



Corporate Parenting Committee

Monday 15 July 2024 at 5.00 pm

Members Suite - 4th Floor, Brent Civic Centre,
Engineers Way, Wembley, HA9 0FJ

This meeting will be held as an in person physical meeting with all members of the Committee required to attend in person.

The press and public will be excluded from this meeting.

Membership:

Members

Councillors:

Grahl (Chair)
Collymore
Dixon
Gbajumo
Hirani

Substitute Members

Councillors:

Chappell, Conneely, Kennelly
and Rubin

Councillor: Kansagra and Mistry

For further information contact: Hannah O'Brien, Senior Governance Officer
020 8937 1339, hannah.o'brien@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

*Disclosable Pecuniary Interests:

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

**Personal Interests:

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above.

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item **Page**

1 Exclusion of the Press and Public

The committee is advised that the public may be excluded from meetings whenever it is likely in view of the nature of the proceedings that exempt information would be disclosed. Meetings of the Corporate Parenting Committee are attended by representatives of Care In Action (CIA), the council's Children in Care Council. The committee is therefore recommended to exclude the press and public for the duration of the meeting, as the attendance of CIA representatives necessitates the disclosure of the following category of exempt information, set out in the Local Government Act 1972: - information which is likely to reveal the identity of an individual.

2 Apologies for absence and clarification of alternate members

3 Declarations of interests

Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.

4 Deputations (if any)

To hear any deputations received from members of the public in accordance with Standing Order 67.

5 Minutes of the previous meeting 1 - 8

To approve the minutes of the previous meeting as a correct record.

6 Matters arising (if any)

To consider any matters arising from the minutes of the previous meeting.

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

This is an opportunity for members of Care In Action (CIA) and Care Leavers in Action (CLIA) to feedback on recent activity.

This will include a discussion about Care Experience as a Protected

Characteristic, facilitated by Brent young people and Participation leads.

8 Corporate Parenting Annual Report 2023-24 9 - 48

This report fulfils the Council's statutory obligation to present an annual report to the Corporate Parenting Committee (CPC) on outcomes for Looked After Children and Care Leavers, in line with the Care Planning, Placement and Case Review Regulations (2010). The report provides a summary of the activity alongside the strengths and areas for growth in supporting Looked After Children and Care Leavers in Brent.

9 Annual LAC Health Reports 2022-2023 and 2023-2024 49 - 136

These reports provide information to the Corporate Parenting Committee (CPC) on the health needs of Brent Looked After Children and the service provided to these children in 2022-23 and 2023-24.

10 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director - Democratic Services or their representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Monday 14 October 2024



Please remember to set your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.



MINUTES OF THE CORPORATE PARENTING COMMITTEE Monday 29 April 2024 at 5.00 pm

PRESENT: Councillor Grahl (Chair), Collymore, Dixon, 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**

None.

3. **Declarations of interests**

None.

4. **Deputations (if any)**

None received.

5. **Minutes of the previous meeting**

RESOLVED: that the minutes of the last meeting, held on 5 February 2024, be approved as an accurate record of the meeting.

6. **Matters arising (if any)**

None.

7. **Update from Care In Action and Care Leavers in Action Representatives**

At the start of the item the Committee held a short workshop with young people to consider ways to improve the participation of children and young people in Corporate Parenting Committee. The Committee noted that the outcomes of the discussions and noted that any agreed actions would feed through to future Corporate Parenting Committee meetings. The Committee then heard updates from the young people attending the meeting.

J (Care Leavers in Action) informed the Committee that he had been involved in an interview panel for the participation team. He advised members it was interesting to see who the right fit was to help Care Leavers in Action (CLIA) and Care in Action (CIA) thrive and it had been a positive experience to see different members of staff within Brent and have them hear his views and the views of other care leavers about the care leaver offer.

K (Care Leavers in Action) informed the Committee about the recent residential trip the group had taken to the Gordon Brown Centre. The aim of the residential trip was for young people to learn skills for independence such as cooking, healthy eating, health and safety and DIY skills which included a reference booklet to take home. The package included pots and pans and other kitchen essentials which was an improvement from the package in previous years following feedback from CLIA.

C (Care Leavers in Action) advised the Committee that this would be his final attendance at Corporate Parenting Committee. The Committee offered thanks to C for the work he had done over the years for Looked After Children and care leavers, highlighting that future generations of children would benefit from the work he had done. Members wished C well for the future.

The Chair thanked those present for their contributions and invited members of the Committee to ask questions to the CIA / CLIA representatives. The following questions were raised:

The Committee asked for further information about the residential trip. Kelli Eboji (Head of LAC and Permanency – Brent Council) explained that the residential offer had recently been enhanced to enable several camps per year for young people to benefit from the activities which were aimed at supporting young people to become independent. There would also be extra events during the summer when the weather was warmer such as glamping. The residential was offered through the ASDAN programme and young people could either receive a booklet and work through that or attend the residential. As those practical trips helped young people to experience independence in a more real life setting everyone was encouraged to do at least one camp trip.

The Committee asked whether there were any other skills CLIA would want to learn. K felt that, together with the Brent Virtual School Finance and Money Management offer the independent life skills were covered.

In relation to the Ikea kit that was offered, the Committee advised CLIA that the Public Health Team were meeting with Ikea soon and asked whether there was anything else the Council could ask them to provide for care leavers. CLIA members suggested offering discounts on furniture items and fed back that they needed items such as plates, cutlery, glasses and bedding. It was agreed this would be passed on to the Public Health Team.

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. **Brent Virtual School Annual Report 2022-23**

Michaela Richards (Acting Head Teacher – Brent Virtual School) introduced the report, which outlined the activity and impact of the Brent Virtual School (BVS) during the academic year 2022-23 in monitoring and supporting looked after children to achieve the best possible educational outcomes. In introducing the report, she highlighted the following key points:

- A key priority of BVS was that attendance should be above 95%. The attendance figures had improved slightly from the previous year by just under 2% and there had been an extra focus on attendance with that work having an impact. It was usually key stage 3-4 where attendance issues set in.
- There had been an increase in fixed term exclusions which mirrored the trend of the general population. This was attributed to the return to school following covid, as 2022-23 had been the first full year back in schools.

- There had been no permanent exclusions, but BVS had been in a position on a number of occasions during the last academic year where they had needed to work closely with schools to avoid a possible permanent exclusion. Those had been at out of borough schools where young people had not been placed before as it was a challenge to embed expectations in schools that were not Brent schools. BVS was focused on building relationships with out of borough schools to explain those expectations.
- In relation to out of borough schools and how BVS currently worked with them to ensure compliance with expectations, it was highlighted that BVS offered training on a range of topics and had recently had a Forum focused on trauma informed practice. BVS had found that schools could be reactive sometimes and may not take into account the contextual issues Brent's young people may face so it was important to get that messaging across as well as focus on relationship building. BVS was liaising with schools and designated teachers to explain expectations and ensure staff were present at PEP meetings.
- All advisory staff knew Brent's carers and interacted with them regularly. Training was also offered to carers.
- Results were outlined in paragraph 5.7 and 5.8. The eligible cohort had 24% of 5 passes including English and Maths at levels 4-9, which was a big increase on the previous year by 7%.

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

The Committee asked what the holistic approach to access to education for those with challenging placements looked like. Michaela Richards highlighted that the age many of Brent's young people came into care and the issues they faced often disrupted their education, so BVS had to consider the best programme for them. Sometimes, young people would not go directly into a school straight away after coming into care or moving placement and had a tuition package in place instead while an Educational Psychology assessment was arranged as soon as possible to ensure recommendations from that could be put in place by the school.

In relation to paragraphs 5.9 and 5.10 of the report, which outlined that some of the children with placement breakdowns had seen those breakdowns reflected in their outcomes, the Committee asked how hard it then was to keep the children in their school when they move placement. They heard that BVS tried very hard to maintain school placement. If there was a requirement to move school, the priority is to ensure a child is placed in a school rated 'good' or better. If a looked after child was in a school that was 'good' and that school become 'requires improvement', BVS would look to see what the best approach for that young person was. Any move might not happen immediately as the child had been in a school where they had stability, so there might be a need to put in additional support to maintain their outcomes, but BVS would look to move them to a 'good' school as soon as possible. Looked after children had key adults within the school to maintain stability, which was usually the designated teacher, but if the child had a better relationship with another member of staff then BVS would want the school to identify that to ensure local support around the child.

In relation to the recruitment of specialist roles outlined in the report, the Committee asked how that was progressing. They were advised that BVS had a solid staff team that had been in place for a while. There had been difficulty recruiting for a post-16 role over the past few years but the Council had recently recruited to that post and the post holder was described as excellent.

The Committee asked what a child's Personal Education Plan (PEP) looked like. K (Care Leavers in Action) outlined what her PEP had been like. She had attended meetings which looked at areas that might not be going well, areas that were going well, and then what actions could be taken or revision undertaken. Then a plan would be devised covering how many hours of revision she should do and how she would do it. K had found it useful but the important aspect of implementing the PEP was around motivating herself. Michaela Richards provided further information, explaining that LAC should receive 3 PEP meetings a year in each academic term. It should involve the child's social worker, carer, the school and the young person. The PEP meeting would set targets and review whether previous targets were met. The meeting would also review where the pupil premium could support achieving those targets. She highlighted that those meetings worked best when the young person was present so that they could contribute to what they would like to happen.

CLIA highlighted that PEP meetings had meant getting called out of lessons and this had felt to be not always discreet enough to avoid questions about personal information. They asked whether that process had now improved so that looked after children were not being pulled out of lessons in front of their peers. Michaela Richards acknowledged the stigma attached when a young person left a lesson for a meeting and the BVS spoke to schools about ensuring there were ways around this. For example, the school could arrange meetings to start during a lunch or breaktime instead of during lessons so that it was a less noticeable absence. She highlighted that Brent schools were more in tune with this and out of borough schools were being asked to do this discreetly also.

The Committee asked whether there was a different process for working with academy schools and how BVS and the Council could influence and manage those schools. They were advised that all secondary schools in Brent were either academies, free schools or voluntary aided and underwent the same monitoring process, which schools did a good job of adhering to as they wanted the best for the young people they taught.

The Committee asked CLIA whether there were any particular challenges within school that, looking back, they felt there could be more support for. CLIA highlighted that the transition from A-Level to University had felt like a big leap where they had not always known if and where they could access support. Michaela Richards responded that, on a national level, BVS Head Teachers had lobbied for additional support for that transition period. Now, there was funding for post-16 support for the first year of education. This was not in line with the statutory school age funding Council's received but it was more than had previously been received. The BVS worked closely with the Care Leavers Team to support care leavers' access to education and educational success as much as possible. The Committee advised of the importance of getting that message across to care leavers so that they could ask for that support that would help them succeed.

As a future action point, the Committee asked for officers to present further information about the university transition and the support the Council could offer at a future meeting.

RESOLVED:

- i) To note the content of the report.

9. **Brent Fostering Service 6-Monthly Monitoring Report: 1 October 2023 to 31 March 2024**

Kelli Eboji (Head of LAC and Permanency, Brent Council) introduced the report, which provided information about the general management of the in-house fostering service and how it was achieving good outcomes for children. In introducing the report, she highlighted the following key points:

- Paragraph 4.1.2 of the report set out the achievements against the priorities set the previous financial year.
- The largest challenge facing the fostering service currently was recruitment of foster carers. The Council was working hard to improve its ability to recruit new mainstream foster carers, and the carers that had been recruited were in the target demographic. The revised fostering offer was due to launch following its approval, which included an increase in the fostering allowance. It was hoped the new offer would improve recruitment and retention and provide more local placements for Brent looked after children. The service had received DfE funding to improve recruitment and retention which had gone towards the new joint fostering recruitment hub due to go live in May 2024. It was hoped this would increase the catchment area for Brent, bringing in new enquiries.
- The fostering offer had been rebranded with a 'share your love, share your life' message and a new logo. The launch for the revised offer would take place in Foster Carer Fortnight and would start with a foster carers walk and end with a picnic for foster carers, staff and community members. Members were invited to attend that. The new fostering offer would also see the service work with HR to get Brent recognised as a fostering friendly organisation.
- The service had seen an active summer with a community awareness raising campaign, which was now reflecting in the number of enquiries and assessments.
- The achievements of foster carers had been celebrated with a cream tea event in Foster Carer Fortnight in May 2023, a seaside trip in August 2023, and an end of year event in November 2023.
- The new LAC resilience service had been running since November 2023. This gave the service another way of maintaining placement stability for children and supporting foster carers and families. The service had seen 13 referrals to date and had already avoided a placement breakdown.

Following the introduction, the Chair invited two foster carers who had attended the meeting to talk about their experiences of fostering with Brent.

One foster carer told the Committee that they had begun their fostering journey with an independent fostering agency before joining Brent 5 years later. She had fostered a Brent child at the time and following that experience had decided that, as she lived in Brent, she should give back to her borough. She had now been fostering for Brent for 12 years. She highlighted that her positivity towards fostering for Brent was thanks to her Supervising Social Worker, as without their mutual understanding of each other she would not have succeeded as a foster carer. Since being with Brent, the foster carer felt she had been able to bring out her passion to help others and now fostered Unaccompanied Asylum Seeking Children (UASCs). She currently had a staying put arrangement with a 20-year-old and felt sad about the day they would leave but felt that the bond and relationship would remain as most of the young people she had cared for remained in touch.

Another foster carer had started foster caring as his wife had wanted to foster. He had agreed, as his wife's parents fostered as well, which made them a fostering family. He told the Committee that he had been in care from the age of 14 and was still in contact with his foster carer. As such, being part of a family that fostered and as a child that was brought up in foster care, he had wanted a way to give back to society. He had seen that when the children he fostered for learned that he had also been in foster care it gave them hope, and that was a very important part of the role. He agreed that the relationship a foster carer had with their Supervising Social Worker was vital to ensure success and he had been blessed with the social workers he had worked with.

The Chair thanked officers for the update and the foster carers for sharing their experiences with the Committee, and then invited comments and questions from Committee members with the following raised:

The Committee highlighted that one of the challenges of the fostering service was encouraging foster carers to attend training, and asked the foster carers present what their experience had been of training and how they would encourage other foster carers to attend training. The foster carers believed in in-service training as there was always something new to learn. They felt it was important to ensure the training was accessible, including utilising hybrid technology to enable training to take place online if necessary and ensuring the time was convenient. They felt that the training they had attended had been useful but may require carers to take time off work to attend due to the timings. The foster carers suggested doing a questionnaire for foster carers asking how they would like to attend training and at what times.

RESOLVED:

- i) To note the content of the report.

10. **Brent Adoption Report 6-Monthly Update: 1 October 2023 to 31 April 2024**

Debbie Gabriel (Adopt London West) introduced the report, which provided the adoption performance data for October 2023 – March 2024, the progress and activity of Adopt London West, and how good outcomes were being achieved for children. She highlighted some key points:

- Three quarters of children placed with Brent were placed with Adopt London West carers.
- Adopt London West had been part of the Regional Adoption Agencies (RAA) Inspection Pilot by Ofsted. While there had been no formal judgement it was hoped the feedback from Ofsted offered the Committee some assurance.
- A drama group had been hosted in the Easter half term for children aged 8-11 years old, with some Brent children attending that group and had seen good feedback.

The Chair thanked Debbie Gabriel for her introduction and invited comments and questions from those present, with the following issues raised:

The Committee asked for further information about the Black Adopters Project. They were advised that Adopt London West was in the final stages of securing funding from government for a project manager to implement a number of pilot projects on this which focused on co-design. Debbie Gabriel added that the DfE seemed interested in the project due to its focus on co-design and the inclusion of community members having ownership of the project.

The Committee asked for more insight into how the inspection had gone, what had been found, and how it compared to the previous inspection system. They heard that Ofsted had found that the pooling of resources had meant adoption agencies could offer much more in terms of services and support, such as the drama group and We Are Family Partnership. The inspectors had highlighted Adopt London's educational support group as exceptional, which was a group facilitated by an Educational Psychologist who offered consultation and supported children through the transition to adoption. The Front Door, recruitment, placement of children and standards were found to be good. Nigel Chapman (Corporate Director Children and Young People, Brent Council) added that each time a local authority

partner of ALW was inspected, the regional agency would be involved in that, meaning there was more scrutiny of the regional adoption agencies under this arrangement.

RESOLVED:

- i) To note the contents of the report.


11. **Any other urgent business**

None.

The meeting closed at 19:00 pm

COUNCILLOR GWEN GRAHL
Chair

This page is intentionally left blank

	<p align="center">Corporate Parenting Committee 15 July 2024</p>
	<p align="center">Report from the Corporate Director of Children and Young People</p>
	<p align="center">Cabinet Member for Children Young People and Schools - Cllr Gwen Grahl</p>
<p>Annual Corporate Parenting Report 2023-24</p>	

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	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.
List of Appendices:	N/A
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	<p>Kelli Eboji Head of Service for Looked After Children and Permanency Kelli.eboji@brent.gov.uk</p> <p>Palvinder Kudhail Director of Early Help and Social Care Palvinder.Kudhail@brent.gov.uk</p>

1.0 Executive Summary

1.1. This report fulfils the Council's statutory obligation to present an annual report to the Corporate Parenting Committee (CPC) on outcomes for Looked After Children and care leavers, in line with The Care Planning, Placement and Case Review Regulations (2010). The report provides a summary of the activity alongside strengths and areas for development in supporting looked after children and care leavers in Brent.

1.2 Progress against the priorities identified in the previous Corporate Parenting Annual Report 2022/23 have been updated throughout the body of this report. In summary:

- ***The highest priority for the LACP service, and wider CYP, is to***

stabilise and retain our workforce, so that children and young people will benefit from long-term, stable, caring relationships.

Successfully recruited permanent social workers to vacant posts in the Looked After Children's teams through converting agency staff to permanent contracts, an international recruitment campaign, a rolling programme of ASYE recruitment, and by being the first in London to take part in a new initiative by the London Innovation and Improvement Alliance (LIIA) to recruit permanent staff via an approved list of providers.

- ***Continuous focus from all partners to improve health services and outcomes for LAC and care leavers including emotional wellbeing and CAMHS i.e. ensuring all young people leaving care understand how to access their health histories, system improvements for collaborative reporting with health partners, targeted wellbeing support for UASC and former UASC.*** Focused work around health histories/summaries for young people has been part of our Ofsted action plan. This has included an update of our Health Information Booklet, staff workshops on the importance of sharing and discussing health history with LAC and care leavers, work with IROs to ensure this information is provided and discussed at final LAC Reviews and updated performance and audit tools to monitor.
- ***Visioning and future development work for Brent Care Journeys to be prioritised in anticipation of the end of our 5-year partnership with Barnados in March 2025, which will continue to enable young people to be involved in design and improvement of services across CYP, the council and wider.*** This has commenced with the launch of our new Participation Strategy which has drawn on principles learnt and developed through our BCJ partnership with Barnados. Transition meetings are ongoing with Barnados, and work is underway to update our participation offer for LAC and Care Leavers.
- ***Continued work on accommodation pathways and developing independence skills for care leavers, particularly those placed within semi-independent provision and their readiness to move on.*** Refer to Section 18.
- ***Continue to promote the voice and engagement of children and young people in day-to-day practice, i.e. improve the uptake and usage of our Pathway Plan App, complete a new cycle of Bright Spots Survey, and ensuring children and young people participate fully in their LAC Reviews.*** Bright Spots survey has been completed and results are awaited. Work in relation to improving uptake for the Pathway Plan app continues. Refer to section 9 for LAC review participation.
- ***To continue to develop and improve practice in relation to life story work for children in care.*** Introduction of a 3-monthly case summary which will provide every child a narrative of their journey through care. Bespoke Life Story Work and training is provided to staff via WEST and a range of life story work platforms are being explored to provide an integrated approach to creating memories between children, parents/carers, and professionals.

1.3 The report also sets out the priorities of the Looked After Children and Permanency service (LACP) for 2024/25.

1.4 The 2024/25 priorities continue to take into account the issues identified in the February 2023 Ofsted Inspection of Local Authority Children's Services (ILACS) and ongoing quality assurance activity.

2.0 Recommendation

2.1 It is recommended that the CPC review and comment on the contents of this report. This ensures the CPC is fulfilling its responsibility to monitor and scrutinise the activity of Brent's Children and Young People (CYP) service over the past year, thus ensuring that adequate care and support are being provided to Brent's looked after children and care leavers.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

This report sets out the management of the local authority's Corporate Parenting service and the developments that have taken place in the 2023/24 reporting period. The work of the LACP service contributes to the following borough priorities:

- **The Best Start in Life**
- **Prosperity and Stability**
- **A Healthier Brent**
- **Thriving Communities**

4.0 Corporate Parenting

4.1 The concept of Corporate Parenting was introduced by The Children Act 2004, which placed collective responsibility on local authorities and their partners to achieve good outcomes for all children in and those leaving public care. The term 'Corporate Parent' defines the collective responsibility of elected members, employees and partner agencies to provide the best possible care for LAC and care leavers.

4.2 The notion of being a corporate parent was strengthened further by the Children and Social Work Act 2017 which highlighted the following seven principles of being a corporate parent. These are:

- to act in the best interests, and promote the physical and mental health and well-being of those children and young people;
- to encourage those children and young people to express their views, wishes and feelings;
- to take into account the views, wishes and feelings of those children and young people;
- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people;

- for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- to prepare those children and young people for adulthood and independent living.

4.3 Elected members in Brent carry out their corporate parenting duty as follows:

- The CPC, chaired by the Lead Member for Children, Young People and Schools, with cross party Member representation scrutinises service performance. This occurs on a quarterly basis.
- Attendance of CIA (Care in Action) and CLIA (Care Leavers in Action) representatives at the CPC.
- Weekly liaison meetings between the Lead Member for Children, Young People and Schools, the Corporate Director Children and Young People and other senior staff within the Local Authority as appropriate.
- By ensuring Brent's 'Promise' to LAC, 'Care Leavers' Charter' and Local Offer for care leavers is abided by.
- By attending regular Member Learning and Development sessions on Safeguarding and Corporate Parenting.

4.4 Members of Care in Action and Care Leavers in Action continued attending the Committee every quarter to provide updates on their recent activity. These updates were noted and supported by the Committee. The CPC in 2023/24 scrutinised several reports on various issues affecting Brent care experienced children and young people including the following:

- a. In April 2023, the CPC were presented with an overview report on the numbers of Unaccompanied Asylum Seeking Children (UASC) in Brent and the services available to support them. The committee received an update on the February 2023 ILACs Inspection of Children's Social Care. The CPC was also provided with a quarterly update report from the Fostering Service and six-monthly update on the performance of adoption activity managed by Adopt London West.
- b. In July 2023, the Committee was presented with the Annual Corporate Parenting report for 2022/23. This was followed by a report on the contribution of Independent Reviewing Officers (IROs) to the quality assuring and improvement of services for Looked After Children. The CPC were presented with the Annual Brent Virtual School report for 2021/22.
- c. In October 2023, the Committee received the Annual Participation and Engagement with Looked After Children and Care Leavers 2022-23 report, a progress report on Pan London Care Leavers Compact, and both six-monthly monitoring reports for Fostering and Adoption.
- d. In the February 2024 meeting, the Committee was presented with a progress report on the work being done in relation to reducing criminalisation of Looked After Children and Care Leavers in line with the London Protocol. The CPC were also presented with a progress report on the Revised Fostering Offer which was being launched in April 2024. The Committee received a progress report in respect to the new Brent Residential Children's Home. The meeting closed with a report and presentation from Designated Nurse and Designated

Doctor NHS NWL about health services, needs and outcomes for Looked After Children in Brent.

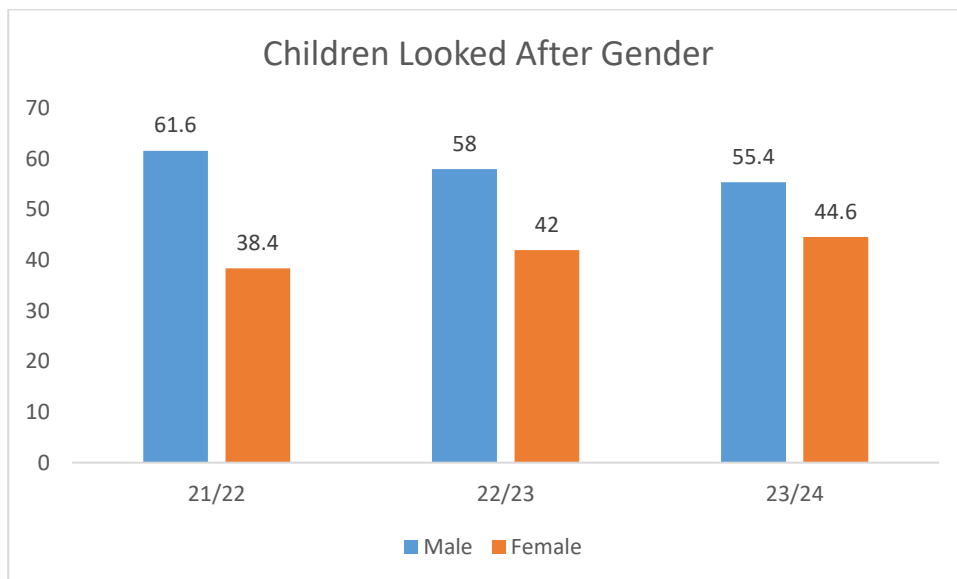
- e. Although outside of this reporting period, in the April 2024 Committee meeting our care experienced young people, with the support of Participation leads, facilitated a workshop for members and officers in relation to making the CPC more “young people friendly”. The aim of this workshop was to discuss ways in which we could improve the forum from the perspective of our Brent young people. Ideas, suggestions and proposals were shared and a plan for short, medium and long terms changes is being developed, and will form part of our Participation relaunch over summer and autumn 2024.

5.0 Profile of Looked After Children

5.1 As at 31 March 2024 Brent had 307 children in care compared to 319 children on 31 March 2023, a decrease of 3.8%. This represented 41.9 LAC per 10,000 child population against the rate for England of 71 per 10,000 head of child population, a decrease in rate by 1.8 from previous year (43.7). In 2023/24, 131 children became looked after compared to 160 children last year and, compared to an average of 180 per year over the previous four years. The decrease in LAC has primarily been driven by a decrease in UASC. On 31 March 2024, the Local Authority looked after 27 UASC compared to 45 UASC in March 2023. This represented 8.8% of the total Brent LAC population. The increase and subsequent decline in UASC numbers is related to the number of people accommodated in hotels in Brent by the Home Office, which has fluctuated over the period.

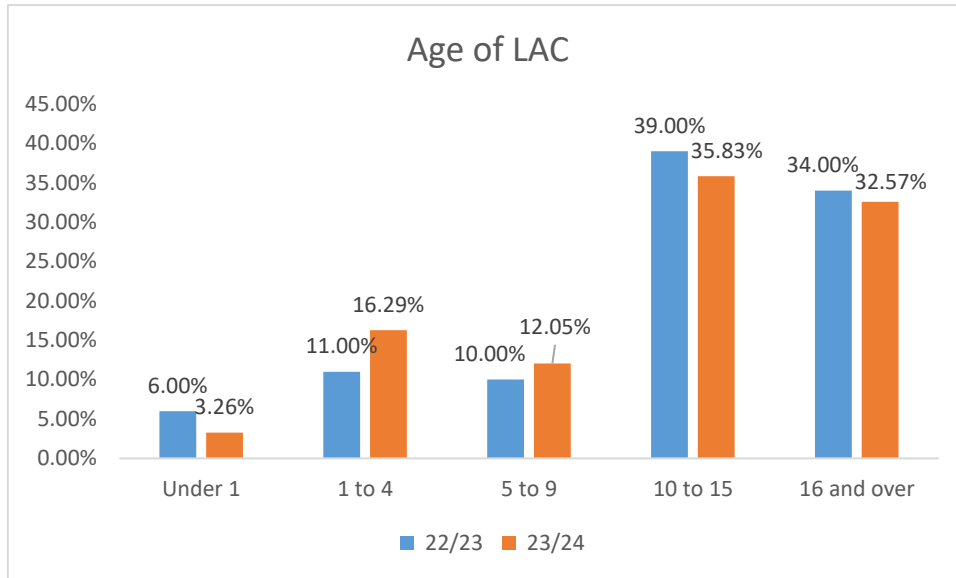
5.2 Of the 307 children looked after on 31/03/24, 51 had had a previous looked after period. This represents 16.6% of the LAC cohort on 31/03/24.

5.3 The gender of the LAC population consists of 55.4% male and 44.6% female; with the gender split continuing to narrow as a result of there being fewer UASC in care.



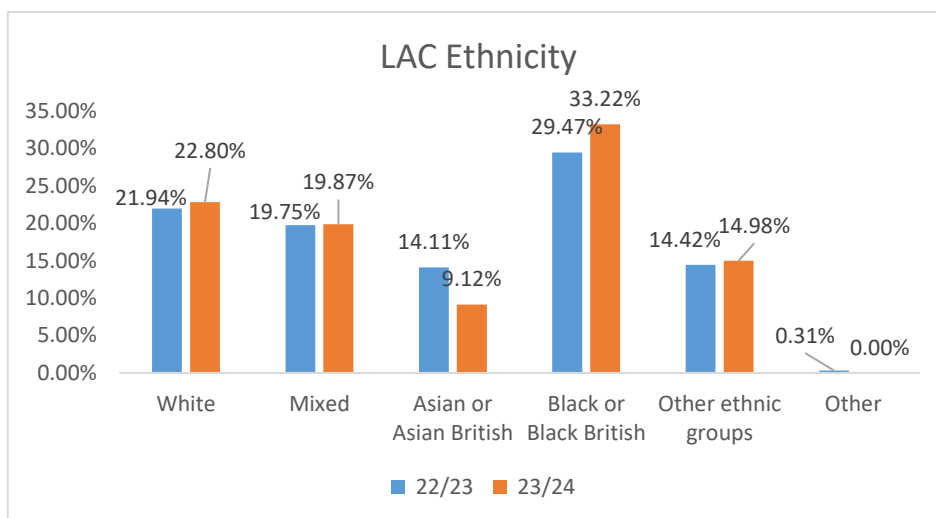
5.4 32.6% of the care population in Brent was aged over 16 years old, compared to 34% at the end of March 2023. 68.4% of the care population in Brent was aged 10 and

over. Having a predominantly adolescent LAC population and associated risks, presents challenges around outcomes such as placement stability, education, employment and training. Many young people present with emotional and behavioural difficulties and complex needs that foster carers may not feel equipped to manage. Additionally, there is a national lack of sufficiency around foster carers for teenagers.



5.5 Ethnicity of LAC

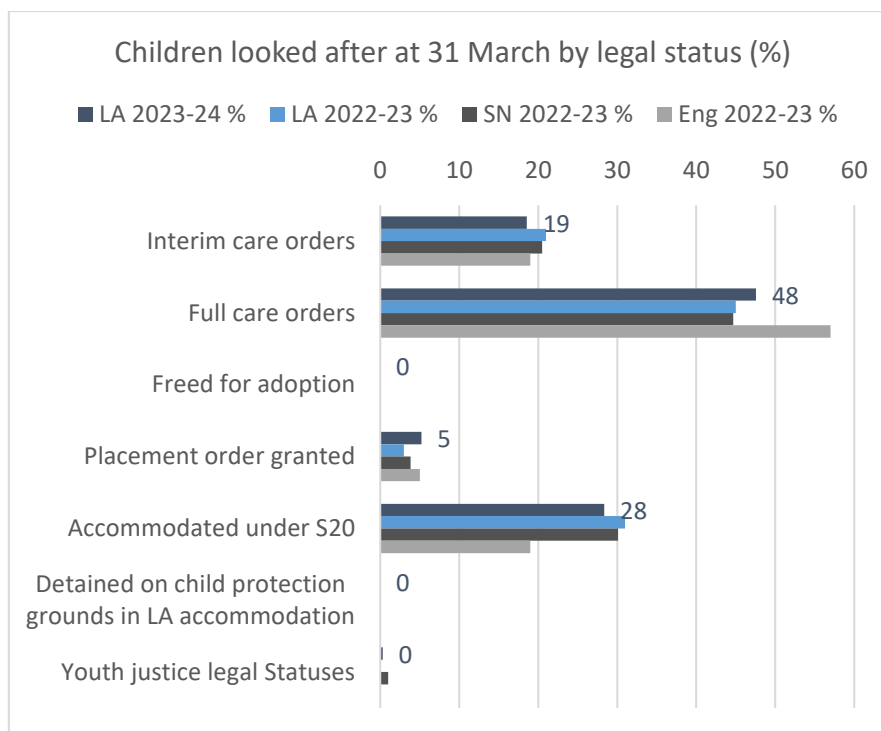
5.5.1 The ethnicity¹ of looked after children broadly remained the same compared to the previous year. However, there has been a 4% decrease in the number of looked after children from Asian backgrounds. This is related to the decreased number of UASC taken into care in 2023/24.



<https://www.gov.uk/government/publications/children-looked-after-return-2022-to-2023-guide>

5.6 Legal status and placement location

5.6.1 The majority of looked after children were subject to Care Orders (Interim and Full Care Orders) under the Children Act 1989, representing 66.1% of all LAC. A further 87 children (28.3% of LAC) were in care through a voluntary agreement with the parents/carers as pursuant to Section 20 of the Children Act 1989. All UASC are looked after via Section 20 agreements.



5.6.2 The proportion of children placed more than 20 miles away from their home address as of 31 March 2024 was 19.2%, an increase of 2% on the previous year's figure of 17.2% (the national average is 17%).

5.6.3 Brent aims to place children closer to their families and local support networks. However, in many cases where children enter care in adolescence, young people may need to be placed out of borough for their own safety. Placement sufficiency issues in London are also evident as it is challenging to identify local placements for adolescents with highly complex needs. Brent's Sufficiency Strategy 2022-24 identifies this issue as a local and regional issue, including measures to work in partnership with internal and external partners to broaden placement options for looked after children.

5.6.4 Most children resided within fostering placements (200) – 65.1% of all LAC, an increase on 2023 (63%). This area of work remains a challenge for most London local authorities and nationally. Identifying foster placements for adolescents has continued to be a challenge due to lack of sufficiency in foster placements.

5.6.5 The LA has an in-house fostering service that at the end of March 2024 supported 49 children in mainstream fostering placements, 9 fewer children than in March 2023.

6.0 Placement Stability

6.1 Number of Brent fostering households and approved fostering places at 31 March 2024 (and trend):

Collection year	Number of Households	Number of places
2020	99	155
2021	100	153
2022	98	142
2023	101	145
2024	103	145

6.2 Recruitment and retention of Brent foster carers remained a priority during 2023/24, with a significant amount of work being done in this reporting period to improve our fostering offer, making it more competitive with our West London neighbours. This work has not yet translated into more fostering households, however we have an ambitious (net)target of 10 new fostering households for 2024/25.

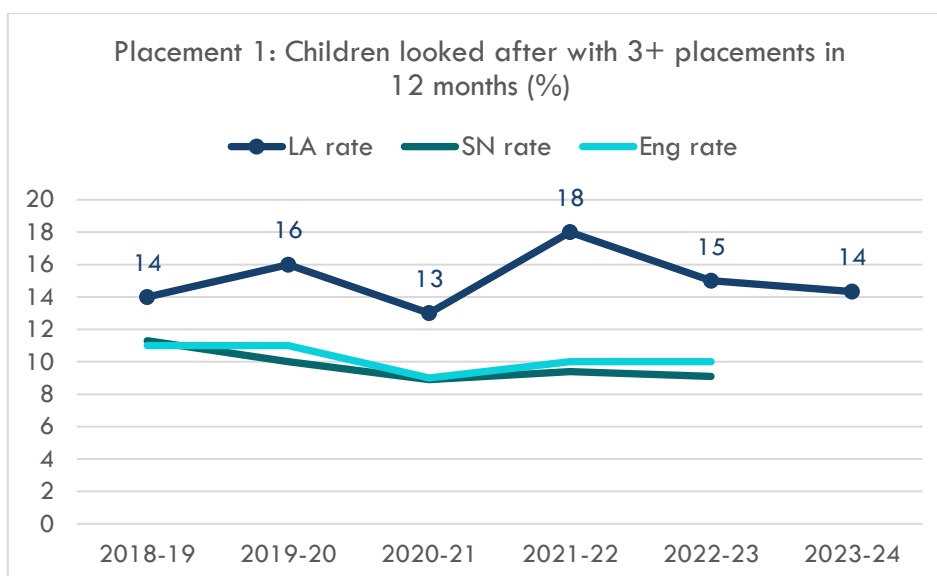
6.3 In September 2023 the Council was notified by the Department for Education that Brent Council, alongside Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster Councils, were successfully awarded funding to establish a West London Fostering Recruitment and Retention Programme involving a recruitment support hub, a regional foster care recruitment communications campaign and funding to implement the “Mockingbird” model.

The Fostering Recruitment and Retention Programme aims to address the long-standing placement sufficiency problem within foster care. This DfE programme aims to deliver end-to-end improvements across the foster care system, by attracting new leads, boosting approvals of foster carers in areas of specific shortage, as well as addressing retention through better support to existing foster carers.

The Mockingbird programme is an innovative method of delivering foster care using an extended family model where mockingbird hub carers are specially trained to offer sleepovers, peer support, emergency support, joint planning and social activities to fostering homes. Mockingbird supports children and foster carers by creating extended communities of support around the child and their fostering family.

6.4 Placement stability for children who have had 3 or more placements in a year has improved. Brent’s data around 3 or more placement moves decreased from 15% in 2022/23 to 14.3% in 2023/24. The work being done to stabilise placements via Placement Stability meetings and the new LRS support have contributed to this improvement, please see more detail below.

It is however acknowledged that placement stability performance remains relatively high in comparison to other local authorities predominantly because we have a smaller LAC population with a larger proportion of adolescents in care.



6.5 Achieving stability and consistency for children in care continues to be a priority together with creating opportunities for children to develop secure attachments and providing a sense of security and identity. Placement instability not only reduces children’s chances to form warm and enduring relationships but also exacerbates behavioural and emotional difficulties which contribute to further placement breakdown and rejection.

6.6 Consequently, a stability meeting continues to be convened every time a placement is at risk of breaking down and is attended by key professionals and where appropriate the young people placed. If the child or young person is not able or willing to attend the meeting, the child’s social worker ensures that their views, wishes and feelings are gained and shared with the participants. The placements concerned have included in-house foster placements, Independent Fostering Agencies, residential placements, including residential schools as well as semi-independent units. These meetings are chaired by a Social Work Practice Consultant from the Looked After Children and Permanency Service who leads on placement stability. The focus of these meetings is understanding the holistic needs of the child or young person, the carers’ strengths as well as identifying and agreeing the right support package that would ensure placement stability. The chair has a strength based approach in chairing the meeting and encourages participants to focus initially on the strengths of the placement and then move on to the challenges which are addressed in a non-judgemental and supportive way. If the placement continues to remain fragile, a follow up meeting is carried out to review the actions from the previous meeting and ensure the plan is working effectively to bring about improved placement stability.

6.7 During 2023/24 the Social Work Practice Consultant chaired 47 placement stability meetings, and as a result of robust planning and individualised support packages, 28 children and young people remained in their current placement. The chair is able to signpost support services available in Brent such as the Looked After Children’s Resilience Support Project and Wellbeing-Emotional Support Team. These services have been instrumental in sustaining challenging placements.

6.8 The children and young people who are most in need of support and intervention are the children with additional needs and mental health difficulties, followed by

those who have been affected by contextual safeguarding issues, or are at risk of gang involvement and have a history of going missing from placements. A dip audit of 6 cases was completed at the end of 2023/24 which focused on the children and young people who had experienced 3 plus moves within the year. The common themes for placements becoming less stable were adolescents with complex needs and behaviours such as; self-harming, suicidal ideation, being victims and/or instigators of knife crime, being involved in gang activities, being known to the youth justice service, and alcohol and drug misuse.

- 6.9 Following the stability meetings, the carers and young people are signposted to different support services which include CAMHS, WEST and LAC Resilience Service (LRS).
- 6.10 LRS was launched in January 2024 and it offers a three tier support offer:
- Tier 1: a universal training offer (co-designed with carers and young people) focusing on skills, resilience, and confidence to reduce placement breakdowns.
 - Tier 2: direct intervention and support to the carer; engagement in network meetings and development of a crisis response plan.
 - Tier 3: provides Tier 2 support plus intensive goal directed support for both the carer and young person; behaviour assessment and support plans and more direct staff time allocated to the carer and young person.

By the end of March 2024, LRS had received 13 referrals, 4 allocated to Tier 3, 4 to Tier 2 and, 4 to Tier 1. As the service reached full capacity, one person was placed on the waiting list for Tier 3 whilst the carer received support and guidance.

The overwhelming majority of referrals are for in house placements, 6 for Brent foster carers, 6 for kinship placements and 1 IFA placement. All referrals at Tier 2 and Tier 3 were at the point of breakdown when referred. These have been stabilised, preventing escalating need and reducing the rejection and trauma that would be experienced by the young person in the event of a breakdown.

One young person was stepped down from an out of borough residential home to an in-borough IFA placement.

Due to LRS' intervention none of the placements referred broke down during the reporting period. One Brent foster carer had wished to resign from fostering at the point of being referred to LRS. They now continue to foster for Brent, have attended all the LRS programme of support via workshops, and strongly advocate for LRS with other carers.

- 6.11 Some placement moves are made for positive reasons and outcomes. For instance, a 6-month-old baby was placed with his maternal aunt after a residential placement with the mother suddenly disrupted. The child has settled and is thriving, and the carer has now applied for Special Guardianship order which the mother is in support of. Other positive examples of placement moves for young children include placing children in early permanence placements with temporarily approved foster carers who convert to prospective adopters once the care plan for the child becomes adoption and children who are matched with their foster carers long term and achieve permanence. Therefore, stability meetings are not required when the placement change reflects a positive and appropriate move for the child

or young person, such as adoption, children matched with long term foster carers or young people moving from fostering placements to semi-independent units as part of their preparation for independence.

6.12 Some feedback received from young people, carers and social workers who have attended these meetings:

Feedback from a 16 year old looked after young person in relation to two separate meetings regarding two different carers:

“Intention of them (stability meetings) is good but response of the foster carer was not good always as they feel scolded and take what you have said personally rather than be constructively. Felt like you are in court sometimes and does feel tense in the meeting and afterwards. Foster carer changed a bit and after the meetings we were closer to each other. It brought more compassion afterwards.

With previous Foster Carer I did notice that they cleaned the house more so that was a good thing”.

Feedback from a Brent Foster Carer:

“I found the stability meeting to be fair. With the comments made by those taking part, especially the chair person who asked questions and listened to what I had to say. I found the manager's feedback valuable and non-judgemental. I was especially pleased that recognition was shown in areas where I had made an improvement”.

Feedback from a Supervising Social Worker:

“My experience of the stability meetings has been positive. These can be very difficult meetings and the chair has managed to try and work through the needs of all involved. There are a lot of anxieties that need to be managed including professionals anxieties and the chair tries to deal with these sensitively. I have always felt as a professional that my views are acknowledged and respected. My carers have often shared that they appreciate the Chair's approach and remember him fondly even months after the stability meeting has taken place. There are instances where placements have been sustained but unfortunately some of them cannot be sustained and this is for various reasons like inadequate matching. However, the positive aspects are not just limited to the placement being sustained but some positive outcomes I have seen is carers/children having had a chance to express how they feel in a safe space and feeling heard. In addition, I find that stability meetings done face to face can be more impactful as they add a 'humanistic touch' and sometimes reduces challenges of network/technology issues”.

Feedback from a Child's Social Worker:

“Stability meetings are hugely helpful in identifying the strengths and weaknesses of placements. I think that having an independent individual chairing the meetings is good as it allows you to come in and hear information from all professionals as someone who is not deeply involved in the case. I also think that they are helpful in preventing placement breakdowns, as I have noticed a lot of providers want to be quick to end placements when a 'challenging' young person presents with 'challenges'. However, once we have the stability meeting this perception changes.

I think that it has a positive impact on both professionals and our young people, as they are able to attend and voice their views on the placement, as well as

professionals having oversight”.

Feedback from a Child’s Social Worker:

“The chair’s support throughout the Stability Meetings is helpful and he is great at keeping the network on track. The chair the positives for the young person and makes sures everyone’s views are shared, before addressing the concerns. This practice is useful as it gives the network an opportunity to reflect on the young person’s progress and provides clarity on areas where the network may be lacking or can improve on”.

7.0 Permanency Planning

7.1 Permanency planning for children who have become looked continues to be a priority for the local authority, and is one of the key pillars of care planning. The objective of planning for permanence is to ensure that all children have a secure, stable and loving family to support them through childhood and beyond, and that this placement is found for them as quickly as possible.

7.2 The approach when working towards permanency for a child is to ensure that social workers are progressing parallel plans which ensure a secure and stable permanent option for the child is available to them in the quickest available time. Permanence options can be to return to the care of a parent/s, a permanent placement with someone from the child’s family or friend network, long-term fostering or adoption outside the child’s family or friend network.

7.3 In the February 2023 ILACs inspection, Ofsted inspectors commented that permanency planning for Brent LAC was embedded, and permanency was being achieved for children without delay. The continued ambition is to see Brent children and young people settled in long term, permanent homes.

During the report year we tested a specialist “family finding” resource within the looked after children’s teams. This was a 3-month trial, where we employed an agency social worker with expertise in family finding and permanency work, to work alongside allocated children’s social workers to assist, guide and drive family finding for children who were not yet placed in long term placements. Although there was some value found in having a specific resource available to social workers for this purpose, the impact of this role across the whole service was minimal, and unable to be sustained due to limited social worker resource in our looked after children teams and needing social work capacity for allocating to children.

7.4 Between 01/04/2023 and 31/03/2024, there were 4 children adopted and 7 children who left care through the making of Special Guardianship Orders.

7.5 On the 31/3/2024:

- 16 children were subject of Placement order
- 11 children with a Placement order waiting to be matched
- 5 children with a placement order who were matched and placed for adoption

7.6 The non-published data at the end of March 2024 compared to the published national and statistical neighbour averages demonstrates that adoption timeliness remains

strong when placing children for adoption once court authority to place has been granted. The average time taken for a child entering care to being placed for adoption is 503 days and is longer than the previous year of 443 days. The average time taken from the local authority receiving court authority to place a child for adoption and a match being approved is 180 days compared to 128 days.

7.7 Adopt London West (ALW)

7.7.1 Adopt London West (ALW) was established in October 2019 and continues to provide adoption and special guardianship support services on behalf of Brent. Adopt London West is hosted by Ealing and works closely with the other three regional adoption agencies within the Adopt London group, together this partnership offers services to 24 London boroughs, there are a number of shared projects across the Adopt London partnership, including nationally funded projects to improve practice in family finding, matching and early permanence.

7.7.2 ALW continues to work closely with staff in Brent CYP once permanence for a child is first discussed. ALW ensures that adoption plans and associated family finding are progressed quickly and a robust approval and matching process is in place for children. Family finding for Brent children has continued to be a priority with ALW involved in monthly permanency tracking and leading on permanency planning meetings for children who have a care plan of adoption.

7.7.3 Over this past year we have worked proactively with ALW to ensure that children can be placed with their siblings. Of the children placed in 2023/24, all were placed together with their siblings or have joined their sibling in the same adoption placement at a later date, this demonstrates the tenacity and determination that children's relationship with their siblings is a high priority for Brent.

Case Study – Adoption Family Finding

Child A born March 2019 and **Child B** born August 2022 (during care proceedings)

Child A and Child B are half siblings of Black Caribbean/Portuguese maternal heritage. Child A father is unknown and Child B's father has been party to care proceedings.

Following residential and expert assessments, both parents were ruled out as potential carers for the children and the Local Authority was granted Care and Placement Orders for both children, with a plan of adoption for them together. For the last 12 months, there has been active family finding for the siblings together.

Unfortunately, this has not been successful despite the significant amount of family finding that has taken place, which has also included Adoption Activity days. Feedback received from prospective adopters was that interest was in Child B only and that they felt unable to meet Child A's needs.

Having been kept updated during this process, the Guardian and the Independent Reviewing Officer are now in support of the Local Authority proposed care plan to

separate the children and seek separate permanent arrangements and the decision to separate the siblings, was ratified by the Agency Decision Maker.

ALW identified a suitable, single, female adopter of a similar ethnic heritage to Child B and she has been selected as Child B's prospective adopter. Matching panel is booked for 24/06/2024.

8.0 Care Proceedings

8.1 The number of care proceedings initiated by Brent has reduced with 45 cases (62 children) being issued in 2023/24 compared to 54 cases in 2022/23.

The national picture is also reflecting a decline in new children's care cases.

Between 1 April 2023 and 31 March 2024 CAFCASS received 55,830 new children's cases involving 86,419 children. This is 10.3% (-6,378 children's case / -10,711 children) lower than five years ago (2018/19).

Between April 2023 and March 2024 Cafcass received a total of 11,450 care applications. This figure is 4.1% lower than the previous financial year.

8.2 77 children's cases concluded in 2023/24 with the following outcomes:

- 29 Full Care Orders (37.6%)
- 12 Full Care Order and Placement Order (15.6%)
- 6 No Order (7.8%)
- 7 SGOs (9.1%)
- 18 Supervision Orders (23.4%)
- 1 designation out (1.3%)
- 1 withdrawn (1.3%)

8.3 The timeliness of care proceedings which concluded in 2023/24 is 56 weeks, compared to 55 weeks in 2022/23.

Timeliness of care proceedings have continued to rise over the last 4 years, which in conjunction with the usual complexity of this work, has been a direct consequence of the impact of Covid on family court work alongside social work recruitment challenges for the local authority.

In this reporting period a number of the long-standing cases which were significantly impacting on this measure have come to an end, the back log of cases in the Family Court are reducing, staffing recruitment has been positive over the reporting period, and therefore it is anticipated that we will see an improvement in 2024/25.

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/2024
Brent (Internal data)	38 weeks	35 weeks	39.5 weeks	43 weeks	55 weeks	56 weeks
National average (CAFCASS data)	31 weeks	32 weeks	41 weeks	45 weeks	45 weeks	44 Weeks

8.4 There continues to be multiple and complex reasons for cases that exceeded the expected 26-week timeframe for proceedings, and these include:

- Late introduction of potential family/friend carers for children
- New pregnancies during proceedings
- Other children born to the parent/s in other local authority areas requiring judicial decisions about designation
- International elements i.e. immigration matters for children who are not British nationals, assessment of family/friends
- Quality of assessments leading to requests for addendum reports and grounds for challenge
- Continued timetabling delays as courts catch up on backlog created in Covid.

8.5 In the last reporting year, Brent has continued to track care proceedings cases via an established monthly 'Care Proceedings Tracking meeting', chaired by the Service Manager with lead responsibility for court proceedings and senior lawyers of the Local Authority. The meeting continues to identify issues and gaps that may cause or create delay within proceedings with the aim of rectifying them, as well as provide advice and guidance to practitioners on complex court cases. Social work managers have stated that they find this forum useful as it provides a space to speak directly with senior managers and senior lawyers and tease out any complex issues and identify any learning.

8.6 A Social Work Practice Consultant (SWPC, specialist in permanency planning and court work) has continued supporting and developing social work practice in these areas by co-working court cases, as well as taking the lead social work role when there are complex court or designation cases. They also contribute to Initial Permanency Planning Meeting panel and co-facilitate training in relation to the court process, care proceedings and permanency. The support provided by this role has continued to be invaluable, particularly for the newly qualified and less experienced social work staff in the service who benefit from the additional support, expertise and modelling that the SWPC provides on court work cases.

8.7 Over the last reporting year there has been a steady move away from virtual hearings with a larger number of in person hearings. The views from parents remain consistent that they prefer in person hearings as they are able to speak to Judges face to face. In person hearings are also beneficial as they enable parties to address any issues that may arise straight away, avoiding delays caused by having to communicate by phone/email outside of hearings/court dates.

9.0 Participation of looked after children, young people and care leavers

9.1 Looked after children continued to have their voices reflected in various ways during 2023/2024, starting with direct work at the assessment stage, continuing through regular visits via longer term intervention and then also as part of the IROs overseeing the progression of their care plans. Looked after children also have access to Coram Voice advocacy that enables them to have independent support in expressing their wishes and feelings. IROs are often a continuing person of trust for many looked after children, who might have several Social Workers involved in their lives. The previous direct participation rate of looked after children in 2022/2023 was 60% of children over the age of four years attending their Looked after Children reviews and directly

participating in them. The current rate has increased to 63%, with continuing efforts to further improve this by focusing on more creative approaches to encourage participation.

9.2 In this reporting period there continued to be three 'Care in Action' groups:

- Junior Care in Action (JCIA) (7-11 year olds) who met in the school holidays
- Care in Action (CIA) (12-17 year olds) who met monthly
- Care Leavers in Action (CLIA) (18 – 25 year olds) who met monthly.

9.3 Key achievements in 2023/24 include:

- A draft "Brent CYP Participation and Engagement strategy" was completed in early 2024. This followed a process of wide-ranging consultation with children and young people across Brent, including care experienced young people. The strategy was finalised and launched in June 2024 and a young person's video and summarised document are to be developed in the 2024 summer school holidays.



- Brent Care Journeys (BCJ) continued to support the development of increased participatory work in Brent during 2023/24. Brent Care Journeys is an innovative programme for care leavers run in partnership with Barnardo's (2019-2024). This established a programme of activities to support young people who have grown up in the care system to lead service design. Through a relationship-based approach and the active collaboration of people and communities, the programme supported young people to design, review and implement changes in services.
- During 2023-24 increased focus has been paid on further development work to achieve a unified approach with Brent Care Journeys to ensure that transition is as seamless as possible.

- Another area of focus has been establishing a permanent staff structure in the participation team. A permanent Participation and Engagement Manager was appointed and started to work with Brent in January 2024. All other roles have been advertised and it is envisaged that the team will be fully staffed by the summer of 2024.
- Young people have continued to take part in several interview panels including for, Personal Advisors and Participation Officers and the Participation Manager.
- CLIA members were trained to take part in tendering and commissioning process. These projects were:

Care Quality Ambassadors

In the summer of 2023 four care experienced young people were recruited to the role of Care Quality Ambassador. In early 2024 they began working alongside officers to complete inspections of semi-independent provision. To date there have been 4 visits covering 8 placements. The role is a paid “as and when” position, which included a recruitment process and extensive training and aims to help them to develop work skills to secure further paid employment. The project aims to be self-sustaining as when young people visit provisions, they are also tasked with encouraging other young people to take part in future roles.

Hospital Discharge Project

The LAC Resilience Service (LRS) is the second part of the wider hospital discharge project. The positive support group (PSG) was commissioned to deliver LRS on a test and learn basis from Nov 23-June 24. The first 2 months were utilised for an engagement and discovery phase where they met with cohorts of care experienced children and young people and foster carers, to co-design training to foster carers and also provide input for LRS service design and delivery. Additionally, those young people that had been supported by LRS completed ESQ (experience of service) questionnaires to provide feedback and social validity of LRS and its future direction.

Provision of a Targeted Service that Promotes Education, Employment and Training for Young People

The commissioned service will deliver a full tracking service to meet the Local Authority’s statutory responsibilities. This is to ensure that young people who are not in education, employment and training (NEET), aged 16-17 years old and up to 25 with an Education, Health and Care Plan, receive relevant information, advice and guidance, in order to be supported to a successful transition into post 16 education, employment and/or training.

This service will also deliver an intensive targeted service to promote Education, Employment and Training (EET) to vulnerable groups to include Youth Offending Service, Brent Virtual school, LAC and permanency teams, Inclusion Service. This will focus on complex targeted case work supporting young people who present with multiple barriers to progression, into Employment, Education or Training. This support will improve access to education, training and employment and will achieve a successful transition into adulthood and independence.

Young people were part of the provider selection process for organisations that wanted to deliver the contract. This gave the involved young people a unique development opportunity to assist in the evaluation of contracts. Young people gave their feedback and views which were taken into account when choosing who would deliver these services. Young people were supported through this process and given full training.

9.4 CIA and CLIA focus group

In March 2024 the commissioning team also attended CIA and CLIA sessions to run focus groups. The purpose was to consult directly with care experienced children and young people to gain their insight about the independent reviewing officer and foster carer reviews to help inform the specification and development for this service.

9.5 In March 2024, three young people from CLIA attended the launch of the Pan-London Care Leavers Compact in the Guildhall in the City of London. The young people had been involved in pan-London work to develop the Compact and they attended the event with the Cabinet Member for Children, Young People and Schools. The purpose of the Compact is to ensure there is consistent high-quality support for care leavers across all boroughs and the event announced new support initiatives including free prescriptions and half price bus and tram travel.

9.6 Another key focus in 2023/24 was getting as many young people as possible to complete the Bright Spots survey. The Bright Spots survey is a service improvement tool, designed by CoramVoice, the University of Oxford, and care experienced young people, that supports local authorities to systematically listen to their children in care and care leavers, about the things that are important to them.

There was significant work completed to ensure that young people not already engaged in participatory activities had their voices heard. This included independent workers calling young people to help them complete the questionnaire, and regular in person outreach to semi-independent providers. Table A and Table B below outline the completion rate for Your life, your care (4-17 year olds) and Your life beyond care (18-25 year olds)

Table A

Your Life, Your Care	
Age group	Response rate
4-7	30%
8-11	50%
11 +	30%
Totals	33%

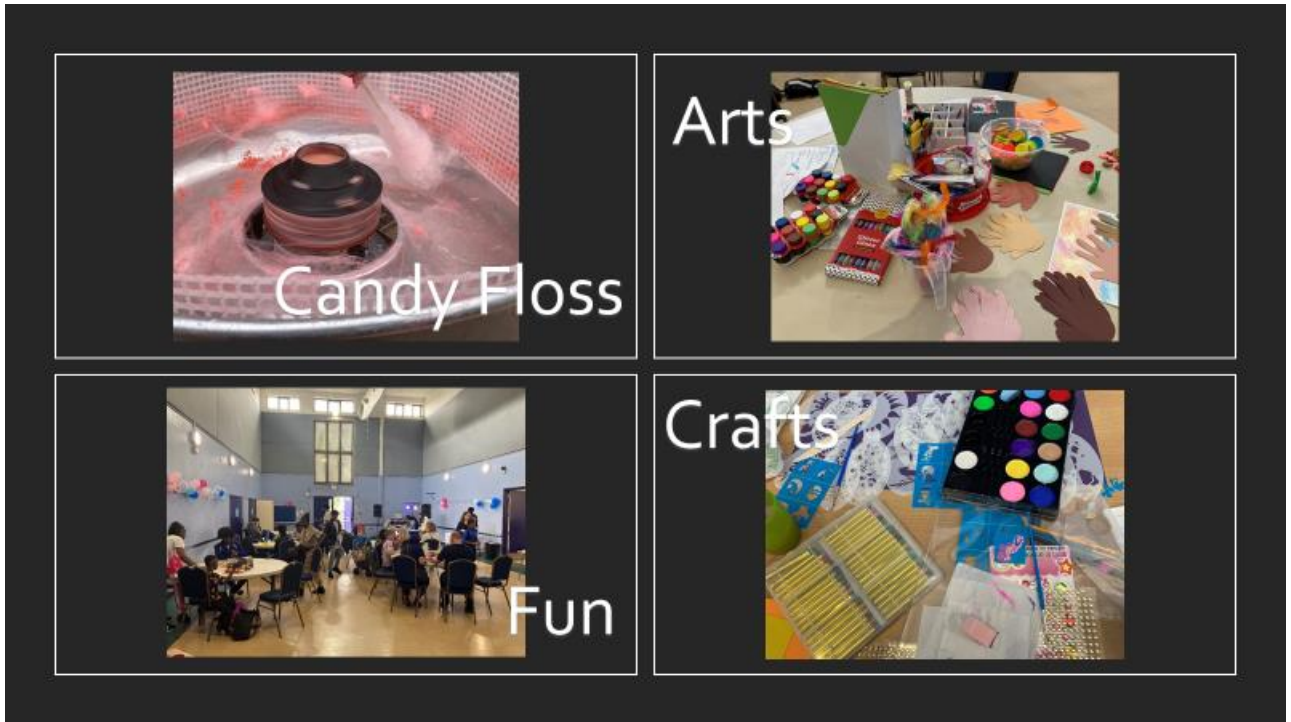
Table B

Your Life Beyond Care	
18-25	30%

In person outreach has continued post the completion of the survey as it proved to be a good mechanism to engage a wider cohort of young people. This will continue to be a focus in 2024/25.

9.7 There have also continued to be varied and regular half term, Easter and summer activities for all groups. These included a trip to the zoo attended by 40+ young people and foster siblings; two theatre trips for care leavers, one in the summer 2023 to see Wicked which included a Q & A with the cast and one in March 2024 to see "For black boys", a play that explored a range of different themes experienced by

young Black men. Other groups have also taken part in bowling trips, VR activity and centre-based sessions. C(L)IA hosted a summer fun day that was attended by over 35 children, foster carers and care leavers.



Participants have commented:



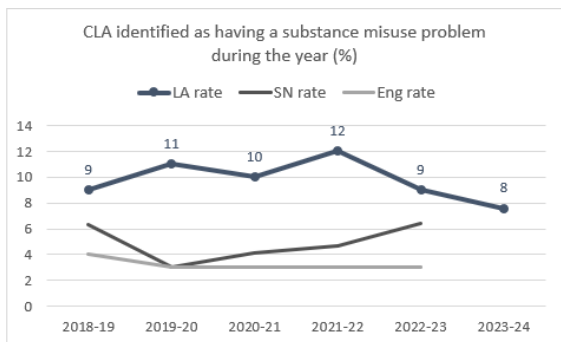
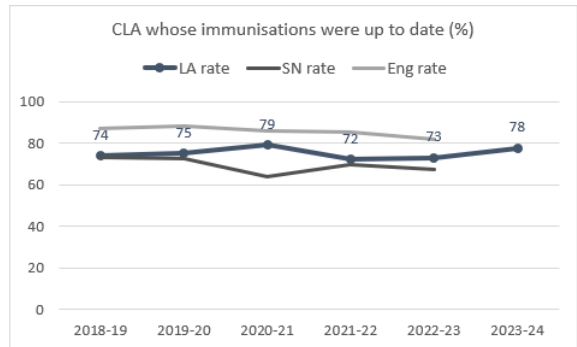
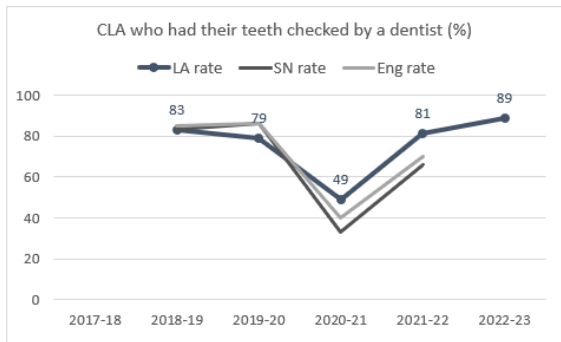
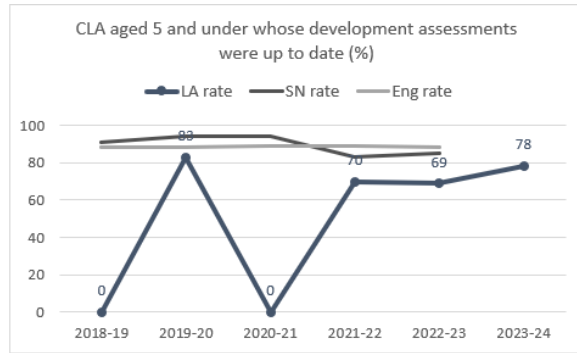
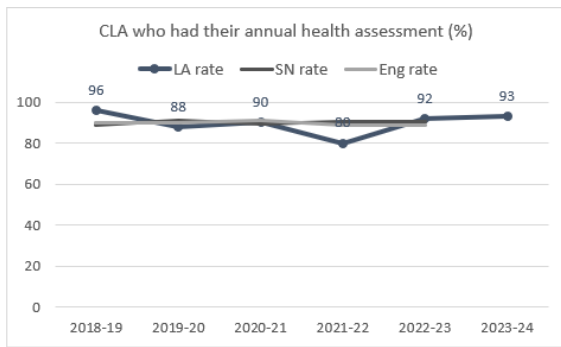
9.8 There continues to be a core group of children and young people in each of the Care in Action groups with a focus on understanding the views of their care experienced peers through Bright Spots surveys. They are actively involved in ways to recruit more children and young people into the groups. The groups are

directly promoted to children and young people through foster carers, social workers, personal advisors, the Virtual School and Independent Reviewing Officers.

- 9.9 Young people have continued to regularly attend and contribute to Corporate Parenting Committee, new young people have continued to be supported to attend for the first time in 2023/24. Before each committee young people are prepared with a briefing session in which they develop messaging to senior leaders.
- 9.10 Corporate Parenting Committee in April 2024 included a workshop led by young people to explore how the space can be made more accessible to young people and thereby amplify their voice at the meetings.
- 9.11 Representatives of CIA/CLIA are members of the Voice and Influence sub-group which reports to the Local Partnership Meeting for LAC and Care Leavers. The Local Partnership Meeting is a multi-agency meeting of partners working together to improve outcomes for care experienced children and young people. Participants include representatives from CCG, CAMHS, Central North West London NHS trust, Anna Freud Centre, Probation, various providers as well as Brent staff from Housing, YOS, Brent Virtual School, Localities, Safeguarding and Quality Assurance and Looked after Children and Permanency service. These young representatives provide a care experienced voice and lived experience to this forum which informs the agreed priorities and drives forward discussion with multi-agency partners.
- 9.12 Children and young people who regularly attend CIA, CLIA or BCJ report that they enjoy and value the groups for a wide variety of reasons. These include having an opportunity to meet other care experienced young people and make new friends in a safe space; being provided the opportunity to influence the way services are delivered for the wider care experienced population; and being afforded the opportunity to see how decisions are made.
- 9.13 The priorities for the coming year include; embedding the Brent CYP Participation Engagement strategy and developing a young person version including a video; preparing for the ending of Brent Care journeys and moving toward BCJ 2.0; basing campaigns on findings from Bright Spots survey (when published); reviewing what participation looks like in Brent by working with young people to codesign a participation offer accessible to an increased cohort of care experienced young people; utilising outreach to engage with more young people and continuing to use feedback loops to review the success of both established and new initiatives.

10.0 Health of Looked After Children

- 10.1 Local Authorities, as Corporate Parents, are responsible for ensuring that LAC receive regular health checks (six monthly for children under the age of 5 and annually for those over the age of 5), dental checks and appropriate immunisations. Statutory health data for LAC is reported for those children who have been in care for more than 12 months.
- 10.2 Unpublished data shows that there has been positive progress made across the spectrum of health-related measures compared to the last reporting year.



10.3 However, although an improved picture, there are a number of areas that require further improvement.

- Improvement in timeliness for Under 5's six-monthly health assessments
- Completion and recording of Strength and Difficulties Questionnaires (SDQs)
- Recording of immunisations

10.4 In line with our priorities for 2023/24, there was continued focus on providing support regarding emotional wellbeing of looked after children and care leavers in this reporting period.

10.5 The Wellbeing and Emotional Support Team (WEST) continue to provide a wide targeted service for identified vulnerable groups, including Looked After Children and children with a disability, and is delivered by the Anna Freud Centre. The service provides support, clinical advice and training for professionals working with children and young people and a range of evidence-based interventions working directly with children, young people and families in the identified priority vulnerable groups.

- 10.6 Over the reporting period WEST received 96 referrals for looked after children, providing a mixture of consultation, direct one to one therapeutic work, and training and/or support for carers. WEST have also continued to offer one to one/group support to professionals, if they have/are dealing with a complex and emotive situation. This has been met positively and professionals have fed back that they find having this space available helpful.
- 10.7 Other low to moderate mental health and wellbeing services that are providing support to our looked after young people are V.i.a(Elev8) and the Brent Centre for Young People. Safe Base also continues to provide therapeutic counselling support to Care Leavers.
- 10.8 During this reporting year there has been a change to the remit of our CAMHS Looked After Child and Transition Mental Health Care Coordinator, who was originally funded by the CCG and located within the LAC and Permanency service to work with LAC and Care Leavers living outside of Brent. Due to the pressures on CAMHS services in Brent, a decision was taken to relocate this role within the Brent CAMHS team and adjust the remit to be specifically for 0-18 year old Looked After Children living in Brent. Despite these changes, the role has continued to work alongside Social Workers to provide direct intervention, support, advice and guidance to looked after children and young people, living in Brent, who are experiencing poor emotional wellbeing and mental health. This role contributes to the monthly Health and Wellbeing subgroup (linked to the Local Partnership Meeting) which brings together professionals who focus on and work to drive forward improvements for the health and wellbeing of our care experienced young people.

10.9 UASC

In 2023/24 ongoing support has been provided to the UASC population through individual and group therapeutic work provided by WEST.

A number of BCJ power groups started in this reporting year which provide community and friendship to UASC and former UASC young people, specifically "Therapart" and "Brothers" which are groups that have been co-designed and developed by care experienced young people and are well attended by, but not exclusive to, UASC and former UASC.

Weekly football continues to run, organised by our Leaving Care team, which is part of our health and wellbeing offer. 2024/25 will see a new partnership with community organisation, Goals, which will enhance this activity through training and employment opportunities for LAC and Care Leavers..

10.10 Healthy Relationships Parenting work

In this reporting year we have supported three LAC and Permanency staff members to complete the training to deliver the Triple P Baby programme. This training will enable the workers to conduct both individual and group parenting programmes that cover the following topics:

1. Positive Parenting:
2. Responding to your baby
3. Survival Skills:

4. Partner Social Support

We are currently developing a broader parenting offer that will include a regular parenting group that will be offered from the 2024 Autumn Term. This group will allow parents to build relationships and a support network. This will be run in parallel to the above Triple P programme.

11.0 Multi-agency Partnership of LAC and Care Leavers

11.1 Brent CYP have well established and mature relationships with partners resulting in strong and effective multi-agency arrangements. The Brent Children's Trust, chaired by the Corporate Director of Children and Young People plays a key role within Brent's Corporate Parenting Strategy via setting priorities for all partners working with children and families including children in care and care leavers. A range of activities undertaken by partners, including service providers, is routinely reported to the Joint Commissioning Group, a sub-group of the Children's Trust.

The current areas of focus as agreed by Brent Children's Trust for Looked After Children and Care Leavers are:

1. Stronger coordination of health service for care experienced young people
2. Robust development of emotional wellbeing support services for care experienced young people

We have identified the following key activities to progress these areas:

- Hearing from children and young people about their experiences of accessing health services to help shape future delivery of health services to care experienced young people
- Bright Spots Survey- on receipt of the findings to develop an action plan with young people in a "You SAID, We DID" format
- Focus on improving immunisation rate of LAC and Care Leavers
- Health training for Brent foster carers and providers
- Develop the interface between Brent Participation offer, the new Participation Strategy, and low level emotional wellbeing support for LAC and Care Leavers i.e. Therapart, Vibes in the Kitchen, Brothers, parenting support offer

11.2 The Local Partnership Meeting (LPM) for Care Experienced Children and Young People is one of the five transformation groups reporting to the Joint Commissioning Group. The LPM consists of relevant officers from Brent Council (including CYP Departments (Looked after Children and Permanency, Safeguarding and Quality Assurance, Youth Justice Service within Early Help, Housing Needs, Public Health), Community Wellbeing, Regeneration and Environment) and partners such as NHS North West London ICB, Probation, Westminster Drug Project (WDP) and Central London Community Healthcare (CLCH) NHS Trust. Care Leavers in Action attend and contribute to the LPM via the Voice and Influence subgroup and act as conduits between the LPM and representatives of the CIA groups.

11.3 The LPM has been responsible for driving and delivering the priorities of 2023/24 and continues to drive activity through six working groups with multiagency membership. Chairs of the working groups attended the LPM to report on their progress. The priority areas are:

- Health and Wellbeing
- Education, Employment and Training
- Voice and Influence (participation and engagement)
- Path to Independence
- Transitional/Contextual Safeguarding
- Stability for LAC and Care Leavers.

12.0 Children Missing or Absent from Care

- 12.1 At year ending 31st March 2024, 64 children in care were reported to be missing from their placements at least once, compared to 78 in the previous year. This represented 14.5% of all LAC looked after at any point during the year (n=441) compared to 15.8% in the previous year.
- 12.2 An absence may be a situation where a child has not returned home at an agreed time but their whereabouts is known or their whereabouts are known but permission has not been given. In this reporting year 73 children were reported as being absent from their care placement compared with 68 in 2022/23.

Missing Children Report Processing Year: 2024	Number of children who went missing during the year	Number of incidences of missing children during the year	Number of children who were away from placement without authorisation during the year	Number of incidences of children away from placement without authorisation during the year
Male	32	429	37	155
Female	32	213	34	286
Total	64	642	71	441

- 12.3 Practice has specifically developed in this area which has been enhanced by the Social Work Practice Consultant (SWPC) in the LACP services who is responsible for overseeing young people who go missing. The SWPC specialises in supporting vulnerable young individuals within the service and delivering an effective service that safeguards young people and promotes their overall well-being. Social workers are more proactive in seeking advice and guidance from the SWPC where there is a need for a more formal response the SWPC will chair a strategy meeting with the police and relevant professionals.
- 12.4 Children who are missing from care are offered return home interviews (RHIs). The goal of this work is for young people to receive a consistent response from an independent person, a Social Work Practice Consultant (SWPC) within the service.
- 12.5 Following the RHI, the SWPC) liaises daily with the allocated social worker to share information and looked at whether there are any themes or whether there are other young people from other local authorities involved. Through data collection, we have been able to identify the potential involvement of young people in cross-county criminal activities, Child Criminal Exploitation (CCE), and being subjected to sexual exploitation (CSE).

- 12.6 In the RHI feedback form, the aim is to allow our young people to express the reasons why they go missing or are absent from their placement. The form also highlights the recurring themes and allows the Local Authority to plan and strategise around decreasing the missing episodes or identifying the reasons why young people go missing. For example, in an RHI carried out in March 2024, the young person had travelled to Scotland and Birmingham and checked in a hotel with her boyfriend who is believed to be older than her. The information gained was invaluable, as it allowed the Social Worker and Foster Carer to look at doing targeted relationship work with her, as well as involving professionals from the health service.

Quotes from young people after RHI being completed:

“DS expressed that participating in his professional meeting was valuable experience. It made him feel supported and cared for. Since then, his instances of going missing have decreased and his relationship with his father has significantly strengthened.”

“You keep calling persistently, you do not give up on me.”

- 12.7 A weekly operational meeting between CYP staff and the Police investigates individual cases of children who are missing from home or care – some of whom are at risk of or are engaged in criminal behaviours. Key themes from these discussions feed into the Exploitation, Violence and Vulnerability Panel (EVVP) which brings about consistency of practice. In some cases, where LAC children are placed out of the borough, limiting the local police’s ability to provide the necessary information to disrupt their behaviours. In these instances, the SWPC takes the lead in collaborating with police authorities in other parts of England to identify young people at risk of county lines, child sexual exploitation or criminal exploitation.
- 12.8 EVVP which is jointly chaired by Brent Council services and the police, leads on operational planning and co-ordination work between partners, driving strong interventions in response to individual young people at risk of exploitation. Most of the young people who are referred have contact with the youth justice system as well as missing from care. EVVP plays a key role in triggering interventions and resources to assist safety planning for young people. A transitional safeguarding plan is also being piloted and used across this forum to further increase safety for young people who are on the verge of adulthood and effectively plan for their support network post adulthood.
- 12.9 The SWPC leads on group supervision where we have concerns with young people who are missing due to being at risk of sexual exploitation or criminalisation. These arrangements formalised existing good practice by regularising ongoing joint risk management and decision making. Practitioners from partner agencies including Health, Education and CAMHS, and the Brent Contextual Safeguarding Lead participate in group supervision whenever this is in the best interest of the young person. Joint decision making and planning has increased our ability to ensure young people get the right interventions at the right time. Other benefits include children receiving consistent information from practitioners, multi-agency safety planning, and greater clarity surrounding the remit and responsibilities of services.

12.10 The SWPC keeps track of young people that are at risk, so when these young people are transitioning to the leaving care service the SWPC works with the personal advisors by providing them with advice on completing safety plans and risk assessments (VARA) as well as leading on group supervision where there is need to keep the young person safe. The adoption of this approach has improved support to LAC as the transitioning process is less technical and more child centred. The individual needs of young adults are central to transitioning and professionals work together to ensure LAC understand the differences between adolescent and criminal justice services, are less fearful about change, and are as prepared as possible to successfully complete any orders if they have one.

13.0 Education of Looked After Children

13.1 The Brent Virtual School for Looked After Children Annual Report September 2022 – August 2023 was presented to the Corporate Parenting Committee in April 2024.

The BVS operates as a multi-disciplinary team supporting young people in care to achieve the very best they can. The team comprises of advisory staff (both teaching and non-teaching), an educational psychologist, education officers, a Unaccompanied Asylum Seeking Children (UASC) and year 11 education officer, a post-16 advisor, an enrichment coordinator and a performance officer. The team draws on the expertise of colleagues across the Inclusion Service as well as the additional services contracted by the local authority, such as Prospects (career advice) and Wellbeing and Emotional Support Team (WEST). The team works closely with social workers and foster carers, as well as school and setting staff.

13.2 The priorities for BVS in 2022/23 were:

- a) To provide online surgeries for designated teachers on improving the quality of Personal Education Plans (PEPs) and the use of the pupil premium to raise aspirations, targeting schools and settings where the need for additional support has been identified.
- b) To continue to provide an enrichment curriculum both online and onsite, drawing in expertise as required and rooting this into the interests of looked after children.
- c) To increase direct work by the advisory teachers and life coaches in school and colleges where young people are experiencing challenges to remain positively engaged.
- d) To establish a set of measures to evaluate the impact of the BVS Extra Duties Team (ExDT).
- e) To review the multidisciplinary support that aims to ensure effective earlier identification of SEND needs in tandem with the new guidance for Virtual Schools in supporting the educational outcomes for all children with a social worker.

13.3 Attendance

At the end of 2022/23 academic year the school attendance for Looked After Children in KS1 and KS2 (Primary) was 95% compared to 93.68% in 2021/22. School attendance at KS3 and KS4 (Secondary) was 84%, compared to 82.42% in 2021/22. LAC attendance for the last academic year has increased in line with pre-pandemic figures and are, along with the general population figures, some of

the highest figures nationally.

13.4 Achievement

The number of LAC achieving the headline figures of 5 passes at level 4-9 including English and maths has remained the same as in the previous academic year. Over the past 5 years there has been a positive increase in this measure from the 7% pass rate in 2018/19. In 2019/20 when results were based on teacher assessments there was a considerable spike to 28% but it is encouraging to see in the years following the pandemic and with the return to public examinations that the results have continued to hover in the 20% region. This is a marked improvement on the pre-pandemic period. Brent continues to compare favourably to LAC national and regional figures for the headline measure of 5 passes at level 4-9 including English and maths.

13.5 Post-16

The number of post-16 young people that were in education, employment, or training (EET) at the end of the academic year 2022/23 is in line with the same reporting period last year (80%). There were regular meetings between the BVS Post-16 Advisor, the Performance Data Officer, and Prospects advisors to review the position of all students and to ensure those young people who were NEET were receiving direct and targeted support.

13.6 Unaccompanied Asylum-Seeking Children (UASC)

9 new statutory aged UASC entered the care system in the academic year 2022/23, compared to 18 in 2021/22. All but one of these young people were in Key Stage 4. At Key Stage 5, 12 UASC entered the care system during 2022/23 compared to 36 the previous academic year. There is a robust programme in place for new arrivals that includes tuition, enrichment and signposting to local community groups and activities.

Most UASC are disapplied from KS4 assessments as new arrivals into the country. The majority are placed into local ESOL provision in a school or college setting. Many progress into further education and for some higher education. Given that most UASC enter the care system in Key Stage 4 or 5 it is imperative that post 16 funding is in place to support their education and aspirations.

14.0 Care Leavers

14.1 The Local Authority has a dedicated Leaving Care Service that provides services and support to all young people who leave care from the age of 18 years (including those leaving care at age of 16 and 17) until they reach the age of 25.

14.2 As of 31 March 2024, Brent was responsible for the support to 357 Former Relevant Young People [aged 18 - 21] (slight increase from 332 last year) and 252 *eligible* young people aged 22-24, of which 130 are currently receiving support (a slight increase from 125 last year). In line with the Social Work Act 2017, Brent offers a 21+ service providing support, advice and guidance to any care leaver who may wish to have this support up to the age of 25.

14.3 All care leavers have an allocated personal advisor who is introduced to them at the age of 17.5 to start building relationships and advocate for young people as they approach 18. This ensures that all those in care approaching 18 years of age, already know their personal advisor and have developed a positive relationship in working

alongside their allocated social worker, this then helps smooth the transition into adulthood. Due to the impact of the Social Work Act 2017, there has been an expected increase in the overall number of care leavers. In line with this growth in demand Brent allocated additional resources to increase the capacity of Leaving Care Teams.

- 14.4 A personal advisor is not a qualified social worker but often has a background in working with young people in a variety of settings such as in youth justice, housing organisations or youth groups. In 2023/24, the staffing establishment of the Leaving Care Service consisted of three teams with 6 personal advisors supervised by three team managers. The teams also have co-allocated external partners such as Prospects, DWP workers, as well as Barnardo's Care Journeys (BCJ) team members. The team managers each have a specific area of responsibility, for example, one of the managers has built a good partnership with Youth Justice, Probation, and Housing where she sits on tenancy allocation panel. We have also encouraged personal advisors to develop specialisms in different areas and currently we have three PAs who are BCJ champions, two PAs who organise the Gordon Brown Residential weekends for young people, and a PA who coordinates the weekly football sessions as part of the enrichment offer.

15.0 Brent's Local Offer for Care Leavers

- 15.1 Our current local offer was reviewed in the last quarter of 2023/24 and will be presented at the next Corporate Parenting Committee before being published. The review process included face-to-face dialogue, workshops and an on-line questionnaire/survey, and culminated in a session with Brent's Senior Management Group (SMG) on the 16 April 2024.
- 15.2 The main findings from the consultation were captured in several themes, some of these will be converted to actions will become part of the revised local offer, for example under 'User Experience' care leavers wanted to know about the local offer in person or via email or through the Brent Council website. Under 'what are you concerned about' care leavers were concerned about the living costs. As part of the local offer, we agreed to assess the financial viability of making the offer available in different languages as well as a more visualised version via Brent Council website.
- 15.3 The session with SMG was planned, co-produced and facilitated with Brent care experienced young people. A care experienced young person opened the event with the Corporate Director. We presented a compilation video of our care leavers doing the Tik Tok trend, "*I'm a Care Leaver of course...*" which they created, and four young people facilitated roundtable discussions with senior leaders.



15.4 Care Leavers have access to a range of services including careers advice and guidance through daily drop-in sessions across Brent, a dedicated Care Leavers Careers Advice worker and a DWP worker regarding financial support. Care Leavers, who are parents, are encouraged to be actively engaged in activities/programmes on offer in Brent's Family Wellbeing Centres, including access to The Maternal Early Childhood Sustained Home-visiting (MESCH) through the Health Visitors Service. Care Leavers are supported by Brent Virtual School to achieve education outcomes. For example, the counselling phone line Safe Base has been made available to Care Leavers in Higher Education, to support with mental health issues and build resilience to stay on the course. Our Care Leaver offer utilises a mixture of universal and bespoke services that support, enhance and promote good outcomes for our care experienced young people.

15.5 Pan-London Care Leavers Compact

The Pan London Care Leavers Compact provides a framework for developing consistency, breadth and quality in the support offered to London's care leavers. The compact was initiated in early 2022 to support a more consistent and high-quality offer for care leavers across the capital.

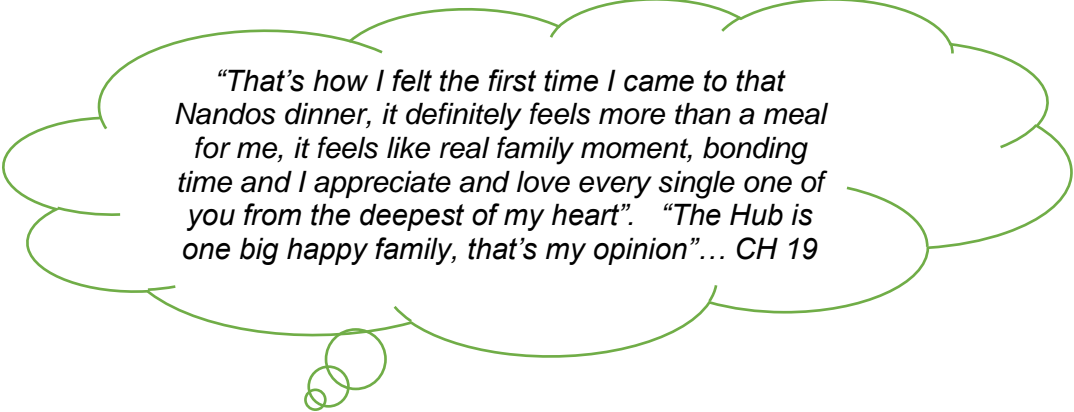
15.6 The Pan London Care Leavers Compact report was presented to the Corporate Parenting Committee on the 16 October 2023. As one of the London Boroughs we became signatory to the Care Leavers Covenant. There are five housing related positions and an additional commitment relating to whole council support of Care Leavers through membership of the Care Leavers Covenant. The compact aims to maximise consistency and quality in the 'local offers' of support to Care Leavers by Local Authorities and their partners.

16.0 Care Leavers' Enrichment Programme

16.1 The 'Hub Group' (Enrichment Programme) remains an integral part of the Care Leavers Service and seeks to combat isolation, build a network of friends and merge the gap between the younger and older care leavers. The group continues to meet on a monthly basis and over the last twelve months has attracted a younger cohort; care leavers continue to meet and socialise at their chosen venue.

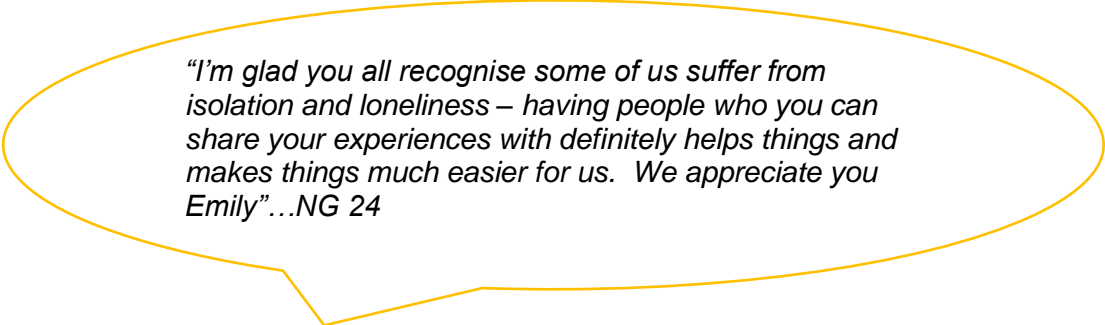
16.2 The Hub group continue to discuss the challenges of life and world events such as the cost-of-living crisis and managing a budget in these times, staying on top of politics, as well as voting rights. Other topics discussed include the feelings about post 25 support for care leavers, the ending of our partnership with Barnardo's and the future of Brent Care Journeys. The care leavers use this time and opportunity to share their experiences and support each other with rich and informative dialogue. The Hub group has become a safe space for young people to come and mingle with each other and alleviate some of the social isolation some of them may experience. Some of the feedback that we have received confirms that young people value this space. We are looking at developing a post 25 hub group for those young people that have left the service i.e. 25+ Alumni group.

16.3 The group continue to celebrate religious events together where they meet for their annual Christmas Party as well as Eid celebrations, these are well attended and organised by staff with the help of the manager of the Learning Zone. At the 2023 Christmas Party we had a number of young mothers who attended the event with their children.



"That's how I felt the first time I came to that Nandos dinner, it definitely feels more than a meal for me, it feels like real family moment, bonding time and I appreciate and love every single one of you from the deepest of my heart". "The Hub is one big happy family, that's my opinion"... CH 19

16.4 Those that attend the Hub are aged between 18-25 years and occasionally care leavers over 25 also attend. The older care leavers (22+) provide support to the younger ones often talking about real life issues such as pregnancy and having children, living independently and managing bills, university, apprenticeships and employment and also talk about their own care journeys as well as their future plans/goals. As a result of these friendships there has been personal development, with some young people feeling less isolation and shyness to becoming vibrant, confident and mature members of the Hub Group. There have been several members of the Hub Group that have turned 25 years who have expressed an interested in their on-going attendance.



"I'm glad you all recognise some of us suffer from isolation and loneliness – having people who you can share your experiences with definitely helps things and makes things much easier for us. We appreciate you Emily"...NG 24

16.5 Brent Care Journeys (BCJ) is a five-year partnership between Brent Council and Barnardo's. One of Barnardo's Core Priority Programmes as part of their 10-year strategy focusing on outcomes for care experienced young people. BCJ has

continued to deliver a wide range of activities, from one-off events, co-design projects, training, and ongoing workshops.

- 16.6 A number of the codesigned projects have been implemented into every day practice following test/learn pilots. Some of these are:
- **Memory Boxes** – Young people wanted creative resources to record memories and experiences. Workers can access our creative resource library to provide tools and resources to their young person so that they can create their own memory box or memory journal.
 - **Activity Budget** – Young people said that they wanted to spend more time developing relationships with their social workers. Social workers and PAs are encouraged to plan an activity twice a year with their children and young people.
 - **Prepared to Care** - In partnership with Brent Fostering Team
A codesigned box of resources and activities to support foster families to bond, develop resilient connections and positive communication with their fostered children.
 - A number of groups have been developed in consultation with and led by young people which have now become a regular theme. For example 'BCJ Vibes in the Kitchen' which gets young people learn to cook new dishes this club takes place on a Wednesday of each week. Therapart Club which focuses on creating a therapeutic art club for young people to express themselves through creativity and art.
- 16.7 One of the highlights of last year was the 'The Fun Affair' BCJ hosted a live design event, welcoming 150 people (half of whom were young collaborators), with a range of expertise, into their project showcase. Following design principles - (a) autonomy of engagement, (b) redistributed power and (c) Fun - workshops, lightening talks and relational fun fair attractions were on offer to enable collaborative research, in an intentional environment. Young people led workshops to showcase their work and enable attendees to explore the problem: *"We need to ensure that people from all parts of the support ecosystem can collaborate on solutions together // So that we can access all the wisdom/ideas available and create the best solutions // But it's difficult to engage all types of people meaningfully - so it ends up not happening"*
- 16.8 BCJ have continued to deliver a range of opportunities for engagement, co-design, social support, activities and system change. For example, BCJ, after some work with Matthew Brazier, Ofsted His Majesty's Inspector and project director for supported accommodation, were invited to the Ofsted regional event to launch the inspection framework for independent and semi-independent provision for looked-after children and care leavers aged 16 and 17.
- 16.9 The Grandmentors programme aims to transform the lives of young people through the emotional and practical support of older volunteers. The trained volunteers aged 50 and over, forge trusting and positive relationships that support, challenge and empower mentees to unlock their own skills and to shape their own future. Grandmentors provide a vital link for young people as they navigate life after care. The support Grandmentors provided varied depending on the individual's needs, i.e. from managing a budget, to finding a job or progressing in education and/or building confidence and healthy relationships. Each relationship helped to provide the essential building blocks to support young people in their transition from care to independence. 19 care leavers have benefited from this support to date and the service is working with Grandmentors to recruit more mentors in 2023/24.

16.10 Grandmentors have made the most significant impact addressing young people with low self-esteem. Most young people who are referred to the project score low in this area. Mentoring gives a young person (age 16-24) a positive relationship with an adult who is there just for them. Not another professional that has been assigned to them, but an adult that they have chosen to match with based on the mentors' qualities and experience and how these may support the young person in achieving goals of their own. Through regular meetings the Grandmentors will be boosting the mentees confidence and working towards goals specific to them. Ultimately the Grandmentors will be giving them the skills and self-belief to lead successful and independent lives.

16.11 The following case study demonstrates the impact grand mentors have on young people's lived experience:

Case Study – C receives support from her Grandmentor

C and her mentee M were matched in October 23.

C was in the middle of a degree yet had large rent arrears and was struggling with her finances. M was able to help her reduce her arrears by giving her simple but effective support on how to save money and encouraged her to set some aside each month to add to her rent payments to address the debt. C is now much more mindful of her spending habits and is now able to focus on her studies more.

17.0 Care Leavers in Education, Employment and Training

17.1 There were 23 young people in higher education in 2023/24. Of these 20 (8%) of the young people are in the 19 to 21 age range. This is higher than the latest national figures of 6% recorded last year.

The overall drop in the number of Brent care leavers aged 19 to 21 in higher education from 2020-2024 is a result of fewer young people starting in higher education in conjunction with some completing their studies at the end of the 2023 academic year. These young people are now seeking employment or in work. Those in higher education are studying a range of courses, including Neuroscience, Law and Civil Engineering. The table below highlights some of the comparative data for young people engaged in higher education:

Care leavers aged 19 - 21 in Higher Education	Brent	Brent %	Statistical Neighbour average	Statistical Neighbour average %	National figure	figure %
2020-21	24	10%	20	8%	2,040	6%
2021-22	22	7%	25	8%	2,230	7%
2022-23	19	8%			2,170	6%
2023-24	20	8%				

17.2 At the end of the reporting year, the percentage of young people aged 19-21 in education, employment and training was 53%, the same as last year. The national key performance measures as related to outcomes for care leavers in education, employment or training are set out in the table below:

Care leavers aged 19 - 21 in Education, Employment or Training	Brent	Brent %	Statistical Neighbour average	Statistical Neighbour average %	National figure	figure %
2020-21	128	54%	131	52%	16900	52%
2021-22	140	56%	142	57%	18610	55%
2022-23	131	53%	140	57%	19380	56%
2023-24	117	53%				

A care leaver in Higher Education

EL is a 22 year old young women who is currently completing a Youth Justice 3 year degree at London Metropolitan University. EL is in her final year and overcome a lot during her time at University. EL found out she was pregnant when she began her studies, however despite this, she chose to continue whilst managing living independently, working and studying. EL then gave birth to her daughter 7 months into her studies. EL persevered, juggling motherhood and her education doing great in both. EL is already looking to the future and has been offered a job at one of the organisations she completed her University placement with and will be starting once graduated.

A care leaver applying for Higher Education

AA is a 20 year old young woman who entered care through exceptionally difficult circumstances. AA came into care following her father taking her out of the country to a 'de-westernising centre' in East Africa. AA was only 14 years old however after several months at the camp she and others escaped and sought refuge in the British Embassy before being returned to England. AA had missed several years of education but despite this, worked hard to complete her GCSEs and her A Levels to receive a place at university. AA began studying Business however after the first month acknowledged the affects her adolescent years have had on her emotionally and withdrew to seek support. AA has not let this stop her long-term plans and was able to defer her place to begin her course in September 2024. She is feeling better and is looking forward to a positive future.

- 17.3 Brent has a number of current employment schemes, some of which are targeted exclusively at care experienced young people. For example:

Barnardo's

The project in the last year has continued working with Brent care experienced young people to use their experience to improve the care journey for children looked after and care experienced young people. Throughout this partnership, care experienced young people have volunteered, and completed paid work with Barnardo's working with looked after children and care experienced young people. For example, young people have learned new skills such as podcasting, using final cut pro to make short films, and some have led on group work with UASC using art as a way of developing relationships.

Prospects

Prospects is a service within The Shaw Trust supporting NEET young people in finding suitable opportunities. Prospects were successful in winning a continuation

of a contract with Brent this year allowing continued work. The support from Prospects with our care leavers has increased with 2 workers co-located with the Leaving Care service 3 days a week. These 2 workers cover the 18-21 year old cohort, ensuring they have an allocated education, employment and training specialist to support them moving forward. Senior management meet with the Prospects team on a monthly basis to review cases and identify any themes or areas we could support. Referrals can be made independently or via the monthly meeting and the Prospects team support our care leavers into a wealth of different education, training, and employment opportunities.

Additional organisations

In recognising our hard-to-reach care leavers, including our UASC young people, the 21+ cohort, and those that may have additional needs or have recently left custody, we work with a number of external organisations to put additional support in place ensuring they have every opportunity the rest of society. The main organizations we work with to address this is the Pathway Group organization who offer one to one education, employment and training coaching for young people referred. We work with the Pathway Group to refer our 21+ care leavers who may still remain NEET despite previous interventions, or who, for a range of reasons, did not access support whilst under 21. We have also established a link with the football organization Goals, who have a number of football centres in England and Scotland. They are able to provide referee and coaching training for free for our care leavers and the possibility of a job following this. An additional incentive of free pitch access for our care leavers is also included.

18.0 Care Leavers' Accommodation

- 18.1 Brent Council is responsible for supporting Care Leavers until they are ready and able to move into independent living arrangements and this support is via the provision of commissioned supported accommodation placements. These placements, coupled with the length of time it is currently taking for Care Leavers to achieve their own social tenancy via the Council, is a significant cause of financial pressures within the CYP placements budget.
- 18.2 Currently supported accommodation placements are commissioned through either the Commissioning Alliance DPV or a spot-purchase arrangement with private supported accommodation providers. There is currently one 20-bed block contract for supported accommodation placements with Centrepont.
- 18.3 By enabling Care Leavers to transition from CYP paid for placements into independent living in a timelier way than is currently achieved now, there is opportunity to significantly reduce spend on supported accommodation provision. One of these options is Brent Shared House Test and Learn model proposed at the Placement Strategic Commissioning Group, chaired by the Corporate Director for Children and Young People.
- 18.4 The proposal is to commission an external provider (SHPS) to supply a six-bed property to house six Brent Care Leavers in a shared house arrangement and deliver a 'floating support' service to those living in the property. The number of support hours would be low compared to what current Care Leavers receive now (18 hours p/w) and supplied on a 'basket of hours' approach. These 18 hours are shared across the Care Leavers in the house based on their support requirement that week and can be flexed. This means all young people could receive three

hours one week or one young person might require four whilst another young person is still supported but with two hours.

- 18.5 The intended cohort for the Shared House model are the young people bidding for independent living via LOCATA, the Council's social housing bidding route. This would enable CYP to move six Care Leavers bidding for accommodation from higher cost CYP paid for placements into a more cost-efficient placement and act as a transition toward independent living. With a strong pipeline of identified Care Leavers, the risk of voids is reduced.
- 18.6 Seven different options have been explored to develop the Brent Shared House Model which included properties owned by Adult Social Care, leasing properties from private providers and providers with a range of properties which have previously housed young people. From this it was identified providers with a history of supporting young people would be the quickest to implement and would provide value for money.
- 18.7 In preparation for independent living, young people are supported to complete either the ASDAN Independent Skills Programme or the Gordon Brown Practical Skills Weekend along with the My Bank Money Programme before being referred for their own accommodation. Personal advisors continue to complete a vulnerability assessment as well as provide evidence of the young person's readiness for their own accommodation.
- 18.8 The Leaving Care service and the Housing team meet monthly for the Housing Allocations Panel where referrals are discussed and accepted for housing, thereafter care leavers can bid for three months before being eligible for a Direct Offer. Once a care leaver has secured their own accommodation they are supported to furnish and buy essential items for their property with a 'setting up home allowance' of £3000. In this reporting year we have supported approximately 24 young people into their own tenancies.
- 18.9 Following the success of the Gordon Brown pilot scheme, this has now become of part Brent's life skills programme. The centre is in a natural setting that enables young people to experience positive activities such as low ropes, high ropes, archery, farm animals, and a fire-making woodland/campfire area. At present, there are monthly sessions at Gordon Brown with males and females attending alternative months. Each young person is given a starter pack for when they move into their tenancy which includes a tool kit, pots and pans and other essentials for living independently. 20 young people attended Gordon Brown in 2024 and half of them have been presented and accepted at housing panel. In addition to this, each young person being nominated for a tenancy have to complete the ASDAN workbook and MyBank financial workshop, this gives the young people the confidence and the skills to be able to manage a tenancy.
- 18.10 Below are some comments young people have made about the Gordon Brown Centre and pictures of young people engaging in some practical and fun activities:

Gordon Brown Centre – Feedback from participants

“Yeah this was good, didn't expect it to be so fun.”

“Rahh, we get a drill set and screw driver set as well? Yeaahhh, I'm liking this still.”

“I like the group that I came with, everyone is nice you know?”

“I like that we we’re given the chance to screw the pots and pans ourselves, that’s a real world scenario you know.”

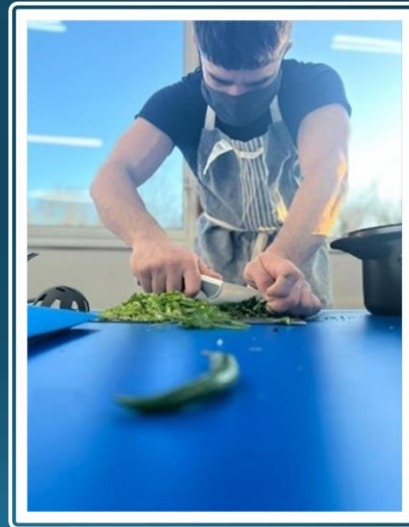
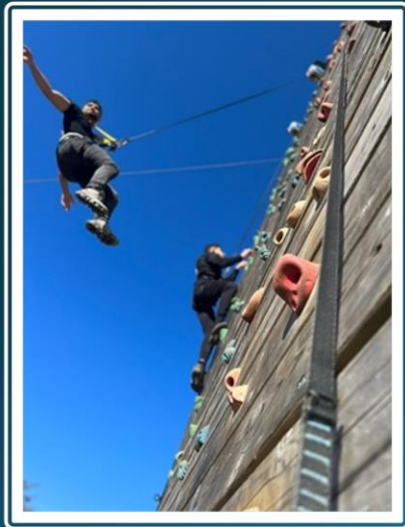
“I wish I came to this sooner, I had a lot of fun”

“Never seen a chicken so close before, they’re cool.”

“You and Karen are very cool, thank you for this weekend.”

“So when are we coming back? I want to do everything again.”

“These are now my brothers, and Karen, she’s our mom you know? It’s all good.”



18.11 The Team Manager who leads on housing works with the Social Housing Team and jointly chairs the monthly Housing Allocation Panel meetings where young people are nominated for tenancy. The manager also attends bi-monthly rent arrears meetings which are held with the Income Revenue teams to discuss care leavers who have fallen into arrears and plan a way to address this matter to include setting up payment plans, applying for discretionary housing benefit payment or other financial support, i.e. residency support fund they are eligible for and further budgeting and other support provided by their PA.

18.12 The collaboration between BCJ and Brent commissioning team has resulted in two care leavers being employed as Care Quality Ambassadors (Young Inspectors). At the end of the reporting year, 85% of care leavers aged 19-21 were in suitable accommodation, compared to 83% the previous year. Apart from the cohort of care leavers on remand or incarcerated, this data is reflective of the care leavers who choose to not stay in touch with the Leaving Care service and therefore the nature of their accommodation is unknown.

Care leavers aged 19 - 21 in suitable accommodation	Brent	Brent %	Statistical Neighbour average	Statistical Neighbour average %	National Figure	National figure %
2020-21	208	88%	210	83%	28270	88%

2021-22	213	86%	212	85%	29270	88%
2022-23	206	83%	212	85%	30320	88%
2023-24	224	85%				

18.13 Care Leavers continue to be placed in appropriate and safe accommodation. Those who are not ready to move to independence are encouraged to stay put with their foster carers or in semi-independent accommodation until they are ready, with the expectation that carers identify how they will support transition to independence. The number of care leavers in semi-independent provision has risen to 227 in March 2024. This increase is partly due to the pressure on the availability of social housing tenancies for care leavers. Additionally, there are several former UASC who have been waiting for a Home Office decision which has been delayed due to the backlog of cases being dealt with by immigration caseworkers.

18.14 The following case study demonstrates evidence of good joint work between LAC and Permanency and Brent Housing. There was evidence of strong professional network and communication between various professionals in this example.

T is a 26-year-old care experienced young man who was supported post 24 to make an application for social housing via our Housing Allocations Panel following his initial application for accommodation via the homelessness department.

On his release from prison at the age of 24, T was first residing in accommodation provided by Probation when he was initially released before moving back to live with his mother until suitable accommodation was found via the Homelessness Department. T eventually moved into another self-contained unit in Harrow where he received on-going support around managing his independence. T continued to engage with Probation until the end of his License in December 2023. T had not re-offended or come to the notice of police. T was engaged with the Leaving Care Service, attending the My Bank Money Programme and demonstrated his ability to manage his independence.

The Housing Specialist PA and Team Manager worked extensively with T, Probation and Brent Housing resulting in T being accepted at Housing Allocation Panel and allowed to bid for his own social tenancy, resulting in T being discharged from the Homelessness department.

TL is glad that he can bid for his own social tenancy and achieve stability. TL has worked hard to change his life around and is an expectant father. TL continues to have the support of his mother and family and is doing well.

19.0 Priorities for Corporate Parenting Partners 2024/25

- To maintain the progress made in 2023/24 in relation to recruitment and retention of LAC social workers and Personal Advisors. To see the benefit in the quality and consistency of practice of practitioners being able to create stable, caring relationships with their children and young people.
- Continued focus from all partners to improve health services and outcomes for LAC and care leavers including emotional wellbeing and CAMHS i.e. ensuring all young people leaving care understand how to access their health histories, system improvements for collaborative reporting with health partners, improved immunisation take up, and targeted wellbeing

support for UASC and former UASC.

- To transition from Brent Care Journey (with Barnados) to our new BCJ 2.0, taking on board all of the learning of the past 4-5 years and embedding a new way of providing participation for care experienced children and young people.
- Continued work on accommodation pathways and developing independence skills for care leavers, particularly those placed within semi-independent provision and their readiness to move on.
- Continue to promote the voice and engagement of children and young people in day-to-day practice, i.e. improve the uptake and usage of our Pathway Plan App, to act on the recent Bright Spots Survey.
- To continue to develop, improve and embed practice in relation to life story work for children in care.
- To make Corporate Parenting Committee more engaging for care experienced young people.

20.0 Stakeholder and ward member consultation and engagement

- 20.1 Stakeholder consultation and engagement takes many varied methods within the service, and we are committed to evaluating and developing new and creative ways of hearing from stakeholders.
- 20.2 Carers views are sought through one-to-one discussions with their SSW, Annual Foster Carer Reviews, and Support Groups. Carers are encouraged to provide written feedback on their experiences.
- 20.3 Children and young people provide feedback through discussions with their social worker, IRO, or their carers SSW, Looked After Children Reviews, written feedback for Annual Foster Carer Reviews, Personal Education Plan (PEP) meetings, Care in Action/Participation activities, Brent Care Journeys.

21.0 Financial Considerations

- 21.1 There are currently no financial implications arising from this report.

22.0 Legal Considerations

- 22.1 There are currently no legal considerations arising from this report.

23.0 Equality, Diversity & Inclusion (EDI) Considerations

- 23.1 Equality, Diversity & Inclusion (EDI) considerations are within the body of this report.

24.0 Climate Change and Environmental Considerations

- 24.1 There are no climate change or environmental considerations.

25.0 Human Resources/Property Considerations (if appropriate)

- 25.1 There are no human resource or property considerations.

26.0 Communication Considerations


- 26.1 At this stage there are not any communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

This page is intentionally left blank

 Brent	Corporate Parenting Committee
	Report from the Corporate Director of Children and Young People
	Cabinet Member for Children, Young People and Schools - Councillor Gwen Grahl
Brent Looked After Children Annual Health Report 2022/2023	

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	1. Brent Looked After Children Annual Health Report 2022/2023
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Julia Blankson Named Nurse for Looked After Children in Brent CLCH julia.blankson2@nhs.net Kim Lewis Head of Clinical Services - Brent Children CLCH kimlewis2@nhs.net

1.0 Executive Summary

1.1 This annual report provides information to the Corporate Parenting Committee (CPC) in relation to the health needs of Brent looked after children and the services provided to these children in 2022-23.

2.0 Recommendation(s)

2.1 It is recommended that the CPC review and comment on the contents of this report. This ensures the CPC is fulfilling its responsibility to monitor and scrutinise the activity of Brent's Children and Young People (CYP) service, thus ensuring that adequate care and support are being provided to Brent's looked after children and care leavers.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The work of the health provider team in relation to the health of looked after children contributes to the following borough priorities:

- **The Best Start in Life**
- **Prosperity and Stability**
- **A Healthier Brent**
- **Thriving Communities**

In order for care experienced young people to have the best start in life, prosperity and stability, safety, and good health they need access to timely, holistic health assessments and services which is the priority of the LAC health provider service.

4.0 Background

4.1 Please refer to Appendix 1, Brent Looked After Children Annual Health Report 2022/2023.

5.0 Stakeholder and ward member consultation and engagement

5.1 The work undertaken by health partners in relation to looked after children is informed by feedback from children and young people who access their services.

6.0 Financial Considerations

6.1 There are currently no financial implications arising from this report.

7.0 Legal Considerations

7.1 There are currently no legal considerations arising from this report.

8.0 Equality, Diversity & Inclusion (EDI) Considerations

8.1 There are currently no Equality, Diversity & Inclusion (EDI) considerations arising from this report.

9.0 Climate Change and Environmental Considerations

9.1 There are no climate change or environmental considerations.

10.0 Human Resources/Property Considerations (if appropriate)

10.1 There are no human resource or property considerations.

11.0 Communication Considerations

11.1 At this stage there are not any communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

This page is intentionally left blank

**CLCH Clinical Quality Group
July 2024**

Report title	Brent Looked After Children Annual Report 2022/2023		
Agenda item number			
Lead director responsible for approval of this paper	Director of Operations – Outer Northwest Division Associate Director for Safeguarding and Childrens Public Health Nursing		
Report author	Julia Blankson, Named Nurse for Looked After Children in Brent		
CLCH 2020-2025 Strategic priorities	Population health Improving the health of our patients and strive to promote equality and to reduce inequalities		
	Leading in local systems	Integrating services as local partners	Putting our collective CLCH experience and efficiencies to work
	2024/25 Organisational objectives <i>Please delete those * which do not apply before submitting paper</i>		
Quality	*	Maintain and improve the quality of services , further embedding the culture of continuous improvement to support our staff and patients	
Population health	*	Improving the health of our patients and staff and reducing inequalities	
Sustainability	*	Ensuring a sustainable future	
Workforce		Make CLCH a great place to work for everyone	
Operations	*	Restoration and integration of services and delivery of NHS constitutional standards	
Digital transformation	*	Implement the vision of the NHS Long Term Plan	
Finance		Deliver the financial plan	
Describe the purpose of the paper and how it supports the Trust’s strategic priorities to 2025 and organisational objectives for 2024/25 This report provides an annual review on the delivery of health services to Brent Looked After Children (LAC) by the Brent LAC Health Team, within Central London Community Healthcare NHS Trust from April 2022 – March 2023.			
Implications for partners and working in collaboration. The report demonstrated partnership working with children, young people, and their carers to improve outcomes and life chances for this vulnerable group.			
Freedom of Information status		Commercially sensitive or person identifiable – cannot be shared	
		Can be shared if redacted	
	*	Can be published	
Executive summary: The report provides an overview of initial health assessments undertaken by doctors in the LAC service and review health assessments completed by the LAC Nurses, and the Medical Advisor’s role in providing health advisory reports for adoption and adult fostering. Data summaries are provided in relation to the LAC profiles, service performance indicators, health clinical activities (with explanatory notes), health needs of LAC, service improvements, team achievements and challenges.			

The report concludes with an outlined forward improvement plan for the following year, to offer assurance to continue the safeguarding and health promotion of Brent LAC’s welfare.

Key internal / external messages to be shared.

To acknowledge the work of the Brent CLCH LAC service in supporting the health and wellbeing of LAC.

Assurance provided:

Looked after children seen and assessed by the service and health plans and relevant referrals made to ensure the children and young people meet their health potential.

How does this paper support equality?

This service works to improve the health outcomes for vulnerable children and young people.

Considered by the Executive Leadership Team (ELT)

Date:

ELT comments:

Report provenance – including discussions with partners as applicable:

The report will be presented at the CLCH Safeguarding Committee and Childrens Board meetings in August 2024.

Report for:

Decision

Discussion

Information

x

Recommendation:

To note the work undertaken by the Brent LAC Service.

Brent Looked After Children [LAC] Health Service

Annual Report

1st April 2022 to 31 March 2023

Report Author

Julia Blankson- Named Nurse for Looked after Children- Brent – Service Manager

Date: June 2024

CONTENTS

Section		Page
1	Introduction	
	1.1 National Picture	1
	1.2 National and Brent Local Profiles of UASCs	3
2	Local Picture (Demographics)	
	2.1 Brent Looked After Children Profile	4
3	Service Summary	
	3.1 Staffing and Supervision	8
	3.2 Working Together in Partnership	11
4	Performance Indicators	
	4.1 Brent LAC Service Key Performance Indicator	12
5	LAC Health Team Clinical Activity	
	5.1 Health Assessments	13
	5.2 Health Needs of Looked After Children	18
	5.3 Health Needs of UASC	19
	5.4 Childhood immunisations	20
	5.5 Dental health	21
	5.6 Visual health	22
	5.7 GP Registrations	22
	5.8 Emotional health and service access	23
	5.9 Substance misuse and service access	25
	5.10 Health summaries for care leavers (17- 18 years)	26
	5.11 Childrens experience of Health Assessments/journey	27
	5.12 Children Adoption advisory reports governance	28
	5.13 Adult Health advisory reports governance	28
	5.14 Training	29
6	Service Improvements	
	6.1 Service Improvements and Team Achievements	30
	6.2 Challenges	31
	6.3 Audits and Consultations	32
7	Forward Planning for 2023/2024	33
8	Appendix - Glossary of Terms	35
9	References	36

1. Introduction

1.1 The National Picture

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers, in part due to the impact of poverty, abuse, and neglect.

A child who is looked after by a local authority is defined in Section 22 of The Children Act 1989¹ and means a child who is subject to a full care order [or an interim care order] or who is accommodated by a local authority. DfE/DH [2015]

Local Authorities are responsible for making sure a health assessment of physical, emotional, and mental health needs is carried out for every child they look after, regardless of where that child lives.

The local authority that looks after the child must arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment. The Initial Health Assessment [IHA] must happen within 20 working days from when the child starts to be looked after [Care Planning, Placement and Case Review Regulations 2010, Regulation 7]².

The number of children entering care is at an all-time high nationally with 90 young people entering the system every day. The majority of cases are due to parental abuse and neglect, However, household issues, such as poverty, poor housing and substance misuse are significantly contributing to the figures. There are claims that austerity, changes within the benefits system with the introduction of Universal Credit and the slashing of essential children and family services, are partly responsible for the record number of children now living in care [Coram BAAF 2017]³.

There is growing awareness nationally of the Looked-after child agenda, with several key papers and policy drivers published in the past few years, these include:

- 'Pass the Parcel, Children Posted Around the Care System [Children's Commissioner 2019]
- 'Not Seen, Not Heard' [CQC 2016]⁴
- Coram BAAF [2017]
- HM Govt. Working Together to Safeguard Children [2015]⁵
- NICE PH28 Promoting the Quality of Life of Looked after Children and Young People [2021]⁶

The number of children looked after on 31 March 2023 in England was 83,840. This is an increase of 2% on the previous year⁷.

1.2 NATIONAL AND BRENT LOCAL PROFILES OF UNACCOMPANIED ASYLUM-SEEKING

CHILDREN [UASC]

National Profile

Children under 18 years, who have applied for asylum in their own right and are separated from both parents and/or any other responsible adult, are considered as unaccompanied asylum-seeking children (UASC). Hence, under the Children's Act 1989, not only do all local authorities have a legal duty to provide accommodation for these children but that children's services also have a duty of care to provide health service support.

From April 2022 to March 2023, there were 5,0202 asylum applications from UASC, a 7% increase from 2021-2022's total of 4,636.⁸ UASC make up 7% of the Looked After Children population, with 95% predominantly male. The most common reasons for children seeking asylum are:

- 'Absent parenting' (88%) ,
- abuse or neglect (7%)
- 4% with acute family stress⁹ and mostly of the 16+ age group¹⁰.

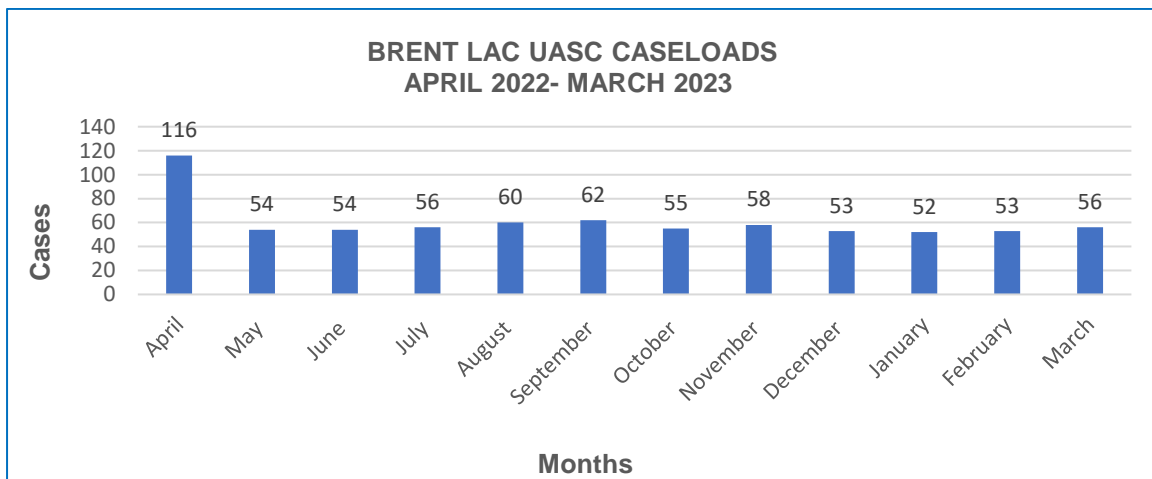
This increase of UASC in 2022 to the UK, was as a result of political instability from civil wars in other countries, such as Iran, Eritrea, Afghanistan, Vietnam, Iraq, Albania, Ethiopia, and Syria¹¹.

In February 2022, the voluntary National Transfer Scheme (NTS) became mandated, for local authorities to engage in the secure transfer of UACS across the UK, between local authorities, guaranteeing access to required services and support¹².

2.1 Brent Looked After Children Profile

There was an increase in the number of Brent LAC UASC cases in April 2022, reflecting the national profile, but then stabilised across the year, as illustrated in **Figure 1**. The health assessment referrals received for UASC, were predominantly male, with the primary reasons for being in care, as per national profile, of political instability in their country of origin, so either no parents or their own with risk of being killed if they stayed in their country of origin. Age groups ranged from 15-17 years of age, with 17 being the common age.

Figure 1



2.2 The Local Picture

Brent had 340 children in care by the 31st of March 2023, compared to 379 children in the previous year, representing a decrease of 10% (note: children who have recently entered care and are therefore below 12 months in care, will cause variation in numbers for year ending).

Figure 2, highlights how the Brent LAC caseload numbers peaked in 2022, following the increase of UASC cases and declined by 10% in 2023, with cases ceasing to be LAC, mainly due to those reaching the age of 18 years.

Figure 2

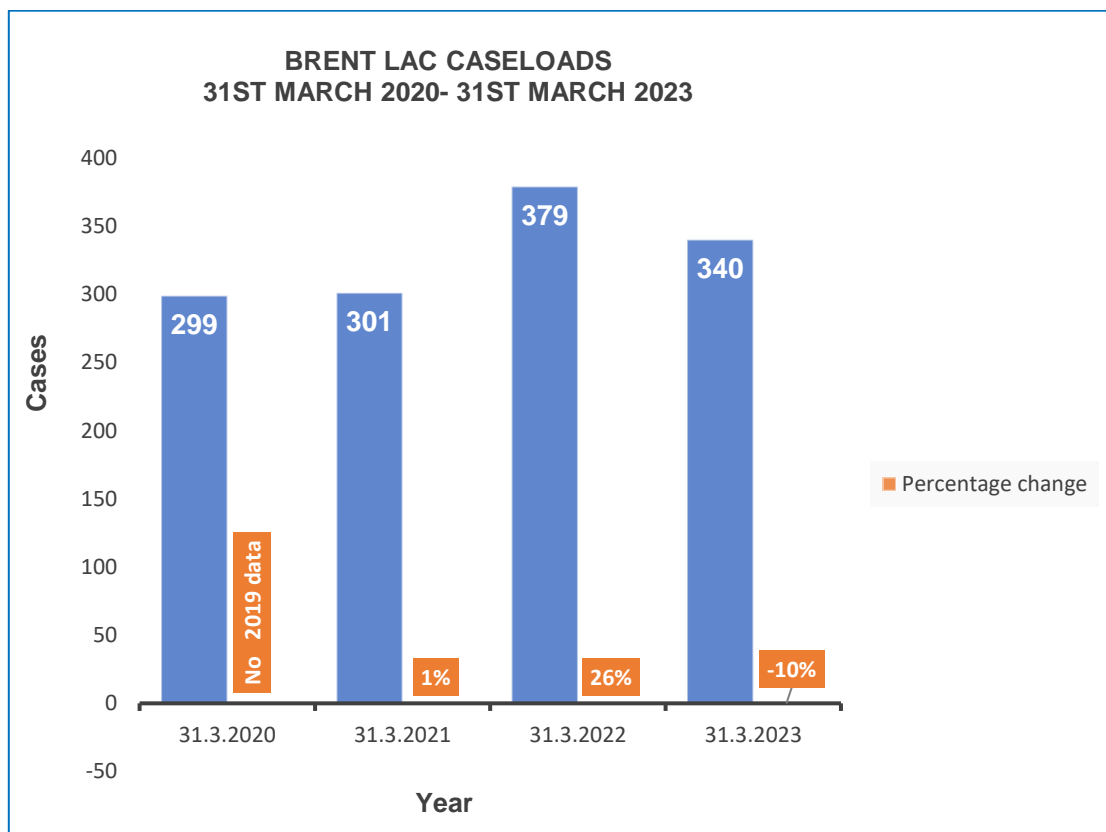


Figure 3 represents the age grouping categories, indicating that the majority of Brent LAC, were aged 6-16 years old, by March 2023.

Figure 3

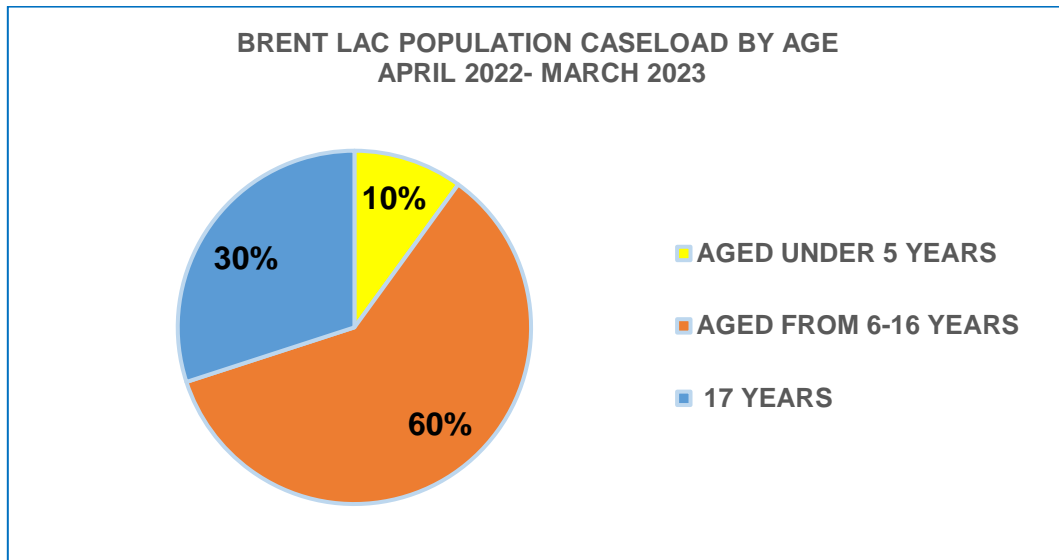


Figure 4 displays the proportion of Brent LAC location placements, which was largely outside of the London borough of Brent by March 2023.

Figure 4

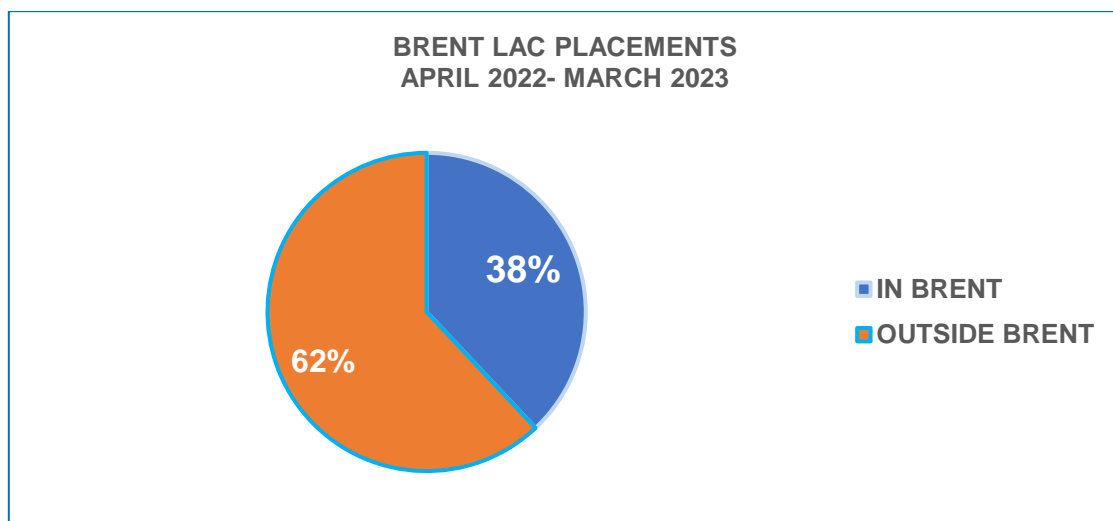
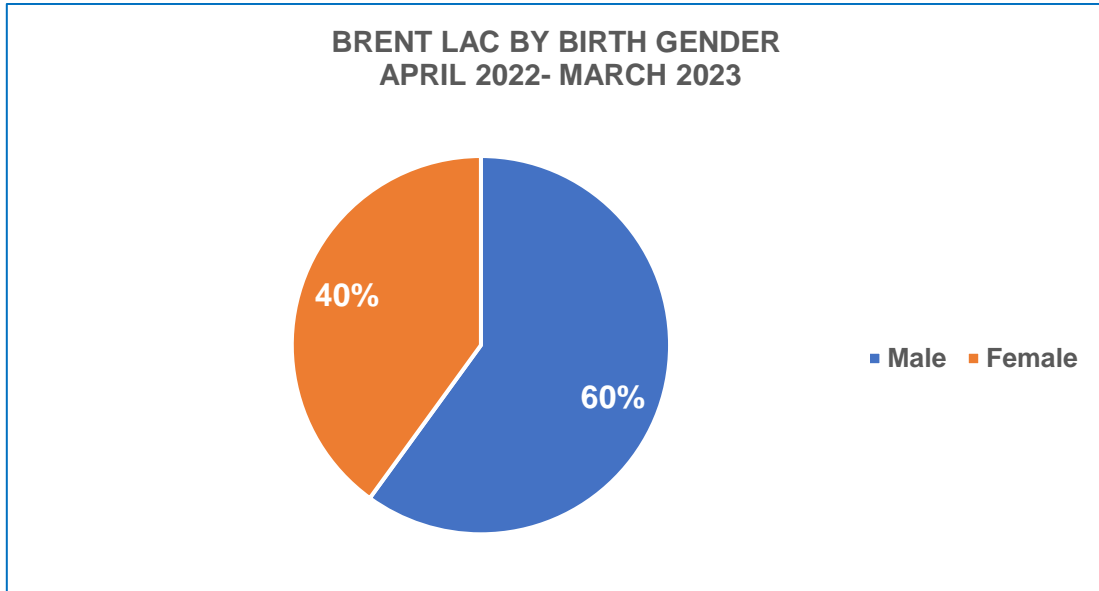


Figure 5 shows that the majority of Brent LAC were male for the year ending 2023.

Figure 5



3 Service summary

3.1 Staffing and supervision

Central London Community Healthcare NHS Trust

The Brent Looked After Childrens Service provision transferred from London Northwest University Healthcare NHS Trust (LNWUH) to Central London Community Healthcare NHS Trust (CLCH) in August 2021. The CLCH service was located over two sites, with the nursing and administrative staff being based at Sudbury Primary Care Centre and the Paediatrician's and Named Doctor at Chalkhill Health Centre. However, the nurses and doctors maintained close working relationships.

The Royal College Intercollegiate Framework¹³ (Intercollegiate Guidance) advises that there should be a whole-time Band 7 LAC nurse (1 WTE) per 100 children and 1 WTE Band 8a Named Nurse for LAC per 50 children.

In 2022/23 CLCH Brent LAC caseload was 340 children, and considering the Intercollegiate Guidance, there should be 1WTE Band 8a, 3 WTE Band 7 nurses and 2 administrators in post to deliver the LAC service.

The Named Nurse for LAC has a clinical caseload as well as responsibilities for operational, educational, and supervisory responsibilities, including managing the overall LAC service.

Between 1st April 2022 and 31st March 2023) there were major changes in the CLCH LAC service, with two of the LAC nurses leaving the service and the Named Doctor for LAC (Named Doctor) retiring. Following successful recruitment the Trust appointed to the Named Doctor and the Named Nurse for LAC positions. The CLCH LAC service is supported by experienced administrators, who work closely with the Local Authority LAC and Permanency Teams.

The CLCH LAC service was covered while staff were being recruited to vacant posts through the use of Bank and Agency staff, as well as cross cover from other LAC practitioners based with existing CLCH LAC services.

Integrated Care Board (ICB)

There were also changes to staffing within the Integrated Care Board (ICB), with the Designated Nurse and Designated Doctor Professionals retiring from their posts. A newly appointed Designated Nurse for LAC came into post in 2022 and a newly appointed Designated doctor starting in April 2023. The Brent CLCH LAC service works closely the Designated Nurse and Doctor, and value the strategic advice and support they give.

CLCH LAC Service

The CLCH LAC service is delivered to all children and young people (CYP) aged 0-18, who are Looked After by the London Borough of Brent. In line with the statutory requirement, initial health assessments (IHAs) are undertaken by the CLCH Community Paediatricians and the review health assessments (RHAs) by the CLCH LAC nursing service.

The CLCH LAC service also manages the governance of the administrative and advisory reports for childrens adoption and adult health fostering, supported by our administrative staff. There is a part-time Medical Advisor for Adoption and a part-time medical advisor for Adult Health fostering (AH), both of whom are Consultant Paediatricians.

The Named Nurse for LAC manages the LAC service and oversees the collation of LAC reporting data. Despite there having been staffing challenges while recruitment was taking place, the team has managed to complete 92% of the annual review health assessments within timescales and have completed all required work for adoption and adult health.

Importantly, the quality of service was maintained with the support of the team, colleagues within the CLCH organisation, designates, social care teams and CLCH head of children services.

Safeguarding Supervision

The LAC Health team has safeguarding supervision as per NMC Guidelines. Safeguarding supervision is robust and is valued by the team. The CLCH LAC team access the following safeguarding supervision:

- Referral by the Named Nurse for LAC of all new starters for safeguarding induction with a Brent CLCH safeguarding advisor.
- 1:1 quarterly safeguarding supervision with the safeguarding advisor maintained.
- Team group safeguarding supervision (this is group supervision using the 'Voice of the Child) 6-monthly.
- CLCH LAC nurses clinical and safeguarding supervision during CLCH Community of Practice LAC forums.

The CLCH LAC team accessed safeguarding supervision in line with professional and organisational guidance and report this resource supports safe practice and emotional containment.

3.2 Working together in partnership.

During 2022/23 the CLCH LAC practitioners attended the following meetings:

- Weekly Team tracker for RHAs/IHAs -to plan, coordinate, allocate, monitor, and collate KPIs for LAC.
- Weekly Entry to Care Panel meeting (ETC) -multiagency discussion and decision plans to support vulnerable children including those requiring entry to care.
- Fortnightly Emotional, Violence and Vulnerability Panel (EVVP) -multiagency discussion and decision plans regarding adolescents at risk, most are LAC- criminal and sexual exploitation, gangs, county lines.
- Monthly Brent LAC Team meeting --information sharing and LAC Service planning.
- Monthly Designated Nurse for ICB and Brent Named nurse meeting -information sharing, addressing escalations/concerns and providing assurance for quality service delivery for LAC.
- Every 2 months- LAC health and social care subgroup meeting -operational multidisciplinary planning, information sharing and monitoring for LAC.
- Every 2 months - Local partnership meeting -strategic multidisciplinary planning, information sharing and monitoring for LAC.
- Quarterly meetings with the LAC nurses and administrators across CLCH -Trust wide approach to LAC service, learning, supervision, support and information sharing and review of practice.

These meetings are to be revised for 2023-2024, for efficient use of staffing resource.

- Strategy meetings as they arise, on average weekly.
- Weekly Child Placement Planning Panel (CPP)
- Monthly Residential Panel meeting
- Monthly CLCH Performance meetings – CLCH

4 Performance Indicators

4.1 Brent LAC Service Specification Key Performance Indicator (KPI) Targets

The list below sets out the agreed KPI data that is recorded for all LAC:

- 95% IHAs completed within 20 working days of entry to care.
- 95% Review health assessments completed within timescales.
- 95% Immunisations completed within timescales.
- 95% Dental health assessments completed within the year.
- 95% Visual health assessments completed within the year.
- 100% GP registration
- 100% Care leaving health summaries for 17+
- 100% Strengths and Difficulties Questionnaire (SDQ)

5 LAC Health Team Clinical Activity

5.1 Health Assessments

The CLCH Brent LAC health and Brent social care teams are required by statutory guidance to ensure that all children looked after by the Brent Local Authority (LA), have an initial health assessment (IHAs) within 20 working days of becoming looked after, and thereafter every 6 months (under 5 years old) for review health assessments (RHAs) or annually (over 5 years old).

Face to face, in borough IHAs continue to take place at Wembley and Willesden Centre for Health and Care by doctors. In circumstances where placement is a significant distance the local hosting health team are requested to complete the assessment. RHAs are completed for all of the children and young people predominantly as face to face but there are occasions for virtual or telephone assessments, dependent on risk-assessed- need, location or, placement.

The team aim to see all children placed within the M25 boundary. Agile working continues on an individual basis for health assessments. For both provider and LAC, this represents a choice, and has afforded flexibility in mode and method of assessment which for some children and young children (CYP) within the caseload, as well as foster carers is viewed more positively than face-to-face appointments.

The CLCH LAC Administrator is responsible for booking the assessment appointments, however getting this to work efficiently depends on working proactively with key stakeholders, to ensure notification of LAC and consent paperwork/information is received and sent for the children and young people in a timely manner.

Table 1

Table 1. Timeliness of health assessments - 2016-2023							
Source : Brent Social Care -SSDA 903 Data							
Assessments of children who have been looked after continuously for at least 12 months							
	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
LA13.10- Percentage of children with completed assessments	94%	92%	96%	88%	90%	80%	92%

All LAC are referred to the LAC health team by the LA. However, there is an additional number that LA figures do not capture as the LA figures are based on LAC in care for a period of 12 consecutive months as shown in **Table 1**. Some LACs are notified to health, an IHA is carried out and then some leave care - are 'ceased' (Source: SSDA 903 Looked After Children Return - available from social services data and performance team).

Table 2

Table 2 Timeliness of health assessments -2022-2023												
IHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	7	3	5	1	11	3	3	7	5	1	0	2
In Borough assessments completed	4	3	5	1	9	2	2	7	3	1	0	1
In Borough reports in timescales	3	1	3	1	9	2	2	7	3	1	0	1
Out of Borough assessments due	17	10	3	5	6	7	13	1	3	8	1	5
Out of Borough assessments completed	11	8	3	2	6	7	11	1	3	1	1	4
Out of Borough reports in timescale	4	8	2	2	5	7	11	1	3	1	1	4
Total assessments completed	15	11	8	3	15	9	13	8	6	2	1	5
No. of exceptions	8	4	3	3	3	1	3	0	2	7	0	2
% Completed (excl exception)	29%	69%	63%	50%	82%	90%	81%	100%	75%	22%	100%	72%
% Completed (incl exceptions)	63%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Rationale for performance in:

April- 8 exceptions: 6 children ceased to be lac, 1 transferred to another LA and 1 declined.

July- 3 exceptions: all 3 due to the late receipt of the CoramBAAF request forms from LA.

January-7 exceptions:4 siblings on the waiting list for Croydon, 2 late CoramBAAF forms from the LA, 1 unwell in hospital.

Table 3

Table 3 Timeliness of health assessments -2022-2023												
RHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	2	6	11	11	9	6	9	7	7	12	7	10
In Borough assessments completed	2	6	7	1	7	4	6	6	7	9	7	7
In Borough reports in timescales	2	6	7	1	7	4	6	6	7	9	7	7
Out of Borough assessments due	22	5	14	12	13	9	19	11	18	10	12	8
Out of Borough assessments completed	17	5	4	4	11	8	14	9	18	9	10	7
Out of Borough reports in timescale	15	5	4	4	11	8	14	9	18	9	10	7
Total assessments completed	19	11	11	5	18	12	20	15	25	18	17	14
No. of exceptions	2	0	14	18	4	8	3	3	0	4	2	4
% Completed (excl exceptions)	71%	100%	44%	22%	82%	80%	71%	83%	100%	82%	89%	78%
% Completed (incl exceptions)	79%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Rationale for performance in:

June – 14 exceptions: all 14 due to no CoramBAAFs received from LA.

July- 18 exceptions: 7 late CoramBAAFs from LA, 11 no Coram/BAAFs from LA.

Other contributing factors for performance:

The placements for LAC placed outside borough covered areas of Lincolnshire, Wisbech, Redbridge, Essex, Haringey, Waltham Forest, Sutton, Barking, Derbyshire, Manchester, Barnet, Hillingdon, Swindon, Stanmore, Ilford, Romford, Bedfordshire, Peterborough, Northamptonshire, Dorset, Kent, Birmingham, Luton, South-end-on sea, Blackpool, Croydon, Wales, Kensington.

Implications for Brent LAC placed outside the M25, in particular, is that their waiting times for assessments can be delayed, due to the hosting borough staffing capacity, impacting on timeliness.

The Brent LAC doctors see children at Brent located clinics only, but the CLCH LAC nurses are commissioned to travel within the M25, a 20-mile distance from base. Although there is an argument for LAC nurses to undertake assessments for LAC placed out of borough children to provide continuity of care, conversely, the time spent travelling to placements may reduce capacity for the volume of LAC cases seen per month and less time for other essential health promotion work for LAC.

There has been partnership working where Brent LAC health provider has arranged and paid for bank LAC nurse to undertake the assessment at the weekend and the LA has paid the taxi journey and train journey fare for the LAC to travel to Brent from their placement.

5.2 Health needs of our Looked After children

Figure 6

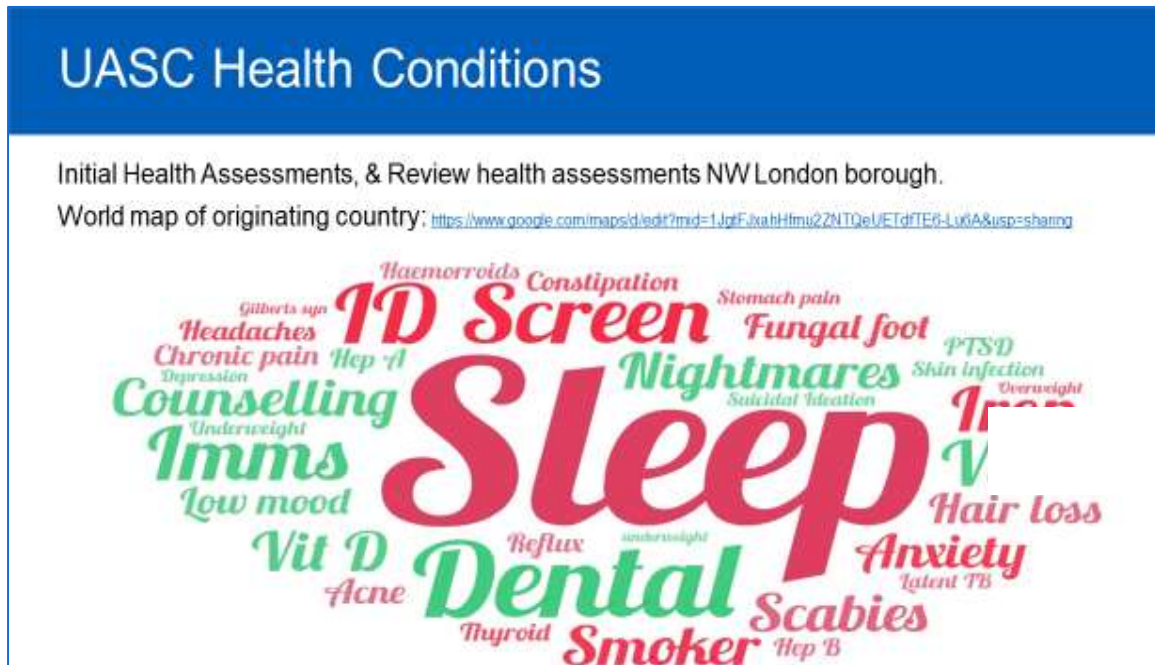


Children become looked after largely, as a result of abuse and neglect. Although they have many of the same health issues as their peers, such as is illustrated in **Figure 6**, the extent of these is often compounded by their Adverse Childhood Experiences (ACEs).

For instance, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. (Promoting the health and wellbeing of looked after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015)

5.3 Health needs of our Unaccompanied Asylum-Seeking Children

Figure 7



The UASC population experience much of the same health needs, except their health needs are specifically related to their experiences, such as from their country of origin, other countries that they have travelled through, travelling journeys, infections, sleep issues, nightmares, chronic pain (**Figure 7**). Additionally, although many UASC report concerns with their emotional wellbeing, they often decline to access services. Often are not registered with a GP, dentist or optician and language barrier can be problematic without support and advocacy in accessing timely health care.

Partnership work continues on the development of a specialist service offer for the emotional health and wellbeing needs of our UASC population.

5.4 Childhood Immunisations

Table 4

Table 4 Immunisation- 2016- 2023							
Source : Brent Social Care -SSDA 903 Data							
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
LA13.07-Percentage of children whose immunisations were up to date.	72%	67%	74%	75%	79%	72%	73%

The Local Authority [LA] should act as a ‘good parent’ in relation to the health of Looked after Children. Within that role it has the right to approve the immunisation of children within its care, against vaccine preventable diseases as per the national immunisation schedule. Our service offer advice, education, and support with accessing the service via their registered GP and the community immunisation team. The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age:** Three doses of Diphtheria, tetanus, pertussis [whooping cough], polio and Hib [DTaP/IPV/Hib]. Two doses of Pneumococcal [PCV] and Meningitis C [MenC]
- **By 14 months of age:** A booster dose of Hib/MenC and PCV and the first dose of measles, mumps, and rubella [MMR]
- **By school entry:** Fourth dose of Diphtheria, tetanus, pertussis [whooping cough], polio [DTaP/IPV or dTaP/IPV] and the second dose of MMR
- **Before leaving school:** Fifth dose of tetanus, diphtheria, and polio [Td/IPV]. Two doses of Human Papillomavirus for girls only and a Meningitis ACWY Booster.

As at March 2023, the immunisation rate was 73% (**Table 4**), an improvement from the previous year but still below the 95% target, as some parents declined to consent, some 17-year-old declined, others have a fear of needles, a few have had severe reactions so unable

to have this, often our UASC have no or incomplete immunisation history, requiring support to have this completed, frequent placement relocation of LAC, incomplete data in red books and diverse non-linked health database recording. Work continues on supporting the uptake of immunisations within our LAC population.

5.5 Dental Health

Table 5

Table 5 Dental health-2016- 2023							
Source : Brent Social Care -SSDA 903 Data							
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
LA13.08-Percentage of children who had their teeth checked by a dentist.	89%	84%	83%	79%	49%	81%	86%

Dental health is an integral part of the health assessment. The Local Authority and Brent LAC Health are required to ensure that LAC receives regular check-ups with a dentist. The Community Dental Service and the Healthy Smiles project, continue to support LAC with complex needs and those who continue to experience difficulties in accessing dental services.

As at March 2023, children seen by dentist within the year was at 86 % which is a significant improvement from the previous year (**Table 5**) and slightly below the 95% target, as the main complaint was the difficulty in registering with local dentists and frequent placement relocation of LAC. Work continues on supporting access to dental health.

5.6 Visual Health

Table 6

Table 6 Visual health -2022-2023		
Source- Brent LAC exception reporting		
	2021-2022	2022-2023
Overall percentage of children who had their eyes checked by an optician within the year	Not available	IHA- 40% RHA-43%

As of 31 March 2023, children seen by the optician within the year was lower than the expected target of 95% (**Table 6**). The main complaint from foster carers, was the difficulty in registering with local opticians and frequent placement relocation of LAC. Work continues on supporting access to opticians. Brent Local Authority report on optician visits, but this data is not available to CLCH to inform this report.

5.7 GP Registration

CLCH is required to implement systems to ensure children and young people who are looked after are registered with a GP. Mechanisms are in place to ensure that all LAC are registered with a GP. Some young people over 16 years of age refuse to be registered and although this wish must be respected, the LAC health team continues to work with social services and the young people to help remove barriers and facilitate registration with GP in the long term. The LAC Health team advises social services that young people who refuse to be registered with a GP, can access health services via walk in centres, pharmacies or accident and emergencies services.

On the 31st of March 2023 95% of LAC were registered with a GP.

5.8 Emotional Health and Well-Being

Table 7 details the data collated from 1st January to 31 March 2023 regarding LAC identified as having emotional health /mental health concerns and the number of LAC receiving support.

Table 7

Table 7. Source : Brent LAC Health – Data collection commenced January 2023		
Brent LAC	2021-2022	January-2023-March 2023
Emotional/mental health concerns	No data available	32 out of the 101 (32%)
Receiving emotional /mental health service support		22 out of the 101 (22%)

Due to the nature of their experiences prior to being placed in care many LAC will have poor mental health. This may be in the form of significant emotional, behavioural and/or mental health problems, attachment disorders, attention deficit disorder [ADHD] and others with undiagnosed neurodivergent conditions, namely: Autism Spectrum Condition/Disorder (ASD/ ASC), Dyslexia (a neurodevelopment origin, affects how a person reads, spells, and writes), Dyspraxia (a motor coordination disorder) and obsessive-compulsive disorder (a mental health condition with repetitive behaviours (OCD).

Considering our UASC, whose stressors originate mostly from extrinsic factors such as separation from family, journey traumas, adjusting to cultural differences living in the UK, contact with border agencies, unfamiliar children’s services, and other state services, commonly present with post-traumatic stress disorders, depression, and anxiety. Given the average age of UASC, most will quickly face transition to leaving care services, where what is made available to them will depend on their eligibility for a pathway plan under the Children [Leaving Care] Act 2000.

All children and young people can access mental health support via their GP, local Child, and Adolescent Mental Health Services (CAMHs), as well as support offered through other local services aligned to the local authority. Yet these services are overstretched and so LAC are compelled to long waiting lists up to 2 years, delaying early interventive support, with potential poor health outcomes.

Additionally, some young people are refusing referral (Table 7) as they do not consider the current therapeutic offer to meet their needs, whilst rising care leavers 17+, fall between the decisive debate of being supported by children or adult mental health services.

Care for those with mental health problems continues over a number of months or years and some into adulthood. On average children are under the care of CAMHs for at least 18 months if engaged psychological and psychotherapeutic intervention.

Strengths and Difficulties Questionnaires [SDQ's] are completed for children aged 4-17 years old. The SDQ is not diagnostic but a behavioural screening tool to examine a child's mental wellbeing along four broad categories to plan therapeutic support referrals. A score of 0-13, banded as *normal*, 14-17 as *slightly raised* and *borderline* but scores of 17-19 as high and scores of 20-40 as very high are *cause for concern* for specialist mental health intervention.

The data in Chart 1 shows majority of LAC assessed as '*normal band*', below national levels and half the percentage score of the national level as band *cause for concern*. However, tool must be used within a holistic assessment to capture a more valid assessment, as the forms may be objective, due to being self- completed by young people, teachers, and carers.

In Brent, the distribution and scoring of the SDQ to children, young people and foster carers is the responsibility of the Brent social workers to undertake on an annual basis. However this

has not been consistent due to the high turnover of social workers. There is an argument here.

for Brent health lac nurses to be trained to undertake the SDQs at health assessments and use the score outcomes to inform the health care plan in the RHA report, to be shared with the Local Authority to upload to their Mosaic recording systems and CAMHs if involved with the child’s care.

Chart 1.

2022- 2023 Emotional and behavioural health of LAC after continuously for 12 months at 31st March 2023, for whom an SDQ was completed.		
Source : Brent Social Care -SSDA 903 Data		
	Brent	England
LA14.03- Percentage of children for whom an SDQ score was submitted	78%	75%
Percentage of scores banded as normal	61%	47%
Percentage of scores banded as borderline	13%	13%
Percentage of scores banded as cause for concern	20%	40%

5.9 Substance Misuse

Table 8

Table 8. Source : Brent LAC Health – Data collection commenced January 2023		
Brent LAC	2021-2022	January-2023-March 2023
Substance misuse	No data	5 out of 105 (4.8%)
Receiving substance misuse service support	available	0 out of 105 (0%)

All young people offered support services, did not accept the support services (**Table 8**), as they did not consider that their misuse was not significant enough to require specialist support.

The service is planning to complete more health education and promotion with LAC and carers, including partnership work with therapeutic services, ICBs and LA, and to review shared pathways and evidenced-based approaches, to improve service uptake by LAC.

5.10 Health summaries for Care Leavers (17-18 years)

These assessments are completed within the annual review assessments, with a focus on the young person's wishes, needs, and includes the young person receiving a history of their health, whilst they have been looked after and advice on where to get support post eighteen. Our service is working towards achieving 100% target with the implementation an extension of joint communications and sharing of the summaries with Brent care leaving team to follow-up, a practice that was not previously in place.

5.11 Quality-childrens experience of Health Assessments/journey:

Question:

I would say that this is a good service for my friends and family to be looked after in, if they needed similar treatment or care to me

<u>I agree a lot</u>	<u>I agree a bit</u>	<u>I am undecided</u>	<u>I disagree a bit</u>	<u>I disagree a lot</u>	<u>Don't Know</u>
74%	21%	5%	0%	0%	0%



Our service sends out 'Patients Experience' surveys to inform the service and ensure the voice of children and young people is represented, heard and influential on service delivery.

5.12 Children adoption health advisory reports governance

(Table 9)

Table 9. Children adoption advisory reports governance-2022-2023	
Source : Brent LAC Health	
Type of report advise requested	2022-2023
For the Agency Decision Maker (ADM)	10
For Adoption	5
Total cases	15

5.13 Adult health fostering reports governance

(Table 10)

Table 10. Adult health fostering advisory reports governance- 2022-2023	
Source : Brent LAC Health	
Type of fostering report advise requested	2022-2023
Special guardianship order (SGO)	35
Kinship foster carer	29
General foster carer	84
Other - Short breaks carer	2
Total cases	150

Our service manages the governance of the administrative and advisory support for childrens adoption (**Table 9**) and adult health fostering (**Table 10**), supported by our administrative staff, a contracted part-time Medical Advisor for Adoption, and a contracted part-time Medical Advisor for Fostering (both are Consultant Paediatricians). These cases are from the Brent LAC population. The service management and all data are reported centrally by the Named Nurse for LAC. All cases were completed for the year.

Following the Somerset Ruling in April 2022, (CoramBAAF, 2022)¹⁴, our service implemented the regulatory required processes for undertaking the ADM, followed by the adoption advisory report, when requests are received from Brent social care. This was different to

previous practice. Revised shared pathways were devised, consulted with, and shared with Brent social care LAC to ensure compliance with the Somerset ruling.

5.14 Training

Due to the major changes and staffing capacity within the year, assessments were prioritised, and training paused, with plans to resume in the coming year. Please refer to the *forward planning* section of this report .

6 Service Improvements

6.1 Service Improvements and Team Achievements

1. Despite the ongoing challenges faced by the LAC health team, we have demonstrated resilience and continue to ensure the health needs of all Brent LAC are being met.
2. Considering the ongoing challenges with timely notifications to the Brent social workers, the LAC health administrators have worked relentlessly to ensure that IHAs and RHAs are largely being met within timescales .
3. Revision of outdated SOPs and pathways and formulation of new SOPs and pathways for the team and the shared pathways with social care.
4. Implemented working tracking systems for monitoring Brent LAC due for, seen and reports dissemination to relevant professionals involved in their care.
5. Implemented team systems for managing the influx of request, queries and advise from other professionals.
6. Feedback from LAC to capture their voice about the service.
7. Quality assurance of reports and systematic process to collate the KPIs assessment to ensure health needs of LAC are captured and actioned .
8. Additional clinic space secure to undertake more RHAs at Sudbury.
9. Benchmarking available Coram Baaf forms in order to design a shortened IHA and RHA BAAF form to support the LA-social workers in completing the required paperwork for assessment in as easy a way as possible and fo nurse and doctors to complete with time efficiency.

6.2 Challenges

The challenges as detailed below are being worked on with senior management and partners.

- Intercollegiate Guidance outlines the role and capacity of LAC nurses¹⁵ with a minimum of 1 WTE* specialist nurse per 100 looked after children. The CLCH LAC service requires 3 nurses, but we currently fluctuate between 1-2 nurses due to sickness and resignations, hence working with over 100 caseloads each).
- A minimum of 1 WTE Named Nurse per 50 (currently working with over 50 cases due to staffing capacity) looked after children for each LAC provider service. The Named Nurse has a caseload in addition to the operational management, leading change initiatives, supervision, training and educational aspects of the team and service delivery.
- The LAC nursing service continues to work with more children and young people every year with no increase in nursing hours to reflect this.
- Maintaining the full complement of the LAC health team, in order to manage the impact of the increasing demands of the LAC service.
- Increasing numbers of Brent LAC placed outside of the M25 – their IHA and RHA assessments continue to be delayed, due to issues beyond our control, such as the hosting borough's capacity issue, which is currently a national issue.
- The rising number of other borough requests for IHA and RHA assessments of their LAC placed in Brent.
- The increased waiting times for LAC assessments as impacts capacity.
- The impact when the LAC consultant paediatricians and nurses are on leave/vacancies on the capacity of the service to meet demands; this is a national issue.
- Support services required for the emotional and mental wellbeing of LAC is a concern, due to the long waiting times by Brent Camhs; up to 2 years. Working with partners to explore alternative solutions.

- Work is ongoing with the ICB and the LA to improve the referral submission request forms to Brent LAC health, as this continues to be a huge challenge in ensuring assessments timescales are optimised. Nonetheless, optimistic to focus on joint working strengths and opportunities to manage the challenges and threats. (Figure 9).

Figure 9.

Challenges with CoramBAAF health assessment referral requests	
<p>Strengths:</p> <ol style="list-style-type: none"> 1. Good communication between social care and LAC health. 2. Shared information contact details of both services. 3. Monthly health and social subgroup meetings to address issues. 4. Improved notification from the CRT team. 5. Brent LAC admin provides RHA reminder due dates to Social Care every 2-3 months, monthly, weekly. 6. Ongoing telephone and email support for Social Workers. 	<p>Weakness:</p> <ol style="list-style-type: none"> 1. Increasing rejected, late and no BAAF's received 2. Unsustainable to chase social workers weekly for BAAF's
<p>Opportunity:</p> <ol style="list-style-type: none"> 1. United effort to make LAC health via assessments a priority for all. 2. Practical plans progressing for co-location working on a fortnightly basis at the Civic centre from Lac Health. Secured social care laptop for Health to be implemented . 3. Brent LAC admin BAAF training to resume social workers and new staff in health and social care. 4. Ongoing health and social care meetings to address diverse business pressures and ways to manage this. 5. BAAF form format to be improved to help both social care and health professionals – IT – electronic considerations. 6. More time for incorporating and developing care leaver/ UACs services to meet the changing needs of LAC. 7. Better health outcomes for LAC 	<p>Threat:</p> <ol style="list-style-type: none"> 1. Fluctuating workforce turnover between health and social care. 2. Increasing, rejected, late and no BAAF's received, resultant delayed assessments for Lac and affects health outcomes. 3. Increased strategy meetings for Lac children with complex social and health needs for all. 4. Workload impact for the vulnerable LAC assessments, where their health needs will be identified and met in an untimely manner. 5. Workload impact on both health and social care professionals of catching up with the outstanding, current and the expected forecasted BAAF assessments to be undertaken.

6.3 Audits and Consultations

From October to December 2022, our service undertook the Clinical Record Keeping Audit- (CRK) using the performance Audit Management and Tracking Tool (AMaT), of randomly selected IHA/RHA reports and health database records. The audit scored 92%, 8% away from the 100% target. The 8% deficit score was attributed to the UASC cases which had not received NHS numbers as yet as not registered with a GP at the time. Our service is reliant on the NHS numbers being generated and assigned via the national NHS mechanism, following registration with GP, which can take some time.

Our administrators work tirelessly to following up with GP practices, carers, and our clinical systems team for updates on NHS numbers, in order to merge correct records.

We have also supported the LA to complete consultations around health needs of LAC.

Forward Planning for 2023/2024

We are planning to undertake the following actions in 2023/24

- Support the LAC team to adjust to and embed changes to the team /service.
- To network with and more joint working with placements, fostering teams, accelerated support team, social care UASC team, social care care-leavers team, childrens disabilities team, community dentists, community immunisations team, GPs, emotional wellbeing team(VIA), CAMHs, virtual school, youth offending service, foster carers and keyworkers to ensure that all children and young people are supported to access the dentist, optician, complete immunisations, access emotional support, offer nutritional and healthy lifestyle choices advise, register with a local GP and to offer health promotion education and advice on a sessional basis.
- Align current Specialist LAC nurses for UASC, rising 18s (care leavers), for LAC with emotional/mental health, additional needs and the under 5-year-olds, to offer bespoke support and joint partnership work. (Full staff establishment -dependent).
- Brent LAC health team training to increase LAC service awareness to other professionals such as social workers, health visitors, school nurses, therapists, community childrens nurses, student nurses, trainee doctors, allied therapists, and General Practitioners, around the service we provide, health needs of LAC and joint working.
- Continue quarterly meetings with the LAC Nurses across CLCH.
- Discussion with social care, ICB, commissioners and CLCH senior management, to explore possible training of lac nurses, to support the implementation and triangulation of SDQ scoring with young persons, carers, and education for consistent uptake, to inform health assessments and share with relevant professionals. Additionally, to explore funding and booking of face- to face interpreters for timely assessments. Currently, Brent LAC health must wait on the social worker to arrange interpreters due to service level agreements, but this contributes to delays in bookings.
- To work with the ICB and other partners around care leavers, commissioning a care leavers health service that meets the needs of young people post 18 years of age.
- Partake in Corporate Parent meeting.
- Children and young people within the LAC service are a very mobile population and it is important to track them carefully to ensure that the health assessments take place. For health, SystemOne is the database used and we do not have shared IT with social

services data base, Mosaic. Hence, to discuss co-location and access to Mosaic with our social care partners .

End of Report

Appendix - Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

IHA- Initial Health Assessment

LAC- Looked after Child

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment


SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child

References

-
- ¹ HM Govt [1989] The Children Act Crown Publications
- ² DH [2010] Care Planning, Placement and Case Review Regulations. Crown Publications
- ³ Coram BAAF [2017] Coram BAAF Adoption and Fostering Academy.
www.corambaaf.org.uk
- ⁴ CQC [2016] 'Not Seen, Not Heard' Care Quality Commission.
www.cqc.org.uk
- ⁵ DfE/DH [2015] Working together to Safeguard Children. Crown Publications
- ⁶ NICE [2021] PH28 Promoting the Quality of Life of Looked after Children and Young People.
www.nice.org.uk
- ⁷ (Department for Education, 'Create your own tables: CLA numbers and rates per 10,000 children aged under 18 years—LA from 'Children looked after in England including adoptions'', February 2024.
<https://explore-education-statistics.service.gov.uk/data-tables/permalink/5593240b-79a5-4c3d-3f47-08dc49b232c8>
- ⁸ Kent County Council, 2023
- ⁹ Children looked after in England including adoptions, National statistics, 17 November 2022)
- ¹⁰ Anastasia Koutsounia on December 1, 2022, in Children, Social work leaders
<https://www.communitycare.co.uk/2022/12/01/asylum-seeking-children-numbers-rise-dfe-figures/>
- ¹¹ Appendix 4 of the CLA data collection guide).
<https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/separated-children-facts/#:~:text=In%20the%20year%20ending%20September,in%20particular%2C%20are%20at%20risk>
- ¹² Children looked after in England including adoptions, National statistics, 17 November 2022
<https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022>
- ¹³ Intercollegiate Guidance: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, March 2015
- ¹⁴ 13 April 2022 1 © CoramBAAF 2022 Update briefing: Somerset County Council v NHS Somerset Clinical Commissioning Group & Ors [2022]
- ¹⁵ RCGP, RCN, RCPCH [March 2015] Intercollegiate Guidance: Knowledge, skills, and competencies of healthcare staff. Intercollegiate Framework

	Corporate Parenting Committee
	Report from the Corporate Director of Children and Young People
	Cabinet Member for Children, Young People and Schools - Councillor Gwen Grahl
Brent Looked After Children Annual Health Report 2023/24	

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	1. Brent Looked After Children Annual Health Report 2023/24
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Julia Blankson Named Nurse for Looked After Children in Brent CLCH julia.blankson2@nhs.net Kim Lewis Head of Clinical Services - Brent Children CLCH kimlewis2@nhs.net

1.0 Executive Summary

1.1 This annual report provides information to the Corporate Parenting Committee (CPC) in relation to the health needs of Brent looked after children and the services provided to these children in 2023/24.

2.0 Recommendation(s)

2.1 It is recommended that the CPC review and comment on the contents of this report. This ensures the CPC is fulfilling its responsibility to monitor and scrutinise the activity of Brent's Children and Young People (CYP) service, thus ensuring that adequate care and support are being provided to Brent's looked after children and care leavers.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The work of the health provider team in relation to the health of looked after children contributes to the following borough priorities:

- **The Best Start in Life**
- **Prosperity and Stability**
- **A Healthier Brent**
- **Thriving Communities**

In order for care experienced young people to have the best start in life, prosperity and stability, safety, and good health they need access to timely, holistic health assessments and services which is the priority of the LAC health provider service.

4.0 Background

4.1 Please refer to Appendix 1, Brent Looked After Children Annual Health Report 2023/24.

5.0 Stakeholder and ward member consultation and engagement

5.1 The work undertaken by health partners in relation to looked after children is informed by feedback from children and young people who access their services.

6.0 Financial Considerations

6.1 There are currently no financial implications arising from this report.

7.0 Legal Considerations

7.1 There are currently no legal considerations arising from this report.

8.0 Equality, Diversity & Inclusion (EDI) Considerations

8.1 There are currently no Equality, Diversity & Inclusion (EDI) considerations arising from this report.

9.0 Climate Change and Environmental Considerations

9.1 There are no climate change or environmental considerations.

10.0 Human Resources/Property Considerations (if appropriate)

10.1 There are no human resource or property considerations.

11.0 Communication Considerations

11.1 At this stage there are not any communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children and Young People

This page is intentionally left blank

CLCH Clinical Quality Group
July 2024

Report title	Brent Looked After Children Annual Report 2023/2024		
Agenda item number			
Lead director responsible for approval of this paper	Director of Operations – Outer Northwest Division Associate Director for Safeguarding and Childrens Public Health Nursing		
Report author	Julia Blankson, Named Nurse for Looked After Children in Brent		
CLCH 2020-2025 Strategic priorities	Population health Improving the health of our patients and strive to promote equality and to reduce inequalities		
	Leading in local systems	Integrating services as local partners	Putting our collective CLCH experience and efficiencies to work
	2024/25 Organisational objectives Please delete those * which do not apply before submitting paper		
Quality	*	Maintain and improve the quality of services , further embedding the culture of continuous improvement to support our staff and patients	
Population health	*	Improving the health of our patients and staff and reducing inequalities	
Sustainability	*	Ensuring a sustainable future	
Workforce		Make CLCH a great place to work for everyone	
Operations	*	Restoration and integration of services and delivery of NHS constitutional standards	
Digital transformation	*	Implement the vision of the NHS Long Term Plan	
Finance		Deliver the financial plan	
Describe the purpose of the paper and how it supports the Trust’s strategic priorities to 2025 and organisational objectives for 2024/25 This report provides an annual review on the delivery of health services to Brent Looked After Children (LAC) by the Brent LAC Health Team, within Central London Community Healthcare NHS Trust from 1 st April 2023 –31 st March 2024.			
Implications for partners and working in collaboration. The report demonstrated partnership working with children, young people, and their carers to improve outcomes and life chances for this vulnerable group.			
Freedom of Information status		Commercially sensitive or person identifiable – cannot be shared	
		Can be shared if redacted	
	*	Can be published	
Executive summary: The report provides an overview of initial health assessments undertaken by doctors in the LAC service and review health assessments completed by the LAC Nurses, and the Medical Advisor’s role in providing health advisory reports for adoption and adult fostering. Data summaries are provided in relation to the LAC profiles, service performance indicators, health clinical activities (with explanatory notes), health needs of LAC, service improvements, team achievements and challenges.			

<p>The report concludes with an outlined forward improvement plan for the following year, to offer assurance to continue the safeguarding and health promotion of Brent LAC’s welfare.</p>			
<p>Key internal / external messages to be shared. To acknowledge the work of the Brent CLCH LAC service in supporting the health and wellbeing of LAC.</p>			
<p>Assurance provided: Looked after children seen and assessed by the service and health plans and relevant referrals made to ensure the children and young people meet their health potential.</p>			
<p>How does this paper support equality? This service works to improve the health outcomes for vulnerable children and young people.</p>			
<p>Considered by the Executive Leadership Team (ELT) Date: ELT comments:</p>			
<p>Report provenance – including discussions with partners as applicable: The report will be presented at the CLCH Safeguarding Committee and Childrens Board meetings in August 2024.</p>			
Report for:	Decision <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
<p>Recommendation: To note the work undertaken by the Brent LAC Service.</p>			

Brent Looked After Children [LAC] Health Service

Annual Report

1st April 2023 to 31 March 2024

Report Author

Julia Blankson- Named Nurse for Looked after Children- Brent – Service Manager

Date: 20th June 2024

CONTENTS

Section		Page
1	Introduction	
	1.1 National Picture	1
	1.2 National and Brent Local Profiles of UASCs	3
2	Local Picture (Demographics)	
	2.1 Brent Looked After Children Profile	4
3	Service Summary	
	3.1 Staffing and Supervision	7
	3.2 Working Together in Partnership	9
4	Performance Indicators	
	4.1 Brent LAC Service Key Performance Indicator	11
5	LAC Health Team Clinical Activity	
	5.1 Health Assessments	12
	5.2 Health Needs of Looked After Children	17
	5.3 Health Needs of UASC	18
	5.4 Childhood immunisations	19
	5.5 Dental health	21
	5.6 Visual health	22
	5.7 GP Registrations	23
	5.8 Emotional health and service access	24
	5.9 Substance misuse and service access	26
	5.10 Health summaries for care leavers (17- 18 years)	26
	5.11 Childrens experience of Health Assessments/journey	27
	5.12 Children Adoption advisory reports governance	28
	5.13 Adult Health advisory reports governance	28
	5.14 Training	29
6	Service Improvements	
	6.1 Service Improvements and Team Achievements	30
	6.2 Challenges	31
	6.3 Audits and Consultations	32
7	Forward Planning for 2023/2024	33
8	Appendix - Glossary of Terms	35
9	References	36

Introduction

1.1 The National Picture

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers, in part due to the impact of poverty, abuse, and neglect.

A child who is looked after by a local authority is defined in Section 22 of The Children Act 1989¹ as a child who is subject to a full care order [or an interim care order] or who is accommodated by a local authority. DfE/DH [2015]

Local Authorities are responsible for making sure a health assessment of physical, emotional, and mental health needs is carried out for every child they look after, regardless of where that child lives.

The local authority that looks after the child must arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment. The Initial Health Assessment [IHA] must happen within 20 working days from when the child starts to be looked after [Care Planning, Placement and Case Review Regulations 2010, Regulation 7]².

The number of children entering care is at an all-time high nationally with 90 young people entering the system every day. The majority of cases are due to parental abuse and neglect, However, household issues, such as poverty, poor housing, and substance misuse, significantly contribute to the figures.



There are claims that austerity, changes within the benefits system, introduction of Universal Credit and the slashing of essential children and family services, are partly responsible for the record number of children now living in care [Coram BAAF 2017]³.

There is growing awareness nationally of the Looked-after child agenda, with several key papers and policy drivers published in the past few years, these include:

- 'Pass the Parcel, Children Posted Around the Care System [Children's Commissioner 2019]
- 'Not Seen, Not Heard' [CQC 2016]⁴
- Coram BAAF [2017]
- HM Govt. Working Together to Safeguard Children [2015]⁵
- NICE PH28 Promoting the Quality of Life of Looked after Children and Young People [2021]⁶

The number of children looked after on 31 March 2023 in England was 83,840 .This is an increase of 2% from the 2022 year⁷). No current available published statistics for March 2024.



1.2 NATIONAL AND BRENT LOCAL PROFILES OF UNACCOMPANIED ASYLUM-SEEKING CHILDREN [UASC]

National Profile

Children under 18 years, who have applied for asylum in their own right and are separated from both parents and/or any other responsible adult, are considered as unaccompanied asylum-seeking children (UASC). Hence, under the Children's Act 1989, not only do all local authorities have a legal duty to provide accommodation for these children but that children's services also have a duty of care to provide health service support.

From April 2022 to March 2023, there were 5,0202 asylum applications from UASC, a 7% increase from 2021-2022's total of 4,636⁸. This is in contrast to the lower number of 3,285 for March ending 2024, with a 5% total of applications.⁹

UASC now make up 5% of the Looked After Children population, with 95% being predominantly male. The common reasons for asylum being: 88% 'absent parenting', 7% from abuse or neglect, 4% with acute family stress¹⁰ and were mostly of the 16+ age group¹¹.

Application for asylum to the UK, was as a result of political instability from civil wars in other countries, such as Iran, Eritrea, Afghanistan, Vietnam, Iraq, Albania, Ethiopia, and Syria¹².

In February 2022, the voluntary National Transfer Scheme (NTS) became mandated, for local authorities to engage in the secure transfer of UACS across the UK, between local authorities, guaranteeing access to required services and support¹³.



2.1 Brent Looked After Children Profile

Despite the peaked numbers of Brent LAC UASC cases in April 2022, reflecting the national profile at the time, the case numbers of UASC between April 2023- March 2024, has stabilised to between 50- 60 children.

The health assessment referrals received for UASC, were predominantly male, with the primary reasons for being in care, as per national profile, of political instability in their country of origin, so either no parent around, risk of being killed or persecuted, if they stayed in their country of origin. Age groups for UASC ranged from 15-17 years of age, with 17 being the most common age.

2.2 The Local Picture

Brent LAC Health Team had 369 children on their caseload by the 31st of March 2024, compared to 340 in the previous year, an increase of 29 children, representing an increase of 8% (note: children who have recently entered care and are therefore below 12 months in care, will cause variation in numbers for year ending).

Figure 1 highlights the increased Brent LAC caseload numbers for 2024 compared to 2023.

Figure 1

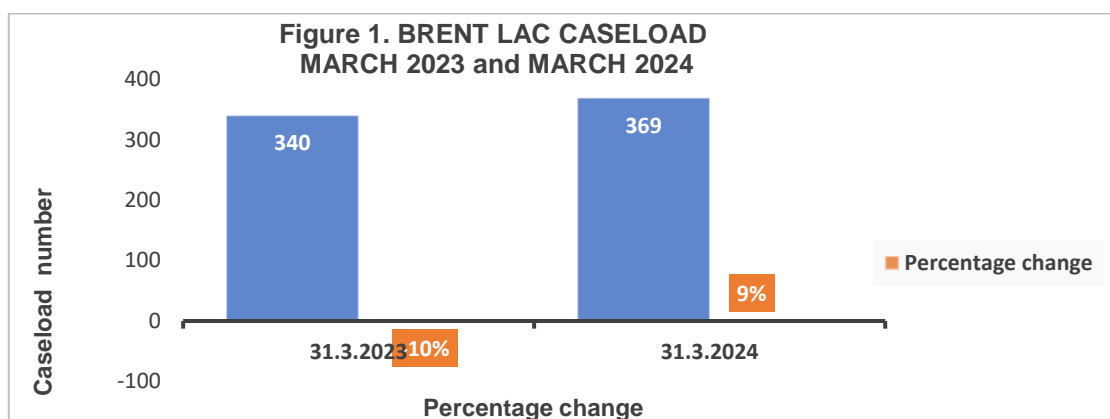


Figure 2 represents the age grouping categories, indicating that the majority of Brent LAC, were aged 6-16 years old, which was the same indication for the previous year.

Interestingly, ending March 2024 also shows that the numbers for the age groups of under 5 years and 17 years+ had both increased by 5% respectively, but for the 6-16-years age group, the numbers had decreased by 10% since last year.

Figure 2

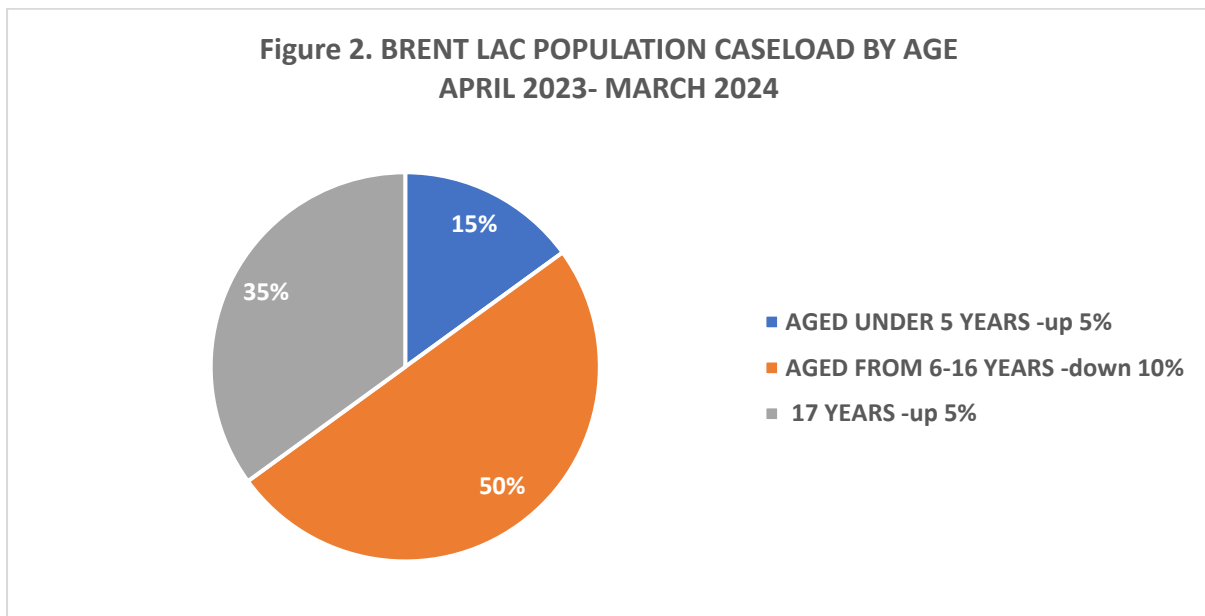


Figure 3 displays the proportion of Brent LAC location placements, which was largely outside of the London borough of Brent. This has not changed since last year but notably, placements in Brent had decreased by 8% and outside Brent, had increased by a further 8% for 2024.

Figure 3

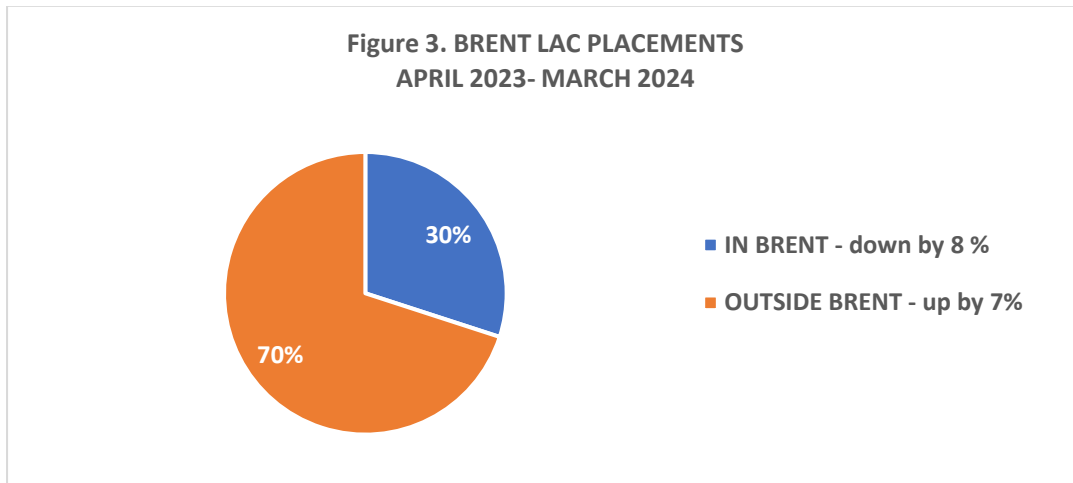
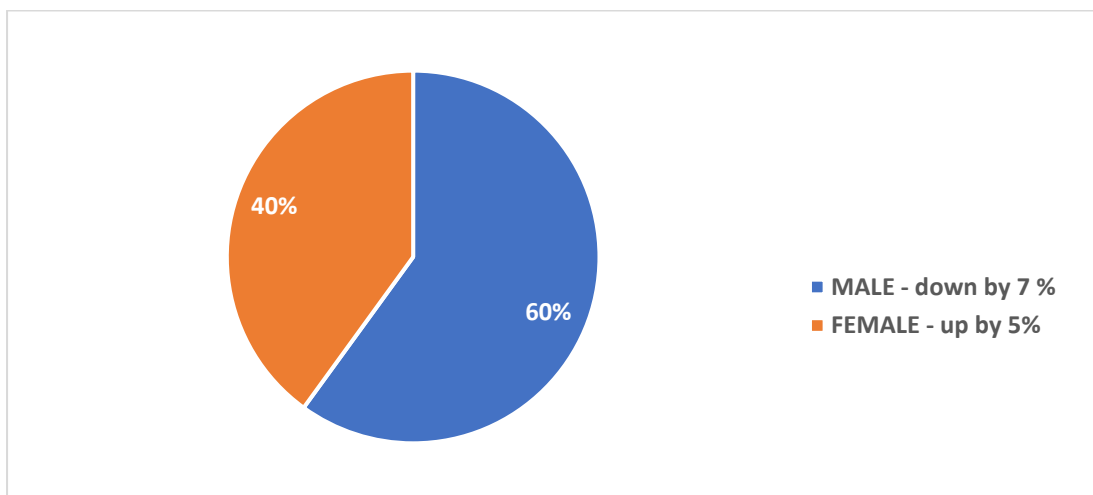


Figure 4 shows that the majority of Brent LAC were male for the year ending 2024. Although this was the same situation in the previous year, there were changes in the numbers for males, which had decreased by 7% and females had increased by 5% since last year.



3 Service summary

The Brent LAC Health Team transferred from London Northwest University Healthcare NHS Trust (LNWUH) to Central London Community Healthcare NHS Trust (CLCH in August 2021). The staffing location is situated within two sites, with the nursing and administrative staff being based at Sudbury Primary Care Centre and the Paediatricians and Named Doctor at Chalkhill Health Centre.

3.1 Staffing and supervision

Following the transfer, the team experienced major changes, with two of the nursing staff moving on to separate roles, a nurse retired and an administrator on long term- sick leave. Gaps in service at times of recruitment challenge, were supported with bank and agency staff. The team continued to be supported by administrators, who worked closely alongside the local authority teams in Lac and permanency. Two full-time permanent LAC nurses successfully recruited.

Each Integrated Care Board (ICB) within the Integrated Care Services (ICS) area, commissions a Designated Doctor and a Designated Nurse for LAC. In Brent, these posts are currently filled, as they work with the Brent LAC service, the wider health sectors, and social care teams, to ensure any changes and gaps in the service are supported.

The service is delivered to all children and young people (CYP) aged 0-18, who are Looked After by the London Borough of Brent. The initial health assessments (IHAs) are undertaken by doctors working in the Brent Community Paediatric Service and the review health assessments (RHAs) by CLCH LAC Nursing Service. Our service also manages the governance of the administrative and advisory reports for childrens adoption and adult health fostering, supported by our administrative staff and a bank part-time Medical Advisor for Adoption and a substantive part-time medical advisor for Adult Health fostering (AH), both are Paediatric Consultants. The service management and all data are reported centrally by the Named Nurse



for LAC. Despite staffing challenges, the team has managed to continue to deliver the service for LAC within a risk management plan, with the additional support of bank staff and completed all required work for adoption and adult.

There are no available SSDA 903 percentage data on completed assessments, till the publication after June 2024.

The Royal College Intercollegiate Framework and guidance¹⁴ for nursing staffing provision levels within the LAC services, agree that 1 WTE Band 7 nurse per 100 children and 1 WTE Band 8a per 50 children. Caseload stands at 340, so should have one band 8 and three band 7 nurses and 2 administrators, which aligns with team establishment.

The Named Nurse for LAC has a clinical caseload as well as responsibilities for operational, educational, and supervisory responsibilities, including managing the overall Brent LAC service. Importantly, the quality of service was maintained with the support of the team, designates, social care teams, bank Lac nurses and CLCH head of children services.

The Brent LAC Health Team has supervision as per NMC Guidelines and the team have robust safeguarding supervision and one-to-one sessions, which they find beneficial to their role:

- Referral by the Named Nurse for LAC of all new starters for safeguarding induction with the Safeguarding advisor.
- 1:1 quarterly safeguarding supervision with the safeguarding advisor maintained.
- Team group safeguarding supervision (this is group supervision using the 'Voice of the Child) 6-monthly.
- Monthly 1:1 sessions with the LAC nurses with Named Nurse to discuss and support with cases and staff wellbeing.
- 1: 1 sessions for the Named Nurse with the CLCH Head of Safeguarding and CLCH Head of Childrens services respectively.

CLCH LAC nurses clinical and safeguarding supervision at forums continued.



3.2 Working together in partnership.

- Partnership meetings attended and their function includes:
- Weekly Team tracker for RHAs/IHAs
 - -to plan, coordinate, allocate, monitor, and collate KPIs for LAC.
- Monthly Brent LAC Health Team meeting
 - -information sharing and plans on LAC service as whole.
- Monthly Designated Nurse for ICB and Brent Named nurse meeting.
 - -information sharing, addressing escalations/concerns and providing assurance for quality service delivery for LAC.
- Every 2 months- LAC health and social care subgroup meeting
 - operational multidisciplinary planning, information sharing and monitoring for LAC.
- Every 2 months - Local partnership meeting
 - -strategic multidisciplinary planning, information sharing and monitoring for LAC.
- Quarterly meetings with the LAC nurses and administrators across CLCH
 - -Trust wide approach to LAC service, learning, supervision, support and information sharing and review of practice.

In view of the significant capacity issues experienced by Brent LAC Health Team, in order to continue to meet the delivery of service to LAC ,and for the efficient use of staffing resource, agreed priorities and a risk management plan was formulated and partnership communications maintained via the dissemination of email notifications to:

- **Weekly Entry to Care Panel meeting (ETC)**
 - -multiagency discussion and decision plans to support vulnerable children including those requiring entry to care (Attended by health safeguarding



colleagues and who communicated with the LAC health team on updates and any required actions).

- **Fortnightly Emotional, Violence and Vulnerability Panel (EVVP)**
 - -multiagency discussion and decision plans regarding adolescents at risk, most are LAC- criminal and sexual exploitation, gangs, county lines- (Attended by our health safeguarding colleagues and who communicated with the LAC health team on updates and any required actions).
- **Strategy meetings** as they arise, on average weekly (Attended by our health safeguarding colleagues and who communicated with the LAC health team on updates and any required actions).
- **Weekly Child Placement Planning Panel (CPP)**- paused attendance.
- **Monthly Residential Panel meeting** -paused attendance.
 - **Monthly CLCH Performance meetings – CLCH-** (Attended by CLCH head of service who and who communicated with the LAC team on updates and any required actions).
- To other boroughs who have their LAC placed in Brent and requesting Brent LAC health for assessments, of the waiting list in place to undertake assessments due to staffing capacity.



4 Performance Indicators

4.1 Brent LAC Health Team's Service Specification Key Performance Indicator (KPI)

Targets

- 95% IHAs completed within 20 working days of entry to care.
- 95% Review health assessments completed within timescales.
- 95% Immunisations completed within timescales.
- 95% Dental health assessments completed within the year.
- 95% Visual health assessments completed within the year.
- 100% GP registration
- 100% Care leaving health summaries for 17+
- 100% Strengths and Difficulties Questionnaire (SDQ)



5 LAC Health Team Clinical Activity

5.1 Health Assessments

The Brent LAC Health Team and Brent social care teams are required by statutory guidance to ensure that all children looked after by the Brent Local Authority (LA), have an initial health assessment (IHAs) within 20 working days of becoming looked after, and thereafter every 6 months (under 5 years old) for review health assessments (RHAs) or annually (over 5 years old).

Face to face, in borough IHAs continue to take place at Wembley and Willesden Centre for Health and Care by doctors from the Brent Medical team/Child Development Service. This includes consultant paediatricians, as well as junior doctors working in the service, on a rotation. In circumstances where placement is a significant distance the local hosting health team are requested to complete the assessment.

RHAs are completed for all children and young people mainly, as face to face but there are occasions for virtual or telephone assessments, dependent on a risk-assessed-needs, location, or placement.

The team aim to see all children placed within the M25 boundary. Agile working continues on an individual basis for health assessments. For both provider and LAC, this represents a choice, and has afforded flexibility in mode and method of assessment which for some children and young children (CYP) within the caseload, as well as foster carers is viewed more positively than face-to-face appointments.

The Brent LAC Health Team administrator is responsible for booking the assessment appointments. However, getting this to work efficiently depends on working proactively with key stakeholders, to ensure notification of LAC and consent paperwork/information is received and sent for the children and young people in a timely manner.



Table 1

Table 1. Timeliness of health assessments – April 2023 – March 2024		
Source : Brent Social Care -SSDA 903 Data		
Assessments of children who have been looked after continuously for at least 12 months		
	2022-2023	2023-2024
LA13.10-Percentage of children with completed assessments	92%	Not available from Brent Social Care till the end of June 2024.

All LAC are referred to the Brent LAC Health Team by the LA. However, there is an additional number that LA figures do not capture as the LA figures are based on LAC in care for a period of 12 consecutive months as shown in **Table 1**.

Some LACs are notified to health, an IHA is carried out and then some leave care - are 'ceased' (Source: SSDA 903 Looked After Children Return - available from social services data and performance team).



Table 2

Table 2. Timeliness of health assessments -2023-2024

IHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	4	0	5	3	2	3	6	1	4	8	1	2
In Borough assessments completed	3	0	5	3	2	3	6	1	3	8	1	2
In Borough reports in timescales	3	0	5	3	2	3	6	1	3	8	1	2
Out of Borough assessments due	12	3	9	10	4	5	2	8	7	5	2	8
Out of Borough assessments completed	9	3	6	8	4	3	1	6	7	4	2	3
Out of Borough reports in timescale	9	3	6	8	4	3	1	6	7	4	2	3
Total assessments completed	12	3	11	11	6	6	7	7	10	12	3	5
No. of exceptions	4	2	2	2	0	2	1	2	1	1	0	5
% Completed (excl exception)	75%	100%	79%	85%	100%	75%	88%	78%	91%	92%	100%	50%
% Completed (incl exceptions)	100%	100%	79%	100%	100%	100%	100%	100%	100%	100%	100%	90%

Rationale for performance in: (NOTE: 2 months in advance reminders sent to the local authority (Social Care), including weekly reminders, escalations to arrange partnership working solutions to senior staff at CLCH, Social care and ICB).

April-Due to x2 late receipts of baaf forms from the local authority (LA), x1 (Did not attend) DNA, x1 awaiting an appointment with the hosting borough, Luton.

June-Due to x2 late IHA reports from the hosting out of borough LAC team.

September-Due to x2 awaiting appointments from hosting boroughs: Sheffield and Milton Keynes respectively.

November-Due to x2 late baaf forms from the LA.

March-Due to x1 late baaf from LA, x2 DNAs, x2 rebooked due to no available doctors due to sickness and annual leave.



Table 3

Table 3. Timeliness of health assessments -2023-2024												
RHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	9	12	7	4	8	6	6	7	6	12	7	8
In Borough assessments completed	4	10	7	3	7	5	5	6	6	9	7	5
In Borough reports in timescales	4	10	7	3	7	5	5	6	6	9	7	5
Out of Borough assessments due	24	15	13	11	23	16	21	14	15	10	17	9
Out of Borough assessments completed	8	13	10	7	17	8	17	11	13	6	12	4
Out of Borough reports in timescale	8	13	10	7	17	8	17	11	13	6	12	4
Total assessments completed	12	23	17	10	24	13	22	17	19	15	19	9
No. of exceptions	21	4	3	5	7	9	5	4	2	7	5	8
% Completed (excl exceptions)	36%	85%	85%	67%	77%	59%	81%	81%	90%	68%	79%	53%
% Completed (incl exceptions)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Rationale for performance in: (NOTE: 2 months in advance reminders sent to the local authority (Social Care), including weekly reminders, escalations to arrange partnership working solutions to senior staff at CLCH, Social care and ICB).

April-Due to x21 baafs not received from the LA.

July- Due to x3 baafs not received from the LA and x2 late baafs waiting for appointments with hosting borough, Kent- their capacity issues.

August-Due to x1 no baaf from LA, x3 late baafs and on the waiting list for hosting boroughs: Birmingham, Kent, and Bedfordshire, x1 declined and x1 referred for Paediatrician to see- Complex needs.

September-Due to x2 no baafs form LA and x7 late baafs on the waiting list for host boroughs (x1-Romford, X2 Bedfordshire, x1 Northampton, x1 Swindon and x2 Kent).



January-Due to x3 no baafs from LA, x4 late baafs and on the waiting list for host boroughs: (x1 Yorkshire, x1 Trafford, X1 Kent and x1 Blackpool).

February-Due x4 late baafs and on the waiting list for hosting boroughs (x1 Cumbria, x1 Stevenage, x2 Kent) and x1 carer was unwell, so unable to bring the child.

March- Due to x3 no baafs, X1 DNA, x1 unwell in hospital and x3 on waiting list with host boroughs (Peterborough, Bedfordshire, and Kent).

Other contributing factors for performance:

The placements for Brent LAC placed outside the Brent borough, covered areas of Peterborough, Bedfordshire, Kent, Cumbria, Stevenage, Trafford, Romford, Northamptonshire, Swindon and Birmingham, Yorkshire, and Blackpool.

Implications for Brent LAC placed outside the M25, in particular, is that their waiting times for assessments can be prolonged, due to the hosting borough staffing capacity. The impacting on timelines is compounded by the late receipt of the baaf forms from the local authority (social care). Brent LAC doctors see children at Brent located clinics only and nurses are commissioned to travel within the M25, a 20-mile distance from base. Although there is an argument for lac nurses to travel out for continuity of care, conversely, should nurses travel extensively, this may reduce capacity for the volume of LAC cases seen per month and less time for other essential health promotion work for LAC.

There have been partnership working agreements, where the Brent LAC Heath Team has arranged and paid for a bank LAC nurse to undertake the assessment on the weekends, and the LA has paid the taxi journey and train journey fare to Brent from an outside placement.



5.2 Health needs of our Looked After children

Figure 4

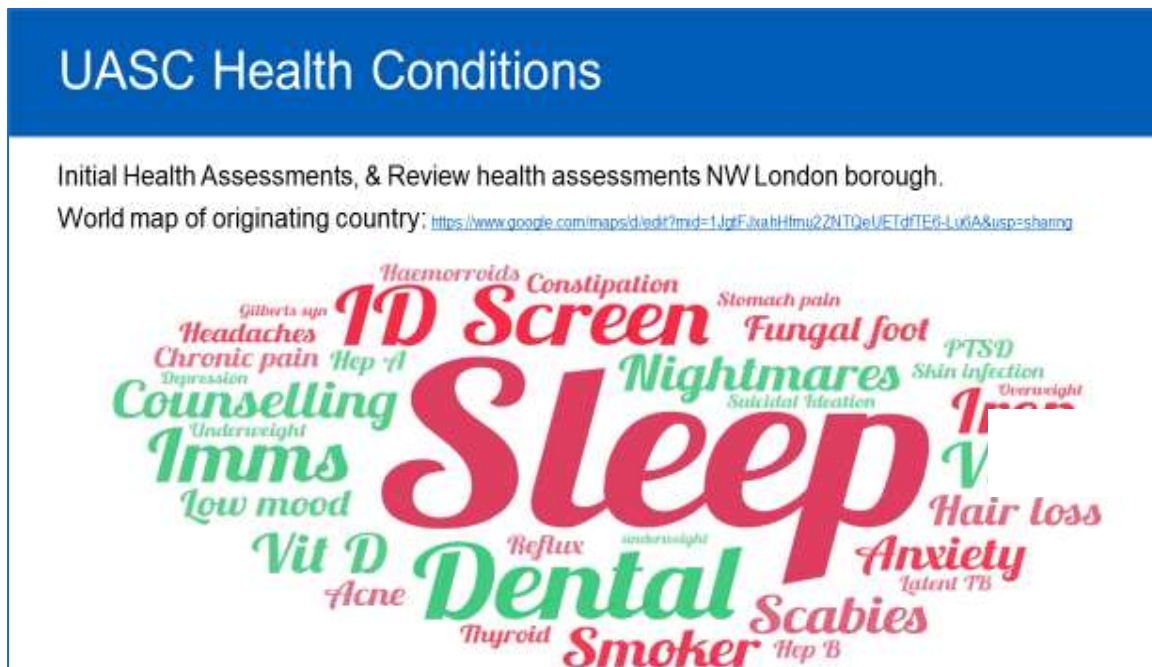


Children become looked after largely, as a result of abuse and neglect. Although they have many of the same health issues as their peers, as illustrated in **Figure 6**, the extent of these is often compounded by their Adverse Childhood Experiences (ACEs). For instance, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. (Promoting the health and wellbeing of looked after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015)



5.3 Health needs of our Unaccompanied Asylum-Seeking Children

Figure 5



The UASC population experience much of the same health needs, except their health needs are specifically related to their experiences, such as from their country of origin, other countries that they have travelled through, travelling journeys, infections, sleep issues, nightmares, and chronic pain (*Figure 7*).

Additionally, although many UASC report concerns with their emotional wellbeing, they frequently decline to access services. Often are not registered with a GP, dentist or optician and language barrier can be problematic without support and advocacy in accessing timely health care.

Partnership work continues on the development of a specialist service offer for the emotional health and wellbeing needs of our UASC population.



5.4 Childhood Immunisations

Table 4

Table 4. Immunisation- April 2023 – March 2024		
Source : Brent Social Care -SSDA 903 Data		
	2022-2023	2023-2024
LA13.07-Percentage of children whose immunisations were up to date.	73%	Not available from Brent Social Care till the end of June 2024.

The Local Authority [LA] should act as a ‘good parent’ in relation to the health of Looked after Children. Within that role it has the right to approve the immunisation of children within its care, against vaccine preventable diseases as per the national immunisation schedule. The Brent LAC Health Team offer advice, education, and support with accessing the service via their registered GP and the community immunisation team. The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age:** Three doses of Diphtheria, tetanus, pertussis [whooping cough], polio and Hib [DTaP/IPV/Hib]. Two doses of Pneumococcal [PCV] and Meningitis C [MenC]
- **By 14 months of age:** A booster dose of Hib/MenC and PCV and the first dose of measles, mumps, and rubella [MMR]
- **By school entry:** Fourth dose of Diphtheria, tetanus, pertussis [whooping cough], polio [DTaP/IPV or dTaP/IPV] and the second dose of MMR
- **Before leaving school:** Fifth dose of tetanus, diphtheria, and polio [Td/IPV]. Two doses of Human Papillomavirus for girls only and a Meningitis ACWY Booster.



The SSDA 903 Data for March 2024 ending, will not be available till after June 2024, hence unable to make comparisons at this stage to the previous year of 73% immunisation completion (**Table 4**). From the Brent LAC Health Team's monthly exception report (April 2023- March 2024), the percentage of IHA completed immunisation ranged from 17% to 86% and for RHA was 50%- 93% . A noticeably general monthly trend from April 2023 to March 2024, is that the uptake numbers are mostly doubled by the annual review assessments.

Reasons for immunisation exceptions are that some parents with shared responsibility declined to consent, some 17-year-olds declined, others have a fear of needles, a few have had severe reactions so unable to have this, often our UASC have no or incomplete immunisation history at IHAs, requiring support to have this completed, frequent placement relocation of LAC, incomplete data in red books and diverse non-linked health database recording. Work continues on supporting the uptake of immunisations within our LAC population.



5.5 Dental Health

Table 5

Table 5. Dental health-April 2023 – March 2024		
Source : Brent Social Care -SSDA 903 Data		
	April 2022-March 2023	April 2023-March 2024
LA13.08- Percentage of children who had their teeth checked by a dentist.	86%	Not available from Brent Social Care till the end of June 2024.

The SSDA 903 Data for March 2024 ending, will not be available till after June 2024, hence unable to make comparisons at this stage to the previous year of 86% dental completion **(Table 5)**.

Dental health is an integral part of the health assessment. The Local Authority and Brent LAC Health Team are required to ensure that LAC receives regular check-ups with a dentist. The Community Dental Service and the Healthy Smiles project, continue to support LAC with complex needs and those who continue to experience difficulties in accessing dental services.

From the Brent LAC Health Team 's monthly exception report (April 2023 to March 2024), the percentage of IHA completed dental checks ranged from 17% - 100% and for RHA was 54%- 90% . A remarkable general monthly trend from April 2023 to March 2024, is that the uptake numbers are significantly improved by the annual review assessments.

Reasons for dental exceptions are the difficulty in registering with local dentists by carers and the frequent placement relocation of LAC. Work continues on supporting access to dental health.



5.6 Visual Health

Table 6

Table 6. Visual health -April 2023-March 2024		
Source- Brent LAC exception reporting		
	April 2022-March 2023	April 2023-March 2024
Overall percentage of children who had their eyes checked by an optician within the year	Of the IHAs seen - 40% completed checks Of the RHAs seen - 43% completed checks (Resulting total of 83 % of completed checks and 17% with incomplete checks). No data available from social care.	Of the IHAs seen – range completed was between 0%- 75%. Of the RHAs seen –range completed was between 40%- 84%. No data available from social care.

Brent Social care do not report on optician visits, therefore there was no available LA data. From the Brent LAC Health Team’s monthly exception report (April 2023 to March 2024), the percentage of IHA completed eye checks ranged from 0% - 100% and for RHA was 40%- 84%. A prominent general monthly trend from April 2023 to March 2024, is that the uptake numbers are largely improved by the annual review assessments **(Table 6)**.

The main complaint from foster carers, was the difficulty in registering with local opticians and frequent placement relocation of LAC. Work continues on supporting access to opticians, whilst acknowledging that most opticians accept registrations from 4 years of age.



5.7 GP Registration

Central London Community Healthcare NHS Trust is required to implement systems to ensure children and young people who are looked after, are registered with a GP.

The SSDA 903 Data for March 2024 ending, will not be available till after June 2024, hence unable to make comparisons at this stage to the previous year of 97% GP registration completion. From the Brent LAC Health Team's monthly exception report (April 2023- March 2024), the percentage of IHA completed GP registration ranged from 57% to 100% and for RHA was 92%- 100%. The improvement in GP registration is clear from the range percentages.

Mechanisms are in place to ensure that all LAC are registered with a GP. However, some young people over 16 years of age, refuse to be registered and although this wish must be respected, the Brent LAC Health Team continues to work with social services and the young people, to help remove barriers to facilitate GP registration. The Brent LAC Health Team advises social services that young people who refuse to be registered with a GP, can access health services via walk in centres, pharmacies or accident and emergencies services.



5.8 Emotional and Mental Health

Table 7 details the data collated from 1st April 2023 to 31 March 2024 regarding LAC identified as having emotional health /mental health concerns and the number of LAC receiving support.

Table 7

Table 7. Emotional and mental health -April 2023-March 2024		
Source- Brent LAC Reporting		
Brent LAC	January-2023-March 2023	April 2023-March 2024
Emotional/mental health concerns	32 out of the 101 (32%)	70%
Receiving emotional /mental health service support	22 out of the 101 (22%)	30%

Due to the nature of their experiences prior to being placed in care, many LAC will have poor mental health. This may be in the form of significant emotional, behavioural and/or mental health problems, attachment disorders, attention deficit disorder [ADHD] and others with undiagnosed neurodivergent conditions, namely: Autism Spectrum Condition/Disorder (ASD/ASC), Dyslexia (a neurodevelopment origin, affects how a person reads, spells, and writes), Dyspraxia (a motor coordination disorder) and obsessive-compulsive disorder (a mental health condition with repetitive behaviours (OCD).

Considering the UASC population, whose stressors originate mostly from extrinsic factors such as separation from family, journey traumas, adjusting to cultural differences living in the UK, contact with border agencies, unfamiliar children’s services, and other state services, commonly present with post-traumatic stress disorders, depression, and anxiety. Given the average age of UASC, most will quickly face transition to leaving care services, where what is made available to them will depend on their eligibility for a pathway plan under the Children [Leaving Care] Act 2000.



All children and young people can access mental health support via their GP, local Child, and Adolescent Mental Health Services (CAMHs), as well as support offered through other local services aligned to the local authority. Yet these services are overstretched and so LAC are compelled to long waiting lists up to 2 years, delaying early intervention support, with potential poor health outcomes. Additionally, some young people are refusing referral, (**Table 7**) as do not consider the current therapeutic offer to meet their needs, whilst rising care leavers 17+, fall between the decisive debate of being supported by children or adult mental health services. Care for those with mental health problems continues over a number of months or years and some into adulthood. On average children are under the care of CAMHs for at least 18 months if engaged psychological and psychotherapeutic intervention.

Strengths and Difficulties Questionnaires [SDQ's] are completed for children aged 4-17 years old. The SDQ is not diagnostic but a behavioural screening tool, to examine a child's mental wellbeing along four broad categories to plan therapeutic support referrals.

A score of 0-13 , banded as *normal*, 14-17 as slightly raised and *borderline* but scores of 17-19 as high and scores of 20-40 as very high and are *cause for concern* for specialist mental health intervention. However, the tool must be used within a holistic assessment to capture a more valid assessment, as the forms may be subjective, due to being self- completed by young people, teachers, and carers.

In Brent, the distribution and scoring of the SDQ to CYP and foster carers is the responsibility of the social workers to undertake on an annual basis. However this has not been consistent due to the high turnover of social workers. There is an argument here for the Brent LAC Health Team to be trained to undertake the SDQs at health assessments and use the score outcomes to inform the health care plan in the RHA report, to be shared with the Local Authority to upload to their Mosaic recording systems and CAMHs if involved with the child's care.



The SSDA 903 Data for March 2024 ending, will not be available till after June 2024, hence unable to make comparisons at this stage to the previous year of the emotional and behavioural data.

5.9 Substance Misuse

Table 8

Table 8. Substance misuse- April 2023- March 2024		
Source : Brent LAC Health Reporting		
Brent LAC	January-2023- March 2023	April 2023- March 2024
Substance misuse	5 out of 105 (4.8%)	90%
Receiving substance misuse service support	0 out of 105 (0%)	10%

All young people identified at the health assessments as misusing substance are offered support services. There was an increase in the number of referral acceptance for support services for this year in comparison to the previous year, although the uptake overall remains low. (**Table 8**). The common reason was that they did not consider that their substance misuse was significant enough, to require specialist support. Work plans continue with more health education and promotion with LAC and carers, including partnership work with therapeutic services, ICBs and LA, to review shared pathways and evidenced-based approaches, to improve service uptake by LAC.

5.10 Health summaries for Care Leavers (17-18 years)

The health summaries are completed as a final health review, with a focus on the young person's wishes, needs, and includes the young person's health history whilst they have been looked after and post eighteen support advice. The Brent LAC Health Team is working towards achieving 100% target, as we continue to share all health summaries with the Brent Care Leavers team to follow-up, as custom and practice, since commencing in 2023.



5.11 Quality-childrens experience of Health Assessments/journey:

In 2022, the Brent LAC Health Team sent out ‘Patients Experience’ surveys to inform the service and ensure the voice of children and young people is represented, heard and influential on service delivery (**Figure 8**).

Figure 6



In 2023- 2024, the Brent LAC Health Team launched another survey to capture the experience of LAC, specifically aimed at the 16–18-year age group, who are approaching the transition to care leaving status, to ascertain their perspective and needs in relation to the current service provision. This remains in progress and findings will be shared.

Another parallel project by the Brent LAC Health Team is LAC’s participation in the development of an animation video to increase awareness about LAC, offer information about the Brent LAC Health Team’s service and for LAC to feel heard and supported about their concerns and wishes. This remains in progress and findings will be shared.



5.12 Children adoption health advisory reports governance

(Table 9)

Table 9. Children adoption advisory reports governance-April 2023- March 2024		
Source : Brent LAC Health		
Type of report advise requested	2022-2023	2023-2024
For the Agency Decision Maker (ADM)	10	22
For Adoption	5	5
Total cases	15	27

5.13 Adult health fostering reports governance

(Table 10)

Table 10 Adult health fostering advisory reports governance-April 2023- March 2024		
Source : Brent LAC Health		
Type of fostering report advise requested	2022-2023	2023-2024
Special guardianship order (SGO)	35	39
Kinship foster carer	29	9
General foster carer	84	74
Other - Short breaks carer	2	7
Nominated carer	0	1
Total cases	150	130

Through a standalone contract with the local authority, Brent LAC Health Team currently manages the governance of the administrative and advisory support for childrens adoption and adult health fostering, supported by our administrative staff, a bank part-time Medical Advisor for Adoption, and a substantive part-time Medical Advisor for Fostering (both are Consultant Paediatricians). The current contract runs until August 2024. The adoption and fostering cases are from the Brent LAC population and it is clear that the cases of adoption increased by 12 (**Table 9**), whilst the cases for fostering decreased by 20 (**Table 10**), since last year. The service management and all data are reported centrally by the Named Nurse for LAC. All cases were completed for the year.

Following the Somerset Ruling in April 2022, (CoramBAAF, 2022)¹⁵, our team follows the regulatory processes for undertaking the ADM, followed by the adoption advisory report,



when requests are received from Brent social care. Shared pathways devised by Brent LAC health and agreed with Brent social care LAC continue to be implemented.

5.14 Training

Due to the major changes and staffing capacity within the year, assessments were prioritised and with new LAC nurse recruitments and sustained bank LAC nurses to support, training was resumed.



6 Service Improvements

6.1 Service Improvements and Team Achievements

1. Despite the ongoing challenges faced by the Brent LAC Health Team, we have demonstrated resilience and continue to ensure the health needs of all Brent LAC are being met.
2. Considering the ongoing challenges with timely notifications to the Brent social workers, the LAC health administrators have worked relentlessly to ensure that IHAs and RHAs are largely being met within timescales .
3. Revision of outdated SOPs, pathways and formulation of new SOPs and pathways for the team and the shared pathways with social care.
4. Continue to work with devised tracking systems for monitoring Brent LAC due for, seen and reports dissemination to relevant professionals involved in their care.
5. Continue to utilise the team systems for managing the influx of request, queries and advise from other professionals. Brent LAC Health Team won the Shared Governance Council Award in October 2023, for the Team's hard work and dedication with LAC.
6. Quality assurance of reports and ongoing systematic process to collate the KPIs assessment to ensure health needs of LAC are captured and actioned .
7. Ongoing use of secured additional clinic space to undertake more RHAs at Sudbury.
8. Brent LAC Health Team has designed a streamlined BAAF forms with consultation with stakeholders and currently awaits approval for sign off.

In progress -Brent LAC health animation and leaflet project for LAC, service, professionals.



6.2 Challenges

The challenges as detailed below are being worked on with senior management and partners.

- Several challenges are being worked through with senior management and system partners.
- Meeting the requirements as set out in the Royal Colleges Intercollegiate Framework regarding the role and capacity of LAC nurses.
- A minimum of 1 WTE* specialist nurse per 100 looked after children: based on the caseload size, the service requires 3 full-time band 7 nurses. However, this significantly reduced to Named Nurse and one admin but with bank lac nurses and admin due to sickness and resignations, to manage the workload.
- A minimum of 1 WTE Named Nurse per 50 (currently working with over 50 cases of looked after children for each LAC provider service. The Named Nurse has a caseload in addition to the operational management, leading change initiatives, supervision, training and educational aspects of the team and service delivery. The LAC nursing service continues to work with more children and young people every year with no increase in nursing hours to reflect this.
- To sustain a full complement of the Brent LAC Health Team, in order to manage the impact of the increasing demands of the LAC service.
- The increasing number of Brent LAC placed outside of the M25 – their IHA and RHA assessments continue to be delayed, due to issues beyond our control, such as the hosting borough's capacity issue, which is currently a national issue.
- The rising number of other borough requests for IHA and RHA assessments of their LAC placed in Brent. This increases waiting times for LAC assessments as impacts capacity.
- The MA for adoption and MA for adult health advisory reports delays, when the MA is on annual or sick leave, as we have not been able to recruit to cover the posts substantively (a national issue), consequently, impacts service continuity.



- Support services required for the emotional and mental wellbeing of LAC is a concern, due to the long waiting times by Brent CAMHS; up to 2 years. Working with partners to explore alternative solutions.
- Work is ongoing with the ICB and the LA to improve the referral submission request forms to Brent LAC Health Team, as this continues to be a huge challenge in ensuring assessment timescales are optimised. Nonetheless, optimistic to focus on joint working strengths and opportunities to manage the challenges and threats. **(Figure 9)**

Figure 9.

Challenges with CoramBAAF health assessment referral requests	
<p>Strengths:</p> <ol style="list-style-type: none"> 1. Good communication between social care and LAC health. 2. Shared information contact details of both services. 3. Monthly health and social subgroup meetings to address issues. 4. Improved notification from the CRT team. 5. Brent LAC admin provides RHA reminder due dates to Social Care every 2-3 months, monthly, weekly. 6. Ongoing telephone and email support for Social Workers. 	<p>Weakness:</p> <ol style="list-style-type: none"> 1. Increasing rejected, late and no BAAFs received 2. Unsustainable to chase social workers weekly for BAAFs
<p>Opportunity:</p> <ol style="list-style-type: none"> 1. United effort to make LAC health via assessments a priority for all. 2. Practical plans progressing for co-location working on a fortnightly basis at the Civic centre from Lac Health. Secured social care laptop for Health to be implemented . 3. Brent LAC admin BAAF training to resume social workers and new staff in health and social care. 4. Ongoing health and social care meetings to address diverse business pressures and ways to manage this. 5. BAAF form format to be improved to help both social care and health professionals – IT – electronic considerations. 6. More time for incorporating and developing care leaver/ UACs services to meet the changing needs of LAC. 7. Better health outcomes for LAC 	<p>Threat:</p> <ol style="list-style-type: none"> 1. Fluctuating workforce turnover between health and social care. 2. Increasing, rejected, late and no BAAFs received, resultant delayed assessments for Lac and affects health outcomes. 3. Increased strategy meetings for Lac children with complex social and health needs for all. 4. Workload impact for the vulnerable LAC assessments, where their health needs will be identified and met in an untimely manner. 5. Workload impact on both health and social care professionals of catching up with the outstanding, current and the expected forecasted BAAF assessments to be undertaken.

6.3 Audits and Consultations

In December 2023, the ICB audited random samples of 23 IHAs and 23 RHAs reports and supplied good to the Brent LAC Health Team. The information also supported the ICB to complete consultations around health needs of LAC.



Forward Planning for 2023/2024

We are planning to undertake the following actions in 2023/24

- Network with and more joint working with placements, fostering teams, accelerated support team, social care UASC team, social care care-leavers team, childrens disabilities team, community dentists, community immunisations team, GPs, emotional wellbeing team(VIA), CAMHs, virtual school, youth offending service, foster carers and keyworkers to ensure that all children and young people are supported to access the dentist, optician, complete immunisations, access emotional support, offer nutritional and healthy lifestyle choices advise, register with a local GP and to offer health promotion education and advice on a sessional basis.
- Align current Specialist LAC nurses for UASC, rising 18s (care leavers), for LAC with emotional/mental health, additional needs and the under 5-year-olds, to offer bespoke support and joint partnership work. (Full staff establishment -dependent).
- Brent LAC Health Team training to increase LAC service awareness to other professionals such as social workers, health visitors, school nurses, therapists, community childrens nurses, student nurses, trainee doctors, allied therapists, and General Practitioners, around the service we provide, health needs of LAC and joint working.
- Continue quarterly meetings with the LAC Nurses across CLCH.
- Discussion with social care, ICB, commissioners and CLCH senior management, to explore possible training of lac nurses, to support the implementation and triangulation of SDQ scoring with young persons, carers, and education for consistent uptake, to inform health assessments and share with relevant professionals. Additionally, to explore funding and booking of face- to face interpreters for timely assessments. Currently, the Brent LAC Health Team must wait on the social worker to arrange interpreters due to service level agreements, but this contributes to delays in bookings.
- To work with the ICB and other partners around care leavers, commissioning a care leavers health service that meets the needs of young people post 18 years of age.
- Partake in Corporate Parent meeting.
- Children and young people within the LAC service are a very mobile population and it is important to track them carefully to ensure that the health assessments take



place. For health, SystemOne is the database used and we do not have shared IT with social services data base, Mosaic. Hence, to discuss co-location and access to Mosaic with our social care partners .

- Support the LAC team to adjust to the numerous changes underway.

End of Report



Appendix - Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend.

IHA- Initial Health Assessment

LAC- Looked after Child

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child



References

¹ HM Govt [1989] The Children Act Crown Publications

² DH [2010] Care Planning, Placement and Case Review Regulations. Crown Publications

³ Coram BAAF [2017] Coram BAAF Adoption and Fostering Academy.

www.corambaaf.org.uk

⁴ CQC [2016] 'Not Seen, Not Heard' Care Quality Commission.

www.cqc.org.uk

⁵ DfE/DH [2015] Working together to Safeguard Children. Crown Publications

⁶ NICE [2021] PH28 Promoting the Quality of Life of Looked after Children and Young People.

www.nice.org.uk

⁷ (Department for Education, 'Create your own tables: CLA numbers and rates per 10,000 children aged under 18 years—LA from 'Children looked after in England including adoptions'', February 2024.

<https://explore-education-statistics.service.gov.uk/data-tables/permalink/5593240b-79a5-4c3d-3f47-08dc49b232c8>

⁸ Kent County Council, 2023

⁹ Home Office- 13th June – Immigration system statistics, year ending March 2024- How many people do we grant protection to? Second edition.

¹⁰ Children looked after in England including adoptions, National statistics, 17 November 2022)

¹¹ Anastasia Koutsounia on December 1, 2022, in Children, Social work leaders

<https://www.communitycare.co.uk/2022/12/01/asylum-seeking-children-numbers-rise-dfe-figures/>

¹² Appendix 4 of the CLA data collection guide).

<https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/separated-children-facts/#:~:text=In%20the%20year%20ending%20September,in%20particular%2C%20are%20at%20risk>

¹³ Children looked after in England including adoptions, National statistics, 17 November 2022

<https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022>

¹⁴ Intercollegiate Guidance: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, March 2015

¹⁵ 13 April 2022 1 © CoramBAAF 2022 Update briefing: Somerset County Council v NHS Somerset Clinical Commissioning Group & Ors [2022]

