



Community and Wellbeing Scrutiny Committee

Wednesday 17 September 2025 at 6.00 pm

Conference Hall - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Please note that this will be held as an in person physical meeting which all Committee members will be required to attend in person.

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast will be made available [HERE](#).

Membership:

Members

Councillors:

Ketan Sheth (Chair)

Afzal (Vice Chair)

Aden

Collymore

Chohan

Clinton

Ethapemi

Mahmood

Rajan-Seelan

T. Smith

Mistry

Substitute Members

Councillors:

Moghaddam, S Butt, Conneely, Dixon, Kennelly, Long,
Mitchell, Molloy and Shah

Councillors:

Kansagra and Maurice

Councillors:

Lorber and Matin

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools

The Venerable Catherine Pickford, Archdeacon of Northolt/Willesden Area, Church
of England Faith Schools

Sayed Jaffar Milani, Muslim Faith Schools

Rachelle Goldberg, Jewish Faith Schools

Vacancy X2 Parent Governors

Observers

Brent Youth Parliament, Observer

Jenny Cooper, NEU and Special School observer

John Roche, NEU and Secondary School Observer

For further information contact: Hannah O'Brien, Senior Governance Officer
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 significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then 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 of 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 or trade union).
- (b) The interests 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 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 is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3 Deputations (if any)	
To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting	1 - 8
To approve the minutes of the previous meeting as a correct record.	
5 Matters arising (if any)	
6 Children's Oral Health	9 - 78
To provide an overview to the Committee on children's oral health in Brent, including both national and local contexts and available data.	
7 Period Dignity in Brent	79 - 88
To provide an overview of the council's action to tackle period poverty through the Period Dignity Brent project.	
8 The Impact of Youth Justice Service Delivery in Brent	89 - 196
To provide an overview of the impact of Youth Justice Service (YJS) delivery, outlined in the Brent Youth Justice Plan 2025-2028, which is due to be presented at Cabinet in October 2025.	
9 Community and Wellbeing Scrutiny Committee Work Programme 2025-26	197 - 206

To present the Committee's work programme for 2025/26.

10 Community and Wellbeing Scrutiny Committee Recommendations Tracker 207 - 225

To present the Scrutiny Recommendations Tracker to the Community and Wellbeing Scrutiny Committee.

11 Any other urgent business

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

Date of the next meeting: Wednesday 19 November 2025



- Please remember to turn 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 on a first come first serve basis. Alternatively, it will be possible to follow proceedings via the live webcast [HERE](#).

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 2 July 2025 at 6.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Afzal, Clinton, Ethapemi, Mistry, and T. Smith, and co-opted members Ms Rachelle Goldberg and Mr Alloysius Frederick

In attendance: Councillor Gwen Grahl, Councillor Neil Neva

1. Apologies for absence and clarification of alternate members

- Councillor Chohan
- Councillor Aden
- Archdeacon Catherine Pickford
- Nigel Chapman
- Rachel Crossley

2. Declarations of interests

Personal interests were declared as follows:

- Councillor Ketan Sheth – Lead Governor of Central and North West London NHS Foundation Trust and governor at a number of educational settings.
- Councillor Ethapemi – governor for Brentfield Primary School
- Alloysius Frederick – Chair of governors for All Saints Trust, consisting of a number of Brent schools

3. Deputations (if any)

There were no deputations received.

4. Minutes of the previous meeting

The minutes of the meeting held on 28 April 2025 were approved as an accurate record of the meeting.

5. Matters arising (if any)

There were no matters arising.

6. Brent Safeguarding Adults Board (Multi-agency safeguarding arrangements) Annual Report April 2024 - March 2025

Nicola Brownjohn (Independent Chair of the Brent Safeguarding Adults Board) introduced the Safeguarding Adults Board Annual Report which covered the reporting period from April 2024 to March 2025. She advised the Committee that this had been her first full year as Independent Chair, and her role was to support the Safeguarding Adults Board (SAB) in gaining assurance about the effectiveness of safeguarding arrangements for adults in Brent. She added this was done through various subgroups, focused on 3 strategic

priorities agreed by the SAB in January 2024 which would continue until 2026. These priorities were; self-neglect; substance misuse and housing; and learning from Safeguarding Adult Reviews (SARs).

In outlining the activity for 2024-25, Nicola Brownjohn advised that the report demonstrated the work done to strengthen the governance of the Board through the development of additional subgroups such as a Performance and Audit Subgroup to look at data focusing on specific areas to inform the work of the Board. Outstanding SARs had now been completed, where there had been a backlog before she had joined, and partner agencies had come together to complete a self-assessment, as detailed in the report.

The Committee was advised that Nicola Brownjohn used appreciative enquiry to assure herself of arrangements, working with the three strategic partners – Integrated Care Board, Police and Adult Social Care – to look at what was working well and what needed improvement. Her reflections over the past year, as detailed in the report, were that the Board was working well together with good attendance at meetings, stronger governance, and more impactful learning from SARs with a better quality of reports coming through. For example, learning from Adult G's SAR identified the need to utilise the High-Risk Panel more, which featured in some other SARs, and now there was evidence that the High-Risk Panel was being used well from a multi-agency perspective.

The last year, the SAB had begun development of a Community Engagement Project, looking at how to improve community voice on the Board, and Nicola Brownjohn expressed appreciation to Healthwatch for the work they had done to help that project progress. The past year, the SAB had also improved its focus on transitional safeguarding and identified 3 cohorts to focus on; those with additional needs, care leavers, and those at risk of exploitation. There was an aim to establish and embed transitional safeguarding into the work of the SAB the following year.

Claudia Brown (Director of Adult Social Care, Brent Council) agreed that the SAB was working well, with an increased number of subgroups, which was resulting in an improvement in learning from SARs. She assured the Committee that there were structures in place to deliver learning and feedback from various stakeholders outlining what they had done as a result of learning from SARs. Both Sue Sheldon (Assistant Director for Safeguarding, NWL ICB) and Will Lexton-Jones (Detective Superintendent – NW BCU Met Police) agreed and emphasised the improved learning from SARs.

In concluding the introduction, Councillor Neil Nerva (as Cabinet Member for Adult Social Care, Public Health and Leisure) thanked Nicola Brownjohn for the work she had done as Chair of SAB, highlighting the difficult task of managing a complex partnership with a range of organisations. He highlighted the value of the partnership at a place-based level.

The Chair thanked presenters for their introduction and invited comments and questions from those present, with the following issues raised:

The Committee recognised the positives in the report and introduction, noting the comments about improved learning, and asked what lessons had been learned over the past year. Nicola Brownjohn highlighted that learning had helped confirm that mental health and housing were the right priorities for the SAB, particularly the importance of housing that was appropriate for individuals with drug or alcohol misuse, who were self-neglecting, or developing long-term chronic illnesses and unable to live independently. As a result of that learning, more thorough work with Housing was taking place, and the SAB was receiving regular reports relating to adults with substance misuse and their housing. Work was also being done with Public Health around housing need and substance misuse.

As a supplementary, the Committee asked where the police had a role in safeguarding those with substance misuse and how the partnership came together in these cases. Nicola Brownjohn explained that, for the particular SAR that was commissioned in relation to substance misuse, the police had not been involved in that. However, the SAB had worked with the Safer Brent Partnership where further work with the police was being undertaken around cuckooing, which linked closely with this theme.

In terms of learning from SARs, Claudia Brown added that a lot of themes that came out of SARs were around communication, partnership working, and ensuring there were processes and pathways for communication. She felt the SAB was now bringing organisations together well through Lunch and Learn sessions, 7-minute briefings, and feedback collected from partner organisations to highlight what had changed as a result of a particular SAR which was then fed back to the SAB and monitored over a period of time.

The Committee highlighted the need to see a more detailed assessment of the improvements made over the last year, and trends over time across a three year period, so that they could track improvements and monitor KPIs. Nicola Brownjohn advised that a subgroup had been established to look at performance, feeding specific data into the SAB, such as around self-neglect. Alongside the performance data that was now being fed in, she also got her assurance of improvements through talking with communities and practitioners and testing out whether the learning was being taken forward. Sue Sheldon added that the Integrated Care Board (ICB) worked closely with all health providers in Brent and saw the learning embedded when undertaking supervision and training. In relation to self-neglect, there was evidence of an increased awareness of and identification of self-neglect, and the Safeguarding Health Outcome Framework showed an increase in referrals for self-neglect which had previously been low, showing an increased awareness of the signs of self-neglect as a result of learning.

In terms of working as a partnership, the Committee asked how partners could evidence the multi-agency ethos having been embedded in the arrangements and organisations' understanding of the value of working collectively as a partnership. Will Lexton-Jones advised that attendance at statutory meetings and contributions to them was evidence that partners were committed to a multi-agency ethos with strong representation at all levels. Darren Jones (Director of Nursing, NWL ICB) added that the ICB had established a quality group where all partners across NWL came together to talk about quality and what work should be taken forward as a system, such as through 7-minute learnings which were shared across NWL, including Brent. He felt that Brent and NWL had a very open learning environment, and partners were honest where things had not gone well and took learning on board. Claudia Brown provided another example of multi-agency learning through the High-Risk Panel, which was now seeing appropriate referrals from all agencies whereas before it was not.

In response to what partners would want to see from each other to make the partnership more effective, Will Lexton-Jones advised that he would want to see closer working with neighbourhood colleagues to take localism and expertise into neighbourhoods, and with Detective Superintendent Tony Bellis now leading on neighbourhoods he felt that there was potential to develop some greater investment through working closer with Neighbourhood Teams. In addition, he saw co-location as preferable where affordable. Many of these changes were dependent on a Met-wide position.

Regarding sections 3.2.8 and 3.2.9 of the report, which detailed the joint work between children's and adult safeguarding looking at transitional safeguarding, the Committee asked what the current relationship between the Chair of SAB and Independent Scrutineer of the Safeguarding Children Partnership Arrangements was. Nicola Brownjohn highlighted that transitional safeguarding was a joint project between children's and adults safeguarding, and

she met regularly with the Independent Scrutineer for Safeguarding Children. Recently a seminar had been held for practitioners and managers to analyse transitional safeguarding arrangements. She was also leading a joint case review looking at the 3 particular cohorts of focus in more detail. Keith Makin (Brent Safeguarding Children Partnership Independent Scrutineer) echoed the points, emphasising the importance of transitional safeguarding, particularly for care experienced young people, where national experience demonstrated that many young people got lost in the system when transitioning to adulthood.

The Committee asked whether there were any common themes being identified for children and adults in the transitional safeguarding workstream. Nicola Brownjohn advised that, of the 3 cohorts being focused on (care leavers, young people with additional needs, and young people at risk of exploitation), it was likely that some of those children and young adults would feature across all 3 cohorts. When more information and analysis was available on that, it would be presented to the joint executive, who would then agree what needed to be embedded for 2026. Claudia Brown added that Adult Social Care now had a process where particularly vulnerable individuals were supported through the transitional pathway once they reached 18. The original focus of that had been on those with SEND, but this was now being expanded to children who were looked after where it was evident they would need additional support, such as those at risk of radicalisation.

The Committee noted the increase in self-neglect high risk cases, and asked how confident the Chair was that all partners were working together to ensure individuals were not falling through the net. Nicola Brownjohn explained that a previous SAR from several years ago, INDIRA, had identified that different agencies had been involved with the person and self-neglect had been normalised. The impact of that SAR had been to enhance the High-Risk Panel and focus on escalation guidance. She added that the SAB would not know about the gaps but expected awareness raising by everyone, to be assured that if someone identified self-neglect then it would be taken to the appropriate agency.

The Committee highlighted that there had been several high-profile national incidents related to safeguarding in the media over the past 12 months, and asked for assurance that the learning from those national cases was fed into the partnership boards. Nicola Brownjohn assured the Committee that learning from national cases did feed through the partnership. She advised that a ministerial letter about rough sleeping deaths now required Boards to consider this a safeguarding issue, and she had been impressed by how Brent's partnership had come together to build a process around that with a Lead on rough sleeping deaths now sitting on the Board.

The Committee also asked how the SAB learned from other boroughs and whether the SAB actively worked with other boroughs around this. Nicola Brownjohn advised that Brent's Annual Report was created much earlier than other Boards, so currently there was no benchmarking data that Brent could compare with other areas, but she confirmed there was learning from other Boards.

In terms of how the SAB and Chair was engaging with the community voice, the Committee heard that a project with Healthwatch was ongoing, looking at how community voice could be represented at SAB. Healthwatch had helped identify some cohorts to reach out to, and as a result the Chair had visited a Dementia Café, Autism Café and a group of Somali women. She hoped more work would be done with Brent Health Matters and Healthwatch to identify other groups and identify any gaps. Nicola Brownjohn explained that, initially, those groups had been reticent to talk about safeguarding, but by the end of the sessions they were more open and feeding back in a helpful way.

The Chair asked Katherine Shaw (CEO, Healthwatch Brent) to reflect on the experiences of service users in relation to safeguarding. She advised that Healthwatch had seen

improvements this year in the strength of the partnership. One area of improvement from service users was around feedback, ensuring that when service users provided feedback they then heard about what had changed as a result. Nicola Brownjohn advised that the current community engagement project was underway but not yet completed, and confirmed that future work would include feedback to those communities. The project was due to finish in November, and she hoped an event would take place where the local community could be invited and that feedback could be shared.

In drawing the discussion to close, the Chair asked what the key emerging priorities for the SAB for the next 12 months were. Nicola Brownjohn explained that the current strategic plan would continue until 2026 and after that the priorities would be shaped through themes coming from SARs and the national picture.

As no further issues were raised the Chair thanked officers for their time and responses and invited members to make recommendations, with the following RESOLVED:

- i) To co-produce a SAB priority with those with lived experience.
- ii) To commission a multi-agency safeguarding awareness campaign.
- iii) For future reports to list learnings and how they have been addressed.
- iv) For future reports to reflect on national reviews and how they impact locally.

7. Brent Safeguarding Children Partnership (Multi-agency safeguarding arrangements) Annual Report April 2024 - March 2025

Keith Makin (Brent Safeguarding Children Partnership Independent Scrutineer) introduced the Brent Safeguarding Children Partnership Annual Report which covered the reporting period from April 2024 to March 2025. He recognised from the discussion on the Safeguarding Adults Board Annual Report that the Committee would want more data and statistics included in future, which had been echoed by an LGA representative, and he would take that forward for future Annual Reports.

In introducing the report, Keith Makin advised that children's safeguarding arrangements were made up of a 3-way partnership between health, the police, and the local authority, which was legislated in statutory guidance. The role of the partnership was to seek assurance on safeguarding, learning from local and national events through various means. To do that, a new data dashboard had been developed which was available to the various groups the partnership oversaw, aided by an audit software system called PHEW.

Over the past year as Independent Scrutineer, Keith Makin had been developing plans to work more closely with children and young people and bring their voices into the partnership. He hoped to develop a system of young scrutineers working alongside him to scrutinise the whole children's partnership, and he had helped to introduce this arrangement in three other boroughs he worked with that Brent could learn from. The partnership was also working more closely with Community Safety, who were represented at the Safeguarding Children Forum and Case Review Group (CRG). The past year had also focused on ensuring Brent was compliant with Working Together 2023 guidance which partners were now assured of. This had resulted in some changes in governance to include Lead Safeguarding Partners who met twice yearly with high level representation from Brent Council's Chief Executive, NWL Integrated Care Board's Chief Executive, and the Borough Commander of NW BCU. Delegated Safeguarding Partners met more regularly as an Executive Group. The guidance had also recommended that partnerships treated education as a fourth partner, which the Delegated Safeguarding Partners were working to

introduce, and education was well represented at the Safeguarding Children Forum. He advised members of the recent Online Safety Task and Finish Group that the Forum had established, which would be a priority for the next year, as well as developing data and analysis further, hearing the voice of children and young people, neurodiversity, particularly masking behaviours amongst young girls, and transitional safeguarding.

In concluding the introduction, Councillor Gwen Grahl (as Cabinet Member for Children, Young People and Schools) highlighted the recent restructure of children's social care in response to the Independent Review of Children's Social Care, which she felt evidenced how the Council and partners had responded to the recommendations of that. She felt there were strong professional relationships amongst the partnership with good professional curiosity, accountability and healthy challenge.

The Chair thanked the presenters for their introductions and invited the Committee to ask questions of the officers, with the following points raised:

The Committee asked how learning and behaviour change was embedded so that it led to positive outcomes. Keith Makin advised that the partnership learned from a number of different sources. For the reporting period, there had been no Rapid Reviews, but the partnership had reviewed its thresholds and how they compared with other boroughs and was satisfied that this was not a cause for concern. The partnership looked at other cases, for example had recently learned from a case where a child fell from a height and a 7-minute briefing was circulated, and another case which resulted in training for staff across health and social care. The partnership's multi-agency audit group had looked at cases surrounding mental health which had identified a need to focus on girls with autism who may be displaying masking behaviours which had resulted in services changing certain practices. Palvinder Kudhail (Director of Early Help and Social Care, Brent Council) added that partnership would always do the learning regardless of the level of risk or injury of a case. She advised that, when all relevant agencies involved in a family's life had been pulled together and presented information regarding the case, if the issue related to a single agency then the partners were specific about what the recommendation was and what would be done, including who would follow up and when. Where it was more than one agency or widespread, a follow up plan would be implemented alongside a further audit to test the learning. This could involve talking to frontline practitioners about what they had learned and built into their practice. For example, in relation to children falling from heights, the partnership knew through the Child Death Overview Panels of 5 London local authorities that there was a pattern emerging, so work was done on a pan-London level to review that and raise awareness, which was done through all possible outlets including Family Wellbeing Centres (FWCs). Where there were national issues, the partnership also considered and explored those to reassure themselves that a similar incident would not happen within Brent.

The Committee asked what specific learning had taken place from the Child Q Safeguarding Practice Review both at a national and local level. Will Lexton-Jones (Detective Superintendent, NW BCU, Met Police) advised that substantial learning had taken place on a Met-wide level. Firstly, learning was done around the specific case and the strengthening of the STIP process as a result of that, which had then been disseminated at an organisational level to ensure everyone knew the process. Secondly, learning had been done for the broader Child First Strategy that the Met was introducing to ensure a child-centric approach to how officers interacted with young people. This had involved a whole Met training programme for frontline delivery units. Palvinder Kudhail added that specific training on adultification had been offered to all agencies. A stop and search audit had also been done, looking at how partners worked together and ensured young people were dealt with appropriately, taking on board some of the lessons from the Child Q case.

The Committee raised Awaab's Law, which had been implemented following the death of a child due to poor housing conditions, and asked whether the partnership worked with housing colleagues, including from Housing Associations, in relation to safeguarding. Keith Makin advised that some discussions had taken place, but he felt that needed to be extended in order to be assured that the partnership was sited on what was happening within the whole housing sector, including private landlords and independent providers. Councillor Grahl felt that it was an important point regarding Housing Associations and she was working with Councillor Donnelly-Jackson (Cabinet Member for Housing) to set up a Forum for Housing Associations so that they could have a relationship with the Council.

The Committee asked how effective multi-agency working was in terms of prevention, specifically around issues such as county lines, grooming gangs and knife crime. Councillor Grahl acknowledged that these were legitimate problems within children's safeguarding that everybody needed to be aware of, and without multi-agency arrangements it would not be possible to respond to those issues. She reassured members that there was activity locally and nationally on all of those areas. For example, Baroness Casey had audited group-based child sexual exploitation recently, which Councillor Grahl had raised with officers and tabled a discussion to respond to the recommendations of that audit. Will Lexton-Jones added that there would be a Met-wide response to Baroness Casey's findings following a public enquiry.

In relation to online safety, Keith Makin advised that this was an emerging issue for children and young people, which was being recognised through audits and other mechanisms. It was also something that young people had told the partnership they wanted to focus on. As a Forum, a Task and Finish Group had been established to look into this, who were working with schools and designing a survey regarding mobile phone use in schools in order to establish a borough-wide approach to mobile phones in schools.

The Committee asked how well the partnership worked with other organisations such as Healthwatch and community sector organisations. Keith Makin advised that this was currently done through the Safeguarding Children Forum which included a lay member, which helped bring the partnership closer to the community. He acknowledged that having one person represent the whole of Brent was difficult, but the Forum was well engaged with schools and community organisations and was looking at bringing in more lay members. He had not yet worked with Healthwatch but intended to engage going forward. The Committee emphasised the importance of knowing the borough and community well, and highlighted other non-statutory partners the Chair could engage with such as football clubs and youth groups.

The Chair then invited representatives from Brent Youth Parliament (BYP) to contribute, who asked why all schools in the borough were not represented on the Brent Safeguarding Children Forum. Keith Makin acknowledged that he would want to have all schools across the borough represented at the Forum but it was not always possible to have that at one time. He felt that having young scrutineers would help with that as they would be able to directly engage with children and young people in schools. Palvinder Kudhail added that Brent had a very active Designated Safeguarding Lead Network, where issues and learning were shared, which was then fed back into the Forum.

As a supplementary, BYP representatives asked what the role of young scrutineers would be, what their impact would be and how they would be recruited. Keith Makin explained that the recruitment process had not yet been established but he had experience from other local partnerships of ways that had worked. He understood the need for representation across the borough and suggested co-designing the recruitment and role of the scrutineers with BYP and other young people. He envisaged that their role would be to sit on and contribute to partnership meetings to bring the voice of young people in and

ensure it was always in the room. He also foresaw young scrutineers influencing the annual report and how that was written. There was ambition to start this process in the current financial year.

The Chair drew the item to a close and invited members to make recommendations with the following RESOLVED:

- i) To recommend that the Committee have sight of the work being done around online safety.
- ii) To receive a future report looking at how services are supporting young people from a transitional safeguarding perspective who are vulnerable but do not meet the threshold for Adult Social Care.
- iii) To recommend an improvement in safeguarding support for youth organisations.
- iv) For the Independent Scrutineer to contact Healthwatch to see how they can support the work of the partnership.
- v) For future reports to include more data and KPIs.
- vi) Brent Youth Parliament recommended that the partnership reach out to different youth and community groups alongside schools.


8. Community and Wellbeing Scrutiny Committee Recommendations Tracker

The Committee noted the recommendations tracker.

9. Any other urgent business

None.

The meeting closed at 8:15pm
Councillor Ketan Sheth, Chair

	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Corporate Director of Service Reform and Strategy
	Lead Cabinet Member – Cabinet Member for Adult Social Care, Public Health and Leisure (Cllr Neil Nerva)
Children's Oral Health	

Wards Affected:	ALL
Key or Non-Key Decision:	For information
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:	Appendix 1: Supervised Toothbrushing Toolkit Appendix 2: Summary of Brent Oral Health Bus 2024 Appendix 3: Summary of feedback and testimonials for Brent Oral Health Bus 2023 Appendix 4: Photos from the Brent Oral Health Bus Events
Background Papers:	Oral Health Needs Assessment - JSNA 2023 Brent Open Data
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	<p>Chukwusomebi Anwunah: Principal Public Health Strategist Chukwusomebi.Anwunah@brent.gov.uk</p> <p>Marie McLoughlin: Public Health Consultant Marie.McLoughlin@brent.gov.uk</p> <p>Dr Melanie Smith: Director of Public Health Melanie.Smith@brent.gov.uk</p>

1.0 Executive Summary

- 1.1 This report provides an overview to the Committee on children's oral health in Brent, including both national and local contexts and available data. It will examine existing and future services and activities in Brent aimed at improving oral health outcomes and addressing health inequalities. It does not cover dentistry as it is an NHS responsibility and out of scope for this report.

2.0 Recommendation(s)

- 2.1 Members of the Scrutiny Committee are recommended to note the progress being made by the Council with respect to children's oral health.

3.0 Detail

3.1 **Contribution to Borough Plan Priorities & Strategic Context**

3.1.1 The **Brent Borough Plan 2023-2027** outlines key strategic priorities aimed at improving health and well-being across the borough. The priorities most relevant to this report are: **Strategic Priorities: “A Healthier Brent”** and **“The Best Start in Life”**. These priority focuses on reducing health inequalities and improving overall health outcomes for Brent residents as well as providing support for babies, children, and young people when they need to ensure they have the best start to their lives. The children’s oral health workstream aligns with this priority in the following ways:

- Promoting good oral health behaviour early within families.
- Reducing negative oral health outcomes through targeted interventions.

3.1.2 This report is also relevant to two priorities from the Brent Joint Health and Wellbeing Strategy 2022 – 2027, namely: “Healthy Lives” and “Staying Healthy”. These priorities focus on empowering Brent families to make good oral health choices and to understand how to keep their teeth and mouth healthy so that they can live in a healthy way and have access to good dental care when they need it.

4.0 **Background**

Good oral health is essential for maintaining general health and wellbeing. It affects how children speak, chew, taste food, grow, look, socialise, and enjoy life. Consequently, poor oral health can lead to tooth decay, tooth pain, infection, and loss of teeth. This can damage individuals’ social wellbeing and self-esteem, especially children and young adults.

Poor oral health can also lead to missed school days due to pain, infection, and dental appointments, affecting both children’s education and parents’ work schedules. A comprehensive review of 18 studies found that children with one or more decayed teeth were 57% more likely to have poor school attendance compared to children without tooth decay¹.

Fortunately, dental decay is preventable; having good oral health behaviours from an early age allows every child to have the best start in life as well as preserving their quality of life through to old age.

4.1 **Levels of dental decay in Brent compared to London and National rates:**

4.1.1 The 2024 National Dental Epidemiology Programme (NDEP) survey suggested that up to 43.4% of children in Brent had experienced some form of tooth decay by 5 years of age. The highest of all London boroughs as well as all local authorities in England. Furthermore, this percentage was almost double the London and England average.

¹ [Does oral health influence school performance and school attendance? A systematic review and meta-analysis.](#)

Percentage of 5 year olds with experience of visually obvious dental decay 2024

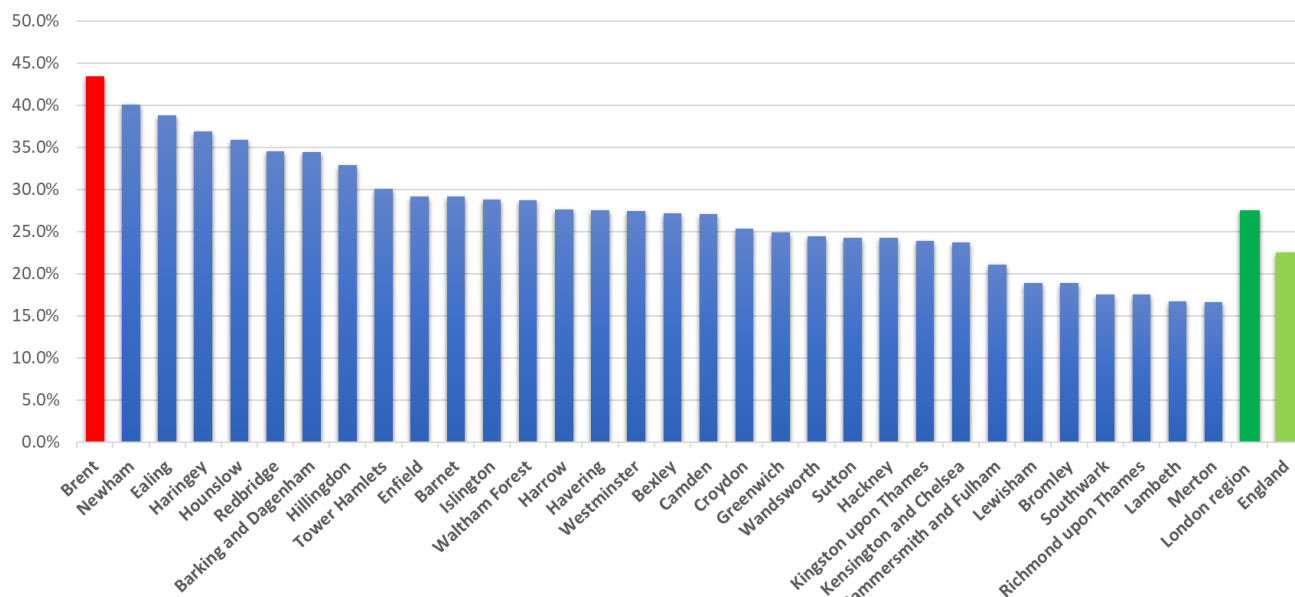


Figure 1: Tooth Decay among 5-year-old Children in London 2022

4.2 Levels of dental decay in Brent over time:

- 4.2.1 The burden of dental decay in Brent had seen progressive increase between 2015 and 2022, reflected in the worsening rate of hospital admissions for dental caries among children in the borough. However, the proportion of 5-year-olds with dental decay has dropped in Brent between 2022 and 2024, possibly due to a combination of local public health effort and better oral health behaviour among residents.

Trend of Dental Decay Experience

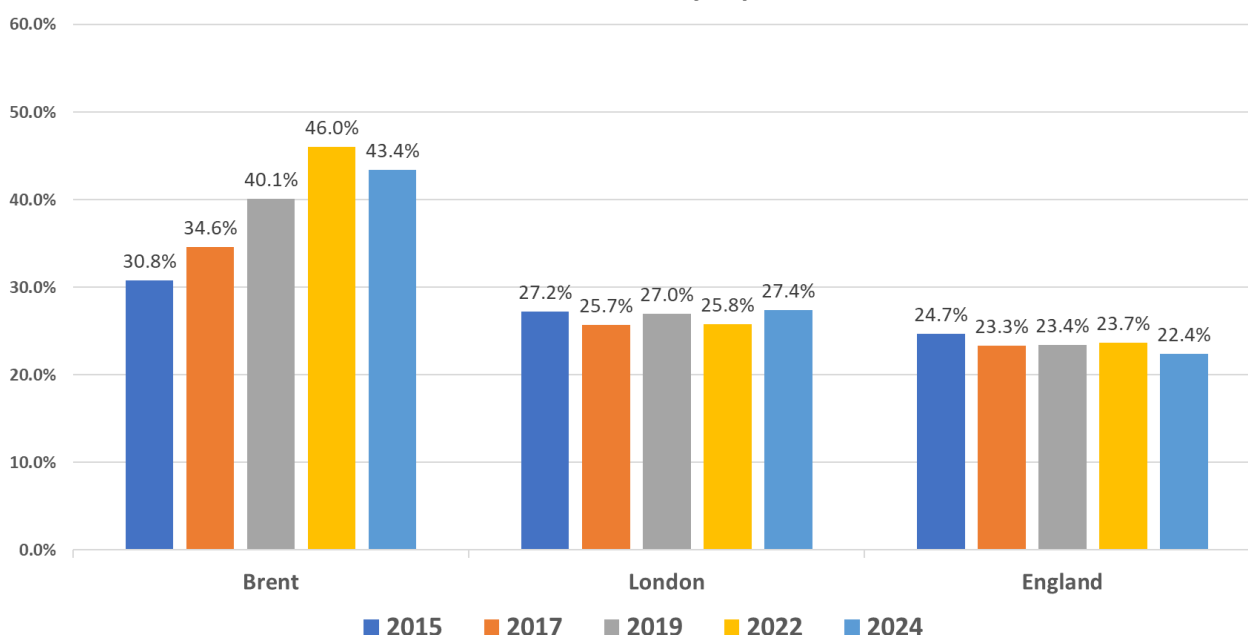


Figure 2: Trend of Dental Decay Experience in Brent 2015-2024

4.3 Factors associated with poor oral health:

Several factors perpetuate poor oral health among Brent children. This includes negative oral hygiene habits and diet, inadequate exposure to fluoride and gaps in the knowledge and attitude surrounding good oral health behaviour.

4.4 Negative oral hygiene habits and diet

4.4.1 There is mounting evidence as to the factors which contribute to the development of oral disease. These factors include nutrition, from as early in life as the pattern of infant feeding, to the quality of food we consume through to adulthood. A diet high in free sugar has been implicated in the development of dental decay.

4.4.2 Other key factors include poor dental hygiene habits, use of pacifier dummies or bottles with soft teats for children past 12 months, as well as certain social practices such as smoking, and tobacco chewing. Having good oral health behaviours from an early age allows every child to have the best start in life as well as preserving their quality of life through to old age.

4.4.3 Barriers to fluoridation in London:

4.4.3.1 Despite the well-documented benefits of water fluoridation in improving oral health and reducing inequalities, London's water supply is not routinely fluoridated due to a mix of technical, political, legal, and public opinion-based issues that have prevented widespread fluoridation.

4.4.3.2 London's water infrastructure is complex, with more than one water supplier, making city-wide implementation technically challenging because of overlapping responsibilities and the need to coordinate across the different suppliers and health authorities.

4.4.3.3 Until 2022, local authorities held responsibility for water fluoridation, which created fragmentation and slowed progress. Although the Health and Care Act 2022 gave the Secretary of State for Health the power to introduce fluoridation schemes, implementation still requires public consultation and collaboration with local authorities and Integrated Care Boards (ICBs).

4.4.3.4 The London Assembly Health Committee supports fluoridation, but implementation depends on central government action and local political consensus. The Secretary of State must consult all local authorities whose areas are affected before requesting a water company to start a new fluoridation scheme.

4.4.3.5 London's water supply is from multiple companies, including Thames Water, Affinity Water, SES Water, and South-East Water. A fluoridation scheme would affect all local authorities within the service areas of the water treatment works from which water is being fluoridated, not just those in London. Due to the interconnected nature of water supply, a scheme affecting even part of London could require consultation with authorities across a wide geographic area – starting from the 32 boroughs in London and potentially including the 137 local authorities across the South-East of England.

- 4.4.3.6 The Mayor of London has been urged to review fluoridation feasibility, but no formal plans have been announced. The National Institute for Health and Care Research funded the largest ever study of the effects of water fluoridation on the dental health of adults and found that while the public sector saved an estimated £16.9 Million between 2010 and 2020 because of water fluoridation (NHS treatment costs were £22.26 lower per person (5.5%) and patients paid £7.64 less (2%))².
- 4.4.3.7 According to the study, optimal water fluoridation cost £10.30 per person and the capital costs of setting up a new scheme covering a similar number of people in 2009 have been estimated at around £50 million in today's prices. This cost would be expected to be borne by central government, per the Health and Care Act 2022. However, the act also allows for potential regulations around cost-sharing with NHS organisations or local authorities in the future.
- 4.4.3.8 Widespread water fluoridation programmes also face vocal opposition, with opponent against the move arguing that it constitutes mass medication without individual consent over what goes into one's body. There are also concerns about its potential health effects, despite the vast body of scientific evidence that supports the safety and effectiveness of fluoridation at recommended levels.
- 4.4.3.9 The Department of Health and Social Care (DHSC) conducted a public consultation in 2024 to gather views and evidence on a proposal to expand community water fluoridation schemes across the North-East of England. Based on the consultation responses and the other factors set out in the regulations, the Department has decided to work with Northumbrian Water Limited to implement the expansion of community water fluoridation in the region.
- 4.4.4 Knowledge of good nutrition for oral health and good dental hygiene techniques:
- 4.4.4.1 In July 2022, the public health team conducted an oral health knowledge and practice survey for students in years 9 and 10 in the borough. This survey lasted for four weeks and had 187 respondents. In November 2022, the team repeated the survey, this time expanding the target population to include students in years 7 through 10. This survey ran for eight weeks but received only 130 respondents.
- 4.4.4.2 The data from this survey suggested that although most of the students (77%) practised the proper frequency and duration of toothbrushing, there were gaps noted in the knowledge of the recommended technique in the completion of the toothbrushing exercise, specifically, 43% of students rinsed their mouth with water after brushing. Additionally, about half of the students used mouthwash and about 72% of those who did, did so immediately after brushing. Dental experts recommend that everyone should spit out the excess toothpaste only, after brushing, and not rinse their mouths with water or mouthwash.

² [Future benefits of water fluoridation not guaranteed, study shows](#)

Moore D, Allen T, Birch S, Tickle M, Walsh T, Pretty IA. How effective and cost-effective is water fluoridation for adults? Protocol for a 10-year retrospective cohort study. *BDJ Open*. 2021 Jan 21;7(1):3. doi: 10.1038/s41405-021-00062-9. PMID: 33479223; PMCID: PMC7820470.

- 4.4.4.3 Over half of the students surveyed consumed sugary foods or drinks multiple times a week and around 30% admitting to consuming these products at least once a day. This is of concern given the established link between high sugar consumption and dental decay.
- 4.4.4.4 One student justified their consumption of fizzy drinks due to being diabetic and needing to maintain balance with their medications. Therefore, we may need to consider how long-term medical conditions like diabetes influence lifestyle practices that affect oral health.

4.5 Responsibilities of NHS (GDPs, LDC, CDS) vs Public Health:

- 4.5.1 There are two commissioners of oral health support and care in Brent: the NHS and Brent Council public health. NHS England, via the North-West London Integrated Care Board, commissions the Community Dental Service and general dental practitioners in Brent, including the high street dental practices.
- 4.5.2 The Community Dental Service (CDS) is a referral-only service for children and adults who cannot access or receive treatment from a general dental practitioner (GDP) due to special care needs, like learning disabilities, physical disabilities, severe anxiety, mental health conditions, or medical conditions.
- 4.5.3 Dentists and dental practices are represented by a Local Dental Committee (LDC), a statutory body made of elected NHS-dental practitioners, and they act as a conduit for communication between dentists and local NHS authorities, providing a forum to voice concerns, receive updates, and influence policies and regulations that affect primary care dental services.
- 4.5.4 Brent Council Public health commissions the Brent oral health promotion team that delivers promotion, engagement and training on good oral health behaviour to Brent residents via schools, early years settings, care homes and community centres and events.

5.0 Local Public Health Action

The public health team has undertaken preventative and corrective measures to address dental decay among Brent children, including:

5.1 Oral Health Needs Assessment

- 5.1.1 We carried out an oral health needs assessment for children and young people in Brent in 2023 using data from the NDEP survey, NHS Digital, oral health bus, supervised toothbrushing programme, oral health surveys of pregnant parents, parents with 0-5 y/o children, and secondary school children.
- 5.1.2 We explored oral health outcomes among children and young people, identified gaps in oral health knowledge and practices and made recommendations for oral health promotion & interventions. A link to the oral health needs assessment is attached in appendix 1.

5.2 Oral health bus/school event

5.2.1 The intervention:

5.2.1.1 Over the past five years, the public health team has partnered with NHS England's Dental Workforce Training and Education team, Brent's oral health promotion team from Whittington Health, and several other council teams and external organisations to deliver a mobile dental assessment and intervention project in the borough, also known as the Oral Health Bus.

5.2.1.2 A summary of the 2025 oral health bus outcomes is attached in appendix 2

5.2.2 Rational for the intervention:

5.2.2.1 The programme set out to deliver dental checks to primary school children for dental decay (dental caries), provide applications of fluoride varnish where necessary, and make referrals to dental practices for children with one or more dental caries via letters to nearby dental practices. We prioritised primary schools with high numbers of overweight/obese children as reported by the National Child Measurement Programme, as well as schools in areas of high deprivation.

5.2.3 Monitoring and evaluation:

5.2.3.1 In 2024, we delivered the oral health bus project in 23 schools across Brent and completed 841 dental checks for the pupils. More primary school children have received dental checks with every year of the oral health bus project.

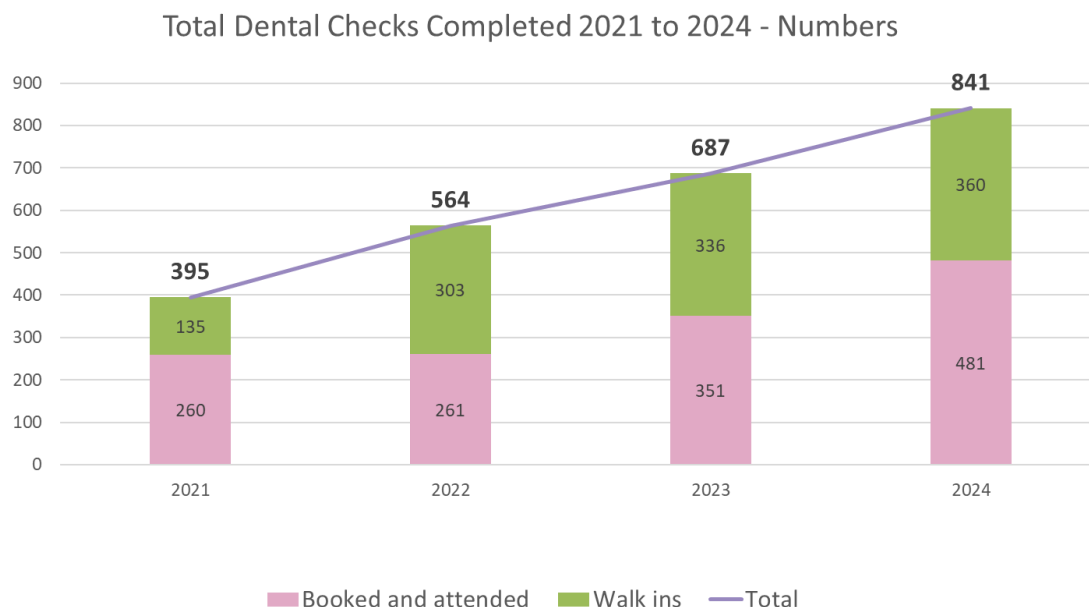


Figure 3: Total Dental Checks Completed 2021-2024

5.2.3.2 Of those attending the dental checks in 2024, 19.9% had never visited a dentist before – an improvement from 25.3% in 2023 and 31.9% in 2022. Additionally, 55.9% last visited a dentist less than one year prior (this figure was 54.1% in 2023, and 47.8% in 2022).

5.2.3.3 In the first three years of the project, we collected data on children with active tooth decay. Over the lifetime of the project, we have seen that proportion reduce even with

increasing numbers of children checked, from 40% in 2021 to 36.2 % in 2024.

5.2.3.4 In 2024, we collected data on missing and filled teeth as well as active tooth decay to be able to compare our data with the NDEP survey which measures missing and filled teeth in addition to active tooth decay.

5.2.3.5 We found that out of 841 children checked in Brent, 43.5% of them had dental decay, missing, or filled teeth, very similar to the results of the NDEP 2024 survey in Brent at 43.4%.

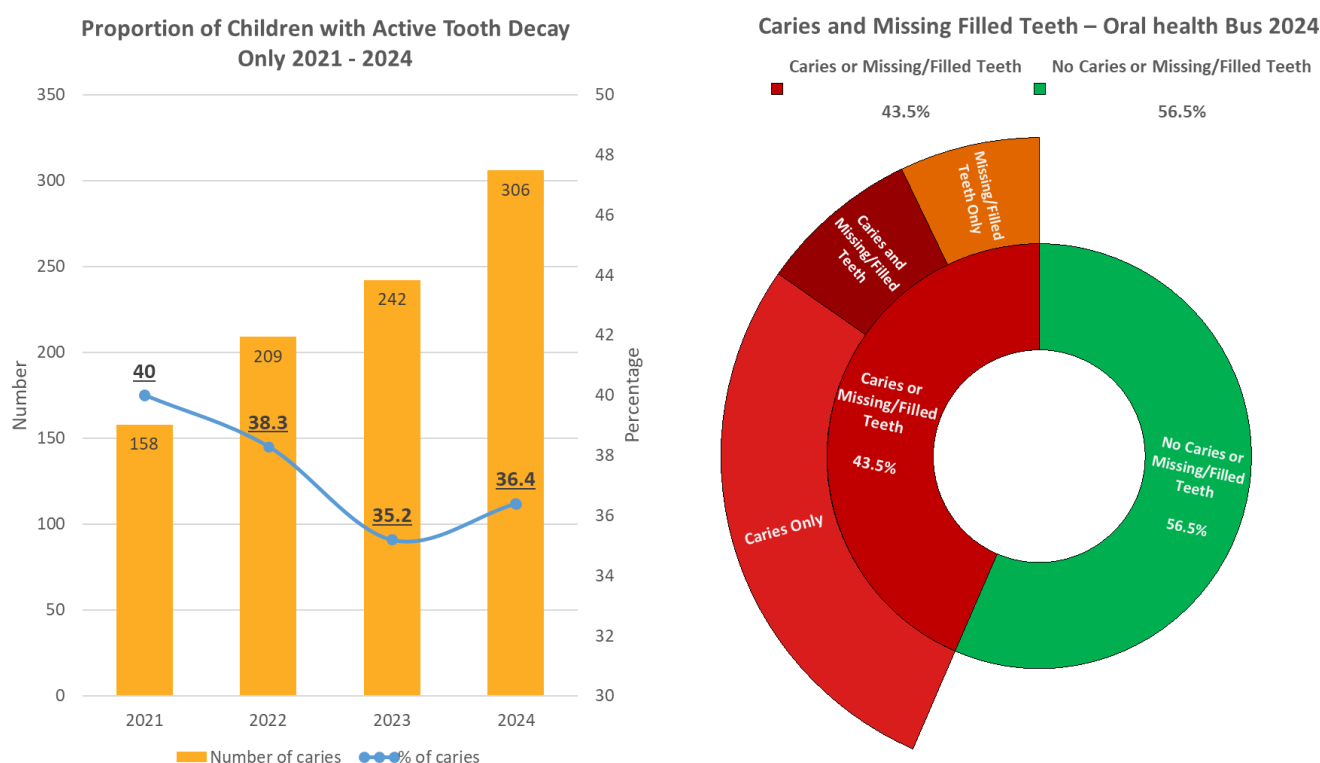


Figure 4: Proportion of Children with Decayed, Missing, and Filled Teeth 2024

5.2.3.6 Children attending the oral health bus were predominantly aged 5 to 10 years old – 81.5% overall. Expectedly, most children with dental caries were aged 5-10 years old. Also, boys were slightly under-represented, and girls slightly over-represented in attendance at the oral health bus compared to the Brent census age distribution. However, the prevalence of dental caries across gender was relatively similar to the attendance and census distribution.

5.2.3.7 Children of White, Black, and Mixed ethnic backgrounds were under-represented in dental bus attendances compared to Census proportions, while Asian and Other ethnicities are over-represented. However, the proportion of children from Black and White ethnic backgrounds in attendance who had active tooth decay were the lowest at 31% respectively, while children of Asian (39%), Mixed (40%), and Other (44%) ethnicities had higher rate of dental caries, reflecting the targeted nature of the intervention for those most at need.

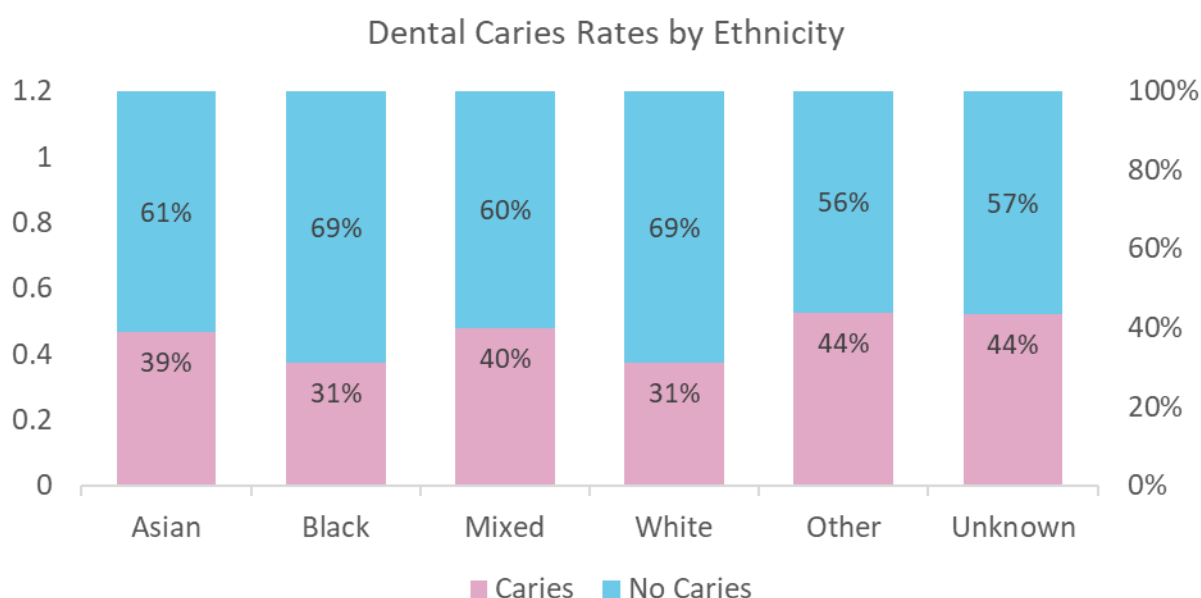
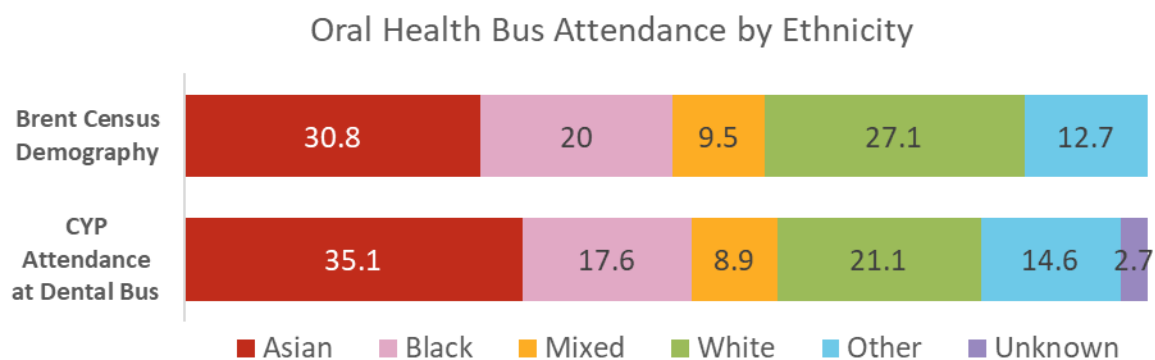


Figure 5: Ethnicity Distribution at Oral Health Bus 2024

- 5.2.3.8 Residents living in areas in the Indices of Multiple Deprivation deciles 1-3 make up approximately 36% of the population. However, children from these deciles were over-represented at the oral health bus attendance at a proportion of 58% of all attendances – this was expected as these areas were prioritised. The rates of dental caries were higher in more deprived deciles.

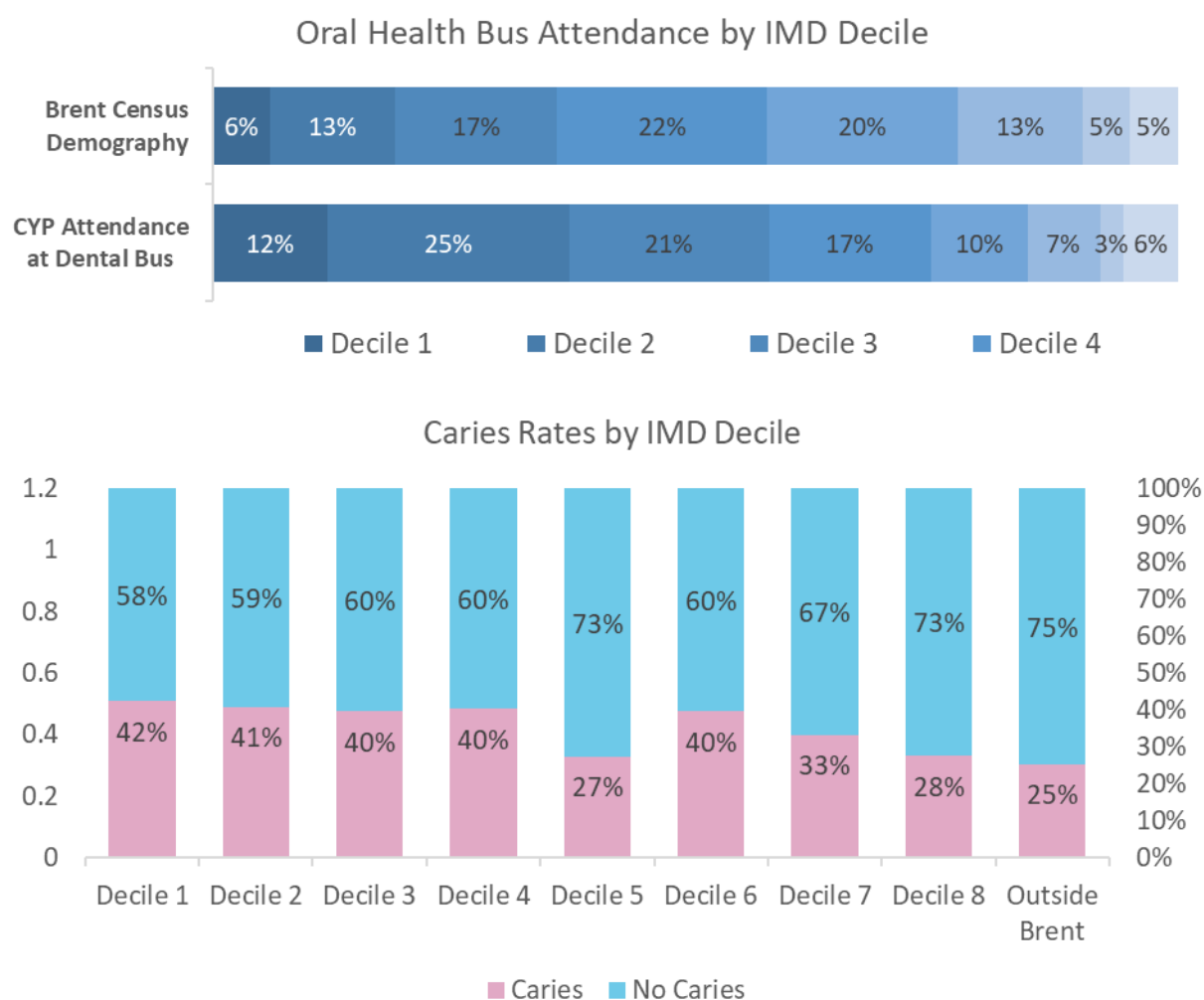


Figure 6: IMD Decile Distribution at Oral Health Bus 2024

- 5.2.3.9 At the end of each programme period, the public health team contacted the families referred for dental appointments via emails, text messages, and phone calls to confirm their attendance at the referral, as well as the nature of dental care that was provided.
- 5.2.3.10 The oral health promotion team and the child weight management teams have engaged with over seven hundred families over the course of the programme so far. In addition to providing advice, counselling, and signposting, they also handed out toothbrush and toothpaste kits to children and parents.
- 5.2.3.11 Overall, the oral health bus programme is a successful screening and intervention outreach service that provides additional insight to the oral health needs of children in Brent. It also serves as an opportunity for other organisations and services to reach families. More importantly, it gave families in Brent a chance to engage more with dentists and dental practices and in doing so, improving the relationship of the community with health and care services. Feedback and testimonials from the events are summarised in appendix 3, and photos from some of the events are attached in appendix 4.

5.3 Supervised toothbrushing

5.3.1 The intervention

5.3.1.1 The oral health promotion team from Whittington Health NHS Trust delivers the supervised toothbrushing programme in Brent, where pupils of primary schools and early years' settings are supervised by trained staff as they brush their teeth with fluoride toothpaste in class. This programme has been running in Brent since 2017.

5.3.2 Rationale:

5.3.2.1 Daily application of fluoride toothpaste to teeth reduces the risk of tooth decay in children. Fluoride strengthens the enamel during tooth-formation, and it also prevents tooth decay from developing and progressing to dental cavities.

5.3.2.2 Teaching children about proper toothbrushing technique early and the importance of regular and adequate timing of oral hygiene, with the aim of instilling good oral health habits to last them a lifetime.

5.3.3 Monitoring / evaluation

5.3.3.1 The oral health promotion team currently delivers the supervised toothbrushing programme in 117 settings in the borough (72% of the 151 settings approached) – this includes primary schools, nurseries, family wellbeing centres, SEN schools and childminders.

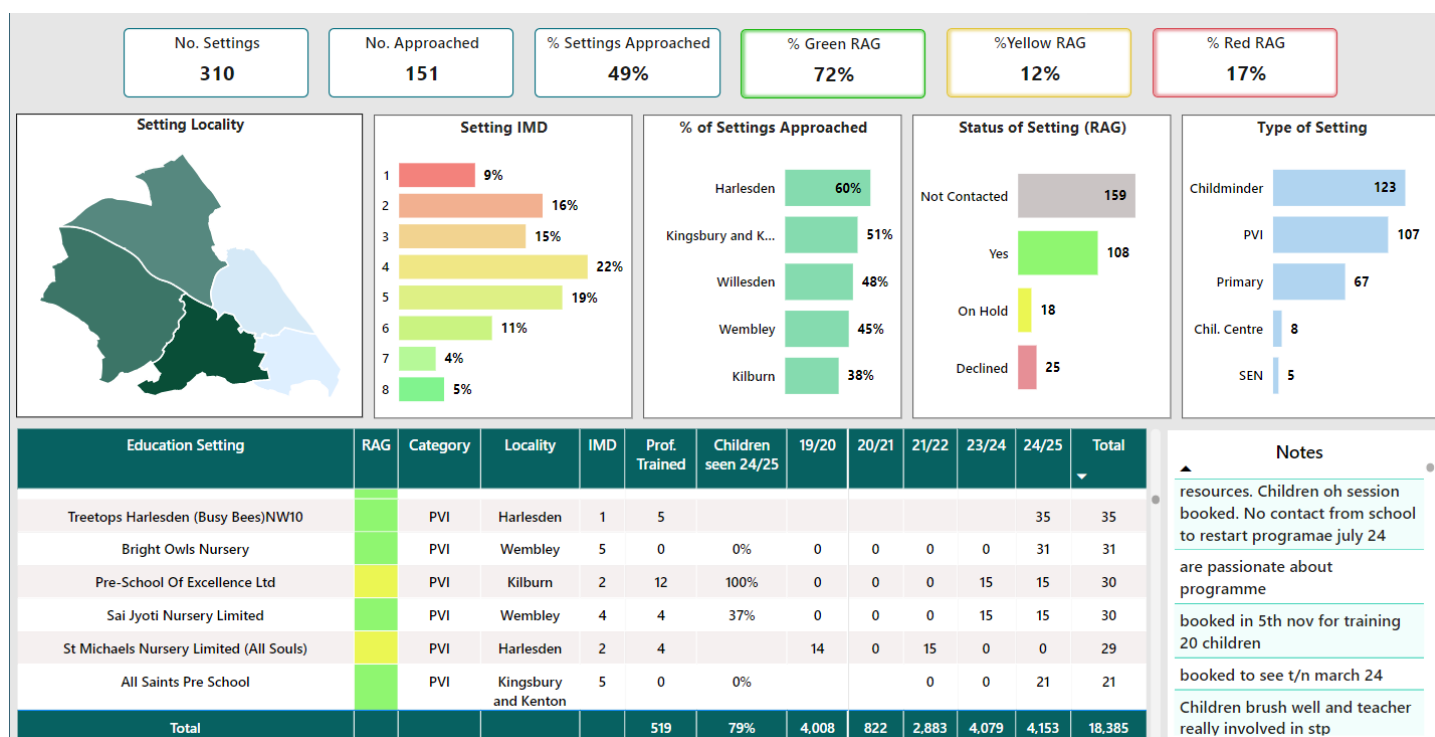


Figure 7: Snapshot of Brent Supervised Toothbrushing Programme Dashboard, 2024

5.4 Big Brent Brushathon

5.4.1 Since 2023 we have delivered an annual oral health promotion event during National Smile Month aimed at educating children in Brents' early years settings, primary schools, and secondary schools on the importance of maintaining good dental hygiene habits via a borough-wide toothbrushing event.

- 5.4.2 Children in these settings participated in a series of half-hour, interactive Zoom sessions with the oral health promotion team, who hosted educational activities with the help of local celebrity guests and notable Brent figures, focused on oral health.



Figure 8: Big Brent Brushathon 2025 Promotional Poster

6.0 Future Planning

6.1 Continuation of existing interventions

- 6.1.1 The public health team has committed to delivering the oral health bus events in and around primary schools for the next three years while continuing the expansion of the supervised toothbrushing programme to include more settings.

- 6.1.2 We are commissioning a School Health and Wellbeing Survey for primary and secondary schools across the borough, with delivery and analysis led by the Schools and Students Health Education Unit (SHEU). The survey will gather critical insight into the health, wellbeing, and lived experiences of children and young people in Brent – this will include questions on oral health knowledge and practice.

6.2 Exploring new approaches

- 6.2.1 Based on the insights gathered from the oral health needs assessment, the public health team is exploring a targeted approach to promotion of healthy nutrition specifically for good oral health.
- 6.2.2 This will ideally target primary and secondary schools, with the aim of establishing the link between oral health and dental outcomes with dietary choices in the minds of children, young people and their parents. As well as reinforcing the efforts of work being done regarding healthy weight among school children.

6.3 The national supervised toothbrushing intervention

- 6.3.1 The Department of Health and Social Care and the Department for Education announced in March 2025 that the supervised toothbrushing programme will be rolled out as a national programme for 3-to-5-year-olds in early years settings, nurseries and primary schools in the most deprived areas of England. In partnership with Colgate-Palmolive who will donate 23 million toothbrushes and toothpastes over the next 5 years.
- 6.3.2 In the Brent context, we have received an allocation of almost £70,000 as part of the national supervised toothbrushing programme. In addition, we will be receiving 5 years' worth of toothbrushing supplies for children to be distributed in primary schools and early years settings. Annually, this is about 3148 standalone toothbrushes, 9444 toothpastes and 6296 toothbrush and toothpaste packs.
- 6.3.3 Children will receive dental products to use in schools but also get two "take-home" kits as well. The in-setting supplies include one toothbrush and toothpaste per term for each child. The home kits contain the same in addition to a toothbrushing chart and information leaflet for parents.
- 6.3.4 The supplies will be delivered to schools by the public health team and school staff will distribute them to children accordingly. Guidance & instructions for the initiative are part of the "Supervised Toothbrushing Toolkit" launched in May 2025. A link to this toolkit is attached in appendix 1.

7.0 Stakeholder and ward member consultation and engagement

- 7.1 There was no stakeholder or ward member consultation or engagement leading up to the development of this report.

8.0 Financial Considerations

- 8.1 These are covered in the body of the report.

9.0 Legal Considerations

9.1 These are covered in the body of the report.

10.0 Equity, Diversity & Inclusion (EDI) Considerations

10.1 These are covered in the body of the report.

11.0 Climate Change and Environmental Considerations

11.1 There were no climate change or environmental considerations included in this report.

12.0 Human Resources/Property Considerations (if appropriate)

12.1 There were no human resources or property considerations included in this report.

13.0 Communication Considerations

13.1 These are covered in the body of the report.

Report sign off:

Rachel Crossley

Corporate Director, Service Reform and Strategy

Supervised Toothbrushing (STB) Toolkit - to support local authorities with implementation of STB programmes in London



May 2025

Ryan Grocock Specialty Registrar in Dental Public Health

Professor Huda Yusuf Consultant in Dental Public Health

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Background

Good oral health is important for children's overall well-being. Tooth decay is one of the most prevalent oral diseases affecting 1 in 4 children aged 5 in London (NDEP, 2024). Poor oral health can result in difficulties eating, speaking, socialising, sleeping and can lead to school absenteeism compromising their educational and social development.

Tooth decay experience varies by deprivation and ethnicity in England, highlighting oral health inequalities. Children living in the most deprived areas experience significantly worse oral health than those in more affluent areas. Some ethnic groups, particularly children from Asian and other ethnic backgrounds are more likely to experience higher levels of tooth decay.

The Core20PLUS5 highlights those residing in the most socioeconomically deprived areas consistently exhibit the poorest health outcomes, with oral health inequalities being a prominent concern. Tooth decay being largely preventable, it is important that every child is given the best start in life in line with Marmot principles.

Commissioning better oral health for children and young people (PHE, 2014) is a comprehensive toolkit for local authorities with recommended interventions which include supervised tooth brushing (STB), healthy food policies, and oral health training for health, education and social care professionals. NICE guidance (2014) for supervised toothbrushing programmes in early years has highlighted that it can be effective in reducing the burden of oral diseases in children.

Evidence has shown that children from the most deprived areas in Glasgow who participated in the Childsmile programme for over three years had lower odds of experiencing dental caries. The intervention had a notably greater impact among children from the 40% most deprived areas (Kidd et al., 2015; Anopa et al 2020).

Good oral health can be maintained by reducing sugar intake, brushing twice a day with a fluoride toothpaste and visiting the dental team. Nurseries and schools are encouraged to adopt healthy eating and snack policies and implementing water only schools to create supportive environments for children.

In March 2025, the government prioritised child oral health and has committed to supporting supervised toothbrushing initiatives in early years settings and schools as part of broader efforts to improve child oral health and reduce inequalities. All London local authorities (except for City of London) have received funding to implement STB in their localities in late April 2025. The funding for local authorities has been confirmed for 2025-2026.

Colgate will donate the toothbrush and toothpaste packs for the next 5 years for the STB programme as well as take home packs.

National guidance for supervised toothbrushing was recently updated in March 2025 (OHID, 2025), which is found [here](#).

What is supervised toothbrushing?

Supervised toothbrushing is a classroom based daily activity where children brush their teeth with fluoride toothpaste under the supervision of an adult, usually a teacher, teaching assistant, or school health worker who has been trained on oral health and the STB protocol. It usually takes 10-15 minutes per session including preparation, brushing, cleaning up and storage.

Use of fluoride toothpaste

Daily application of fluoride toothpaste to teeth reduces the risk of tooth decay in children. Fluoride strengthens the enamel (outer layer of teeth) when teeth are forming and it also prevents tooth decay from forming and progressing to dental cavities.

Aim of the toolkit

This comprehensive implementation toolkit for London was developed to support local authorities in London in planning the implementation of the programme from May 2025. It is recommended that local authorities work with the Community Dental Services and early years and schools to implement the programme in the 20% most deprived areas with support from the consultants in dental public health.

This is a live document; it will be updated and re-circulated as new information emerges.

Recommended Process: Implementing a Supervised Toothbrushing Programme

This section outlines a structured and collaborative approach for local authorities to implement a high-quality supervised toothbrushing (STB) programme for children aged 3 to 5 years. The process is designed to support effective use of national DHSC funding, ensure equitable access and maximise impact—particularly for children living in the most deprived areas in your borough.

The steps below provide a framework, from initial planning and stakeholder engagement through to implementation, monitoring, and promotion. They are intended to promote consistency across London while allowing for local flexibility.

We also recommend integrating the STB programme as part of wider local public health initiatives in line with Healthy Early Years London and Health Schools London. Supporting the implementation of healthy food and snack policies and water only schools alongside the STB programme will maximise outcomes for children's oral health and the wider healthy weight agenda (Every Child a Healthy Weight).

Local authorities are encouraged to work across Integrated Care Board (ICB) footprints to reduce duplication and share learning for greater efficiency. Considering the current situation across systems, resources are limited within NHS England, ICBs dental commissioning teams and community dental services. Therefore, it might be difficult to engage with 32 local authorities separately to implement the STB programme and may be beneficial to set up a regional steering groups based on ICB footprints.

1. **Steering Group:** Set up a multi-disciplinary local steering group with a representative from early years, schools, public health, providers (Community Dental Service /Oral Health Promotion team), dental public health, ICBs, commissioners. Consider doing this at the ICB footprint which will promote engagement and learning from each other. This saves duplication and resources.
2. **Mapping of current supervised toothbrushing programme and DHSC data:** review current STB activity by location, setting, age groups and Index of Multiple Deprivation (IMD).

Check the number of 3-, 4- and 5-year-olds for the Local authority and by IMD 1 and 2. Cross check with numbers of children provided by DHSC

3. **Collaboration:** Work in collaboration with education/children's services, draft a database of eligible nurseries and schools (location, headteacher/ director of settings, number of children by age) providing education for 3- to 5-year-olds ranked by IMD 1

and 2 using the setting's postcodes (extend to IMD 3,4 and 5 if existing programmes are already targeting IMD 1 and 2)

- a. Identity the number of children per setting by age and any children with additional needs
 - b. Number of staff who will need training on STB
 - c. Cross check existing STB programme within the setting
 - d. Consider supporting the implementation of health food and snack policies and water only schools to align with Healthy Early Years London and Healthy Schools London.
4. **Commissioning, Service Specification and KPIs:** Use and adapt the attached Service specification with the CDS with KPI's and monitoring framework. Please see [template in appendix 1](#).

The Dental Commissioning teams hosted by NEL ICB will be working with the Consultant in Dental Public Health and the local authorities to draft a Memorandum of Understanding using the attached service specification. It is recommended that each local authority also seek advice from their commissioning teams.

5. **Work plan:** Work with the Community Dental Service and oral health promotion teams to plan delivery of the programme. Develop a work plan in a staggered approach recruiting settings in stages. Develop a planning chart for recruitment of settings that identifies settings and timelines.
6. **Promotion of the STB programme:** Promote the programme with public/parents and key stakeholders and consider developing an engagement plan. It is recognised that there will be barriers and facilitators to recruiting settings. Potential engagement approaches include:
- a. Early Years Forum/Head teacher's forum
 - b. Health visiting and school nursing teams
 - c. Newsletters
 - d. Stay and play sessions
 - e. Family hubs
 - f. PTA (Parent Teaching Association)
 - g. Community groups

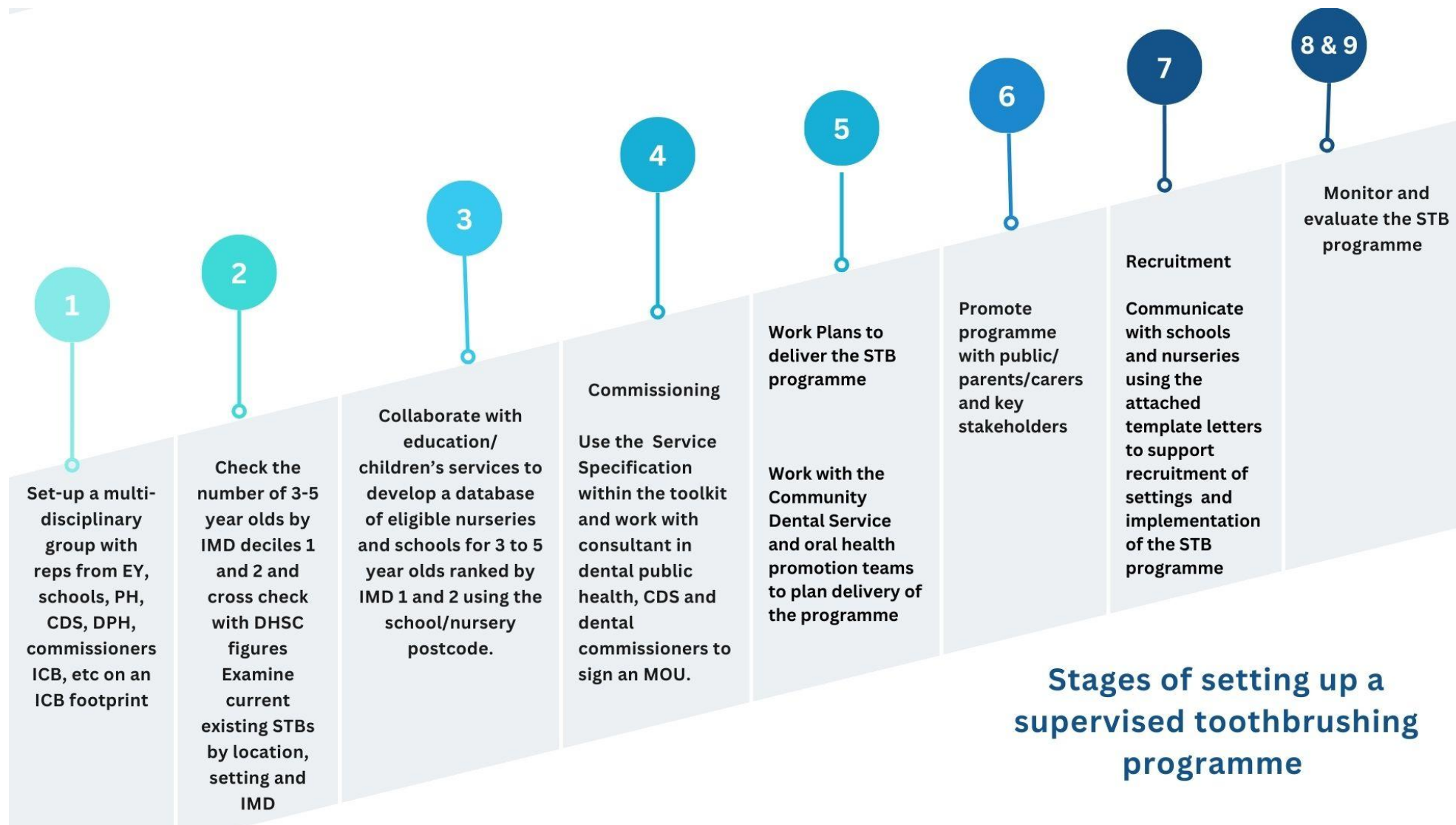
7. **Recruitment of early years settings and children. Communicate with schools and nurseries to support recruitment of settings:** Email a letter to headteacher/early years setting leads and parents (explaining that child oral health is a priority, benefits of STB and support and resources that will be provided, meeting Healthy Early Years London) ready

to be sent alongside consent forms for parents and carers. We have provided a template please see [appendix 2](#).

Recruitment: Start recruitment of settings and ask each setting to identify an oral health champion.

8. Monitor: We have provided a [monitoring framework](#). It is recommended that during the initial stages may need to monitor activities monthly and then progress to quarterly monitoring.

9. Evaluation: It is recommended that programmes are evaluated to assess their impacts and intended oral health outcomes but also assess the processes of a programme with the aim of additional adjustments and improvements. [An evaluation framework is here.](#)



Supervised toothbrushing packs

Colgate will be donating tooth brushing packs for the next 5 years for both in-setting brushing and packs for the children to take home. It is a local decision whether to accept the donated products.

Local authorities need to accept the product using the online form accessed via link in the letter from DHSC to directors of public health. **The deadline for accepting donated products in 2025/26 is 26 May 2025.**

The first deliveries will begin in June 2025 and will continue until mid-July. The second deliveries are expected to take place in the first two weeks of December 2025. Upon receipt of goods, local authorities will be responsible for subsequent storage and onward distribution as determined locally.



In-setting brushing pack

The setting-facing resources include a toothbrush for each child per term and toothpaste to be used during the supervised toothbrushing sessions. The dimensions of in setting toothbrushes are 16cm in length, 1.4cm width and 0.5cm depth.



Take-home brushing pack

Each child has been allocated two home tooth brush and toothpaste packs per year. The home toothbrushing packs contain a “Little teeth” toothbrush and paste along with a leaflet for parents and toothbrushing chart. These packs are not pre-prepared so you may wish to plan for your supervised toothbrushing provider or oral health promotion team to do this prior to onwards distribution to settings.



An example of the supplied Colgate toothbrush stored in a Health Foundation rack (needs to be purchased). A permanent marker should be used to identify the brush and slot.

Storage racks are not included in the donation. Colgate does not manufacture toothbrushing racks. There are several suitable racks available on the market. A non-exclusive list includes:

- 1) Oral Health Foundation BrushBox lidded option which stores 12 brushes): [BrushBox - Supervised Toothbrushing Storage](#)
- 2) Clever Deko available via amazon (NB we would advise use of alternative slots to avoid toothbrushes coming into contact, so to store 25 toothbrushes): <https://amzn.eu/d/48YdQ2T>
- 3) BEC plastics are designing a range of racks which will be purchasable from Amazon in the next few weeks. It is expected that these will be in two sizes (10 and 20 brushes) with numbered slots and the option to purchase a compatible lid.

The above is provided for information only, to try and assist local authorities with their own enquiries and arrangements as needed. For the avoidance of doubt, please be advised that DHSC is not in any way endorsing or promoting the above products or services.

London local authority allocations are available in [appendix 3](#).

Monitoring Framework for Supervised Toothbrushing Programmes

Monitoring is the systematic process of data collection and analysis during project implementation to establish whether an intervention is moving towards the set objectives or project goals. We intend to include two types:

- Process Monitoring: what has been done so far, where and how it is done
- Financial monitoring: programme expenditure and compare it with the budgets set

It is important to monitor the STB programme to ensure that the programme is delivered as planned and targeting children in the most deprived areas. While DHSC has not published a monitoring blueprint, based on previous programmes it is expected that local authorities undertake monitoring activities to support implementation of the STB programme. Therefore, as a region, we have developed a monitoring framework to support local authorities with monitoring their STB programmes. The provider should ideally meet with the cluster of local authorities and reports should be collated and shared on a quarterly basis, if possible. This will help identify facilitators and barriers to programme delivery as well as assessing progress over time.

Process Monitoring

Key performance indicators will be used to monitor the programme as well as local intelligence on any facilitators and challenges in programme implementation.

Key Performance Indicators

Staff Training

- Number of staff eligible for training in each setting
- Number and proportion of staff who have been trained in each setting

Recruitment of settings and children

- Number of eligible settings by IMD (IMD deciles 1 and 2, if there are existing STB programmes, then IMD 3,4 and 5)
- Number and proportion of eligible settings by IMD (IMD 1 and 2, if there are existing STB programmes, then IMD 3,4 and 5) who have **signed up** to the STB programme
- Number and proportion of settings who have declined participation and reason

- Number of eligible children within each setting (3-5 year olds)
- Number and proportion of children with consent to participate

Programme Fidelity

- Number and proportion of eligible settings by IMD (IMD 1 and 2, if there are existing STB programmes, then IMD 3,4 and 5) who are taking part in the STB programme
- Number and proportion of eligible children within each setting (3-5 year olds) who are taking part in the STB programme
- How often is supervised brushing taking place (e.g. 5 days per week, 3 days per week) per setting
- Narrative report from provider on encouraging settings to take part and what has been done to address the challenges

Maintenance

- Number and proportion of eligible settings by IMD (IMD 1 and 2, if there are existing STB programmes, then IMD 3,4 and 5) who are maintaining the programme

Quality assurance

- Number of quality audits undertaken in participating settings and method (in person, virtual, self-assessment).
- Number of suspended settings and reasons stated.

Monitoring Framework

Staff Training	Recruitment of settings & children	Programme Fidelity	Maintenance	Quality Assurance
<ul style="list-style-type: none"> • Number of staff targeted for the STB programme who are eligible for training in each setting • Number and proportion of staff who have been trained in each setting 	<ul style="list-style-type: none"> • Number of eligible settings by IMD (IMD 1 and 2, if there are existing programmes then IMD 3, 4 and 5) • Number and proportion of eligible settings who have signed up to the programme by IMD • Number and proportion of settings who have declined to participate and reasons • Number of eligible children within each setting (3-5 year olds) • Number and proportion of children with consent to participate in the STB programme 	<ul style="list-style-type: none"> • Number and proportion of eligible settings who are actively participating in the STB programme by IMD • Number and proportion of eligible children (3-5 year olds) within each settings who are taking part in the STB programme • The frequency of supervised toothbrushing (e.g. 5 days per week) • Narrative report from the provider on encouraging settings to take part and what has been done to address the challenges 	<ul style="list-style-type: none"> • Number and proportion of eligible settings by IMD who are maintaining the programme • Number and proportion of children participating in the programme 	<ul style="list-style-type: none"> • Number of quality audits undertaken in participating settings and method • Number of suspended settings and reasons

Evaluation framework for Supervised Toothbrushing Programmes

Local evaluation can be conducted to assess the success of the programme at a borough level and identify future improvements and learning. We have developed an evaluation framework to support local authorities with conducting their local evaluation. Local authorities can adapt the template according to their local contexts. Considering the programme is planned for five years, it is recommended that evaluation takes place locally to support implementation and maintenance of the STB programme in the short- and long-term.

Aim

To evaluate the implementation of supervised toothbrushing schemes for 3-5 years olds funded by the DHSC in London local authorities.

Objectives

- To assess the number of settings and children taking part in supervised toothbrushing schemes by age, IMD, and ethnicity.
- To explore the barriers and facilitators to implementation of the programme.
- To assess the acceptability of the scheme to staff, parents and children.
- To assess changes in oral health knowledge and behaviours of early years and school staff.

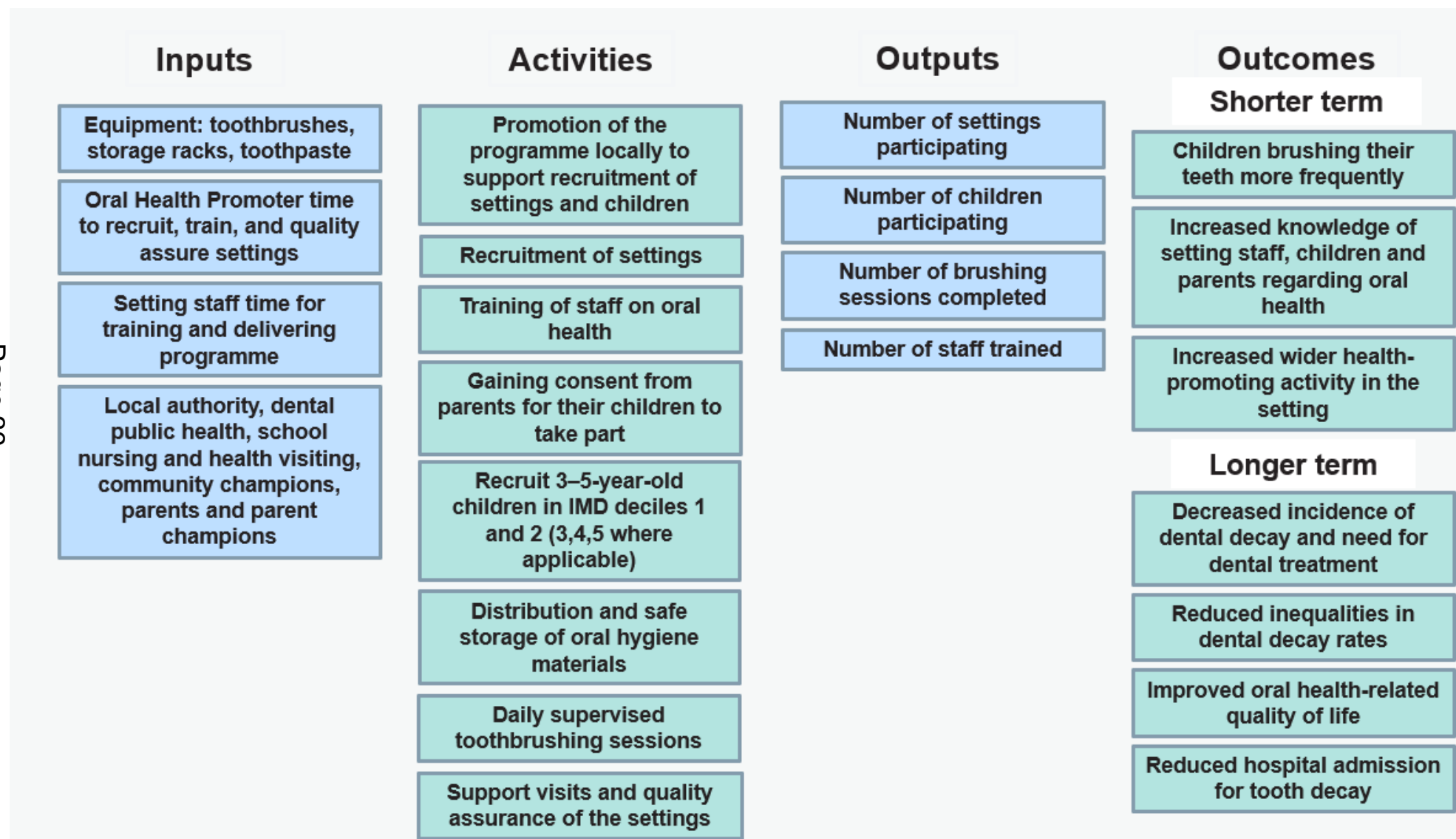
An example staff questionnaire can be found at [appendix 4](#).

An example parent questionnaire can be found at [appendix 5](#).

RE-AIM is a framework to guide the planning and evaluation of programs according to the 5 key RE-AIM outcomes: Reach, Effectiveness, Adoption, Implementation, and Maintenance. This framework has been utilised to evaluate public health interventions and is aligned to the evaluation of the STB programme.

Framework RE-AIM					
Domain	Reach (R)	Effectiveness (E)	Adoption (A)	Implementation (I)	Maintenance (M)
Metrics	<p>Number of children who have consented as a percentage of total number of 3–5-year-olds by setting's IMD</p> <p>Consent rate</p> <p>Reasons for non-consent</p>	<p>Early years staff oral health knowledge and behaviours</p>	<p>Number and proportion of settings participating in the programme</p> <p>Number and proportion of settings by IMD declined and reasons</p>	<p>Number and proportion of children participating in the programme</p> <p>Frequency of brushing</p> <p>Time taken to do the supervised toothbrushing</p> <p>Quality assurance visits and audit results</p> <p>Barriers and facilitators</p> <p>Costs</p>	<p>Number and proportion of settings by IMD withdrawing and reasons</p> <p>Number and proportion of children withdrawing and reasons</p> <p>Number and proportion of settings and children maintaining the STB programme</p>
Methods	<p>Quarterly monitoring reports</p>	<p>Questionnaire survey for setting staff to assess knowledge and behaviours</p>	<p>Quarterly monitoring reports</p>	<p>Quarterly monitoring reports, Quality assurance visits and audit data, Interviews/ questionnaire with oral health promoters and wider stakeholders</p>	<p>Quarterly monitoring reports</p>

Logic Model



Frequently Asked Questions

How long does the funding to local authorities last for?

The funding to local authorities is planned for five years. However, it has only been confirmed for this financial year April 2024-2025. An announcement on future funding will be made in June at the spending review.

Resources

Toothbrush and toothpaste packs

How long will local authorities receive supplies of toothbrush and toothpaste packs from Colgate?

The toothbrush and toothpaste packs from Colgate have been secured for the next 5 years.

Will Colgate also supply the toothbrushing racks?

Colgate will not be supplying the toothbrushing racks so these will need to be purchased using the additional funding provided to local authorities.

Will the Colgate toothbrushes fit existing holders?

Colgate toothbrushes do not fit into existing toothbrushing racks. A list of compatible toothbrushing racks can be found in the product section of this document.

Will toothbrushing racks be provided?

No. They will need to be purchased using the additional funding provided to local authorities. Compatible racks with the Colgate toothbrushes are highlighted in this toolkit.

There are a few toothbrushing racks that are compatible with the Colgate toothbrushes as specified in this toolkit.

If using a storage rack system without a lid, storage systems should be stored within a designated toothbrushing trolley or in a clean, dry cupboard, stored at adult height as per the [national guidance](#).

Do we have to accept the Colgate offer?

The distribution of Colgate toothbrushes and toothpaste is planned for the next 5 years at no extra costs to the local authority. The offer is voluntary. If the local authority decides not to take up that offer then they can use the funding allocated to purchase alternative toothpaste and toothbrush packs.

How many toothbrush and toothpaste packs will Colgate supply?

There will be three brushes per year per eligible child for in-setting toothbrushing and 2 toothbrush and toothpaste packs per eligible child per year to take home.

Where is the link to order the toothbrushing?

This was sent out as a letter to Directors of Public Health. Please find attached the link below to allow you to order the toothbrush and toothpaste packs:

<https://docs.google.com/forms/d/e/1FAIpQLScqz0pRDpuv4rOQ28-AGj5dZxLHUf0jUy282C2TJSe8e8RRyA/viewform>

How will the toothbrushes be labelled?

A permanent marker can be used to mark the toothbrush racks and toothbrushes with the child's name and a number.

Where will the resources be stored and will there be additional resource for re-distribution.

The funding provided can be used for storage and redistribution of the resources. Delivery location and storage will need to be agreed locally.

Can the toothbrushes and toothpaste tubes be recycled?

The toothpaste tubes and lids can be recycled in the normal plastics recycling subject to local rules. The toothpaste tube does not require rinsing prior to recycling. Further information is at www.colgate.com/goodness. Unfortunately, it is difficult to recycle plastic toothbrushes at the moment but information on alternative recycling facilities is at <https://www.recyclenow.com>.

Parental information

Are there parental information leaflets and consent forms to use?

Each Community Dental Service will have their own approved information leaflets and consent form locally.

Will the Colgate additional educational resources be appraised to ensure messages are evidence-based and will they use inclusive images representative of our local populations?

The Colgate resources have been approved by DHSC. If you prefer to use your own resources, then you would have to organise this at a local level. Please work with your consultant in dental public health to develop the leaflets to quality assure the content of the leaflets in line with current evidence. The packs will be assembled locally so inclusion of the Colgate leaflets is optional.

Commissioning of the STB programme

What procurement route is advised?

For most London Local Authorities, Oral Health Promotion activities (including supervised tooth brushing) are delivered by the Community Dental Services (CDS) providers as part of their clinical services contract with the ICB. The funding for this activity is included within the Personal Dental Services Agreement (PDS contract) and is paid to the provider on behalf of the Local Authority. A small number of Local Authorities have directly commissioned OHP with CDS providers, however, some of these contracts have an end date which falls within the STB programme. While LAs may be following a procurement process to extend or recommission these services, there would be a significant risk if the national STB programme activity was to be varied into these contracts. The Dentistry, Optometry & Pharmacy (DOP) Commissioning Hub recommends that all contractual arrangements for the national STB programme are varied into the existing CDS contracts, which have a current end date of 31/03/2027 but will be extended before the current end date.

In collaboration with Dental Public Health, the London Commercial Hub (procurement experts) and CDS providers, the DOP commissioners will produce an MOU, containing the service specification which can be varied into the existing CDS PDS Agreements. The MOU will be shared with LAs for comments before a final version is agreed upon. The commissioning advice provided by the London Commercial Hub will be shared with LAs so local teams have assurance that the appropriate PSR option has been used. There will be no variation in the service specification. Within the MOU there will be a section for LAs to enter the required local information such as value of funding and number of schools which will take part in the programme.

The MOU will be shared once all required advice has been received and implemented, at the beginning of June.

Will additional resources be given for expansion of oral health teams to support this programme?

The funding from DHSC to local authorities should be used to expand oral health promotion teams to deliver the programme.

Could the funding be transferred directly to the CDS to avoid having to go through the local authority internal contracting process?

The funding has already been received by local authority separate to the existing public health grant.

When does the current funding run until?

The funding should have been received by local authorities in April 2025. It is anticipated that it will take a few months to be able to implement the programme for mobilisation in September 2025. The funding is from April 2025 to April 2026.

STB programme implementation

Is this STB programme aimed at state funded nurseries?

They do not need be state funded. Settings should be prioritised based on IMD 1 and 2 (if already covered by existing STB programme, then please add early years settings in IMD 3,4 and 5).

Funding is based on number the number of children residing in IMD deciles 1 and 2 but we are targeting settings in IMD deciles 1 and 2, so the numbers will not match.

This is a pragmatic approach, recognising that some children will not be attending educational settings and some will travel across wards and borough boundaries for education. The funding numbers can be used to target the same number of children in settings in the most deprived areas of the local authority.

Does the allocated additional funding to LAs have to be used on the STB programmes?

The funding to local authorities can be used to ensure that the manifesto commitment is being wholly met and that all 3 to 5 year olds living in the 20% most deprived areas are brushing daily. There is also flexibility to provide additional provision beyond the priority population. This might include older or younger children, children in IMDs 3, 4, and 5, those with Special Educational Needs and Disabilities or those from “PLUS” groups, aligned with the CORE20PLUS5 framework and oral health needs assessments.

If you are in a class where some of the children are 5 and some are 6 and what do you do when the children are 5 and then they turn 6?

A pragmatic approach should be adopted, which includes the whole class, not just those aged 3-5 years. Children should be included for the entire academic year regardless of changes in age.

Will the Community Dental Service be delivering the training? Or will there be training from the DHSC?

The CDS will be responsible for training locally. There is no national training for the early years settings.

How is training going to work for childminders?

Childminders can be trained through the family hubs as a group. This model has been used in some London boroughs.

Is there a set number of settings that needs to be targeted with this funding?

There is not set number of settings. The funding from DHSC is based on the number of children so this will depend on the size of the settings.

Do the oral health promotion teams have the capacity to deliver this?

The dental commissioners, the Community Dental Service providers and the consultants in dental public health have met and agreed in principle to deliver the programme. The local authority funding can be utilised to expand the capacity of the oral health promotion teams and purchase the toothbrushing racks.

Considering the resources and workforce, what is the best way of delivering the STB programme?

As suggested in the implementation model, it is suggested that local authorities work at an ICB footprint to avoid duplication of efforts and resources and support sharing good practice. We have recently piloted an STB programme across local authorities in one of the London ICB working as a network with local authorities, community dental services, dental commissioners and the consultant in dental public. This has supported shared learning to support STB implementation.

Monitoring and evaluation

What are the monitoring and evaluation requirements?

National reporting will be required; this is likely to be quarterly. The national reporting framework has not been finalised. However, it is recommended that local authorities monitor and evaluate their schemes locally. We have provided the frameworks for monitoring and evaluation of the STB programme.

Will this programme be evaluated at the national/ regional level?

Evaluation is planned nationally; the details of this are being finalised. You may also wish to conduct evaluation at a borough or system level.

Contacts

Professor Huda Yusuf- Consultant in Dental Public Health, Lead for CYP London (North London), Health Inclusion and Child Healthy Weight

Huda.yusuf@nhs.net

Charlotte Klass - Consultant in Dental Public Health, Lead for Dental Epidemiology and Lead for South London

Charlotte.Klass@nhs.net

Authorship

Professor Huda Yusuf- Consultant in Dental Public Health, Lead for CYP London (North London), Health Inclusion and Child Healthy Weight

Ryan Grocock- Specialty Registrar Dental Public Health, NHS England London region

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[RE-AIM – Home – Reach Effectiveness Adoption Implementation Maintenance](#)

Appendix 1: Example Service Specification

Service Specification for Supervised Toothbrushing in nurseries and schools 2025-2026

Many thanks to Katie Ferguson North Central London ICB with input from Huda Yusuf for this example service specification.

1. Service specification overview

1.1 This Service Specification sets out the requirements for the commissioned supervised toothbrushing programme in xxxx(local authority)

1.2 This is a new programme which is being commissioned to align-with, but sit separately from, local authority-commissioned supervised toothbrushing programmes which exist already. The funding is from DHSC (March 2025). The programme will expand the reach of supervised toothbrushing programmes within the borough and drive improvements in oral health.

1.3 Aim of the programme: The aim of this integrated programme in the long term is to contribute to improvements in oral health of young children across the borough , and a reduction in oral health inequalities, through delivery and coordination of a supervised toothbrushing programme in early years settings in the most deprived areas of the borough (Index of Multiple Deprivation (IMD) 1 and 2), alongside creating supportive environments aligning with Healthy Early Years London and Healthy Schools London. The programme will support implementation of healthy snack and drinks policies and water only nurseries/schools to maintain child healthier weight and oral health (Recommended but optional).

1.4 Funding: The programme is initially commissioned for 1 year, from xxxx with continuation of the programme subject to further funding from DHSC.

1.5 Provider: The role of the Oral Health Promotion Team at xxxx Community Dental Service (hereafter referred to as the Provider) will be to establish and oversee the delivery of the programme in targeted early years settings, with the programme itself being delivered on a day-to-day basis by staff in the settings themselves.

2. Programme rationale

2.1 Tooth decay (dental caries) in early years is a public health problem affecting 1 in 4 children aged 5 years in London. In xxx(local authority), xx% of children aged have experience

of tooth decay. There are significant oral health inequalities in the experience of tooth decay by deprivation and ethnicity.

Tooth decay impacts on oral health-related quality of life including eating, speaking, socialising, school attendance and ability to sleep. The causes of tooth decay are socially determined, which in turn influence dietary and tooth brushing behaviours. Providing supportive environments in early years to enable healthy behaviours is an important way to improve oral health and reduce health inequalities. This includes implementation of healthy food and snack policies, water only settings (optional) and supervised toothbrushing programmes to reduce sugary intake and increase the availability of fluorides.

2.2 The latest survey showed that xx% of 3 year olds (2019/20) have tooth decay experience. Keeping in mind that the primary dentition would have only been present in the mouth for up to three years these decay levels represent a large early burden of disease.

2.3 The primary reason for hospital admission among children is tooth decay. Some children may require general anaesthetic for the procedure due to them being very young (pre-cooperative) or uncooperative, have multiple teeth requiring extraction or have very broken-down teeth or infection. These procedures represent a failure of prevention, and are also risky for children, as almost all are carried out under general anaesthetic.

2.4 There is a social gradient in the experience of tooth decay – data at London level from the 2018/19 survey of 5 year olds, shows that there is a slope index of inequality of 18.7% in the prevalence of tooth decay in 5 year olds across deprivation deciles, from the most to least deprived .

2.5 There are also inequalities evident by ethnicity: in London, the prevalence of tooth decay among 5 year olds varies by ethnic group, with decay being highest amongst 'Other ethnic groups' (40.0%) and Asian/Asian British ethnic groups (36.9%) (2018/19 survey) As such, we plan to collect ethnicity data for children joining the programme and for our feedback to ensure the scheme works to reduce any ethnicity-based inequalities.

2.6 Evidence has demonstrated the effectiveness of the use of fluoride (toothpaste, tablets, drops, rinses, varnishes) in reducing dental caries. Thus, health promotion interventions which incorporate the regular use of fluorides have been shown to be successful in reducing dental caries. Toothpastes are by far the most widespread form of fluoride usage. The decline in the prevalence of dental caries in children in the past thirty years has been attributed to regular home use of fluoride in toothpaste.

2.7 An updated systematic review on the effectiveness of fluoride toothpaste conducted in 2019, based on a review of 96 studies, confirmed the significant benefit of using fluoride

toothpaste compared with non-fluoride toothpaste in the prevention of tooth decay. Children who start brushing with fluoride toothpastes in infancy are less likely to experience tooth decay than those who start brushing later. It also stimulates positive oral health behaviour from a young age. Supervised tooth brushing in a nursery/ school setting has been shown to be associated with significant reductions in the proportion of children having decay experience by age 5. For instance, Scotland's national 'Child Smile' programme has demonstrated strong evidence of the effectiveness of supervised toothbrushing programmes in reducing inequalities, whereby supervised toothbrushing had the greatest impact in children from the 40% most deprived areas.

2.8 This supervised toothbrushing programme supplements existing child oral health improvement programmes in place such as brushing for life, staff training and other fluoride delivery programmes in some settings, as well as wider work to ensure children having healthy weight as part of an approach to tackle common risk factors and improve children's overall health and wellbeing. It integrates oral health into wider public health initiatives such as child healthy weight and promoting health in early years.

3. Policy Drivers

3.1 The supervised toothbrushing programme supports the ambitions of the following national, regional and local policies (please add local policies)

- NHS England (2022) Core20PLUS5 for children and young people – An approach to reducing health inequalities
- Office for Health Improvement and Disparities (OHID) (updated 2022) Child oral health, applying all our health
- OHID (updated 2021, 4th edition) Delivering better oral health – an evidence-based toolkit for prevention
- Public Health England (2014). Local authorities improving oral health: Commissioning better oral health for children and young people
- NICE Guideline (2014) Oral health: approaches for local authorities and their partners to improve the oral health of their communities
- The London Health Inequalities Strategy (2018-28)
- London's Every Child a Healthier Weight Delivery Plan (2022)

- The Mayor of London's Healthy Early Years, Healthy Schools and Water Only Schools Programmes

4. Aims and objectives of the programme

4.1 To implement a supervised toothbrushing programme and promote healthy food and snack policies (optional) to integrate oral health into wider public health initiatives and reduce oral health inequalities in the most deprived populations in the borough.

4.2 Strategic objectives:

- To support consistent, evidence-informed oral health information (e.g. training of front line staff e.g. early years staff on oral health) and promote oral health in early year's giving every child the best start in life
- (optional) To support creating health-promoting environments including healthy food and snack policies (including water only policies) in nurseries and children's centres (e.g. integrating oral health within Healthy Schools and Healthy Early Years programmes)
- To deliver community-based preventive services to increase the availability of fluorides through a supervised toothbrushing programme
- To signpost children and families to local NHS dental services
- Reduction in prevalence of tooth decay and oral health inequalities in children in the long term
- Improved health and wellbeing of children more broadly through integration of oral health into other child and public health initiatives, adopting a common risk factor approach

4.3 Service objectives:

- To develop and deliver an efficient and effective supervised toothbrushing programme to improve oral health in children in the borough, which meets staff, parent and child satisfaction
- To promote the uptake of the supervised toothbrushing programme across a high number of target settings and children in the most deprived wards (IMD 1 and 2 and if programmes exist already in IMD 1 and 2 expand to IMD 3,4 and 5)

- For settings to maintain a supervised toothbrushing programmes on an on-going basis (during the period of this service specification)
- To enhance the knowledge, skills and confidence to maintain good oral health among early years staff and families
- Work collaboratively with partners to integrate oral health promotion with wider health promotion across early years settings and support settings to be health promoting (such as the implementation of healthy food, snack and drink policies)
- To monitor and evaluate the programme
- Deliver the programme for 12 months (xx to xx)

4.4 The Provider will work within the aims, objectives and scope of the Service detailed in this Specification, for the period of the programme. The contract for this service specification sits within a wider Contract Variation for the whole programme of work xx CDS are completing.

5. Service description

5.1 The programme being commissioned from the Provider is delivery of a supervised toothbrushing programme targeted at 3 to 5 year olds within early years settings (including pre-schools, day nurseries, children's centres, maintained nurseries and independent nurseries) in the most deprived wards (IMD 1 and 2). The local authority will be responsible for identification of settings and sharing data with the Provider.

5.2 The programme will be delivered in line with the current national protocol for supervised toothbrushing programmes: Public Health England (2025) Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings and reviewed in accordance with any future updated protocol.

5.3 The Provider will work with local authority Oral Health Leads, Dental Public Health, the ICB and dental commissioners. To allow the programme to have maximum impact within given capacity, it is anticipated that within this first year, the focus will be on larger settings first with a view that other settings within the most deprived wards in each borough will be approached when the list of larger settings has been exhausted, in consultation with the local authority and the Consultant in Dental Public Health.

5.4 The programme will operate during normal working hours on weekdays (Monday-Friday), with any exceptions to this only with prior agreement from the settings and with the intention of maximising participation in the programme (e.g. evening training sessions for staff/parents). As many of the settings will be open for up to 52 weeks a year, it is envisaged that the programme will not be restricted to term-time delivery. The Provider will manage their approach to setting up the programmes in different settings in an efficient way so as to maximise participation across the borough, in consultation with the local authority Oral Health Leads.

5.5 The local authority will be initially responsible for introducing the programme to the setting and promoting the STB programme among different stakeholders. The Provider will be responsible for engaging settings in the programme, assessing the suitability of settings to deliver the programme, conducting staff training, providing the settings with the resources needed to start and maintain the programme and quality assuring the programme in each setting on an ongoing basis, as well as collecting monitoring data to assess the performance of the programme. Staff in the settings themselves will be responsible for delivering a daily supervised toothbrushing programme within their own settings.

5.6 The programme shall involve the following elements:

- A communication plan to ensure good uptake of the programme across the target settings
- Assessment of the suitability of settings to deliver the programme
- Identification of a designated programme lead responsible for overall delivery of the programme in each setting
- Development of a protocol in accordance with national guidance for each setting to deliver the programme
- Staff training to ensure all staff in each setting are trained in key messages around oral health promotion, healthy weight and dental access and how to deliver a supervised toothbrushing programme in a safe and effective way - including supervision of children while brushing, using an appropriate and effective toothpaste and toothbrush, and correct brushing technique; as well as protocols for infection control/prevention management including maintaining a storage system for brushes
- Supply of age-appropriate toothbrushes and toothpaste packs to settings and other resources to enable settings to deliver the programme and ensure a high uptake, such as promotional material – with supplies to settings renewed at regular intervals to enable them to maintain the programme on an on-going basis

- Support to early years staff to obtain consent from parents (such as clear and standardised consent form; guidance on responses to frequently asked questions; other support on a case-by-base basis, based on needs articulated by the settings)
- On-site oral health promotion support to settings as they initiate their programmes to support with early challenges in programme implementation
- Promoting oral health messages to parents to enable regular tooth-brushing to continue at home as well as importance of healthy eating and regular dental visits
- Reinforce promotion of healthy eating, as well as policies on healthy snacks and 'water only' within target settings to support wider Local Authority work, and signpost interested setting to Health Early Years London (optional)
- Response to ad hoc queries from settings in a timely manner to support delivery of the programme
- Quarterly quality assurance visits to each setting to ensure standards of health and safety and programme effectiveness are being maintained; and support to settings on a case-by-case basis to put improvements in place, visiting more frequently as needed
- Establishment of a monitoring framework to collect data from each setting on programme consent and uptake, submitting data as required to the Commissioner
- A baseline and follow up survey with staff at each setting to monitor changes in knowledge and behaviour around oral health improvement, using validated tools
- A baseline and follow up survey with parents at each setting - to monitor changes in knowledge and behaviour around oral health improvement, using validated tools.

5.7 Resources produced by the provider should be fully accessible, clear, concise and culturally appropriate. Information should be easy to read, understand and adapt into children's daily lives by their parents and staff within the settings.

6. Funding

6.1 The contract value of £xx is an inclusive cost and the local authority will not be charged for any additional costs or charges unless previously agreed by the local authority.

6.2 The funding is intended to cover the costs of the programme for 1 year (from 1 xx to xx), with continuation of the programme subject to further funding agreements as part of the wider xxCDS Contract Variation, of which this forms a part.

6.3 The funding is intended to cover the following programme elements:

- Specialist oral health promotion workforce to deliver the programme
- Promotional material to support engagement of settings and children with the programme
- Toothbrushing supplies from Colgate for children and settings to deliver a supervised toothbrushing programme.

This is on the understanding that the programme as a whole will be managed within the Provider's programme management capacity, funded separately through the local authority and administrative support to the programme will similarly be provided at no additional cost, to enable efficient use of specialist staff to deliver the programme.

6.4 This programme is being commissioned to align-with, but sit separately from, local authority-commissioned supervised toothbrushing programmes. Whilst benefiting from the assets within a wider oral health promotion team, the service capacity required to deliver this programme is discreet and should not encroach on the existing capacity commissioned by other organisations to deliver oral health promotion initiatives within the borough.

7. Service mobilisation

7.1 The Provider will be expected to develop a detailed project plan with key milestones and target dates for the mobilisation and delivery of the programme, to ensure they can demonstrate the service is on track to meet the requirements of this service specification.

7.2 It is anticipated that the Provider will seek expressions of interest from settings and work with a sample of settings to initiate the programme by xxx. The provider will work with local authority public health teams, and children's, education and early years teams in each borough and the Consultant on Dental Public to support a formal launch of the programme.

7.3 The Provider will stagger the initiation of programmes across 2025/26, for example concentrating the programme in areas (IMD 1 and 2) without existing toothbrushing programmes initially, while the programme gets up and running, but aim to have a programme up and running in at least xx and up to xx settings across the 5 borough by end of xx.

8. Service monitoring, reporting, evaluation and performance management

8.1 The Provider will ensure high quality monitoring data is captured and provided as part of routine monitoring requirements to ensure effective monitoring and evaluation of the programme. Contracts will be monitored according to quality indicators as well as activity indicators.

8.2 The Provider will be required to regularly attend meetings to report on progress in delivery of this programme. This will consist of monthly /quarterly verbal reports on progress in programme implementation and quarterly written reports on progress against the key performance indicators (see section 9 below). The Provider will in addition give verbal updates about the progress of the programme within individual boroughs at their local authority oral health promotion contract monitoring meetings, for information.

8.3 The Provider will be required to produce an annual service report for the Commissioner summarising activity during the full year (in xx). The annual service report is expected to include both qualitative and quantitative data and outline the service performance, participant outcomes, feedback from service users (staff and parents), and reflect on achievements and challenges. It will include data on the reach of the programme by ethnicity and deprivation (optional).

8.4 The Provider will conduct a baseline survey with parents/carers and staff involved in the project as well as follow up surveys at a suitable interval (sometime between around 6 months to 12 months). The Provider will keep track of the number of settings approached in each ward, progress in getting the programme established and reasons for any settings not taking part. The Provider will work with settings to monitor the number of children consenting to take part in the programme and the number of children taking part on a regular basis. It is the responsibility of the Provider to collect and report this data and evidence, which will form part of the quarterly highlight reports and annual service report.

8.5 The Provider will work with the local authority, Commissioners and consultant in Dental Public Health to enable an evaluation on all or part of the supervised toothbrushing programme when/if required, using an evidence-based framework that will be agreed with the Commissioner and the Consultant in Dental Public Health, supporting the programme. The Commissioner working alongside the Consultant in Dental Public Health will oversee the programme's full evaluation with the local authority but the Provider is expected to contribute to this process.

The full proposed evaluation protocol for the programme can be found here (for information):

8.6 The Provider will alert the local authority as soon as possible, if there are any issues which the Provider feels will impact on the likelihood of the programme not being able to deliver according to this service specification.

8.7 The Provider shall have in place a system for collecting data on adverse incidents in a systematic and detailed manner to ascertain any lessons learnt about the quality of care and to indicate changes that might lead to future improvements.

8.8 The Provider will respond to any reasonable requests for information from the local authority and allow commissioning staff access to the programme with a view to Quality Assurance.

9. Key performance indicators

9.1 Key performance indicators (KPIs) will be reviewed by the local authority with the Provider on a quarterly basis. These will be based upon the service performance data and other relevant evidence.

9.2 KPIs for the supervised toothbrushing programme are outlined below. The data will be expected to be reported at borough level:

Key Performance Indicators:

Domain	Target
Training	
Number and proportion of staff delivering the programme who have been trained in each setting	80%-90%
Recruitment	
Number and proportion of targeted settings approached (defined as programme offered to setting)	40%-Q 70%-Q 80%-Q 90%-Q (2025/26)
Number and proportion of settings which have signed up by Index of Multiple Deprivation	10%-Q 20%-Q 45%-Q 50%-Q Q1(2025/26)
Number and proportion of settings who have declined	Less than 70%
Number and proportion of eligible children within settings approached	Recorded number of children per setting
Proportion of children who have been consented to take part in the programme in each setting	>75%
Programme Fidelity	
Number and proportion of settings which have implemented the STB programme	10%-Q 20%-Q 45%-Q 50%-Q(2025/26)

Number and proportion of children who are actively taking take part in the programme in each setting	Record number of children
Maintenance	
No and proportion of settings maintaining the programme	65-70%
No and proportion of children taking part in the programme	65-70%
Quality Assurance	
Number of quality audits undertaken	Twice annually
Number of suspended settings and reasons	Record
Parental satisfaction surveys	Results
Early staff satisfaction surveys	Results

* To note that the programme runs from xx to xx

10. Service quality, safeguarding and information governance

10.1 The Provider should ensure that staff delivering training and providing advice to parents and settings are appropriately trained and qualified. The Provider should ensure that staff are up to date with the relevant national guidance and the recent research in the topic area that they cover, ensuring that the messages they deliver are based on the latest available evidence.

10.2 The Provider should ensure that policies and procedures relating to safeguarding are adhered to, that staff have undertaken training appropriate for their professional role. All staff working with children and young people will have undertaken Disclosure Barring Service (DBS) Checks.

10.3 The Provider should ensure that policies and procedures in relation to Information Governance and Data Protection are adhered to. Mandatory staff training must be kept up to date and all staff must be aware of their responsibilities with regards to handling patient data. Staff also need be aware of their responsibilities under the Data Protection Act 2018, the United Kingdom General Data Protection Regulations (UK GDPR) and Computer Misuse Act 1990.

Appendix 2: Letter to head teacher

Re: Supervised toothbrushing programmes in schools and early years settings

Dear Headteacher

We are approaching you to promote and ask for your involvement in the national supervised toothbrushing programme to improve child oral health in the borough.

As you may be aware, child oral health is an important public health problem locally and nationally. Recent data from the national dental epidemiology programme has shown that 1 in 4 children aged 5 have experienced tooth decay in London. Children in deprived areas are significantly affected, with 1 in 3 children aged 5 years having tooth decay experience. Furthermore, the most common reason for children aged 5 to 9 being admitted to hospital is to have treatment for decayed teeth. We also know that having decay experience can impact on children's ability to eat, speak, socialise and sleep and could result in increased school absenteeism affecting children's education and development.

The role of prevention in improving oral health outcomes for children

We want to do the best for children by giving every child the best start in life. Supervised toothbrushing is an evidence-based health intervention, and is expected to deliver improvements to children's oral health and reductions in oral health inequalities.

The government has funded a supervised toothbrushing programme nationally to be rolled out in early year settings and schools, targeting 3 to 5 year olds in the most *deprived* areas. We are fortunate to have received funding for our borough to implement this programme for next 12 months to help support healthy behaviours from a young age and prevent.

The government has worked with the Department of Education to make government-funded childcare more affordable and accessible to the most disadvantaged families.

We will work with you and the Community Dental Service (xxxx) in your area to support the delivery of the supervised toothbrushing programme. I am attaching a clip to a video showing how supervised toothbrushing works: [Toothbrushing Club](#) (source: Barnsley)

Healthy school environment

It would also be helpful if your establishment could review your healthy snack policies and implement water only school, if you have not done so already. This will support Healthy Early Years London and Healthy Schools.

<https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/healthy-schools-london/water-only-school-toolkit>

Access to NHS dental services

There is a well-established urgent dental care service in London. Any child or adult requiring urgent dental care, can access NHS 111 who will then be triaged for their dental needs, provided with advice and if dental treatment is necessary, they will be signposted to the nearest dental practice from a network across London. NHS dental care is free for children.

Next steps

You will soon be contacted by the Community Dental Service (xxx) to ask for your participation in the supervised toothbrushing programme. Brief training will be provided to staff alongside all the necessary resources.

We recognise how busy schools are and we will do our best to minimise disruptions to your daily routines.

Thank you for your consideration and for championing child oral health in your school/nursery.

XXXXX

Appendix 3: DHSC Colgate product letter and allocations to London local authorities

Supervised toothbrushing programme: Protocol to access Colgate-Palmolive product donations

Introduction

Further to our letter of 14 March on the allocation of Public Health Grant funding for supervised toothbrushing, this note sets out information on how eligible local authorities in England can access toothbrushes and toothpastes following announcement of a national supervised toothbrushing programme and a five year collaboration with Colgate-Palmolive.

Product donation and volumes

In total, Colgate-Palmolive is making available goods for use in school or early years setting toothbrushing, take home packs and education resources on oral hygiene for up to 600,000 3- to 5-year-old children as identified in the national programme. Further details on the products available are set out below.

The deadline for accepting donated products in 2025/26 is 26 May 2025.

It is a local decision whether to accept the donated product. The Marmot Institute of Health Equity ([The Business of Health Equity: The Marmot Review for Industry - IHE](#)) and NHS England ([NHS England » The role of businesses in reducing health inequalities](#)) both support the use of industry partnerships to address health inequalities. Further information on Colgate-Palmolive's governance is also available.

The national programme is targeted to support 3- to 5-year-old children living in Lower Super Output Areas in England with an Indices of Multiple Deprivation ranking of 1 and 2. This has provided a defined child population for investment in the Public Health Grant. Beyond the priority population of 3 to 5 year olds there is also flexibility to support older or younger children, children in other deprived areas, those with Special Educational Needs and Disabilities or those from "PLUS" groups, aligned with the CORE20PLUS5 framework and oral health needs assessments.

Logistics

Colgate-Palmolive will distribute products to a nominated delivery location, for each local authority that wishes to accept the offer. Your delivery details will be shared with the email address provided through completion of the google form below.

There will be one or two deliveries in the year depending on the size of the population. One delivery is on offer where the defined child population is under 2,600 children and two deliveries where this is above 2,600 children.

The first deliveries will begin in June 2025 and continue until mid-July to allow for onwards distribution prior to the school holidays where earlier provision of information should also enable earlier delivery to a local authority. The second deliveries are planned to take place in the first two weeks of December 2025.

These timings are intended to support efforts to make goods available to children in line with term times, though we recognise that different programmes will operate in line with local needs and there is flexibility in the offer to respond as appropriate.

We request that a lead contact (name, phone, email) confirms details needed to facilitate delivery (address and site access requirements) via online exchange direct to Colgate-Palmolive at this [form](#).

We also ask for confirmation via the same form if an authority does not wish to access goods in this first year.

DHSC has completed a Data Protection assessment of the proposed collection requirements, and this form is compatible with that assessment.

Upon receipt of goods, local authorities will be responsible for subsequent storage and onward distribution as determined locally. We are aware some local partners have formed small working groups to include these logistics as part of their work plans to facilitate prompt onwards distribution to minimise storage costs.

Review and further information

The arrangements for 2025/26 have been developed with input from DHSC's expert supervised toothbrushing advisory group with commissioner, provider and clinical input from Consultants in Dental Public Health. We recognise that this scheme is being introduced at pace and in some areas, arrangements are in place following procurement or contracts with existing providers. We will review implementation of 2025/26 to inform subsequent years of the collaboration. We welcome feedback as part of this and participation in data collection to inform evaluation and governance and future allocations.

In the event of further questions, we ask that these are directed in first instance to your local Consultant in Dental Public Health.

DHSC, Dental Public Health Team

London local authority Colgate product allocations

Local authority	Population 3 to 5 year olds most deprived 20% LSOA	In setting toothbrush	In setting toothpaste	Take home toothbrush and toothpaste	Pallets
Barking and Dagenham	6,515	19,545	4,126	13,030	14
Hackney	5,154	15,462	3,264	10,308	11
Enfield	5,137	15,411	3,253	10,274	11
Tower Hamlets	4,296	12,888	2,721	8,592	9
Newham	4,140	12,420	2,622	8,280	9
Haringey	3,765	11,295	2,385	7,530	8
Croydon	3,427	10,281	2,170	6,854	8
Brent	3,148	9,444	1,994	6,296	7
Lewisham	2,985	8,955	1,891	5,970	7
Greenwich	2,947	8,841	1,866	5,894	7
Ealing	2,759	8,277	1,747	5,518	7
Southwark	2,608	7,824	1,652	5,216	6
Islington	2,206	6,618	1,397	4,412	6
Lambeth	2,095	6,285	1,327	4,190	5
Waltham Forest	2,061	6,183	1,305	4,122	5
Camden	1,776	5,328	1,125	3,552	5

Westminster	1,319	3,957	835	2,638	4
Hammersmith and Fulham	1,243	3,729	787	2,486	4
Bromley	1,237	3,711	783	2,474	4
Havering	1,058	3,174	670	2,116	3
Hounslow	988	2,964	626	1,976	3
Kensington and Chelsea	938	2,814	594	1,876	3
Wandsworth	699	2,097	443	1,398	3
Bexley	668	2,004	423	1,336	3
Hillingdon	640	1,920	405	1,280	3
Redbridge	560	1,680	355	1,120	3
Sutton	509	1,527	322	1,018	2
Barnet	495	1,485	314	990	2
Merton	236	708	149	472	2
Harrow	115	345	73	230	2
Kingston upon Thames	104	312	66	208	2
Richmond upon Thames	62	186	39	124	2

There will be one or two deliveries in the year depending on the size of the population. One delivery is on offer where the defined child population is under 2,600 children and two deliveries where this is above 2,600 children.

Appendix 4: Staff questionnaire

Supervised Toothbrushing Staff Survey

Instructions

This survey is aimed at staff responsible for delivery of supervised toothbrushing schemes in early years settings, schools and other settings.

We would like to understand your oral health knowledge and views of the supervised toothbrushing scheme. Your feedback will help us understand how the programme is working in practice and how it might be improved to support delivery of schemes in the future.

Taking part in the survey is voluntary. You do not have to complete all the questions if you do not want to. Your answers will remain anonymised and confidential.

The survey should take around 10 minutes to complete.

Thank you for taking the time to share your insights. Your contribution is highly valued and will help strengthen the delivery of supervised toothbrushing programmes.

I confirm that I have read the explanation for this survey, and I consent to take part ☐

About you

Please tick one answer

1) What type of setting do you work in?

- ☐ Nursery
- ☐ School
- ☐ Other: please state.....

2) What is your job role?

- ☐ Nursery nurse/ practitioner
- ☐ Nursery assistant
- ☐ Teacher
- ☐ Teaching Assistant
- ☐ Other: please state.....

3) Which local authority borough do you work in?

Oral Heath Knowledge

Please tick one answer

4) What amount of toothpaste is recommended for children aged over 3 years old?

- ☐ Smear
- ☐ Pea sized
- ☐ A line the size of the toothbrush head

5) After toothbrushing it is advised to rinse out with water?

- ☐ True
- ☐ False

6) What is the maximum recommended daily sugar intake for a child aged 4-6 years?

- ☐ 7 cubes of sugar (30g)
- ☐ 6 cubes of sugar (24g)
- ☐ 5 cubes of sugar (19g)
- ☐ Don't know

Your Views

7) How strongly do you agree or disagree with the following?

Please tick for each statement

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Supervised toothbrushing is an effective way to improve children's oral health					
I know how to supervise toothbrushing of children					
I am confident that I can supervise children's toothbrushing					
Supervising toothbrushing is part of my role					
Supervised toothbrushing is important					
Supervising toothbrushing is something I want to do					
Supervising children to brush their teeth is easy to do					
Children want to take part in supervised toothbrushing					
Parents think it is important that I supervise children's toothbrushing					
There is enough time for me to support supervised toothbrushing in my setting					

8) Do you have any suggestions about how you could be further supported to deliver the supervised toothbrushing scheme in your setting?

9) What has supported you in running the scheme?

10) What were the challenges if any in implementing the supervised toothbrushing scheme?

11) Do you have any further comments?

Thank you for completing this survey

Appendix 5: Parental Questionnaire

Parent, Carer and Guardian Supervised Toothbrushing Questionnaire

Dear Parent, Carer, Guardian,

We are inviting you to fill out our questionnaire so that we can understand the impact of toothbrushing at schools and early years settings.

We would be grateful if you could answer the questions open and honestly. Please answer the following questions thinking about the child who is taking part in the programme not any other children you may have.

Thank you for your help in completing this questionnaire. Please be assured that your information will be treated in the strictest confidence and your answers will remain anonymous. Your name will not be identified in any way.

Please answer the questions by selecting an answer or writing in text as requested.

1) How old is your child (attends nursery/school) now? Please tick one box

- ☐ Under 2
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ Over 5

2) What is **your child's** ethnicity? Please tick one box

White	<input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Roma
	<input type="checkbox"/> Gypsy or Irish Traveller
	<input type="checkbox"/> Any other white background, please specify:
	<input type="checkbox"/> White and Black Caribbean

Mixed/Multiple Ethnic Groups	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed or multiple ethnic background
Asian/Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please specify:
Black/ Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background, please specify:
Other ethnic groups	<input type="checkbox"/> Afghanistan <input type="checkbox"/> Algerian <input type="checkbox"/> Egyptian <input type="checkbox"/> Moroccan <input type="checkbox"/> Tunisian <input type="checkbox"/> Arab <input type="checkbox"/> Turkish <input type="checkbox"/> Any other, please specify:

3) What is your child's main postcode? Please do not write your full address.

4) What is the name of the school or Early Years setting your child attends?

The following questions will ask you about cleaning your child's teeth and what they eat and drink

5) What is the recommended age for children to start brushing their teeth or having them brushed for them? Please tick one box

- a. Under 6 months of age or when first tooth comes through ☐
- b. Between 6 months and 1 year of age ☐
- c. Between 1 year and 2 years of age ☐
- d. Between 2 years and 3 years of age ☐
- e. Between 3 years of age and 4 years of age ☐
- f. There is no recommended age ☐

6) How often is it recommended for your child to brush their teeth (or have them brushed for them?) Please tick one box

- a. More than three times a day ☐
- b. Three times a day ☐
- c. Twice a day ☐
- d. Once a day ☐
- e. Less than once a day ☐
- f. Never ☐

7) How often does your child usually brush their teeth (or have them brushed for them?) Please tick one box

- a. More than three times a day ☐
- b. Three times a day ☐
- c. Twice a day ☐
- d. Once a day ☐
- e. Less than once a day ☐
- f. Never ☐

8) At the moment, how often, on average does your child eat biscuits, pastries, cakes, chocolates or sweets? Please tick one box

- a. Four or more times a day ☐
- b. 3 times a day ☐
- c. 2 times a day ☐
- d. Once a day ☐
- e. Less than once a day ☐
- f. Rarely or never ☐

9) At the moment, how often, on average does your child have fizzy drinks, fruit juice or soft drinks like squash, excluding diet or sugar-free drinks? Please tick one box

- a. Four or more times a day ☐
- b. Three times a day ☐
- c. Two times a day ☐
- d. Once a day ☐
- e. Less than once a day ☐
- f. Rarely or never ☐

10) When was the last time your child went to a dentist? Please tick one box

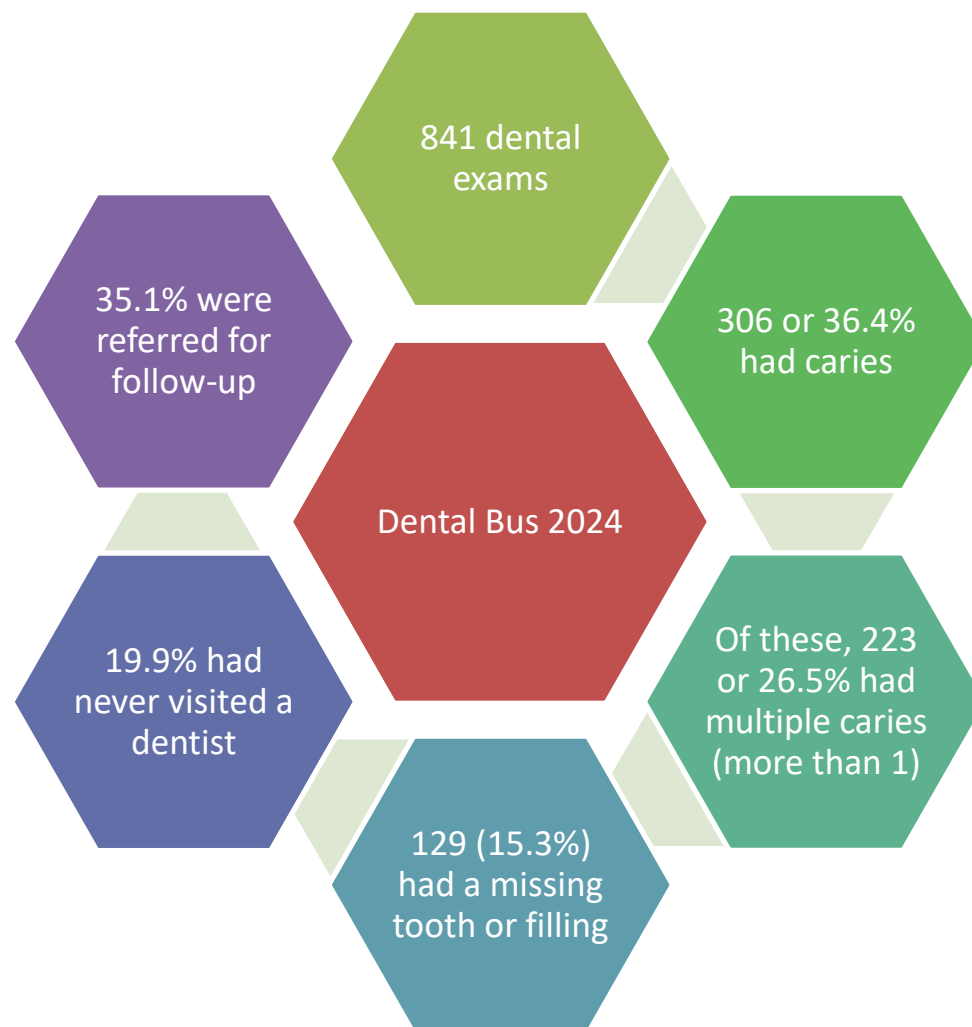
- a. In the last six months ☐
- b. In the last year ☐
- c. In the last two years ☐
- d. Longer than two years ago ☐

11) Is there anything else you would like to mention about your child's dental health or planned Supervised toothbrushing programme in your early year setting? Please write below:

Thank you for completing this survey

Appendix 2

Summary of Brent Oral Health Bus 2024



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Appendix 3

Summary of feedback and testimonials for Brent Oral Health Bus 2023

Positive Service Comments (23 responses)

“It is an excellent service and didn't have to wait in queues which is good”

Positive Staff Comments (13 responses)

“The bus was really good they were really friendly with the kids too and made it fun for them”

Good Advice (7 responses)

“They also had models to teach the children how to brush their teeth, they had activities for the children and they gave out toothpaste as well”

Negative Service Comments (3 responses)

“I was unable to get a dental appointment afterwards”

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Appendix 4

Photos from the Brent Oral Health Bus Events





	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Corporate Director of Service Reform and Strategy
	Lead Cabinet Member: Deputy Leader and Cabinet Member for Finance & Resources (Cllr Mili Patel) Cabinet Member for Customer Experience, Resident Support & Culture (Cllr Promise Knight)
Period Dignity Brent project	

Wards Affected:	All
Key or Non-Key Decision:	Non Key
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:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Angelyn Francis Policy Support Officer Angelyn.francis@brent.gov.uk Tom Pickup Policy & Performance Manager Tom.pickup@brent.gov.uk

1.0 Executive Summary

- 1.1. The purpose of this report is to provide an overview of the council's action to tackle period poverty through the Period Dignity Brent project. The project provides free period products to residents as part of the council's commitment to tackle health inequalities and financial hardship. The report outlines the journey to develop the project and next steps which aim to continue delivering sustainable and inclusive approaches that meet the needs of Brent's diverse communities.

- 1.2. This report also provides background information on the issue of period poverty in Brent, including the scale of need and the barriers faced by residents in accessing essential menstrual products.

2.0 Recommendation(s)

The committee is asked to:

- 2.1 Note and comment on the Period Dignity Brent project's approach, impact and journey to date, including the proposed next steps.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

- 3.1.1 As the Period Dignity Brent project seeks to tackle issues related to health inequalities and financial hardship, it helps to deliver both the 'Prosperity and Stability' and 'A Healthier Brent' strategic priorities within the Borough Plan. Additionally, Period Dignity is a commitment within the council's Health and Wellbeing Strategy, providing universal access to period products to tackle health inequalities. The work also contributes to delivering the council's EDI Strategy, specifically the commitment to narrow the gap and tackle inequalities.

3.2 Background

Period Dignity: defining the challenge and scale of need in Brent

- 3.2.1 Language is powerful. The challenge of 'period poverty' encompasses three core issues: access to products, stigma and education. The term 'period poverty' exacerbates the issues of stigmatisation and education as it can be attached with negative connotations. Hence the council, like other organisations, has adopted the term 'period dignity'. 'Period dignity' builds a sense of empowerment and respect, helping to challenge stigma around a normal biological process.
- 3.2.2 Period dignity describes a lack of access to proper menstrual products and the education needed to use them effectively. It disproportionately affects people who do not have the resources to access the period products they need and can be exacerbated by other reasons such as shame, embarrassment and community stigma.
- 3.2.3 Nationally, an [ActionAid poll](#) in 2023 found that 21% of people who menstruate are struggling to afford period products, marking an increase of 9% from the previous year. Unfortunately, such data is not available for Brent, however metrics around socioeconomic deprivation, a key driver of period dignity, can provide some indication around the level of need:

- Brent has a poverty rate of 33%, the seventh highest rate in London. This indicator presents the percentage of people living in poverty (Trust for London, 2023/24).
- Brent is the 79th (out of 317) most deprived area in the UK. Specific areas such as Stonebridge and Harlesden are among the most deprived, falling within the top 4% and 7% most deprived neighbourhoods respectively. (Indices of Multiple Deprivation, 2019).
- 12% of households in Brent are experiencing fuel poverty (Brent Joint Strategic Needs Assessment)
- 18.2% of Brent residents are on out-of-work benefits, the 5th highest rate in London (Trust for London, Q4 2024).
- Temporary accommodation tenancies have increased by 55% since 2021.

Tackling Period Dignity in Brent

3.2.4 Brent's activity around period dignity emerged from the Poverty Commission in 2020. Among the recommendations put forward by the commission, proposal 9 emphasised the importance of recognising gender-specific dimensions of poverty, particularly the unique barriers faced by women in accessing financial support and welfare services. As a result, 'period poverty' was formally identified as a focus area by Scrutiny in December 2020, reinforcing the council's commitment to addressing health inequalities and ensuring equitable access to essential products and support services.

3.2.5 Brent's action to tackle period dignity can be categorised into three components:

1. The Department for Education Period Products scheme
2. The role of the voluntary sector and local health services
3. The Brent Council offer: Period Dignity Brent

Department for Education's Period Products Scheme

3.2.6 In January 2020 the Department for Education (DfE) launched the Period Products Scheme which aims to remove financial barriers to education and tackle stigma around period dignity by providing free period products to those who menstruate. The scheme is available for state-maintained schools and DfE funded 16 to 19 education organisations.

3.2.7 The table below presents uptake of the scheme in Brent. The data indicates that, on average, 50% of eligible organisations in the borough have ordered through the scheme and the proportion of organisations meeting the spend cap spent has increased over time, almost maximising the cap in 2023-24 (i.e. 98% of organisations claiming products spent the maximum amount available). The average spend per organisation is £640.

DfE Period Product Scheme management data for Brent Schools and colleges				
Academic year	Number of Eligible organisations	Percentage who ordered	Average Spend	Percentage of spend cap spent

2023-24	77	49%	£767	98%
2022-23	76	51%	£656	83%
Jan-Jul 2022	76	45%	£376	76%
2021	77	49%	£490	71%
2020	74	54%	£379	73%

N.b. the scheme initially operated based on the calendar year and was subsequently adapted to the academic year, hence the varied date ranges.

- 3.2.8 It has not been possible to gather further insights from eligible Brent organisations around the scheme because the council does not monitor or collect this data.

The role of voluntary sector and local health services

- 3.2.9 Brent Food Bank and Sufra NW London have played a key role in supporting period dignity for residents facing financial hardship. In 2024, Brent Food Bank received a grant from the Old Oak and Park Royal Development Corporation to purchase period products and train volunteers distributing emergency food parcels. Sufra also distributes period products when available, but demand regularly exceeds supply.
- 3.2.10 Period dignity remains a key consideration within the wider approach to staff and patient wellbeing at London North West University Healthcare NHS Trust. Significant work has already been undertaken to strengthen menopause support, and it is anticipated that LNWH will be successful in securing [menopause friendly accreditation](#) at a forthcoming panel review. Following this, their focus will extend to pursuing [menstruation friendly accreditation](#). In parallel, they intend to broaden the scope of internal webinar series to encompass a wider range of women's health topics, including menstruation.

Period Dignity Brent project – initial pilot

- 3.2.11 The council's first period dignity project initiated in October 2021, following the Poverty Commission recommendations. The council implemented a pilot project which provided free period products in public toilets across six council sites: Brent Civic Centre, Ealing Road Library, Harlesden Library, Kilburn Library, Willesden Green Library, Kingsbury Library. PHS provided Free Flow Wall vending machines which dispensed disposable period pads and tampons.
- 3.2.12 Initially, uptake was good at the start of the pilot, however it quickly became difficult to understand the level of uptake over time due to challenges and inconsistency with data collection from the respective sites, hence reliable data was not available after 6 months. Overall, data shows usage of period pads was higher compared to tampons. Brent Civic Centre and Willesden

Green library had the highest usage of pads, with approximately 400 products over the 6-month.

Site	Product	6 Month Usage
Brent Civic Centre	Tampons	209
	Disposable Pads	395
Ealing Road Library	Tampons	92
	Disposable Pads	302
Harlesden Library (usage low due to dispenser being placed in an inaccessible location)	Tampons	28
	Disposable Pads	34
Kilburn Library	Tampons	218
	Disposable Pads	198
Willesden Green Library	Tampons	300
	Disposable Pads	411
Kingsbury Library	Tampons	76
	Disposable Pads	70

3.2.13 In addition to data collection issues, there were other learnings from the initial pilot:

- Dispensers: they were not strategically placed, for example there were no dispensers in sites such as Family Wellbeing Centres or Hubs that are more likely to support and deliver services to those experiencing period dignity challenges.
- Communication: signage in sites communicating the purpose of the dispensers was not clear and attracted misuse of products. Dispensers were also vandalised.
- Training and education: training was not provided to staff delivering the pilot or to those on sites that had dispensers, limiting their ability to support residents in needs. Additionally, linked to communication, sites did not have any educational tools available to residents that will help build understanding and tackle stigma.

Period Dignity Brent project – adopting a new approach

3.2.14 In 2024, the Corporate Policy Team initiated a review of the existing period dignity offer with the view of updating the approach, particularly recognising the increasing socioeconomic challenges emerging from the cost-of-living crisis. The Policy Team established and coordinated a working group

comprised of Public Health, Libraries, Family Wellbeing Centres, Brent Hubs and Facilities. The aim of the review and new approach is:

- Change and improve Brent's current model around period dignity, namely by increasing the availability of period products across Brent.
- Provide temporary and immediate support to residents who are struggling and in need of help to access free period products.
- Raise awareness around period dignity and tackle stigma that surrounds periods and menstrual health through communication, education, and training. This includes improve staff understanding of period dignity and how to support people in need.

3.2.15 To realise our aims, the council recognised that working with an expert will be vital and, therefore, sought to identify a new partner who could support the council to deliver the new approach. We engaged with the following prospective providers: PHS, Binti Period Charity, Hey Girls and Bloody Good Period. As part of this process, we also engaged with several local authorities to understand their approach, including how they targeted specific communities, success measures, monitoring procedures, funding arrangement and approach to raising awareness and educating.

3.2.16 Hey Girls emerged as the preferred option, with an approach and offer that most aligned with our aims. Hey Girls provide a universal offer developed to ensure all people who menstruate have access to free, eco-friendly period products and menstrual health education. They also work with numerous local authorities in London and across the country. As part of our partnership, Hey Girls provide the council with products, communication and educational materials and training.

Period Dignity Brent project – the new approach and pilot

3.2.17 With Hey Girls, the council has been piloting a new Period Dignity approach since November 2024. The pilot provides free disposable pads, tampons and reusable period cups across 17 council owned sites: Brent Libraries, Family Wellbeing Centres, Kilburn Hub, The Living Room and New Horizon Centre. These sites encompass some of the council's core resident facing services including those already set up to support and provide a range of services for residents experiencing financial hardship.

3.2.18 The projects operational delivery process entails a model in which individual sites are responsible for requesting and distributing period products. The 17 sites are provided with an initial starter pack of products and posters. When products are running low, the sites place orders as needed through a central ordering process coordinated by the Corporate Policy Team. All sites have a designated point of contact responsible for overseeing stock management, receiving delivery updates and liaising with the Corporate Policy Team as required. They are also responsible for providing feedback around the project, both from an operational perspective and around resident experience. The Corporate Policy Team monitors product usage based on site orders.

3.2.19 The following table summarises the product distribution data collected during the pilot phase from November 2024 to August 2025. It details the number of sites involved, the frequency of restock requests after the initial starter pack, and the quantities of disposable pads, disposable tampons, and reusable cups ordered. This data highlights the varying levels of demand across different types of sites, with libraries showing the highest frequency of restock requests and overall product distribution. Overall, the data demonstrates that there is a need in Brent and that the council is making progress to meet this need.

Product distribution data

November 2024-August 2025					
	Number of sites	Requests of restock	Disposable Pads	Disposable Tampons	Reusable Period Cups
Libraries	6	27	11200	3264	288
FWC	8	18	6820	2688	120
Hubs (inc . New Horizons Centre)	3	4	2660	1920	84
Total	17	49	20680	7872	492

3.2.20 The pilot currently has a budget of £10,000, funded through the Public Health grant and there are confirmed plans to extend this funding once the initial allotment has been used. Since November 2024, £8,500 of the allocated funding has been used. This funding has primarily been used to purchase products but has also covered promotional activity.

3.2.21 As part of the partnership, Hey Girls deliver training to staff located at the sites. The training aims to help staff to understand the Period Dignity Project, covering the follow topics: period equality, menstrual education, period products and product sustainability. The training is also delivered in a 'train-the-trainer' style webinar so that staff attending the training can pass the information on to other teams or those who were unable to attend.

3.2.22 Each site also has a range of promotional materials which have been provided by Hey Girls and are displayed at all sites, such as posters and leaflets. The Brent website also has a [dedicated page](#) around period dignity which shares information about the project, including the sites and educational materials. When distributing products, services provide both open and discrete options, ensuring that:

- Products are displayed in the open and available to take on demand. The open displays are also part of the educational component of the project.
- Products can be requested on site.
- Products can be distributed discretely by staff to residents based on identified need.



The image above presents how products and materials are displayed openly at sites.

3.2.23 The pilot has been promoted through Brent channels, including LinkedIn and Your Brent magazine. It has also received positive local and regional media coverage which have amplified the pilot's aims and the council's broader mission to tackle challenges around period dignity.

Period Dignity Brent project – learning to date

3.2.24 Feedback around the project, from staff and residents, has been positive:

- Harlesden Library and Willow Family Wellbeing Centre reported receiving positive feedback from residents and officers also noted that the online information provided was extremely informative.
- New Horizons Centre and Ealing Road Library noted that reusable period cups were quickly taken, reflecting strong interest. However, some staff expressed uncertainty about whether the products were being accessed exclusively by those in need.
- Operational delivery has been mostly smooth, with only minor issues reported, such as occasional delays in restocking popular products (disposable pads) or delivery delays.

3.2.25 Overall, the data and feedback demonstrate a sustained interest and need in the initiative, reinforcing the value of continued provision and refinement. The feedback from residents and services will be used to inform the next steps, set out below.

3.3 Next Steps

- 3.3.1 The pilot phase of the Period Dignity Brent project has provided a strong foundation for developing a sustainable, borough wide offer. It confirmed the value of providing free period products in community settings and highlighted ongoing demand to continue delivering this service. As such, we are in the process of consolidating this as a business-as-usual service. Working with the working group, future funding arrangements has been confirmed, and we are determining updates to the operational process to improve efficiency and adopt a more self-serving model for sites. We are hoping to confirm updated arrangements this year.
- 3.3.2 In the meantime, given the scale of need demonstrated through the pilot, we plan to continue delivering and expanding our offer to support as many residents as possible. For example, in May 2025, the New Horizons Centre was added as a new site. Although newly established within the last 3–4 months, the initial request for products from the site suggests it may have one of the highest levels of need or demand.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 A range of stakeholder engagement activities were undertaken to support and promote the Period Dignity Brent pilot. Online workshops were delivered for council officers to raise awareness and build internal understanding of the initiative. A dedicated briefing was produced for Member and key stakeholders to ensure alignment and support across the borough. Discussions were also held with local partners, including Sufra and Brent Food Bank, to explore collaborative opportunities and strengthen community outreach. Additionally, benchmarking conversations were held with other London councils that have partnered with Hey Girls, helping to inform Brent's approach and align with best practices.

5.0 Financial Considerations

- 5.1 The estimated value of the project is £10,000.
- 5.2 Funding for this project has been secured from existing resource in the Public Health Reserve for 25/26. Funding has been earmarked for future years, confirmed by the Director of Public Health.

6.0 Legal Considerations

- 6.1 There are no legal implications arising from this report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 The Period Dignity Brent project supports Brent's duties under the Equality Act 2010 and the Public Sector Equality Duty by promoting gender equality

and tackling barriers faced by those who menstruate, particularly those from disadvantaged backgrounds.

- 7.2 The project directly supports those in need by providing free products, advice and education around period dignity. A key aim of the project is to raise awareness and amplify challenges and support available around period dignity, hence the promotional activities and materials are contributing to efforts to tackle stigma and break down barriers.

8.0 Climate Change and Environmental Considerations

- 8.1 The Period Dignity Brent project supports the Council's environmental objectives and climate emergency strategy by promoting access to sustainable menstrual products. Through partnership with Hey Girls, a social enterprise committed to reducing environmental harm, the project offers reusable and biodegradable period products made from responsibly sourced materials such as bamboo, organic cotton, and medical-grade silicone. These products help reduce single-use plastic waste and landfill impact, aligning with Brent's commitment to sustainability.


9.0 Communication Considerations

- 9.1 Key considerations include continuing to raise awareness of the initiative, promoting access to free and sustainable menstrual products, and engaging target audiences effectively. Communications have already been delivered across council channels, community networks, and local media, with support from the Brent Communications Team. These efforts will remain ongoing, as awareness-raising and education are vital components of the project's success ensuring residents not only know about the initiative but also understand its purpose and how to access products appropriately.

Report sign off:

Rachel Crossley

Corporate Director, Service Reform and Strategy

	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member – Cabinet Member for Children, Young People and Schools (Councillor Gwen Grahl)
The Impact of Youth Justice Service Delivery in Brent	
Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
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:	Appendix 1 - Draft Brent Youth Justice Plan 2025-28
Background Papers:	The Families First Partnership (FFP) Programme Guide
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Palvinder Kudhail Director, Early Help and Social Care Palvinder.kudhail@brent.gov.uk Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk

1.0 Executive Summary

- 1.1 The Brent Youth Justice Service (YJS) is a multidisciplinary, multiagency service that works with children and young people aged 10-17 years and their families. Brent YJS provides support in relation to diverting from offending, preventing crime, out of court disposals, court work, bail and remand, the assessment of children and young people who offend, the planning and delivery of community interventions, indirect and direct work with victims, and custody and resettlement.
- 1.2 The YJS sits within the CWPCD Directorate and is managed by the Head of Early Help. The Director of Early Help and Social Care chairs the YJS Management Board. The Board provides strategic direction and support for

the YJS, ensuring that planning is undertaken to deliver effective youth justice services - which aim to reduce offending and safeguard children and young people. Secondly, the Board are informed by an understanding of the characteristics of the YJS cohort and the type and level of risk to children and young people and ensure proportionality in youth justice outcomes for all children and young people in Brent.

- 1.3 The YJS Management Board has representation across the partnership at senior levels and has maintained a stable and engaged membership with awareness and knowledge of children in the youth justice system. Board members have developed an effective teamwork approach and contribute to Inspectorate recommendations, wider planning, and challenges. This consistent approach is embedded operationally reflecting the partnership's strategic focus on addressing disparity and disproportionality. All Board members have been encouraged to observe practice. A case study is presented by a member of the YJS at each Management Board meeting, promoting a wider understanding of interventions and their impact. A review of the YJS Management Board's Terms of Reference, in adherence to YJB guidance, was approved in January 2025.
- 1.4 In line with the annual YJB Business Plan, Brent YJS has a diverse workforce that reflects the communities it serves. Brent YJS shared its staffing profile by ethnicity with the Youth Justice Board in September 2024. This showed it is diverse and representative of children in the Brent Youth Justice System. Brent has a Disproportionality Action Plan which it regularly monitors - via the YJS management Board - and continues to ensure that everyone who works for the YJS has planned and recorded individual training and development.
- 1.5 Brent YJS benefits from partner staffing contributions equivalent to 7.6 FTE, with senior members from partnership agencies at Board level. The YJS is compliant with the minimum staffing requirement set out in the Crime and Disorder Act 1998 – with multi agency staff representing the education sector, Health, Probation, and the Police:

Table 1: Partnership staffing contributions

Post	FTE
Police Officer	2
Seconded Probation Officer	0.6
Prospects Employment Advisor	2
CAMHS Practitioner	1
YJLD Liaison and Diversion (CNWL)	1
VIA Substance Misuse	1

- 1.6 This report provides an overview of the impact of YJS delivery outlined in the Brent Youth Justice Plan 2025-2028, which is due to be presented at Cabinet in October. This will include consideration of how the YJS contributes to Borough Plan and other strategic priorities, an overview of the impact of work delivered by YJS and its partners in 2024/25, and Brent YJS priorities for 2025/28.

2.0 Recommendation(s)

2.1 That the Community and Wellbeing Committee:

- Considers the content of the Draft Brent Youth Justice Plan 2025-2028 (see Appendix: Brent Youth Justice Plan 2025-2028).
- Notes the achievements and challenges detailed within the Brent Youth Justice Plan 2025-2028. These include the integration of child first principles into YJS practice, progress made to reduce reoffending, first-time entrants into the youth justice system, and custodial outcomes, and our continued commitment to addressing the overrepresentation of children from Black Heritage groups supported by Brent YJS.
- Notes the principal aims and commitments that subject to Cabinet approval, will shape the Brent YJS partnership in the next three years:
 - Embed the new Targeted Prevention Hub (TPH) within Brent.
 - Develop ever closer links with the voluntary and community sector – to include the ongoing identification of partners to join the TPH.
 - Implement and manage new substance misuse arrangements within Brent.
 - Embed new Appropriate Adult arrangements within Brent.
 - Increase access to victim's support.
 - Work with partners to develop pathways and create access for Speech and Language Therapy.
 - Refresh, implement, and monitor the Brent YJS Disproportionality Action Plan to tackle the over representation of children from Black Heritage Groups in the Brent Youth Justice System.
 - Support the delivery of the Brent Youth Strategy.
 - Collaborate with Social Care to reduce the criminalisation of children in care and care leavers.
 - Continue to promote evidence-based Child First approaches as the best means to reducing victims, promoting public protection, keeping communities safe and supporting children towards positive outcomes.
 - Support MPS Children's Strategy recommendations to help keep children in London safe, build their trust and bring to justice those who abuse and exploit them.
 - Continue to build a YJS partnership culture that encourages diversity in its workforce, promotes anti-racist practice in its thinking and inclusivity,

is supportive, encourages personal responsibility and is outcomes focused.

- Continue work within the YJS Management Board, the wider partnership, and YJS staff to prepare for the current round of HMIP Inspection, through a YJS focussed programme of case file audits, thematic Practice Development sessions and focused individual supervision.
- Broaden access to mentoring with clear referral pathways.
- Develop plans to expand the remit to care leavers who are involved in the criminal justice system.
- Map DFE Dashboard Outcomes to YJS key performance indicators.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The Youth Justice Plan 2025-2028 is closely aligned to three priorities within the Borough Plan 2023-27 as well as the strategies outlined below:

3.1.2 *Thriving Communities*

Brent Youth Justice Service (YJS) is working closely with community partners to make Brent safer. This includes delivering *Your Life You Choose* sessions, and other preventative workshops in schools in partnership with the Targeted Prevention Hub (Early Help), Willesden Magistrates Court, the Police, and the local voluntary sector. *Unlocking Your Potential* groupwork sessions led by YJS introduce young people to inspirational members from local and wider London communities. YJS also supports young people to access positive recreational activities at Family Wellbeing Centres.

3.1.3 *The Best Start in Life*

Young people within the Brent youth justice system are seen and heard. A trauma informed approach to supporting children is embedded within YJS. Supported by a YJS Participation Officer, children and young people communicate with members of the YJS Management Board via a range of multi-media platforms including podcasts and short films. Joint work undertaken with the Brent Community Safety Team includes exploring options for broadening Brent's mentoring offer to young people affected by gangs and other forms of criminal exploitation, and the ongoing provision of early intervention preventative support to children and young people who receive the police issued *Triage* Out of Court Disposal.

3.1.4 *A Healthier Brent*

Young people known to criminal justice services often have poor access to mental health provision. An NHS funded Youth Liaison and Diversion Officer, based within the YJS offers mental health screening to children who attend

police custody. A co-located CAMHS Mental Health Practitioner offers a range of support and refers those with more complex needs for specialist CAMHS support.

3.1.5 Brent Youth Strategy

The Youth Justice Plan 2025-28 is aligned to the Brent Youth Strategy 2025-28 which includes youth participation, contextual safeguarding risk management, and the provision of educational support to children not in employment, education, and training.

3.1.6 The Brent Equity, Diversity, and Inclusion Strategy 2024 – 2028

Brent YJS is committed to tackling inequalities which includes the added strand of work which focuses on disproportionality. The service's work is closely aligned to two objectives within the Brent Equity, Diversity, and Inclusion Strategy 2024 – 2028.

3.2 Background

3.2.1 Brent's operational responsibilities have remained broadly similar in their focus since they were introduced by the Crime and Disorder Act 1998. This required each local authority in England and Wales to deliver youth justice services in line with a statutory framework outlining youth justice responsibilities in relation to out of court disposals, court work, bail and remand, the assessment of children and young people who offend, the provision of court reports, the delivery of community interventions, and custody and resettlement.

3.2.2 Brent's approach to delivering youth justice services shares much in common with the Child-First ambitions announced by the Youth Justice Board in 2021 and re-emphasised in their Strategy Plan for 2024-2027. These are to deliver positive outcomes for children by reducing offending and creating safer communities. We see children as children first, treat them fairly and help them to build on their strengths so they can make a constructive contribution to society as responsible citizens. It is also a method that provides Brent YJS with the necessary means to achieve its principal statutory aims:

- Reducing the likelihood of children offending or re-offending
- Protecting children and young people
- Protecting the public
- Ensuring that sentences are served

4.0 Overview of YJS work

4.1 The Brent Youth Justice Plan 2025-2028 outlines our work addressing the individual and often complex needs of children and young people who have entered, or are at risk of entering, the local youth justice system. In 2024, this totalled 201 children (0.6%) of the Brent 10-17 population who received 289 youth justice disposals:

**Table 2: No. of children supported by Brent YJS by disposal
January to December 2024**

Type of disposals	No. of Children
Court Sentence	98
Out Of Court Disposals	59
Turnaround Programme	38
Remand / Bail support programme	6
Total	201

4.2 A snapshot of the active caseload taken in April 2025 showed there were 112 open cases. Analysis of these children and young people reveals that:

- Sixty percent were aged 16 or 17 years - This figure has been relatively consistent over the last 4 years.
- Eighty-eight percent were male compared to 89%, the over representation of young Brent males has been relatively consistent over the last 4 years.
- Thirty-eight percent of children and young people were from a Black Caribbean or other Black Heritage Group compared to 54% in May 2024, 46% in June 2023, 48% in February 2022 and 46% in February 2021. Although some positive progress has been achieved, the overrepresentation of children and young people from Black Heritage groups in the youth justice system continues to be a systemic failure.
- Twenty-three percent, inclusive of caretaking cases, were LAC. The overrepresentation of care experienced children in the Brent youth justice system is a persistent problem that the Looked After Children and Permanency Service, and the Youth Justice Service have worked together to decrease in recent years.
- Twenty-three percent were NEET (in academic years 12 and 13 and including children and young people residing out of Brent). This figure has been relatively consistent over the last 4 years.
- Seven percent of the caseload (8) had an EHCP or Statement of SEN. This figure has been relatively consistent over the last 4 years.
- The wards containing the highest proportion of children in the April 2025 cohort were Alpertown, Mapesbury, Stonebridge and Harlesden. Children and young people residing in these wards represent over 28% of all open cases. A significant proportion (almost a quarter) reside outside of Brent. The majority of these children are care-experienced or have been moved outside of Brent in response to contextual safeguarding or other risks to their safety and wellbeing.

4.3 Within the overall YJS open caseload in April 2025 there were 17 LAC young people. Care experienced children known to the YJS are one of the most

vulnerable groups in Brent with many children experiencing high levels of harm and exploitation. Analysis of these children and young people reveals that:

- 94% were male.
- 76% were aged 16 or 17 years.
- 41% were of Black African or Black Caribbean Heritage (60% in May 2024).
- 59% had committed a violent offence (70% in May 2024).
- 12% had committed a drugs offence, a lower figure than previous years.
- 26% had committed a robbery offence. This is a relatively consistent figure over the last 4 years.

4.4 Analysis of all 201 children and young people supported by Brent YJS between January and December 2024 found that:

- 52 (25.8%) of those children had committed a drugs offence - 51 (98%) of these children were found to be in possession of drugs.
- 24 of the 46 children referred to the YJS due to cannabis crime were referred for substance misuse treatment. This is consistent with the national picture where cannabis is the most common substance used by children referred for treatment (52%).
- 67% had mental health concerns.
- 26% were previously or currently open to children's social care as a child in need.
- 8% were previously or currently subject of a child protection plan.

5.0 Service Reform

5.1 In April 2024, Brent Council's Early Help and Social Care Department embarked on a new redesign programme to better support more holistic, joined up working and ensure a modern, fit for purpose service model, in line with the Government's Families First reform programme. The new model introduced in May 2025 brings together non-statutory Family Support Workers with Children's Social Workers in seven teams, each aligned to a Family Wellbeing Centre. Over time, Family Support Workers will receive training to begin to complete Child and Family Assessments under the guidance and supervision of a Social Worker. These teams will oversee all Family Support and Child in Need work. New Child Protection Teams will also be established, made up of Social Workers who will oversee caseloads of Child Protection, Section 47, Interim Care Order, Supervision Orders and Care Proceedings cases.

5.2 The redesign also identified the need for, and subsequent creation of, a Targeted Prevention Hub (TPH). Located within the Brent Youth and Youth Justice Service and managed by the Youth and Youth Justice Manager (reporting to the Head of Service Early Help), the TPH brings together existing adolescent-focused resources across Early Help and Social Care to provide an expanded range of preventative support to children and young people in Brent. Introduced in stages from June 2025, it will also introduce a new Family Group Conferencing Service.

5.3 TPH is expected to achieve a wide range of benefits by:

- Providing more support to services tackling risk outside the home.
- Strengthening Brent's approach to prevention and early intervention.
- Expanding resources for children returning home from care and supporting reunification with families.
- Unifying and coordinating existing resources from across Early Help and Children's Social Care.
- Improving experiences for children, young people, and families – providing a single, dedicated referral pathway.

5.4 By creating a single pathway across Children's Social Care, TPH will fast-track access to a menu of services, including:

- Careers advice.
- Sexual Health advice.
- Expert advice re child sexual exploitation.
- 1:1 support for children who are gang affected/affiliated.
- Out of hours detached youth work.
- Mentoring.
- Missing children support.
- Mental health support.
- Substance misuse support from VIA.
- Contextual safeguarding support e.g. peer mapping, safety mapping, complex strategy meetings, and intelligence sharing.
- Brent YJS Turnaround. This is a four-year programme which has been funded by the MoJ until April 2026 to work and offer additional support to young people who are on the edge of entering the criminal justice system.
 - Educational awareness sessions on crime and exploitation.
 - Family group conferencing.
 - Reunification of children returning from home from being looked after.
 - Domestic abuse with Advance.

5.5 TPH Outcomes will conform to DfE expectations in the Families First Partnership (FFP) Programme. These outcomes include:

- Fewer children in care.
- Reduction in the number of vulnerable children and young people becoming looked after.
- Increased understanding of youth criminal exploitation by children and their families.

- Reduced number of children entering the youth justice system.
- Reduction of children vulnerable to risk outside the home harm.
- Reduction of victims vulnerable to risk outside the home harm. Increase in the number of vulnerable children and young people being safely supported in the community.
- Improved access to, and performance of, preventative (wrap-around) services for young people and their families.

5.6 The positioning of TPH within YJS provides an opportunity to map DFE expected outcomes to YJS key performance indicators. This will enable YJS' contribution to the Council's Exploitation, Violence and Vulnerability Panel and the wider safeguarding objectives to be measured, shared and monitored by the Brent YJS Management Board via the YJS Improvement Plan.

5.7 The child-centred workplace culture that is evident in Brent YJS will be incorporated into TPH through modelling the directorate's 'ways of working' approach: *This is Brent CYP - This is How We Grow*. This ensures that all service development conforms to common values of Contribution to Society, Integrity, Creativity and Achievement. It also encourages all staff to remain Curious, Courageous and Kind in all aspects of their work, including anti-racist practice. Quality assurance tools continue to evolve and now include a reflective supervision template and enhanced requirements for robust management oversight.

5.8 In terms of workforce development, the Brent YJS recruits staff who are committed to children's welfare and work co-productively with them to improve outcomes. YJS provides a supportive, yet challenging work environment that nurtures talent, values all contributions equally and strives for excellence. This is key to collaborating with the national Youth Justice Board (YJB) to deliver the three strategic objectives outlined in their Youth Justice Board Strategy 2024-2027:

1. Supporting the improvement of youth justice services in local communities.
2. Focusing on addressing persistent racial disparities across the youth justice system.
3. Influencing the development of policy and practice to advance the adoption of Child First principles throughout the youth justice system.

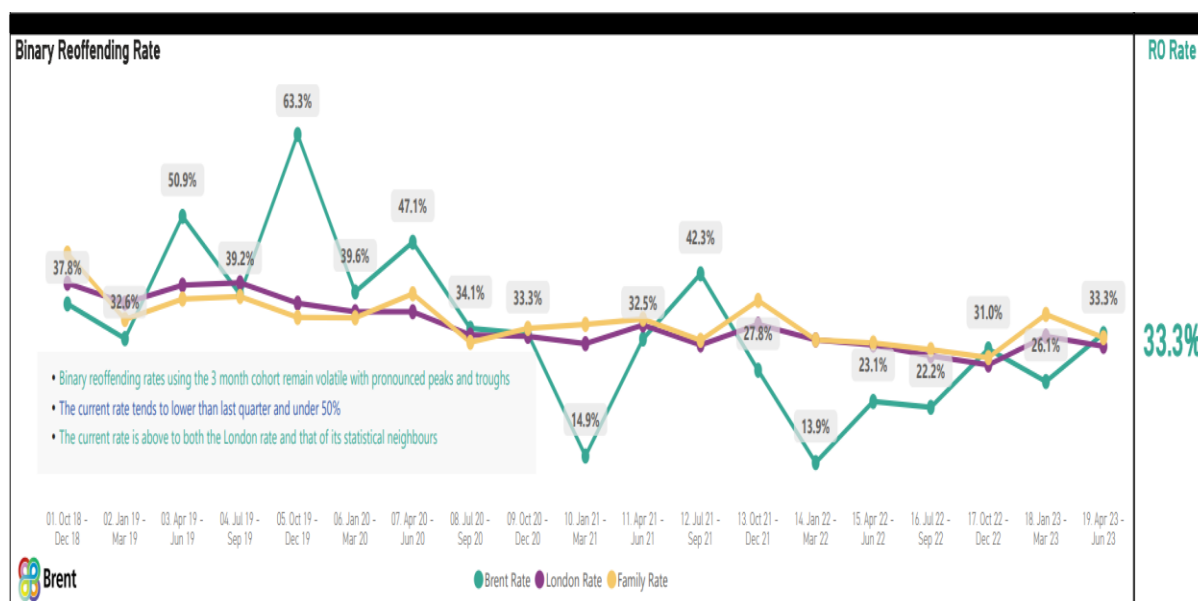
6.0 Performance and impact

6.1 During 2024/25, Brent YJS performed strongly across several key areas:

6.2 Re-offending

Re-offending rates are prone to fluctuation and tracked over a period of 18 months. The low rates of reoffending that Brent has experienced in recent years is likely to have been influenced by the considerable programme of preventative work undertaken at this time. This included the COVID-19 Pathfinder for Overrepresented Children, the MOPAC Funded Disproportionality Project, and the Your Choice cognitive behavioural therapy programme. The establishment of TPH provides renewed confidence that reoffending rates will maintain their downwards trajectory.

Table 3: Brent youth reoffending rates, October 2018 to June 2023



6.3 Custody and Remands

Brent's custodial population is lower than both our statistical neighbours and the London average. This has been influenced by work to tackle disproportionality in the youth justice system, the implementation of the Constructive Resettlement approach which helps children in custody shift from a pro-offending identity to a pro-social one by building on their strengths and goals, effective interventions, and multi-agency oversight including At Risk of Custody meetings. However, the number of remands has increased by three compared to the previous year (five) to total eight in 2024/25. This increase is attributed to two serious incidents involving eight children in 2024/25. Children from Black Heritage Groups continue to be overrepresented in both the YJS custody and remand cohorts.

Table 4: Brent youth custody rate and numbers, October 2019 to March 2025

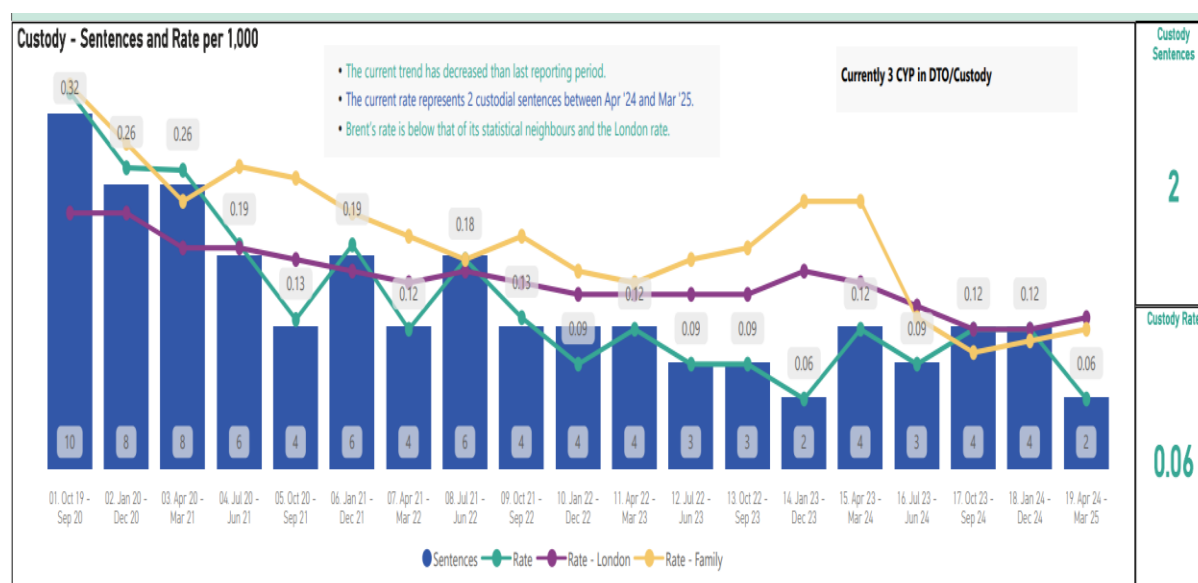
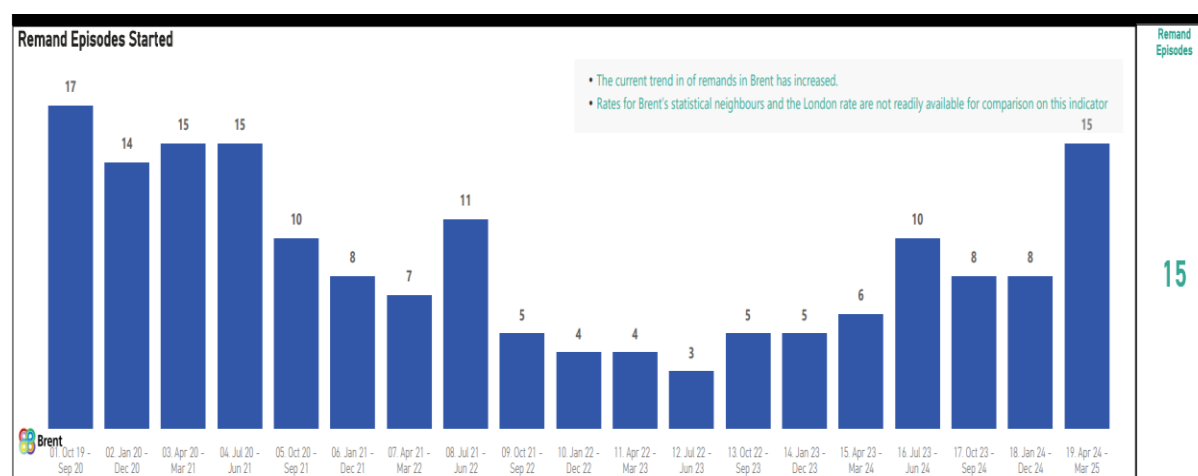


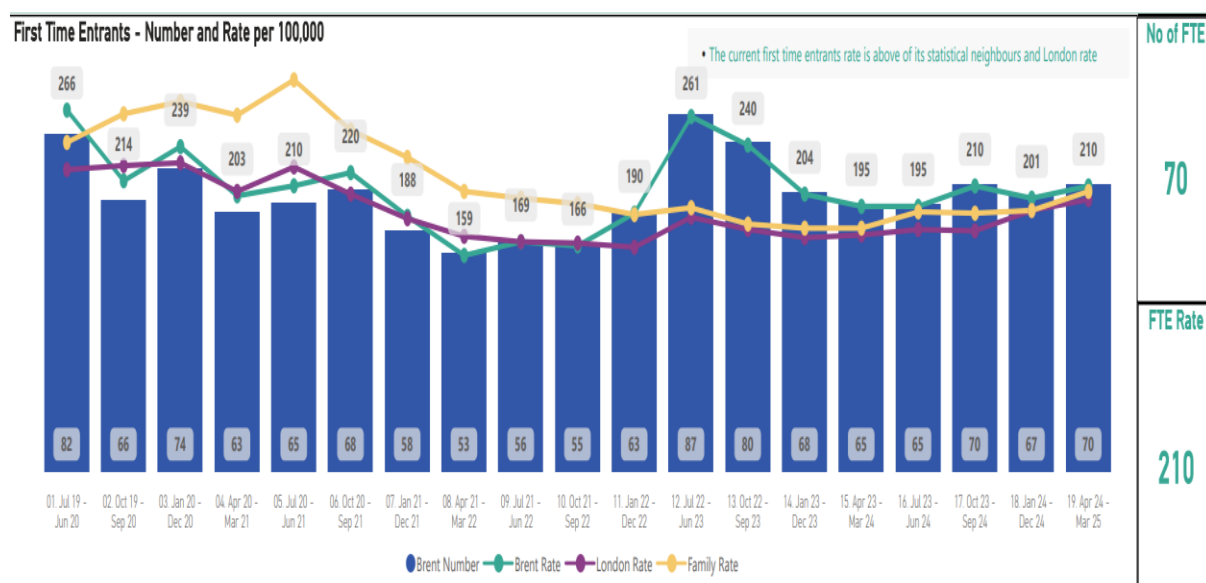
Table 5: Brent youth remand numbers, October 2019 to March 2025



6.4 First Time Entrants

The number of children entering the Youth Justice System has also been falling for more than a decade, at a national and local level. Locally, this reflects the effective planning, decision making and wide-ranging interventions offered by the YJS Out of Court Disposal team.

Table 6: Brent first-time entrants to the youth justice system, July 2019 to March 2025



6.5 Out of Court Disposals (O OCD)

Brent's O OCD procedures and processes highlight the voice of the victim, and promote a restorative justice offer. Work undertaken in partnership with the Police and the YJS Out of Court Disposal team is collaborative and focused on achieving fair and good outcomes for all children and young people. In 2024 Brent introduced the YJB Prevention and Diversion Assessment Tool to make assessments more child-focused and to ensure interventions are needs led. The number of police referrals to the Out of Court Disposal Team is predicted to increase significantly during the life of this plan due to the strategic commitment to *child-first* policing made by the Metropolitan Police in April 2025.

6.6 Violence and Gangs

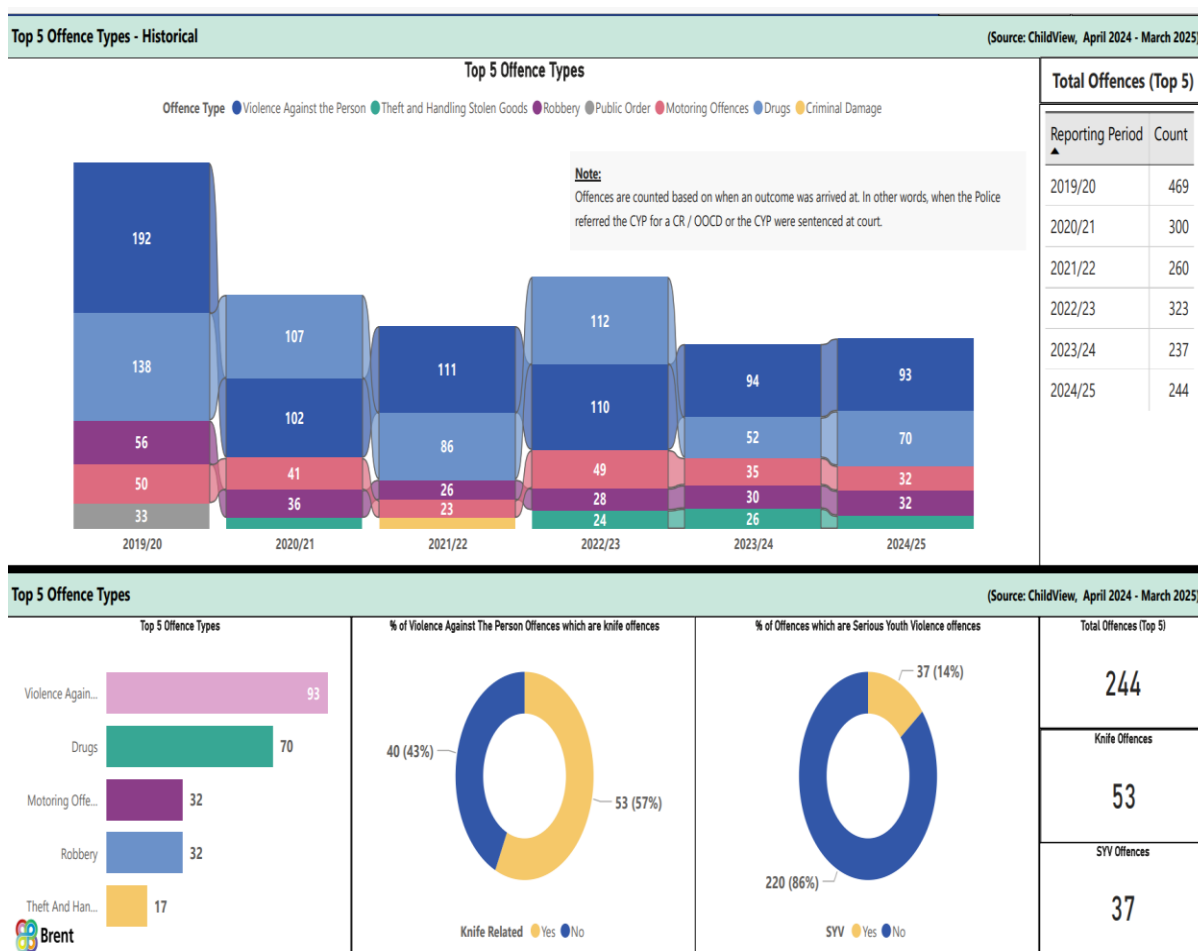
Brent YJS is committed to safeguarding young people affected by gangs and violence by understanding their challenges through a trauma informed lens and responding to neurodiverse needs. Serious Youth Violence has declined year on year since 2016/17 (66 SYV offences in the year 2016/17 to 37 in 2024/25, which is 44% decrease) - although within this cohort there has been an increase in the proportion of both robbery offences and knife crime for this cohort. For this reason, safety mapping is undertaken with all children supported by the YJS to better understand the harm they are exposed to in the community and where necessary plan how they can work safely with the YJS.

6.7 Serious Youth Violence Reductions

Serious Youth Violence reductions in Brent correspond to reductions experienced across London. This progress has been credited to a multi-faceted

strategy which includes targeted enforcement, community-led prevention programs, investment in early intervention and youth support services, and a commitment to addressing the root causes of violence, such as poverty and lack of opportunities. The Violence Reduction Unit (VRU) and local authorities are working in partnership with communities, families, and young people to provide resources, build trust, and develop solutions tailored to specific local needs.

Table 7: Brent youth offences by type and serious youth violence, 2019 to 2025



6.8 Courts

Brent receives a considerable amount of positive feedback from Magistrates at Willesden Youth Court about the quality of YJS court reports and the knowledge of the children who appear before the Youth Bench. For instance, in December 2024, it was noted that a Pre-Sentence Report (PSR) addressed all areas required to assist with sentencing. It was commented that it was a “good PSR with lots of detail”. All three areas of risk assessment: reoffending, risk of serious harm to others, and safety and wellbeing were evaluated as “very good”. Sentencing recommendations were deemed to assist sentencing and described as “excellent recommendations”.

Brent YJSs approach to sharing court facilities with Barnet and Harrow is collaborative and ensures all children are given the best possible opportunity to receive a fair outcome regardless of where they live. Brent is fortunate that our judiciary supports our continual strive for improvements in many ways which has included the adoption of trauma informed court reports and bail letters.

7.0 Partnership and Participation

- 7.1 The voices of children and their families are heard and used to develop and shape service provision. YJS workers interact with children and young people with increasing creativity. This has included YJS children sharing short films made by Brent children with the YJS Management Board, working in partnership with the Raheem Sterling Foundation, and sharing youth insights on crime and disorder with the Police during Community Safety Team Roundtable discussions.
- 7.2 The 2024 Annual Brent YJS Children and Young Person Survey obtained encouraging responses from the 68 children who took part including:
- 100% of young people said their case manager had completed work with them prior to an initial referral order panel. This included a learning questionnaire, YP assessment, mood questionnaire, screening tools, parent assessments, career choices, negative peers, and learning styles assessment.
 - 97% (66) were offered an opportunity to engage in positive activities whilst in contact with the YJS.
 - 100% felt listened to by their case manager.
 - 99% (67) felt satisfied with the work that the case manager had completed with them.
 - 94% (64) said that the case manager had given them feedback about their progress.
 - When asked what has worked well or made the biggest difference on your order, responses included *'Obtaining a passport, kept me busy, knowing right and wrong, understand things more, anything can be a weapon, appointments give me a routine, cast off some friends, how to think and behave, good substance misuse sessions, helped my self-esteem and mental health, engaging with ETE, advice to keep me out of trouble, I like talking to you, session on decision making, having help from different people, substance misuse and mental health assessment'*. One respondent stated: *'I am not the person I was 2 years ago and that is a good thing.'*
- 7.3 The 2024 Annual Brent YJS Parents and Carers Survey obtained encouraging responses from the 29 parents who took part including:
- 100% of parents attended and participated in their child's initial YJS meeting.

- 97% of parents felt listened to and included in the preparation of their child's Intervention Plan.
- 97% felt they were able to speak to their child's case manager about any issues or concerns.
- 100% reported that they received up to date reports from the child's case manager about what is happening.
- Over 90% rated their experience highly when asked if their child was fully supported by the YJS.
- 93% were offered support, advice, and information about parenting.
- The support parents received was regarded positively overall: *'I could air my concerns, received excellent advice and support, given a lot of tools to keep calm, supported and encouraged throughout, really helpful, I followed the advice and its worked'.*

7.4 Partnership and Joint Working

The growing proportion of higher-risk children and young people on the YJS caseload requires good partnership work and close collaboration with wider Council services and external partners. Brent YJS continues to expand its partnerships with the local voluntary sector to provide access to existing and newly emerging preventative support including the *I Am Brent Consortium*. The new TPH will further strengthen joint working by offering access to a wide range of services including Family Group Conferencing, sexual health, and youth participation provision.

7.5 Restorative Justice

Our determination to support victims through direct and indirect mediation is underpinned by our Restorative Justice Policy. It is particularly pleasing that YJS Restorative Justice Workers convened Brent YJS first face to face Restorative Justice Conference in 2024. It is hoped that new arrangements introduced by the Police will significantly increase our ability to directly encourage victims to engage in restorative justice.

- 7.6** The Brent YJS Disproportionality Action Plan is refreshed annually and is reflected throughout the work of the YJS. It is regularly monitored by the YJS Management Board and contains wide-ranging actions across the partnership. In 2024 an analysis was conducted of Police diversionary interventions which showed that whilst children from Black Heritage Groups in Brent have access to Out of Court Disposals, they remain under-represented when compared to children from White Heritage groups. Furthermore, children from Black Heritage groups are more likely to receive more serious youth justice disposals and when compared to children from White Heritage Groups. YJS will build upon this throughout 2025-2028 by seeking to understand whether disproportionate access to OOCs, is the result of child-first policing or the product of children from Black Heritage groups being subjected to disproportionate levels of Police attention.

8.0 Brent YJS priorities 2025-28: Council Services

8.1 Children's Social Care: safeguarding children and young people

8.2 Safeguarding children and young people from serious youth violence and risk outside the home is central to Brent YJS work. Brent YJS will continue to jointly take forward plans to reduce the criminalisation of children in care in collaboration with the Looked After Children, Leaving Care, Family Support and Child Protection and Court Teams, using the pan-London protocol to reduce the criminalisation of children in care as a guide.

8.3 Ongoing work undertaken with Early Help and Social Care teams to keep children safe, such as peer mapping and supporting children at court, has been enhanced through the establishment of the Brent Contextual Safeguarding and Violence Reduction Strategic Group (CSVRSRG). Introduced in May 2025, the purpose of CSVRSRG is to understand the profile of our most vulnerable and at-risk residents, oversee themes and trends and develop interventions to make individuals and Brent residents safer. The CSVRSRG supports the Safer Brent Partnership to achieve the priorities of the Safer Brent Strategy to tackle violent crime, challenge domestic abuse and sexual abuse and prevent violence against women and girls, focusing on incidents impacting the community and protecting the most vulnerable. Contextual safeguarding has been further embedded within the YJS through the repositioning of the Contextual Safeguarding Lead Officer post withing TPH.

Case study 1

KH is a 16-year-old young man from a Black Heritage group. He lives with his mum and dad, and younger brother aged 10 years.

KH is currently subject to a 10-month Referral Order which started on 04.03.25 for being in possession of a knife in a Public Place.

KHs assessment identified risk factors such as negative peers, being a weapons carrier, poor thinking and decision-making skills, lack of consequential thinking, and poor critical thinking skills

KH has engaged well with the YJS. He has completed 23 hours of reparation activities to date at the Willesden dementia café for elderly residents. His duties include making hot drinks and washing up. It has been noted by staff that KH is very polite and helpful.

KH has engaged positively in sessions covering decision making, weapons awareness, victim awareness and peer influences. KH has attended all his YJS sessions, is thoughtful, reflective, able to see his mistakes, and explore positive changes. He remains in full-time education at Uxbridge College where he is studying Maths, English, and Plumbing.

KH has not come to the attention of the police, since receiving support from the YJS and has no outstanding criminal matters.

Case study 2

KO is a 15-year-old young male of White Irish heritage. KO was referred to Brent Youth Justice Service to be considered for an Out of Court Disposal for three offences of assault on an emergency worker and one offence of assault by beating. KO was with his younger brother and his girlfriend when they got into altercation with a security guard and police officers.

KO previously resided in Westminster. The family were known to Westminster Social Care for concerns relating to physical and emotional abuse from parents, witnessing arguments within the home, animal cruelty and being forced to shoplift. The family moved to Brent in November 2024. KO has been in care of his older sister since 2022. KO has no contact with his parents.

KO received a Youth Conditional Caution (YCC) disposal. This is a formal Out of Court Disposal with mandatory conditions attached. As part of his YCC, KO agreed to undertake mental health screening with the YJS based NHS Liaison and Diversion practitioner. A referral to CAHMS was completed due to KO presenting with ADHD and ASD traits. KO also completed sessions around victim awareness. KO found these sessions difficult as he saw himself as a victim. However, when given examples and scenarios KO demonstrated understanding. KO also engaged in one-to-one sessions with his YJS case manager around how to manage his emotions and feelings. KO participated in a one-to-one session with YJS Police.

KOs case manager completed a referral to the Brent Inclusion Service for KOs sister who was supported to apply for an EHCP for KO. He successfully completed his Youth Conditional Caution and has had no further contact with the Youth Justice System.

8.4 Community Safety Team: community participation

Brent YJS and the Community Safety Team are committed to jointly promoting engagement with local communities and victims, and the ongoing development of local youth justice services. This includes working together to include mentoring provision for YJS children as part of 2026-2029 commissioning arrangements and delivering one of the priorities in the Overarching Safer Brent Action Plan 2024-2026: facilitating *Roundtable* conversations between children known to the Police and key stakeholders.

8.5 Improving Educational Outcomes: increasing opportunities

YJS will continue to increase participation for those young people out of school. Educational staffing resources has increased to 2.0 FTE Prospects Careers Advisors, and this is complemented by one PLIAS Resettlement Worker who offers community-based support, advice and guidance to young people with criminal convictions. This combined with close oversight from the YJS NEET Working Group provides the tools and resources needed to reduce the number of children known to YJS who are not in employment, education or training (NEET). YJS will continue to deliver preventative workshops to mainstream and alternative schools. This will include working in partnership with the TPH

to deliver the Your Life You Choose programme. This is a multi-agency presentation which seeks to deter school students from crime, raise awareness of the consequences of their choices and empower them to make better decisions and keep themselves safe.

8.6 Victims: supporting local needs

Brent YJS continues to work collaboratively with colleagues in the Looked After Children and Leaving Care Services to reduce the unnecessary criminalisation of children living in supported accommodation, by raising awareness about alternatives to reporting low level crime. This includes referral to the restorative justice offer which is open to all victims of crime and includes both direct and indirect mediation. Brent YJS has built upon plans to extend its reparations offer and now undertakes reparative work at Family Wellbeing Centres and the church-based Dementia Café. Children and young people also exhibited significant painting and decorating flair as part of a new reparations programme which has revamped the SEND area at Stonebridge Primary School. Victims' work is predicted to expand significantly following the recent decision from the Metropolitan Police to expedite victim access to support by allowing YJS' contact victims directly.

8.7 Public Health: investment in early intervention and youth support services

Brent YJS works closely with Public Health. Work undertaken last year resulted in the creation of a new substance misuse provision pathway. Introduced in April this year, all children who receive Police Out of Court Disposals can access support from VIA, a voluntary sector provider that specialises in substance misuse provision for children and young people in Brent. To promote closer working between Brent YJS and VIA, the two organisations held a service wide meeting in May this year, that enabled practitioners to identify service improvements and new ways of working - which include a commitment to offer groupwork. This work dovetails with TPH plans to extend access to public health initiatives that support the physical and emotional health of children, especially those who are missing or excluded from school, or misusing drugs and alcohol.

8.8 Partnership priorities

8.9 Disproportionality

Courts

Brent YJS will improve the court experience and outcomes for children through ever closer working with Court Services partners. Issues of disproportionality affecting children from Black Heritage Groups will continue to be tackled. More widely Brent will build upon work to enable all children to better understand what will happen at court and facilitate their active participation in ensuring they are involved and listened to during court proceedings.

8.10 Transitioning to adult services

Probation

The partnership between Brent YJS and the Brent Probation service is strong. For many years this has enabled Brent YJS to benefit from the provision of effective staffing resources and operational processes that ensure our children transition seamlessly from the youth justice system into adult services.

8.11 Increasing access to funded services and community knowledge

Voluntary Sector

The continued sharing of community wide knowledge is vital to achieving good outcomes for children. This includes information shared by the Young Brent Foundation at Management Board meetings relating to contextual safeguarding, deprivation and the quality and sufficiency of safe spaces and activities for children and young people. Brent YJS will continue to access to the broad range of youth provision offered by the Violence Reduction Unit funded *I Am Brent* consortium.

8.12 Supporting adolescent mental health needs

Improved Mental Health and Wellbeing

The Brent YJS Mental Health Practitioner seconded from the CAMHS Enhanced Treatment Team will continue to provide onward referral, advice and support for all children likely to require Tier 3 specialised CAMHS interventions. YJS Case Managers holding cases where children are suspected to possess less acute mental health needs can access general advice and guidance about emotional wellbeing and other community support from the Brent Centre for Young People and TPH.

8.13 Targeted, child-centred enforcement

Police

Brent YJS will assist the Police to ensure the safety of children and better protect the public. This will include the ongoing delivery of Police led Victim Awareness and Crime Prevention group work sessions, Police One to One sessions with children and young people supported by YJS, and the joint sharing of risk and safety information between YJS and the Police. YJS will continue to support the Police to implement the child-centred ambitions contained within the new [Metropolitan Police Service Children's Strategy](#), by identifying new opportunities to listen to and respond to the voices of children. Brent YJS will continue to support the Community Safety Team to facilitate Roundtable events between YJS children and the Police.

9.0 Stakeholder and ward member consultation and engagement

- 9.1 The Brent Youth Justice Plan 2025 - 2028 was approved by the Brent Youth Justice Service Management Board on 24 July 2025.
- 9.2 The Brent Youth Justice Plan 2025 – 2028 will be presented to the Community and Wellbeing Scrutiny Committee on 17 September 2025.

- 9.3 The Brent Youth Justice Plan 2025 – 2028 will thereafter be presented to The Safer Brent Partnership Board – for information and to Full Council - for formal sign-off and adoption.
- 9.4 A final version of the Brent Youth Justice Plan 2025-28 will be sent to the Youth Justice Board following approval.

10.0 Financial Considerations

- 10.1 The commitments and activities of the Youth Justice Plan are funded from the Partnership Budget that includes cash and in-kind contributions from a number of partners including the Police and the Health Service. The total partnership budget is expected to be £1.7m including the grant from the Youth Justice Board.
- 10.2 The Council's financial contribution in 2025/26 has been reduced by £105K as part of the savings targets. The savings have been delivered through the deletion of two vacant posts.
- 10.3 It is expected that the aims and commitments of the Partnership during the next three years included in paragraph 3.2.5 will be delivered within existing resources. Any potential impact on service capacity as a result of the savings described in paragraph 5.2, will need to be absorbed within the Partnership.

11.0 Legal Considerations

- 11.1 The Crime and Disorder Act 1998 introduced a requirement that all local authorities must establish a Youth Offending Team (YOT) comprising members from the police, social services, probation, health and education. Most local authorities, including Brent, have renamed YOT provision as Youth Justice Services.
- 11.2 The Act also created the Youth Justice Board to oversee and monitor youth justice services in England and Wales. One of the YJB's key functions is to provide local authorities with funding to enable YOT's to deliver statutory services.
- 11.3 Section 40 of the Crime and Disorder Act 1998 places a statutory duty on local authorities to submit an annual youth justice plan.

12.0 Equity, Diversity & Inclusion (EDI) Considerations

- 12.1 The proposed Youth Justice Plan 2025-2028 supports Brent Council's commitment to equality equity, diversity, and inclusion. It is also in compliant with the statutory duties under the Equality Act 2010. Brent YJS considers all individuals when conducting their day-to-day work. This includes YJS Management Board oversight of YJS work to reduce the overrepresentation of children from Black Heritage groups in the youth justice system, child-centred operational policies, and a commitment to trauma informed work practices.

- 12.2 Brent YJS seeks to reduce health inequalities through the provision of good assessment and intervention planning for all children who enter the local youth justice system. This includes referral to substance misuse services, CAMHS, and CNWL mental health screening,

13.0 Climate Change and Environmental Considerations

- 13.1 The Brent Youth Justice Plan details efforts to encourage young people within the youth justice system to share their views and opinions on issues of most relevance to them.
- 13.2 Youth participation and co-production is an evolving initiative within the Youth Justice Service. This work is aligned to the Brent Climate and Ecological Emergency Strategy 2021-2030, which aims to equip children and young people with the skills and opportunities needed to take action to protect the environment and tackle climate change.

14.0 Human Resources/Property Considerations (if appropriate)

- 14.1 N/A

15.0 Communication Considerations

- 15.1 The Brent Youth Justice Plan will be shared with all services and organisations represented on the Youth Justice Service Management Board.

Report sign off:

Nigel Chapman

Corporate Director of Children, Young People and
Community Development

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Brent Youth Justice Plan 2025-2028

1.0 Introduction

The Youth Justice Plan 2025-2028 (YJP) is a statutory requirement under Section 40 of the Crime and Disorder Act 1998 relating to the provision of youth justice services. Brent's new 3-year plan reviews progress made over the last 12 months and outlines our priorities and plans for the next three-years. Our planning is realistic, achievable and inspires confidence that we are well placed to build upon the gains made over the last ten-years. These include falling numbers of first-time entrants, a declining custodial population, and reductions to our reoffending rates. Our YJP also sets out how the Brent Youth Justice Service (YJS) operates, how it is funded, and provides details of our governance arrangements.

2.0 Recommendation(s)

- i. That the Brent YJS Management Board supports, enables, and monitors delivery of the Brent Youth Justice Plan 2025-2028.
- ii. Brent Youth Justice Plan 2025-2028 progress is reviewed and recorded annually and shared with the Youth Justice Board, Brent YJS Management Board and other governing authorities as directed on or before 30 June annually.
- iii. Youth Justice Partner organisations support the Brent Youth Justice Service to achieve the aims outlined in the Plan.

3.0 Vision and Strategy

View from the Chair of the Brent YJS Management Board: *'Our continuous drive to be the best we can be'.*

We hope you will enjoy reading our review of the last year and our plans for the next 3 years. The Brent Youth Justice Plan 2025-2028 outlines our work addressing the individual and often complex needs of children and young people who have entered, or are at risk of entering, the local youth justice system. In 2024, this totalled 201 children (0.6%) of the Brent 10-17 population who received 289 youth justice disposals:

Brent Youth Justice Plan 2025-2028

Table 1. No. of children supported by Brent YJS by disposal in 2024

Type of disposals	No. of Children
Court Sentence	98
Out Of Court Disposals	59
Turnaround Programme	38
Remand / Bail support programme	6
Total	201

We are proud of our achievements which include the integration of child first principles into our daily work, the progress we have made to reduce reoffending and first-time entrants into the youth justice system, and our continued commitment to addressing the overrepresentation of children from Black heritage groups supported by Brent YJS.

On a Departmental level it has been both a very busy and extremely productive year. In April 2024, Brent Council's Early Help and Social Care Directorate embarked on a new redesign programme to better support more holistic, joined up working and ensure we have a modern, fit for purpose service model, in line with the Government's Families First reform programme. Throughout the process, we engaged with staff across Early Help and Social Care to get a strong understanding of their experience within the existing operating model, and the key issues that they wanted to be addressed in the new model. Following these sessions, a proposed Target Operating Model was approved by OCSLT and was taken forward for formal consultation with staff in January 2025.

Thanks to the considerable help and support we received from staff across CYP we have developed a new model which brings together non-statutory Family Support Workers with Children's Social Workers in seven teams, each aligned to a Family Wellbeing Centre. Over time, Family Support Workers will receive training to begin to complete Child and Family Assessments under the guidance and supervision of a Social Worker. These teams will oversee all Family Support and Child in Need work. New Child Protection Teams will also be established, made up of Social Workers who will oversee caseloads of Child Protection, Section 47, Interim Care Order, Supervision Orders and Care Proceedings cases.

Brent Youth Justice Plan 2025-2028

Brent YJS and the Community Safety Team have long worked closely to identify and support services that combat antisocial behaviour, serious youth violence, knife crime, and county lines. Existing close collaborations were strengthened further when the service was repositioned in April 2025 within the widened Children, Young People and Community Development Department (CYPCD). Both services are committed to jointly promoting engagement with local communities and victims on the development of local youth justice services.

The development of our new Targeted Prevention Hub (TPH) is of particular relevance to Brent YJS. Located within the Brent Youth and Youth Justice Service and managed by the Youth and Youth Justice Manager (reporting to the Head of Service Early Help), the TPH will bring together existing adolescent-focused resources across Early Help and Social Care to support children and young people across all areas of the child's journey, starting at the point of referral. The TPH also includes the development of a Family Group Conference Service. The TPH is due to be launched in stages from June 2025.

The child-centred workplace culture that is so evident in Brent YJS will be incorporated into TPH through modelling the revised ways of working: *This is Brent CYP - This is How We Grow*. This ensures that all service development conforms to our common values of Contribution to Society, Integrity, Creativity and Achievement. It also encourages all staff to remain Curious, Courageous and Kind in all aspects of our work, including anti-racist practice. Our quality assurance tools continue to evolve and now include a reflective supervision template and enhanced requirements for robust management oversight.

In terms of our workforce development, it is important we recruit the right staff who will go the extra mile to safeguard children and work co-productively with them to improve outcomes. We provide a supportive, compassionate, and positive work environment that nurtures talent, values all contributions equally and strives for excellence where everyone is accountable for the delivery of their work. This is key to collaborating with the Youth Justice Board (YJB) to deliver the three strategic objectives outlined in the Youth Justice Board Strategy 2024-2027:

1. Supporting the improvement of youth justice services in local communities.
2. Focusing on addressing persistent racial disparities across the youth justice system.
3. Influencing the development of policy and practice to advance the adoption of Child First principles throughout the youth justice system.

Brent's operational responsibilities have remained broadly similar in their focus since they were introduced by the Crime and Disorder Act 1998. This required each local authority in England and Wales to deliver youth justice

Brent Youth Justice Plan 2025-2028

services in line with a statutory framework outlining youth justice responsibilities in relation to out of court disposals, court work, bail and remand, the assessment of children and young people who offend, the provision of court reports, the delivery of community interventions, and custody and resettlement.

Our approach to delivering youth justice services shares much in common with the Child-First ambitions announced by the Youth Justice Board in 2021 and re-emphasised in their Strategy Plan for 2024-2027. These are to deliver positive outcomes for children by reducing offending and creating safer communities. We see children as children first, treat them fairly and help them to build on their strengths so they can make a constructive contribution to society as responsible citizens. It is also a method that provides Brent YJS with the necessary means to achieve its principal statutory aims:

- Reducing the likelihood of children offending or re-offending
- Protecting children and young people
- Protecting the public
- Ensuring that sentences are served.

During 2024/25, we performed strongly across several key areas:

Re-offending

Re-offending rates are prone to fluctuation and tracked over a period of 18 months. The low rates of reoffending that Brent has experienced in recent years is likely to have been influenced by the considerable programme of preventative work undertaken at this time. This included the COVID-19 Pathfinder for Overrepresented Children, the MOPAC Funded Disproportionality Project, and the Your Choice cognitive behavioural therapy programme. The establishment of TPH provides renewed confidence that our reoffending rates will maintain their downwards trajectory.

Custody & Remands

Our custodial population is at a historical low. This has been influenced by our work to tackle disproportionality in the youth justice system, the implementation of the Constructive Resettlement approach, effective interventions, and multi-agency oversight including At Risk of Custody meetings.

Brent Youth Justice Plan 2025-2028

First Time Entrants

The number of children entering the Youth Justice System has also been falling for more than a decade. To a real extent this has reflected the effective planning, and decision making, and wide-ranging interventions offered by the YJS Out of Court Disposal team.

Out Of Court Disposals

Our procedures and processes highlight the voice of the victim, and promote our restorative justice offer. Work undertaken in partnership with the Police and the YJS Out of Court Disposal team is truly collaborative and focused on achieving fair and good outcomes for all children and young people. In 2024 we introduced the YJB Prevention and Diversion Assessment Tool to make our assessments even more child-first and to ensure interventions are needs led. The number of police referrals to the Out of Court Disposal Team is predicted to increase significantly during the life of this plan due to the strategic commitment to child-first policing made by the Metropolitan Police in April 2025.

Disproportionality

Our Disproportionality Action Plan is refreshed annually and is reflected throughout the work of the YJS. It is regularly monitored by the YJS Management Board and contains wide-ranging actions across the partnership. In 2024 we conducted an analysis of our Police diversionary interventions which showed that whilst children from Black Heritage Groups in Brent have access to OOCs, they remain under-represented when compared to children from White Heritage groups. Furthermore, children from Black Heritage groups are more likely to receive 1st tier outcomes and thus more likely to be when compared to children from White Heritage Groups. We will build upon this throughout 2025-2028 by seeking to understand whether disproportionate access to OOCs the result of child-first policing or the product of children from Black Heritage groups being subjected to disproportionately high Police attention.

Violence and Gangs

We are committed to safeguarding young people affected by gangs and violence by understanding their challenges through a trauma informed lens and responding to neurodiverse needs. Serious Youth Violence has declined year on year since 2016/17 (66 SYV offences in the year 2016/17 to 37 in 2024/25, which is 44% decrease) - although within this cohort there has been an increase in the proportion of both robbery offences and knife crime for this cohort. For this reason, safety mapping is undertaken with all children supported by the YJS to better understand the harm they are exposed to in the community and where necessary plan how they can work safely with the YJS.

Brent Youth Justice Plan 2025-2028

Courts

We receive a considerable amount of positive feedback from our Magistrates at Willesden Youth Court about the quality of our court reports and our knowledge of the children who appear before the Youth Bench. Our approach to sharing court facilities with Barnet and Harrow is collaborative and ensures all children are given the best possible opportunity to receive a fair outcome regardless of where they live. We are fortunate that our judiciary supports our continual strive for improvements in many ways which has included the adoption of trauma informed court reports and bail letters.

Participation

The voices of children and their families are heard and used to develop and shape service provision. YJS workers interact with our children and young people with increasing creativity. This has included YJS children sharing short films made by Brent children with the YJS Management Board, working in partnership with the Raheem Sterling Foundation, and sharing youth insights on crime and disorder with the Police during Community Safety Team Roundtable discussions, and conducting annual surveys with Brent children and their parents and carers.

Partnership and joint working

The growing proportion of high-risk children and young people on our caseloads has resulted in a growing reliance on good partnership work and close collaborations with wider Council services. We continue to extend our partnership with the local voluntary sector to provide access to existing and newly emerging preventative support. The new TPH will further strengthen our joint working.

Restorative Justice

Our determination to support victims through direct and indirect mediation is underpinned by our Restorative Justice Policy. It is particularly pleasing that our YJS Restorative Justice Workers convened our first face to face Restorative Justice Conference in 2024. It is hoped that new arrangements introduced by the Police will significantly increase our ability to directly encourage victims to engage in restorative justice.

The YJS Management Board will focus on the following in 2025/26:

Council Services

Children's Social Care

Brent Youth Justice Plan 2025-2028

Safeguarding children and young people from serious youth violence and risk outside the home is central to our work. Brent YJS will continue to jointly take forward our plans to reduce the criminalisation of children in care in collaboration with our Looked After Children, Leaving Care, Family Support and Child Protection and Court Teams.

Ongoing work undertaken with our early help and social care teams to keep children safe, such as peer mapping and supporting children at court, will be enhanced by the establishment of the Brent Contextual Safeguarding and Violence Reduction Strategic Group (CSVRSRG). Introduced in May 2025, the purpose of CSVRSRG is to understand the profile of our most vulnerable and at-risk residents, oversee themes and trends and develop interventions to make individuals and Brent residents safer. The CSVRSRG supports the Safer Brent Partnership to achieve the priorities of the Safer Brent Strategy to tackle violent crime, challenge domestic abuse and sexual abuse and prevent violence against women and girls, focus on incidents impacting our community, and protect the most vulnerable.

Community Safety Team

Brent YJS and the Community Safety Team have long worked closely to identify and support services that combat antisocial behaviour, serious youth violence, knife crime, and county lines. Existing close collaborations were strengthened further when the service was repositioned in April 2025 within the widened Children, Young People and Community Development Department (CYP CD).

Both services are committed to jointly promoting engagement with local communities and victims on the development of local youth justice services. This includes working together to include mentoring provision for YJS children as part of 2026-2029 commissioning arrangements and delivering one of the priorities in the Overarching Safer Brent Action Plan 2024-2026: facilitating *Roundtable* conversations between children known to the Police and key stakeholders.

Improving Educational Outcomes

YJS will continue to increase participation for those young people out of school. We have increased educational staffing resources to 2.0 FTE Prospects Careers Advisors, and this is complemented by one PLIAS Resettlement Worker who offers community-based support, advice and guidance to young people with criminal convictions. This combined with close oversight from the YJS NEET Working Group provides the tools and resources needed to reduce the number of children known to YJS who are not in employment, education or training (NEET). YJS will continue to deliver preventative workshops to mainstream and alternative schools. This will include working in partnership with our newly formed TPH to deliver the Your Life You Choose programme. This is a multi-agency presentation day which seeks to deter school students from crime, raise awareness of the consequences of their choices and empower them to make better decisions and keep themselves safe.

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Victims

We continue to work collaboratively with colleagues in our Looked After Children and Leaving Care Services to reduce the unnecessary criminalisation of children living in supported accommodation by raising awareness about alternatives to reporting low level crime. This includes referral to our restorative justice offer which is open to all victims of crime and includes both direct and indirect mediation. Brent YJS has built upon plans to extend its reparations offer and now undertakes reparative work at Family Wellbeing Centres and the church-based Dementia Café. Our children and young people also exhibited significant painting and decorating flair as part of new reparations programme which has revamped the SEND area at Stonebridge Primary School. Victim's work is predicted to expand significantly following the recent decision from the Metropolitan Police to allow YJS' to have greater direct access to victims.

Public Health

We continue to work closely with Public Health. Work undertaken last year paved the way for the creation of newly revamped substance misuse provision pathways. Introduced in April this year, all children who receive Police Out of Court Disposals can access support from VIA, a voluntary sector provider that specialises in substance misuse provision for children and young people in Brent. To promote ever closer working between Brent YJS and VIA, the two organisations held a service wide meeting in May this year, that enabled practitioners to identify service improvements and new ways of working - which include a commitment to offer groupwork. This work dovetails with TPH plans to extend access to Public Health initiatives that support the physical and emotional health of children, especially those who are missing or excluded from school, or misusing drugs and alcohol.

Partnership Services

Courts

We will improve the court experience and outcomes for children through ever closer working with Court Services partners. Issues of disproportionality affecting children from Black heritage Groups will continue to be tackled. More widely we will build upon our work to enable all children to better understand what will happen at court and facilitate their active participation in ensuring they are involved and listened to during court proceedings.

Probation

The partnership between Brent YJS and the Brent Probation Delivery Unit (PDU) is strong. For many years this has enabled Brent YJS to benefit from the provision of effective staffing resources and operational processes that ensure our children transition seamlessly from the youth justice system into adult services.

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Voluntary Sector

The continued sharing of community wide knowledge is vital to achieving good outcomes for children. This includes information shared by the Young Brent Foundation at Management Board meetings relating to contextual safeguarding, deprivation and the quality and sufficiency of safe spaces and activities for children and young people.

Brent YJS will continue to access to the broad range of youth provision offered by the Violence Reduction Unit funded *I Am Brent* consortium.

Improved Mental Health and Wellbeing

The Brent YJS Mental Health Practitioner seconded from the CAMHS Enhanced Treatment Team will continue to provide onward referral, advice and support for all children likely to require Tier 3 specialised CAMHS interventions. YJS Case Managers holding cases where children are suspected to possess less acute mental health needs can access general advice and guidance about emotional wellbeing and other community support from the Brent Centre for Young People and TPH.

Police

We will assist the Police to ensure the safety of children and better protect the public. This will include the ongoing delivery of Police led Victim Awareness and Crime Prevention group work sessions, Police One to One sessions with children and young people supported by YJS, and the joint sharing of risk and safety information between YJS and the Police. YJS will continue to support the Police to implement the child-centred ambitions contained within the new MPS Children Strategy, by identifying new opportunities to listen to and respond to the voices of children. Supporting the Community Safety Team to facilitate Roundtable events between YJS children and the Police.

National Strategy and Emerging Good Practice: the YJB and HMIP

Overall, the plans and priorities of Brent YJS will continue to be guided by good practice outlined in the *YJB Youth Justice Strategy for delivering positive outcomes for children by reducing offending and creating safer communities* (2024–2027), and recommendations made in recent HMIP thematic and area-based inspections. These include: *The experiences of Black and mixed heritage boys in the youth justice system* (October 2021), the *Joint thematic inspection of work with children subject to remand in youth detention* (November 2023), the *HMIP Annual Report 2023: inspection of youth justice services* (Sept 24). *Standards for children in the justice system: 2023 to 2024 audit* (Feb 25), *Multi-agency responses to serious youth violence: working together to support and protect children* (Nov 24), and *Children and families' experiences of multi-agency support when impacted by serious youth violence* (Nov 24).

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As in previous years we will continue to learn from case audits, Serious Case Reviews, Key Performance Information data, through engagement with children, young people, and their families, and through case presentations at Board meetings. Furthermore, our commitment to improving outcomes for children in the Brent youth justice system will continue to shape our resourcing and focus. We believe that despite the passage of time the comments made by HMIP in our 2020 inspection report still apply: ‘...overall, Board members know how their service contributes to the work of the YJS and can judge if their service’s contribution is effective’. This 3-year Plan provides the Brent Youth justice partnership with the clarity needed to work together to achieve good outcomes for children, it also provides a very clear framework to provide strategic oversight, guidance and the support needed to improve the lives of children and young people who enter the criminal justice system.

Palvinder Kudhail

Director Early Help and Social Care

Children, Young People and Community Development (CYP CD)

4.0 Local Context: Brent Children and Young People

4.1 Children and Young People Profile (2024)

- 339,818 people live in Brent. It is the 5th largest Borough in London¹
- Brent is one of the most diverse local authority areas in the country with 65% of the total population consisting of people from Black, Asian and Minority Ethnic heritage groups².
- Brent’s child population aged 0-17 years (based on Census 2021) is 73,056 with 33,359 aged 10-17 years.
- Brent’s child population (0-17) represents 22% of the total Brent population.
- Brent’s population aged 10-17 represents 10% of the total Brent population.
- Brent’s child population (0-17) represents 4% of the 0-17 London population.
- Brent’s population aged 10-17 represents 4% of the 10-17 London population.

¹ ONS 2021 Census

² GLA Population Projections 2022, published 2016.

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4.2 GLA Population Projection for 2021:

Table 2. Brent Projected Population by age.

	Projected Population 2021	
	Brent	London
Aged 0-19	81,300	2,085,300
Aged 10-19	41,500	1,024,800
All Ages	339,818	8,799,800

4.3 Looked After Children in Brent

In January 2025, there were 289 Looked After Children (LAC) – eleven fewer than in January 2024 (300). Brent has a smaller LAC cohort than its statistical neighbours and less than the national average. In January 2025, Brent had a rate of 39.0 LAC per 10,000 children under 18-years.

4.4 The LAC / YJS Cohort

Within an overall YJS open caseload of 112 children and young people in April 2025 there were 17 LAC young people supervised by the YJS - compared to 10 LAC in May 2024 – the increase is the result of eight children being remanded in custody for two serious offences. Looked after Children are one of the most vulnerable groups in Brent with many children experiencing high levels of harm and exploitation. Analysis of this cohort shows:

- 94% were male.
- 76% were aged 16 or 17 years.
- 41% were of Black African or Black Caribbean Heritage (60% in May 2024).
- 59% had committed a violent offence (70% in May 2024, 83% in June 2023, 72% in February 2022 and 37% in February 2021).
- 12% had committed a drugs offence (30% in May 2024, 17% in June 2023, 39% in February 2022 and 23% in February 2021).
- 26% had committed a robbery offence (10% in May 2024, 33% in June 2023, 39% in February 2022 and 9% in February 2021).

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4.5 Substance Misuse

National substance misuse treatment data shows that young people often enter specialist substance misuse services with a range of problems or vulnerabilities related to (or in addition to) their substance use. These include:

- using multiple substances
- having a mental health treatment need
- being a looked after child
- not being in education, employment or training (NEET)
- self-harming behaviour
- sexual exploitation
- offending
- domestic abuse

Analysis of 201 children and young people supported by Brent YJS between January and December 2024 found that:

- 174 children were male, 26 children were female.
- 84 children were from a Black Heritage Group, 48 were of 'Other' Heritage, 26 were from a White Heritage Group, 26 were of Mixed Heritage, 15 were from an Asian Heritage group and the heritage of 2 was Unknown
- Cannabis was the predominant substance - used or possessed by 52 (26%) children and young people supported by Brent YJS.
- 52 (25.8%) of those children had committed a drugs offence with 51 (98%) of the offence type being possession.
- 24 of the 46 children referred to the YJS due to cannabis crime were referred for substance misuse treatment. This is consistent with the national picture where cannabis is the most common substance used by children referred for treatment (52%).
- 67% had mental health concerns.
- 7% had a special educational need.
- 1% were recorded as having difficulty with speech and language.
- 16% had been or currently were in LA care
- 26% were previously or currently subject to a CIN.
- 8% were previously or currently subject to CP.

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4.6 All children and young people: April 2025 open caseload

A snapshot of the active caseload taken in April 2025. showed there were 112 open cases. Analysis of the caseload showed that:

- Sixty percent were aged 16 or 17 years compared to 67% in May 2024, 64% in June 2023, 64% in February 2022 and 57% in February 2021.
- Eighty-eight percent were male compared to 89% in May 2024, 87% in June 2023, 78% in February 2022 and 86% in February 2021.
- Thirty-eight percent of children and young people were from a Black Caribbean or other Black Heritage Group compared to 54% in May 2024, 46% in June 2023, 48% in February 2022 and 46% in February 2021.
- Twenty-three percent, inclusive of caretaking cases, were LAC.
- Twenty-three percent were NEET (in academic years 12 and 13 and including children and young people residing out of Brent) compared to 23% in May 2024, 29% in June 2023, 39% in February 22 and 24% in February 2021.
- Seven percent of the caseload (8) had an EHCP or Statement of SEN compared to 11% in May 2024, 6% in June 2023, 5% in February 2022 and 12% in February 2021. SEND / Additional Learning Needs is one the ten newly introduced KPI's monitored by the YJB.

The wards containing the highest proportion of children in the April 2025 cohort were Alperton, Mapesbury, Stonebridge and Harlesden. Children and young people residing in these wards represent over 28% of all open cases. A significant proportion (almost a quarter) reside outside of Brent.

4.7 Brent YJS 2024 case level data:

Table 3: Brent YJS Case Level Data 2024

Brent YJS 2023/24 Case-level data (Offences and Offending Populations)			
Offences	Disposals	Offending population by ethnicity	Offending population by gender

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Total Offences	No. of Pre -court disposals	No. of First-tier disposals	No. of Community disposals	No. of Custody disposals	Total Disposals	White	Mixed	Asian	Black	Chinese or Other	Unknown	Female	Male	Unknown	
210	22	73	18	2	116	12 (12.5%)	13 (13.5%)	3 (3.2%)	41 (42.7%)	26 (27.1%)	1 (1.0%)	6 (6.25%)	90 (93.75%)	0 (0.0%)	96

4.8 Reducing caseloads and increasing complexity

The significant reduction in caseloads in recent years reflects changes to national sentencing policy which is largely now focussed on more serious offences and children who are most at risk to others. This has led to smaller, more complex cohorts of children who often present with multiple vulnerabilities and are at high risk of harm to themselves and others. In recent years, the proportion of young people assessed as posing a high or very high risk has increased - especially amongst 16 to 18-year-olds. Inspection data taken from the *HMIP Annual Report March 2022*, showed that 'nearly 80 per cent of children sentenced to a court order were assessed as presenting some form of concern to others, and 30 per cent were considered to present a high or very high risk of harm'.

In Brent, the most prolific types of youth crime are offences of violence against the person, drug possession and supply, robbery, and motoring offences. Serious youth violence (often with links to gangs, drugs and county lines) is a persistent problem - along with knife crime - and has increased the amount of statutory provision children and young people receive.

5.0 Child First

5.1 Brent YJS delivers services to children and young people in accordance with *Child First principles*

Brent recognises that being Child First requires services to prioritise the best interests of children and recognise their needs, capacities, rights, and potential. For this reason, Brent supported Crest Advisory, an independent crime and justice consultancy, as part of ongoing research, commissioned by the YJB to understand the implementation of Child First in

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the youth justice system. This involved a series of staff interviews, and an in-person workshop that offered practitioners the opportunity to help shape the support that youth justice services receive from the YJB to operationalise Child First effectively. Key themes included, perceptions and practical applications of Child First, collaboration across youth justice services and partner organisations, and the YJB's role in driving the implementation of Child First.

The importance of really understanding our children and young people has become a key theme for Brent. All work is child focused and recognises structural barriers to full participation. This is reflected in the CYP training offer which includes anti-racist, and cultural competency training. Furthermore, YJS practice development sessions are delivered regularly and frequently make use of YJB effective practice resources to enhance the skill with which practitioners consider the importance of structural inequalities, racial discrimination, and the impact of trauma. YJS assessments are commenced after a young person, and their parent / carer's self-assessments have been completed.

Recognising neurodivergent characteristics is a fundamental part of being Child First because the way people think, move, act, see, hear, and process information varies from person to person which means some people do things differently from others. The term 'neurodiversity' covers many different conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition (ASC) also known as autism spectrum disorder (ASD), dyspraxia, dyslexia, and developmental language disorder (DLD). Historically conditions such as dyslexia, dyspraxia, ADHD and ASCs were viewed as separate disorders or conditions. More recent research has shown these should not be considered as binary diagnoses, in that you either 'have it or do not', but more like continuous traits such as height or blood pressure where everyone lies somewhere along a continuum. The impact of having one or more condition for the individual can vary substantially however:

- About one in six people are thought to be neurodivergent
- One in four in the unemployed population are thought to be neurodivergent
- At least one in three people moving through the justice system are thought to be neurodivergent - many will not have been diagnosed whilst at school.

By taking an inclusive approach to service delivery and design, Brent YJS is able to engage more children and young people in an accessible manner. Creating a formulation for each child means the YJS has moved away from labels, to being more child-centred and towards inclusive and not exclusive approaches. Brent YJS promotes a child's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society. Brent's continued focus on trauma and Adverse Childhood Experiences (ACEs) in its work with children and young people assists practitioners to identify those at higher risk of

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harm. Specific work can then be identified where the young person has complex issues, is 'stuck' or where there is high anxiety within the professional network. Joint 'signs of safety' group supervision with social work colleagues helps YJS workers to understand concerns and the importance of the joint planning process.

Brent YJS recognises the importance of Speech & Language and Communication Needs (SLCN) in our work with children. SLCN is described as difficulty understanding or using language. It is a type of neurodiversity, which can only be diagnosed by a Speech and Language Therapist. SLCN can also be deemed to be a hidden disability. The Brent Youth Justice Board, led by our NHS and Inclusion Service representatives, is currently redoubling efforts to establish referral pathways that will enable Brent children and young people known to YJS to access Speech and Language Therapy.

5.2 Encouraging children's active participation, engagement, and wider social inclusion

The Brent CYPD Participation strategy describes how young people and children have meaningful and inclusive involvement throughout the decision-making process for services that impact them. It provides a structured approach to creating an environment that enables children, young people, and their families to have active involvement which influences decision making, policy and service development. Overall, participation offers numerous benefits for young people, giving them a voice and platform to be actively heard, fostering personal growth promoting social connections and enabling them to have a meaningful impact on their own lives and the wider community.

Adopting this approach has strengthened YJS's ability to form meaningful and creative collaborations. Children supported by the YJS Participation Officer have developed short films about their aspirations, challenges and experiences as victims and perpetrators of crime. Closer links with the Raheem Sterling Foundation are being formed and this has led to a group of five children, who supported a knife amnesty, discussing their hopes and aspirations with Raheem Sterling for over an hour. 'Roundtable' discussions with the Police and young people commenced in 2024. These afford children from the YJS the opportunity to share their views on crime and exploitation with the Police and senior decision makers.

During 2024/25 YJS children from Black Heritage groups identified the need for music and creative activities to form a greater part of the YJS offer. As a result of this, children from YJS have been supported to access an extensive range of music, sport and creative activities at Family Well-being Centres. All programmes have been designed to respond more specifically to children's needs and provide an open space for self-awareness. This work will be extended over the next

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three-years in line with the priorities contained in Brent's recently launched Youth Strategy 2025-2028 which are: Being Heard and Taking Part, Reaching Goals and Enjoying Yourself, Feeling Good and Staying Safe.

5.3 Promoting a childhood removed from the justice system through prevention, diversion, and minimal intervention

Possession of cannabis represents approximately 70% of all First Time Entrants to the youth justice system. Since August 2021, Brent children and young people arrested for the possession of cannabis have received Community Resolutions. These are non-criminal disposals that function as an alternative to entering the youth justice System. Despite the voluntary nature of Community Resolutions, children who receive them are offered a level of support that is commensurate to other OOCs. This includes assessment, and co-produced intervention and safety plans. Interventions offered to children include referrals to substance misuse counselling, Police led crime awareness sessions, and mental health screening and referral.

The work of the Brent Out of Court Disposal Joint Decision-Making Panel includes healthy debate on mitigating factors for children who have offended. The Panel adopts a child-first approach to identifying and balancing the personalised needs of the child against the wishes of the victim. Relevant professionals such as CAMHS workers, Social Workers, Substance Misuse Workers, Inclusion Service Officers, and Mentors are invited to Panel meetings to enable a holistic understanding of a child's background, neurodivergent characteristics, trauma concerns, learning needs or mental health issues. This enables the Panel to make child focused decisions that prevent children from being unnecessarily criminalised when they break the law. Children on an OOC who experience difficulties in school or have issues with their school place are referred to the Inclusion Service so their family can receive advice and specialist support. This includes managed moves, being home educated, and obtaining school places.

6.0 Voice of the Child

6.1 Brent YJS listens to children and young people

Brent listens closely to the voice of the child. It is heard through a range of activities that are designed and implemented by young people. This has enabled Brent YJS to move beyond hearing their views to ensuring young people are part of decision making, planning and implementation. We have journeyed with them to the implementation of a range youth led projects. These have been more creative and interactive approaches, supported by the YJS Participation Officer, such

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as podcasts and short films - including a short film about online exploitation that was shared with the Contextual Safeguarding Strategic Group.

Brent YJS commitment to co-production and youth participation was afforded a strategic advantage in April 2022, when the YJS Management Board approved a proposal to form the Youth and Youth Justice Service by bringing together the YJS and the Council's responsibility for coordinating and monitoring the Brent Youth Strategy. Approval was also given by the Board for Early Help to develop a small team to establish youth led activities at Family Wellbeing Centres. This has enabled YJS to promote service user access to a much wider range of youth participation opportunities than was previously possible. It has also created close alignment to a range of universal provision that had previously been difficult for many children from the YJS to access.

6.2 Over the course of the HMIP Inspection of youth justice services 2022/24, 423 text surveys were sent to children, parents and carers. HMIP received 152 complete responses and 52 partial responses (204 in total). Key findings included:

- Ninety-six per cent of children, parents and carers felt the aims of the YJS were communicated effectively to them: 'Help and guide', 'keep me/my child out of trouble', 'avoid further offending', 'to make better choices'.
- Ninety-eight per cent believed that their case managers had the right skills to help them: 'You get warm vibes with them – you feel that you can talk to them'. 'I feel confident with my worker, and I trust them'. 'It's taken some time to build the trust because it is something I struggle with. They got round it by being genuine, and being with them a long time now has helped me to really get to know them'.
- Ninety per cent felt that their YJS had supported them and helped them to get access to the services that would support them and help them to stay out of trouble: 'They pay for me to go to a music studio and use it for free. The people that work there have also helped me to learn how to produce music and beats.'
- Ninety-nine per cent of children felt that the places where YJS practitioners saw them were safe and accessible.
'They ask where you feel safe when you first meet them. I didn't feel safe where my school was and my YJS worker helped to get me into a new school placement.'

6.3 Brent Young People and Parent and Carer Surveys – 2024

During 2024 an extensive survey took place with YJS young people and their parents and carers. This involved 68 young people. Participants were given multiple choice questions, afforded the opportunity to provide explanatory information, and asked to rate responses on a scale to 10 - higher is better.

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Of the 68 young people, 38 (56%) were subject to a referral order and 8 (12%) were subject to a Youth Rehabilitation Order. There were 2 (3%) subject to a Detention and Training Order.

There were a wide range of responses to the question 'What led you to offend? This included frustration, anger, fear, stupidity, being bullied, not thinking, decision making both positive and negative, homelessness and money and a sense of justice. A few children maintained their innocence.

Other findings include:

- 94% (64) believe the case manager understands what has happened in their life.
- 96% (65) described their strengths as a person as sporting, nice person, resilient, good at DIY, sociable, fighting and music.
- 39% (22) fully understood their sentencing experience in court (10 rating - highest) and another 56% (32) gave ratings at 5 or above. 3 (5%) gave a rating of 1 (lowest).
- 96% (65) said they had their court order explained to them by the YJS officer.
- The overall court experience was viewed in varied ways by young people. This ranged from 'stressed, nervous, scared, trials are not fair', to 'it was ok, alright, calm, very good' and 'it was ok, but the fine was inconvenient'.
- 73% (19) said the YJS officer explained what the court order meant (42 young people skipped this question).
- 100% of young people said their case manager had completed work with them prior to an initial referral order panel. This included a learning questionnaire, YP assessment, mood questionnaire, screening tools, parent assessments, career choices, negative peers, and learning styles assessment.
- 97% (66) were offered an opportunity to engage in positive activities whilst in contact with the YJS.
- 100% felt listened to by their case manager.
- 99% (67) felt satisfied with the work that the case manager had completed with them.
- Key areas of work completed within the plan as indicated by the young people were peer pressure (54%), substance misuse (59%), victim awareness (63%), ETE (46%), work on my offence (62%), my identity (46%), reparation (41%), work on my safety (41%), restorative justice (21%), family support (28%) ETE work with Prospects (22%), stop and search (knowing your rights) (24%), weapons awareness (40%) and ETE work with PLIAS (16%).
- 94% (64) said that the case manager had given them feedback about their progress.
- When asked what has worked well or made the biggest difference on your order, responses included 'Obtaining a passport, kept me busy, knowing right and wrong, understand things more, anything can be a weapon,

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appointments give me a routine, cast off some friends, how to think and behave, good substance misuse sessions, helped my self-esteem and mental health, engaging with ETE, advice to keep me out of trouble, I like talking to you, session on decision making, having help from different people, substance misuse and mental health assessment'. One respondent stated: 'I am not the person I was 2 years ago and that is a good thing.'

- 100% said that their case manager has encouraged them to think about their future plans.
- 99% (67) said that the case manager contacted them on the date and time expected for their session each week.
- 69% (47) said that their case manager had visited them at home.
- 78% (53) of them had said that the case manager had supported them to keep them safe. This was due to 'safety mapping, advice to not go into certain areas, not going missing and telling staff where I am, advising me to talk to my Mum about the threats and better friends.'
- 34% (23) have been a victim.
- 81% (55) had been stopped and searched.
- 61% (41) felt well supported by their case manager (a 10 rating) and a further 26% (18) rated this support as 8 rating or 9.
- Participants expanded on how support' could be improved with a range of responses including: 'less (face to face) appointments and more appointments over the phone, sometimes when I am talking she does not take it all in and could listen some more, continuous support, not being so reluctant to give second chances, getting to know my case manager better, not making me do victim awareness or reparation, to be more understanding of why I did what I did, moving quicker on stuff that needs to get done.'
- 78% (53) felt that the YJS helped them to stop re-offending
- When asked what the biggest barriers to moving forwards in their lives were, participants replied: 'the neighbourhood, wrong friends, my ADHD, I don't want to answer this, some people in Southend can be a negative influence, mistakes in life, criminal record, need a job or training opportunity, to think about what I'm doing before I do it, Social Care do not listen and are too much in my business, being in custody and then needing to make up for lost time, stopping smoking cannabis, working, alcohol and my anxiety with people, nothing, being disciplined, being tagged, and living in Wembley'.
- When asked how the YJS could improve its service to young people, participants replied: 'have people work with us that have gone through the same experiences with committing a crime, don't assume people are in gangs or talk about safety issues when it's not the case, less appointments, no panels, book me a music studio session every Saturday, more videos and presentations with the interventions, more activities and practical work, not coming to court as it makes me feel like a bad person, having a jobs board for local opportunities - the SPEAR program does this but most of the opportunities are not in my area, doing what you say you will do quicker, Nah I

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don't think so, continue supporting them, more free activities like free gym memberships, have more Panels like Roundtable for young people to have good discussions about different things that affect them, not have so many appointments, more straight to the point, by providing constructive use of time such as studio time, or sports activities.'

Although findings were positive overall, there several areas where improvements need to be made. These include:

- Whilst YJS Case Managers invest a great deal of time explaining court proceedings, it is worrying that a large proportion did not fully understand their sentencing experience at court, and equally that some children were stressed, nervous and scared by their overall court experience. YJS will review current approaches to preparing children for court to identify the strengths and weaknesses of our current approach. Recognising the likely impact of known and undiagnosed speech and language difficulties and progressing our work with the NHS and Inclusion Service to unlock pathways to SALT provision will be central to improving our understanding.
- Similarly, YJS Case Managers routinely explain what a court order is, its requirements and the consequences of non-compliance. It is therefore concerning that 42 young people did not respond to this question. The YJS will assess the extent to which these messages are being delivered in a child friendly way that matches an individual's learning needs. Practice development sessions and individual support will be provided to officers where necessary. The extent to which speech and language difficulties may have contributed to the low response rate must also be considered as part of wider work to access SALT provision for children known to YJS.
- Thirty-one percent of children said they didn't receive a home visit. Work is needed to understand why. Whilst there are often safety reasons for not doing so, analysis of the ChildView database will be undertaken to understand why home visits were not undertaken in all instances. Team Managers will be expected to have close oversight of this area of practice, and where necessary provide rationale for not doing so in supervision.

6.4 YJS Parents and Carers Survey - 2024

Twenty-nine parents took part in the YJS Parents and Carers Survey 2024. Seventy-six percent of participants were female. Fifty-two percent of their children were sentenced at court and the remainder received an Out of Court Disposal (OCD) from the Police.

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Parents overwhelmingly felt emotional strain because of their child's involvement in the youth justice system. Participants referred to: 'sadness, upset, shame, tearful, feeling bad, and anxiety'.

Other findings include:

- 42% of parents found accompanying their child to court to be a difficult experience. Seventeen percent (5) said they had a good experience at court.
- 100% of parents attended and participated in their child's initial YJS meeting.
- 97% of parents felt listened to and included in the preparation of their child's Intervention Plan.
- 93% of parents were sent a copy of the plan of work to be undertaken.
- 51% of parents were invited to the child's quarterly review meeting.
- 97% felt they were able to speak to their child's case manager about any issues or concerns.
- 100% reported that they received up to date reports from the child's case manager about what is happening.
- Over 90% rated their experience as 8 and above when asked if their child was fully supported by the YJS.
- 93% were offered support, advice, and information about parenting.
- The support parents received was regarded positively: 'I could air my concerns, excellent advice and support, given a lot of tools to keep calm, supported and encouraged throughout, really helpful, I followed the advice and its worked'.
- 93% of parents and carers were satisfied with the service received from the YJS (43%) or very satisfied (50%).
- The top five issues of concerns identified by parents and carers were: substance misuse:19 parents (65%), child criminal exploitation:18 parents (63%), gangs: 20 parents (69%), social media: 14 parents (48%) and County lines: 12 parents (41%).

6.5 Although findings were positive overall, there several opportunities for improvements to be made. These include:

- It is unsurprising that so many parents and carers experienced emotional difficulties as a result of their child's involvement in the youth justice system. However, given that 100% had attended their child's initial YJS meeting, and so too that they were happy with the support provided by case managers, it is notable that so many found court to be a difficult experience. This may suggest that they require more emotional assistance than a Case Manager can be expected to give. Either way, YJS staff will work with parents to identify any additional needs that could be provided by the YJS and to refer them to local support including that offered at Family Wellbeing Centres.

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- Case Managers will invite all parents and carers to their child's quarterly review meeting. Team Managers will provide close oversight of this work and ensure the reasons for all instances of absence are recorded on ChildView.
- Parents and carers will be given access to structured workshops covering the issues they are most concerned about.

6.6 Raheem Sterling Foundation

In collaboration with Raheem Sterling Foundation and Word 4 Weapons, seven new Knife Amnesty bins were unveiled in Brent at an event held in May 2024, attended by five young people from Brent YJS, council and community workers. The knife amnesty bins provide an anonymous way for knives to be safely disposed of, with the addition of a QR code signposting young people away from knife crime and towards support with mentoring, education, and work opportunities. The bins align with the Raheem Sterling Foundation's Power of 7 objectives: social mobility, employment, education, community, creativity, leadership, and enterprise.

Commenting on the partnership, Raheem Sterling said, "I want this project to make a real difference to young people in Brent by guiding them to take positive actions and have better access to a powerful support network of opportunities. Growing up in Brent, I understand the challenges that young people experience every day, I truly hope our work enables change and I'm grateful to all our partners and the organisations supporting us to help improve the lives and increase opportunities for young people."

The YJS Participation Worker, together with YBF and the Raheem Sterling Foundation, organised for the five YJS young people who supported the event to travel to the Foundation's headquarters to discuss crime and community safety with the footballer Raheem Sterling. They spent a couple of hours being mentored, sharing their views on the challenges young people face, and hearing inspirational stories.

6.7 Brent Youth Parliament (BYP)

Brent Youth Parliament (BYP) represents over 77,000 children and young people living in the borough and encourages them to express their views and have a say on decisions that affect them. The parliament is open to young people aged between 10 and 19 (and up to twenty-five for young people with special education needs or disabilities) from a range of backgrounds, who represent schools, youth groups and different communities in Brent.

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Brent Youth Parliament run by an elected executive group of young people, which includes two members of the UK Youth Parliament who represent young people in Brent in national campaigns and decision-making. BYP meets at Brent Civic Centre once a month to discuss and campaign on issues that affect young people.

6.8 The Brent Youth Zone

This website promotes Brent Youth Parliament, the Fire Cadets and provides a platform for Brent young people to access universal information about employment, learning, support and advice and activities to get involved with. The Brent Youth Zone website is also used as an engagement tool for young people by providing online access to youth surveys to gather the voice and views of young people.

6.9 Junior Care in Action (Junior CIA), Care in Action (CIA) and Care Leavers in Action (CLIA)

The Children in Care Council for Brent Council works to make sure children and young people in care and care leavers have the chance to be involved in making decisions and in sharing views about the services and support received. These groups use flyers, newsletters and arrange meetings to share information and experiences.

6.10 Christmas Tree Appeal

In December 2023, Brent Early Help worked with the MET Police as part of their Xmas Tree appeal, reaching 3,000 young people in Brent CYP (including all YJS children) and across the borough in Family Wellbeing Centres. The aim of the work was to ensure that as many young people as possible received an age-appropriate book (for 0–12-year-olds) or a £10 online shop voucher for 13+ year olds, as well as toys, games and learning resources. This was a large undertaking involving logistics and planning and was a great success. Planning was expected to begin again in October 2024; however, the MET Police were unable to undertake the Christmas Tree appeal and distribute donations in the same as they were focussing on raising funds instead.

After exploring alternative avenues, Brent CYP received a delivery of £535 worth of £15 Amazon vouchers and £10-£20 Love2Shop vouchers donated by 'Wates Living Space'. These were distributed to young people across the Looked After and Leaving Care team, 0-25 Disabled Children and Young People's Service, Accelerated Support Team, Family Solutions, Youth Justice Service and Family Wellbeing Centres. The Church of Annunciation in Wembley kindly provided a large range of children's toys, clothes, games, books and craft items, which were given out over the two CYP conference days to Early Help staff for their Brent children and young people for Christmas. We also received two sacks of children's toys from the Ace Café in Stonebridge, which were given to the St. Raphael's and Three Trees Family Wellbeing Centres. Planning for Christmas 2025 will begin in October.

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7.0 Governance, Leadership and Partnership Arrangements

7.1 The Brent Youth Justice Service (YJS) is a multidisciplinary, multiagency service that works with children and young people aged 10-17 years and their families. Brent YJS provides support in relation to diversion, prevention, out of court disposals, court work, bail and remand, the assessment of children and young people who offend, the provision of court reports, the planning and delivery of community interventions, indirect and direct work with victims, and custody and resettlement.

The YJS sits within the CWYCD Department and is managed by the Head of Early Help. The Director of Early Help and Social Care chairs the YJS Management Board. The Board provides strategic direction and support for the YJS, ensuring that planning is undertaken to deliver effective youth justice services - which aim to reduce offending and safeguard children and young people. Secondly, the Board are informed by an understanding of the characteristics of the YJS cohort and the type and level of risk to children and young people and ensure proportionality in disposals for all children and young people in Brent.

7.2 The YJS Management Board has representation across the partnership at senior levels and has maintained a stable and engaged membership with awareness and knowledge of children in the youth justice system. Board members have developed an effective teamwork approach and contribute service area responses to Inspectorate recommendations, wider planning, and challenges. This consistent approach is embedded operationally reflecting the partnership's strategic focus on addressing disparity and disproportionality. All Board members have been encouraged to observe practice. A case study is presented by a member of the YJS at each Management Board meeting, promoting a wider understanding of interventions and their impact.

7.3 A review of the YJS Management Board's Terms of Reference, in adherence to YJB guidance, was approved in January 2025. The Board continues to monitor the original four KPIs reported to the YJB as well as overseeing the introduction and performance of ten new KPIs. The KPI on Management Board Attendance was met in full in 2023/24. The attendance at the Board remained good overall throughout 2024/25, however probation and educational representation dipped in the first half of the year due to new appointments.

Table 4: YJS Management Board Attendance 2024/25 by Quarter

Brent YJS Management Board Attendance 2024/25
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Senior Management Board Attendance	2024-25 Quarter 1 18/04/24	2024-25 Quarter 2 25/07/24	2024-25 Quarter 3 24/10/24	2024-25 Quarter 4 30/01/25
Health	0	1	2	2
LA Children's Social Care	0	2	1	2
LA Education	0	0	0	1
Police	2	2	2	1
Probation	0	0	1	1
Total	2	5	6	7

7.4 Families First reform programme

The Early Help and Social Care service commenced a redesign programme in April 2024, to make provision more seamless, holistic, and future fit. Involving staff at all levels and all stages has been a critical part of the programme's success. A series of workshops with Service Managers, Team Managers and practitioners across the service were conducted to gather a wide range of views and ideas. Other Local Authorities were also engaged, including those involved in the Government's Families First for Children Pathfinder, to understand best practice elsewhere. From this a set of key design principles underpinning the development of any model options were adopted:

- Ensure that Children and Young People are at the centre of everything we do.
- Reduction in silo-working between departments.
- Minimising and streamlining handover points between teams.
- Minimise assessments and duplication for children and families.
- Create greater opportunities for shared learning and experience building between teams
- Greater consistency for children and families.
- Increase practitioners' capacity to build strong relationships with children and families.
- Supporting the recruitment and retention of Key Workers and Social Workers.
- Improving the experience of Children and Families engaging with the Early Help and Social Care services.

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Using these guiding principles, three model options were developed, two of which were taken forward for extensive staff engagement in November and December 2024. Well over 200 staff participated in these sessions, providing extensive feedback on model options and guiding the choice of a preferred model. After careful consideration, OCSLT approved a proposed Target Operating Model for formal consultation with staff in January 2025. The model features a joining together of non-statutory Family Support Workers with Children's Social Workers in seven teams aligned to Family Wellbeing Centres. Each team is responsible for overseeing Family Support and Child in Need work. Additionally, Social Workers will be allocated to new Child Protection Teams and Court Teams to manage child protection and care proceedings cases. Care Planning Teams will remain the same, with the only change being that cases will only transfer to these teams once a Care Order is issued. Ultimately, it is hoped that this new model, with a stronger focus on preventative family support work, and closer working between qualified and alternatively qualified practitioners will reduce the number of handovers between different teams and ultimately improve outcomes for children and families.

7.5 Brent Youth Strategy 2025-2028

In March 2025 the refreshed Brent Youth Strategy 2025 – 2028 was approved by Cabinet after a period of consultation with partners and young people in Brent.

The refreshed youth strategy and action plan represent our promise and commitment to the young people of Brent, to deliver and achieve together. The Brent Youth Strategy document is made with and for the children and young people of Brent and outlines clearly how the Council and partners will work for them and support them towards a positive future. This will be monitored through the work of the Youth Strategy Delivery Group, that works collaboratively with multi-agency partners. Young people in Brent have been consulted throughout the process so that their voices and views on what is most important to them are heard and clearly reflected. The Brent Youth Strategy 2025 – 2028 is grounded in principles of equity, inclusion and innovation with a focus on ensuring that every young person, regardless of background, has the resources, confidence and opportunity to lead a healthy, fulfilling and purpose-driven life.

Through collaborative partnerships, the aim is to create a sustainable framework that nurtures the young people of Brent to be equipped to thrive.

Together with our partners, including the voluntary and community sector across Brent, we will continue building close and lasting relationships that will enable us to effectively succeed in the delivery of our strategy plan. We celebrate Brent for the diverse and vibrant borough that we are, and we are dedicated to ensuring the best possible

Brent Youth Justice Plan 2025-2028

outcomes for our young people. This refreshed youth strategy and action plan represent our promise and commitment to young people to deliver and achieve together.

The Youth Strategy's Priorities, or main themes, as identified by young people, are:

- Being Heard and Taking Part (Engagement and Participation)
- Reaching Goals and Enjoying Yourself (Skills, Opportunities and Activities)
- Feeling Good (Health and Wellbeing)
- Staying Safe (Safety)

On 7 April 2025, young people gathered at St Raphael's Family Wellbeing Centre to celebrate the launch of the Brent Youth Strategy 2025 – 2028 with stalls promoting youth provision and support across Brent, free sporting, music and gaming activities, hot lunch and snacks provided and a sponsored raffle.

Members of Brent Youth Parliament, who played a key role in shaping the strategy, declared: "This is a strategy made for young people, by young people, with our fingerprints embedded firmly in it."

Brent Council is strongly committed to supporting the local youth sector with the principles in the Brent Youth Strategy. These include supporting a programme of refurbishment of existing voluntary sector youth facilities as well as converting spaces such as empty buildings or offices into modern accommodation that the voluntary sector could use for the benefit of young people across the borough. These developments - through the Strategic Community Infrastructure Levy (SCIL) Youth Provision Project – will see up to £2.15 million spent on physical infrastructure to improve youth provision in growth areas. The youth voluntary sector will be able to apply for funding to improve or upscale their buildings to deliver social infrastructure and to improve the quality of life for children and young people in Brent in line with the Brent Borough Plan 2023-2027.

- 7.6** The YJB's revised Key Performance Indicators (KPIs) for Youth Offending Teams (YOTs) were introduced in England from April 2023 and approved by the YJS Management Board in January 2023. This stated that the existing four current KPIs: binary reoffending rate, frequency of reoffending, first time entrants and use of custody, will continue to be used in conjunction with ten new KPIs. These are accommodation, education, training and employment, SEND/additional learning needs, mental health and emotional wellbeing, substance misuse, out of court disposals, management board attendance, wider services, serious youth violence, and victims.

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7.7 Brent YJS is aligned to the Youth Justice Board oversight framework. This framework, informed by the YJB's vision (April 2023), monitors youth justice system performance, oversight, assurance, and compliance. It additionally highlights the YJB's two specific monitoring functions: operation of the youth justice system and the provision of youth justice services and the extent to which the system aims are being achieved and any such standards met. The framework has provided clarity on how the YJB's monitoring function is fulfilled, outlining how oversight of local youth justice services is undertaken and delivery across the wider system is understood. The framework – consolidated through the YJB Strategic Plan 2024-27 - is a new way of working for the YJB which involves challenge and support and helping systems and practices to be embedded. Our continued good relations with the YJB, who attend our Board meetings and regularly meet with the Youth and Youth Justice Manager, will continue to have far reaching benefits for our children, families, and wider communities.

7.8 The Brent Borough Plan 2023-2027, sets out what the council will focus on over the next four years. The Plan is called 'Moving Brent Forward Together' and it focuses on five priority areas:

- Prosperity and Stability in Brent
- A Cleaner, Greener Future
- Thriving Communities
- The Best Start in Life
- A Healthier Brent

By focussing on keeping young people safe, raising aspirations, empowering young people and encouraging them to be seen and heard, the work of Brent YJS is closely aligned to the Best Start in Life theme.

8.0 Workforce development

8.1 In line with the YJB Business Plan 2023/24, Brent YJS has a diverse workforce that reflects the communities it serves. Brent YJS shared its staffing profile by ethnicity with the Youth Justice Board in September 2024. This showed it is diverse and representative of children in the Brent Youth Justice System. Brent has a Disproportionality Action Plan which it regularly monitors - via the YJS management Board - and continues to ensure that everyone who works for the YJS has planned and recorded individual training and development.

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- 8.2** Brent YJS benefits from partner staffing contributions equivalent to 7.6 FTE within the YJS and senior members from partnership agencies at Board level. The YJS is compliant with the minimum staffing requirement set out in the Crime and Disorder Act 1998 – with multi agency staff from Education, Health, Probation, and the Police.
- 8.3** Brent Police continue to provide a continuous staffing contribution that exceeds the minimum statutory requirement of 1.0 FTE. There are 2.0 FTE Police Officers.
- 8.4** There are two mental health practitioners within the YJS, a seconded CAMHS practitioner and a NHSE funded Youth Justice and Liaison and Diversion Worker who undertakes mental health screening. Both offer children and young people 1:1 session, develop staff knowledge around emotional wellbeing, and support the wider professional network.
- 8.5** A 0.6 FTE National Probation Service officer is seconded to YJS. The officer holds a case load, advises YJS officers about transitions to the adult estate, and makes positive contributions to wider YJS work including team meeting attendance and providing duty cover.
- 8.6** Since the formation of YOTs in 2001, Education has fulfilled their statutory requirement to support YJS via annual Direct Schools Grant financial contributions.
- 8.7** Reporting to the Head of Service, Early Help, the Youth and Youth Justice Manager has overall management oversight of 21.5 FTE staff members.
- 8.8** Brent YJS has maintained a stable workforce of permanently employed staff. All staff have accessed training through the Brent Council CYP training programme and INSET training recommended by the Youth Justice Board. The team have received more specialist training this year such as, Restorative Justice Practice, Youth Justice Legal Training, Cultural Competency Training, anti-racist training, and neurodiversity. Regular monthly YJS monthly practice development sessions during 2024/25 have provided a wide and comprehensive focus upon case practice issues including restorative justice, understanding the new YJB KPIs, assessment and planning, Referral Order Panel best practice, reviews, management oversight, and reflective supervision.
- 8.9** The YJS will continue to develop its practice in line with the neurodiverse and personalised needs of children and young people during 2025/27. This will include building upon our understanding of disproportionality concerns, cultural competency and anti-racist training, especially around the journey of the child.

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8.10 YJS Case Managers have access to a range of one to one and group work interventions which cover a range of themes. These include offending behaviour, risk and safety interventions, victim awareness, decision and problem solving, anger and emotional management, and weapon and knives interventions.

9.0 Resourcing and Services

9.1 The YJS benefits from well-established partnerships with agencies within the voluntary sector including:

9.2 VIA

Since 2017, VIA, a voluntary sector provider that specialises in substance misuse provision have been supporting YJS children and young people:

- Who have admitted to, or been found guilty of, the commissioning of drug offences by a court of law.
- Or have been assessed as having substance misuse needs as part of the YJS duty to supervise court ordered sentences. This crucial support has been made possible due to Brent Public Health commissioning arrangements.

Following a remapping of substance misuse pathways exercise led by Public Health, VIA have increased their support in April 2025 to all children in the Brent youth justice system. This has been achieved by extending the referral pathway to include children who have received a Police-issued OOC for drug related offences, or are assessed by the YJS to have, or be at risk of, substance misuse harm.

Substance Misuse is one the ten newly introduced KPI's monitored by the YJB.

9.3 I Am Brent

I Am Brent is a local consortium includes Step Up Hub (lead organisation), PLIAS, Sport at the Heart, Connect Stars, United Borders and Hilltop. These organisations work together to address the root causes and effects of violence affecting young people in the London Borough of Brent. Support includes pre-custodial release engagement, intensive trauma informed mentoring, one to one casework support, employability support, psychotherapy, and family support. Under YJS management, TPH will work with I Am Brent to maximise the effectiveness of referral routes across CYPCD and identify opportunities to work more collaboratively.

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9.4 Brent Centre for Young People (BCYP)

BCYP offers a range of psychotherapeutic mental health interventions, designed specifically for children and young people who offend and who often struggle to engage with mental health services.

9.5 St. Giles Trust

St. Giles offer gang affected mentoring for children and young people involved in or at risk of criminal exploitation. Provision is accessible via the Exploitation, Violence and Vulnerability Panel.

9.6 Young Brent Foundation (YBF)

YBF are an umbrella organisation for local voluntary organisations and community groups. They provide mentors from across member organisations to match young people with mentors best suited to support them. The work, support, and guidance they provide to YJS is informed and guided by their extensive community knowledge. YBF is the primary link between YJS and the local youth sector. Community information is routinely shared with YJS staff and at a strategic level through membership of the YJS Management Board.

9.7 Multi-agency Panels

Brent YJS leads or contributes to a wide range of multi-agency Panels with specific strategic and operational functions. These include:

Resettlement and Aftercare panel

This monthly panel discusses all children in custody and ensures the accommodation and wider needs of children and young people due to be released from custody are identified and planned for in a timely and transparent fashion in line with the YJB's principles around constructive resettlement. The Panel also provides senior oversight on bail and remand work. Regular panel members include Feltham YOI, the Police, Social Care, Early Help, the NHS, CAMHS, Restorative Justice Workers, and the CYP Placement Service.

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Strategy and Professionals meetings

These meetings are convened as and whenever necessary to share risk, court outcomes, and other information needed to keep children and young people in the criminal justice system safe. Members include YJS, Social Care, Police, Health, and Education.

Exploitation, Violence and Vulnerability Panel

This Panel co-ordinates the sharing of information between partners about children and young people at risk of sexual or criminal exploitation, trafficking and modern slavery, and missing children to ensure identified risks are appropriately managed.

YJS Risk, Safety and Wellbeing Multi-agency Management Risk Forum

This YJS led multiagency forum meets monthly. It provides senior management oversight of risk and safety and wellbeing for some of the most vulnerable children and young people in Brent. Attendance includes Social Care, Police, CAMHS, Probation, Inclusion Service and YJS staff.

Contextual Safeguarding and Violence Reduction Strategic Group

The purpose of the Brent Contextual Safeguarding and Violence Reduction Strategic Group (CSVRSRG) is to understand the profile of our most vulnerable and at-risk residents, oversee themes and trends and develop interventions to make individuals and Brent residents safer. The CSVRSRG – which has a core membership of numerous agencies and other agencies as required - supports the Safer Brent Partnership to achieve the priorities of the Safer Brent Strategy to:

- Tackle violent crime
- Challenge domestic abuse sexual abuse and preventing violence against women and girls
- Focus on incidents impacting our community
- Protecting the most vulnerable

The Brent CSVRSRG is accountable to the Safer Brent Partnership and contributes to the Safeguarding Children Forum and Safeguarding Adult Board.

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YJS Risk, Safety and Wellbeing Multi-agency Management Risk Forum

This YJS led multiagency forum meets monthly. It provides senior management oversight of risk and safety and wellbeing for some of the most vulnerable children and young people in Brent. Attendance includes Social Care, Police, CAMHS, Probation, Inclusion Service and YJS staff.

YJS Transitions Panel

Chaired by YJS with attendance from Probation, Police (IOM) and Leaving Care colleagues, the Panel discusses young people transitioning from the YJS to Probation in accordance with the new local YJS and Probation Protocol – which is informed by the Joint National Protocol for transitions in England (June 2021). The purpose of the Panel is to support the planned and safe movement of young people from the youth justice service to the probation service when they turn 18.

Restorative Justice (RJ) Improvement Group

This is a group comprised of Referral Panel members, YJS, Police and the Courts. Members consider meaningful reparation opportunities within the community that are beneficial for both the community and young people. It is also a forum for discussion and reflection about RJ good practice. The Panel enables children and young people to consider different ways of repairing the harm caused by their offending, acquire the opportunity to reflect on their offence(s), and see the wider consequences of their offending for themselves and others.

NEET Working Group

The NEET Working Group consists of the YJS, the Virtual School, Prospects and PLIAS (mentoring). It provides a child-focused consideration of NEET young people on a case-by-case basis, inclusive of planning work and educational initiatives to help young people engage in education and training.

Out of Court Disposals (O OCD) Decision Making Panel

This weekly Panel is chaired by YJS and attended by Police, Health, YJS, Social Care, Early Help staff and Restorative Justice workers to jointly consider and determine O OCD decisions guided by the ACPO Police child matrix. It additionally identifies young people who are eligible to attend the Turnaround project.

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9.8 The Safer Brent Partnership (SBP)

Community Safety Partnerships are multi-agency, strategic groups that oversee the approach to reducing crime and antisocial behaviour in a particular area. SBP is made up of representatives from many agencies, including the London Borough of Brent, Metropolitan Police, London Fire Brigade, National Probation Service, Voluntary Services and Victim Support. SBP aims to build an involved community, with less fear of crime and greater confidence in services, which takes responsibility for its own actions. It also pledges to bring to justice those who cause the most harm to our community, using restorative approaches and out-of-court disposals where appropriate. Its work is intelligence-led and evidence-based, identifying real issues and taking a problem-solving approach to reducing them. The YJS Management Board is linked to SBP via its Chair who is also a member of SBP.

10.0 Progress on priorities in previous plan – new developments - and related performance against KPIs

10.1 Nationally: Youth Justice Board Strategic Plan 2024-27

Encouraging progress has been made over the last twelve years across the national youth justice system:

- The number of proven offences committed by children has fallen by approximately 65%. From 98,937 in 2012/13 to around 34,300 in 2022/23.
- There have been substantial falls in the number of children entering the justice system. This amounts to a reduction of around 77% between the years ending March 2012 and March 2023.
- There were approximately 11,900 occasions where children were sentenced at court in the year ending March 2023. This is 73% lower than in the year ending March 2012.
- The number of children being sentenced to custody has also shrunk. In the year ending March 2023, the average monthly population of the youth secure estate was the lowest it has ever been at around 440 children.

10.2 Brent

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In 2024/25, Brent YJS performed well in relation to reducing youth re-offending, the number of first-time entrants to the justice system and the use of youth custody. The statistical evidence is encouraging and set out in sections 10.3 to 10.5.

10.3 Reducing Reoffending

The binary rate of reoffending is the official measure of reoffending and the proportion of 'reoffenders' who make up the total cohort. Brent's overall trend appears to be that of a significantly fluctuating and decreasing reoffending rate. This is largely due to the small size of the cohort creating an effect of instability. Relatively small increases or decreases to the number of reoffenders, or the number of reoffences committed, can produce significant changes each quarter. For instance, in a quarter during which most reoffenders committed no or few offences, the rate of reoffending will increase considerably if one child is criminally prolific. This explains the large variations Brent has experienced during the last six years. In this time the binary reoffending rate was 50% in January to March 2017, 62.2% in January to March 2018, 32.6% in January to March 2019, 39.6% in January to March 2020, 14.9% in January to March 2021, and 13.9% in January to March 2022 and 26.1% in January to March 2023.

YJS has also created the YJS Transitions Panel to manage various transitions (often a vulnerable time for children and young people), listened to the voice of the child, responded to substance misuse and disproportionality issues, and conducted regular monthly quality assurance activity.

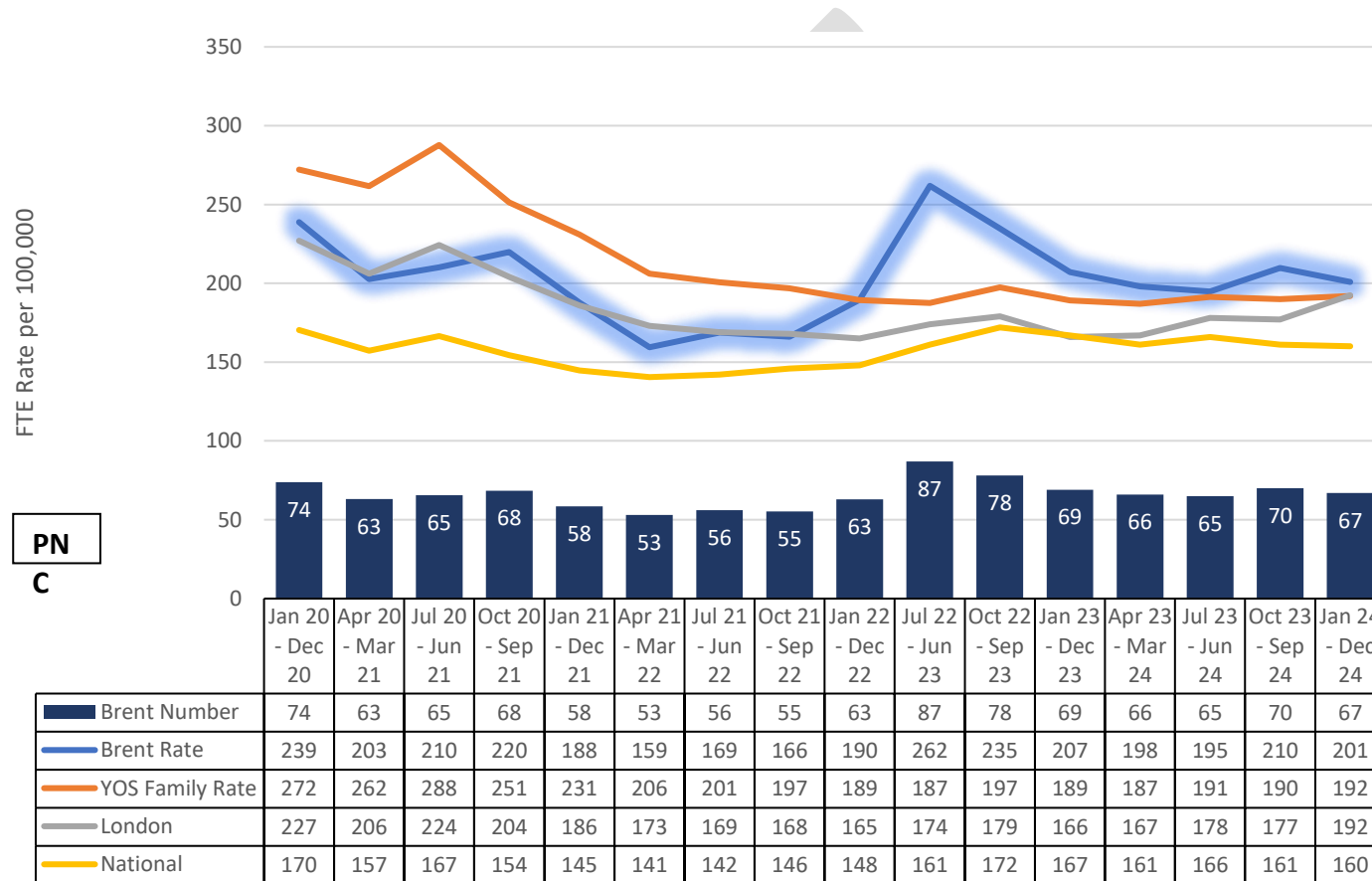
10.4 Reducing First Time Entrants (FTEs)

Although Brent recorded a small increase in the number of FTEs in 2024, the long-term trend is that of a significant fall. Brent's FTE rate per 100,000 children was 201 for the twelve-month period January 2024 to December 2024, compared to 207 per 100,000 children in the period January 2023 to December 2023. The data for this KPI comes from the Police National Computer and is shown in rolling full years.

The latest data published by the Ministry of Justice shows there were 67 new entrants to the youth justice system between January 2024 and December 2024. This is an annual decrease of 2 children when compared to the period between January 2023 and December 2023— 69 FTEs were recorded during this time.

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Table 5. No. of Brent Children Entering the Youth Justice System: January 2020 to December 2024.



10.5 Reducing Custody

Despite continued serious youth violence, criminal exploitation and gang affectedness, the number of Brent young people sentenced to custody has reduced from a high of 54 in 2013/14, to four in the twelve-month

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period ending January 2022 to December 2022. It decreased to three in the latest period (January 2024 to December 2024).

The number of remands in January 2024 to December 2024 (8 children) increased by three when compared to January 2022 to December 2022 (5 children). This increase is attributed to two serious incidents involving eight children. Children from BAME Heritage Groups continue to be overrepresented in the YJS remand cohort. The YJS has referred this to our children safeguarding partnership for a review given the themes that have emerged.

Table 6. Number of Children Remanded 2020 to 2024 by Heritage Group.

	Jan – Dec 2020 Remands	Jan – Dec 2021 Remands	Jan – Dec 2022 Remands	Jan – Dec 2023 Remands	Jan – Dec 2024 Remands
Black Heritage	8 (57%)	4 (50%)	1 (25%)	3 (60%)	6 (75%)
Other BAME	2 (14.5%)	3 (37.5%)	1 (25%)	0 (0%)	1 (12.5%)
Mixed BAME	2 (14.5%)	0 (0%)	1 (25%)	1 (20%)	1 (12.5%)
Asian BAME	1 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total BAME	13 (93%)	7 (87.5%)	3 (75%)	4 (80%)	8 (100%)
White Heritage	1 (7%)	1 (12.5%)	1 (25%)	1 (20%)	0 (0%)
Total	14	8	4	5	8

Brent YJS prepares written bail packages and bail letters whenever children are at risk of remand. Other proactive measures include management oversight and quality assurance of all bail applications, including a narrative of the child's history and lived experience in bail letters, and having a default approach that 'children will be given bail' in most instances. At Risk of Custody meetings are held regularly to help avoid the unnecessary use of custody.

10.6 Embedding Resettlement Practice

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The 2021 *HMIP Annual Inspection report of youth justice services*, highlighted resettlement as an area across YOTs that needed improvement. This was reinforced by the YJB in its 2023/24 Business Plan, later in February 2023 by the Minister for Prisons and Probation who directed 'YOTs to work 'with the Youth Custody Service to ensure every child has a clear plan ahead of their release and can access the right education, healthcare and accommodation support' and was highlighted in resettlement criteria for the HMIP Inspection regime. The Youth justice inspection Resettlement Case assessment guidance (CAG) v 1.3 June 2024 stated that 'planning for accommodation was to start at the point the child enters custody. This is a key aspect of resettlement work; other services cannot be organised until the child has an address to be released to'.

Brent continues to actively participate in the London Resettlement Partnership. Support is shaped by the five characteristics that have been identified as key to effective practice: Constructive, Co-created, Customised, Consistent and Co-ordinated. Support is shaped by the five characteristics that have been identified as key to effective practice: Constructive, Co-created, Customised, Consistent and Co-ordinated.

The Brent Resettlement and Aftercare Panel is an effective and well-structured forum for coordinating and reviewing resettlement planning with representation from key partners with an appropriate level of seniority. This is vital when considering that the YJB in its Strategic Plan 2024-27, described the patterns of violence, self-harm and trauma that is seen in custodial settings as 'unacceptable.' The Resettlement and Aftercare Panel will continue to review any safeguarding issues for children within the secure estate and ensure matters are escalated within the system. Systems are in place and adhered to in accordance with the Brent Probation and YJS joint protocol - under which all children are eligible for transition, and planning is initiated early.

10.7 Accommodation

Safe, suitable, and sustainable accommodation forms the foundations for delivering effective support to children and young people. In the period January to December 2024, 79 children and young people (76 in 2023) were supported by Brent YJS in suitable accommodation. Accommodation can however be deemed unsuitable for a range of reasons including proximity to contextual safeguarding risks, familial safeguarding risks, being placed in custody, or poor living circumstances such as overcrowding. In the same period, a further three children who resided in unsuitable accommodation were remanded into custody.

Brent YJS is working closely with Social Care to overcome barriers to unsuitable accommodation which include encouraging placement providers to accommodate children with challenging behaviour, and the practical difficulties associated with placing children in accommodation on weekends. Furthermore, Early Help offer a wide range of support

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that helps families address their housing and cost of living issues. Accommodation is one of the ten newly introduced KPI's monitored by the YJB.

Table 7. Suitability of accommodation 2024

KPI 1	Suitable accommodation	Unsuitable accommodation	% Suitable accommodation	% Unsuitable accommodation
Jan - Mar 2024	19	2	90%	10%
April - June 2024	24	1	96%	4%
July - Sep 2024	18	0	100%	0%
Oct - Dec 2024	21	0	100%	0%

10.8 Reducing disproportionality in custodial outcomes including remands and sentencing

Our work to reduce disproportionality follows the various stages within the criminal justice process and is particularly significant within the secure estate and the sentencing of young people. In 2023, a workshop with defence lawyers, CPS, and the court representatives on anti-racist legal representation (Just for Kids Law) provided important messaging regarding the role of defence lawyers to advocate for children and addressing the trust deficit within Black Heritage groups towards lawyers and Court Services.

During 2025-2028 there will continue to be a determined partnership response to some of the key recommendations in the *HMIP thematic inspection of work with children subject to remand in youth detention (November 2023)*, which found that at any given time, there are around 200 to 250 children remanded in youth detention. Further findings included:

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- a quarter of the children were released on bail before being sentenced, and inspectors judged that more of them could have been safely managed in the community.
- nearly half of the children in the cases reviewed had no previous convictions and some of the remands were long, lasting more than a year.
- in many cases children made no comment at the Police interview but this was not always to the child's benefit as admitting the offence at that stage might have made bail more likely.
- In just under three-quarters of cases the Youth Justice Service did not offer a bail programme at the child's first remand hearing.

Our responses will again be outlined in both the Youth Justice Improvement Plan 2025/26, and the Brent Disproportionality Action Plan to ensure there is a specific focus on a wide range of actions that address the needs of all children and young people. This will include actions addressing drug and alcohol support, monitoring release arrangements from the start of the sentence / remand, greater consultation on bail conditions, mandatory online training for Police officers around child trafficking, bail and remand training across CYP, early identification of accommodation options at the first court appearance, briefings to defence solicitors about the impact of 'no comment' interviews and offering voluntary support to those acquitted.

10.9 Reducing serious youth violence, exploitation and contextual safeguarding

Serious Youth Violence (SYV) is defined as any drug, robbery or violence against the person offence that has a gravity score of five or more. The Youth Justice Board SYV toolkit shows that serious youth violence in Brent decreased in the year ending December 2024 compared with the previous year. The tool also indicated that robbery offences have increased significantly in the year ending December 2024 compared to the previous year. An over representation of children from Black Heritage groups involvement in SYV persists. 41% of children and young people who committed SYV offences in Brent were from other heritage groups in 2024. This is an increase of 29% when compared to 2023 (12%), 2022 (0%) and 2021 (23%). Males make up the biggest proportion of children and young people committing SYV offences. In the year ending December 2024, 95% of the cohort were male compared to 100% in 2023, 96% in 2022 and 82% in 2021. During the first 3 quarters of the 24/25 period there were 2 drug related offences: 16 robbery offences and 4 offences of violence against the person.

Working in partnership is key to reducing SYV in Brent. Along with Social Care colleagues and youth justice workers from Barnet and Harrow, Brent YJS attends daily SYV Police briefings from the North-West London Borough Command Unit. Daily briefings function as an intelligence sharing forum and allow partners to coordinate the management of violence and tensions within Brent. Other strands to the concerted and joined up effort across the

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partnership to reduce SYV include supporting events such as Carnival, the deployment of various outreach activities in response to local needs, utilising peer mapping, summer programmes and communicating with neighbouring boroughs and courts. The YJS also employs safety mapping to identify risks and keep children safe.

Our work in this area will be guided by the recent HMIP report: *Multi-agency responses to serious youth violence: working together to support and protect children (Nov 24)*.

Key Points from Executive Summary

- The extent and impact of serious youth violence are more far-reaching than many adults realise
- A failure to consistently identify serious youth violence as a safeguarding issue is leaving too many children at serious risk of harm.
- The government and local agencies must prioritise the needs of children who are disproportionately at risk of harm from serious youth violence
- Multi-agency work was most effective when serious youth violence was a strategic priority
- In some areas, partners worked together well to meet the wider needs of children affected by serious youth violence.
- Local partnerships need to do more to evaluate approaches to addressing serious youth violence, to use available research about what works and to share learning across areas to drive improvement in practice.
- Children's access to support to address serious youth violence varies too much between local areas.
- Projects aimed at preventing serious youth violence often receive short-term funding.
- Engagement with the community, children and parents is essential

10.10 Reducing Knife Crime

Knife crime remains a persistent problem in Brent. A total of 39 knife offences were committed by young people in 2024, compared to 30 in 2023, 46 in 2022, 52 in 2021 and 44 in 2020.

Brent YJS has worked hard to reduce knife crime. Among other things, YJS staff accompany children to the monthly 'No Knives Better Lives' knife crime intervention at the Central Criminal Court ('Old Bailey'), all young people arrested for knife-related offences are required to attend a mandatory groupwork session led by professionals and members of the public who provide differing perspectives on knife crime – presenters have included a trauma surgeon, an ex-gang member, and the parent of a teenage victim of knife crime. Children who have committed knife offences are

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also referred to the Brent YJS Weapons Awareness Programme. This is an eight-week programme delivered by YJS Case Managers about the dangers of knife crime and offers participants strategies for preventing or resolving conflict without violence. The Raheem Sterling Foundation knife bin amnesty, saw a total of 118 weapons, including 9 zombie knives collected in September 2025. The March 2025 collection saw a total of 196 weapons, including 13 zombie knives and 4 other dangerous articles surrendered.

10.11 Unlocking Your Potential

Unlocking Your Potential seeks to inspire young people with entrepreneurial skills to achieve their ambitions. During the session with George the Poet George explained to the young people the key ingredient for success is self-belief, he said “you must choose the right friends and friends that are loyal to you”, He spoke about the importance of overcoming peer pressure and gang involvement. We discussed some of the current tensions within Brent and how he overcame this when he was young. George explained his resilience allowed him to pursue his education and achieve at Cambridge University.

people are authors of their own story, and they must take ownership rather than allowing other people to write their stories.

Feedback from participants has included:

“I think the programme is good because it gives you different perspectives on someone who has committed a crime(s) and is still able to achieve in society and make something of themselves. I learnt a lot about myself and my potential”.

‘it’s motivating seeing someone do well’

In order to develop and sustain capacity, YJS have continued a similar programme through the Roundtable Project which is now led by Community Safety and the YJS. Guest speakers from the community are invited to speak at this session similar to the format of Unlocking Your Potential

10.12 Radicalisation or extremist activity

The Youth Justice Board issued practice advice in April 2023 to support youth justice services to identify and manage children at risk of, or involved in, terrorist-related activity. This included dealing with children posing a terrorist risk and those arrested and convicted under the Terrorism Act 2000. The YJS has adopted this guidance and is also a

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member of the Prevent Operational Group. This allows youth justice perspectives to influence the shape of local anti-extremism provision and training. No Brent YJS children were referred to Channel in 2024/25.

10.13 Out of Court Disposals (OCD)

Out of Court Disposal provision is tightly monitored in Brent. In each of the last five-years the YJS Management Board has received a report examining practice, procedures, and performance. Such high-level curiosity and interest reflect Brent's understanding of the clear links between intervening early and good outcomes. For instance, the Youth Engagement Fund toolkit shows that pre-court diversion nationally leads to greater reductions in reoffending (by 13%) than sentencing young people through Court Services. Furthermore, when children who have attended diversionary schemes do commit another offence, their offending is likely to be less serious.

The Brent YJS Out of Court Disposal Service offers effective assessment and early interventions to children and young people and their families. Its effectiveness is monitored by a Metropolitan Police led Multi-Agency Scrutiny Panel, comprised of senior representatives from the Police, CPS, Court Services, Judiciary, MOPAC and the YJB. The Scrutiny Panel audited six OCD cases in January 2025. Decision making was agreed as correct and consistent with policy and guidance for all six cases.

The Child Gravity Matrix (CGM) is the tool Police use to determine the most appropriate outcome or disposal for children and young people who offend. The Matrix outlines the options available to the decision makers for both statutory (caution, conditional cautions, or prosecution) and non-statutory outcomes which in Brent include Community Resolutions and Triage. In November 2023, the Matrix was updated and now allows greater emphasis to be placed on mitigating factors which include vulnerabilities such as undiagnosed and diagnosed neurodiversity needs.

Key changes include:

- Traffic Offences: the CGM now makes it clear that informal OCDs can be considered as an alternative to penalty/points charge where appropriate.
- The CGM introduces the Child Information Form (CIF) which replaces the First Time Entrant Check list and a 10-point checklist for Looked After- Children to accompany cases being sent to CPS for a decision. The CIF is designed to collate and streamline the information provided by Police and other relevant agencies involved in the child's life, requiring both the investigator and prosecutor to consider the specific circumstances of a child.
- Clarifies that joint decision making should take place between the YJS and Police but that where there is a disagreement the final decision rests with the Police.

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- There have been various technical changes to the offences table, including remorse and regret being removed from aggravating and mitigating factors.

Brent YJS has adopted the YJB Prevention and Diversion Assessment Tool for Out of Court disposals. It enables greater analysis of how a child's behaviour can be the result of their life circumstances and helps identify their strengths. Furthermore, it provides a structured framework for assessment, interventions, planning, and the identification of risk factors.

All referrals for an Out of Court Disposal are discussed at the Out of Court Disposal Joint Decision-Making panels which are tightly organised and held weekly. Panel members include the NHS, Police, YJS, Social Care, Inclusion Service, Family Solutions and Family Support Workers. All professionals are involved in the discussion to determine any underlying issues and needs for each young person. Discussions take place around a child's life circumstances and impact that may contributed to their behaviour. The OOCDD panel always aims to mitigate and lower the disposal where possible. If available victims' views are considered. YJS Police officers aim to get in contact with the victim prior to the panel and explain the diversion process.

Interventions for children who receive OOCDDs, reflect their specific needs. Mental health screening is offered to all young people through referral to the NHS Youth Justice Liaison and Diversion practitioner. For those referred for drug related offences or where assessment has identified substance misuse, one-to-one sessions are offered by the Evel8 substance misuse team. Sessions include the law and drugs, county lines drug dealing, gang culture, criminal exploitation, abstinence, and harm minimisation. Other sessions delivered in 2024/25 included decision making, peer pressure, making better choices, online safety, sexually harmful behaviour, knife crime, weapon awareness, victim awareness, Police one to one sessions, crime presentations, Police led one to one sessions, and safety mapping. Case managers seek to include children in intervention planning wherever possible.

There were 76 referrals to the OOCDD Team in 2024/25:

Community Resolutions: 23

Triage: 22

Youth Caution: 9 (100% successfully completed)

Youth Conditional Cautions: 14 (100% successfully completed)

Total: 67

Assessment and interventions are offered to all children and are mandatory for those who receive a Youth Conditional Caution. 67 young people undertook Safety Mapping – a contextual safeguarding tool that enables

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young people to identify non-familial risks in the community. 31 young people who were referred by the Police for drug related offences or where assessments identified substance misuse were offered one to one substance misuse counselling and groupwork sessions. Out of Court Disposals are one of the ten newly introduced KPI's monitored by the YJB – no. of young people successfully completing OOCs.

Feedback on OOCs

“Grandmother provided positive feedback on YJS involvement. She was grateful for the support provided to Y and the disposal agreed. Grandma was also happy with the advice and information provided to her around education and YJS supporting with liaising with the Inclusion Team.”
(OOC Case Manager, March 2025)

“Thank you for your work with D. She has built up a good working relationship with you and though D would never say it, she has valued your intervention. It has been great working with you!” (Social Worker, February 2025)

“The decision-making session was helpful – you helped me understand what would benefit me in a situation and what would not and how I should or could approach difficult situations.”
(Young Person, March 2025)

10.14 YJS Triage Programme

Triage is an OOC that is offered to young people who would otherwise be likely to receive a criminal justice disposal. It is available to young people who admit guilt to low gravity offences. The most common offence committed by children who take part in the Triage programme is possession of cannabis. The service is currently funded by MOPAC and has been identified as the most significant cause of the steep decline in the number of young people from Brent entering the criminal justice system. Children who complete Triage receive the same level of multiagency risk management that young people within the youth justice system receive. Triage is a short-term intervention that should not last longer than three months.

10.15 Policing

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Two Police Officers are based within Brent YJS. They work closely with YJS staff to administer and deliver OOCDS, share intelligence, enforce non-compliance, and engage with children known to YJS - this includes the delivery of groupwork and individual sessions.

The MPS' Children's 5-year Strategy (Sept'24) aims to make a meaningful difference to how the Met Police safeguard children and is designed to rebuild trust, reduce crime and ensure high standards across the force. In developing the strategy, the Met Police considered the views of children across London. Its aim is to keep children in London safe, build their trust and bring to justice those who abuse and exploit them. It proposes a child first approach with strategic aims and actions around building relationships, tackling discrimination, further increasing the use of OOCDS, strengthening schools and education provision, delivering precise and fair stop and search, and promoting routes into policing careers and volunteering. The success of this strategy will be measured through increasing the percentage of children surveyed by MOPAC who have a good opinion of the Police, feel they can trust the Met and believe the Police treat everyone fairly.

10.16 YJS Referral Order Programme

Referral Orders are a community sentence that require a young person to agree a contract of rehabilitative and restorative elements during a Referral Order Panel meeting. The YJS trains and recruits a diverse cohort of Panel members who reflect the diversity of Brent.

There are currently nine active local community panel members from Black, White British, White European, and Asian Heritage groups. Panel members come from a wide range of backgrounds including family support, teaching, accounting, business and law.

Panels take place on a weekly basis and consist of the following:

- Initial panels (where the RO contract of interventions is agreed with the young person).
- Review Panels.
- Non-compliance Panels
- Compliance review Panels.
- Final Panels.

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A young person and their parent were recently asked if they would change anything about the Panel they attended:

Young Person: 'Not really, I felt everything went well. In my opinion there's nothing that needs to be improved. It was better than I thought it would be'.

Mum 'I thought they (panel members) were fair, and they were engaged. What I liked was that they came across as though they really care. They were not judgemental, and we didn't feel judged. They came across as extremely supportive'.

Table 8. Referral Order Outcomes April 2024/25

Outcome	Disposals	Percentage
Successfully Completed	47	90%
Completed Other	1	2%
In Custody	1	2%
Not Completed (Order Revoked and Resentenced to Community Penalty)	1	2%
Not Completed Breached Order Revoked and Resentenced to Community Penalty (Terminated)	2	4%
Transfer to other agency/home YOT	1	2%
Total	52	100%

10.17 Restorative Justice (RJ) and Victims

Through engagement with RJ, Brent YJS seeks to empower victims and reduce reoffending by developing empathy within our children and young people. The YJS Partnership has dedicated staff who are innovative and creative in encouraging wherever possible victim and perpetrator engagement in restorative justice approaches.

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YJS practitioners are not always able to obtain victims views. This information can provide a unique perspective on how to keep children and communities safe. The YJS needs to work closely with the Police to identify and remove barriers to the timely acquisition of victim information. There are Police resourcing, capacity and systems issues which can make contacting victims difficult. For instance, if victims' details are not gathered by the investigating officer, delays will occur to YJS Police Officers being able to contact victims - and in some instances contact will never be made. Positively, in April 2025, the Metropolitan Police agreed a new approach that improves victim access.

This has been achieved by removing the Police requirement to gain the victim's explicit consent to be able to share victim data with YJSs. Furthermore, the Police have removed the requirement to send out the agreed victim letter to the victim, if they are unable to get through to the victim.

The new process means that upon receiving a YOT referral seeking an OOC, once the YOT Police have verified and confirmed the referral is suitable, they will continue to attempt to contact the victim to seek their wishes to share their basic details with the YJS. If the victim does not want to share their details no further contact will be made and the relevant YJS will be informed so this can be recorded on ChildView. If the victim agrees, or the Police are unable to make contact, they can automatically share sufficient victim data for the YJS to contact victims directly.

This process also applies to those cases which bypass the YOT referral stage and are convicted at court after a charge and sentenced to a court order to work with the YJS. For this to happen the YJS must request victim details. The Police will then seek to contact the victim. If they are unsuccessful victim details will be shared with a YJS so that they can contact the victim directly.

The Brent YJS Restorative Justice Worker has a manageable workload. Victims work is intensive so this could conceivably change now that the systems issues delaying victim consent have been resolved.

Brent YJS reparation activities have now extended into face-to-face work at a dementia Café with elderly people, Stonebridge Primary School, and at foodbanks operating out of Family Well-being Centres. These foodbanks enable young people to give back to the community in a meaningful way in a safe environment.

Brent YJS Victim Awareness Groupwork occurs on a quarterly basis for a period of six weeks. Feedback has been positive with excellent completion rates. Topics covered include establishing boundaries, values, the young persons', and the victim's experience, repairing harm and giving back to the community.

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The following quotes are typical of many victims and children and young people who took part in restorative justice in 2024:

Victims

"I'm glad you called me as didn't know RJ existed".

"I don't know if me and the victim would have ever spoken again if it weren't for RJ".

"It's good to know that young people have RJ to explore ways to repair harm. I'm happy to engage in any RJ of the young person's choosing".

"It's good to know that the young person is reflecting on their behaviour with the YJS and wants to repair the harm he caused to me".

"I am happy that I went ahead with the RJ process, it brought me closure."

"Although I wanted to rebuild the friendship, I understand that this is not possible now, but I am pleased that I could tell my side of the story."

"I was really frustrated throughout the investigation as I didn't feel that I was listened to. I am pleased that you called, and I can say what I need."

"I needed help at the time the incident happened. I wanted to prevent further harm. I am not happy with what happened at the time, but I think everybody involved has grown and now I can move on thanks for your work."

"It is good that you called and asked my opinion. I am pleased that the YP's intervention will address my concerns."

Young People

"Writing the letter (of apology) was the right thing to do".

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"I feel better for writing a letter as that's what I would have wanted".

"RJ got me thinking about my mum and how I would have felt if someone did that (his offence) to her".

"I wanted to put things right and I think my letter did that".

"I'm glad I could write a letter as I am sorry for what I did".

"I completed the Victim Awareness Group, and I liked the people doing the group, they were nice. I also learned different ways victims are impacted."

"I liked engaging with the other participants of the Victim Awareness Group where I learnt that crime can affect a lot of people that you would not have thought of."

"I wanted to meet the victim as I wanted to apologise. This was a great closure for the whole incident."

"I was sorry and embarrassed, and I wanted to say sorry from the beginning. I wrote a letter of apology to a community member as the victim didn't want any communication. I would have met the victim if he wished for it. RJ helped me to think about the impact of my actions on others."

"It's good to know that RJ is available."

Brent YJS Restorative Justice workers delivered 'Lunch and Learn' sessions to the whole CYP department in 2024. Brent seeks to build a restorative community by embedding restorative practice within both strategic and operational planning and delivery. We have also supported our full time Restorative Justice Worker to achieve the Restorative Justice Council's *Certified Advanced Practitioner* status.

Plans for 2025/26 include promoting the RJ offer to care homes and foster carers and extending the RJ Offer - currently offered to all victims of crime - to carers and key workers as a non-criminal remedy:

"I have learnt a lot of things from these offences. I've learnt that I should go down the right path. I should walk the other way and ignore negative friends," 17-year-old male.

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“Since the offence I have not been in any trouble and do not intend on getting into any trouble. I have learnt not to fight as it can affect many people including the victim, offender, community, and it can impact my future,” 17-year-old male.

“RJ has helped me look at the offence and my behaviour so I can put it in the past and get on with my life,” 16-year-old female.

“The main outcome for me was how an offence like this can truly affect the community. It really gave me a completely new angle on how to look at the crime from the perspective of someone that is a stranger to me and looks at the situation upon face value,” 18-year-old male.

Victims are one the ten newly introduced KPI's monitored by the YJB.

10.18 Education, Training and Employment

Nationally

Accessing good ETE provision, is crucial to the life chances of children under statutory supervision. It is consistently identified as one of the top three factors that need to be addressed by inspectors and the YJB. However, many children and young people have had negative educational experiences, and a proportion are entrenched in lifestyles that are not conducive to participation in ETE. This is often because of exploitation, gang affiliation and disrupted educational history. In June 2022, a *HM Inspectorate of Probation, Estyn, and Ofsted joint inspection of education, training, and employment services in youth offending teams*, involving 180 children from six local authorities, highlighted many of the strengths and challenges of ETE provision from a youth justice perspective. Brent children were not involved in the inspection.

Strengths

YOT boards consistently prioritised ETE work in the delivery of services, operational staff had enough time to deliver high quality work with children, staff had good access to training in recognising children's ETE needs, and YOTs delivering good ETE work had well-developed partnership arrangements, including specialist assessment and interventions.

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Areas for improvement

The quality of ETE work was poorest for those children who most needed it, and this was particularly evident when a child had an EHCP.

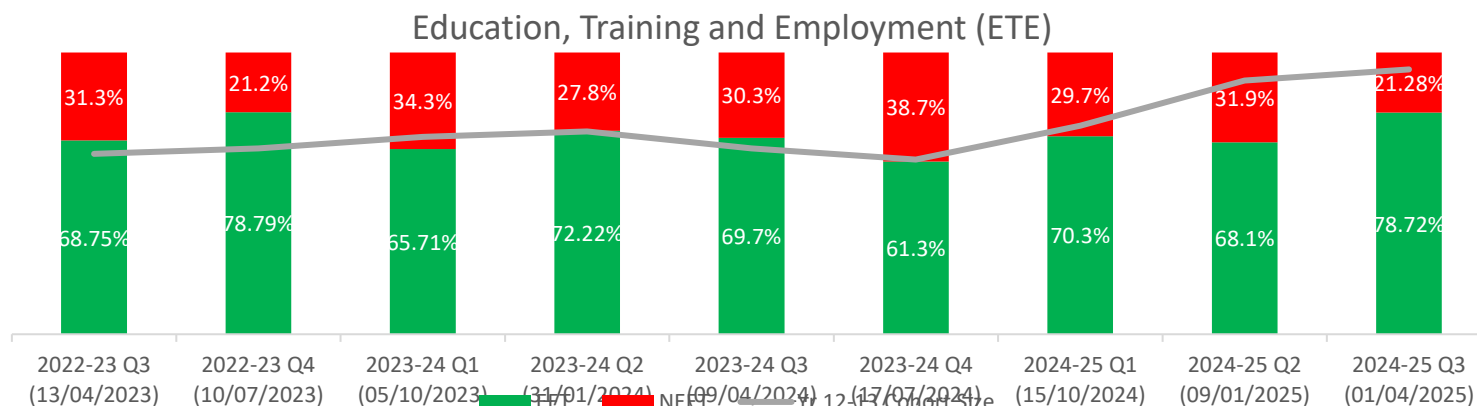
- There are too many cases where children were not making progress and whose vulnerability was increasing because of low levels of engagement in positive work.
- Boards were not monitoring key aspects of the children's engagement in ETE.
- There are significant barriers to participation.
- The quality of work was poorest for those children who most needed it.
- The support provided to the child to engage in ETE should be clear and reviewed regularly.

Employment – Training and Education (ETE) in Brent YJS

The characteristics of a strong YJS Partnership, as identified by HMIP and Ofsted, exist in Brent. The YJS Management Board scrutinizes the NEET cohort every quarter. This oversight has been extended to all children due to the national inclusion of education as a YJS Key Performance Indicator. The Board also ensures staffing levels are sufficient and there is access to a wide and varied training offer. Clear pathways between Brent YJS and mainstream and alternative education providers means that significant progress has been made towards making HMIP and Ofsted's recommended improvements. This includes increasing commitment to participation work in schools and a new quality assurance regime which ensures all assessment and case actions are undertaken within agreed timescales. Operational work is monitored by a supportive Board that maintains tight oversight of the relatively small but challenging number of NEET young people known to Brent YJS.

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Table 9. Brent NEET population 2022 to 2025: YJS children and young people



Operationally, ETE is shaped by intensive joint working between YJS, commissioned ETE provider Prospects, and the Virtual School for Looked After Children. Staffing capacity has increased and there is greater emphasis on access, monitoring and quality of provision. This includes:

- A NEET working group which meets monthly to monitor vulnerable young people not in education and ensure that plans are in place.
- The provision of employment and training data from the YJS to Prospects on a fortnightly basis so that interventions are put in place at the earliest opportunity and any children who have no recorded provision are identified.
- Working closely with custodial units to ensure children and young people have a transition destination at the point of resettlement.
- Ensuring that Prospects advisors are working closely with parents and YJS Case Managers, other professionals, and families.
- Deploying additional staffing when children and young people are already receiving support from a generic Prospects Advisor.
- The NEET group has extended its scope to include a PLIAS Employment Advisor who can provide specialist support to those seeking employment and the construction CSCS card.
- EHCP work is now more comprehensively reflected in Asset Plus and PSRs.

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- Close working with the Brent Inclusion Team. This includes the Inclusion Team Manager attending the Multi agency High-Risk Panel.
- The ASER programme offers a series of individually developed units preparing long-term YJS NEET young people for work or training.
- Brent Connexions delivered a re-engagement programme between February and April 2024. This included a series of employability groupwork job skills sessions for young people known to Brent YJS.
- Supporting children with undiagnosed learning needs is an ongoing challenge. Brent YJS works closely with the Brent Inclusion Service. Regular joint service area management meetings take place and can be used to identify training that can equip staff to better identify and refer children who are eligible for SEND and other Inclusion Service support.

Table 10. Brent YJS ETE Suitability April to December 2024

ETE suitability	
ETE Suitability	No. of Young People
Suitable	48
Unknown	0
Unsuitable	16
Total	64

Speech and Language

Brent YJS has identified significant deficiencies in access to provision relates to Speech and Language assessment and therapy. This is despite conservative estimates suggesting 40-60% of children in the youth justice system have an undiagnosed language disorder, *Winstanley, Webb & Conti-Ramsden (2021)*. Findings also suggest that Developmental Language Disorder (DLD) is the highest predictor of reoffending, and that children with DLD are 2.6 times more likely to reoffend. Furthermore, one year after committing an offence:

- 62% of people with DLD reoffended
- 25% of people without DLD reoffended.

Despite significant efforts to address this service gap in recent years, YJS still does not have access to the health resources needed to improve outcomes for children with undiagnosed speech and language needs. Work undertaken

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in the last year to resolve this shortcoming includes YJB facilitated meetings with the NHS, Head of Service discussions between Brent Early Help and the Brent Inclusion Service, and ongoing YJS Management Board oversight. In April 2025, the YJS Management Board representative from the NHS offered further support to the YJS aimed at accessing pathways to SALT assessment and support for Brent children in the youth justice system.

10.19 Mental Health and Emotional Wellbeing

Local Strategy

The Children & Young People's Mental Health and Wellbeing Local Transformation Plan 2024/25 has high ambitions for better mental health and wellbeing for every child and young person living in North-West London. These include developing inclusive, fair, and equitable services that are reasonably adjusted to support people with more complex needs, including those with learning disabilities and autism.

The North-West London Integrated Care Board (ICB) was formed in July 2022, to closely collaborate on several aspects of the Children and Young People mental health pathway. This includes implementing the National Thrive Framework which provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people, and families. Thrive aims to talk about mental health and mental health support in a common language that everyone understands. This, and plans from the NW London CYP Mental Health Steering Group to embed the CYP Mental Health pathway within Family Wellbeing Centres will enable better access to mental health services for children supported by YJS.

Local delivery: CAMHS

A CAMHS Mental Health Practitioner (MHP) based within YJS supports young people who have severe or complex problems to access specialised CAMHS provision. The post was vacant between September 2024 and February 2025.

Table 11. CAMHS Mental Health Support April to September 2024: YJS young people have requested more data re table below)

Mental Health Support:	No. of Young People
Advice / Consultation	18
Referrals and Signposting to other services	7
Referral to FCAMHS / Ongoing liaison	5

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Referral to Tier 3 CAMHS	4
Total:	34

The positive outcomes achieved by the seconded CAMHS MHP include:

- Efficient information sharing, better care, and more effective multi-agency collaboration between YJS and CAMHS, as all young people who come under the CAMHS Effective Treatment Team are case managed by the MHP working across both teams. This allows the MHP to access specialist, multi-disciplinary advice from CAMHS which is shared with YJS Staff to facilitate cohesion and psychoeducation.
- Upskilling and psychoeducation provided to YJS case managers around mental health needs; including discussions alongside Social Care to promote a sense of stability and safety prior to intensive therapeutic interventions.
- CAMHS worker provided training for YJS (October '24) about mental health and neurodiversity in the context of offending behaviour. This will help better outcomes and more robust treatment plans.
- Dedicated liaison with FCAMHS to improve care and outcomes for young people; Including initial referrals, individual consultations with FCAMHS clinicians, dissemination of key information and advice, arranging and chairing network meetings, and navigating differences between services to allow collaboration around safety plans and risk mitigation. This helps alleviate workload from core network members, allowing for greater care provided to each specialism whilst also promoting cohesion and multi-agency collaboration.
- CAMHS and BCYP worker ran a four-week group for young people within the YJS exploring their emotional wellbeing in January 2025.
- Brent YJS will explore opportunities to expand referral pathways to mental health and other health provision through the establishment of TPH.
- CAMHS will provide mental health and neurodiversity training to Social Care, School and SENCOs during 2025 in the context of offending behaviour.

Mental Health Support (Help and Advice) is one the ten newly introduced KPI's monitored by the YJB.

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Local Delivery: Liaison and Diversion

The NHS England funded Youth Justice Liaison and Diversion scheme in Brent offers mental health screening to young people held in Police custody at Wembley Police Station, or those young people referred to YJS for an Out of Court or Turnaround disposal. The CNWL employed Youth Justice Liaison and Diversion (YJLD) Mental Health practitioner identifies any unmet mental health and neurodiversity needs a young person may have (ASD, ADHD, learning difficulties, or SALT) and refers on to appropriate health services. The service is monitored by the Brent ICS Lead, NHS and YJS.

Children are risk assessed and seen at a range of locations including the Brent Civic Centre, school, home, care homes, or community facility. Engagement takes place with parents, schools, Social Care, and other agencies where necessary - especially when there are unmet needs that require attention. The YJLD worker also attends CP, CIN conferences, professionals' meetings, and other meetings to help meet a young person's additional needs.

During the period April 2024 to March 2025, the YJLD worker engaged 148 young people. One hundred and twenty-nine of these were males (87.2%) and 19 were females (12.8%). Sixty-two (41.9%) assessments were completed. Over the period April 2023 to March 2024 the YJLD worker engaged 161 young people. Seventy-eight (49.8%) assessments were completed. During 2024 the YJLD worker engaged 160 young people. Ninety-one (57%) assessments were completed. The four key offences that children accessing YJLD were charged with were drug possession, violence against the person, robbery and possession of an offensive weapon. 16 and 17-year-olds form the highest age group.

10.20 Substance Misuse

Since becoming operational in 2000, more than 1,500 young people supported by the Brent Youth Justice Service have received community-based substance misuse support. After considerable planning in partnership with Public Health, approval was obtained in January 2025 from both the Brent Drug and Alcohol Board, and the Brent Youth Justice Management Board, to develop a single pathway from Brent YJS to substance misuse provision.

Under these arrangements, *Elev8*, a provider of community-based alcohol and drug detoxification services for residents in the London Borough of Brent, have been supporting all children known to the YJS who have come to the attention of YJS for committing drug or alcohol related offences or have subsequently been assessed as having substance misuse needs. These services have been accessible from VIA - the name of the substance misuse and other support services *Elev8* offer children.

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The two pathways by which children enter the youth justice system remain unaltered. The first of these are OOCs. These allow the Police to deal effectively and proportionately with low-level, often first-time offending without a prosecution at court. The other pathway by which a child will receive statutory support from a Youth Justice Service arises when a child appears before a court. If convicted, a youth court can give a range of criminal disposals including fines, Referral Orders, Youth Rehabilitation Orders, and custodial sentences. VIA have been supporting children who have become known to YJS through this route since 2017. They have maintained a co-located presence with YJS at the Brent Civic Centre throughout this time.

Table 12: Children receiving Court Orders or OOCs for drug offences 2017 to 2024: by number and percentage.

Year	Court Orders by no. of drug offences	Court Orders by percentage of drug offences	OOCs by no. of drug offences	OOCs by percentage of drug offences
2017	125	67.57%	60	32.43%
2018	138	70.77%	57	29.23%
2019	107	67.72%	51	32.28%
2020	57	52.78%	51	47.22%
2021	33	42.86%	44	57.14%
2022	28	45.90%	33	54.10%
2023	24	46.15%	28	53.85%
2024	26	50.98%	25	49.02%

Table 13: Drug offences by type, and substance misuse provider December 2023 to November 2024.

Drug offences: court convictions by drug type and percentage			Drug offences: Police issued OOCs by drug type and percentage		
Court Pathway			OOC Pathway		
Cannabis	Cocaine	Heroin	Cannabis	Cocaine	Other

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19	5	2	27	1	1
73%	19%	8%	93%	4%	3%

The development of the single pathways approach has been influenced by several factors.

- Fewer children supported by Brent YJS have accessed substance misuse provision in recent years. There is an opportunity to treat more children by refreshing referral pathways in a way that targets more children and young people supported by YJS.
- Introducing a less rigid system is now achievable and would allow substance misuse provision to be sequenced in line with the needs of the child, rather than the operational necessity to move a large volume of children into substance misuse support at the earliest opportunity.
- The majority of substance misuse delivery takes place at the Brent Civic Centre. Using a secure central office is ideal for coordinating back-to-back appointments. However, there are instances where accessing other sites would better serve the needs of children and families. It would also provide the added benefit of introducing children and their families to other provision offered at community centres
- There is real scope to put processes in place that ensure there is a consistent approach to making treatment services available to those hard to engage young people who fall through the cracks in existing pathways.
- The Metropolitan Police's *Children Strategy 2024* introduces a child first approach to policing in London. This means that the proportion of children supported by YJS's (approximately half of all Brent cases) is expected to increase significantly. Existing pathways need to be modernised to reflect this change as they were created when OOCs were a small proportion of YJS work.
- Remapping pathways enables Brent YJS and VIA to add greater value to each other's work. Partnership working between the two services is strong and benefits from good case management oversight and regular meetings. There are however many opportunities to strengthen this further through greater aligned working such as ensuring YJS staff accompany children to all first substance misuse appointments regardless of location, and where relevant to support and encourage children to access wider VIA provision including support groups and emotional wellbeing services.

10.21 Appropriate Adult Service

Brent's Appropriate Adult service sat with Adult Social Care until 31 December 2024 when the responsibility was transferred to CYP. AA services are contracted to the Appropriate Adult Service Limited (TAS). In March 2025, OCSLT approved the continuation of this arrangement. Costs will be shared across CYP and day to day management of the contract will sit with Brent YJS.

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10.22 Wider Services

Two hundred and one children and young people received a court disposal, Out of Court Disposal, Triage disposal, a Community Resolution or Turnround in 2024. Of these, 8% were on a Child Protection Plan, 26% were Children in Need, and 16% were Looked after Children. These services are classified as 'wider services' by the YJB. More than half of all children supported by YJS (50%) accessed wider statutory provision. Wider Services are one of the YJB's ten new KPIs.

Table 14. YJS Alignment with Wider Services 2024

Wider Services 2024		
Wider Service	No. of children	%
Total no. of children receiving a court sentence, O OCD, Triage or Community and Turnaround	201	
Child Protection	16	8%
Child in need	52	26%
Looked after child	32	16%

10.23 Disproportionality in the Brent Youth Justice System

Reducing disproportionality in the youth justice system is a highly challenging priority across London. The failure to achieve equity of treatment for all children in the youth justice system can also be found in Brent when using the YJB Summary Ethnic Disparity Tool to analyse children aged 10 to 17 years. This is particularly evident amongst Black African and Caribbean children and young people who are significantly overrepresented in the youth justice system. Overall, Black Heritage group children represented 37% of the Brent YJS cohort in March 2025. This compares unfavourably to the 22% of all children and young people from these other heritage groups living in Brent according to the mid-year 2021 census. The table below shows the breakdown by ethnicity over the last 5 years.

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Table 15. No. of Brent Children in the Youth Justice System 2020 to 2025 by ethnicity

Ethnic group	2020	2021	2022	2023	2024	2025	Percentage change year ending March 2020 to March 2025	Percentage change year ending March 2024 to March 2025	2021 midyear 10-17 population by ethnic group
Asian	19	13	6	17	8	11	▼ -42%	▼ -58%	10,322
Black	92	70	46	60	60	56	▼ -39%	▼ -34%	7,982
Mixed	14	10	11	12	13	24	▲ +71%	▼ -7%	2,764
Other	17	9	16	14	27	33	▲ +94%	▲ +59%	4,287
Total BAME Heritage Groups	142	102	79	103	108	124	▼ -12%	▼ -24%	25,355
White	26	22	18	20	15	22	▼ -15%	▼ -42%	7,899
Unknown	0	2	3	1	0	4	N/A	N/A	-
All Heritage Groups	168	126	100	124	123	150	▼ -11%	▼ -27%	33,254

What Brent YJS is doing to tackle disproportionality

Improving practice

- Trauma informed practice has improved the ability of YJS practitioners to tell the story behind the crime within the pre-sentence reports and the wider assessment and planning process. This includes explaining the experiences of children who have been adversely impacted by gang exploitation or have suffered trauma.
- Practice Development Sessions. These are held regularly and includes themes including Social Graces, and cultural competency (delivered by Young Brent Foundation).
- Background information has been expanded to include any experiences of discrimination or trauma to the courts.
- YJS case studies are shared at YJS Board meetings where attention is given to exploring whether the diverse needs of children have been considered.
- The CYP and YJS Audit programme monitors the quality of provision children receive.
- Magistrates training.
- Child first approaches. Relationship building, coproduced intervention plans, listening to children, participation work and annual surveys:

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- Group supervision. Social Care and the Brent YJS work collaboratively whenever Looked After Children (LAC) enter, or are at risk of entering, the youth justice system. This was enhanced in January 2022 by the adoption of joint case supervision. These arrangements formalised existing good practice by regularising ongoing joint risk management and decision making. Practitioners from partner agencies including CAMHS and the PDU participate in group supervision whenever this is in the best interests of the child.
- Out of Court Disposal Decision Making Panel. This weekly Panel is chaired by Brent YJS and attended by Police, Health, YJS, Social Care, Early Help staff and Restorative Justice workers to jointly consider and determine Out of Court Disposal (OCD) decisions. Social Workers attend the Panel - or complete a Professionals Information Form - since November 2021. This has strengthened our ability to take mitigating factors into consideration and identify appropriate interventions and disposal conditions.
- *The Joint working protocol between Brent Youth Offending Team and The Probation Service (Brent Probation Delivery Unit PDU)*. Created in May 2022, this Protocol outlines the operational procedures and standards required when transferring supervision from the YJS to the Brent Probation Service.
- Since December 2021, LAC Social Workers have contributed to all transfer meetings between the YJS and PDU. This ensures that planning is as supportive as possible for LAC Young People moving from the youth justice system to the adult criminal justice system.
- Access to Family Support Workers has enabled the YJS to support the whole family, not just the young person.
- The early identification of neurodevelopmental disorders and help in education at an early stage could combat the entry of Black heritage group children into the criminal justice system.
- The collaborative culture in CYP means that Social Care and YJS work together every day in a range of ways including Strategy meetings, at risk of custody meetings, and preparing bail packages.
- Introduced in 2022/23, the annual Brent Youth Justice Service Disproportionality Action Plan (DAP) has been created to understand the extent to which youth justice disposals are disproportionately served, monitor the effectiveness of initiatives undertaken by YJS to support children from Black Heritage groups, and to consolidate actions youth justice partners are undertaking to tackle overrepresentation. The DAP is monitored by the Brent YJS Management Board biannually. In 2024/25 the DAP focussed on preventing Black Heritage group children entering the criminal justice system, preventing re-offending within the Black Heritage cohort, preventing school exclusions, improved ETE outcomes, improving access to early support for ASD or neuro disabilities to prevent entry and re-entry into the criminal justice system, reducing disproportionality in custodial outcomes, and listening to children's voices and understanding their experiences.

It is difficult to attribute the extent to which Brent YJS has contributed to a steady decline in the number of Brent children from Black Heritage groups in the local youth justice system: a 39% reduction between March 2020 (92) and March 2025

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(56). It is hoped however that the concerted partnership effort to reduce disproportionality is a key factor. Notwithstanding these gains, it must be noted that the overrepresentation of children from Black heritage groups remains and is significant.

10.24 Prevention work - Targeted Work and our Wider Reach

Targeted Prevention Hub (TPH)

The development of our new Targeted Prevention Hub (TPH) located within the Brent Youth and Youth Justice Service brings together existing adolescent-focussed resources across Early Help and Social Care to provide an expanded range of preventative support to children and young people in Brent. Due to be introduced in stages from June 2025, it will also introduce a new Family Group Conferencing Service.

TPH is a non-case holding service that is expected to achieve a wide range of benefits including:

- Providing more support to services tackling risk outside the home.
- Strengthening Brent's approach to prevention and early intervention.
- Expanding resources for children returning home from care and supporting reunification with families.
- Unifying and coordinating existing resources from across Early Help and Children's Social Care.
- Improving experiences for children, young people, and families – providing a single, dedicated referral pathway.

By creating a single pathway across Children's Social Care, TPH will fast-track access to a menu of services, including:

- Careers advice e.g. for children who are NEET.
- Sexual Health advice (NHS/VCS).
- Expert advice re child sexual exploitation.
- 1:1 support for children who are gang affected/affiliated.
- Out of hours detached youth work.
- Mentoring.
- Missing children support.
- CVS enrichment provision e.g. Young Brent Foundation.

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- Mental health support including CAMHS and WEST.
- Substance misuse support from VIA.
- Contextual safeguarding support e.g. peer mapping, safety mapping, complex strategy meetings, and intelligence sharing.
- Brent YJS Turnaround.
- Educational awareness sessions on crime and exploitation.
- Family group conferencing.
- Reunification of children returning from home from being looked after.
- Domestic abuse with Advance.

Turnaround Programme

Developed by the Ministry of Justice, Turnaround is based on similar principles to those underlying the Supporting Families programme, including the view that children on the cusp of offending often have complex needs that should be supported. It also recognises that supporting the needs of the whole family is an effective means of reducing the likelihood of children entering the youth justice system.

Brent Turnaround is a four-year programme which has been funded by the MoJ until April 2026 to:

- Work and offer additional support to young people who are on the edge of entering the criminal justice system.
- Support young people who come to Police attention.
- Prevent further offending.
- Help young people and their families where there are concerns around behaviour at school, in the community or at home.
- Achieve positive outcomes for young people.

Turnaround extends support offered through the OOC Team to young people aged 10 to 17 years who are:

- Subject to a No Further Action (NFA) decision.
- Subject to a Community Resolution.
- Receiving a first-time youth caution.
- Released under investigation (RUI) or those subject to pre-charge bail (PCB).
- Discharged by a court.

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- Acquitted at court.
- Fined by a court.

All the 70 Brent children who have accessed Turnaround in the three-year period up to March 2025 were either referred by the Police or Brent Early Help. Approximately 90% of referrals came via the Police. This is significant as prior to Turnaround these children would not have been given access to services. Staff work hard to encourage families to access Turnaround. As it is a voluntary intervention consent from a young person and their family is required.

Table 16. Turnaround Referrals April 2024 to March 2025

Outcome	No. of Young People
Refused intervention / Not started intervention / Not Completed intervention	3
Partially Completed	0
Successfully Completed or in still in active intervention	46
Total no. of young people	49

Turnaround staff meet with young people and their parents to ensure the whole family participates in a holistic assessment. This is to identify needs and identify any family issues or factors affecting a child or young person's behaviour. Young people who have received an Out of Court Disposal will also be assessed using the Brent YJS Diversion and Assessment template.

Turnaround participants are offered support including an NHS Mental Health screening assessment, substance misuse assessment and interventions, education training and employment advice, mentoring, and positive activities.

Turnaround outcomes include:

- Young people getting back into education or training.
- Increased self-esteem and confidence.

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- Young people identifying their goals and creating a plan for their future. Having something to aspire to gives them more purpose and motivation to change their behaviour and engage with services.
- Providing children and families with a safe space to express their thoughts and feelings, wishes and hopes. This is something they may not have been able to do before.
- Helping children to identify their trusted adults and support network.
- Understanding what makes healthy family relationships. This enables participants to assess their current relationships and identify those that may be exploitative and unhealthy.

Engage

Engage is a MOPAC Funded project that since September 2023 has provided a range of youth work support in Police custody suites across the NW Borough Command Unit. Barnet are the lead borough and have recruited youth workers who are based in the Wembley and Colindale custody suites. Youth workers meet young people in custody and offer a further two meetings post custody. During this time, they are given information, advice and signposted to Brent Early Help and Youth Justice Service interventions. Engage is open from 8am to 8pm weekdays with a reduced level of cover over weekends. Brent has an Engage SPOC working collaboratively with the Barnet Service Manager who reports progress to the YJS Management Board via the Brent Youth and Youth Justice Manager. Engage is funded until the end of 2025/26.

Your Choice

Your Choice provides training in CBT techniques to youth practitioners working with young people aged 11-17 years at elevated risk of harm. Comparing the outcomes of the treatment and control group measures the impact of Your Choice so long as the two groups are similar to each other. Teams of practitioners are randomly allocated to train and deliver Your Choice. Young people matched to trained practitioners received Your Choice. Young people matched to untrained practitioners are supported as per business as usual.

Since its introduction in Brent in 2023, 49 children and young people have been recruited to Your Choice from the YJS, Accelerated Support Team, and Children's Social Care. This is broadly similar to the 1,463 children who have received Your Choice across 31 London boroughs in the period 2021 to 2025 – an average of 47 per Local Authority. Many of the young people who engaged with the programme were at risk of contextual harm. Seventy percent of participants completed the 12-week programme.

Feedback from YJS Case Managers was very positive:

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"I have seen a noticeable difference in the behaviours and responses of the YP engaged with the YC Programme. Particularly, those children who are part of the treatment group have been afforded the opportunity to explore their thoughts and behaviours and the emotions attached. As a result, I have found the programme to be an effective method of engaging YP that are willing to explore these areas of their lives."

Your Choice funding was due to finish at the start of April but has been extended until June 2025. Brent has been invited to submit a bid to run a further 12-week programme. A proposal is being developed which if successful would be based within the YJS and made available to children involved in the youth justice system. A report focussed on the pan-London impact of Your Choice is due to be published by Youth Endowment Fund at the end of Oct 2025.

Provision of parent workshops

These workshops are popular with parents who appreciate meeting other parents in a blame free environment and learn about a variety of themes such as online grooming, county lines drug dealing, parenting styles and the negative impact of social media. These workshops have been a response to *the Children Commissioners report on Young Lives (April 2022)*, that found families often do not know where they can get help and then feel blamed when engaging in programmes. Brent YJS has an ongoing commitment to providing parent workshops as well as offering the Strengthening Families, Strengthening Communities Programme which is focused specifically on parents who have concerns about youth violence.

All parents benefitted from the work that covered topics on exploitation and county lines. Feedback from parents includes:

"Learned and was shocked about the drug houses and the dirty conditions young people are made to stay in. Also, young people are staying with strangers who also might have risky behaviours."

"Surprised to learn about the way in which the gangs are so well organised. Helped me reflect on my son's behaviour and there were signs there that he could have been groomed and how the groomers behave to exploit young people."

"Didn't know that these gangs were so well organised. Learned to be more alert. Learned that it is adults who are in charge of grooming not just teenagers".

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“Learned that the numbers of young people being groomed is high and well organised”.

Parents all commented positively about their experiences attending substance misuse workshops for parents:

‘I learnt a lot more awareness and safety tips - I would like to continue with these meetings so I can get a more detailed understanding about our children today. Overall, the meeting was a blessing because I came out knowing more than I did going in’.

Trainers commented positively about the participants who attended substance misuse workshops for parents:

“Families felt supported and have appreciated the wraparound support and advice/advocacy that had been offered.”

“Grateful for the insight into their child(s) behaviours and the YJS.”

“Thankful for the awareness given to widen knowledge around how drugs affect their child and its impact.”

“Appreciative of having someone to listen to their concerns, as they felt heard”

“Grateful for the groups they had been referred to as it helped resolve some of their concerns and given them ample information, that in some cases they thought they wouldn’t need.”

10.25 Case Work Practice and Quality Assurance

The YJS audit framework has been shaped by revised case management guidance and HMIP lines of enquiry and is closely aligned to the Brent CYP Quality Assurance Framework 2023-2026. This sets out the quality assurance activities which help the Children and Young People Department fulfil its core values, to make the most positive impact and improve outcomes for Brent children and young people:

- Places children and young people and their families at the heart of service design and delivery.
- Adopts a child/family journey approach to service delivery.
- Holds the views of children and young people and their families as of paramount importance.

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- Ensures that staff can spend as much time as possible with children and young people and their families so that they can make a real difference to their lives.
- Enables children and young people and their families to only tell their story once and be able to rely on long-term relationships with CYP professionals.

The CYP Quality Assurance cycle supports Brent to be an outstanding learning organisation through understanding what is working well, what needs to change, identifying new ways to measure the impact of our work. It drives the gathering and analysis of information, the development of action plans for individual children, staff and services and a review of outcomes. Brent YJS contributes to the quality assurance outcomes achieved as part of the CYP Annual Audit Programme. This is an intensive programme of monthly auditing of CYP service areas which in May 2024 included the topic: *Quality of work with LAC and care leavers on remand or in prison*. The YJS Management Team sought to assess the effectiveness of this by undertaking a dip sample of 30 Social Care case files. As part of the analysis, the YJS Quality Assurance & Practice Development Manager concluded that the quality of work with LAC and Care Leavers in custody was good overall. Led by the YJS Quality Assurance and Practice Development Manager, YJS Team Managers also undertook a peer audit of ten intervention plans. Applying HMIP inspection standards, eight out of ten intervention plans were assessed as Good” - the remaining two were both assessed as “requires Improvement” - one of these did not provide a rationale for its assessment of risk safety and wellbeing, and the other was not saved within ChildView. Team Managers supported their Case Managers to make the necessary improvements in both instances and good Intervention Planning has subsequently been afforded significant attention within Practice Development sessions. Other YJS audits have focussed on risk, safeguarding, education, mental health, trauma, cultural competency, and diversity. Audits undertaken during 2023/24 included a full case audit on management supervision and oversight, Pre-Sentence Reports, and Out of Court Disposals. Learning from case audits is a standing agenda item at YJS Team Meetings. Overall, audit results show an upward trajectory of good practice - especially around the quality of recorded outcomes. Areas requiring improvement identified as part of the auditing process are addressed by line managers and during monthly practice development sessions led by the Quality Assurance & Practice Development Manager. In collaboration with Barnet, a cross-borough peer audit of Brent and Barnet OOC cases is due to take place in June 2025. Auditing programmes due to commence in 2025/26 include peer audits of case files to assess recording practice, national standards adherence, and assessing the standard and use of desistance factors. YJS cases are also subject to ongoing audits and support undertaken by the YJS Quality Assurance & Practice Development Manager.

YJS has developed a bespoke and more child friendly intervention plan than the one available within the Child View Assessment framework. The intervention plan was created by an Intervention Planning Committee, led by the YJS Quality Assurance and Practice Development Manager in consultation with Case Managers, Deputy Service

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Manager, Team Managers, the YJS Liaison and Diversion Officer and a young person receiving support from the YJS.

10.26 National Standards Audit and Subsequent Reviews

The Youth Justice Board required Brent YJS to assess how well they complied with 2019 National Standards. The review in Brent took place between November 2019 and March 2020, across five new Youth Justice National Standards themes. Members of the YJS Management Board led the review. They were supported by YJS Managers and operational staff to form one small working group for each standard. The review covered strategic and operational practice. All five National Standards: Out of court disposals, at Court, the Community, in Secure Settings, and Transitions, were rated good for both the strategic and operational self-assessments.

YJS Team managers have been trained to audit national standards and have undertaken subsequent reviews of their lead areas - led by the Quality Assurance and Practice Development Manager. A review of the Court National Standard was completed in July 2023. Two improvements relating to the management oversight of court processes were identified and subsequently remedied. Overall, the audit showed good compliance with National Standards. It was submitted to the YJS for moderation – ratings remained unchanged.

11.0 Challenges, Risks and Issues

The cost-of-living crisis has provided significant challenges for children, young people, and their families. It has exacerbated tensions within the home, affected mental health and produced poor ETE outcomes. Although restrictions have long been lifted, the COVID-19 pandemic created long lasting challenges for many children. For example, some young people have been exposed to hardships that have affected their physical and mental health, experienced increased poverty and social deprivation, and experienced loneliness and a loss of support networks. For children from Black and Minority Ethnic communities, the impact of loss has been comparatively greater. To respond successfully to these challenges there may well be resource demands within the YJS in the years ahead. The effects of these socio-economic factors in Brent cannot be fully predicted but it is possible for example, that robbery, theft, and other forms of acquisitional crime such as shoplifting may increase.

Strong leadership, good governance, and a committed and determined workforce provide Brent with good reason to feel confident about achieving our ambitions for 2025-2028. We trust our stakeholders and partners to provide the

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support needed to ensure we respond effectively to the challenges that accompanied the introduction of ten new performance KPIs and our inspection preparation provides an additional layer of Quality Assurance Brent's commitment to ongoing youth justice improvement and innovation is nonetheless resource dependent. Brent has worked creatively and flexibly to protect and improve frontline service provision. However, the possibility of public sector funding reductions in the years to come, combined with cost pressures stemming from increasing local housing demands, pose a risk to the current concerted partnership effort to reduce serious youth violence, reoffending and compromise our dedicated commitment to improving outcomes for children and young people in the criminal justice system.

12.0 Service Improvement Plan and Looking Forward 2025-2028

12.1 Brent is committed to the priorities outlined in the YJB Strategic Plan 2024-27, Thematic and Area Based Inspection recommendations, and the *Brent ways of working, this is Brent, this is how we grow*. In keeping with this, the following are the principal aims and commitments that will shape the Brent YJS partnership in the next three years.

1. Embed the new Targeted Prevention Hub within Brent.
2. Develop ever closer links with the voluntary and community sector – to include the ongoing identification of partners to join the TPH.
3. Implement and manage new substance misuse arrangements within Brent.
4. Embed new Appropriate Adult arrangements within Brent.
5. Increase access to victim's support.
6. Work with partners to develop pathways and create access for Speech and Language Therapy.
7. Refresh, implement, and monitor the Brent YJS Disproportionality Action Plan to tackle the over representation of children from Black Heritage Groups in the Brent Youth Justice System.
8. Support the delivery of the Brent Youth Strategy.
9. Collaborate with Social Care to reduce the criminalisation of children in care and care leavers.
10. Continue to promote evidence-based Child First approaches as the best means to reducing victims, promoting public protection, keeping communities safe and supporting children towards positive outcomes.
11. Support MPS Children's Strategy recommendations to help keep children in London safe, build their trust and bring to justice those who abuse and exploit them.

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12. Continue to build a YJS partnership culture that encourages diversity in its workforce, promotes anti-racist practice in its thinking and inclusivity, is supportive, encourages personal responsibility and is outcomes focused.
13. Continue work within the YJS Management Board, the wider partnership, and YJS staff to prepare for the current round of HMIP Inspection, through a YJS focussed programme of case file audits, thematic Practice Development sessions and focused individual supervision.
14. Broaden access to mentoring with clear referral pathways.
15. Develop plan to expand the remit to care leavers who are involved in the criminal justice system

The above aims and actions will be included within the annual Brent Youth Justice Improvement Plan 2025/26. Activity will continue to focus upon our key themes to improve our performance, tackle serious youth violence, strengthen our partnership culture, improve our prevention offer, strengthen our staff and workforce, become more evidenced based and creative in our practice, and be inspection ready.

12.2 HMIP Inspection Standards Review

12.3 In March 2025, Brent YJS completed a 23-page self-evaluation: *Brent YJS: HMIP Inspection Standards self-assessment*. The report assessed Brent YJS readiness for inspection by His Majesty's Inspectorate of Probation (HMIP) - the independent inspector of youth justice and probation services in England and Wales.

12.4 The report outlines the two types of inspections Brent may be subject to prior to assessing Brent YJS's strengths and areas for improvement against each of HMIP's inspection standards. Information used to evidence performance include audit findings, scrutiny panel findings, service user survey responses, parents and carer survey responses, magistrates feedback, feedback from other professionals, the Brent Youth Justice Plan 2024/25, quotes from children and young people, and lead area analysis from the YJS Management Team.

12.5 The work of Brent YJS was rated Good overall. There were also seventeen recommendations that will be incorporated into the Brent YJS Improvement Plan:

Domain One recommendations

1. The creation of a three-year Youth Justice Plan.
2. Increase youth participation at YJS Management Board Meetings.

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3. Identify priority policies and devote time to increasing staff awareness.
4. Introduce a staff survey cycle
5. Director's briefings and Serious Incident Notifications to be stored in one place
6. Identify training that can equip staff to better identify and refer children who are eligible for SEND and other Inclusion Service support.
7. Pre-supervision mini audits must be routinely completed.
8. Compliance actions must be followed up within 24 hours and Management Oversight must be evident.
9. Gain access to the resources needed to improve outcomes for children with undiagnosed speech and language needs.
10. Closer data sharing and alignment with the Brent Community Safety Team.

Domain Two recommendations

11. YJS Team Managers to ensure that the full extent of the support and guidance provided to Case Managers is evidenced as management oversight on Child View.
12. Work closely with the Police to identify and remove barriers to the timely acquisition of victim information.
13. Team Managers to ensure that Case Managers routinely attach intervention plans to the Asset Plus assessment.
14. Team Managers to ensure that all Intervention Plans are SMART.

Victims

15. Brent YJS to raise issues that limit the ability of the Police to contact victims in a timely fashion with the YJB, and at pan London strategic forums.
16. A Brent YJS Victims working group should be formed to explore local barriers and identify recommendations for making improvements.
17. Centralise all victims and restorative justice practice within one overarching Victims Policy.

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13.0 Evidence-based Practice and Innovation

13.1 The *HMIP 2023 Annual Report: inspections of youth justice services* promote an evidence-based approach to youth justice policy and practice. The approach is broken down into a framework that will underpin Brent YJS effective practice development in 2025-2028:

- **Adversity** – Young people who come into conflict with the law have experienced adversity on an individual, family, and community basis, and those from ethnic minority backgrounds experience disproportionate contact with the justice system.
- **Adolescent development** - Offending behaviour by young people should be viewed as part of adolescent development and considered in the context of the young person's social and psychological environment.
- **Universal Services** - Providing access to universal services – especially those focused on education and health – can prevent young people coming into conflict with the law.
- **Individualisation** - An individualised, rights-based and child-centred approach is key to preventing young people from getting into further conflict with the law.
- **Diversion** - When seeking to divert young people who have come into conflict with the law, it is important to take care with how and when to intervene, always ensuring to support positive outcomes.
- **Positive Relationships** - The development of positive relationships between young people and adults can help to prevent offending/engaging in further offending.
- **Detention** - The use of detention must be avoided, and where used, it must be adapted to children's needs, with a focus on equipping children with the health, education and life skills that ensure their safe return to their communities.
- **Continuing Support** - Education and employment opportunities are vital to ensuring young people avoid further offending and attention needs to be paid to managing the end of any intervention, providing continuity in support to the greatest extent possible.
- **Involving YP** - Young people's lived experiences are invaluable for policymakers seeking to understand the nature of youth offending, and their views are indispensable for developing effective and child-centred responses to offending behaviour.
- **Developing the Evidence base** - There is a continued need for consistent data collection, increased funded research, and improved relationships between policymakers and the academic community to promote progressive approaches to youth justice.

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13.2 Brent has learnt much from evidence-based practice and will seek to adopt any new approach that has the potential to improve outcomes for Brent residents. This will include monitoring research commissioned by the Youth Engagement Fund via their research toolkit which provides access to many promising approaches to addressing offending behaviour and preventing serious youth violence. Work with community organisations to identify alternative forms of engagement with young people will also be explored. This will include coproduction and participation methods, such as the use of podcasts and multimedia, that enable young people to learn and express their views about offending and its impact upon their communities.

14.0 Evaluation

14.1 HMIP 2023 Annual Report: inspections of youth justice services

In January 2024, the YJB published its annual statistics, looking at data from April 2022 to March 2023. These showed a small increase in the number of children who were first-time entrants (one per cent compared with the previous year), the first increase seen in the last 10 years. There was also an increase in the number of stop and searches (13 percent compared with the previous year). (HMIP 2023 Annual Report, p.10)

Evidence gathered online found that several factors consistently emerge as central to improving the life chances and outcomes of children. These include the importance of establishing positive, secure, consistent and trusting relationships between practitioners and children, as well as working collaboratively with children to identify goals, find solutions and build on their strengths, while working to address their needs. (HMIP 2023 Annual Report, p.10).

One of the most significant concerns HMIP identify in relation to youth justice during this period is the pressure on partnership resourcing and funding. The power of the partnership is critical for YJSs. HMIP assert that their very existence is predicated on partnership commitment and statutory responsibility. (HMIP 2023 Annual Report, p.10-23).

HMIP found that boards were most effective when board members were active participants who understood the distinct and diverse needs of YJS-involved children, could direct resources to meet these needs, and were influential advocates for them. Fundamental to boards' effectiveness was their ability to listen to the experiences of children and their parents or carers, and then use this information, both strategically and operationally, to develop and improve services. (HMIP 2023 Annual Report, p.19).

Brent Youth Justice Plan 2025-2028

Many YJSs have a stable workforce and have demonstrated that they are able to balance office and remote working, providing staff and children with flexibility in how services are delivered. (HMIP 2023 Annual Report, p.21).

HMIP typically found strength in the strategic and operational analysis of children's needs. The strongest performing areas had embedded a child-first and trauma-informed approach across the partnership. Interventions were delivered to a consistently high standard, which demonstrated the quality of partnership working. Children were able to access a range of services and support, and specific pathways for targeted, specialist and timely provision. Many YJSs are increasingly prioritising timely and appropriate neurodevelopmental pathways and recognising the importance of making sure YJS children can access speech, language and communication provision. (HMIP 2023 Annual Report, p.24).

Examples of effective transition arrangements with probation services and good links with courts and sentencers (HMIP 2023 Annual Report, p.25).

Interventions were often highlighted as a gap in provision for a variety of different reasons. Staff identified particular interventions that they lacked in their YJS, such as addiction support, restorative justice, domestic abuse, young fathers, speech and language therapy and prevention). Some said that the interventions they did have were old, out of date or did not meet current needs, and that there was a lack of innovation in what was available. (HMIP 2023 Annual Report, p.25).

HMIP found that reparation was often under used, or there were limited options available for children. Services for victims were not being adequately prioritised, and vacancies or gaps in specialist roles had led to significant delays in children receiving the services they required. They also found that a lack of review, monitoring or quality assurance sometimes meant partners were not proactively evaluating the impact and effectiveness of the resource or service they were providing. (HMIP 2023 Annual Report, p.25).

Some staff reported that they were unclear about what provision was available locally and that a mapping exercise was required, with clear pathways showing how to access those services. (HMIP 2023 Annual Report, p.26).

Brent Youth Justice Plan 2025-2028

HMIP found that only nine of the 20 YJSs had a seconded Probation Officer in post. (HMIP 2023 Annual Report, p.27).

HMIP expect timely and relevant information to be available and appropriate facilities to be in place to support a high-quality, personalised and responsive approach for all children. These areas had detailed policies, procedures and guidance documents, where diversity was considered throughout, and which were evidenced-based and regularly reviewed and evaluated. HMIP found strong evidence that quality assurance drove performance and led to high-quality services. (HMIP 2023 Annual Report, p.28).

Several staff mentioned the various issues around the geography of their area, saying that services available in one part of their area were not available in another, creating a postcode lottery for the children. (HMIP 2023 Annual Report, p.29).

Other notable findings included:

- The majority of children were aged 17 or older (40 per cent), followed by children aged 15 to 17 (34 per cent).
- The majority were male (91 per cent, an increase from 86 per cent the previous year).
- The majority were of white heritage (61 per cent), a decrease from last year (75 per cent); 36 per cent were of Black and minority ethnic heritage, an increase from last year (23 per cent). Two per cent were recorded as 'other groups' and two per cent were not clearly recorded.
- In 50 per cent of the cases HMIP inspected, the children had identified disabilities. Of those, the majority had learning difficulties (75 children), followed by a cognitive disability (39 children) and then mental illness (24 children).
- The majority of children subject to court orders had received referral orders (77 per cent), followed by youth rehabilitation orders (23 per cent).
- Violent offences accounted for 55 per cent of the cases inspected, followed by robbery (nine per cent) and drugs and motoring offences (five per cent). Sexual offences (contact and non-contact) accounted for five per cent and burglary for three per cent of the cases inspected.
- In 76 cases a knife was feature in the current/inspected offence. In 59 cases a knife had been a feature in previous offences.

Brent Youth Justice Plan 2025-2028

- In 24 per cent of the inspected cases, children had been cared for by the local authority within the inspected period: 14 per cent of these children lived in the area covered by the YJS and 10 were living out of the YJS area.
- In 32 per cent of cases, the children did not have their religion recorded.

15.0 YJS Partnership Budget 2025/26

Brent uses Youth Justice Board funding exclusively for the delivery of a range and variety of youth justice provision, aligned to effective practice and the achievement of the youth justice core outcomes.

£105,347 reduction

Agency	Cash	In-Kind Contributions	Partnership Funding	Total
Brent Council	£621,258	-	-	£621,258
Police	-	£90,000	-	£90,000
National Probation	£5,000	£50,000	-	£55,000
Health Service	-	£120,000	-	£120,000
MOPAC	£45,000	-	-	£45,000
Youth Justice Board	£588,339	-	-	£588,339
Other Dedicated Schools Grant (DSG)	£114,000			£114,000
Other - Turnaround (MoJ)	£100,266			£100,266
Total	£1,473,863	£260,000	£0	£1,733,863

Brent Youth Justice Plan 2025-2028

Sign off, submission and approval



Signed

Palvinder Kudhail

**Chair of the Brent Youth Justice Service Management
Board**

Date: 15/06/2025

Brent Youth Justice Plan 2025-2028

Appendix 1 YJS Management Board Membership

Name	Job Title	Sector / Partnership Area
Palvinder Kudhail	Director – Early Help and Social Care	CYP CD Brent Council
Serita Kwofie	Head of Service Early Help	CYP CD Brent Council
Simon Egbor	Head of Community Safety	Community Safety and Public Protection
Vivien Dean	Head Teacher of Brent River College	Education
Alexandra Johnson	Head of Probation Delivery Unit	Probation Service
Sarah Nyandoro	Head of Joint Commissioning Brent ICB	CCG – Health
Andy Brown	Head of Substance Misuse	Public Health
Roxanna Glennon	Head of Inclusion	CYP CD Brent Council
DI Tony Killeen	Detective Inspector Offender Management Northwest Borough Command Unit Metropolitan Police	Metropolitan Police
Sgt Karl Jameson:	YJS Supervisor – NW BCU	Metropolitan Police
Kelli Eboji	Head of Service Looked After Children and Permanency	CYP CD Brent Council
Stephen Gordon	Head of Service Localities	CYP CD Brent Council
Emmanouela Kladouchou	Psychology Lead & Enhanced Treatment Team Lead. Principal Clinical & Forensic Psychologist	Brent and Kensington and Chelsea CAMHS
Rachel Summerfield	Magistrate – Chair of the Youth Bench	Willesden Magistrates Court

Brent Youth Justice Plan 2025-2028

Anna Alexandrou	Early Help, Panel Officer (minutes)	CYPCD Brent Council
James Salter	Youth and Youth Justice Manager	CYPCD Brent Council
Catherine Williams-Baffoe	Deputy Youth Justice Manager	CYPCD Brent Council
Antoinette Morgan	Quality Assurance and Practice Development Manager	CYPCD Brent Council
Maxine Willetts	Chief Executive Young Brent Foundation	Young Brent Foundation – Voluntary Sector
Sanjay Shah	Performance and Management Information Officer	CYPCD Brent Council
Jessica Manning / Bhavita Gohel	Oversight Manager	Youth Justice Board
Divine Bremathas	Programme Officer Mental Health and Wellbeing	Brent Integrated Care Partnership Brent Council

Dates of the YJS Management Board Meetings

Meetings 2025/26
10 April 2025
24 July 2025
23 October 2025
22 January 2026

Brent Youth Justice Plan 2025-2028

Appendix 2: Staff Structure

The Youth and Youth Justice Manager reports to the Head of Early Help

YJS Staffing Structure 2023 – 24		
Post	FTE	Funding Source
Youth & Youth Justice Manager	1	YJB/Brent Council
Deputy Youth Justice Manager	1	YJB/Brent Council
Quality Assurance and Practice Development Manager	1	YJB/Brent Council
Team Managers	4	YJB/Brent Council
Restorative Justice Lead	1	YJB/Brent Council
Case Managers	10	YJB/Brent Council
Data Quality Officer	1	YJB/Brent Council
Youth Participation Worker	1	YJB/Brent Council
Early Intervention Officer – Triage	1	MOPAC
Reparations Worker	0.5	YJB/Brent Council
Total	21.5	

The service wide YJS staff group of 21.5 FTE is supplemented by the following 7.6 FTE secondments and co-location arrangements:

Brent Youth Justice Plan 2025-2028

Post	FTE
Police Officer	2.0
Seconded Probation Officer	0.6
Prospects Employment Advisor	2
CAMHS Practitioner	1
YJLD Liaison and Diversion (CNWL)	1
VIA Substance Misuse	1
	7.6

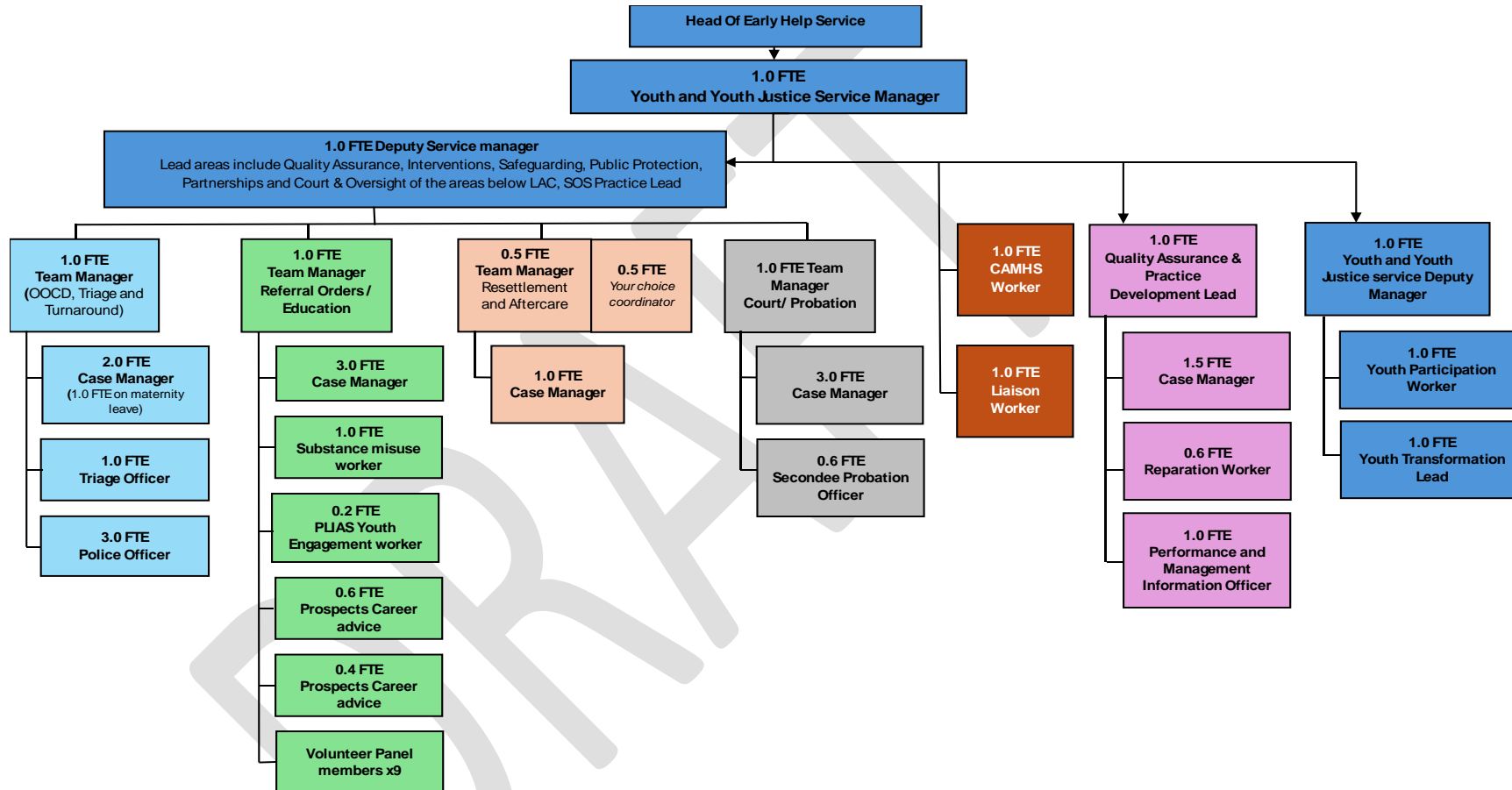
Staff by gender and ethnicity (There are no staff currently registered as disabled)

Gender	Total
Female	23
Male	7
Total	30

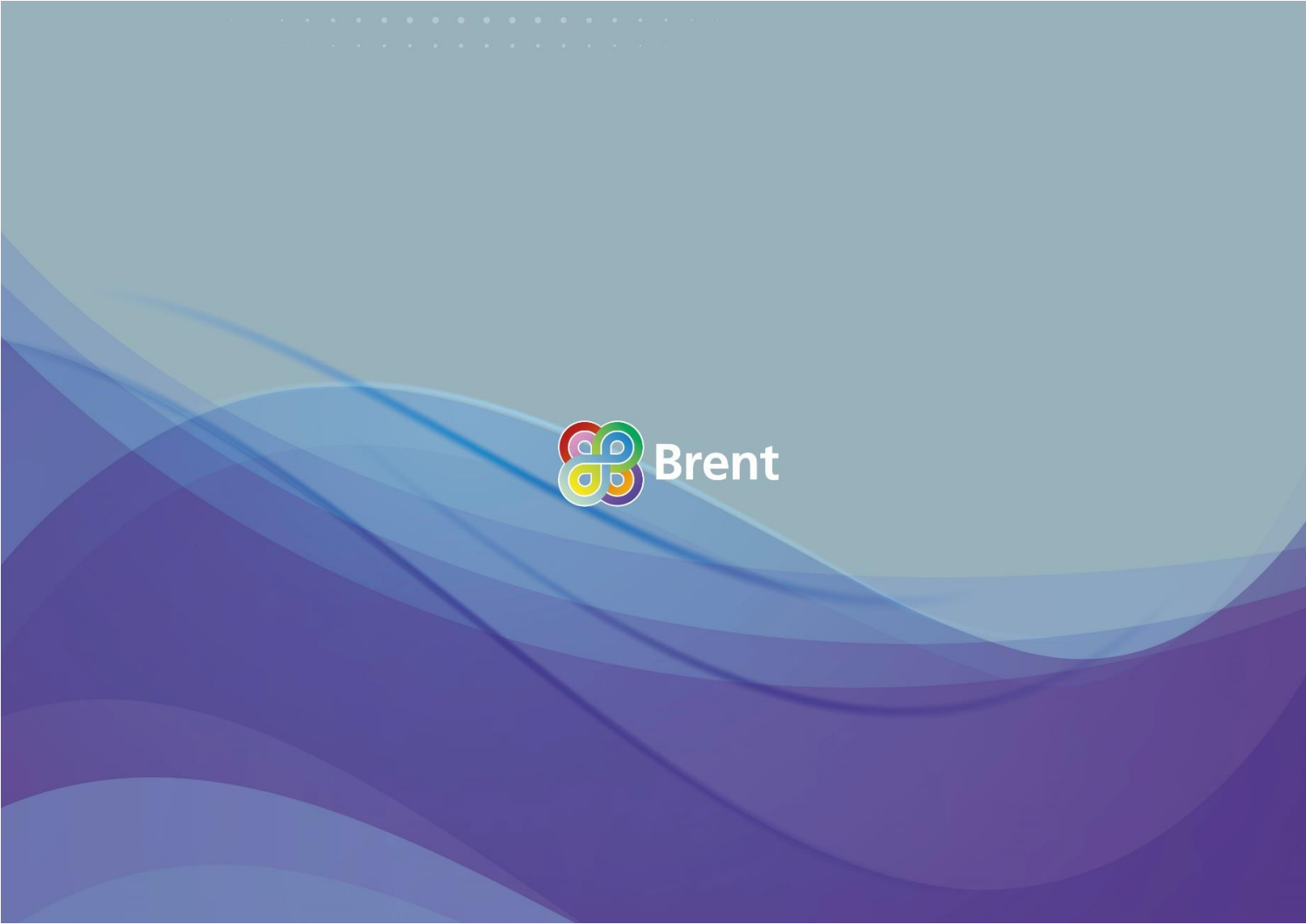
Ethnicity	Total
BAME	23
White	7
Prefer not to say	0
Total	30


Brent Youth Justice Plan 2025-2028

Brent Youth Justice Service Staff Structure 2025/26



Pre-Court	First Tier, Community and Custody Disposals					
First-time Entrants, Early Interventions, Pre-court Disposals, Data Quality, Turnaround, Engage	Referral Order Panels, Education, Employment and Training; Volunteer Panel members	Gangs, Your Choice, Contextual Safeguarding, No Knives Better Lives, Resettlement and Aftercare	Court, Custody, Bail, and Remand, Reoffending, Intensive Supervision & Surveillance, National Referral Mechanism, Probation, Transitions		Quality Assurance and Practice Development, Restorative Justice, Reparation, Group work & Interventions, Participation & YJS	Youth Strategy, Youth Engagement, FWC Interventions



	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Deputy Director, Democratic and Corporate Governance
Community and Wellbeing Scrutiny Committee – Work Programme 2024/25.	

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
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:	One Appendix A – Community and Wellbeing Scrutiny Committee Work Programme 2025/26
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Chatan Popat Strategy Lead – Scrutiny, Democratic and Corporate Governance chatan.popat@brent.gov.uk Amira Nassr Deputy Director, Democratic and Corporate Governance Amira.Nassr@brent.gov.uk

1.0 Executive Summary

1.1 To present the Committee's work programme for 2025/26.

2.0 Recommendation(s)

2.1 That the Committee's work programme (set out in Appendix A) be agreed.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 Borough Plan 2023-2027 – all strategic priorities.

3.2 Background

3.2.1 The work programme outlines the items which the Community and Wellbeing Scrutiny Committee will consider during the municipal year.

3.2.2 The programme is in line with the remit of the Committee which is set out in the Council Constitution (under the Terms of Reference for scrutiny committees¹):

Adult social care, Safeguarding, Children's services, Cultural services, Education, Health, Housing and Public Health and Wellbeing.

The Committee is also responsible for discharging the functions of the Council under Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 in respect of the review and scrutiny of relevant NHS bodies or relevant health service providers including:

- reviewing or scrutinising any matter relating to the planning, provision and operation of the health service in the borough; and
- making reports or recommendations to the relevant NHS bodies or relevant health service providers or Full Council on any other matter reviewed or scrutinised; however
- in response to any consultation by the relevant NHS bodies or relevant health service providers in respect of any proposal for a substantial development of the health service in the borough or for a substantial variation in the provision of such service, to make recommendations to Full Council only.

3.2.3 Committee members prioritised items for inclusion in its work programme at its annual work planning meeting, ensuring items selected aligned with:

- The strategic priorities set out in the Borough Plan 2023-27
- Areas of local community concern
- Significant issues affecting a significant number of residents/wards
- Emerging policies, strategies, or key decisions where there is strong interest for scrutiny input.

Nonetheless, this method of prioritisation is in line with best practice².

3.2.4 The work programme of a scrutiny committee is intended to be a flexible, living document that can adapt and change according to the needs of a committee. The 2025/26 work programme will therefore be regularly reviewed throughout the municipal year by the Committee and updated accordingly where necessary.

¹ Brent Council Constitution, Part 4.

<https://democracy.brent.gov.uk/documents/s142996/Part%204%20May%202024%20Terms%20of%20Reference%20.pdf>

² The Good Scrutiny Guide (Centre for Public Scrutiny).

<https://www.cfps.org.uk/wp-content/uploads/CfPS-Good-Scrutiny-Guide-v4-WEB-SINGLE-PAGES.pdf>

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Non-executive members were involved in developing the work programme as part of their membership of the Committee.
- 4.2 In developing its work programme, the Committee held sessions with stakeholders such as cabinet members, corporate directors, and ward councillors to temperature check key priority areas, avoid work duplication, and most importantly confirm the work programme reflects matters of local community concern.

5.0 Financial Considerations

- 5.1 There are no financial considerations arising from this report. However, budget and financial implications are addressed in the 'Financial Considerations' section of any reports to the Committee, requested as part of its work programme.

6.0 Legal Considerations

- 6.1 There are no legal considerations arising from this report. However, legal implications are addressed in the 'Legal Considerations' section of any reports to the Committee, requested as part of its work programme.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1 There are no EDI considerations for the purposes of this report. However, EDI implications are addressed in the 'EDI Considerations' section of any reports to the Committee, requested as part of its work programme.

8.0 Climate Change and Environmental Considerations

- 8.1 There are no climate change and environmental considerations for the purposes of this report. However, climate change and environmental implications are addressed in the 'Climate Change and Environmental Considerations' section of any reports to the Committee, requested as part of its work programme.

9.0 Communication Considerations

- 9.1 There are no communication considerations for the purposes of this report. However, communication implications are addressed in the 'Communication Considerations' section of any reports to the Committee, requested as part of its work programme.

Report sign off:

Amira Nassr

Deputy Director, Democratic and Corporate Governance

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Community and Wellbeing Scrutiny Committee: 2025/26 Work Programme

Confirmed Meeting Dates:

- Wednesday 02 July 2025, 6pm
- Wednesday 17 September 2025, 6pm
- Wednesday 19 November 2025, 6pm
- Monday 19 January 2026, 6pm
- Wednesday 04 March 2026, 6pm
- Thursday 09 April 2026, 6pm

Wednesday 02 July 2025

Agenda Item	Cabinet Members / Non-Executive Members	Corporate Directors / Directors	External Organisations / Participants
Brent Safeguarding Adults Board Annual Report 2024/25	Cllr Neil Nerva Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Service Reform and Strategy	Nicola Brownjohn, Brent Safeguarding Adults Board Independent Chair Metropolitan Police NW London NHS
Brent Safeguarding Children Partnership Report 2024/25	Cllr Gwen Grahl Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children, Young People and Community Development	Keith Makin, Brent Safeguarding Children Partnership Independent Scrutineer Metropolitan Police NW London NHS

Wednesday 17 September 2025

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Children's Oral Health	Cllr Neil Nerva Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Service Reform and Strategy Melanie Smith, Director of Public Health	
Period Dignity	Cllr Mili Patel Deputy Leader and Cabinet Member, Finance and Resources	Rachel Crossley, Corporate Director, Service Reform and Strategy	
The Impact of Youth Justice Service Delivery in Brent	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children, Young People and Community Development Palvinder Kudhail, Director, Early Help and Social Care	
Community and Wellbeing Scrutiny Committee Work Programme 2025/26	Councillor Ketan Sheth, Chair of the Community and Wellbeing Scrutiny Committee	Minesh Patel, Corporate Director, Finance and Resources	

Wednesday 19 November 2025

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Leisure and Physical activity	Cllr Neil Nerva Cabinet Member, Adult Social Care, Public Health and Leisure	Rachel Crossley, Corporate Director, Service Reform and Strategy Melanie Smith, Director of Public Health	
Response to Housing regulator findings and Brent graded at C3	Cllr Fleur Donnelly-Jackson Cabinet Member, Housing	Tom Cattermole, Corporate Director, Residents and Housing Services Spencer Randolph, Director, Housing Services	
Update from the Housing Improvement Board	Cllr Fleur Donnelly-Jackson Cabinet Member, Housing	Tom Cattermole, Corporate Director, Residents and Housing Services Spencer Randolph, Director, Housing Services Laurence Coaker, Director, Housing Needs and Support	

Monday 19 January 2026


Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Emergency Planning and update on Casey Review	<p>Cllr Muhammed Butt Leader and Cabinet Member, Regeneration, Planning and Property</p> <p>Cllr Krupa Sheth Cabinet Member, Public Realm and Enforcement</p> <p>Cllr Harbi Farah Cabinet Member, Safer Communities, Jobs and Skills</p>	<p>Jehan Weerasinghe, Corporate Director, Neighbourhoods and Regeneration</p> <p>Chris Whyte, Director, Public Realm</p>	
Update on poverty commission project and Brent's response to the Cost of Living Crisis	<p>Cllr Promise Knight Cabinet Member, Customer Experience, Resident Support and Culture</p> <p>Cllr Fleur Donnelly-Jackson Cabinet Member, Housing</p>	<p>Rachel Crossley, Corporate Director, Service Reform and Strategy</p> <p>Tom Cattermole, Corporate Director, Residents and Housing Services</p>	
Tackling Child Poverty in Brent	<p>Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools</p>	<p>Nigel Chapman, Corporate Director Children, Young People and Community Development</p> <p>Palvinder Kudhail, Director, Early Help and Social Care</p>	

Wednesday 4 March 2026

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Housing Management: Tenant Satisfaction Measures and Brent Housing Management (BHM) performance	Cllr Fleur Donnelly-Jackson Cabinet Member, Housing	Tom Cattermole, Corporate Director, Residents and Housing Services Spencer Randolph, Director, Housing Services	
Area Tenancy Management Model	Cllr Fleur Donnelly-Jackson Cabinet Member, Housing	Tom Cattermole, Corporate Director, Residents and Housing Services Spencer Randolph, Director, Housing Services	
Temporary Accommodation, Supported Exempt Accommodation and Homelessness Prevention	Cllr Fleur Donnelly-Jackson Cabinet Member, Housing	Tom Cattermole, Corporate Director, Residents and Housing Services Laurence Coaker, Director, Housing Needs and Support	

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Annual Setting and School Standards Achievement Report	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Shirley Parks, Director, Education, Partnerships and Strategy	Headteachers from Brent schools
Year 1 update on The Brent Youth Strategy	Councillor Gwen Grahl, Cabinet Member, Children, Young People & Schools	Nigel Chapman, Corporate Director Children and Young People Shirley Parks, Director, Education, Partnerships and Strategy	

*Placeholder slots have been saved as per the request of Lead Members and Corporate Directors

	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Deputy Director, Democratic and Corporate Governance
Scrutiny Recommendations Tracker	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
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:	Two Appendix A – Scrutiny Recommendations Tracker 2024-25 Appendix B – Scrutiny Recommendations Tracker 2025-26
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Chatan Popat Strategy Lead - Scrutiny, Democratic and Corporate Governance chatan.popat@brent.gov.uk Amira Nassr Deputy Director, Democratic and Corporate Governance amira.nassr@brent.gov.uk

1.0 Executive Summary

- 1.1 The purpose of this report is to present the Scrutiny Recommendations Tracker to the Community and Wellbeing Scrutiny Committee.

2.0 Recommendation

- 2.1 That the progress of any previous recommendations, suggestions for improvement, and information requests of the Committee be noted (Appendix A).

3.0 Background

3.1 Contribution to Borough Plan Priorities & Strategic Context

- 3.1.1 Borough Plan 2023-2027 – all strategic priorities

3.2 Background

- 3.2.1 The Recommendations Tracker tabled in Appendix A relates to the previous municipal year (2024/25) and Appendix B to the current year (2025/26). These responses will remain on the tracker for ongoing monitoring with some further updates expected in upcoming meetings throughout this municipal year and next.
- 3.2.2 In accordance with Part 4 of the Brent Council Constitution (Standing Orders of Committees), Brent Council scrutiny committees may make recommendations to the Full Council or the Cabinet with respect to any functions which are the responsibility of the Executive, or of any functions which are not the responsibility of the Executive, or on matters which affect the borough or its inhabitants.
- 3.2.3 The Community and Wellbeing Scrutiny Committee may not make executive decisions. Scrutiny recommendations therefore require consideration and decision by the appropriate decision maker; the Cabinet or Full Council for policy and budgetary decisions.
- 3.2.4 The Scrutiny Recommendations Tracker provides a summary of any scrutiny recommendations made in order to track executive decisions and implementation progress. It also includes suggestions for improvement and information requests, as captured in the minutes of the committee meetings.
- 3.2.5 Recommendations are removed from the tracker when they have been rejected or when implemented successfully and the review date has passed. This is the same for suggestions of improvement and information requests.

4.0 Procedure for Recommendations from Scrutiny Committees

- 4.1 Where scrutiny committees make recommendations to the Cabinet, these will be referred to the Cabinet (and/or relevant cabinet member) requesting an Executive Response. If relevant, the item will be published on the Council's Forward Plan.
- 4.2 Regarding recommendations to Full Council (e.g. in the case of policy and budgetary decisions), the same process will be followed, where a report containing the scrutiny recommendations will then be forwarded to Full Council alongside the Cabinet's responses to those recommendations.

- 4.3 Where scrutiny committees have powers under their terms of reference to make reports or recommendations to external decision makers (e.g. NHS bodies), the relevant external decision maker shall be notified in writing, providing them with a copy of the respective Committee's report and recommendations, and requesting a response.

5.0 Stakeholder and ward member consultation and engagement

- 5.1 None for the purposes of this report.

6.0 Financial Considerations

- 6.1 There are no financial implications for the purposes of this report.

7.0 Legal Considerations

- 7.1 Section 9F, Part 1A of the Local Government Act 2000, *Overview and scrutiny committees: functions*, requires that Executive arrangements by a local authority must ensure that its overview and scrutiny committees have the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are or are not the responsibility of the executive, or on matters which affect the Authority's area or the inhabitants of that area.
- 7.2 Section 9FE, *Duty of authority or executive to respond to overview and scrutiny committee*, requires that the authority or executive;-
- (a) consider the report or recommendations,
 - (b) respond to the overview and scrutiny committee indicating what (if any) action the authority, or the executive, proposes to take,
 - (c) if the overview and scrutiny committee has published the report or recommendations, publish the response, within two months beginning with the date on which the authority or executive received the report or recommendations.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

- 8.1 There are no EDI considerations for the purposes of this report.

9.0 Climate Change and Environmental Considerations

- 9.1 There are no climate change and environmental considerations for the purposes of this report.

10.0 Communication Considerations

- 10.1 There are no communication considerations for the purposes of this report.

Report sign off:

Amira Nassr

Deputy Director, Democratic and Corporate Governance

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Community and Wellbeing Scrutiny Committee (CWBSC)
Scrutiny Recommendations and Information Request Tracker 2024-25

The Recommendations Tracker is a standing item on committee agendas, and documents the progress of scrutiny recommendations, suggestions for improvement, and information requests made by the Community and Wellbeing Scrutiny Committee at its public meetings and as part of task and finish group reviews. Scrutiny recommendations, suggestions for improvement, and information requests will not be removed from the tracker until full responses have been provided to the Committee by either the Cabinet, council departments, and/or external partners.

Recorded Recommendations to Cabinet from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	Cabinet Member, Lead Officer, and Department	Executive Response	Implementation Status	Review date

Recorded Recommendations to external partners from CWBSC

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 2022–Mar 2024).	To formally invite Keith Makin (Independent Chair and Scrutineer, Brent Safeguarding Children Forum) to accompany the Chair of the Community and Wellbeing Scrutiny Committee to the next Brent Youth Parliament event.	Brent Safeguarding Children Forum	The Independent Chair has been liaising with the Brent Youth Parliament and will be attending their events as and when appropriate. The Chair of the CWBSC will also be joining him when required.	

Recorded suggestions for improvement from CWBSC to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
30 July 2024 - Brent Safeguarding Adults Board (SAB) Annual Report (2023/24)	Recommend that an Internal Communications Strategy is drawn up for data sharing between partners.	Partnerships, Housing and Resident Services	This has been accepted by the Independent Chairs and the Brent Strategic Partnerships Team. All relevant stakeholders will work together to ensure a strategy and processes are developed to ensure data sharing is incorporated into the work of both partnerships and the Brent Strategic Partnerships Team. This will now become an on-going action throughout the year.	
30 July 2024 - Brent Safeguarding Children Partnership Report (Oct 22–Mar 24)	In relation to the commitment to develop data collection outlined in the report, to recommend that the next report details what the current system for data collection and analysis is and what the improvement over the period was.	Partnerships, Housing and Resident Services Independent Chair and Scrutineer, Brent Safeguarding Children Forum	This has been agreed and will be included in the next report that will come to the Committee in the 2025/26 municipal year.	
18 September 2024 – Overview of SEND Provision in Brent	To widen the understanding of SEND within the wider community outside of the school setting, particularly in organisations with a young people focus.	Children and Young People	Accepted by the department at the meeting. Updates are and will continue to be provided through various channels to all partners and relevant organisations to ensure residents and families are well informed of the SEND offer Brent has in place and work carried out in this area.	
18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend that officers working on the Food Strategy looked to further utilise data from food banks to map where provision of breakfast and afterschool clubs is required.	Children and Young People	Accepted by the department. CYP and partners will utilise data captured by our current providers, food bank partners, the Public Health team and other data sources available to ensure they have accurate data that can be used to target the correct areas and to ensure informed decisions are being made.	

18 September 2024 – Early Years Provision and progress towards meeting the expansion of childcare entitlements	Recommend early years officers contact voluntary and community sector organisations who had data on children and families whose first language was not English so that information regarding provision could be disseminated to those families.	Children and Young People	Accepted by the department. The department does and will continue to work with Brent's communications team, translation service, voluntary sector and community partners, medical services and other partner agencies to ensure that all residents have access to the information they need in a clear and understandable manner, presented to them in several of Brent's most prominent languages to ensure the highest possible catchment.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive the voids action plan, including reassurance that properties were being looked after in a systematic way before the point they became void, with staff checking property conditions while tenants were in situ. The plan should incorporate value for money.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the Committee will include detailed information on voids. This will include numbers by ward (where applicable), turnaround times, risks and a rectification action plan for long term major and minor voids. Information on planned inspections and maintenance will also be included.	
20 November 2024 – Brent i4B and FWH performance update	At a future meeting, to receive an engagement and communications plan that helps to improve the outcomes of future Tenant Satisfaction Measure (TSM) surveys.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	This has been agreed and will be included in future iterations of the i4B/FWH performance report presented to this Committee.	
20 November 2024 – Brent i4B and FWH performance update	For future reports, where it is noted that performance targets are not being met, it should be stated what would be done to mitigate that.	Neighbourhoods and Regeneration Chair of i4B and FWH Housing Companies	Accepted by the Chair of i4B and FWH. Future updates to the committee will include an exceptions report highlighting areas where performance is below target, relevant information on the impact of non-performance and subsequent mitigations.	
20 November 2024 – Brent Housing Management	To provide information on the impact of the housing management services reorganisation at a future Committee meeting.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. Updates will be provided to this Committee and others once the service reorganisation has been implemented.	

Performance Update				
20 November 2024 – Brent Housing Management Performance Update	To include health and safety considerations in future reports, particularly relating to cladding and fire safety, as well as climate change targets.	Partnerships, Housing and Resident Services	Accepted by the department. Future reports on BHM performance will include all relevant information on health and safety and climate change implications.	
05 February 2025 – CQC Adult Social Care Improvement Plan	For the committee to receive 6 monthly updates on the CQC ASC Improvement Plan.	Community Health and Wellbeing	Accepted by the department at the meeting. Progress updates will be provided to the Committee either through a meeting setting or as a separate briefing every 6 months.	
05 February 2025 – CQC Adult Social Care Improvement Plan & Adult Social Care Transformation Programme	<p>In future reports, for the department to increase the visibility of available data.</p> <p>To have more target setting and to further outline mitigating factors where targets are not met.</p> <p>When benchmarking with other boroughs, to compare with boroughs of similar demographics to Brent.</p>	Community Health and Wellbeing	<p>This has been agreed. Larger data sets will be included in future reports and progress updates to the Committee.</p> <p>The department do already benchmark against statistical and neighbouring boroughs that share similar pressures and demographic profiles to Brent and therefore will be also able to provide this type of analysis in future reports.</p>	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To ensure parents are included in the approach to tackling vaping, smoking and non-smoking tobacco use.	Community Health and Wellbeing	The department agrees with this recommendation. We will work with Elev8, our Young People Drug and Alcohol Service, to ensure parents are actively engaged in prevention efforts.	
05 March 2025 – Nicotine	To share information and learning with other local authorities with similar issues, such as Leicester,	Community Health and Wellbeing	The department agrees and will seek to actively engage with local authorities facing similar challenges, to share best practice and learning around non-smoking tobacco use.	

Addiction and Vaping in Brent	in relation to non-smoking tobacco use.			
05 March 2025 – Nicotine Addiction and Vaping in Brent	To further engage those whose first language is not English and other communities who the Council and partners may not be reaching.	Community Health and Wellbeing	We are actively working with communities in Brent to further develop a targeted community offer. This will support more inclusive engagement, particularly with those whose first language is not English and other underserved groups.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To ensure targets are set to reduce vaping, smoking, and non-smoking tobacco use.	Community Health and Wellbeing	The department acknowledges the importance of measuring progress in this way. The department uses the nationally agreed measures around 4 week quits and supporting data system. This has the advantage of allowing benchmarking. Unfortunately, there is no routine measurement of vaping or non-smoking tobacco use so we are reliant on extrapolating from national one-off surveys. This means we are unable to set targets for vaping and non-smoking tobacco use.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	To meet with young people regarding their experience and views towards vaping and smoking to further understand their lived experience and needs.	Community Health and Wellbeing	The department agrees with this recommendation. We will work with Elev8 to ensure young people's views and experiences directly inform the development of the service and future initiatives.	
05 March 2025 – Nicotine Addiction and Vaping in Brent	BYP Recommendation – to lobby for or undertake more research relating to young people vaping and smoking, and to incorporate that data into future reports.	Community Health and Wellbeing	The department acknowledges the value of further research in this area and is committed to supporting and utilising emerging evidence to inform our work. We will continue to work with partners who work directly with Children and Young People to incorporate relevant data into future reports and strategic planning.	
28 April 2025 - Annual School Standards and Achievement 2023-24	For the Council to develop a dashboard to be used to track school performance providing early warning indicators that a school's Ofsted rating might be at risk.	Children Young People and Community Development	The Strategic Framework for School Effectiveness guides the focus of the Local Authority's school improvement work with community schools. The Framework identifies sustaining high quality Ofsted judgements as a key priority. Under the Framework, schools are categorised as either 'good or better' or 'less than good' using both self-evaluation and the officers' assessment of the school improvement priorities of individual schools based on a	

			<p>range of data analysis. Where a school is categorised as 'less than good' a Rapid Improvement Group is established to monitor and challenge the school's leadership on the impact of the school's improvement plan.</p> <p>Brent's Strategic School Effectiveness Partnership Board, that comprises headteacher and governor representatives, Brent Schools Partnership, the North West London Teaching School Hub and senior officers, is responsible for monitoring the impact of the framework and both supporting and challenging its delivery.</p>	
28 April 2025 - Annual School Standards and Achievement 2023-24	For the Council to support after-school learning opportunities and develop a community group structure that allows learning and mentoring to continue outside the school environment.	Children Young People and Community Development	<p>Individual schools provide a range of after-school learning opportunities.</p> <p>Through the Holiday Activity and Food Programme and the offer at Family Wellbeing Centres, the Local Authority provides access to out-of-school learning opportunities for vulnerable children.</p> <p>The Council does not have resources to organise after-school learning on a borough-wide basis outside of current programmes.</p>	
28 April 2025 - Annual School Standards and Achievement 2023-24	For the Council to commit to a proactive approach in supporting schools to identify staff pressure points and utilise technological solutions to support staff, including reducing admin tasks.	Children Young People and Community Development	The DfE has provided guidance to schools on the use of AI. Officers will share information and guidance with schools as appropriate to support them in considering how the use of technology could support efficient ways of working, using any learning from the <i>Embrace Change</i> programme.	
28 April 2025 - Annual School Standards and Achievement 2023-24	For the Council to conduct further research on the reasons for the gap in attainment for Boys of Black African and Caribbean Heritage, considering barriers to learning and creating a CoP (community of practice) dedicated to improving the educational attainment, engagement, and well-being of	Children Young People and Community Development	<p>The Council is committed to addressing disproportionality in education outcomes. The Council will be undertaking analysis of disproportionality across the education sector in 2025/26 as part of its work with schools to understand barriers to learning.</p> <p>The Council is currently funding an anti-racist training programme for schools that includes the opportunity for schools to participate in the Leeds Beckett University Anti-Racist School Award. Around 50 schools are engaging with the programme, which is developing a community of practice both within individual schools and across</p>	

	these boys in primary and secondary education.		the borough. The programme is aimed at understanding barriers to learning for different cohorts of pupils and offers schools free access to a programme of central training, a resource library and access to knowledge exchange events. Through the programme, secondary schools have access to the FLAIR project that allows them to undertake data analysis, action planning and Equality, Diversity and Inclusion schemes of work for pupils in KS3-5.	
28 April 2025 - Meeting the Adults and Children's Social Care Workforce Challenges	For the Council to commit to a proactive approach in identifying staff pressure points and utilise technological solutions to support staff, including reducing admin tasks.	Children Young People and Community Development Service Reform and Strategy	<p>Additional support has been commissioned to make changes to our case recording system, Mosaic. This is an end-to-end review to streamline forms and processes. A number of changes have already been implemented. Staff are involved in the proposed changes and testing of the changes.</p> <p>Pilots for AI in some areas of the service have been agreed and licences obtained where it is safe to do so. If successful, this will reduce time for front line practitioners and managers to focus on delivery and direct work with children and families.</p> <p>A new single assessment, one plan and review framework is being developed to use in early help and social care to replace the current 2 assessments and plan formats. A draft version is ready for consultation with staff</p> <p>Adult social care has implemented Copilot for managers and Magic Notes for all frontline workers. This has proven to be really effective and timesaving for those workers.</p> <p>We have commissioned service support to work with us on developing forms that will streamline the process and remove all duplications. The aim is that this will be implemented in September.</p>	
28 April 2025 - Meeting the Adults and Children's Social Care Workforce Challenges	For a future paper to come to the Committee on this subject emphasising the co-ordination between adult's and children's social work and cross-working	Children Young People and Community Development Service Reform and Strategy	<p>A revised transition protocol is in place for children with disabilities to transition to adult services.</p> <p>There is a learning review on the programme for discussion at the transitional safeguarding forum.</p>	

	opportunities, including the recent joint work on transitional safeguarding.		<p>The transition pathway has been refreshed, and the transition customer booklets have been updated. We have developed a transition meeting with children's services and a transition dashboard to identify children requiring transition to ASC. Regular meetings are held to ensure the transition process starts early in a child's life.</p> <p>In adult social care, we are also developing a transition pathway and protocol to ensure consistency in how the transition happens.</p>	
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Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response
18 September 2024 – Overview of SEND Provision in Brent	For the Community and Wellbeing Scrutiny Committee to receive a further breakdown of demand for EHCPs including ward breakdowns, age, gender and communities.	Children and Young People	Accepted by the department at the meeting. Future updates to the committee will include relevant data broken down into wards, age, gender and community groups wherever possible.
20 November 2024 – Brent Housing Management Performance Update	To provide the number of tenants the Council had diversity data on.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The diversity data requested will be circulated to the Committee once it has been compiled for presentation.
20 November 2024 – Temporary Accommodation and Homeless Prevention Service	To provide the number of single homeless people aged 18-25 to Brent Youth Parliament.	Partnerships, Housing and Resident Services	Accepted by the department at the meeting. The single homeless people (aged 18-25) data requested will be circulated to both the Committee and Brent Youth Parliament once compiled.

05 February 2025 – Adult Social Care Transformation Programme	To provide further information and data on the number of people that are currently supported. The data should also include particular information about services users such as: <ul style="list-style-type: none">• Age• Ethnicity• Gender	Community Health and Wellbeing	Accepted by the department at the meeting. The data required by the Committee will be requested by the Strategy Lead to the department. Once compiled, the data will be circulated to the Committee.																						
05 March 2025 - Nicotine Addiction and Vaping in Brent	To provide the committee with data on smoking and vaping prevalence by age, with a focus on 8–18-year-olds.	Community Health and Wellbeing	The department acknowledges the importance of understanding the prevalence of these by age and will explore the availability and suitability of relevant data sources. There is very limited local data available which would inform us of the current situation in Brent. Meaningfully surveying children in an area such as this is quite difficult and is dependent on a number of factors outside of the control of the department.																						
28 April 2025 - Meeting the Adults and Children's Social Care Workforce Challenges	For the Committee to receive Brent specific reasons given by Social Care workers for leaving the organisation at their exit interviews.	Children Young People and Community Development Service Reform and Strategy	<p>From the 30 completed exit interviews for social care workers across CYP and ASC who left between 2022 – 2025, the top 2 reasons given for leaving the organisation were: better career prospects and looking for new/different types of work.</p> <table><tr><th>Reasons for leaving</th><th>No. of leavers</th></tr><tr><td>Career Prospects</td><td>12</td></tr><tr><td>New and Different type of work</td><td>8</td></tr><tr><td>Did not wish to disclose</td><td>3</td></tr><tr><td>Job security</td><td>2</td></tr><tr><td>Lack of work life balance</td><td>2</td></tr><tr><td>Management Style</td><td>2</td></tr><tr><td>Maternity reasons</td><td>1</td></tr><tr><td>Health reasons</td><td>1</td></tr><tr><td>Relocation</td><td>1</td></tr><tr><td>Grand total</td><td>30</td></tr></table> <p>The table below is a breakdown of how many social care workers left in the period 2022 to date.</p>	Reasons for leaving	No. of leavers	Career Prospects	12	New and Different type of work	8	Did not wish to disclose	3	Job security	2	Lack of work life balance	2	Management Style	2	Maternity reasons	1	Health reasons	1	Relocation	1	Grand total	30
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			<table><tr><th>Year</th><th>No. of Social Workers who have left over the years</th><th>Total No. of leavers across the whole council</th></tr><tr><td>2022</td><td>28</td><td>140</td></tr><tr><td>2023</td><td>16</td><td>102</td></tr><tr><td>2024</td><td>24</td><td>118</td></tr><tr><td>2025 (up to May)</td><td>10</td><td>44</td></tr><tr><td>Grand total</td><td>78</td><td>404</td></tr></table> <p>Due to the limited number of exit interviews completed, the general leavers report for the same period indicated that for the 78 social care workers who left over these years, the most common reasons for given for leaving were:</p> <ul style="list-style-type: none">• Moving to a new job - 30• Career Break - 3• Majority of other records simply have voluntary resignation as the reason.	Year	No. of Social Workers who have left over the years	Total No. of leavers across the whole council	2022	28	140	2023	16	102	2024	24	118	2025 (up to May)	10	44	Grand total	78	404
Year	No. of Social Workers who have left over the years	Total No. of leavers across the whole council																			
2022	28	140																			
2023	16	102																			
2024	24	118																			
2025 (up to May)	10	44																			
Grand total	78	404																			

Appendix B

Community and Wellbeing Scrutiny Committee (CWBS) Scrutiny Recommendations and Information Request Tracker 2025-26

The Recommendations Tracker is a standing item on committee agendas, and documents the progress of scrutiny recommendations, suggestions for improvement, and information requests made by the Community and Wellbeing Scrutiny Committee at its public meetings and as part of task and finish group reviews. Scrutiny recommendations, suggestions for improvement, and information requests will not be removed from the tracker until full responses have been provided to the Committee by either the Cabinet, council departments, and/or external partners.

Recorded Recommendations to Cabinet from CWBS

Meeting date and agenda item	Scrutiny Recommendation	Cabinet Member, Lead Officer, and Department	Executive Response	Implementation Status	Review date

Recorded Recommendations to external partners from CWBS

Meeting date and agenda item	Scrutiny Recommendation	External partner	Response	Status

Recorded suggestions for improvement from CWBS to Council departments/partners

Meeting date and agenda item	Suggestions for improvement	Council Department/External Partner	Response	Status
02 July 2025 - Brent Safeguarding Adults Board	To co-produce a SAB priority with those with lived experience.	Children, Young People and Community Development	The Board is underway with a community engagement project that will conclude in November. Our new Strategic priorities are due to be drawn up in January 2026, so we should be able to draw on learning from the project when setting new priorities.	

(SAB) Annual Report (2024/25)		Brent Safeguarding Adults Board Independent Chair		
02 July 2025 - Brent Safeguarding Adults Board (SAB) Annual Report (2024/25)	To commission a multi-agency safeguarding awareness campaign	Children, Young People and Community Development Brent Safeguarding Adults Board Independent Chair	National Safeguarding Adult week occurs every year in November, where a lot of awareness and training is run and accessible to professionals supporting learning and awareness around keeping adults safe. Budget and resource constraints would not allow the Brent SAB to fund a stand-alone campaign.	
02 July 2025 - Brent Safeguarding Adults Board (SAB) Annual Report (2024/25)	To recommend future reports list learnings and how they had been addressed.	Children, Young People and Community Development Brent Safeguarding Adults Board Independent Chair	This will be considered within the format and structure of next year's report.	
02 July 2025 - Brent Safeguarding Adults Board (SAB) Annual Report (2024/25)	To recommend future reports reflect on national reviews and how they impact locally.	Children, Young People and Community Development Brent Safeguarding Adults Board Independent Chair	The Board does this informally via agenda items through the routine Board meetings that will touch on address national themes. We will work to indicate more explicitly in the narrative what these may be.	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	To recommend that the Committee have sight of the work being done around online safety.	Children, Young People and Community Development Brent Safeguarding Children Partnership Independent Scrutineer	Work on the Online Safety Task and Finish Group commenced April 2025. It has representatives from: <ul style="list-style-type: none"> • London Borough of Brent: Adult Social Care • London Brough of Brent: Children Service • Secondary school education leader • Primary school education leader • Independent Scrutineer: BSCP • Young Person TBC 	

			<p>The work plan focuses on the following themes:</p> <ul style="list-style-type: none"> • Mobile phone usage in schools • Review of knowledge gaps for professionals • Neurodiversity pathways for exploring the online world • Knife crime awareness • Voice of the child and managing transitions <p>Findings and recommendations to be finalised December 2025 and a report shared with the Safeguarding Children Forum.</p>	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	To receive a future report looking at how services are supporting young people from a transitional safeguarding perspective who are vulnerable but don't meet ASC threshold.	<p>Children, Young People and Community Development</p> <p>Brent Safeguarding Children Partnership Independent Scrutineer</p>	<p>The Safeguarding Children Partnership and The Safeguarding Adults Board established a Transitional Safeguarding Project in May 2025. This joint initiative will assess and strengthen safeguarding or young people aged 14-25. Three cohorts have been identified:</p> <ul style="list-style-type: none"> • Additional needs • Care experienced • Exploitation <p>Two workshops to be held:</p> <p>1: What works well and what needs to be strengthened</p> <p>2: Live case audits.</p> <p>Project outputs:</p> <ul style="list-style-type: none"> • Complete a final report for the Joint Safeguarding Partnerships Executive Group with recommendations on how to ensure that children and young people in the 3 cohorts, with care and support needs, are supported through their transition to adulthood. • Develop a delivery plan for 2026 across SAB/SCP subgroups and member agencies • Continued work with young adults to hear views on progress of changes 	

			The Safeguarding Children Partnership are also looking at new processes for Cases of Concern for those young people who do not make thresholds for review.	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	To recommend an improvement in safeguarding support for youth organisations.	Children, Young People and Community Development Brent Safeguarding Children Partnership Independent Scrutineer	Support is currently and will continue to be offered through the partnerships multiagency training programme. The Independent Scrutineer to meet with Young Brent Foundation	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	For the Independent Scrutineer to contact Healthwatch to see how they can support the work of the partnership.	Children, Young People and Community Development Brent Safeguarding Children Partnership Independent Scrutineer	Independent Scrutineer to set up a meeting with Healthwatch to discuss collaboration with the partnership.	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	Recommendation by Brent Youth Parliament – for the partnership to stretch out to different youth and community groups alongside schools.	Children, Young People and Community Development Brent Safeguarding Children Partnership Independent Scrutineer	Independent Scrutineer to meet with BYP and explore appropriate youth organisations.	
02 July 2025 - Brent Safeguarding Children Partnership Report (2024/25)	For future reports to include more data and KPIs.	Children, Young People and Community Development Brent Safeguarding Children Partnership Independent Scrutineer	New commissioned software via PHEW in place to support with this. Section 11 audit to be actioned.	

Information requests from CWBSC to Council departments/partners

Meeting date and agenda item	Information requests	Council Department/External Partner	Response

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