. Performance management and quality assurance are adequate. A culture of performance management is emerging in relation to services for looked after children and links are clear between strategic priorities, performance data collected and the objectives of the strategy for looked after children. However, present arrangements for accountability, monitoring and challenge of the looked after children strategy are not sufficiently robust as there is no line of report or accountability to the Brent Children's Partnership or other strategic forum. Performance is improving across a number of indicators; for example an improved rate of completion of personal education plans and the increasing percentage of young people in education, employment, or training. In the fostering service, targets are

being met to increase the number of high quality in-house foster-placements. However, the council recognises and acknowledges that performance in relation to adoption and placement stability is not meeting targets and needs focused work to progress improvement. A regular case file audit process, which only recently has included a qualitative element, is in place. However, it is too early to assess whether it has had a positive impact on standards of practice.

90. The quality and frequency of formal supervision offered to social workers, including newly qualified social workers, are too variable. In too many of the cases reviewed by inspectors, formal supervision had not been provided for significant periods of time. Some notes of meetings lack sufficient detail, are repetitive and do not include clear actions that are tracked through to support on-going professional development and improve the quality of service provision.

Record of main findings:

| Safeguarding services | |
|---|------------|
| Overall effectiveness | Adequate |
| Capacity for improvement | Adequate |
| Safeguarding outcomes for children and young people | |
| Children and young people are safe and feel safe | Adequate |
| Quality of provision | Adequate |
| The contribution of health agencies to keeping children and young people safe | Adequate |
| Services for looked after children | |
| Ambition and prioritisation | Adequate |
| Leadership and management | Adequate |
| Performance management and quality assurance | Adequate |
| Partnership working | Adequate |
| Equality and diversity | Good |
| How good are outcomes for looked after children and care leavers? | |
| Overall effectiveness | Adequate |
| Capacity for improvement | Good |
| Being healthy | Inadequate |
| Staying safe | Good |
| Enjoying and achieving | Adequate |
| Making a positive contribution, including user engagement | Good |
| Economic well-being | Adequate |
| Quality of provision | Adequate |
| Services for looked after children | |
| Ambition and prioritisation | Adequate |
| Leadership and management | Adequate |
| Performance management and quality assurance | Adequate |
| Equality and diversity | Good |

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Brent Children and Families Department

Action Plan in response to the Ofsted/Care Quality Commission Safeguarding and Looked after Children Inspection

This action plan has been produced as a response to the recommendations made as a result of the safeguarding and looked after children inspection, which took place 3-14 October 2011 and resulted in the report of 18 November 2011. It covers recommendations which are the responsibility of the local authority, as well as those which need to be followed up by the local authority together with its partners. In order to make a comprehensive response to the inspection and further improve outcomes for children and young people, this plan additionally picks up comments made by Ofsted within the text of the final report, which were not highlighted as recommendations. These additional areas for development follow the recommendations for Safeguarding, or for Looked after Children, respectively. As the plan follows the format of the Ofsted inspections, the recommendations and actions required cover all aspects of the work, from management and leadership to front-line practice.

This plan has been prepared in conjunction with the Health Action Plan which has been developed by Brent Primary Care Trust and is reported (and monitored) on a monthly basis by the Care Quality Commission. The Children and Families Plan complements the actions within that plan.

The plan has benefitted from input and quality assurance from London Safeguarding Advisors and the Local Government Improvement and Development Agency.

This action plan will be implemented alongside individual service improvement plans already in development, representing the ambition of the council and its partners to make a positive difference for children in need of safeguarding or who are in the care of Brent Council.

Monitoring, Accountability and Scrutiny arrangements:

This inspection action plan and the wider service improvement plan contain SMART objectives, with detailed actions to be carried out.

The monitoring arrangements for the plan are as follows:

1. Monthly monitoring of the action plan involving Health and Social Care colleagues chaired by the Director of Children's Services.
2. Local Safeguarding Board on a bi-monthly basis.
3. Brent Children's Partnership on a quarterly basis
4. Multi- agency child protection meeting on a quarterly basis
5. Children and Families Departmental Management team on a monthly basis.

6. Children and Families Scrutiny Committee and Corporate Parenting and Safeguarding group.
7. The Lead Member for Children and Families will have a key role in the monitoring of progress.

There are two key mechanisms for monitoring progress:

1. The Action Plan will be updated on a monthly basis and provide evidence of progress against identified actions and compliance with timescales. This will form the basis of the regular monitoring.
2. A quarterly data set and report will be prepared by the Assistant Director, Children’s Social Care, which will summarise progress and evidence how the identified actions are improving services and the difference they are making to children and their families in Brent. This will be submitted to groups identified above and form the basis of the quarterly programme of review.
3. Any concerns arising from the monitoring programmes will be conveyed directly to the Director of Children and Families.

Finally, the Department will seek external challenge of the progress against the plan in June 2012 through the Local Government Improvement and Development Agency and the intention is to arrange a process of peer challenge or review in December 2012 to assess progress against the findings of the SLAC Inspection report.


Page 338: A glossary of all acronyms used within this plan is included at the end of the document.

Page 338: Where there are multiple leads identified, the responsible lead officer is underlined.

1. Safeguarding Recommendations:



| Recommendations: Safeguarding | | | | | RAG |
|---------------------------------|---|-------------|-------------------------------|--|-----|
| 1. Ofsted Recommendation | Ensure that timely, supportive and reflective supervision is provided for social care staff by managers and that this is recorded promptly and to a high standard. | | | | |
| Timescale: Immediate | | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |

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| <p>Staff at all levels receive regular, high quality supervision, which encompasses both performance management and reflective supervision.</p> <p>Supervision enables reflective, child focussed practice, in line with the Munroe Review of Child Protection</p> <p>All social workers will have a fully completed personal supervision file to capture casework as well as personal and professional development</p> <p>Supervision notes to demonstrate timely plans and impact</p> | <p>1. Review of all supervision materials to be conducted by external consultant working together with managers, to ensure supervision is delivered in line with best practice elsewhere and that this can be evidenced.</p> | <p>Head of Localities and Disabled Children/Head of Care Planning</p> | <p>Policy to be completed by end April 2012.</p> | <p>External consultant engaged. Focus group with managers 19.1.12.</p> <p>5 sessions for each supervisor in group sessions focusing on every aspect of supervision commencing April 12..</p> <p>Policy to be completed following training programme</p> | |
| | <p>2. Intensive coaching workshops for managers across children’s social care, to deliver improved expertise in supervision, including reflective supervision, and in doing so enable managers to lift the quality of practice across the service.</p> | | <p>February – March 2012</p> | <p>Funding secured through Local Government Improvement and Development Agency and work programme submitted.</p> <p>Programme of supervision support starting April 2012.</p> | |
| | | | | | |
| <p>2. Ofsted Recommendation</p> <p>Timescale: Immediate</p> | <p>Ensure that supervision files are subject to a regular system of audit and review by senior managers</p> | | | | |
| <p>Required Outcome</p> | <p>Actions</p> | <p>Lead</p> | <p>By when/Accountable</p> | <p>Evidence of progress January 2012</p> | |

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| Managers are confident that supervision is being delivered in line with departmental policy; audit feedback demonstrates significant improvements in frequency and quality. | 1. Evidence of both compliance with and impact of improved approach to supervision to be evidenced through regular audit. | Head of Localities and Disabled Children/Head of Care Planning | March 12. Audit outcome will be included in post-inspection action plan quarterly report to Departmental Management Team and Local Safeguarding Children Board | Summary report due April 2012 | |
| | 2. Conduct staff survey to gain feedback on impact of new supervision system | | September 2012 | | |
| Ofsted Recommendation: Timescale: Within 3 months (end February 2012) | Fully implement a system of qualitative as well as quantitative performance management which links to the auditing processes | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Service improvements are informed by learning from qualitative and quantitative measurements. | 1. Develop a quality management framework aimed at delivering continuous improvement, which captures quantitative and qualitative data. | Head of Safeguarding | March 2012 – sign-off by DMT and LSCB | January 12 - Draft QMF produced, plans for overarching audit system being developed.  QAF 29.2.12 DRAFT.docx Will be launched 1 March 2012 | |

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| | 2. Provide quarterly QMF reports which evidence how service improvements are informed by the qualitative and quantitative information collected. | Head of Safeguarding / Head of Policy and Performance | June 2012 to be included within quarterly post-inspection action plan report to DMT and LSCB | | |
| 4. Ofsted Recommendation: Timescale: Within 3 months (end February 2012) | Develop effective systems for obtaining and aggregating service user views, to include key themes from complaints and advocacy services, with the purpose of informing service improvement and development. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| <p>Page 4</p> <p>An overarching framework for consulting with service users is in place and having a positive impact on service delivery.</p> <p>There is documentary evidence of meaningful consultation.</p> | 1. Develop range of methods for consultation with service users throughout the service, including qualitative and quantitative methods through the use of questionnaires, e-mail and text messaging, surveys, telephone interviews and focus groups. Methods to be informed through consultation with Brent Consultation Team and Complaints Team; and from best practice elsewhere. | Head of Localities and Disabled Children | Overarching system to be signed off by DMT, and in place and fully operational by June 2012. | <p>Social work students complete a minimum of 5 focused interviews with Children/Parents in Child protection.</p> <p>London Regional Safeguarding Advisor is providing good practice examples from across London.</p> <p>Draft questionnaire has been devised and will be used to consult with families in May 2012. Results will be evaluated by end June 2012)</p> | |

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| The views of children, young people, parents and carers inform service improvement. | 2. Further strengthen systems so that feedback from the views of children and young people, and parents and carers, including the outcomes of complaints, inform service improvement and this can be evidenced. | DMT, SCMT , Complaints Manager | Review by Complaints Manager and SCMT – April 2012. | Quarterly children social care analysis received. Service user views strategy in development (meeting March 12). | |
| | 3. DMT and LSCB to scrutinise outcomes of feedback and complaints, and ensure actions are taken to improve services accordingly. | DMT, LSCB | Annual report to DMT and LSCB-July 12 | | |
| Page 42 Ofsted Recommendation: Timescale: Within 3 months (end February 2012) | Ensure that the quality of child in need and child protection plans is improved so that timely, measurable and achievable outcomes for safeguarding are clear and effective. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Social work reports to child protection conference are of a high standard, and | 1. Improve the quality of child protection and child in need plans through the following actions: a. Training on analysis of risk for | Head of safeguarding Head of | Progress report on all actions below to LSCB for scrutiny April 2012. | a. Signs of Safety training held Nov/Dec 11 | |

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| <p>will reflect the individual needs and diversity of children and their families within the primary objectives of the plan.</p> <p>Child protection plans will be SMART</p> <p>Child protection concerns will be addressed in a timely manner through the Child protection conference system.</p> <p>Children in need receive a high quality service, and SMART plans with clear objectives and timescales are in place</p> | <p>social workers</p> <p>b. Multi-agency training to improve contribution of all agencies to child protection planning</p> <p>c. Together with London Councils, developing more focused set of child protection documentation templates</p> <p>d. Strengthening the quality assurance role of Child Protection Advisers through use of the Alert system, and through audit</p> <p>e. Multi-agency training on new Child In Need policy, including strengthening the role of the Team Around a Child (TAC)</p> <p>f. Improving management overview of child in need cases to ensure timely progress to meeting agreed objectives.</p> | <p>Localities and Disabled Children</p> | | <p>b. Multi agency training to be commissioned via the LSCB. Completed but profile needs to be raised through the LSCB</p> | |
| | | | | <p>C. workshop for social workers took place 29 February re SMART child protection plans.</p> <p>JB audits a sample of 6 child protection plans monthly. (audits have been done and shared with chairs.</p> <p> CP Plan Audit template.docx</p> <p>Template attached) Principal CPA monitors child protection plans from CPAs</p> | |
| | | | | <p>d. System for ongoing audit of cases with CP plan for more than 18 months now embedded.</p> <p> CP Plans greater than 18 months 09.0:</p> <p>Alert system usage reinforced. Business case submitted to employ another CPA to bring total to 3 CPAs and a Principal. A full QA role is not possible with the current establishment.</p> | |
| | | | | <p>e. 2 multi-agency workshops held January 2012.</p> | |

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| | | | | F . audit of CIN plans 28 th February Audit completed, report will be available to insert W/C 26.03.12 | |
| 6. Ofsted Recommendation: | The LSCB to ensure that thresholds and 'step up, step down' processes are fully understood and effectively shared across agencies in relation to children who no longer require a child protection plan. | | | | |
| Timescale: Within 3 months (end February 2012) | | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |

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| <p>Managers and staff are able to focus their work on children who meet Brent's levels of need.</p> <p>Child protection plans are appropriately stepped down when indication that risk of significant harm has diminished</p> | <p>1. All families will receive the appropriate level of intervention, through the following actions:</p> <ul style="list-style-type: none"> a. Assessment of whether cases receiving appropriate level through audit b. Benchmarking of thresholds across London c. Ensure thresholds are understood across partnership d. Pilot multi-agency consultation system by Child Protection Advisers e. Strengthen screening of new work through Locality Duty systems f. Strengthen links with early help services to improve signposting g. Strengthen overview of child in need cases to ensure timely progress to meeting agreed objectives. | <p>LSCB/Head of Safeguarding</p> | <p>Multi-agency progress report on all actions below to be scrutinised by DCS on monthly basis, and through High-Level Child Protection meeting. Report to LSCB June 2012.</p> | <p>A &C. LSCB thresholds group to sample audit 6 cases on multi-agency basis at 6-monthly intervals – starting end January 2012.</p> <p>Meeting occurred 30.01.12 JB to insert report/record of mtg</p> | |
| | | | | <p>A&c. First 6-monthly LSCB thresholds meeting, led by Head of Safeguarding, January 2012. Thresholds reinforced through locality practitioner forums, CIN workshops, joint operational CP meetings.</p> | |

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| | | | | d. To commence April 12 when fully staffed. | |
| | | | | e. Series of multi agency workshops to review threshold for referral to social care | |
| | | | | f. Early support and CAF co-ordinator in post and review of step-up/step-down in process. Audit of CIN cases by regional safeguarding manager complete and recommendations to be implemented. | |
| | | | | g. New, robust CIN policy launched December 2011 through multi-agency workshops. Audit of CIN 28 th Feb 2012 | |
| Page 46 Ofsted Recommendation: Timescale: Within 3 months (end February 2012). | Brent children's social care services, NHS Brent and Ealing Hospital NHS Trust to put in place consistent and effective arrangements to ensure the prompt sharing of information about children subject to child protection plans and children who are looked after. <i>NB: Recommendation also covered within Health Action Plan. The actions below are to be carried out in partnership, and complement the actions within the Health Action Plan.</i> | | | | |
| Required Outcome | Actions | Lead | By when/Accountability | Evidence of progress January 2012 | |
| Health partners in child protection have ready access to list of children who are subjects of child protection plans, Supervision Orders, Interim/Care Orders and placed with parents. | 1. Establish of joint ICO/LA 'task and finish' group to review information exchange issues and improve process | Assistant Director Social Care; Community Services Director, Brent | Task and finish group to report February 2012. Report to DMT and to LSCB to confirm all arrangements have been put in place – April 12. | Immediate check showed that key providers receive updated information about child protection plans. Designated health staff identifying whether spread of information should be expanded. | |

| <p>8. Ofsted Recommendation:</p> <p>Timescale: Within 3 months (end February 2012)</p> | <p>Brent's children's social care services, NHS Brent and Ealing Hospital NHS Trust to ensure that disabled children and young people and their parents/carers are actively engaged in the quality assurance and development of services.</p> <p><i>NB: Recommendation also covered within Health Action Plan. The actions below are to be carried out in partnership, and complement the actions within the Health Action Plan.</i></p> | | | | |
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| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| <p>Disabled children, young people and their parents and carers are able to comment on service quality and to contribute to service development.</p> | <p>1. Ensure children, young people and their parents/carers are kept informed of any proposed changes to services which may affect them, and that their views are taken into consideration.</p> | <p>Head of Localities and Disabled Children/Head of Transitions Team, Adult Social Care</p> | <p>Immediate and ongoing. Communication will take place as part of the 2 One Council projects: Transitions into Adult Life, and Children with Disabilities 0-13 project – outcome to be reported to Programme Board April 2012.</p> | <p>Consultation with disabled children/parents regarding a. transition team, completed and b. service transformation, arranged for April 2012. Disabled children/Parents to be included in CIN survey planned for April/May 2012. Quarterly consultation meetings take place between HOS/PO and One Voice.</p> | |

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| 9. Ofsted Recommendation: Timescale: Within 6 months (end May 2012) | Brent children and families' directorate and Brent children's partnership to strengthen the coordination and integration of strategic plans, underpinning them by appropriate performance management arrangements to monitor and drive improvement | | | | |
| Required Outcome | Actions | Lead | By when | Evidence of progress January 2012 | |
| <p>A 'golden thread' will link partnership and corporate strategic priorities with all service improvement plans.</p> <p>All plans will be SMART and will establish challenging targets which can be tracked and evidenced.</p> <p>Qualitative measures will be integrated into plans to ensure that service development leads to improved outcomes for children,</p> | <p>1. Consultation processes in the development of strategic plans will be strengthened to ensure that strategic priorities reflect practice and service-user priorities.</p> | <p>Director of Children and Families</p> <p>Director of Strategy, Partnerships and Improvement</p> <p>LSCB Independent chair</p> | <p>To feed in to consultation prior to review of Children and Young People's Plan 2012</p> <p>To feed in to LSCB Annual Review 2011 and Business Plan 2012</p> <p>Scrutiny of actions within this recommendation will be undertaken through the Chief Executive's quarterly multi-agency child protection meetings; and by the members' Corporate Parenting</p> | <p>Links made between this plan and update of CYPP, which will be finalised April 2012.</p> | |

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| <p>young people and their families.</p> | | | <p>and Safeguarding Board.</p> | | |
| | <p>2. Linkages between Brent Children’s Partnership, Brent LSCB, and operational managers will be strengthened, to ensure more effective scrutiny and accountability; qualitative performance information; and information-sharing which enables key priorities for the range of children and young people in Brent to be identified, prioritised within plans, and taken forward.</p> | <p>DCS LSCB Independent chair</p> | <p>April 2012</p> | <p>Agenda item for LSCB planning day.</p> | |

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| | 3. Children's social care improvement plans will be produced which will cover all key priorities, identifying their source, with clear targets which will be scrutinised by the Social Care Management Team on a quarterly basis. | SCMT | January 2012 | Business plans in place. Actions to be incorporated into Safeguarding Action plan. | |
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2. Safeguarding: Additional Areas for Development

| Safeguarding: Additional Areas for Development | | | | | RAG |
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| 1. Area for Development: | There are insufficient monitoring and evaluation processes in place in relation to work addressing concerns about the conduct of adults working with children. This role is the responsibility of the Local Authority Designated Officer (LADO) | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Lessons from referrals to LADO (Local Authority Designated Officer dealing with concerns about adults working with children) will be learned. | 1. LADO will regularly review outcomes of investigations and highlight lessons to be learned and acted upon. | Head of Safeguarding | Quarterly report to be included with management information to the LSCB on outcomes of referrals about adults who may pose a risk to children, from December 11 | Report provided December 11 Report is being prepared for the end of March 2012 | |
| LADO role will be understood across the partnership | 2. The Safeguarding in Employment sub group of the LSCB will promote the role of the LADO across the voluntary, private and statutory providers in Brent. | Chair of sub-group | LSCB | Agreed in principle by LSCB chair. Sub-group to extend TOR LSCB BME and Faith communities group to be briefed on the role of LADO Meeting with primary heads booked April 12 | |

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| LADO will be adequately resourced to ensure the statutory requirements of the role are fulfilled | 3. Review the LADO role against the role and capacity of CPAs and prepare a business case proposing sufficient resource. | Head of Safeguarding | February 2012 | Business case for extending the number of CPAs has been prepared | |
| 2. Area for Development | Procedures and data retention in relation to safe recruitment are in place and usually applied appropriately, but systems need to be more robust and consistently followed. | | | | |
| Required Outcome | Actions | Lead | By when | Evidence of progress January 2012 | |
| Decisions in relation to Criminal Record Bureau disclosures will be managed well and appropriately recorded, to ensure safe recruitment processes are robust and consistently applied. | 1. Finalise planned work in relation to strengthening procedures and data retention. | Head of People Services/HR Services manager/Operational HOS | January 2012. Report to DMT February 12. | Completed; updated procedure enclosed  CRB policy update March 12.doc.docx | |
| 3. Area for Development: | There is no formal evaluation of the impact of CAF on children, young people and their families. | | | | |
| Required Outcome | Actions | Lead | By when | Evidence of progress January 2012 | |
| Families have access to bespoke and coordinated multi-agency support that addresses need early | 1. Review CAF processes to determine outcomes and quality. This will include an evaluation of the impact of CAF. | Head of Early Years and Integrated Services | February 2012 | Evaluation report completed end of February and action plan being deployed. | |

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| | 2. Recruit a full time CAF coordinator to manage the SPA process and the CAF team. | | December 2011 | postholder in place January 2012. | |
| 4. Area for Development | The process of cloning records between siblings in the same family who are children in need is not appropriate and can lead to the individual needs of each sibling not being accurately or fully identified. | | | | |
| Required Outcome | Actions | Lead | By when | Evidence of progress January 2012 | |
| Recording will reflect the individual needs of each child within the family as well as needs which apply to the whole family | 1. Reinforce requirements re ensuring individual needs of children within a family are recorded by practitioners. | Head of Localities & Disabled Children | January 2012 Compliance to be tested through planned audit cycle. | Requirements reinforced. | |
| 5. Area for Development | Assessments for disabled children brought to the multi-agency resources panel are not always fully comprehensive or multi-disciplinary | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Assessments for disabled children are comprehensive and multi-disciplinary, maximising the potential for ensuring best outcomes. Early Support Panel | 1. Incorporate improvements to assessments into current One Council 0-13 children with disabilities team project. | Head of Localities & Disabled Children | April 2012/0-13 Project Board | Workshop to streamline assessment processes took place February 2012. Assessment documentation in the 0-13 team to reflect that of Localities service. Co location of service with health colleagues being sought to maximise multi disciplinary working and implementation of a single assessment. | |

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| Coordinator in place and supporting multi-agency key workers support to families with additional needs aged 0-5 years. | 2. Early Support Coordinator appointed; attends six weekly CWD panel (led by paediatricians at Brent and Harrow PCT) | Head of Early Years and Integrated Services | Take up post December 2011. Then ongoing | Coordinator took up post Dec 2011. Attending appropriate panels, re-negotiated further 1 year contract and PCT funding. Good progress made with action plan. Embedding in role before carrying out this action. | |
| | 3. Early Support Coordinator to identify additional funding for families with early support needs. | Head of Early Years and Integrated Services | Ongoing, as key part of role. | | |
| 6. Area for Development | The LSCB's 26 wide-ranging priorities for this year do not link clearly to the priorities of Brent Children's Partnership or Brent's Child Poverty Strategy | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| The LSCB Business plan demonstrates linked priorities for 2012-13 to Brent Children's Partnership strategies The annual report demonstrates how the LSCB BCP priorities were addressed on 2011-12 | LSCB planning business planning day references, scrutinises, monitors and evaluates all key safeguarding elements of partnership strategies. Brent Children's Partnership to be consulted on the LSCB plan. | LSCB Independent Chair | Takes place March 2012 Accountable to Director of Children's Services who will ensure appropriate linkages are in place. | The LSCB Business Planning Day is when key priorities for the year will be decided upon. The annual report is also currently in draft stage and will be examined at the Business Planning Day. The Business Plan and Annual Report will be going to the BCP Executive in June. The CYPP (Currently out for consultation with the BCP) will be going to the LSCB in June as well. | |
| 7. Area for | The LSCB to engage more effectively with the community and to recruit lay members. | | | | |

| Development | | | | | |
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| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Lay members will be in place and fully contributing to the work of the LSCB. | 1. Reference group for community groups is in development, with first meeting planned. | LSCB Development Manager | Meeting planned March 2012 Accountable to LSCB Independent Chair, then to DCS | Lay members advert went out 15 th Feb | |
| | 2. Advertisement to be placed for lay members of LSCB | | February 2012 susue | | |
| 8. Area for Development Within children's social care services the statutory guidance on the timescale for holding an initial child protection conference following the undertaking of child protection enquiries is not consistently followed, leading at times to unacceptable delay. | | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| There is clear understanding of timescales required within child protection | 1. Clarification about timescales within child protection processes to be sent to team managers and practitioners. | Head of Safeguarding | December 2011 | Achieved  timescales to cp. conference.msg | |

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| <p>processes. Current appropriate level of performance of 70% within timescale is maintained, ensuring those that exceed the timescale are complex cases, receiving fuller assessment, with risks managed.</p> | <p>2. Periodic audit to identify whether cases which go beyond 15-day timescale do so in the interests of getting a fuller assessment and risks are managed, as opposed to drift.</p> | | <p>Next audit: April 2012</p> <p>Outcome of audit to be reported to LSCB.</p> | <p>To be audited March 2012</p> | |
| | <p>3. Multi-agency strategy meetings or discussions will be held for complex cases where detailed multi-agency planning and management of risk is required from the beginning.</p> | <p>Head of Localities and Disabled Children</p> | <p>LSCB</p> | <p>Subject of a LSCB audit at present.</p> | |

4. Looked After Children Recommendations:

| Recommendations: Looked After Children | | | | | RAG |
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| Page 57 | 1. Ofsted /CQC Recommendation: Timescale: Immediate | NHS Brent to provide an effective health service to looked after children: <ul style="list-style-type: none"> • To ensure the timely completion of all health assessments and reviews • To develop a robust approach to monitoring actions identified in health plans • To improve information exchange between health and social care professionals • To provide age appropriate and comprehensive health information for looked after children • Where appropriate, to ensure that health professionals are invited to or able to contribute effectively to looked after children reviews <p><i>NB: Recommendation directed at NHS Brent and covered within Health Action Plan. The actions below are either to be carried out in partnership or apply to social care, and complement the actions within the Health Action Plan. As the Health of Looked After Children received a judgement of Inadequate, this recommendation is receiving the highest priority for action and improvement, and compliance and improvement will be reported on a monthly basis to the DCS. Actions under this recommendation and in the CQC Health Action Plan will also be scrutinised through quarterly reports to the LSCB and to the Multi-Agency Child Protection Meetings, as well as to the Health and Well-Being Board. A revised set of Performance Indicators (PIs) to capture key performance areas has been agreed.</i></p> | | | |
| | Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 |
| Health assessments are timely and comprehensive | 1. A system is being devised to ensure that all young people to have a Health Assessment within 3 months prior to their 18 th birthday. | Head of CPCIC/ Deputy Director, Nursing and Clinical Standards, Brent ICO | 1 February 2012 | Ursula Johnson identify YP and notify SW's | |

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| Children's health plans will be implemented in a timely and comprehensive way, ensuring their health needs are met | 2. Strengths and Difficulties Questionnaire (SDQs) to be identified as needing completion at first LAC Review, and monitored at 2 nd LAC Review. | Head of Commissioning and Resources | 1 February 2012 | Currently being implemented by IROs. Fully in place by April 12. | |
| | 3. IROs to review health recommendations at each LAC review and implement escalation policy where necessary. | Head of Commissioning and Resources | Immediate and ongoing | In place and will be audited through the revised IRO performance monitoring framework. | |
| Through the revised service specification, to ensure robust quality assurance of the health services being delivered to LAC, both in terms of timeliness and quality | 4. Improving outcomes on health assessments through: <ul style="list-style-type: none"> a. Quarterly performance monitoring meetings to ensure robust monitoring of health assessments as part of SLA b. Bi-monthly liaison meeting between social care and health to develop good practice working. | Head of Care Planning/ Deputy Director, Nursing & clinical Standards /Head of Commissioning and Resources/Deputy Director, Strategy & Planning, NHS Brent Regular review of SLA will ensure all actions are implemented. | 1 February 2012 | A Fully scheduled for 12/13 One off one scheduled for March 12 to review 11/12 performance B This is in place & 3 mtgs have taken place already . | |

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| <p>LAC Reviews will be fully informed about children's health issues, in order to best meet their needs</p> <p>Information exchange between health and social care will be consistently good, and enable children's health needs to be met in a timely way</p> | <p>5. Establish joint ICO/LA 'task and finish' group to review information exchange issues and improve process.</p> | <p>Head of Care Planning/Head of Commissioning and Resources/Community Services Director, NHS Brent</p> | <p>1 February 2012</p> | <p>In place and due to fully report at the end of March 12.</p> <p>However, immediate work has been undertaken in respect of information exchange and processes. The LAC Health team have full access to FWi and have received training.</p> <p>There is also now a shared spread sheet data base which monitors the progress of the health assessments.</p> <p>All LAC health assessments are currently up to date</p> | |
| <p>Children and young people will be fully informed about health issues, in an age-appropriate way.</p> | <p>6. Review current health information and develop or source appropriate health information materials in liaison with public health department.</p> | <p>Deputy Director, Nursing & Clinical Standards, Head of Health Improvement Brent, Ealing and Harrow ICO (see CQC plan)</p> | <p>December 2011</p> | <p>Underway as part of task and finish group</p> | |
| <p>LAC health colleagues are notified of all statutory reviews to enable their participation and attendance where appropriate</p> | <p>7. Health to be routinely informed about every LAC review, in order that up-to-date health information can be provided. Personal attendance where required to be identified by social worker.</p> | <p>Head of Care Planning/ Community Services Director Brent NHS/ Head of Commissioning & Resources</p> | <p>1 February 2012</p> | <p>a) LAC review service notifies via spreadsheet b) SW identifies when nurse needs to be invited</p> <p>This is now fully in place and is being monitored through the IRO process that health attendance occurs where required.</p> | |

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| 2. Ofsted Recommendation: | | The council to ensure timely notifications of all newly looked after children to partner agencies, and to inform them of other significant changes to placement arrangements. | | | |
| Timescale: Immediate | | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Health, schools and other partner agencies as appropriate are informed promptly when children come into care, or when their placements change. | <ol style="list-style-type: none"> 1. Strengthen systems for notifying partner agencies when children come into care or change placements, through identifying problems and rectifying. 2. Follow-up audit to ensure system working well. | Head of Children & Families Policy and Performance/Head of Care Planning/Head of Localities/Head of Commissioning and Resources | <p>Immediate.</p> <p>Audit September 2012. Outcome of audits to be presented to DMT and to LSCB as part of quarterly monitoring.</p> | Requirements reinforced. | |
| 3. Ofsted Recommendation: | | The council to draw up robust pathway and transition plans in conjunction with all those young people leaving care or who have left care. | | | |
| Timescale: Within 3 months (end February 2012) | | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| All care leavers will have a relevant , meaningful and up to date Pathway Plan | <ol style="list-style-type: none"> 1. Pathway planning to be made more robust through: <ol style="list-style-type: none"> a. Increased management involvement with Pathway | Head of Care Planning | <p>1 February 2012</p> <p>Management information to be</p> | a. Increased management oversight has led to 94% of Pathway Plans being in place | |

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| | <p>Planning arrangements</p> <p>b. Training workshops to improve expertise of practitioners, ensuring each Pathway Plan is young-person centred</p> <p>c. Quality assurance of Pathway Planning arrangements, through the IRO role; management information; and audit.</p> | | presented to DMT and to LSCB as part of quarterly monitoring. | | |
| <p>A Pathway Plan is drawn up in conjunction with all care leavers and a copy given to them</p> <p>Page 61</p> | | | | b. PP training day is in L & D calendar for 12/13. | |
| | | | | c. IRO's are quality assuring PP for the LAC's. This will also be a key area in the revised performance monitoring framework, quantitative audit of PP scheduled for April 2012. | |
| | | | | d. Management information provided by Data Officer on monthly basis. | |

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| All care-leavers with disabilities will have a comprehensive transition plan in place prior to leaving care. | 2. Team manager of Transitions team to ensure transition plans are comprehensively updated prior to the young person leaving care. | Head of Localities & Disabled Children/Head of Transitions Service from 1.4.2012 | Immediate and ongoing | | |
| | 3. This requirement will be integrated within current plans for a 14-25 Transitions Team. | Head of Commissioning and Resources | April 2012 | | |
| 4. Ofsted Recommendation: <i>Pagescale: Within 3 months (end February 2012)</i> | The council to ensure that all social workers benefit from regular, good quality formal supervision that provides appropriate management oversight of case work planning. <i>NB: All actions are the same as in Safeguarding Recommendations 1 and 2 to ensure consistent improvements across the service.</i> | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to | Evidence of progress January 2012 | |
| Staff at all levels receive regular, high quality supervision, which encompasses both performance management and reflective supervision. Supervision enables reflective, child | 1. Review of all supervision materials to be conducted by external consultant working together with managers, to ensure supervision is delivered in line with best practice elsewhere and that this can be evidenced. | Head of Localities and Disabled Children/ Head of Care Planning | Policy to be completed by end February 2012 | External consultant engaged. Focus group with managers 19.1.12. 5 sessions for each supervisor in group sessions focusing on every aspect of supervision commencing April 12.. Policy to be completed following training programme | |

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| <p>focussed practice, in line with the Munroe Review of Child Protection All social workers will have a fully completed personal supervision file to capture casework as well as personal and professional development.</p> | <p>2. Intensive coaching workshops for managers across children's social care, funded through the Local Government Improvement and Development agency, to be provided to deliver improved expertise in supervision, including reflective supervision, and in doing so enable managers to lift the quality of practice across the service.</p> | <p>Head of Localities and Disabled Children/Head of Care Planning</p> | <p>February – March 2012</p> | <p>Funding secured through Local Government Improvement and Development Agency and work programme submitted. Programme of supervision support starting April 2012.</p> | |
| <p>Supervision notes to demonstrate timely plans and impact</p> | <p>3. Evidence of both compliance with and impact of improved approach to supervision to be evidenced through regular audit.</p> | <p>Head of Localities and Disabled Children/Head of Care Planning</p> | <p>March 12. Audit outcome will be included in post-inspection action plan quarterly report to Departmental Management Team and Local Safeguarding Children Board</p> | <p>Audit to ensure cases had been supervised undertaken December 2011 Summary report due April 2012</p> | |
| | <p>4. Conduct staff questionnaire re experience of new supervision system</p> | <p>Head of Localities and Disabled Children/Head of Care Planning</p> | <p>September 2012</p> | | |

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| 5. Ofsted Recommendation: Timescale: Within 3 months (end February 2012) | The council to ensure that care plans and assessments for looked after children are focused, specific and include the consideration of all relevant background information. | | | | |
| Required Outcome | Actions | Lead | By when | Evidence of progress January 2012 | |
| Care plans for children and young people are focused, specific and include the consideration of all relevant background information Supervision to reflect active care planning Care plans implemented to ensure timely outcomes Joint working arrangements between Care Planning and Legal Services ensure a comprehensive | 1. Care Planning systems to be strengthened through the following actions: a. Review of current care planning policies and processes to ensure that the care planning process is robust, timely and of a high standard. This to include workflow processes on FWI. b. Strengthen joint planning arrangements with Legal Services, to ensure timely and effective planning in care proceedings c. Managers to ensure that parallel and contingency planning is considered at each stage. d. Permanency Planning | Head of Care Planning , Head of Legal Services | All actions to be implemented by March 2012 Progress to be reported to DMT March 2012. | This is now incorporated into the L&D plan. A Completed. FWI workflow processes updated to include tracking of PPM's. B Completed. Six-weekly meetings between HoS, PO's and TM's to review all court cases & planning C. Completed- it is checked in the legal meeting D.- This supported by updated FWI process - PO re-books at IPPM if complex issues - Panels to be set up for April & May to review all cases where permanent placements not made E Sample audit undertaken in January. Themed audit scheduled for March 2012 | |

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| approach which avoids delay. Parallel and contingency planning in place from the start to avoid delays, and evidenced | Meeting processes to be strengthened to ensure plans progress in a timely way. e. Audit of care plans to be undertaken by end February 2012 | | | | |
| Improved practitioner expertise in care planning | 2. Training and workshop sessions with the objective of improving the care planning process to be set up for staff in Care Planning, Localities, Disabled Children's Team, and Placements. | HOS –Care Planning, Locality, C&R; Head of Legal | February – March 2012 | Part of L & D programme for 12/13 This is now incorporated into the L&D plan. | |
| Ofsted Recommendation: Timescale: Within 3 months (end February 2012) | The council to ensure that action is taken to improve school attendance for looked after children and reduce the numbers that are subject to fixed-term and multiple school exclusions. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| School attendance for looked after children is improved The number of fixed-term and multiple school exclusions for | 1. Virtual Head to draft revised procedure in respect of school attendance for consultation with Brent head teachers and designated staff, and ensure implementation. | Head of Commissioning & Resources/ Head of Care Planning | February 2012 | Procedure drafted and relevant consultation will be undertaken for implementation in May 12. | |

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| <p>looked after children is reduced</p> <p>All aspects of education for looked after children, including attendance and exclusions, will be improved, in line with the objectives within Brent's LAC Strategy 2011-2014</p> <p>Page 66</p> | <p>2. To monitor on termly basis</p> | | <p>Monitoring to be reported to DMT so that DCS can ensure that this is implemented and improves educational outcomes for looked after children.</p> <p>As a central improvement area within the LAC Strategy, improvements in attendance and exclusions will be taken forward and monitored by the LAC Strategy group.</p> | <p>Plans are progressing for the implementation of Welfare Call; this will become operational during the summer term and there will be a clear measurement of impact at the end of the summer term.</p> | |
| <p>7. Ofsted Recommendation:</p> <p>Timescale: Within 6 months (end May 2012)</p> | <p>The council to ensure progress is made in providing stable placements for children on admission to care, and the timely provision of permanent homes for children with a plan for adoption.</p> | | | | |
| <p>Required Outcome</p> | <p>Actions</p> | <p>Lead</p> | <p>By when/Accountable to:</p> | <p>Evidence of progress January 2012</p> | |
| <p>Children will not be subjected to unnecessary</p> | <p>1. Placement stability will be improved through: a. Strengthening systems for</p> | <p>Head of Care Planning/ Head of Commissioning and</p> | <p>Will be included within quarterly data set to be</p> | <p>A Support plans are being continuously reviewed. This area will also form a part of the audit of the disruption of placements (h) below.</p> | |

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| <p>placement moves following admission to care</p> <p>Children will experience much improved placement stability</p> | <p>matching, including support plan</p> <ul style="list-style-type: none"> b. Ensuring Brent foster-carers are available to the Emergency Duty Team c. Consider referral to LAC CAMHS for each child/placement d. Hold annual professionals meetings are held to ensure team around the child actively reviewing child, needs and placement e. Expand pool of foster-carers to meet more complex needs f. Review Adoption Panel processes to strip out delay g. Clarify respite arrangements h. Analyse disruptions of placements to inform improved arrangements | Resources | <p>scrutinised by LSCB and DMT. Improvements will also be made and monitored through the Social Care Transformation Project and Board. Report on progress to go to Corporate Parenting and Safeguarding Board September 2012.</p> | B Brent F/C's are available to EDT. This is being reviewed by HoS Placements and C&R | |
| | | | | C This is in place and monitored at LAC reviews and CPP | |
| | | | | D Managers are reviewing all cases in supervision to identify where this will be appropriate. Additionally, IROs are also considering the need for professionals meeting at LAC reviews | |
| | | | | E Meeting scheduled for April between Ros, Hilary & CAMHS to take forward | |
| | | | | F completed | |
| | | | | G Revised arrangements drafted and to be implemented with staff. | |
| | | | | H Current scoping underway and will progress from April. Management information to be reviewed. | |
| | | | | 8. Ofsted Recommendation: | The council to improve monitoring arrangements for individual children to measure educational progress relative to their starting points. |

| Timescale: Within 6 months (end May 2012) | | | | | |
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| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| Children's individual educational progress will be identified and tracked so that they can better achieve their full educational potential. To have greater impact on respect of new LAC adolescents and KS4 To continue to develop work on respect of 16+ and those in EET | 1. Systems to be established to track and monitor LAC from their starting points | Head of Care Planning/ Head of Commissioning and Resources | Monitoring to be reported to DMT so that DCS can ensure that this is implemented and improves educational outcomes for looked after children. It will also be monitored by the LAC Strategy group. Report to go to Corporate Parenting and Safeguarding Board September 12 | 1 Completed. Full data obtained from schools and inputted into Fwi. A full progress report of LAC will be provided for Sept 12. | |
| | 2. NEET/EET strategy to include the identification of young people with potential to benefit from higher education so that they can be supported in accessing relevant courses. | | February 2012 | 2 Completed | |

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| | 3. Identify actions to support new LAC adolescents and KS4 to achieve their educational potential | | February 2012 | 3 Attendance by LAC Ed at monthly res panel is in place. Immediate LAC notifications now go to the LAC Ed team, with early prioritisation of PEPs for new LAC adolescents. | |
| | 4. To continue to develop work in respect of 16+ and those in EET | | Ongoing. To be reviewed for impact August 2012 (post exam results) | 4 Actively addressed through F4F; Apprenticeship scheme. One dedicated caseworker in LAC Ed team, now focuses on this area | |

5. Looked After Children: Additional Areas for Development

| Looked After Children: Additional Areas for Development | | | | | RAG |
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| 1. Area for Development | The LAC Strategy Review Group has yet to meet so it is not possible to evaluate the impact of the LAC Strategy... present arrangements for accountability, monitoring and challenge of the looked after children strategy are not sufficiently robust as there is no line of report or accountable to the Brent Children's Partnership or other strategic forum. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| Progress on the LAC Strategy is regularly reviewed to ensure objectives are being met in accordance with the action plan, and outcomes for children in care and care-leavers are improving. | 1. LAC Strategy Review Group to implement and monitor strategy on multi-agency basis; with 6-monthly scrutiny meeting to be chaired by AD Social Care | Head of Care Planning/AD Social Care | Meeting of LAC Strategy Review group February 2012, then on quarterly basis | 1. Meetings scheduled. | |
| | 2. Set up systems for scrutiny of the progress on the LAC Strategy with Brent Children's Partnership | | | 2. BCP review date set | |

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| 2. Area for Development | Commissioned advocacy services are accessible for those who wish it but no detailed evaluation of the service's impact has been undertaken as yet. | | | | RAG |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| Performance monitoring & management in respect of all SLAs will be tighter, with a particular focus on outcomes for children and young people. | 1. To ensure that appropriate performance monitoring arrangements are in place for all relevant commissioned services and that they focus on outcomes. | Head of Commissioning and Resources | February 2012 Report to DMT covering all commissioned services. | 1 Completed via quarterly monitoring meetings. Outcomes are incorporated into the performance monitoring reports. | |
| Page 71 | 2. The provision of a complaints-related advocacy service will be considered within the Aidhour SLA (service provider for LAC Reviews). | | | 2 This is still under development given the restructuring within the complaints dept and also needs to explore work being undertaken in respect of advocacy both within adults and across WLA. | |
| 3. Area for Development | The targeted use of the Crisis Intervention and Support Team.....is successful at maintaining children on the edge of care at home...However, there is no longitudinal review to evaluate effectiveness. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| The CIST will successfully divert young people from the care system, and enable them to continue to remain with, or return to their | 1. Following an external review in Summer 2011, the CIST has been operating with a tighter focus, and clearer performance monitoring. | Head of Localities and Disabled Children | September 2012 Evaluation report to go to DMT and to Corporate Parenting and Safeguarding Board. | Performance monitoring demonstrates positive diversion from care rate Evaluation of service to take place as part of Early Help One Council project. | |

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| families, whenever it is safe to do so. | 2. The impact of the CIST, including the lasting impact of diverting young people from care, will be evaluated one year from the implementation of the changes. | | | | |
| 4. Area for Development | While an appropriate escalation policy is in place (for use by IROs), this has not been used in the last 12 months and not all reviewing officers are familiar with it. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| The escalation policy is fully and meaningfully implemented, its effectiveness monitored and themes identified in order to contribute to continuing service improvement. | 1. Ensure all IROs are clear about the use of the escalation policy, and to use this instead of emailing or otherwise communicating concerns. | Head of Commissioning and Resources | February 2012 | The escalation policy is currently being revised and is to be re-implemented by 30/04/12. The will be undertaken in conjunction with the revised performance monitoring framework and analysed for the Annual Report. | |
| | 2. The effectiveness of the escalation policy will be analysed prior to the IRO Annual Report, and issues identified will be communicated through the report. | | October 2012 IRO report will be presented to the Corporate Parenting and Safeguarding Board | | |
| 5. Area for Development | Locality teams have benefitted from Advanced Practitioner posts, but the role has not been included within care planning teams and so | | | | |

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| | practitioners do not have the same opportunities to develop expertise in such a focused manner. | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| Care Planning teams are assisted to develop expertise. | 1. In view of current resource constraints, consideration will need to be given about how this can be achieved. | AD Social Care/Head of CPCIC | April 2012 Any proposals to be considered by DMT in first instance. | To be considered | |
| 6. Area for Development: | The management board overseeing children missing, including those missing from care, needs to undertake further work in order to effectively analyse any patterns or trends that are emerging, and the board has yet to submit a report to the LSCB for scrutiny and challenge | | | | |
| Required Outcome | Actions | Lead | By when/Accountable to: | Evidence of progress January 2012 | |
| Children Missing from Care are managed effectively and the Board is able to analyse patterns and trends | <p>1. The Missing Children Risks and Needs group collate and analyse data from Frameworki about Children missing from Care on a quarterly basis.</p> <p>2. Police data and data from other agencies concerning missing children to be analysed</p> | Chair of Missing Children Risks and Needs group | Report to LSCB February 2012 then on quarterly basis. | <p>The report of the Missing Children: Risks and Needs group was presented to the Board on the 7th February.</p> <p>The remit of the RAN group is to be reviewed to ensure missing children at risk of sexual exploitation is captured. A new chair for the RAN group will be sourced as a result of the promotion of the current chair and membership reviewed with the new group meeting in April.</p> <p>An audit is currently underway to try to quantify numbers and risk with a view of developing a targeted action plan.</p> <p>The management information presented to the Board will be revised to ensure information presented includes children missing from home as well as care. This will be analysed by the Monitoring and Evaluation group to provide a more holistic</p> | |

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| | | | | oversight on an ongoing basis commencing in May. The next report to the Board will be in June and thereafter , September, December and March | |
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Key to Acronyms:

LA – Local Authority

LSCB – Local Safeguarding Children Board

BCP – Brent Children’s Partnership

ICO – Integrated Care Organisation (health providers for Brent, Ealing and Harrow)

DMT – Departmental management team

SCMT – Social Care Management Team

CPIC – Care Planning and Children in Care Service

CQC – Care Quality Commission (health inspectors who worked with Ofsted on this inspection)

AD - Assistant director

HOS - Head of Service

CPA – Child Protection Adviser

LADO – Local Authority Designated Officer (responsible for dealing with concerns about the conduct of adults towards children)

IRO – Independent Reviewing Officer (responsible for chairing regular reviews for looked after children)

LAC – Looked after children (children in the care of the council)

CWD – Children with disabilities

QMF – Quality Management Framework

SLA – Service Level Agreement

SMART – Specific, Measurable, Achievable, Relevant and **Timebound**