

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. Brent Council is committed to delivering a step change in performance and ensuring the very best outcomes for our most vulnerable children and young people. The DCS and AD (Social Care) will lead this improvement process, challenging performance of all agencies and delivering outstanding outcomes through strong strategic and operational multi-agency working. This Action Plan 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 accelerate the rate of improvement in outcomes for children and young people, the 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 significant and 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 plans contain SMART objectives, with detailed actions to be carried out.

The monitoring arrangements for the plan are as follows:

1. Within each Children's Social Care team on an ongoing basis, with constant oversight by the Director of Children & Families

2. Children and Families Departmental Management Team on a monthly basis.
3. Corporate Management Team on a monthly basis, to promote partnership working across Directorates
4. Monthly monitoring of the action plan involving Health and Social Care colleagues chaired by the Director of Children's Services.
5. Local Safeguarding Board on a bi-monthly basis, which will provide advice and feedback on progress
6. Brent Children's Partnership on a quarterly basis, which will provide advice and feedback on progress
7. Multi- agency child protection meeting on a quarterly basis
8. Children and Families Scrutiny Committee and Corporate Parenting and Safeguarding group.
9. The Lead Member for Children and Families will have a key role in the monitoring of progress.

There are three key mechanisms for monitoring progress:

1. Operational oversight by the Director of Children's Services, to include a fortnightly review of performance and progress towards the required outcomes using feedback from Assistant Director, Heads of Services and Leads in respect of each action point.
2. 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 by both DMT and CMT.
3. 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 the groups identified above, together with the Local Safeguarding Board, Brent Children's Partnership and the Multi-agency child protection meeting for their advice and feedback and form the basis of the quarterly programme of review.
4. Any concerns arising from the monitoring programmes will be conveyed directly to the Director of Children and Families, who will report to CMT and the Lead Member for 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. NB: A glossary of all acronyms used within this plan is included at the end of the document.

Nb. Where there are multiple leads identified, the responsible lead officer is underlined.

1. Safeguarding Recommendations:

Recommendations: Safeguarding				
1. Ofsted Recommendation Timescale: Immediate	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.			
Required Outcome	Actions	Lead	By when/Accountable to	Evidence of progress January 2012
Staff at all levels receive regular (at least monthly), high quality supervision, which encompasses both performance management and reflective supervision.	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.	Assistant Director, Social Care	Policy to be completed by end February 2012	External consultant engaged. Focus group with managers 19.1.12.
Supervision enables reflective, child focussed practice, in line with the Munroe Review of Child Protection	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 uniformly lift the quality of practice across the service.	Head of Localities and Disabled Children/Head of Care Planning	February – March 2012	Funding secured through Local Government Improvement and Development Agency.
All social workers will have a fully completed personal supervision file to capture casework as well as personal and professional development	3. Line managers to ensure that existing good practice in respect of supervision is reflected in accurate and comprehensive supervision notes.	Head of Localities and Disabled Children/Head of Care Planning		
Supervision notes to demonstrate timely plans and impact				

2. Ofsted Recommendation Timescale: Immediate	Ensure that supervision files are subject to a regular system of audit and review by senior managers			
Required Outcome	Actions	Lead	By when/Accountable to	Evidence of progress January 2012
Managers and staff 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 audits. 2. Quarterly Audit of random selection of 15 files	Assistant Director, Social Care Head of Localities and Disabled Children/Head of Care Planning DCS	March 2012. Audit outcome will be included in post-inspection action plan quarterly report to Departmental Management Team and Local Safeguarding Children Board Information to be included in quarterly impact report	Audit to ensure cases had been supervised undertaken December 2011
	3. Conduct staff and management survey to gain feedback on impact of new supervision system	Head of C&F Policy & Performance	September 2012	
3. 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.	Assistant Director, Social Care Head of Safeguarding	March 2012 – sign-off by DMT and LSCB	January 12 - Draft QMF produced, plans for overarching audit system being developed.

	2. Provide quarterly QMF reports which evidence how service improvements are informed by the qualitative and quantitative information collected.	Head of C&F Policy and Performance Head of Safeguarding /	June 2012 to be included within quarterly post-inspection action plan report to DMT, CMT 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
An overarching framework for consulting with service users is in place and having a positive impact on service delivery. There is documentary evidence of meaningful consultation.	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.	Director of Customer & Community Engagement Head of Localities and Disabled Children	Overarching system to be signed off by DCS in February and fully operational by June 2012.	Potential for placement for management trainee being investigated to help pull together system. London Safeguarding Advisors providing input Feb/March 12

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.	Assistant Director, Social Care SCMT, Complaints Manager	Review by Complaints Manager and SCMT – April 2012. Report to Lead Member	
	3. Director of Children Services, Corporate Parenting Group and LSCB to scrutinise outcomes of feedback and complaints, and ensure actions are taken to improve services accordingly.	DCS, LSCB independent chair Assistant Director, Social Care	Six monthly reports to Brent Children's Partnership Executive Group, Corporate Parenting Group and LSCB.	
5. 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

<p>Social work reports to child protection conference are of a high standard, and 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>1. Improve the quality of child protection and child in need plans through the following actions:</p> <p>a. Training on analysis of risk for 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>g. Monitoring attendance at training scheduled.</p>	<p>Assistant Director, Social Care</p> <p>Head of Safeguarding</p> <p>Head of Localities and Disabled Children</p>	<p>A progress report will be provided to the DCS in February, on all actions below for presentation to the LSCB and Multi-agency child protection meeting for scrutiny April 2012.</p>	<p>a. Signs of Safety training held Nov/Dec 11</p>
				<p>d. System for ongoing audit of cases with CP plan for more than 18 months now embedded. Alert system usage reinforced.</p>
				<p>e. 2 multi-agency workshops held January 2012.</p>
<p>6. Ofsted Recommendation:</p> <p>Timescale: Within 3 months (end February</p>	<p>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.</p>			

2012)				
Required Outcome	Actions	Lead	By when/Accountable to	Evidence of progress January 2012
<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 independent chair /Head of Safeguarding</p> <p>Principal Lawyer Social Care</p>	<p>Multi-agency progress report on all actions below to be scrutinised by DCS on monthly basis, and through High-Level Child Protection meetings.</p> <p>Report to LSCB June 2012.</p>	a. LSCB thresholds group to sample audit 6 cases on multi-agency basis at 6-monthly intervals – starting January 2012.
				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.
				d. To commence April 12 when fully staffed.
				g. New, robust CIN policy launched December 2011 through multi-agency workshops.

7. 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.	<ol style="list-style-type: none"> 1. Establish of joint ICO/LA 'task and finish' group to review information exchange issues and improve process 2. Liaise with Health partners to ensure that children subject of child protection plans are automatically flagged on NHS system when patient files are accessed. 	AD Social Care; Community Services Director, Brent ICO	Task and finish group to report February 2012. Report to Lead Member, 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.
8. Ofsted Recommendation: Timescale: Within 3 months (end February 2012)	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. <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/Accountable to:	Evidence of progress January 2012

Disabled children, young people and their parents and carers are able to comment on service quality and to contribute to service development.	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.	Head of Localities and Disabled Children/Head of Transitions Team, Adult Social Care, Community Services Director, Brent ICO	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 Lead Member and Programme Board April 2012.	
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, young people and their families.</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>DCS</p> <p>Director of Strategy, Partnerships and Improvement</p> <p>Director of Legal and Procurement</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 CMT, the Chief Executive's quarterly multi-agency child protection meetings; and by the members' Corporate Parenting and Safeguarding Board.</p>	<p>Links made between this plan and update of CYPP, which will be finalised April 2012.</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</p> <p>LSCB Independent chair</p>	<p>April 2012</p>	

	<p>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.</p>	<p>Assistant Director, Social Care SCMT</p>	<p>January 2012</p>	
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2. Safeguarding: Additional Areas for Development

Safeguarding: Additional Areas for Development				
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.	Assistant Director Social Care 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
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	Initial plans made December 11.
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	
4. 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.	Assistant Director Human Resources	January 2012. Report to DMT February 2012.	
5. 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.	Assistant Director, Social Care Head of Early Years and Integrated Services	February 2012	Work has been commissioned and field work to start Dec 2011. Planned date of completion end February 2012
	2. Recruit a full time CAF coordinator to manage the SPA process and the CAF team.		December 2011	Role has been advertised- anticipate start date of Jan 2012.
3. 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	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.

to the whole family				
4. 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
<p>Assessments for disabled children are comprehensive and multi-disciplinary, maximising the potential for ensuring best outcomes.</p> <p>Early Support Panel Coordinator in place and supporting multi-agency key workers support to families with additional needs aged 0-5 years.</p>	1. Incorporate improvements to assessments into current One Council 0-13 children with disabilities team project.	Assistant Director, Social Care , Head of Localities & Disabled Children	April 2012/0-13 Project Board	
	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	Takes up post December 2011.	Recruitment complete and coordinator took up post Dec 2011.
	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.	
5. 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	LSCB planning business planning day references, scrutinises, monitors and evaluates all key safeguarding elements	LSCB Independent Chair , Head of Policy and Performance	Takes place March 2012 Accountable to Director of	

Brent Children’s Partnership strategies The annual report demonstrates how the LSCB BCP priorities were addressed on 2011-12	of partnership strategies. Brent Children’s Partnership to be consulted on the LSCB plan.		Children’s Services who will ensure appropriate linkages are in place.	
6. Area for Development	The LSCB to engage more effectively with the community and to recruit lay members.			
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	
	2. Advertisement to be placed for lay members of LSCB		February 2012	
7. 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 processes. Current appropriate level of	1. Clarification about timescales within child protection processes to be sent to team managers and practitioners.	Assistant Director, Social Care Head of Safeguarding	December 2011	Achieved

performance of 70% within timescale is maintained, ensuring those that exceed the timescale are complex cases, receiving fuller assessment, with risks managed.	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.		Next audit: April 2012 Outcome of audit to be reported to LSCB.	
	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.	Head of Localities and Disabled Children LSCB Chair	LSCB	

4. Looked After Children Recommendations:

Recommendations: Looked After Children				
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 in accordance with Care Planning Regulations and within 3 months prior to their 18 th birthday.	Head of CPCIC/ Deputy Director, Nursing and Clinical Standards, Brent ICO Assistant Director, Social Care	1 February 2012	

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	
	3. IROs to review health recommendations at each LAC review and implement escalation policy where necessary.	Head of Commissioning and Resources	Immediate and ongoing	
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	<p>4. Improving outcomes on health assessments through:</p> <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. 	<p>Head of Care Planning/Deputy Director, Nursing & clinical Standards/Head of Commissioning and Resources/Deputy Director, Strategy & Planning, NHS Brent</p> <p>Regular review of SLA will ensure all actions are implemented.</p>	1 February 2012	

LAC Reviews will be fully informed about children's health issues, in order to best meet their needs Information exchange between health and social care will be consistently good, and enable children's health needs to be met in a timely way	5. Establish joint ICO/LA 'task and finish' group to review information exchange issues and improve process.	Head of Care Planning/ Head of Commissioning and Resources /Community Services Director, NHS Brent	1 February 2012	
Children and young people will be fully informed about health issues, in an age-appropriate way.	6. Review current health information and develop or source appropriate health information materials in liaison with public health department.	Deputy Director, Nursing & Clinical Standards , Head of Health Improvement Brent, Ealing and Harrow ICO (see CQC plan)	December 2011	
LAC health colleagues are notified of all statutory reviews to enable their participation and attendance where appropriate	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.	Head of Care Planning/ Community Services Director Brent NHS/ Head of Commissioning & Resources	1 February 2012	
2. Ofsted Recommendation: Timescale: Immediate	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.			

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 C & F 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: Timescale: Within 3 months (end February 2012)	The council to draw up robust pathway and transition plans in conjunction with all those young people leaving care or who have left care.			
Required Outcome	Actions	Lead	By when/Accountable to:	Evidence of progress January 2012
<p>All care leavers will have a relevant , meaningful and up to date Pathway Plan</p> <p>A Pathway Plan is drawn up in conjunction with all care leavers and a copy is given to them</p>	<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 Planning arrangements b. Training workshops to improve expertise of practitioners, ensuring each Pathway Plan is young-person centred 	<p>A D Social Care, Head of Care Planning Head of Transitions</p> <p>Director of Adult Social Care</p> <p>Director of Major Projects & Regeneration (Housing)</p>	<p>March 2012</p> <p>Management information to be presented to DMT and to LSCB as part of quarterly monitoring.</p>	<p>Context: Rate of completion of pathway plans has improved significantly over past 2 years, currently 87% (December 2011). Target is 100% by March 2012</p>

	<ul style="list-style-type: none"> c. Quality assurance of Pathway Planning arrangements, through the IRO role; management information; and audit. d. Support to be offered by relevant directorates to ensure all necessary services are provided in a timely way. 			
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 Director of Adult Social Care	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: Timescale: Within 3 months (end February	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>			

2012)				
Required Outcome	Actions	Lead	By when/Accountable to	Evidence of progress January 2012
<p>Staff at all levels receive regular, high quality supervision, which encompasses both performance management and reflective supervision. 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>	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.	Assistant Director, Social Care 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.
	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.	Head of Localities and Disabled Children/ Head of Care Planning	February – March 2012	
	3 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 Head of Policy and Performance	March 12. Audit outcome will be included in post-inspection action plan quarterly report to Departmental Management Team and Local Safeguarding Children Board	Audit to ensure cases had been supervised undertaken December 2011

	4. Conduct staff questionnaire re experience of new supervision system Audit of random selection of supervision files by Assistant Director, Social Care	Head of Localities and Disabled Children/ Head of Care Planning Assistant Director , Social Care, Head of Policy and Performance	September 2012	
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	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	Assistant Director, Social Care , Head of Care Planning, Head of Legal Services Principal Lawyer, Social Care	All actions to be implemented by March 2012 Progress to be reported to DMT March 2012. Reviewed by CMT	Draft training programme proposed by Legal

Joint working arrangements between Care Planning and Legal Services ensure a comprehensive approach which avoids delay. Parallel and contingency planning in place from the start to avoid delays, and evidenced	<p>Services, to ensure timely and effective planning in care proceedings-delivery of additional training from legal department.</p> <p>c. Managers to ensure that parallel and contingency planning is considered at each stage.</p> <p>d. Permanency Planning Meeting processes to be strengthened to ensure plans progress in a timely way.</p> <p>e. Audit of care plans to be undertaken by end February 2012</p>			
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; Principal Lawyer, Social Care	February – March 2012	Draft training programme proposed by Legal
6. 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 looked after children is reduced 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	1. Virtual Head to draft revised procedure in respect of school attendance for consultation with Brent head teachers and designated staff, and ensure implementation.	DCS Head of Commissioning & Resources/ Head of Care Planning	February 2012	
	2. To monitor on termly basis		Monitoring to be reported to DMT so that DCS can ensure that this is implemented and improves educational outcomes for looked after children. 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.	
7. Ofsted Recommendation: Timescale: Within 6 months (end May 2012)	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.			
Required Outcome	Actions	Lead	By when/Accountable to:	Evidence of progress January 2012
Children will not be subjected to unnecessary placement moves following admission to care	1. Placement stability will be improved through: a. Strengthening systems for matching, including support plan b. Ensuring Brent foster-	A D Social Care, Head of Care Planning/ Head of Commissioning and Resources Principal Lawyer,	Will be included within quarterly data set to be scrutinised by LSCB and DMT and CMT. Improvements will also be made and monitored	

Children will experience much improved placement stability	carers are available to the Emergency Duty Team	Social Care	through the Social Care Transformation Project and Board. Report on progress to go to Corporate Parenting and Safeguarding Board September 2012.	
	c. Consider referral to LAC CAMHS for each child/placement – decision in respect of referral to be recorded on the child’s file			
	d. 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			
8. Ofsted Recommendation: Timescale: Within 6 months (end May 2012)	The council to improve monitoring arrangements for individual children to measure educational progress relative to their starting points.			
Required Outcome	Actions	Lead	By when/Accountable to:	Evidence of progress January 2012

<p>Children's individual educational progress will be identified and tracked so that they can better achieve their full educational potential. To have greater impact in respect of new LAC adolescents and KS4</p> <p>To continue to develop work on respect of 16+ and those in EET</p>	<p>1. Systems to be established to track and monitor LAC from their starting points</p>	<p>Head of Care Planning/Head of Commissioning and Resources Head of Transitions</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. It will also be monitored by the LAC Strategy group and CMT. Report to go to Corporate Parenting and Safeguarding Board September 12</p>	<p>Systems now in place.</p>
	<p>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.</p>		<p>February 2012</p>	
	<p>3. Identify actions to support new LAC adolescents and KS4 to achieve their educational potential</p>		<p>February 2012</p>	
	<p>4. To continue to develop work on respect of 16+ and those in EET</p>		<p>Ongoing. To be reviewed for impact August 2012 (post exam results)</p>	

5. Looked After Children: Additional Areas for Development

Looked After Children: Additional Areas for Development				
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 Assistant Director, Social Care	DCS Assistant Director, Social Care, Head of Care Planning	Meeting of LAC Strategy Review group February 2012, then on quarterly basis	
	2. Set up systems for scrutiny of the progress on the LAC Strategy with Brent Children's Partnership			
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.			
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 Head of Policy and Performance	February 2012 Report to DMT covering all commissioned services.	

	2. The provision of a complaints-related advocacy service will be considered within the Aidhour SLA (service provider for LAC Reviews).			
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 families, whenever it is safe to do so.	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 Head of Policy and Performance	September 2012 Evaluation report to go to DMT and to Corporate Parenting and Safeguarding Board.	Performance monitoring demonstrates positive diversion from care rate
	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	

	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 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.	Assistant Director, Social Care/Head of CPCIC	April 2012 Any proposals to be considered by DMT in first instance.	
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	1. The Missing Children Risks and Needs group collate and analyse data from Frameworki about Children missing from Care on a quarterly basis.	Chair of Missing Children Risks and Needs group (DI - Met Police)	Report to LSCB February 2012 then on quarterly basis.	
	2. Police data and data from other agencies concerning missing children to be analysed			

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

CMT – Corporate Management Team

SCMT – Social Care Management Team

CPCIC – Care Planning and Children in Care Service

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

DCS – Director of Children’s Services

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

CAF – Common Assessment Framework (used to assess children’s needs)

QMF – Quality Management Framework

SLA – Service Level Agreement

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