

Inspection of safeguarding and looked after children services

London Borough of Brent

Inspection dates: 3 – 14 October 2011

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Age group: All

Published: 18 November 2011

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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
Leadership and management	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Adequate
Equality and diversity	Good
Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Good
How good are outcomes for looked after children and care leavers?	
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
Leadership and management	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Equality and diversity	Good