



MINUTES OF THE CORPORATE PARENTING COMMITTEE
Monday 15 July 2024 at 5.00 pm
Held in the Members' Suite, Brent Civic Centre

PRESENT: Councillors Grahl (Chair), Collymore, Gbajumo and Hirani

1. Exclusion of the Press and Public

RESOLVED: that under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the duration of the meeting, on the grounds that the attendance of representatives from the council's Children in Care council, necessitated the disclosure of exempt information as defined in Paragraph 2, Part 1 of Schedule 12A, as amended, of the Act, namely: Information which is likely to reveal the identity of an individual.

2. Apologies for absence and clarification of alternate members

Apologies were received from the following:

- Councillor Liz Dixon

3. Declarations of interests

None.

4. Deputations (if any)

None.

5. Minutes of the previous meeting

RESOLVED: that the minutes of the last meeting, held on 29 April 2024, be approved as an accurate record of the meeting.

6. Matters arising (if any)

None.

7. Update from Care In Action / Care Leavers in Action Representatives

Alice Weavers (Participation and Engagement Manager, Brent Council) opened the session with a workshop which considered care experience as a protected characteristic. She explained that in the Independent Review of Children's Social Care by Josh McAlister, a recommendation was made for care experience to be a protected characteristic in the same way as other protected characteristics such as race, gender and disability. The government did not take that recommendation on board nationally, but the recommendation did lead to conversations in local authorities reviewing what could be done locally to support care experienced young

people. In introducing the discussion, she highlighted that at least 63 local authorities had now adopted policies with care experience as a protected characteristic, which would mean that all reports with Equality Impact Assessments would need to consider their impact on children and young people with care experience. Other Councils had used it as an opportunity to launch new initiatives for care experienced young people. For example, Camden Council had launched free WiFi access for care leavers under 25. Across the country, there was some confusion about what it would mean for the Council to consider care experience as a protected characteristic with no general consensus across the piece nationally or regionally. As such, she asked those present to consider what it would mean for Brent in terms of people's work, their colleagues, and for children and young people if this policy were to be implemented in Brent.

During the discussion, concerns were raised in relation to disclosure and the risk of discrimination or stigma. Young people felt that disclosing their care experience may cause discrimination against them due to societal stigma, but it was highlighted that to have care experience as a protected characteristic would mean that they would be protected from discrimination and would be able to challenge where they felt discriminated against. The policy could also be used as an opportunity to break stigma and take a zero-tolerance approach to discriminatory behaviour.

NHS colleagues highlighted that local providers would likely be willing to adopt the policy of having care experience as a protected characteristic if the Council took a lead in that. This would mean that those with care experience would automatically be guaranteed an interview during recruitment processes if they met the relevant experience criteria and disclosed on their equal opportunities form that they were care experienced. There were also staff networks to support those with protected characteristics to come together, which included campaigns and events such as LGBT+ month and International Women's Day, which would mean those with care experience would be given supported opportunities to come together in a similar way.

It was highlighted it was not clear to young people what this policy would mean tangibly, with a suggestion for the phrase and terminology to change so that it was easier to understand. The policy could be used for lobbying for more offers for care experienced young people such as free WiFi and free travel. As well as this, services would need to consider care experience when planning their services alongside the other protected characteristics.

The next steps would be to come to a decision as to whether care experience was a protected characteristic and, if so, ask the Committee to endorse that approach and the work that was happening to make care a protected characteristic. The policy could then be presented to Full Council.

The Committee then moved on to updates from CIA / CLIA representatives.

K highlighted the interview panels she had been part of for participation staff and leaving care staff. She advised the Committee it had been a good and insightful opportunity which had built her confidence and also helped with her own interviews. CLIA was also involved in a commissioning project for the independent reviewer contract and she had provided feedback for that. A residential was planned for July. Previously, this had been to the Gordon Brown Centre, but most care leavers had

already done that residential a few times so had been looking for an alternative. This time they would be going to a lake and taking part in some outdoor activities.

N informed the Committee that CIA / CLIA would be launching a Participation Strategy.

S updated the Committee on the London Borough of Culture 'Seen and Heard' project that she had been involved in since 2019. In 2020, 5 apprentices had been selected to design a space that was being built for young people, and the space those apprentices had designed had won a Euro Cities Award. Two young people had then travelled to Brussels to collect that award. On 15 February 2024 there had been a presentation in Brent Civic Centre which demonstrated how they had won the award. Being part of this project had given S the opportunity to build her knowledge and skills and work with clients such as Quintain, LSE and other young people.

The Committee thanked the representatives for the updates and **RESOLVED:**

That the updates by the representatives of Care in Action/Care Leavers in Action be noted.

8. **Corporate Parenting Annual Report 2023-24**

Kelli Eboji (Head of LAC and Permanency, Brent Council) introduced a report which provided a summary of the activity alongside strengths and areas for development in supporting looked after children and care leavers in Brent. In introducing the report, she highlighted the following key points:

- The highest priority the previous year had been to address issues around staff recruitment and retention, particularly of social workers. There had been big moves forward in recruiting permanent social workers over the last year, compared to the previous year where the LAC teams were holding 1/3 of vacancies.
- The improvements in recruitment and retention had been done through a range of actions including recruiting through specialist agencies, recruiting internationally and newly qualified social workers.
- Over the reporting year the Council had continued to work with health partners to improve outcomes for looked after children and care leavers. Focused work had been undertaken to ensure young people had access to their health histories when leaving care and embedding in practice that updated health information booklets were provided.
- The participation offer had been improved over the last year with an updated participation strategy. The Council was working with Barnardo's through Brent Care Journeys which had finished last month, and there was now a transition period to 'Brent Care Journeys 2.0' which was due to launch in Autumn 2024.
- Work was being done on accommodation pathways and developing independent skills for care leavers.

- A Bright Spots survey had taken place and the Council was awaiting the results of that.
- The social work service continued to work on life story work for children in care and would keep this as a priority as the Council moved into the new reporting year. There was bespoke training available on life story work through WEST. The service was exploring IT platforms to improve that work with children and their carers.
- Three-monthly case summaries had been introduced for all children in care.

The Chair thanked Kelli Eboji for her introduction and invited contributions from the Committee, with the following points raised:

CLIA asked about the work on accommodation pathways. Kelli Eboji explained that the service was looking to expand the ways young people could move out into independence alongside promoting an independence programme as part of ASDAN.

CLIA asked what support was available for care leavers at university during the holiday periods when they had no access to their student loan. Kelli Eboji would get back to CLIA regarding their entitlements, highlighting that there was support available for care leavers during the holiday periods through rent payments, accommodation and subsistence depending on the needs of the care leaver. The support offer was tailored due to individual nuances which could cause confusion over entitlements. Kelli Eboji would work with the leaving care teams to improve the communications around the support offer to make it clearer for care leavers.

CLIA noted that the number of young people post-16 in employment, education or training had not changed from the previous year and highlighted that many children in care and care leavers found their education disrupted, resulting in poorer attainment than some would have wanted. CLIA added that the government no longer funded young people to return to education to improve their qualifications, and asked whether there was any financial or career support available to support young people to return to education to advance their careers. Nigel Chapman (Corporate Director Children and Young People, Brent Council) highlighted that this could be raised through the Brent Virtual School. If re-taking GCSEs or A-Levels was part of the young persons pathway as part of their career progression then he believed the Council should be supporting that. More generally in relation to education, employment and training, officers added that the Council department ran an apprenticeship programme that was made available to care leavers.

In relation to the paid Care Quality Ambassadors positions, the Committee hoped these would be further developed so that they could do more. Members were advised that those ambassadors had only just started doing semi-independent provision inspections so the role was still in development. Officers agreed that the service should be creative with those roles and how the ambassadors could be used to expand into other areas. Those inspections of accommodation for 16+ would take a while to complete as that provision was now regulated by Ofsted therefore there was a need for young people to be thorough and cover the vast range of providers.

The Committee was encouraged that the Council was now collecting further information on children and young people going missing. Based on return home interviews, members asked whether there were any key learnings or commonalities coming out of that about why children and young people were going missing. Kelli Eboji explained that return home interviews were standard practice and conducted routinely for young people returning from missing. She advised that each reason was unique to that young person, and often young people who went missing were particularly vulnerable to child sexual exploitation, criminal exploitation, and had connections with other young people who were vulnerable to exploitation and high risk activity. Where young people came out of their families and were in a placement with a lack of relationship or connection, the pull to people they felt connected with was strong which at times leads to them going missing from placement. The Social Worker Practice Consultant role leads on co-ordinating and overseeing missing and vulnerable adolescents in order to build up a rapport and be that consistent presence. This allowed for more quality information from the young person and enabled more robust planning with the professional network in terms of supporting the young person to sustain their placement and avoid them going missing.

The Committee noted the aim of completing care proceedings within 26 weeks, but highlighted that the report showed Brent going beyond those 26 weeks and the national average. Members asked what was being done to meet the national average with an overall aim of meeting the 26-week deadline. Kelli Eboji affirmed that the Council's goal was always to complete care proceedings within 26 weeks, but the last few years had presented challenges. During Covid, court hearings had moved online and this had created significant delays in proceedings. Some cases went beyond 50 weeks because of their complexities such as international issues, fact finding and criminal matters. The service hoped to bring that backlog of court cases down over the coming year now that the courts were fully open and face to face. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that there were similar patterns of delays in other local authorities who used the West London Family Courts. Brent Council escalated issues with the courts where needed. The Committee asked for a percentage figure for the reasons behind delays for future reports of this nature.

In relation to the chart in section 6.4 of the report detailing the number of children who had 3 or more placements, the Committee asked whether there was anything being done about the number of placements they were having. Officers explained that the service did its best to minimise the disruption of placement changes. Some of those placement changes were not always due to placement breakdowns but could be because the young person was moving to a family member or coming out of care to return to their parents. To alleviate the impacts of placement changes, placement matching and sufficiency, as well as increasing the number of placements, was important, so officers were working closely on the West London Fostering Hub to try to recruit more foster carers. The Committee requested information on the percentage figures of placement moves that happened for positive reasons.

RESOLVED:

- i) To note the content of the report.

9. Annual LAC Health Reports 2022-2023 and 2023-2024

Kim Lewis (Head of Clinical Services, Brent Children - CLCH) introduced the report, which provided the annual Looked After Children (LAC) Health Reports for 2022-23 and 2023-24. In introducing the reports, she highlighted the following key points:

- The CLCH LAC health team worked closely together with the wider system to improve outcomes for children and young people. The portfolio had sat within CLCH since 2021.
- During 2022-23 the LAC health team had supported 369 children at year end, which was an 8% increase from the previous year. The Royal College Intercollegiate Framework provided guidance on nursing staff provision per LAC and this was monitored closely by CLCH to ensure compliance.
- The Committee were advised, however, that the recruitment of nurses into the service had been challenging during that reporting period. There was a high number of agency and bank staff use and mutual aid available through CLCH, as well as assistance from the other boroughs that CLCH were providers for. Those staffing issues were now resolved and a full permanent team was in place, with final recruits now being onboarded and inducted which would lead to more consistency.
- Due to the staffing challenges experienced, there had been a pause of health team attendance at some meetings so that the service could ensure core health plans for children and young people were completed, and the team was now in the process of stepping that attendance back up.
- The timeliness of health assessments for 2022-23 showed that 92% had been completed on time. Some of the challenges for completion were around waiting for appointments from hosting boroughs, re-booking of appointments where the child was not brought to the appointment, and timely information transfers between the health team and the Council LAC team. A meeting was scheduled to look into that challenge and come up with a solution to improve that process.
- Section 5.2 of the report detailed the number of LAC children registered with a GP, which was 97% for 2022-23. Final data was not yet available for 2023-24 but the health team continued to work closely to register children and young people. For those young people who did not want to register with a GP the health team signposted to alternatives.
- Section 5.11 detailed the patient experience measure results which asked 'is this a good service' to which 95% agreed or strongly agreed.
- The health service was undertaking a quality improvement process, working with children and young people, to create an animation about the LAC health service to showcase the support available and dispel common myths about the LAC population. The video would be aimed at children and young people themselves as well as those who may have inaccuracies in their views of LAC. Children and young people had been very involved in that project which was due to launch in January 2025.
- The reports also included a summary of service improvements and challenges, including improvements to networking with system wide partners, assigning specialist roles to individual nurses in LAC to develop

specialist support within the team, future provision of training, system improvements to the interpreter's booking system, and improved information sharing between teams.

The Chair thanked officers for the updates and then invited comments and questions from Committee members with the following raised:

The Committee highlighted section 5.5, table 6 of the report, which detailed the overall percentage of children who had received dental and optician health checks. They highlighted this seemed low and asked if the service was doing anything to increase those numbers to hit the target of 95%. Kim Lewis advised members that GPs could not undertake dental and optical checks so the health service was required to work with children and young people to encourage them to access opticians and dentists. Julia Blankson (Named Nurse for Safeguarding Children in Brent - CLCH) would have a plan for that process. Kelli Eboji (Head of LAC and Permanency, Brent Council) added that this was discussed as part of the child's health assessment when they entered into care and their carers registered the child with opticians and dentists. That gap in performance was often due to the young person refusing appointments, as well as some cohorts moving placements and therefore changing providers often.

In relation to the low immunisation rates, the Committee was advised that GPs held records for immunisations which health providers did not have immediate access to and needed to request that information. There was a large cohort of Unaccompanied Asylum Seeking Children (UASCs) where there was no immunisations record and the health service was required to start again to ensure they were fully vaccinated. With that, there was slower take-up due to differences in understanding of immunisations and LAC cohort typically having a higher percentage of parents refusing immunisations for their child. Data collection was a difficult part of this process. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that Brent had a high number of children in care under a Section 20, which meant the Council did not have direct parental responsibility for them in the same way it would for a child with a Care Order. In most cases, the local authority tried to work with the parent to encourage the uptake of immunisations but if the parent refused then the immunisations could not be provided.

The Committee asked whether there was a high number of children in the LAC cohort with diabetes. Kelli Eboji responded that there was not a large cohort of children in care with diabetes currently, but that was always monitored as there had been a large number in the past and the cohort was regularly changing. In the past, when there were high levels of diabetes in the LAC population, there had been targeted work alongside health partners to support those children and young people.

The Committee commended the forward planning section of the report, particularly the possibility of commissioning a care leavers health service post-18. Members asked what would be required to move that proposal forward. Trish Stewart (Director of Safeguarding - CLCH) advised members that there was a review happening across the whole of NWL of LAC services, looking at writing a new service specification everyone would adhere to, which could incorporate that post-

18 support. Some other London boroughs had a post-18 nurse and she could see that added value of that.

Nigel Chapman asked how the role of the Integrated Care Board (ICB) affected CLCH and whether there was a case to be made in relation to equity of funding or resource in Brent compared to other NWL boroughs. Kim Lewis advised members that, because they were guided by the Royal College Intercollegiate Framework which stipulated how teams should be staffed based on case numbers, the resource allocations were fairly standard across the piece and there was a formula for that. What differed was the details in the service specification around which populations fell within the remit of the service. For example, in Brent, if a child was placed outside of the M25 then there would be a reliance on the hosting borough to do health assessments, but some boroughs were commissioned to travel anywhere in the country to complete health assessments. This caused challenges in terms of operational capacity to do that as well as understanding the local services available in different areas of the country to signpost. Trish Stewart added that there was now an annual LAC Away Day for services across the boroughs CLCH provided for, where it was common practice to listen to each borough and hear what they were doing differently and how the ICB shared information with them. As there were differences, CLCH were looking at putting an agreement in place in terms of governance processes and reporting.

In terms of information sharing, the Committee heard that there may be ways to share certain information between CLCH and the local authority now that the Health Information Exchange was running.

RESOLVED:

- i) To note the content of the reports.

10. **Any other urgent business**

None.

The meeting closed at 6:50 pm

COUNCILLOR GWEN GRAHL
Chair