



Corporate Parenting Committee

Monday 14 July 2025 at 5.30 pm

Members' Suite – Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

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

The press and public will be excluded from this meeting.

Membership:

Members

Councillors:

Grahl (Chair)
Dixon
Gbajumo
Smith
Hirani

Substitute Members

Councillors:

Chappell, Conneely, Kennelly
and Rubin

Councillor: Kansagra, Mistry

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

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

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

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

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

or

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

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

Agenda

Introductions, if appropriate.

Item	Page
1 Exclusion of the Press and Public	
<p>The committee is advised that the public may be excluded from meetings whenever it is likely in view of the nature of the proceedings that exempt information would be disclosed. Meetings of the Corporate Parenting Committee are attended by representatives of Brent Care Journeys 2.0, the council's Children in Care Council. The committee is therefore recommended to exclude the press and public for the duration of the meeting, as the attendance of BCJ representatives necessitates the disclosure of the following category of exempt information, set out in the Local Government Act 1972: - information which is likely to reveal the identity of an individual.</p>	
2 Apologies for absence and clarification of alternate members	
3 Declarations of interests	
<p>Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.</p>	
4 Deputations (if any)	
<p>To hear any deputations received from members of the public in accordance with Standing Order 67.</p>	
5 Minutes of the previous meeting	1 - 8
<p>To approve the minutes of the previous meeting as a correct record.</p>	
6 Matters arising (if any)	
<p>To consider any matters arising from the minutes of the previous meeting.</p>	
7 Update from Brent Care Journeys 2.0 (BCJ 2.0) Representatives	
<p>This is an opportunity for members of BCJ 2.0 to feedback on recent activity.</p>	
8 Annual Corporate Parenting Report 2024-2025	9 - 50

To present the annual Corporate Parenting Report on outcomes for children in care and care leavers, providing a summary of the activity and strengths and areas for growth in supporting care experienced children and young people in Brent.

9 Annual Looked After Children (LAC) Health Report 51 - 82

To provide information to the Corporate Parenting Committee in relation to the health needs of children in care in Brent and the services provided to these children in 2024-25.

10 Annual Independent Reviewing Officer (IRO) Report 2024-2025 83 - 94

To inform the Corporate Parenting Committee about the contribution of Independent Reviewing Officers (IROs) to the quality assuring and improvement of services for children who are looked after.

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: Monday 13 October 2025



MINUTES OF THE CORPORATE PARENTING COMMITTEE **Wednesday 23 April 2025 at 5.30 pm**

PRESENT: Councillors Grahl (Chair), Gbajumo and Smith

1. Exclusion of the Press and Public

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

2. Apologies for absence and clarification of alternate members

- Councillor Dixon
- Councillor Hirani

3. Declarations of interests

None.

4. Minutes of the previous meeting

RESOLVED: that the minutes of the last meeting, held on 3 February 2025, be approved as an accurate record of the meeting.

5. Matters arising (if any)

None.

6. Update from Brent Care Journeys 2.0 Representatives

The Chair welcomed representatives from Brent Care Journeys 2.0 to the meeting and invited them to provide updates from the group.

N advised members that they had been involved in interview panels for staff for the new Residential Children's Home with some other care leavers, including for the Deputy Manager and other residential staff.

H spoke about the visual arts project – Create Arts – that had been provided to 11-17 year olds over Easter for several weeks which had been enjoyed by all attendees.

J had been involved in delivering a talk for World Social Work Day, attending a well organised event with different speakers. He had spoken about his experience and heard from other people and he thought it was a good way for members of staff to hear his viewpoint.

K had been involved in an event celebrating the Council of Europe. She had also been interviewed for and successfully appointed to the Family Justice Young People Board

which helped support the legal system by helping the judge make better decisions and understand the experience of young people. Palvinder Kudhail (Director Early Help and Social Care, Brent Council) added that the appointments process was very competitive and congratulated her for her successful appointment.

In response to whether there were any particular activities that young people wanted to do in the following year, Brent Care Journeys 2.0 responded that they would like to do a residential trip as it had been a while since they had done one. They also suggested more outdoor trips such as Go Ape, go karting or going to the beach. They agreed to work with the Participation Team to come up with ideas and present that back to councillors.

7. Report on Learning from Brent Care Journeys (BCJ) and Brent's Participation Offer (BCJ 2.0)

Nicole Levy (Service Manager, Quality Assurance and Learning and Development, Brent Council) introduced the report, which provided an update regarding the participation offer, the transition from Brent Care Journeys (BCJ) to Brent Care Journeys 2.0 (BCJ 2.0), the response to the Bright Spots Survey and the progress of the Brent Children and Young People Participation and Engagement Strategy 2024-27. In introducing the report, she highlighted that the Participation Team was now fully staffed which was positive news. Work was underway to design and adopt the new principles of BCJ 2.0. One of the main issues young people fed back when talking about participation was that the established groups were not working effectively, so the new strategy looked to create different forums and spaces for young people where it was fun to engage and participation was interwoven into the activities, which had seen an increase in engagement. Work had also been done in the last year on the outcomes of the Bright Spots Survey which was national research done in partnership with Coram Voice gathering the experiences of children in care and care leavers. The results showed some positive experiences but areas for improvement and further development had also been identified. Brent Care Journeys 2.0 then presented what they had been doing to develop areas of focus for the Participation Team and shared a video.

In presenting the slides, Brent Care Journeys 2.0 shared that they had discussed the Bright Spots findings and identified areas to focus on for co-design projects, including friendships, feeling that things are worthwhile in life and having a trusted professional person to make a difference. These had been established following the findings that more young people aged 4-17 in Brent (9%) did not have a good friend compared with the general population (3%). Young people wanted to co-design projects to improve spaces for young people to come together, make new friends and improve their social skills. Brent Care Journeys 2.0 would reach out to other young people to involve them in co-design projects around friendships, anxiety and having a trusted person who was reliable, consistent and listened without judgement. A video was then shared where young people spoke about the new Participation and Engagement Strategy 2024-27.

The Chair thanked Brent Care Journeys 2.0 for the introduction and invited contributions from the Committee, with the following points raised:

The Committee noted the participation activity detailed in the report and asked what activities young people had enjoyed the most and would want to do again. Brent Care Journeys 2.0 spoke about the Stubbers Residential they had attended which enabled them to take part in canoeing and archery during the summer, and also highlighted the recent Create Arts project which provided consistency and helped build friendships. They highlighted that, for those not involved or interested in Create Arts, there was a gap in activities to get involved in. Representatives also wanted to see the return of Brent Care Journeys Kitchen.

Brent Care Journeys highlighted that most care leavers may not want to be included in activities where they were not paid to take part, or had other life experiences and responsibilities such as parenting that meant they did not have time to get involved. Representatives advocated for care leavers to take ownership of Brent Care Journeys 2.0, with branding, a logo, hoodies and their own space, to enable more young people to get involved.

In response, Nicole Levy highlighted that the Participation Team was now at full establishment so there was capacity to do more. It was noted that, of the total cohort, the activities were reaching a low percentage of care leavers, with around 30 care leavers involved in activities, equating to less than 10% of the cohort. As a corporate KPI that the team reported on, outreach activity was being undertaken to reach more young people. Appia Douglas (Participation and Engagement Officer, Brent Council) agreed that a regularly available space that was fully owned by Brent Care Journeys 2.0 was important.

As no further issues were raised, the Committee resolved to note the report.

8. Brent Virtual School Annual Report 2023-24

Michaela Richards (Headteacher, Brent Virtual School) introduced the report, which provided the Brent Virtual School (BVS) annual report outlining the activity and impact of BVS during the academic year 2023-24 in monitoring and supporting looked after children to achieve the best possible educational outcomes. In introducing the report, she highlighted that attendance had seen a 2% increase across primary cohorts in the last academic year and a 5% increase in the secondary cohort. She added that the monitoring of school attendance was well joined up with a strong relationship built with schools to do that. There had been a decrease in the number of Fixed Term Exclusions (FTE) in the last academic year at 20 compared to 27 the previous year, which she highlighted as a positive downward trajectory, and there had been no permanent exclusions for looked after children. Where there were issues in schools that risked permanent exclusion, the BVS worked with the school to come up with creative ways to ensure that student stayed on the roll of the school, such as through a mixture of alternative provision and mainstream settings. She advised members that Key Stage 2 results had been good across all measures and an increase on the previous year. In comparison to looked after children nationally, Brent had seen a 20% increase in some of the Key Stage 2 figures. It was added that the cohort was small which could skew the figures, as seen in the Key Stage 4 figures where a few children with poorer results affected the overall attainment percentage. The Statistical First Release (SFR) cohort, which BVS reported on where they had been in care for at least one year, was 30% larger than the previous year, and when looking at the number of young people achieving at least 5 good passes this was a lot higher than it had been in the previous 4 years. In terms of enrichment, some of the activities involved ice skating, bowling, and visiting the Chessington Safari. Some Unaccompanied Asylum Seeking Children (UASCs) were taking part in a cooking course called My Little Chef. She advised the Committee that the BVS continued to diversify and expand the activities on offer and worked closely with the John Lyon's Charity with 3 other local authorities to do that.

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

The Committee asked how long looked after children should expect to wait for an Education Health and Care Plan (EHCP). They heard that there was now a SEND Advisory Officer role within the BVS as the issue was not around the length of time to get an EHCP, but where Brent had young people with an EHCP not living in Brent, as there could be challenges getting those into an appropriate school. Nigel Chapman (Corporate Director

Children, Young People and Schools, Brent Council) added that there was different national legislation governing responsibility for children in care and responsibility for children with SEND. The responsibility for looked after children was with their home authority, so regardless of where a Brent child was placed the Council retained responsibility, but when a child was placed with SEND then they became the responsibility of the local authority in which they were placed, which caused issues with co-operation. This had been flagged nationally with the DfE who had announced there would be some guidance coming on this, and lobbying activity focused on campaigning for the same process for SEND children as for looked after children.

In response to what support a young person received to know whether they needed an EHCP and to provide evidence of that need, Michaela Richards explained that the child's social worker, foster carer and BVS SEND Advisory Officer would work together to do that and schools were supportive of that process. An Educational Psychologist working specifically with looked after children meant EHCP assessments could be fast-tracked.

Noting the decrease in the number of 5 passes including in English and Maths, the Committee asked whether achievement had worsened specifically in those subjects. Michaela Richards advised that when she had reviewed those figures she had found there were only 1-2 differences who achieved the pass grade the previous year and not the reporting year, and when that happened within a cohort of only 10-20 children that could drastically affect the figures. She did not believe there was a specific issue with those subjects and that the figures depended on the cohort. There were some cohorts where children had recently come into care and had behavioural challenges they were prone to and attendance issues and it was best to see how they were doing a few years down the line. She added that some of those figures may also reflect the individual school's attainment, and underperforming pupils were always given the option to resit.

In relation to the positive attendance record, the Committee commended the Council and schools on achieving this. Michaela Richards attributed the positive work to the good relationship the BVS had with schools, particularly within Brent, which enabled the BVS to capture when those children's attendance may be about to drop by looking at those in the 90-95% attendance range to combat poor attendance early.

Noting the aim to get more young people into education, employment and training, the Committee asked what plans were in place to increase those figures. Michaela Richards responded that the BVS was working closely with the LAC and Permanency Team around the opportunities available for young people. She highlighted the importance of having a diverse offer for Brent's young people. Kelli Eboji (Head of LAC and Permanency, Brent Council) added that there was a fine balance needed, and the Council worked with partners such as John Lewis, the NHS, and other apprenticeship schemes to offer that. She acknowledged that there was a need to be communicating those offers well to young people to ensure they had equal access to that knowledge and opportunity. There was also thought to be a generational shift in the way young people viewed work and what they wanted to achieve through work, so there was a need to be flexible. It was felt that with Community Development moving into the Children and Young People Department this would also help join things up to increase possible routes to jobs and skills working with community partners.

The Committee asked how Pupil Premium Plus differed from Pupil Premium. They were advised that Pupil Premium was available for any person, whether looked after or not, if they were eligible for Free School Meals. Pupil Premium Plus was for looked after children and previously looked after children specifically. For a looked after child that came to the local authority, the Council could send a certain amount of money to the school to support with activities in school or something the child needed academically, and if the school needed more the Council could provide that. The Council had sent more than £3k where

there was evidence the school was using it appropriately and could show how it was supporting the child. For example, it could be used for extra tuition, enrichment activities or residential trips, and schools could be creative in what they used that for, although it must link to the young person's education. The child's Personal Education Plan was then reviewed yearly to check whether the Pupil Premium Plus was being spent in a beneficial way. The child, teacher, social worker, carer and BVS created those PEPs, and young people were invited to attend those reviews where they could ask what the Pupil Premium was being spent on. Where BVS could see that the school had not been spending the money on the young person then the money would not be sent. Remaining funding that was not distributed was then used to fund additional BVS activities.

As no further issues were raised, the Committee resolved to note the report.

9. Brent Adoption Report - Annual Report 1 April 2024 to 31 March 2025

Debbie Gabriel (Head of Service, Adopt London West) introduced the report, which provided the adoption performance data for the reporting period. In presenting the report, she outlined the following key points:

- Adopt London West had placed 10 children in the last year which was much higher than the agency had placed since creation. 6 of those 10 children had been placed with Adopt London West adopters which was an improvement in performance.
- As there was a small cohort size, variance in performance could appear to be significant.
- It was highlighted that the working relationship between Brent and Adopt London West was very strong and agency practice aligned closely with practice in Brent.
- There had been an increased effort to reconnect children with siblings working with Brent staff.
- Following the publication of the report, the government had announced changes to the Guardianship Support Fund which Adopt London West could apply to on behalf of a family. Until 2 weeks prior, Adopt London West could bid for up to £5k, enabling the agency to apply for therapeutic services for children up to £5k. There had also been a separate fund of up to £2k for assessments of those with complex behaviour and needs and a match fund if support needs cost more than £5k. Following the government announcement, the Guardianship Support Fund had reduced to £3k and there would no longer be an assessment fund of £2k or match funding. She highlighted that these were significant changes that would have an impact on the child and family, as, for many families, that reliance on the therapeutic support available through the funding could make a difference in them continuing to function.

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

Noting the change in government funding for therapeutic support, the Committee raised concerns that this might affect a family's desire to adopt. Debbie Gabriel acknowledged the concerns, highlighting that whilst there was an ideological debate on how reliant some families were on the support, there was a need for it. The announcement of the changes had been made late and received a lot of publicity with the adoption community being active and vocal advocates for their children in response to the changes. Adopt London West had prepared applications in advance as they had previously received confirmation that the funding would continue, so all those applications made in draft now needed to be redone with recalculated costs. This meant families were delayed in receiving therapy. The

Chair of the Committee committed to writing on behalf of Brent's Corporate Parenting Committee to Minister Daby to request they make representations to the Treasury to reconsider the decision or propose alternative funding.

The Committee asked for further details about the Community Champions pilot. They were advised that the pilot had been scoped but more funding was required to start that. Adoption England had been given more funding meaning Adopt London West could continue with its Black Adoption Project and use other pots of money for other work. Committee members had previously attended a workshop on the Black Adoption Project which had led to the project as it was now, which had an active stakeholder group and was built on the principles of full coproduction. The Steering Committee had decided the priorities for the project and parents were active members of that. Focus groups with young people had also taken place in shaping the project and key themes from those focus groups were around friendship, connection and being with young people with the same experiences as them. They also fed back that they would like work to focus on their Black identity and heritage.

Noting the underrepresentation of Black adopters, the Committee asked how representative the adopter cohort was. Debbie Gabriel responded that there were some disparities, and the work of the project aimed to narrow that gap, but research showed that Black children were 12 times more likely to have their care plan changed away from adoption as the service could not identify adopters. Where children had mixed heritage the service looked to place them with families who closely resembled them as much as possible, but it was difficult due to the complexity of children's profiles. Where it was not possible to match heritage but an adopter fulfilled the remainder of criteria for that child then a match would be made, but for some children it was right to wait.

In relation to the performance data on the average time taken for a child entering care to be placed for adoption, the Committee asked if there was any insight into that. Officers advised that performance variance was due to the small cohort of children and could be the result of significant delays due to extended complex care proceedings, the individual needs of the child impacting the availability of suitable adopters and the change in adoption proceedings giving parents more abilities to challenge an adoption process in the court. When a parent relinquished a child, there were children's rights for them to be placed in their families, so there was a need to explore all options available before coming to a final decision. As such the adoption process was extremely heavily regulated and procedural within law and guidance. It was added that Brent accommodated relinquished babies and had a signed agreement with the parent to place the child with foster carers. Some adopters also got approved as temporary foster carers, so, where possible, the child could be placed with potential adopters.

10. **Brent Fostering Service - 6 Monthly Update Report and End of Year Monitoring Report: 1 October 2024 to 31 March 2025**

Kelli Eboji (Head of LAC and Permanency, Brent Council) introduced the report, which provided progress on the priorities over the previous 12 months. In introducing the report, she highlighted the following key points:

- In the reporting year, Brent had approved 6 new mainstream foster carers against a target of 10.
- 5 resignations had been made in the same period, resulting in a net increase of 1 foster carer. This compared favourably to the net increase of -4 the previous year, showing some progress.

- A new fostering offer had been introduced the previous year which had been well received and included a fostering uplift. The next uplift would take place in April 2025.
- The service had gone live with the first mockingbird constellation which would help to retain foster carers in the service via a hub and spoke model. There was evidence nationally that this model helped create more stability for looked after children and improved outcomes through retention of carers and better support for carers.
- The foster carer training offer had been expanded and the following year would focus on increasing the uptake of that, with promotion going out during Fostering Fortnight.
- The fostering hub went live in May 2024 with proactive marketing of that, and Brent was seeing an increase in the number of enquiries as a result of that. It was not yet possible to evaluate whether that was proving cost effective and the impact was under evaluation.
- The service was becoming more proactive in getting feedback and engaging with foster carers in different ways including through a foster carer survey, 'Coffee with Kelli' informal drop-ins for carers and the regular monthly support groups.

The Chair thanked Kelli Eboji for her introduction and invited comments and questions from those present with the following points raised:

The Committee asked how the new national strategy on kinship care would align with what was happening in Brent with kinship care. Kelli Eboji advised members that the service was ready to launch its kinship local offer, which had been extensively consulted on with carers. The focus was on having an easy to engage with offer that showed the headlines, and the policies would then sit behind that. The offer would be published in an easily accessible format. Tom Donovan (Service Manager, Looked After Children and Permanency, Brent Council) added that Brent was learning from other boroughs on their kinship offers, highlighting the difficulty in a single offer covering so many different types of fostering arrangements. The service aimed to do extensive promotion of the offer once published through events and awareness raising and it would be shared with the Committee.


The Committee were advised that additional corporate investment to recruit more foster carers through targeted advertising had been agreed, and officers would provide an update on the impact of that at the next meeting.

11. **Any other urgent business**

None.

The meeting closed at 7:30pm
COUNCILLOR GWEN GRAHL
Chair

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	Corporate Parenting Committee 14 July 2025
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children, Young People and Schools - Cllr Gwen Grahl
Annual Corporate Parenting Report 2024-2025	

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the duration of the meeting, on the grounds that the attendance of representatives from the council's Children in Care council, necessitated the disclosure of exempt information as defined in Paragraph 2, Part 1 of Schedule 12A, as amended, of the Act, namely: Information which is likely to reveal the identity of an individual.
List of Appendices:	N/A
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Kelli Eboji Head of Service for Looked After Children and Permanency Kelli.eboji@brent.gov.uk Palvinder Kudhail Director of Early Help and Social Care Palvinder.Kudhail@brent.gov.uk

1.0 Executive Summary

- 1.1. This report fulfils the Council's statutory obligation to present an annual report to the Corporate Parenting Committee (CPC) on outcomes for Looked After Children and care leavers, in line with The Care Planning, Placement and Case Review Regulations (2010). The report provides a summary of the activity alongside strengths and areas for development in supporting looked after children and care leavers in Brent.
- 1.2. Progress against the priorities identified in the 2023/24 Corporate Parenting Annual Report have been updated throughout the body of this report. In summary:

- ***To maintain the progress made in 2023/24 in relation to recruitment and retention of LAC social workers and Personal Advisors. To see the benefit in the quality and consistency of practice of practitioners being able to create stable, caring relationships with their children and young people.***

At the end of 2024/25, staffing within the Looked After Children and Leaving Care teams are almost completely permanent. Agency staff recruitment is solely for sickness or maternity cover. This achievement, alongside the Early Help and Social Care redesign, creates a strong foundation to develop quality and consistent practice and stable, caring relationships.

- ***Continued focus from all partners to improve health services and outcomes for LAC and care leavers including emotional wellbeing and CAMHS i.e. ensuring all young people leaving care understand how to access their health histories, system improvements for collaborative reporting with health partners, improved immunisation take up, and targeted wellbeing support for UASC and former UASC.***

This work has continued throughout the reporting year and is a two-year Children's Trust priority and will continue to be an area of focus in 2025/26. See section 10.

- ***To transition from Brent Care Journey (with Barnados) to our new BCJ 2.0, taking on board all of the learning of the past 4-5 years and embedding a new way of providing participation for care experienced children and young people.***

This priority has been achieved. See section 9.

- ***Continued work on accommodation pathways and developing independence skills for care leavers, particularly those placed within semi-independent provision and their readiness to move on.***

There has been substantial progress made with this priority over 2024/25. See section 18.

- ***Continue to promote the voice and engagement of children and young people in day-to-day practice, i.e. improve the uptake and usage of our Pathway Plan App, to act on the recent Bright Spots Survey.***

Bright Spots survey results were received and a number of priority areas identified by Brent care experienced young people for co-design work over summer 2025. See section 9.

- ***To continue to develop, improve and embed practice in relation to life story work for children in care.***

Bespoke Life Story Work training has been provided to staff during this reporting period and a 3-month Life Story Work pilot was completed with frontline social work teams to develop practitioners' understanding and skill in this area. Although case summaries are being completed, more work is required to ensure that these are being completed consistently every 3 months so that every child in care has a narrative of their journey. A life story work platform is still desired to provide an integrated approach to creating memories between children, parents/carers, and professionals, and this will continue to be progressed in 2025/26.

- ***To make Corporate Parenting Committee more engaging for care experienced young people.***

Over the past year care experienced young people have led on

conversations with Councillors to redesign the Corporate Parenting Committee space. This has resulted in more positive engagement from young people, officers and Councillors. Young people report looking forward to attending the committee.

One of our proudest moments of 2024/25 was seeing and supporting our young people lead a campaign for Brent to adopt care experience as a protected characteristic. They worked together and with members of staff to create a proposal to explore what this would mean for young people and how it aligns with the local offer. Young people brought the topic to Corporate Parenting Committee to discuss ideas with committee members. They attended a Full Council meeting in November 2024 where a motion to make care experience a protected characteristic was passed unopposed. See section 9 for more detail.

1.3 The report also sets out the priorities of the Looked After Children and Permanency service (LACP) for 2025/26.

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

The areas that required improvement were:

- The compliance with private fostering regulations and the senior management oversight, performance management information and quality assurance of these arrangements.
- The attendance of children in care at their reviews and the quality of information provided to children following their reviews.
- Care leavers' understanding of and access to their health histories.
- The consistency of management supervision and recording.

2.0 Recommendation

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

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

This report sets out the management of the local authority's Corporate Parenting service and the developments that have taken place in the 2024/25 reporting period. The work of the LACP service contributes to the following borough priorities:

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

4.0 Corporate Parenting

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

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

- to act in the best interests, and promote the physical and mental health and well-being of those children and young people;
- to encourage those children and young people to express their views, wishes and feelings;
- to take into account the views, wishes and feelings of those children and young people;
- to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- to prepare those children and young people for adulthood and independent living.

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

- The CPC, chaired by the Lead Member for Children, Young People and Schools, with cross party Member representation, scrutinises service performance. This occurs on a quarterly basis.
- By ensuring the attendance and engagement of BCJ 2.0 representatives at the CPC.
- Weekly liaison meetings between the Lead Member for Children, Young People and Schools, the Corporate Director CYP CD and other senior staff within the Local Authority as appropriate.
- By ensuring Brent's 'promises' to children in care and care leavers are adhered to and in line with our Practice Promises, Pledge to children and young people in care, Care Leavers' Charter and Local Offer.
- By attending Member Learning and Development sessions on Safeguarding and Corporate Parenting.

4.4 Members of BCJ 2.0 continued to attend the Committee at each meeting to provide updates on their recent activity and engage Members in discussions about issues pertinent to them. These updates were noted and supported by the Committee. The CPC in 2024/25 scrutinised several reports on various issues affecting Brent care experienced children and young people including the following:

- a. In April 2024, member of BCJ 2.0, with the support of Participation leads, facilitated a workshop for Members and Officers in relation to making the CPC

more “young people friendly”. The CPC were also presented with an annual report from Brent Virtual School. The CPC was also provided with six-monthly reports from the Fostering Service and Adoption London West on the performance of adoption activity.

- b. In July 2024, the members of BCJ 2.0 facilitated a discussion with Members about ‘Care Experience as a Protected Characteristic’. Committee was presented with the Annual Corporate Parenting report for 2023/24 and annual LAC Health reports for 2022/23 and 2023/24.
- c. In October 2024, the Committee received a report from Brent Care Leavers/members of BCJ 2.0 which provided information to the CPC on their views regarding the council adopting care experience as a protected characteristic. BCJ 2.0 members, with the support of the Participation Team, also presented a summary of the Bright Spots survey results and action plan. Reports were provided on the Updated Care Leaver Offer and Charter, the Annual IRO report 2023/24, and both six-monthly monitoring reports for Fostering and Adoption.
- d. In the February 2025 meeting, the Committee was presented with a progress report in respect to the new Brent Residential Children’s Home and a report on the Kinship Care Strategy and the plan to develop our first Kinship Local Offer which was discussed with a representative group of Brent kinship carers.

5.0 Profile of Looked After Children

- 5.1 At the 31 March 2025 Brent had 296 children in care (CiC) compared to 307 children on 31 March 2024, a decrease of 3.6%. This represented 40.1 children per 10,000 child population against the rate for England of 71 per 10,000 head of child population, a decrease in rate by 1.8 from previous year (1.9). In 2024/25, 142 children became looked after compared to 131 children last year and, compared to an average of 180 per year over the previous four years.

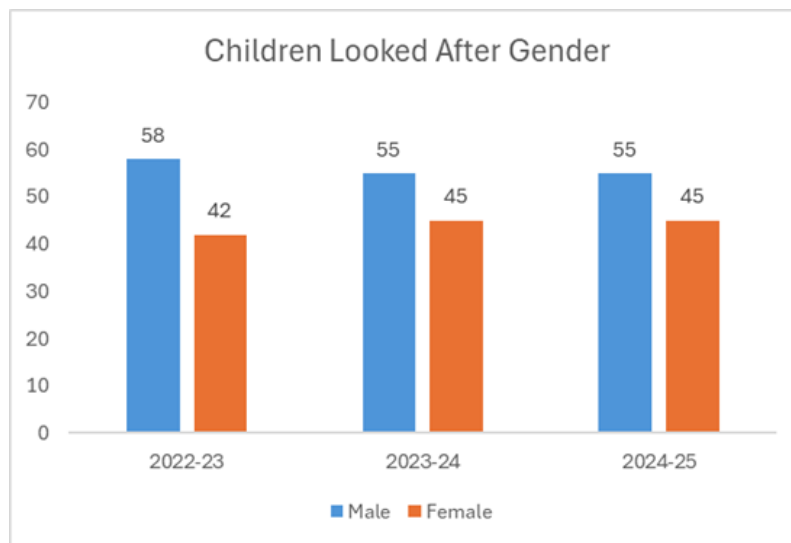
The decrease in CiC is likely to be as a result of several things: robust Entry and Care oversight and gatekeeping and increased use of pre-proceedings.

On 31 March 2025, the Local Authority looked after 30 UASC compared to 27 UASC in March 2024. This represented 10% of the total Brent children in care (CiC) population. It appears that Brent’s UASC numbers have stabilised with no significant change in numbers since 2023/24.

On the 31 March 2025, there were 17 looked after children and 29 care leavers allocated within the Disabled Children and Young People’s 0-25 Team.

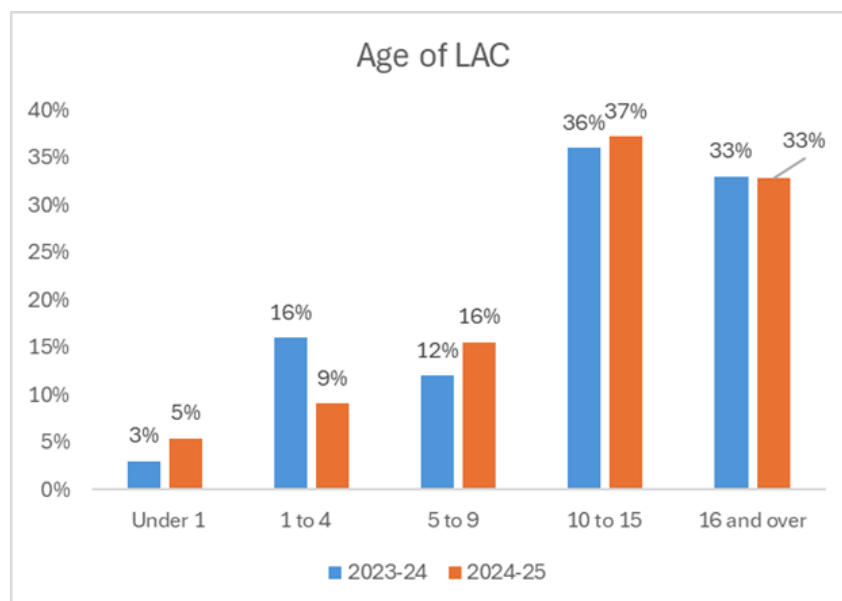
The Q4 London data shows the rate of new entrants to care as 21.4 per 10,000, with Brent’s average of 20.6 per 10,000 for the same period.

- 5.2 Of the 296 CiC on 31/03/25, 41 had had a previous looked after period. This represents 14% of the CiC cohort.
- 5.3 The gender of the CiC population consists of 55.4% male and 44.6% female; with the gender split remaining consistent with data from 2023/24.



- 5.4 32.8% of the care population in Brent was aged 16 and over, compared to 32.6% at the end of March 2024. 70% of the care population in Brent was aged 10 and over. Having a predominantly adolescent care population presents challenges around outcomes such as placement stability, education, employment and training. Many young people present with emotional and behavioural difficulties and complex needs that foster carers may not feel equipped to manage. Additionally, there continues to be a national lack of sufficiency for foster carers that have the skills to provide care for teenagers.

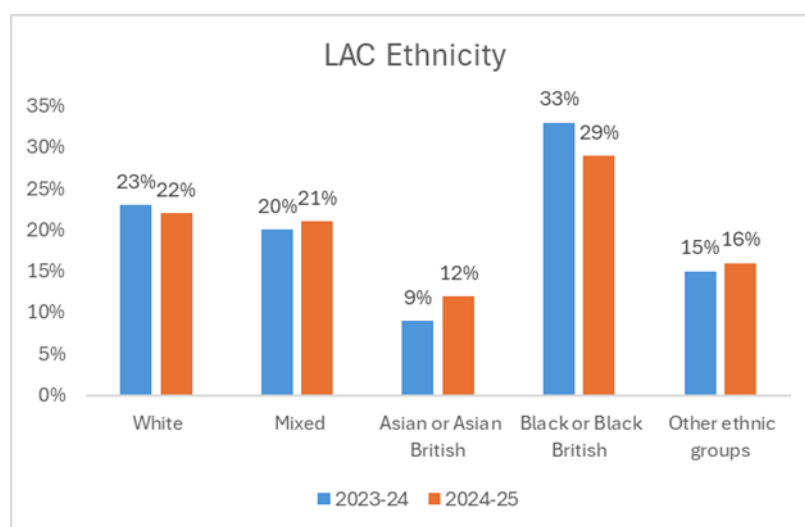
In Brent, whilst our number of children in care is lower than our statistical neighbours, there is an identified trend that the children who do come into our care are often older children who have entered the care system at a later stage and are therefore more likely to experience unstable care. However, despite these challenges Brent's placement stability has improved in this reporting period.



5.5 Ethnicity of LAC

- 5.5.1 The ethnicity¹ of looked after children broadly remained the same compared to the previous year. However, there has been a 3% increase in the number of looked after children from Asian backgrounds and 4% decrease in the number of looked after children from Black/Black British backgrounds.

16% of our children in care were from 'other' ethnic groups. The greatest proportion of ethnicities noted within this group was "Arab" which makes up approximately one third of this cohort, and includes a number of UASC from Syria, Iran, Iraq, Afghanistan.

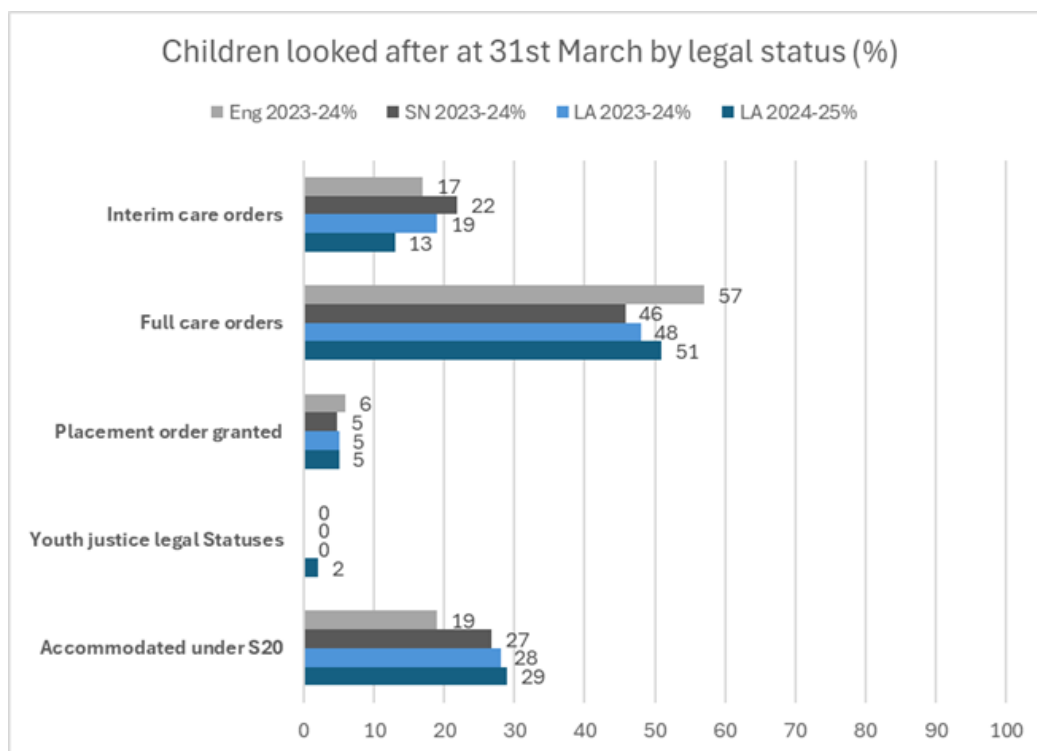


5.6 Legal status and placement location

- 5.6.1 The majority of children in care were subject to Care Orders (Interim and Full Care Orders) under the Children Act 1989, representing 64% of the care population. A further 87 children (29%) were in care through a voluntary agreement with the parents/carers as pursuant to Section 20 of the Children Act 1989. All UASC are looked after via Section 20 agreements.

In this reporting period, 11 young people aged 16/17 present as homeless to the local authority. Of these 11, 4 became "looked after".

1. [Children looked after return 2024 to 2025: guide - GOV.UK](#)



5.6.2 The proportion of children placed more than 20 miles away from their home address as of 31 March 2025 was 18.6%, a decrease of 0.6% from the previous year's figure of 19.2% (the national average is 17%).

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

5.6.4 Most children resided within fostering placements (175) – 59% of all children in care, a decrease on 2023-24 (65.1%). This area of work remains a challenge for most London local authorities and nationally. Identifying foster placements for adolescents has continued to be a challenge due to lack of sufficiency with foster placements.

5.6.5 The Local Authority has an in-house fostering service that at the end of March 2025 was supporting 47 children in mainstream fostering placements, 2 fewer children than in March 2024. In Brent we are proud of the significant focus we have on supporting friends and family members of children to become kinship foster carers to avoid children being placed in mainstream foster care (or other placement); at the end of March 2025, we were supporting 49 children in Kinship fostering (connected person carer) arrangements.

6.0 Placement Stability

6.1 Number of Brent fostering households and approved fostering places (mainstream and kinship) at 31 March 2025 (and trend):

Collection year	Number of Households	Number of places
2021	100	153
2022	98	142
2023	101	145
2024	103	145
2025	88	129

6.2 Recruitment and retention of Brent foster carers remained a priority during 2024/25, with a significant amount of work being done in this reporting period to improve our fostering offer, making it more competitive with our West London neighbours. There were 6 new mainstream foster carers approved in 2024-2025. This was a net increase of 1, against the target of 10 for the year, due to 5 mainstream carers resigning in the same period. This was compared to a net increase of - 4 mainstream foster carers in the previous year (2023-2024). Reasons for the resignations included foster carers expecting their own child/ren, retiring to focus on care for their own grandchildren, and retiring from fostering to return to work full-time.

The decrease in fostering households from 103(2023/24) to 88(2024/25) is primarily a reflection of the number of kinship fostering placements ending during this reporting period compared to the new kinship fostering placements beginning over the same period. Endings for these placements are for a range of reasons, including young people turning 18, rehabilitation to parents, placement break downs, and changes to the legal status of the children in placement. In this reporting period 7 kinship foster carers were granted Special Guardianship.

6.3 In September 2023 the Local Authority was notified by the Department for Education that Brent, and 7 other neighbouring West London local authorities (Ealing, Harrow, Hounslow, Hammersmith and Fulham, Kensington and Chelsea, Westminster and Hillingdon), received funding from the Department for Education for the West London Fostering Hub to improve recruitment and retention of foster carers in September 2023 and a new joint fostering recruitment hub (dedicated “front door” for fostering enquiries) was created and became operational from May 2024.

Brent, alongside Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster Local Authorities, were successfully awarded funding to establish a West London Fostering Recruitment and Retention Programme involving a recruitment support hub, a regional foster care recruitment communications campaign and funding to implement the “Mockingbird” model of fostering.

The Fostering Recruitment and Retention Programme aims to address the long-standing placement sufficiency problem within foster care. This DfE programme aims to deliver end-to-end improvements across the foster care system, by attracting new

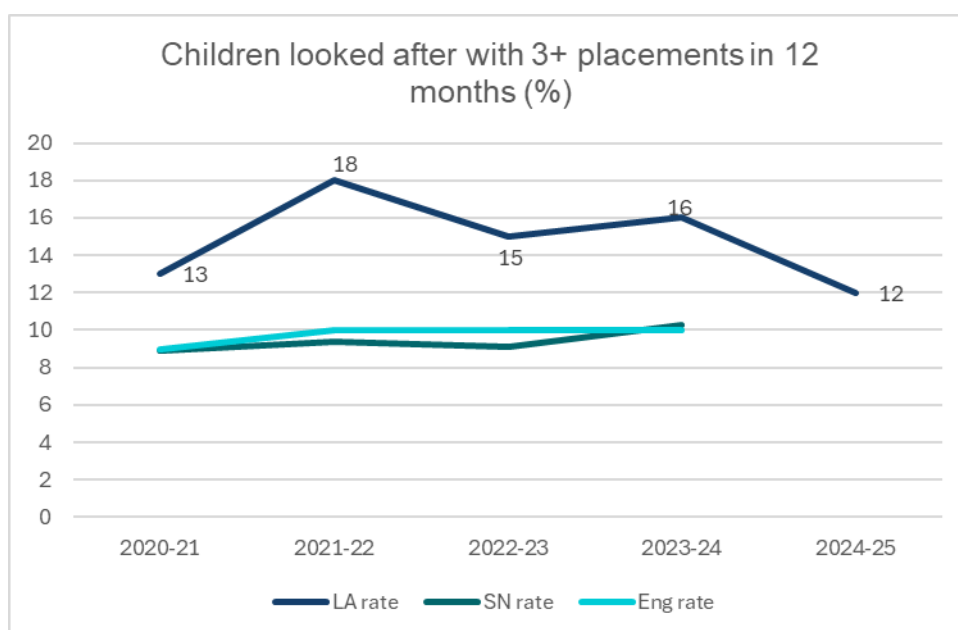
leads, boosting approvals of foster carers in areas of specific shortage, as well as addressing retention through better support to existing foster carers.

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

The launch of Brent's first Mockingbird Constellation was due during this reporting period; unfortunately, the launch was delayed due to challenges of recruiting the Liaison Officer and sourcing Home Hub Carers. The Brent Mockingbird Hub Carers are now in position, they have received their training, and the project went live in May 2025. The Department for Education are pleased with Brent's progress and agreed the continued funding for Mockingbird for 2025/26. There is great excitement from the foster carers involved in the constellation regarding the support they will receive from the project. Impact measures for this project are related to increasing placement stability for children, reduction in the use of residential care, increased foster carer satisfaction and retention for those in the constellation.

- 6.4 Placement stability for children who have had 3 or more placements in a year has improved. Brent's data around 3 or more placement moves decreased from 16% in 2023/24 to 12.1% in 2024/25. The work being done to stabilise placements via Placement Stability meetings and the Children in Care Resilience Service (previously LRS) support have contributed to this improvement, please see more detail below.

The London Q4 data for looked after children who have experienced 3+ placements was 9.6%, compared to Brent's 12.1%. Placement stability performance remains relatively high when considering the London data, however this is directly related to Brent's smaller care population and larger proportion of adolescents in care.



- 6.5 Achieving stability and consistency for children in care continues to be a priority

together with creating opportunities for children to develop secure attachments and providing a sense of security and identity. Placement instability not only reduces children's chances to form warm and enduring relationships but also exacerbates behavioural and emotional difficulties which contribute to further placement breakdown and rejection.

- 6.6 Consequently, a stability meeting continues to be convened every time a placement is at risk of breaking down and is attended by key professionals and where appropriate the young people placed. If the child or young person is not able or willing to attend the meeting, the child's social worker ensures that their views, wishes and feelings are gained and shared with the participants. The placements concerned have included in-house foster placements, Independent Fostering Agencies, residential placements, including residential schools as well as semi-independent units. In this reporting year, the placement stability meetings have been chaired by a Social Work Practice Consultant from the Looked After Children and Permanency Service who has led on placement stability.

The focus of these meetings is understanding the holistic needs of the child or young person, the carers' strengths as well as identifying and agreeing the right support package that would ensure placement stability. These meetings are an opportunity to reflect on what has worked well in the past, which helps inform the plan. Whilst these meetings can be challenging for young people at times, the feedback received from children, young people and carers is that they feel heard and supported. These meetings have meant that issues have been able to be resolved, children have avoided experiencing a placement breakdown (and move) and the child has learnt how to resolve issues in relationships in future should issues arise. Investing time and resources in these meetings when placements are fragile has meant better outcomes for children overall.

- 6.7 During 2024/25 the Social Work Practice Consultant chaired 63 placement stability meetings, inclusive of stability review meetings. As a result of robust planning and individualised support packages, 34 children and young people remained in their current placement and 10 placements disrupted. The chair is able to signpost support services available in Brent such as the Children in care Resilience Service (CRS) and Wellbeing-Emotional Support Team (WEST). These services have been instrumental in sustaining challenging placements. Following our Early Help and Social Care redesign, in 2025/26 responsibility for chairing stability meetings and ensuring the necessary support is in place will rest with the responsible Team Managers in the children social work teams.
- 6.8 The children and young people who are most in need of support and intervention are the children with additional needs and mental health difficulties, followed by those who have been affected by contextual safeguarding issues, or are at risk of gang involvement and have a history of going missing from placements.
- 6.9 CRS (formerly LRS) was launched in January 2024, and it offers a three-tier support offer:
- Tier 1: a universal training offer (co-designed with carers and young people) focusing on skills, resilience, and confidence to reduce placement breakdowns.
 - Tier 2: direct intervention and support to the carer; engagement in network meetings and development of a crisis response plan.
 - Tier 3: provides Tier 2 support plus intensive goal directed support for both

the carer and young person; behaviour assessment and support plans and more direct staff time allocated to the carer and young person.

By the end of March 2025, CRS had received 33 referrals in total.

- The children age range were between 4 – 19 years old.
- 58% of the referrals related to children who identify as male, 42% of the referrals related to children who identify as female.
- 17 of these children were living with foster carers in Independent Fostering Agencies.
- 9 of these children were living with Brent foster carers.
- 5 of these children were living in residential care.
- 2 of these children were living in semi-independent homes.
- 22 of the referrals made to CRS were highlighted as at 'Risk of Placement Breakdown'.
- 11 of the referrals made to CRS were highlighted as 'Behaviours of Concern'.
- 16 children received Tier 3 Intensive support (49%).
- 13 received Tier 2 Consultative support (39%)
- 4 were offered Tier 1 Universal training (12%).
- 4 universal training sessions per week have been delivered since the launch on 29 January 2024, an estimate of 236 hours of training sessions at the end of this reporting period.

89% of children (who were referred to CRS) sustained their placement or moved in a planned way as part of their care plan.

6.10 Some feedback received from young people and social workers who have attended these meetings:

Feedback from a 16-year-old UASC following a stability meeting:

"I like the way you chaired the meeting; you allowed me to speak and asked the carers to listen to me"

Feedback from a social worker following a stability meeting:

"Placement breakdowns are such big things to happen (and nearly always negative in some way to a child or young person due to the loss they suffer) so of course the local authority need to support to try and save placements... I have taken part in a number of stability meetings for different children and young people when there have been difficulties in a placement. I noted it to be a good forum to get everyone together and focussed on all aspects of the care plan. For example, what support might be needed to the child or young person that can help them so that they are less focussed on for example, relationship difficulties. Using the signs of safety format and setting out the positives works well, and carers can be encouraged to think of things and it goes some way to repairing the relationship."

Feedback from a supervising social worker regarding placement stability meetings:

"Foster carers greatly appreciate having an independent person to explore issues and identify additional support to help stabilise placements. They have also mentioned how (the chair's) calm and soothing approach puts them at ease. I'm pleased to say that none of the placements where you have chaired meetings have broken down, and some of this success is due to your advice and

recommendations”.

7.0 Permanency Planning

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

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

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

In the last reporting year, we have continued to focus on the permanency for children and have continued to use the permanency panel, which is held on a monthly basis and is chaired by a senior manager. The focus of this panel is to monitor the progress made, as well as identify any gaps or drift and what action is required to address this. The panel is split into older and younger children, with the younger children having a representative from Adopt London West (ALW), who is able to share information relating to the family finding activities in relation to adoption.

7.4 Between 01/04/2024 and 31/03/2025, there were 8 children adopted and 11 children who left care through the making of Special Guardianship Orders.

7.5 On 31/3/2025:

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

Four of the children placed this year have been placed in Early Permanence placements, allowing the children to move earlier and begin building attachments to their new families sooner.

7.6 The non-published data at the end of March 2025 compared to the published national and statistical neighbour averages demonstrates that adoption timeliness remains strong when placing children for adoption once court authority to place has been granted. The average time taken for a child entering care to being placed for adoption is 522 days and is longer than previous year of 503 days and can be explained by the increasing numbers of children with a plan of adoption over the last two consecutive years. The average time taken from the local authority receiving court

authority to place a child for adoption and a match being approved is 184 days compared to 180 days the previous reporting year.

Performance variance in this small cohort of children is caused by a range of factors and can be the result of significant delays for just one child, due to extended complex care proceedings, the individual needs of the child impacting on the availability of suitable adopters and therefore 'family finding' taking longer than hoped, these factors affect the average timescale for all children placed.

7.7 Adopt London West (ALW)

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

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

Case Study – Adoption Family Finding

Child A is the only child born to her birth mother, who was in the UK on a student visa studying at university. Child A's father is unknown.

Birth mother was ambivalent about whether to consent to her child being adopted or plan to raise the baby as she had a fiancée in her home country and was due to get married.

She did not have access to public funds, was living in shared housing and had concealed the pregnancy.

Birth mother was given support through Adopt London West (ALW), who provided counselling, and a Children's Guardian was appointed. However, the birth mother continued to be unsure about what to do. A further complication was that she had not disclosed the birth of child A to her fiancée and family back in her home country and she was concerned about the impact of being an unwed mother within her family context. Following many discussions with the social work team and CAFCASS officer, the birth mother made the decision that it would be in her daughter's best interest to be adopted. This was later ratified by the Agency Decision Maker.

The Local Authority was subsequently granted Care and Placement Orders for child A.

Adopters, who reflected the child's ethnic heritage were identified, and Child A was successfully matched and placed.

8.0 Care Proceedings

- 8.1 The number of care proceedings initiated by Brent has reduced with 41 cases being issued in 2024/25 compared to 46 cases in 2023/24. There were 51 children on Brent's care applications in 2024/25 compared to 65 children the previous year.

Local Authority	Children on Care Applications														
	2022-23					2023-24					2024-25				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
London-Brent	29	22	17	21	89	25	13	14	13	65	12	15	15	9	51

Nationally, between April 2024 and March 2025 CAFCASS received a total of 11,450 *care applications. This figure is 4.1% lower than the previous financial year, continuing the downward trend from earlier years, suggest that there are improved early intervention and support for families, or ongoing systemic pressures that may be affecting referral patterns.

The slight decline in the number of care applications between April 2024 and March 2025 may seem modest, however, it could signal important shifts for children's services:

Stabilisation in demand - after years of volatility, especially post-pandemic, the near-flat change may reflect a stabilising trend in family court activity.

Shifting between Public and Private Laws - this might indicate growing concerns about child welfare requiring state intervention, or improved early resolution in private disputes.

Cultural shifts – there are some regions outside London, which have more efficient case management and fewer prolonged proceedings.

Improved pre-proceedings - local authorities appear to be resolving issues earlier, reducing the need for court intervention.

- 8.2 In 2024/25 89 children's cases concluded with the following outcomes:

- 27 Full Care Orders (30.34%)
- 7 Full Care Order and Placement Order (7.87%)
- 4 Child Arrangement Orders (4.49%)
- 1 Family Assistance Order (1.12%)
- 9 No Order (10.11%)
- 12 SGOs (13.48%)
- 23 Supervision Orders (25.84%)
- 4 Designation (out) (4.49%)
- 2 cases withdrawn/vacated (2.25%).

- 8.3 The timeliness of concluded care proceedings in 2024/25 is 66 weeks, compared to 56 weeks in 2023/24.

	2020/21	2021/22	2022/23	2023/24	2024/25
Brent Internal Data	39.5 weeks	43 weeks	55 weeks	56 weeks	66 weeks
National Average	41 weeks	45 weeks	45 weeks	44 weeks	TBC

(CAFCASS data)					
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West London Family Court data suggests that just over half (53%) of our care proceedings at the end of the reporting period were over 26 weeks, with two cases over 90 weeks and our oldest case just over 100 weeks.

Brent's performance in relation to the timeliness of care proceedings does not stand out compared to the other 10 local authorities using the West London Family Court. All 11 local authorities have a percentage of cases exceeding 26 weeks, the highest percentage being 62% and the lowest 25%, with Brent at 53%. 4 local authorities had more cases at 90+ weeks than Brent, and the oldest case across West London authorities was 202 weeks.

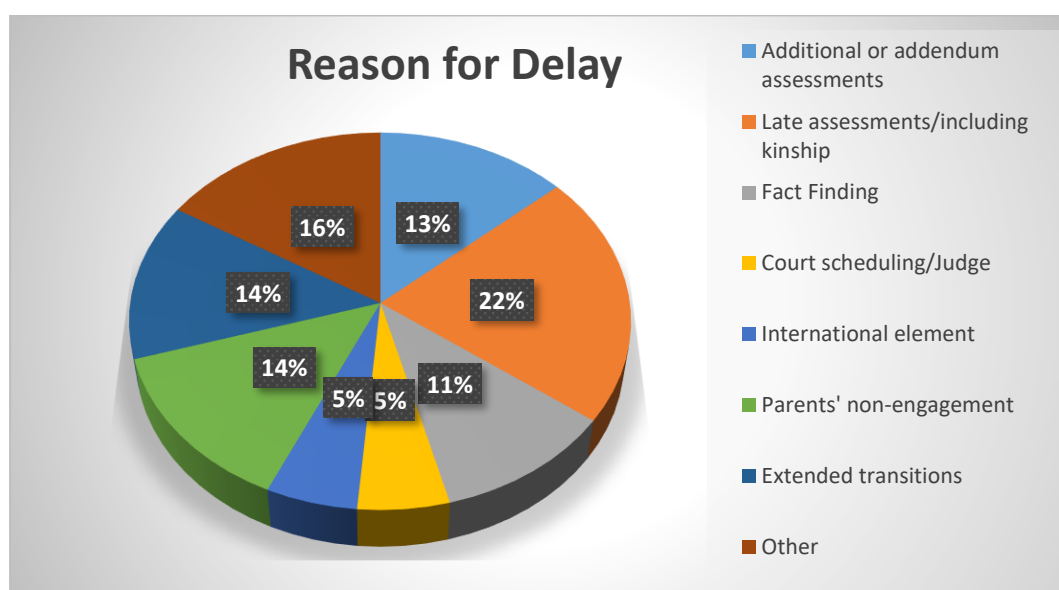
- 8.4 Brent's five longest running cases were reviewed at the end of the reporting period and positively, all 5 cases were listed for hearings within Q1 of 2025/26, 4 cases were listed for final hearings and 1 listed for Issues and Resolution Hearing.

LA	CASE NUMBER	ISSUE DATE	NEXT HEARING	MONTH	LISTED FOR...
BRENT	ZW1	27.3.23	13.6.25	JUN	JMENT/FINAL
BRENT	ZW2	3.4.23	9-13.6.25	JUN	FINAL
BRENT	ZW3	30.11.23	14.7.25	JUL	FINAL
BRENT	ZW4	4.4.24	13.6.25	JUN	IRH
BRENT	ZW5	22.5.24	9-12.6.25	JUN	FINAL

- 8.5 In Brent, we continue to place high importance on the timeliness of care proceedings, in line with the Government's statutory timescale for care proceedings which is 26 weeks (approximately 6 months) from the date the application is issued in court. This timeline was introduced in the Children and Families Act 2014 to reduce delays and ensure timely decisions for children's welfare.
- 8.6 Timeliness is monitored through the monthly 'Care Proceedings Tracking meeting', chaired by the Service Manager with lead responsibility for court proceedings and senior lawyers of the Local Authority. The focus of these tracking meetings is to provide challenge and guidance on cases and to identify particular legal challenges or drift. This panel has provided an opportunity for discussions with lawyers, who are able to give advice in relation to moving the case forward. Practitioners have continued to share how useful they find this forum, as it provides a space to speak directly with senior managers and senior lawyers and tease out any complex issues and identify any learning.

In this reporting period, we have been able to conclude several of our long-standing cases and we have noticed a shift in focus within the Family Court, with Judges being more mindful of keeping within the 26 weeks timescales resulting in fewer agreements to re-timetable and extend filing dates, and more frequent timetabling to final hearing at CMH.

- 8.7 Care proceedings delay in Brent, like many other local authorities, are influenced by a combination of factors including increased complexity of cases, court capacity issues, and challenges in securing suitable placements for children. Specifically, factors like international issues, parental engagement, assessment delays, additional assessments, fact-finding, and criminal matters within care cases can significantly extend the timeline. Additionally, a lack of sufficient foster placements, particularly for older children and teenagers, can lead to delays in finding appropriate homes and contribute to placement instability which can also contribute to delay in care proceedings.
- 8.8 The below chart provides a break down of the reasons for delay in 38 cases throughout the reporting period that were outside the 26 week timescale.



- 8.9 The majority of court hearings are now taking place in person. Only in exceptional circumstances will there be a virtual hearing, usually related to practical reasons such as professionals not being able to attend court due to distance, or when legal representatives have multiple hearings on the same day in different court locations. We have continued to find, that in person hearings are beneficial as they enable parties to address any issues that may arise straight away, avoiding delays caused by having to communicate by phone/email outside of hearings/court dates.

Case Study – Care Proceedings

Child A born January 2018 and **Child B** born in February 2023, to mother who is White British. Child A's father is also White British and Child B's paternal heritage is unknown.

The family has been known to several Local Authorities, however, the last referral received was in relation to mother being intoxicated whilst Child B was found wandering in the street. It was also noted that he had a bump on his head. Both children were subsequently taken into Police Protection and placed with their maternal aunt, in a kinship fostering arrangement whilst further work took place to engage the biological father for Child A.

Child A's father made the decision that he did not want to be involved.

Care proceedings were initiated and an ICO was granted. Mother refused to engage in any of the assessments. Her chaotic lifestyle and substance misuse meant that her engagement was superficial, and throughout the proceedings she was transient, not even able to commit to regular contact with her children. A Hairstrand Test showed chronic use of alcohol and illicit substances.

Maternal Aunt was assessed as a Special Guardian and her assessment was positive. Mother was deemed to be unable to provide appropriate care for the children and maternal Aunt was granted Special Guardianship at the conclusion of proceedings in February 2025 (38 weeks & 6 days).

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

- 9.1 Looked after children and care leavers continued to have their voices reflected in various ways during 2024/2025, starting with direct work at the assessment stage, continuing through regular visits via longer term intervention and then also as part of the IROs overseeing the progression of their care plans. Looked after children also have access to Coram Voice advocacy that enables them to have independent support in expressing their wishes and feelings. IROs are often a continuing person of trust for many looked after children, who might have several Social Workers involved in their lives.
- 9.2 Young people also have their voices heard in the design and delivery of services and within council decision-making processes through the Brent Care Journeys 2.0 programme, led by the participation team. In this reporting period, the 'Care in Action' participation groups rebranded under the Brent Care Journeys 2.0 programme as part of the transition from the Brent Care Journeys (BCJ).
 - 9.2.1 Brent Care Journeys (BCJ) was a 5-year strategic partnership with Barnados which started in 2019 and aimed to bring about transformational change in the children's social care system, leading to better outcomes for young people, and to provide learning for the wider social care system. Brent Care Journeys aimed to achieve these goals through collaboration with care-experienced young people and professionals based on a robust partnership.
 - 9.2.2 The ambition, and ultimate aim, of this partnership was to improve the children social care system to support young people to achieve "positive destinations", a broader concept of positive outcomes for care experienced young people which went beyond the traditional focus on education, employment and training.
 - 9.2.3 Brent Care Journeys was due to end by March 2025, but in June 2024 Barnardo's ended the programme early, due to an internal restructure. The Council worked with the team at Barnardo's in 2024 to enable a smooth transition to a new programme renamed as Brent Care Journeys 2.0 (BCJ 2.0).
 - 9.2.4 BCJ 2.0 amalgamates Brent's Children in Care Council (previously called 'Care in Action') and projects for care leavers (previously called 'Care Leavers in Action'), providing space and opportunities for different groups to meet in a safe environment

to take part in participation activities throughout the year and engage in trips and events in school holidays.

- 9.2.5 BCJ 2.0 is run by the participation team which became fully staffed in 2024/25, comprising a Participation and Engagement Manager (0.6 FTE), a Participation and Engagement Officer (0.6 FTE) and two Participation Support Officers (0.3 FTE). There are now plans to add sessional participation worker roles to the team, with the roles aimed at care experienced individuals to offer opportunities for care leavers to become formally improved in the Council. This follows a model used within Brent Care Journeys which has transitioned to BCJ 2.0. These roles are expected to be filled by the end of 2025.

9.3 Brent Care Journeys 2.0 (BCJ 2.0) projects and events in 2024/25

- 9.3.1 In summer 2024, seven care leavers attended Stubbers Adventure Centre for a participation residential. The aim of the residential was for care leavers to get to know each other and help design new participation projects. The trip involved fun activities, workshops, and discussions. Seeing young people overcome fears and support each other in the process allowed them to form bonds quickly.

“Dream team of corporate parents. Very well planned.”

“More of this would be awesome especially with bigger groups of care leavers.”



- 9.3.2 We hosted a summer fun day in August at the Unity Centre in Harlesden for care experienced young people and their families with over 60 people attending. There were a lot of indoors and outdoors activities for all ages alongside a DJ. Attendees shared positive feedback of the event.

“It was really fun.”

“Lovely day. Thanks for having us xx”

- 9.3.3 We provided fun spaces for young people to connect and build positive relationships during the holidays. In May 2024 half term, young people aged 7-17 took part in a doughnut making workshop at Bread Ahead in Wembley. In October 2024 half term, young people aged 7-17 took part in mini golf at Box Park. In December 2024, young people aged 7-17 took part in bowling for an end of year celebration trip. Also in December 2024, care leavers visited the Tate Modern for an art trip followed by a group dinner in Wembley. These trips ran alongside other projects in the BCJ 2.0 programme including co-design workshops, arts programmes and a range of participation opportunities.



- 9.3.4 The participation team formed a new partnership with arts charity Create Arts to deliver an arts programme for young people in Brent Care Journeys 2.0. The programme included four projects: two with care leavers (ceramics and music) and two with young people aged 11-17 (visual arts and drama). The ceramics project ran in November 2024 for 6 weeks and the visual arts project ran for 3 days in February 2025 half term. The music and drama projects ran in April 2025. Young people really enjoyed being

create and having a social and creative space to chat to each other. There was also feedback received that they enjoyed the 'routine' of the sessions as they ran consecutively for 6 weeks. Young people found these sessions "therapeutic" and it "makes you happy to do stuff".

"When we want something, you can just put it out there saying, we want this, this makes us feel happy, and they'll try their best to bring it for us."

"It actually affected my wellbeing, you know, because it's like, you know, you go out there, you can tell people, yeah, I've done clay. I go to like a thing every Thursday."



9.3.5 Through BCJ 2.0, the participation team have connected young people to participation opportunities outside of Brent to expand their knowledge and experiences. In October 2024, several care leavers from BCJ 2.0 and young people from Brent Youth Parliament attended a Council of Europe event on human rights at Willesden Library. The young people were excellent representatives for Brent and actively got involved in discussions and asked questions. Young people from BCJ 2.0 were proactive at this event by networking with guests to access extra opportunities such as an international social action project. In February 2024, two young people were successful in applying for the Family Justice Young People's Board ran by CAFCASS to improve young people's experiences in family courts. These examples show how young people are growing in confidence and developing their skills through BCJ 2.0 to then connect to external opportunities which support their personal development and career goals.

9.4 Young people's participation in decision-making and service design

- 9.4.1 In June 2024, we launched a "Brent CYP Participation and Engagement Strategy". This followed a process of wide-ranging consultation with children and young people across Brent, including care experienced young people. The strategy was finalised and launched in June 2024, with young people in BCJ 2.0 co-creating a video version by interviewing their peers, writing the script, recording voiceovers and providing feedback during the edit process.
- 9.4.1 Young people have been involved in commissioning by providing feedback for the development of the new children's home. A staff member attended the Brent Virtual School celebration event in December 2024 to obtain views of young people in care (especially if in residential care) on what they perceive as positive characteristics and traits in adults, or qualities in an adult which make them trustworthy. They also attended the Virtual School celebration event in December 2024 to gather more feedback with more young people in care. Young people were asked to choose items they would buy for a bedroom if they were to have a £75 budget. These insights will feed into the recruitment phase of new Children's Home staff as well as generate ideas for purchasing items for the Home.
- 9.4.2 6 former care leavers have been employed by the council as care quality ambassadors. In this role, the ambassadors inspect accommodation for care leavers to provide feedback to the council. In this reporting period, 17 visits have been completed in partnership with ambassadors. This role is a great opportunity for young people to gain employment, build their skills and use their experience of services to improve outcomes for other young people.
- 9.4.3 Young people from BCJ 2.0 have spoken at staff conferences to hundreds of members of staff about their experiences of participation. Their views were well received by staff members and young people developed their confidence in public speaking.
- 9.4.4 Young people from the BCJ 2.0 7-17 group have worked with the NHS on a co-design project to improve health services for looked after children. In May and October half terms, young people took part in workshops where they came up with ideas for a video, wrote a script and drew pictures which were then animated for the video. The final video is expected by the end of 2025.
- 9.4.5 Participation in the Corporate Parenting Committee has been strengthened with young people in BCJ 2.0 working with Councillors and officers to re-design the space. Young people now have a dedicated slot to set the agenda for a discussion topic and they feel more comfortable in the re-designed space to share their views and work with the committee members. Young people now look forward to attending the committee and have developed their understanding of local democratic structures and decision-making processes.
- 9.4.6 Young people in BCJ 2.0 led a campaign for Brent to recognise care experience as a protected characteristic. They worked together to create a proposal and worked with members of staff to explore what this would mean for young people and how it aligns with the local offer. Young people brought the topic to Corporate Parenting Committee to discuss ideas with committee members. They attended a Full Council meeting in November 2024 in which a motion to make care experience a protected characteristic was passed unopposed.

9.4.7 Young people in BCJ 2.0 have been attending the voice and influence sub-group meeting which feeds into the local partnership meeting. In the voice and influence sub-group, young people share their views about participation activities and contribute to planning future activities and the development of the participation objectives. Through this meeting, young people gave feedback on different versions of the participation strategy and suggested a video version to be more accessible to young people. This feedback was actioned through the development of a youth-led participation video.

9.4.8 Care leavers have been involved in several interview panels, including the recruitment of new independent reviewing officers. They were on the interview panel and had their own questions prepared. Young people shared feedback that they like being on the same interview panel as staff instead of a separate young people panel as they feel valued as equal members of the panel.

9.5 Bright Spots

9.5.1 The Bright Spots survey was conducted in 2023/24 with reports on the findings published in 2024/25. The Bright Spots survey is a service improvement tool, designed by CoramVoice, the University of Oxford, and care experienced young people, that supports local authorities to systematically listen to their children in care and care leavers, about the things that are important to them.

9.5.2 Between 1 March and 30 April 2023 and again between 11 October 2023 and 29 March 2024, all Brent children in care aged 4-18 years were asked to take part in an online survey to find out how they felt about their lives.

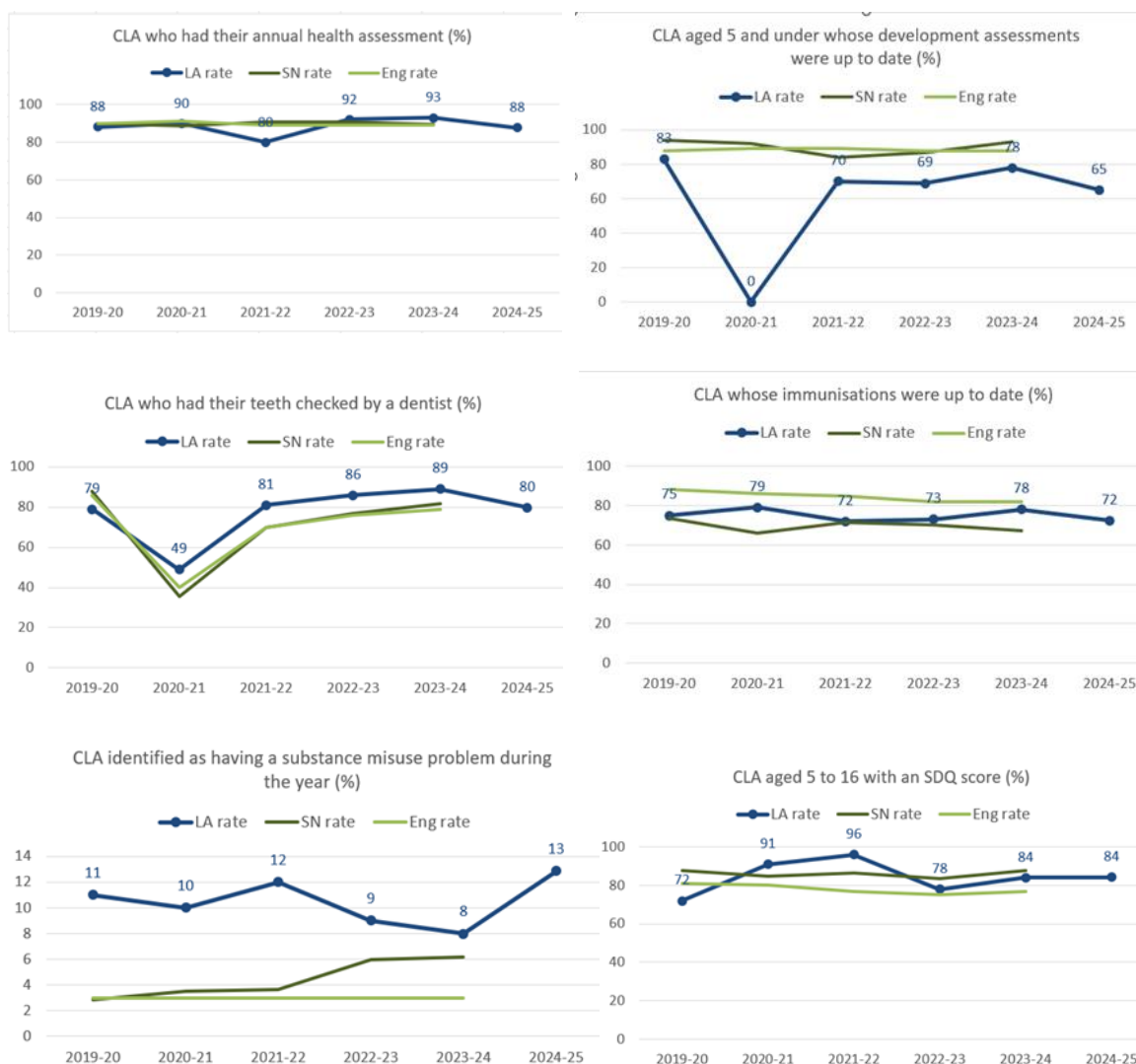
9.5.3 Findings are split into two separate reports *Your Life, Your Care* (for those aged 4-17) and *Your Life Beyond Care* (for Care Leavers). The *Your Life, Your Care* report was presented to the Corporate Parenting Committee by young people in October 2024 and the *Your Life Beyond Care* report was presented by young people in February 2025. In these meetings, young people discussed the findings with the Committee.

9.6 Participation priorities for 2025/26 include; improving services through co-design projects linked to the Bright Spots findings; co-designing BCJ 2.0 branding and termly programmes; recruiting sessional participation workers; continuing to embed the participation strategy across the department to provide new participation opportunities; connecting young people to pan-London and national opportunities.

10.0 **Health of Looked After Children**

10.1 Local Authorities, as Corporate Parents, are responsible for ensuring that CiC receive regular health checks (six monthly for children under the age of 5 and annually for those over the age of 5), dental checks and appropriate immunisations. Statutory health data for CiC is reported for those children who have been looked after for more than 12 months.

10.2 Unpublished data shows that there has been a small downward trend in performance during this reporting period across the spectrum of health-related measures compared to the last reporting year.



10.3 Some possible reasons for this downward trend could be:

- Less children and young people coming into care, with a higher proportion of adolescents, who make a choice to engage with health appointments, consent to immunisations in secondary school
- Some larger sibling groups within the looked after cohort from families who do not give consent for their children to be immunised
- Placement moves and out of borough placements which can present challenges for registration, timeliness of appointments, and access to services

Areas of focus for improvement in 2025/26:

- Improvement in timeliness for Under 5's six-monthly health assessments
- Completion and recording of Strength and Difficulties Questionnaires (SDQs)
- Recording of immunisations
- A focus on substance misuse and the support available to young people.

- 10.4 In line with our priorities for 2024/25, there was continued focus on providing support regarding emotional wellbeing of looked after children and care leavers in this reporting period.
- 10.5 The Wellbeing and Emotional Support Team (WEST) continue to provide a wide targeted service for identified vulnerable groups, including Looked After Children and children with a disability, and is delivered by the Anna Freud Centre. The service provides support, clinical advice and training for professionals working with children and young people and a range of evidence-based interventions working directly with children, young people and families in the identified priority vulnerable groups.
- 10.6 Over the reporting period April 2024 to March 2025, WEST received 133 referrals for looked after children, providing a mixture of consultation, direct one to one therapeutic work, facilitating workshops and training and/or support for carers. WEST have also continued to offer one to one/group support to professionals, if they are dealing with a complex or emotive situation. This has been received positively by staff who have fed back that they find having this resource helpful.
- 10.7 Other low to moderate mental health and wellbeing services that are providing support to our looked after young people are Via (Elev8), CRS and the Brent Centre for Young People.
- 10.8 During this reporting period the CAMHS Looked After Child and Transition Mental Health Care Coordinator post was predominantly vacant, and recruitment is still underway. This is a CAMHS funded post, and the intention is that this post will be dedicated to 0–18-year-old children in care living in Brent. This role contributes to the Health and Wellbeing subgroup (linked to the Local Partnership Meeting) which brings together professionals who focus on and work to drive forward improvements for the health and wellbeing of our care experienced young people.
- 10.9 Unaccompanied Asylum Seeking Children (UASC)
- In 2024/25 ongoing support has been provided to the UASC population through individual and group therapeutic work provided by WEST.
 - Weekly football has continued to run throughout 2024/25 through our community partnership with Goals. Goals have provided a free pitch to our leaving care service once a week, with an additional large pitch during care leavers week hosting over 20 players. Unfortunately, the training and employment opportunities hoped for via Goals have not materialised due to changes in management.
 - The service successfully applied for Public Health funding during this reporting period to deliver a bespoke Emotional Wellbeing and Mental Health support for UASC and Former UASC over the next three years. This opportunity has gone out to Tender, with the intention of launching within the 2025 summer period.
- 10.10 Healthy Relationships Parenting work

In this reporting year, we hosted 12 parent and child drop-in sessions at Granville

Family Wellbeing Centre. These sessions were offered in response to feedback from care leavers, who were also parents, who shared that becoming parents can be very scary and isolating at times without the “normal” family network around them for support. To encourage attendance the team used the Leaving Care WhatsApp Channel, the Care Leavers Hub group chat, and posters were created and delivered individually by allocated Personal Advisors. Although attendance was limited, with only one parent attending, the Leaving Care service is committed to exploring ways of providing a space for care leavers who are also parents to ensure that they feel supported.

The rationale for using a Family Wellbeing Centre(FWC) for this work was because we know that our care leavers are often reluctant to use the services and supports available via these centres, and therefore it was important to work in partnership with a FWC to deliver this programme so that our young parents also had access to midwives, early development practitioners, and all the opportunities available through the FWCs.

Plans are being developed for a 2025 summer parenting programme aimed at parents of school-aged children. This initiative will provide parents with an opportunity to build stronger connections with their local family centres and learn about additional summer activities they can attend with their children during the holidays.

11.0 Multi-agency Partnership of LAC and Care Leavers

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

The current areas of focus as agreed by Brent Children’s Trust for Looked After Children and Care Leavers over the two-year period 2024-2026 are:

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

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

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

- 11.2 The Local Partnership Meeting (LPM) for Care Experienced Children and Young People is one of the five transformation groups reporting to the Joint Commissioning Group. The LPM consists of relevant officers from Brent Council (including CYP Departments (Looked after Children and Permanency, Safeguarding and Quality Assurance, Inclusion/SEND, Youth Justice Service within Early Help, Housing Needs, Public Health), Community Wellbeing, Regeneration and Environment) and partners such as NHS North West London ICB, Probation, Via, and Central London Community Healthcare (CLCH) NHS Trust. Members of BCJ 2.0 attend and contribute to the LPM priorities via the Voice and Influence subgroup and act as conduits between the LPM and representatives of BCJ 2.0.
- 11.3 The LPM has been responsible for driving and delivering the priorities of 2024-25 and continues to drive activity through the subgroups with multiagency membership. Chairs of the working groups attended the LPM to report on their progress. The priority areas are:
- Health and Wellbeing
 - Education, Employment and Training
 - Voice and Influence (participation and engagement)
 - Path to Independence

12.0 Children Missing or Absent from Care

- 12.1 At year ending 31st March 2025, 76 CiC were reported to be missing from their placements at least once, compared to 64 in the previous year. This represented 17% of all children looked after at any point during the year (n=442) compared to 14% compared to in the previous year (n=460).
- 12.2 An absence may be a situation where a child has not returned home at an agreed time but their whereabouts is known, or their whereabouts are known but permission has not been given. In this reporting year 87 children were reported as being absent from their care placement compared with 71 in 2024/25.

Missing Children Report Processing Year: 2025	Number of children who went missing during the year	Number of incidences of missing children during the year	Number of children who were away from placement without authorisation during the year	Number of incidences of children away from placement without authorisation during the year
Male	41(32)	377(429)	45(37)	307(155)
Female	35(32)	412(213)	42(34)	416(286)
Total	76(64)	789(642)	87(71)	723(441)

**Figures in brackets reflect data from 2023/24*

- 12.3 The data above shows a considerable increase of young people who are absent and going missing, and a substantial increase in the number of incidences of absent and missing, both for boys and girls.

The reasons for this increase are unclear, however it could be hypothesised that Brent's entry to care demographic, as is known, is predominantly children aged 10 years and above, making the likelihood of more absent/missing episodes a possibility. Additionally, this could reflect an improvement in the reporting and recording of absent and missing episodes.

As a result of staffing changes during this reporting period, the management of missing episodes reverted to the allocated social worker and the responsible team manager. The SWPC who previously led on this area of work, was seconded to the Contextual Safeguarding Lead role within the Safeguarding and Quality Assurance Service.

- 12.4 Children who are missing from care are offered return home interviews (RHIs) by their allocated social worker, or if they prefer someone independent, a duty social worker. Following the RHI, the social worker will complete the RHI work step, which records the feedback from the young person. In the RHI feedback form, the aim is to allow our young people to express the reasons why they go missing or are absent from their placement. The form also highlights the recurring themes and allows the Local Authority to safety plan and put strategies in place to decrease the missing episodes. In many instances the young person will refuse to have an interview, and this will be recorded as such. However, if the young person does agree to the interview, if there are emerging themes, or information linked to other young people from other local authorities involved, this can be fed into other professional meetings or panels (MAPPA or EVVP) as through data collection, we have been able to identify young people who are being criminally(CCE) and sexually(CSE) exploited.
- 12.5 EVVP which is jointly chaired by Brent Council services and the police, leads on operational planning and co-ordination work between partners, driving strong interventions in response to individual young people at risk of exploitation. Most of the young people who are referred have contact with the youth justice system as well as missing from care. EVVP plays a key role in triggering interventions and resources to assist safety planning for young people. A transitional safeguarding plan is also being piloted and used across this forum to further increase safety for young people who are on the verge of adulthood and effectively plan for their support network post adulthood.
- 12.6 During most part of the reporting year, the SWPC who led on group supervision where we had concerns with young people who were missing due to being at risk of exploitation and criminalisation. These arrangements formalised existing good practice by regularising ongoing joint risk management and decision making. Practitioners from partner agencies including Health, Education and CAMHS, placement providers, and YJS. It also involved joint decision making and planning, increasing the ability of the professional network to ensure young people get the right interventions at the right time. Other benefits include children receiving consistent information from practitioners, multi-agency safety planning, and greater clarity surrounding the remit and responsibilities of services.
- 12.7 The SWPC also kept track of young people that were deemed at risk, so when these young people are transitioning to the leaving care service the SWPC works with the personal advisors by providing them with advice on completing safety plans and risk

assessments (VARA) as well as leading on group supervision where there is need to keep the young person safe.

- 12.8 As part of the Early Help and Social Care re-design a new target operating model was implemented on 2 June 2025 with new family support and child protection and court teams. This redesign included the creation of a new Targeted Prevention Hub, which will hold the specialist practitioners who lead on Edge of Care, Missing, Contextual Safeguarding areas of practice. An area of focus will be working with adolescents.

13.0 Education of Looked After Children

- 13.1 The Brent Virtual School for Looked After Children Annual Report September 2023 – August 2024 was presented to the Corporate Parenting Committee in April 2025.

- 13.2 The BVS sits within the Education, Partnerships and Strategy Department of CYP. BVS operates as a multi-disciplinary team supporting young people in care to achieve the very best they can. The team comprises of advisory staff (both teaching and non-teaching), an educational psychologist, education officers, an Unaccompanied Asylum-Seeking Children (UASC) and Year 11 education officer, a post-16 advisor and an enrichment coordinator. A performance officer provides support to BVS. The team also draws on the expertise of additional services contracted by the local authority, such as Prospects (careers advice) and the Wellbeing and Emotional Support Team (WEST). Staff in BVS work closely with social workers, foster carers, staff in the CYP Inclusion Service, as well as school and setting staff.

- 13.3 The priorities for BVS in 2023/24 were:

- a) To continue to work closely with schools, social care colleagues, carers, and young people to drive up attendance, particularly in Key Stage 4 (for progress see section 3)
- b) To co-design EET and enrichment programmes with young people to ensure that their needs and aspirations are addressed (for progress see section 11).
- c) To implement a way of working with all children known to a social worker, including those in kinship placements, that mirrors, as far as possible the offer to LAC (for progress see section 13)
- d) To continue to provide an enrichment curriculum both online and onsite and rooting this into the interests of looked after children (for progress see section 5).
- e) To use early identification to ensure that the necessary support is in place for LAC in Key Stage 4, who are likely to underachieve in their GCSEs (for progress see section 5)
- f) To utilise the post-16 funding to support Key Stage 5 LAC into EET and higher education opportunities (for progress see section 5.11).

- 13.4 Attendance

At the end of 2023/24 academic year the school attendance for Looked After Children in KS1 and KS2 (Primary) was 97% compared to 95% in 2022/23. School attendance at KS3 and KS4 (Secondary) was 89%, compared to 84% in 2022/23. LAC Attendance for the last academic year has increased significantly particularly

at Key Stage 4, which was one of the priorities for the academic year as set out in 2.3.

13.5 Achievement

The number of LAC achieving the headline figures of 5 passes at level 4-9 including English and maths was 10%, which is lower than in the past four years. This year's SFR cohort was 30% larger, which needs to be considered in the context of the lower pass rate. Whilst the headline figures of 5 passes at level 4-9 including English and maths is important, it is key to note that the number of young people achieving 5 good passes (4-9) this year was significantly higher (61%) than the last four years and was comparable to the 62% achieved in 2019/20 which was based on teacher assessments instead of exams. There was also a significant increase in the 4 passes at level 1-9 and at least 1 pass at level 1-9.

13.6 Post-16

There were 6 Year 13 students who completed Level 3 courses in 2023/24, which is less than the previous academic year. It is of note though that the cohort size was smaller (70 compared to 93). Despite this the number is still higher than in the pre-pandemic period. Of the six, one is currently at university whilst four are in employment.

13.7 Unaccompanied Asylum-Seeking Children (UASC)

Seven new statutory aged UASC entered the care system in the academic year 2023/24, compared to 9 in 2022/23. Two of these young people were in Key Stage 3, whilst 5 were in Key Stage 4. At Key Stage 5, 8 UASC entered the care system during 2023/24 compared to 12 the previous academic year. Within the BVS there is a dedicated worker who supports this cohort and ensures that there is swift access to education as well as enrichment and new arrival support.

Generally, UASC are disapplied from KS4 assessments as new arrivals into the country. For most their entry into education is through one of the three local ESOL provisions in Brent schools. There is often a keen interest in education and language acquisition for this cohort. With the new funding stream for Post-16, BVS has been able to deliver a wider tuition resource including Saturday school in a neighbouring borough.

14.0 Care Leavers

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

14.2 As of 31 March 2025, Brent was responsible for the support to 357 Former Relevant Young People [aged 18 - 21] (slight increase from 332 last year) and 252 *eligible* young people aged 22-24, of which 130 are currently receiving support (a slight increase from 125 last year). In line with the Social Work Act 2017, Brent offers a 21+ service providing support, advice and guidance to any care leaver who may wish to have this support up to the age of 25.

London Q4 data shows Care Leavers aged 17-24 at 161 per 10,000, compared to Brent at 158 per 10,000.

- 14.3 All care leavers have an allocated personal advisor who we aim to introduce to them at the age of 17.5 to start building relationships and advocate for young people as they approach 18. This approach ensures that all those in care approaching 18 years of age, already know their personal advisor and have developed a positive relationship in working alongside their allocated social worker, this then helps smooth the transition into adulthood. During this reporting period this has not always been possible due to the capacity within the Leaving Care teams, however the service continues to aim for allocation by 17.5.
- 14.4 A personal advisor is not a qualified social worker but often has a background in working with young people in a variety of settings such as in youth justice, housing organisations or youth groups. In 2024/25, the staffing establishment of the Leaving Care Service consisted of three teams with 6 personal advisors supervised by three team managers. The teams also work closely with external partners such as Prospects, Grandmentors, and newly commissioned service, Settle. The team managers each have a specific area of responsibility, for example, one of the managers has built a good partnership with Youth Justice, Probation, and Housing where she sits on tenancy allocation panel. The other areas of responsibility are Employment, Education and Training, and Promoting Independence. Personal Advisors have also been encouraged to develop specialisms in different areas and currently we have two PAs who organise the Gordon Brown Residential weekends for young people, a PA who coordinates the weekly football sessions as part of the enrichment offer, and a PA who works with care experienced young people to co-design the annual Care Leaver week activities and celebrations.

There is also a PA established within the Disabled Children and Young People 0-25. They work alongside social workers in this team to support disabled care leavers being supported within this team.

15.0 Brent's Local Offer for Care Leavers

- 15.1 Our Care Leaver Local Offer was refreshed and updated in this reporting year and presented to the Corporate Parenting Committee in October 2024, before being published.
- 15.2 The main changes in the revised local offer, including the commitments made as part of the Care Leavers Compact, are as follows:
- All eligible care leavers will be able to apply for the Digital Resident Support Fund for a device and 12-month free fibre connectivity in their home.
 - All eligible care leavers claiming universal credit will be able to apply for free internet access from TalkTalk (internet provider).
 - Our current work with Grandmentors will expand to recruit mentors from within the Council to offer mentorship to our care leavers this could be as simple as help with CV, or support if they move to their own tenancy, or more intensive mentoring over a longer period.
 - We will offer a rent deposit scheme to care leavers for whom private rented accommodation is assessed as a suitable option.
 - Care leavers can apply for half price bus and tram travel, we will pay the difference if the young person is in education, employment, or training.

- Statutory guidance requires local authorities to provide a leaving care allowance, to enable care leavers to purchase essentials (such as furniture, white goods and carpets/curtains) when they move into their first home. The allowance has been increased to £3000 for care leavers, or £3250 if you are a care leaver and single parent.
- festival and birthday allowances will rise in line with similar London local authorities.

15.3 Pan-London Care Leavers Compact and Covenant

The Pan London Care Leavers Compact provides a framework for developing consistency, breadth and quality in the support offered to London's care leavers. The compact was initiated in early 2022 to support a more consistent and high-quality offer for care leavers across the capital. The Council endorsed the adoption of the Compact and supports its implementation across the council. These commitments have been incorporated into our revised Local Offer.

Brent is a signatory to the Care Leavers Covenant. There are five housing related positions and an additional commitment relating to whole council support of Care Leavers through membership of the Care Leavers Covenant.

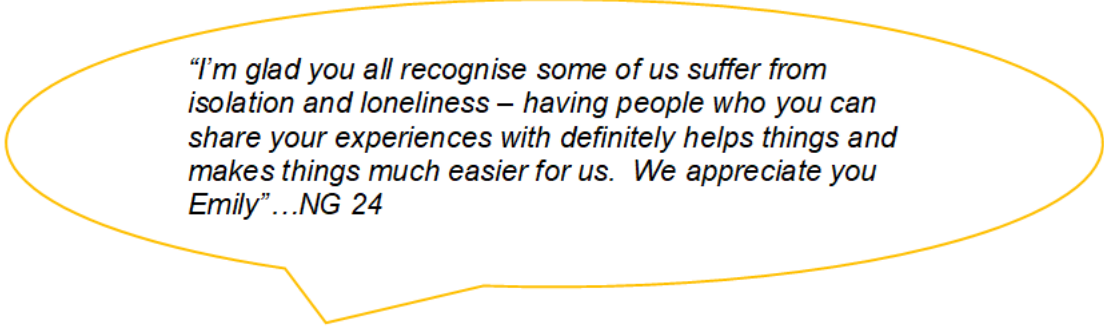
15.4 Brent Care Leavers Charter

The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what local authorities should do to be good Corporate Parents. The Brent Care Leavers Charter has been updated in line with the Brent Local Offer in this reporting period.

16.0 Care Leavers' Enrichment Programme

"The Hub"

- 16.1 The 'Hub Group' (Enrichment Programme) remains an integral part of the Care Leavers Service and seeks to combat isolation, build a network of friends and merge the gap between the younger and older care leavers. The group continue to plan activities, maintain contact with each other, and meet face to face on a monthly basis. Some care leavers now also meet up outside of the Hub Group and have formed closer friendships. Each monthly Hub session sees 7-13 young people attend, except for the December Christmas Party, which saw 20+ people attend. We continue to see an increase of younger care leavers joining the group too.
- 16.2 The Hub continues to discuss the challenges of life, world events, ongoing cost-of-living crisis, and sharing job adverts and opportunities. The care leavers continue to use this time and opportunity to share their experiences and support each other with rich and informative dialogue. The Hub group remains a safe space for young people to come and mingle with each other and alleviate some of the social isolation they may experience. Feedback confirms that young people value this space.



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

- 16.3 The group continue to celebrate religious events together where they meet for their annual Christmas Party as well as Eid celebrations, these are well attended and organised by staff, with the help of the manager of the Learning Zone. For summer 2025, the group have decided to plan a beach trip and have worked together to explore ways to both fund the trip and make it more inclusive. One of their ideas was to have a 'bring and share session' to allow for the money saved on eating out to be put towards the beach trip.
- 16.4 Those that attend the Hub are aged between 18-25 years and occasionally care leavers over 25 also attend. The older care leavers (22+) provide support to the younger ones often talking about real life issues such as pregnancy and having children, living independently and managing bills, university, apprenticeships and employment and also talk about their own care journeys as well as their future plans/goals. As a result of these friendships there has been personal development, with some young people feeling less isolation and shyness to becoming vibrant, confident and mature members of the Hub group. There have been several members of the Hub that have turned 25 years who have expressed an interest in their ongoing attendance. Discussions are ongoing, in partnership with Participation colleagues, in relation to developing a post 25 hub group for those young people that have left the service i.e. a 25+ Alumni group.
- 16.5 BCJ 2.0**
This reporting year has seen the end of our BCJ partnership with Barnados, and the development of BCJ 2.0. Please refer to section 9 for more information.
- 16.6 Grandmentors**
The Grandmentors programme aims to transform the lives of young people through the emotional and practical support of older volunteers. The trained volunteers aged 50 and over, forge trusting and positive relationships that support, challenge and empower mentees to unlock their own skills and to shape their own future. Grandmentors provide a vital link for young people as they navigate life after care. The support Grandmentors provides depends on the individual's needs, i.e. from managing a budget, to finding a job or progressing in education and/or building confidence and healthy relationships.
- 16.7 In this reporting period there has been 2 newly matched mentors/mentee and 9 new referrals. Due to changes of Grandmentor co-ordinators in 2024/25, there have not been as many 'matches' as hoped for. However, there is a new co-ordinator in post and there is a new cohort of 14 Grandmentors being onboarded which is very positive.
- 16.8 The Grandmentor offer has been extended to 16- and 17-year-olds in 2024/25, which is extremely positive for those young people who would benefit from a mentor to support them over the transition to leaving care.

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

16.10 The following case studies demonstrates the impact grand mentors can have on young peoples lived experience:

Following an incident at the young person's work, the mentor supported the mentee by meeting them at the hospital and also assisting them to attend their GP, they have been supporting them with a lot of emotional and wellbeing support regarding ongoing health issues as well as, budgeting, financial planning and maintaining their employment.

"I don't know where I would be without the help from my mentor."

The young person had been struggling with their emotional health, and her mentor took the time to listen and support her in areas which she wanted to discuss. This included discussions around possible courses and careers too. The young person's PA has also stated how fantastic this mentor is, patient, caring and such a great support.

"My mentor is great and thankful for all he has done for me."

17.0 Care Leavers in Education, Employment and Training

17.1 There were 36 young people in higher education in 2024/25. Of these 36 young people, 18 are in the 19 to 21 age range.

The overall drop in the number of Brent care leavers aged 19 to 21 in higher education from 2020-2025 is a result of a number of care leavers opting to engage in employment and training opportunities, rather than higher education. Examples of these are discussed below. Many care leavers often seek out higher education older than those who have not been in the care system. This is reflected in the larger number of care leavers in higher education post 21. Those in higher education are studying a range of courses, including Neuroscience, Business Management and Social Work. The table below highlights some of the provisional comparative data for young people engaged in higher education:

Care leavers aged 19 - 21 in Higher Education	Brent	Brent %	Statistical Neighbour average %	National %
2020-21	24	10%	8%	6%
2021-22	22	7%	8%	7%
2022-23	19	8%	8%	6%

2023-24	20	8%	7%	6%
2024-25	18	7%	TBC	TBC

- 17.2 At the end of the reporting year, the percentage of young people aged 19-21 in education, employment and training was 60%, this is an improvement on last year. The national key performance measures as related to outcomes for care leavers in education, employment or training are set out in the table below:

Care leavers aged 19 - 21 in Education, Employment or Training	Brent	Brent %	Statistical Neighbour average %	figure %
2020-21	128	54%	52%	52%
2021-22	140	56%	57%	55%
2022-23	131	53%	57%	56%
2023-24	117	53%	53%	54%
2024-25	153	60%	TBC	TBC

A care leaver in Higher Education

R is a 24 year old care leaver, who faced many challenges that she herself did not understand very well at the time. A lot of her challenges presented themselves in her behaviour, which made it very difficult to engage her with services. R then became a parent at 18. Concerns were later raised about R's relationship with her son's father and her parenting. This resulted in her son being placed on a Child Protection plan. At first, R did not take the concerns professionals had seriously. However, when she learnt legal action could be taken, the reality of losing her son became apparent. It was at this point R began to make some slow but vital changes to her life and parenting.

R engaged with services and built a family support network, all of which she was able to get the support she needed. R also gained awareness and understanding about the impact of her now past lifestyle choices, the impact they had on her and the development of her son.

Today, R's son remains in her care and the intervention of Children's Services have successfully ended. R is completing a 4-year BSc (hons) in Health, Well-being and Social Care. R has successfully completed her first year of her degree and has almost completed her second year. R hopes to have a career in the Mental Health sector supporting adults.

A care leaver applying for Higher Education

A is a 21-year-old young women who entered care with her younger sister following concerns regarding neglect whilst in their mother's care. Even through the challenges of her childhood, and subsequent entry into care, A placed an importance on education. A obtained her GCSEs and then went to her secondary

school's sixth form with a hope of obtaining her A Levels and progressing to university. Following sixth form, A was unsure what she would like to do at university and chose to take this time to seek employment. A then gave birth to her daughter in 2022 and following this, returned to work in 2023. A then made the decision to apply for the Open University and undertake a BA (Honours) in Primary Education Studies. A is waiting to hear back on whether she has been accepted and hopes to start her studies in September 2025.

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

Prospects

Prospects is a service within The Shaw Trust supporting NEET young people in finding suitable Education, Training and Employment opportunities. Prospects were successful in winning a continuation of a contract with Brent last year allowing continued work with our Care Leavers. The support from Prospects has increased with 2 workers co-located with the Care Planning and Leaving Care service 3 days a week. These 2 workers cover the 18–21-year-old cohort, ensuring they have an allocated education, employment and training specialist to support them moving forward. Senior management meet with the Prospects team on a monthly basis to review cases and identify any themes or areas we could support. Referrals can be made independently or via the monthly meeting and the Prospects team support our care leavers into a wealth of different education, training, and employment opportunities. Below is an example of the work they do:

A care leaver supported by Prospects

J is a 21-year-old care leaver who approached the Leaving Care service for support with employment.

J was referred to Prospects, who supported her to engage with their Change Protect which implements the use of Cognitive Behaviour Therapy. Whilst working with the Change Project, Prospects supported J in getting a job as a Barista. After several positive CBT sessions, J was supported to further develop her employability skills by registering for online courses in Childcare and Safeguarding, as they hope to develop a career in the Youth Work field.

Drive Forward Foundation

The Drive Forward Foundation worked with the Brent Care Leavers Service to identify Care Leavers who were NEET, and willing to engage in a CSCS Certification Card programme delivered by Wates. Wates enlisted 12 care leavers and supported them through a 2-week CSCS training program, providing them with the skills to gain their own CSCS authorized card. All 12 care leavers passed the course obtaining their Level 1 and 2 in Health and Safety, with several of the 12 also passing and obtaining their CSCS Certificate. One of these care leavers went on to be chosen by Wates, to complete an Apprenticeship with them and is currently employed Full Time developing his skills within this field!

Additional organisations

In recognising our hard-to-reach care leavers, including our UASC young people, the 21+ cohort, and those that may have additional needs or have recently left custody, we work with a number of external organisations to put additional support in place ensuring they have every opportunity to succeed. The main organisations

we work with to address this is the Pathway Group organisation who offer one-to-one education, employment and training coaching for young people referred. We work with the Pathway Group to refer our 21+ care leavers who may still remain NEET despite previous interventions, or who, for a range of reasons, did not access support whilst under 21. We have also established a link with the football organisation, Goals, who have a number of football centres in England and Scotland. They are able to provide referee and coaching training for free for our care leavers and the possibility of a job following this. An additional incentive for free pitch access for our care leavers is also included.

18.0 Care Leavers' Accommodation

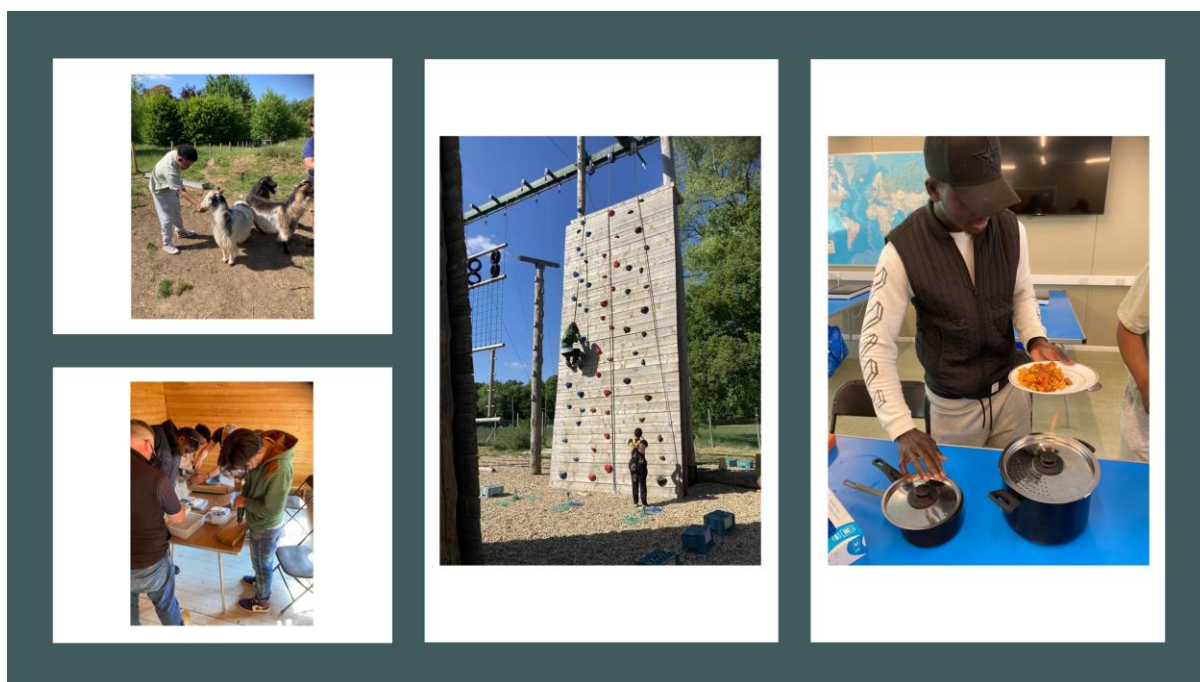
- 18.1 Brent Council is responsible for supporting Care Leavers until they are ready and able to move into independent living arrangements and this support is via the provision of commissioned supported accommodation placements. These placements, coupled with the length of time it is currently taking for Care Leavers to achieve their own social tenancy via the Council, is a significant cause of financial pressures within the CYP placements budget.
- 18.2 Currently supported accommodation placements are commissioned through either the Commissioning Alliance DPV or a spot-purchase arrangement with private supported accommodation providers. In this reporting period we launched our first Shared House model with a 6-bed block contract with Single Homeless Prevention Service (SHPS). This option has been designed to provide a more affordable, independent housing option for Care Leavers who are ready and waiting for their own tenancy.
- 18.3 The Brent Shared House has been operational since September 2024. 6 care leavers are living in this property and receiving 'floating support'. The number of support hours would be low compared to what a significant proportion of Care Leavers receive in semi-independent provision. The 18 hours of floating support provided are shared across the care leavers in the house based on their support requirement that week and can be flexed. This means all young people could receive three hours one week or one young person might require four whilst another young person receives two hours.
- 18.4 The young people in the Shared House are the young people bidding for independent housing via LOCATA, the Council's social housing bidding route. With an established waiting list of identified care leavers, the risk of voids is reduced and the turnaround time for re-let is 48 hours which has been achievable to date. In 2025/26 we hope to establish a second Shared House.
- 18.5 In preparation for independent living, young people are supported to complete either the ASDAN Independent Skills Programme or the Gordon Brown Practical Skills Weekend along with the My Bank Money Programme before being referred for their own accommodation. PAs continue to complete a vulnerability assessment as well as provide evidence of the young person's readiness for their own accommodation.
- 18.6 The Leaving Care service and the Housing team meet monthly for the Housing Allocations Panel where referrals are discussed and accepted for housing, thereafter, care leavers can bid for three months before being eligible for a Direct Offer. Once a care leaver has secured their own accommodation they are supported to furnish and buy essential items for their property with a 'setting up home allowance' of £3000. In

this reporting year we have supported approximately 22 young people into their own tenancies.

- 18.7 Following the success of the Gordon Brown pilot scheme, this has now become of part Brent's life skills programme. The centre is in a natural setting that enables young people to experience positive activities such as low ropes, high ropes, archery, farm animals, and a fire-making woodland/campfire area. Gordon Brown weekends are run every alternate month with males and females attending separately. Each young person is given a starter pack for when they move into their tenancy which includes a tool kit, pots and pans and other essentials for living independently. 20 young people attended Gordon Brown in 2024 and half of them have been presented and accepted at housing panel. In addition to this, each young person being nominated for a tenancy has to complete the ASDAN workbook and MyBank financial workshop, this gives the young people the confidence and the skills to be able to manage a tenancy.
- 18.8 Below are some comments young people have made about the Gordon Brown Centre and pictures of young people engaging in some practical and fun activities:

Gordon Brown Centre – Feedback from participants





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

In addition, in this reporting period, joint Leaving Care, Commissioning and Housing meetings have been held as part of our ongoing commissioning work, chaired by the Head of Service, to develop closer relationships across services, trouble shoot specific issues related to accommodation for care leavers, and to explore different and creative ways of supporting care leavers into independent living.

- 18.10 At the end of the reporting year, 90%(229) of care leavers aged 19-21 were in suitable accommodation, compared to 85% the previous year. Apart from the cohort of care leavers on remand or incarcerated, this data is reflective of the care leavers who choose to not stay in touch with the Leaving Care service and therefore the nature of their accommodation is unknown.

Care leavers aged 19 - 21 in suitable accommodation	Brent	Brent %	Statistical Neighbour average	Statistical Neighbour average %	National Figure	National figure %
2020-21	208	88%	210	83%	28270	88%
2021-22	213	86%	212	85%	29270	88%
2022-23	206	83%	212	85%	30320	88%
2023-24	224	85%	198	94%	31630	88%
2024-25	229	90%				

**Brent's statistical neighbours changed in 2023/24 to: Ealing, Newham, Hounslow, Haringey, Luton, Slough, Barking and Dagenham, Enfield, Waltham Forest*

18.11 Care Leavers continue to be placed in appropriate and safe accommodation. Those who are not ready to move to independence are encouraged to stay put with their foster carers or in semi-independent accommodation until they are ready, with the expectation that carers identify how they will support transition to independence. The number of care leavers in semi-independent provision has risen to 260 in March 2025, compared to 227 in March 2024. This increase is mainly due to the pressure on the availability of social housing tenancies for care leavers. Additionally, there are several former UASC who have been waiting for a Home Office decision which has been delayed due to the backlog of cases being dealt with by immigration caseworkers.

19.0 Priorities for Corporate Parenting Partners 2025/26

- To develop the Government's 'Families First Programme' priorities as they relate to children in care and care leavers
 - re-introduction of Family Group Conferences
 - establishing Lifelong Links
 - continued focus on kinship care as a first option for children who are unable to live with parents
 - where reunification is the goal, to support families to develop plans that facilitate safe return home
- To maintain the progress made in relation to recruitment and retention of social workers and Personal Advisors with the aim of continuing to develop quality and consistency of practice and creating stable, caring relationships with their children and young people.
- Continued focus from all partners to improve holistic health services and outcomes for CiC and care leavers, including emotional wellbeing and CAMHS i.e. ensuring all young people leaving care understand how to access their health histories, improved immunisation take up, and targeted wellbeing support for UASC and former UASC.
- Continued work on accommodation pathways and developing independence skills for care leavers, particularly those placed within semi-independent provision and their readiness to move on.
- Continued focus on recruitment and retention of Brent foster carers so that Brent children can be cared for close to family and school.
- Continue to promote the voice and engagement of children and young people in day-to-day practice, i.e. co-design and co-production response to Bright Spots Survey action plan.
- To continue to develop, improve and embed practice in relation to life story work for children in care.

20.0 Stakeholder and ward member consultation and engagement

- 20.1 Stakeholder consultation and engagement takes many varied methods within the service, and we are committed to evaluating and developing new and creative ways of hearing from stakeholders.
- 20.2 Carers views are sought through one-to-one discussions with their SSW, Annual Foster Carer Reviews, and Support Groups. Carers are encouraged to provide written feedback on their experiences.

20.3 Children and young people provide feedback through discussions with their social worker, IRO, or their carers SSW, Looked After Children Reviews, written feedback for Annual Foster Carer Reviews, Personal Education Plan (PEP) meetings, Care in Action/Participation activities, Brent Care Journeys.

21.0 Financial Considerations

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

22.0 Legal Considerations

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

23.0 Equity, Diversity & Inclusion (EDI) Considerations

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

24.0 Climate Change and Environmental Considerations

24.1 There are no climate change or environmental considerations.

25.0 Human Resources/Property Considerations (if appropriate)

25.1 There are no human resource or property considerations.

26.0 Communication Considerations


26.1 There are no additional communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children, Young People and
Community Development

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	Corporate Parenting Committee
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children, Young People and Schools - Cllr Gwen Grahl
Brent Looked After Children Annual Health Report 2024/25	

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the duration of the meeting, on the grounds that the attendance of representatives from the council's Children in Care council, necessitated the disclosure of exempt information as defined in Paragraph 2, Part 1 of Schedule 12A, as amended, of the Act, namely: Information which is likely to reveal the identity of an individual.
List of Appendices:	1. Brent Looked After Children Annual Health Report 2024/25
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Julia Blankson Named Nurse for Looked After Children in Brent CLCH julia.blankson2@nhs.net Kim Lewis Head of Clinical Services - Brent Children CLCH kimlewis2@nhs.net

1.0 Executive Summary

- 1.1 This annual report provides information to the Corporate Parenting Committee (CPC) in relation to the health needs of Brent looked after children and the services provided to these children in 2024/25.

2.0 Recommendation(s)

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

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

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

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

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

4.0 Background

- 4.1 Please refer to Appendix 1, Brent Looked After Children Annual Health Report 2024/25.

5.0 Stakeholder and ward member consultation and engagement

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

6.0 Financial Considerations

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

7.0 Legal Considerations

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

8.0 Equality, Diversity & Inclusion (EDI) Considerations

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

9.0 Climate Change and Environmental Considerations

- 9.1 There are no climate change or environmental considerations.

10.0 Human Resources/Property Considerations (if appropriate)

10.1 There are no human resource or property considerations.

11.0 Communication Considerations

11.1 At this stage there are not any communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children, Young People and
Community Development

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CLCH Clinical Quality Group (CQG)

Report title:	Brent Looked After Children Annual Report 2024/2025
Agenda item number:	
Lead director responsible for approval of this paper	Director of Operations – Outer Northwest Division
Report author	Kim Lewis – Head of Clinical Services Brent Children
Strategic priority	Quality
Freedom of Information status	Available upon request
Executive summary: <p>This report provides an annual review on the delivery of health services to Brent Looked After Children (LAC) by the Brent LAC Health Team, within Central London Community Healthcare NHS Trust from April 2024 – March 2025.</p> <p>It is the responsibility of the LAC Doctors to complete the initial health assessments, the LAC Nurses to complete the review health assessments, and the Medical Advisors to provide advisory reports for adoption and adult fostering.</p> <p>Data summaries are provided in relation to the LAC profiles, service performance indicators, health clinical activities, health needs of LAC, service improvements, team achievements and challenges. The report concludes with an outlined forward improvement plan for the following year, to offer assurance to continue the safeguarding and health promotion of Brent LAC's welfare.</p>	
Assurance provided: Ongoing quarterly monitoring at CQG.	
Report provenance: Quarterly reports to CLCH Safeguarding Committee	
Report for: Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/>	
Recommendation: For information only.	

Central London Community Healthcare NHS Trust (CLCH)

Looked After Children [LAC] Health Service

Annual Report

2024/2025

Report Author: Kim Lewis – Head of Clinical Services

Date: 11th June 2025

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1. Introduction

1.1 The National Picture

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

Under the Children Act 1989¹ a child is considered to be 'looked after' if they are accommodated by a local authority for a continuous period of more than 24 hours, are subject to a care order (Full (s31) or Interim Care Order (s38), an Emergency Protection Order (s44 & 46), a voluntary agreement with parents (s20) or remanded to a local authority or subject to a criminal justice Supervision Order (s21).

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

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

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

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

- [Pass the Parcel, Children Posted Around the Care System](#) [Children's Commissioner 2019]
- [Not Seen, Not Heard](#) [CQC 2016]⁴
- [Coram BAAF](#) [2017]
- [Working Together to Safeguard Children](#) [HM Government, 2023]⁵

- [Looked-after children and young people](#) [NICE Guidance NG205, 2021]⁶

The number of children looked after on 31 March 2024 in England was 83,630. This is a small decrease of 0.5% from 2023⁷. Data for March 2025 has not yet been published.

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

National Profile

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

From April 2023 to March 2024, there were 7,380 children looked after who were UASC, a 0.5% decrease from the year before ⁷. Data for March 2025 has not yet been published.

UASC now make up 9% of the Looked After Children population, which has increased from 6% in 2020 ⁷. Application for asylum to the UK was commonly as a result of political instability from civil wars in other countries, such as Iran, Afghanistan, Syria⁸. The top country of origin for applications from unaccompanied children in the last 12 months was Sudan⁸.

In February 2022, the voluntary National Transfer Scheme (NTS) became mandated, for local authorities to engage in the secure transfer of UACS across the UK, between local authorities, guaranteeing access to required services and support⁹.

2.1 Brent Looked After Children Profile

The number of Brent LAC UASC cases peaked in April 2022, reflecting the national profile at the time. The case numbers of UASC in Brent stabilized to between 50-60 cases open at any one time in 23/24 and has averaged 50 cases open at any one time in 24/25.

The health assessment referrals received for UASC, are predominantly male, with the primary reasons for being in care, as per national profile, of political instability in their country of origin, so either no parent

around, risk of being killed or persecuted, if they stayed in their country of origin. Age groups range from 15-17 years of age, with 17 being the common age.

2.2 The Local Picture

Brent LAC Health Team had 328 children on their caseload on the 31st of March 2025, compared to 368 in the previous year, a decrease of 40 children (note: children who have recently entered care and are therefore below 12 months in care, will cause variation in numbers for year ending). The caseload has fluctuated between 314 and 409 CYP across the last 12 months.

Chart 1 highlights the decreased Brent LAC caseload numbers for 2025 compared to 2024 and 2023.

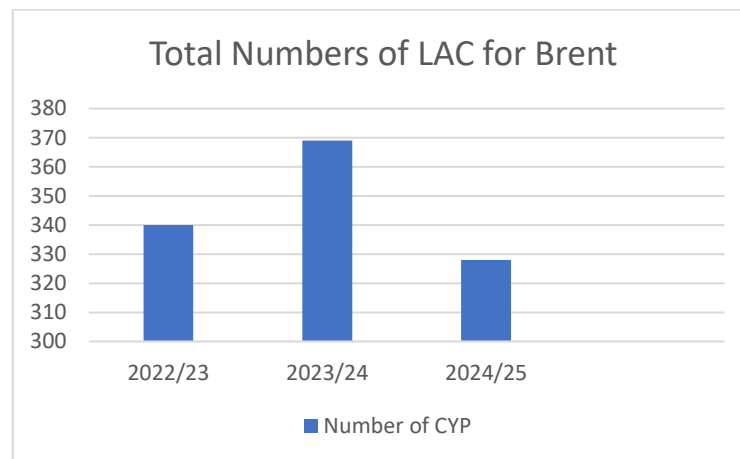


Chart 2 represents the age grouping categories, indicating that the majority of Brent LAC are aged 5-16 years old, which was the same as the previous year. The number of CYP who are in the 5-16 age range has increased by 9% compared to last year, whereas the number of CYP over the age 16 has decreased by 11% and the number of CYP under 5 years has increased by 2% compared with last year.

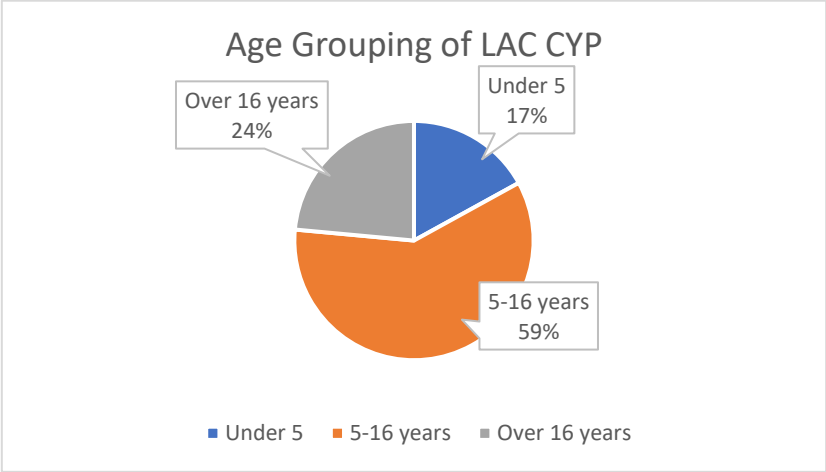


Chart 3 displays the proportion of Brent LAC location placements, which is still predominantly outside of the London borough of Brent. This has reduced since last year when 30% were in Brent and 70% were out of Brent.

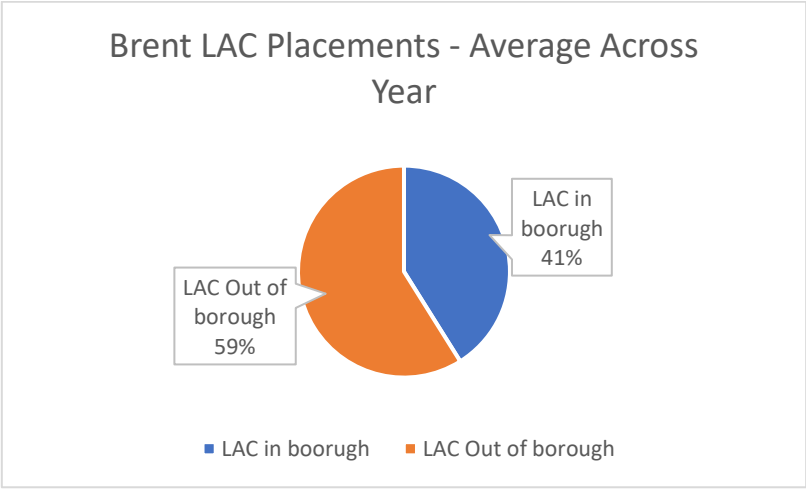
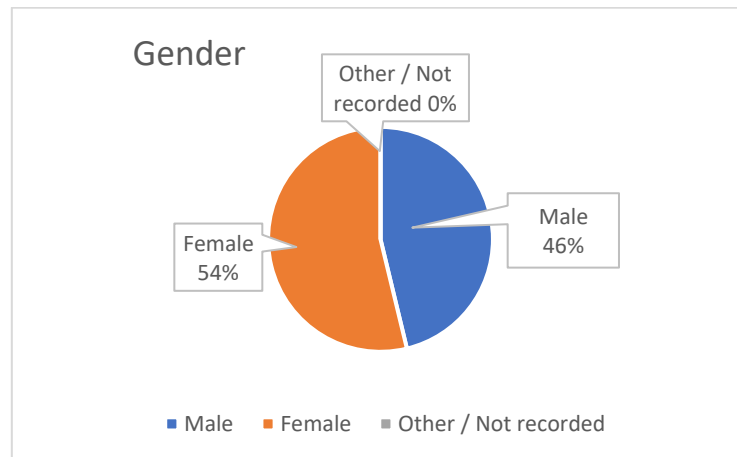


Chart 4 shows that the majority of Brent LAC were female for the year ending 2025. This is different to the previous 2 years where LAC were predominantly male (60% male in 2024).



Service summary

The Brent LAC team is located across two sites in Brent, with the nursing and administrative staff being based at Sudbury Primary Care Centre and the Paediatricians and Named Doctor at Chalkhill Centre for Health.

3.1 Staffing and supervision

Staffing in the clinical team has remained stable throughout 2024/25 however maternity leave and long term sickness has had some impact. Two Band 7 LAC nurses took on extra responsibilities to provide support for several months and the wider team was supported by the Named Doctor or LAC. A sickness rate of 7.5% was reported across the 24/25 year, peaking during Oct-Dec 24 and again in March 25. This is a significant decrease on the sickness rate of 15.3% reported in 23/24.

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

The service is delivered to all children and young people (CYP) aged 0-18, who are Looked After by the London Borough of Brent. The IHAs are undertaken by Paediatricians and the review health assessments (RHAs) by nurses. Our service also manages the governance of the administrative and advisory reports for childrens adoption and adult health fostering, supported by our administrative staff and a bank part-time

Medical Advisor for Adoption and a substantive part-time medical advisor for Adult Health fostering (AH), both are Paediatric Consultants. The service management and all data are reported centrally by the Named Nurse for LAC or Band 7 LAC nurses in her absence.

The Royal Colleges Intercollegiate Guidance Looked After Children: roles and competencies of healthcare staff (December 2020) ¹⁰ sets out the recommended clinical caseloads held by nurses within LAC teams, , which is

- 100 children per 1 WTE Band 7 nurse
- 50 children per 1 WTE Band 8a named nurse.

(It should be noted that the Royal Colleges Intercollegiate guidance is currently under review, with new guidance due to be published in summer 2025).

The Brent LAC caseload stands at 328 CYP at the end of March 2024, however it fluctuated up to as much as 409 in October 24. An average caseload of 350 should have one band 8 and three band 7 nurses and 2 administrators, which aligns with current team establishment.

The Named Nurse for LAC has a clinical caseload as well as responsibilities for operational, educational, and supervisory responsibilities, including managing the overall Brent LAC service. Importantly, the quality of service was maintained with the support of the team, designates, social care teams and the Head of Clinical Services.

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

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

- 1: 1 sessions for the Named Nurse with the CLCH Named Nurse for Safeguarding Children and CLCH Head of Childrens services respectively.
- CLCH LAC nurses clinical and safeguarding supervision at forums.

3.2 Working together in partnership

Partnership meetings attended and their function includes:

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

4. Performance Indicators

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

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

Performance against these KPIs is reported in section : LAC Health Team Clinical Activity below

5. LAC Health Team Clinical Activity

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

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

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

The team are currently commissioned to see all children placed within the M25 boundary. Agile working continues on an individual basis for health assessments. For both provider and LAC, this represents a choice, and has afforded flexibility in mode and method of assessment which for some children and young children

(CYP) within the caseload, as well as foster carers, is viewed more positively than face-to-face appointments.

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

To aid this, the Brent LAC health team send advance reminder notices to the local authority (social care) 2 months in advance, followed by weekly reminders. Escalations are made via partnership working involving CLCH, social care and the designates at the ICB.

The table below reports on timeliness of Initial Health assessments throughout 2024/25:

Timeliness of health assessments -2024-2025												
IHAs												
	Apr il	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	6	16	3	0	8	4	3	5	4	2	6	4
In Borough assessments completed	4	4	2	0	7	2	3	5	8	2	6	4
In Borough reports in timescales	4	4	2	0	7	2	3	5	8	2	6	4
Out of Borough assessments due	12	9	2	5	2	5	9	7	8	3	6	9
Out of Borough assessments completed	7	4	0	4	2	3	0	7	1	2	6	4
Out of Borough reports in timescale	7	4	0	1	2	3	0	6	0	2	6	4
Total assessments completed	11	8	2	4	9	5	3	12	9	4	12	8
% Completed on time based on report (excl exception)	61	53	20	20	90	56	25	92	67	80	100	62
% Completed on time based on report (incl exceptions)	78	53	100	40	100	78	25	100	83	100	100	62

Where breaches to statutory timescales occur, reasons for the breach are recorded monthly and reported to the ICB. These are summarised in the table below:

Cause of Breach - IHA	% of breaches across year	Comments
Did Not attend / Was not brought	18%	Equally spread across all months.
CYP declined assessment	3.6%	These are typically older CYP.
Referral forms not received from social care teams	0%	
Referral forms received late from social care teams	40%	32% of these were in the first 6 months of the year. Timeliness of referrals have improved significantly during the second half of the year.
Waiting for assessment in borough outside of borough / commissioned area	34%	32% of these occurred in the second half of the year. CYP waiting for assessments in other boroughs has become a greater issue in the last 6 months.
Other misc: Doctor taking emergency family leave before report submitted CYP on School induction, rebooked	1.8% 3.6%	

Timeliness of health assessments -2024-2025												
RHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	4	8	13	10	4	6	7	7	10	6	6	7
In Borough assessments completed	3	8	9	5	4	5	7	7	9	3	4	5
In Borough reports in timescales	3	8	9	5	4	5	7	7	9	3	4	5
Out of Borough assessments due	15	16	12	20	12	16	7	8	11	12	16	13

Out of Borough assessments completed	12	9	6	10	12	8	5	3	6	5	10	2
Out of Borough reports in timescale	12	9	6	10	6	8	5	3	6	5	10	2
Total assessments completed	15	17	15	15	16	13	12	10	15	8	14	7
% Completed on time based on report (excl exception)	79	71	60	50	100	59	86	67	71	44	64	35
% Completed on time based on report (incl exceptions)	100	100	100	100	100	100	100	100	100	100	100	100

Cause of Breach - RHA	% of breaches across year	Comments
Did Not attend / Was not brought	5.9%	Equally spread across all months
CYP declined assessment	0%	
Referral/BAAF forms not received from social care teams	53%	The majority of these (32%) were in the first half of the year, this the remaining (21%) in the second half of the year. Timeliness of BAAF form submission from social care improved during the second half of the year.
Referral/BAAF forms received late from social care teams	3.2%	
Waiting for assessment in borough outside of borough / commissioned area	38%	22% of these occurred in the first half of the year.
Other misc:	0%	

Other contributing factors for performance:

The placements for Brent LAC placed outside the Brent borough, covered areas including Croydon, Dartford, Leicester, Shropshire, Buckinghamshire, Waltham Forest, Ilford, Liverpool, Rochester,

Brent LAC doctors see children at Brent located clinics only and nurses are commissioned to travel within the M25, a 20-mile distance from base. Although there is an argument for LAC nurses to travel out for continuity of care, conversely, should nurses travel extensively, this may reduce capacity for the volume of LAC cases seen per month and less time for other essential health promotion work for LAC and Brent LAC nurses are unlikely to be aware of local resources available in boroughs in other parts of the country to be able to provide effective support and referrals for CYP placed in those areas.

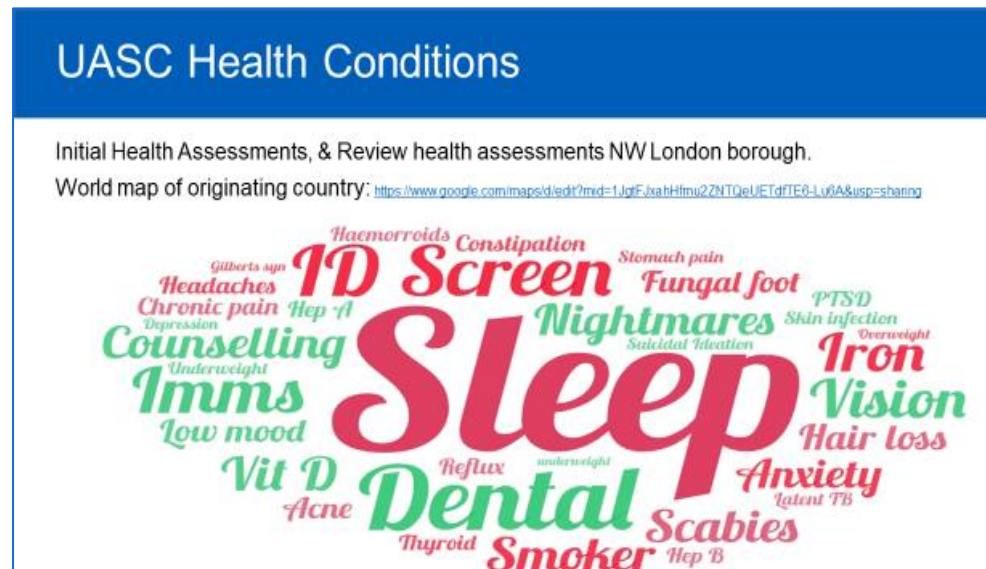
Health Needs Identified in Assessments



Page 12

chances of reaching their potential and leading happy and healthy lives as adults. (Promoting the health and wellbeing of looked after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015)

5.3 Health needs of our Unaccompanied Asylum-Seeking Children



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

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

5.4 Childhood Immunisations

Immunisations				
Source : Brent Social Care -SSDA 903 Data				
	2011-2022	2022-2023	2023-2024	2024-2025
LA13.07-Percentage of children whose immunisations were up to date.	72%	73%	78%	Validated 24/25 903 data available end June 2025.

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

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

The validated SSDA 903 Data for 24-2025, will not be available until after June 2025, hence unable to make comparisons at this stage to the previous years 78% immunisation completion.

Data collected from the Brent LAC Health Team's monthly exception report (April 2024- March 2025), the percentage of IHA completed immunisation indicates immunisation completion for IHAs was 26% across

the year, whereas immunisation completion for RHA is at 83% showing the marked increase in immunisation uptake by the annual review assessments.

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

5.5 Dental Health

Dental health				
Source : Brent Social Care -SSDA 903 Data				
	2011-2022	2022-2023	2023-2024	2024-2025
LA13.08- Percentage of children who had their teeth checked by a dentist.	81%	86%	89%	Validated 24/25 903 data available end of June 2025.

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

Data collected from the Brent LAC Health Team's monthly exception report (April 2024- March 2025), the percentage of up-to-date dental checks at IHAs was 29% across the year, whereas this increased to 87% at RHA, again showing a marked improvement of uptake by the annual review assessments.

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

5.6 Visual Health

Visual Health			
Source : Brent LAC Health Team monthly exception report			
	2022-2023	2023-2024	2024-2025
Percentage of CYP who had their eyes checked by an optician within the year	Of the IHAs seen - 40% completed checks Of the RHAs seen - 43% completed checks	Of the IHAs seen - 33% completed checks Of the RHAs seen - 65% completed checks	Of the IHAs seen - 26% completed checks Of the RHAs seen - 69% completed checks

Brent Social care do not report on optician visits through SSDA 903 data. Data collected from the Brent LAC Health Team's monthly exception report (April 2024- March 2025), the percentage of up-to-date vision checks at IHAs was 26% across the year, whereas this increased to 69% at RHA, again showing a marked improvement of uptake by the annual review assessments.

Lack of vision checks can be due to difficulty in registering with local opticians and frequent placement relocation of LAC. Work continues on supporting access to opticians, whilst acknowledging that most opticians accept registrations from 4 years of age.

5.7 GP Registration

GP Registration			
Source : Brent LAC Health Team monthly exception report			
	2022-2023	2023-2024	2024-2025
Percentage of CYP registered with a GP	Of the IHAs seen - 82% completed checks Of the RHAs seen - 99% completed checks	Of the IHAs seen - 89% completed checks Of the RHAs seen - 98% completed checks	Of the IHAs seen - 89% completed checks Of the RHAs seen - 100% completed checks

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

Data collected from the Brent LAC Health Team's monthly exception report (April 2024- March 2025), the percentage of up CYP registered with a GP at IHAs was 89% across the year, which this increased to 100% at RHA, again showing a marked improvement of GP registrations by the annual review assessments.

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

5.8 Emotional and Mental Health

During 23/24, 70% of Brent LAC were reported as having emotional/mental health concerns however only 30% of LAC reporting receiving emotional/mental health service support. Data for 24/25 is not currently available.

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

Considering the UASC population, whose stressors originate mostly from extrinsic factors such as separation from family, journey traumas, adjusting to cultural differences living in the UK, contact with border agencies, unfamiliar children's services, and other state services, commonly present with post-traumatic stress disorders, depression, and anxiety. Given the average age of UASC, most will quickly face

transition to leaving care services, where what is made available to them will depend on their eligibility for a pathway plan under the Children [Leaving Care] Act 2000.

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

Strengths and Difficulties Questionnaires [SDQ's] are completed for children aged 4-17 years old. The SDQ is not diagnostic but a behavioural screening tool, to examine a child's mental wellbeing along four broad categories to plan therapeutic support referrals. A score of 0-13, banded as *normal*, 14-17 as slightly raised and *borderline* but scores of 17-19 as high and scores of 20-40 as very high and are *cause for concern* for specialist mental health intervention. However, the tool must be used within a holistic assessment to capture a more valid assessment, as the forms may be subjective, due to being self- completed by young people, teachers, and carers.

In Brent, the distribution and scoring of the SDQ to CYP and foster carers is the responsibility of the social workers to undertake on an annual basis. However, this has not always been consistent due to the high turnover of social workers.

The SSDA 903 Data for March 2025 ending, will not be available until after June 2025, hence the team is unable to make comparisons at this stage to the previous year of the emotional and behavioural data.

5.9 Substance Misuse

During 23/24, 90% of Brent LAC were reported with substance misuse however only 10% of LAC reporting receiving substance misuse support. Data for 24/25 is not currently available.

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

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

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

5.11 Quality- Childrens experience of Health Assessments/journey:

No formal or informal complaints, PALS or concerns were received regarding the Brent Health LAC team in 24/25. There have been no serious incidents (SIs) reported in this timescale.

The Brent LAC Health Team has been working with young people on a co-produced animation project titled *'Through Our Eyes - Shaping safer, more effective care through lived experience of Looked After Children'*.

An animation has been created using real words and drawings from young people in care in Brent. Developed with the Brent LAC health team alongside the local council, and youth services, it aims to help professionals understand what young people need and how to support them better. The animation aims to improve how staff communicate, build trust, and involve young people in their care as well as increasing understanding of the health assessment of the Looked after Children Team for health.

By listening to children and involving them from the start, this project shows how working together can make a real difference in health and care services. The project is now in its final stages before the animation is launched across the borough and has recently been shortlisted for a HSJ Patient Safety award under the category of *'Improving Care for Children and Young People Initiative of the Year'*. Award winners will be announced in September 2025.

Medical Advisors for Adoption and Fostering:

5.12 Children adoption health advisory reports governance

Children adoption advisory reports governance-April 2024- March 2025			
Source : Brent LAC Health			
Type of report advice requested	2022-2023	2023-2024	2024-2025
For the Agency Decision Maker (ADM)	10	22	6
For Adoption	5	5	15
Total cases	15	27	21

5.13 Adult health fostering reports governance

Adult health fostering advisory reports governance-April 2024- March 2025			
Source : Brent LAC Health			
Type of fostering report advice requested	2022-2023	2023-2024	2024-2025
Special guardianship order (SGO)	35	39	20
Kinship foster carer	29	9	15
General foster carer	84	74	68
Other - Short breaks carer	2	7	3
Nominated carer	0	1	0
Total cases	150	130	106

Through a standalone contract with the local authority, Brent LAC Health Team currently manages the governance of the administrative and advisory support for children's adoption and adult health fostering, supported by our administrative staff, a bank part-time Medical Advisor for Adoption, and a substantive part-time Medical Advisor for Fostering (both are Consultant Paediatricians). The current contract is in place until May 2026.

The tables above show adoption and fostering cases from the Brent LAC population. Cases of adoption decreased by 22% in however remains 40% higher than 22/23. Adult fostering health assessments decreased by 18% compared to last year, which is a 29% decrease from 22/23 showing a downward trend across the three years. All cases were completed for the year.

Following the Somerset Ruling in April 2022, (CoramBAAF, 2022)¹¹, our team follows the regulatory processes for undertaking the ADM, followed by the adoption advisory report, when requests are received from Brent social care. Shared pathways devised by Brent LAC health and agreed with Brent social care LAC continue to be followed.

5.14 Training

The Brent Health LAC team provide a range of training sessions to professionals and carers who support LAC. In 2024/24 this included sessions on Oral health, Mental health, CAMHS referrals processes, immunisations as well as specific and regular training sessions for Brent social workers on referral processes to the Brent Health LAC Team. This will continue into 2025/26.

6 Service Improvements

6.1 Service Improvements and Team Achievements

- The team have been shortlisted for a HSJ award for its animation project, co-produced with Brent CLA and partners, due to be launched later in 2025.
- Brent LAC Health Team has designed streamlined BAAF forms with consultation with stakeholders and is implementing these across the system. Feedback has been positive and is reducing administrative burdens and improving timeliness of referrals.
- Revision of outdated SOPs, pathways and formulation of new SOPs and pathways for the team and the shared pathways with social care is ongoing.
- The team continue to utilise and refine systems for managing the influx of request, queries and advice from other professionals.
- Quality assurance of reports and ongoing systematic process to collate the KPIs assessment to ensure health needs of LAC are captured and actioned
- A new Medical Advisor for Adoption has been recruited and onboarded onto bank and she is now providing a secure and timely service. The team now have two bank paediatricians who can complete medical advisory work, removing the single point of failure previously experienced in the team and this has enabled the team to cover any planned or unplanned leave without gaps in service.

- The leaving care summary for each YP links to GP registration as well as access to health records, immunisations and sexual health and wellbeing services.
- The team continue to promote free prescriptions for LAC which is discussed and note in the 'leaving care summary' for each young person.

6.2 Challenges

Several challenges are being worked through with senior management and system partners:

- The numbers of Brent LAC waiting for assessments (both IHA and RHA) in breach of statutory timescales when placed in boroughs outside of the currently commissioned area the team covered is rising. IHA and RHA assessments continue to be delayed, due to issues beyond our control, such as the hosting borough's capacity issue, which is currently a national issue.
- NWL ICB has developed a core offer specification to standardise practice and reduce variation in all LAC teams across all the NWL boroughs. Part of this work proposes to reduce the commissioned boundary to a 1-mile border which may increase the risk of Brent CYP waiting for assessments by other teams, especially those who are not placed within the other boroughs that fall under NWL ICB.
- The rising number of other borough requests for IHA and RHA assessments of their LAC placed in Brent. This increases waiting times for LAC assessments as impacts capacity.
- Support services required for the emotional and mental wellbeing of LAC is an ongoing concern, due to the long waiting times by Brent CAMHS; up to 2 years. Working with partners to explore alternative solutions.
- Work is ongoing with the ICB designates and the LA to improve the referral submission request forms to Brent LAC Health Team, as this continues to be a significant challenge in ensuring statutory assessment timescales are met.
- It has been difficult to obtain basic information on CYP who require an IHA who are in hospital as acute clinicians and not familiar with, and report they are unable to complete, standard BAAF forms. An alternative short format interim form has been devised locally and is going through CLCH governance processes ahead of a pilot to address this issue.

6.3 Audits and Consultations

A Northwest London ICB wide audit for children in care is scheduled for June 25 for the 24/25 year, to be undertaken by the designated nurse and doctor for LAC. The team will be reviewing IHA/RHA quality and

standards along with specific health needs of this population, borough by borough with an overarching report provided for all of NW London

Forward Planning for 2025/2026

- Continue to work with NWL ICB to develop and mobilise the NWL core offer specification for LAC. This will include changing service delivery parameters to a 1-mile border for all NWL trusts rather than the currently commissioned 25 catchment area. Significant work through the NWL ICB working group will be required to safely operationalise changes.
- Advertise the Medical Advisor for adoption and fostering roles as substantive positions to increase role security within the trust. The Medical Advisor for Fostering will be advertised to attract GPs to undertake the assessments of adult foster carers health rather than this being undertaken by a paediatrician whose specialist skills are not best used in this role.
- Continue to work with the Brent local authority social care team and ICB designates to develop systems to support clinicians to understand and follow local processes for requesting IHA and RHA, to support timely completion.
- Network with and more joint working with placements, fostering teams, accelerated support team, social care UASC team, social care care-leavers team, children's disabilities team, community dentists, community immunisations team, GPs, emotional wellbeing team(VIA), CAMHs, virtual school, youth offending service, foster carers and keyworkers to ensure that all children and young people are supported to access the dentist, optician, complete immunisations, access emotional support, offer nutritional and healthy lifestyle choices advise, register with a local GP and to offer health promotion education and advice on a sessional basis.
- Brent LAC Health Team training to increase LAC service awareness to other professionals such as social workers, health visitors, school nurses, therapists, community children's nurses, student nurses, trainee doctors, allied therapists, and General Practitioners, around the service we provide, health needs of LAC and joint working.
- Continue quarterly meetings and yearly away day (development) with the LAC Nurses across other boroughs covered by CLCH, working within a community of practice to share learning.
- To work with the ICB and other partners around care leavers, commissioning a care leavers health service that meets the needs of young people post 18 years of age.
- Partake in Corporate Parent meeting.
- Children and young people within the LAC service are a very mobile population and it is important to track them carefully to ensure that the health assessments take place. For health, EMIS is the database used and we do not have shared IT with social services data base, Mosaic. Ongoing work to co-locate teams during part of the week to enable Mosaic access with our social care partners.
- To review the new intercollegiate guidelines for LAC, to be published imminently, and to implement any changes required.
- To review the new national BAAF form, when published (due summer 2025), and implement any changes required across the LAC system within Brent.

Appendix - Glossary of Term

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend.

IHA- Initial Health Assessment

LAC /CLA- Looked after Child / Child Looked after

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment


SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child

References

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- ¹ HM Govt [1989] The Children Act Crown Publications
 - ² DH [2010] Care Planning, Placement and Case Review Regulations. Crown Publications
 - ³ [Coram BAAF](#) [2017] Coram BAAF Adoption and Fostering Academy.
 - ⁴ [Not Seen, Not Heard](#) Care Quality Commission, 2016.
 - ⁵ [Working together to Safeguard Children](#) HM Government 2023
 - ⁶ NG205 Looked-after children and young people [NICE, 2021].
 - ⁷ [Children looked after in England including adoptions](#) (HM Government, June 2025).
 - ⁸ [Top facts from the latest statistics on refugees and people seeking asylum](#) (Refugee Council 2025)
 - ⁹ [Children looked after in England including adoptions](#), (HM Government, November 2024) National statistics,
 - ¹⁰ [Looked After Children: roles and competencies of healthcare staff](#), (RCN/RCPCH, December 2020)
 - ¹¹ [Update briefing: Somerset County Council v NHS Somerset Clinical Commissioning Group & Ors](#) CoramBAAF, 2022

	Corporate Parenting Committee 14 July 2025
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children, Young People and Schools - Cllr Gwen Grahl
Independent Reviewing Officer Annual Report 2024/25	

Wards Affected:	N/A
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the duration of the meeting, on the grounds that the attendance of representatives from the council's Children in Care council, necessitated the disclosure of exempt information as defined in Paragraph 2, Part 1 of Schedule 12A, as amended, of the Act, namely: Information which is likely to reveal the identity of an individual.
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Palvinder Kudhail Director, Early Help and Social Care Palvinder.Kudhail@brent.gov.uk Sonya Kalyniak Head of Safeguarding and Quality Assurance Sonya.Kalyniak@brent.gov.uk Sabine Kadhaya Service Manager, Safeguarding and Reviewing Sabine.Kadhaya@brent.gov.uk

1.0 Executive Summary

- 1.1. The Annual Independent Reviewing Officer (IRO) Report is prepared by the Safeguarding and Reviewing service in accordance with the statutory requirements to inform the Corporate Parenting Committee and senior leaders

regarding the contribution of IROs to the quality assuring and improvement of services for Looked After Children (LAC).

2.0 Recommendation(s)

- 2.1 Corporate Parenting Committee to note the contents of the report including priorities for 2025/26 (see section 3.47).

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

The IRO Service contributes to the Brent Borough Plan under the following priorities:

- The best start in life
- A healthier Brent
- Prosperity and stability

3.2 Background

- 3.3 The IRO function sits within the Safeguarding and Reviewing Service. This service consists of:
- A Service Manager
 - Four full-time, permanent IROs
 - Four IROs commissioned via Aidhour, an independent agency
 - Six Child Protection Advisors (covering five roles)
 - One LADO (Local Authority Designated Officer)
 - One Contextual Safeguarding Lead.
- 3.4 Aidhour has been commissioned to provide IROs for Brent for the past 25 years. Aidhour has been successful in securing a new contract in October 2024. This is a reduced contract compared to previous years, as two permanent IROs have been recruited. Aidhour also carries out all annual Brent Foster Carer reviews. As the majority of IRO activity now sits with the in-house IROs and the current Aidhour IROs have consistently been working in Brent, all IROs contribute to providing stability and continuity for Brent Looked After Children (LAC).
- 3.5 The revised Aidhour contract focuses on the older (16/17) looked after children with the younger LAC cohort being supported by the in-house IROs. This provides greater stability to children who are likely to be looked after for longer. During a transition period, Aidhour allocations were moved to the two new permanent IROs. This was based on children's needs, relationships with IROs and stability within their placements.
- 3.6 All Aidhour IROs are experienced qualified social workers who are registered with Social Work England and Disclosure and Barring Service checked. There are currently 8 IROs operating in Brent with representation of male and female

IROs (2 males and 6 females). The ethnicity of the IROs is reflective of the diverse population of Brent's LAC.

Table 1: IRO Ethnicity

IRO Ethnicity	Number
White British	2
White Other	2
Black or Black British	2
Asian or Asian British	2

3.7 Legal context and purpose of the service

3.8 The Independent Reviewing Service has been a statutory requirement since 2004. In 2010 the government published the 'Independent Reviewing Officer's Handbook', which is statutory guidance for IROs and local authorities. This was implemented in April 2011 and was linked to the revised Care Planning Regulations and Guidance (2010). The responsibilities of the IRO were broadened to include not only the management of the review process but a wider overview of the case, including regular monitoring and follow up between reviews. The statutory duties of the IRO [section 25B (1), 1989 Act] are to:

- monitor the performance by the local authority of their functions in relation to the child's case
- participate in any review of the child's case
- ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority
- perform any other function which is prescribed in regulations.

3.9 The core tasks of the IRO include:

- Ensuring the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents, each local authority should act for the children they look after as a responsible and conscientious parent would act.
- Monitoring the performance of the local authority's function as a corporate parent and to identify any areas of poor practice. This includes identifying patterns of concern. Where IROs identify more general concerns around the quality of the authority's services to its Looked After Children, the IRO should alert senior managers. Equally important, the IRO should recognise and report on good practice.

3.10 Update on priorities for 2024/25

3.11 Priority 1: Recruit to two new in-house IRO posts to build consistency for children and reduce Aidhour cost.

Complete. Two permanent IROs have joined the service and are now settled in their roles. The regular direct supervision of the two additional IROs allows for greater scrutiny of both the qualitative and quantitative performance of the IROs, which has a positive impact on the LAC population.

3.12 Priority 2: Implement a new contract with a commissioned provider by 1 October 2024

Complete. The new smaller contract has been awarded to Aidhour after a competitive procurement process. The contract's main focus is the older LAC population of 16-year-old plus young people, with approximately 60 to 70 children and young people allocated to Aidhour IROs.

3.13 Priority 3: Continue to improve timeliness of LAC reviews taking place within statutory timescales by working with teams to ensure referrals are received on time and closer scrutiny of performance data.

Complete and ongoing. Regular reports are run to ensure that all LAC have an allocated IRO to ensure the timely completion of reviews. Monthly LAC reports are shared with Aidhour colleagues to follow up the timely completion of reviews. The total number of LAC reviews completed in time scales in 2024/25 was 85%. This is higher than in 2023/24 (83%) and continues to be an area of development for 2025/26. Individual supervision with in-house IROs enables further scrutiny of performance data. Additionally, a dashboard specific to LAC data is currently being enhanced, which will assist in tracking performance data.

3.14 Priority 4: Continue to increase the direct participation of children and young people at their LAC reviews to 80% through more creative ways of working to encourage child/young people led meetings.

Complete and ongoing. In the period April 2024 to March 2025, 798 LAC reviews were carried out. Of these, 114 reviews (14%) were for children four years and under. Of the remaining 683 reviews, 76% of children directly attended and participated in their LAC Reviews. In total, 98.4% of children and young people either directly or indirectly participated in their reviews. Further work with IROs has been carried out and resources shared to continue to encourage more creative ways of engaging children and young people's participation. IROs are taking children and young people out if there is a need for a more informal conversation in the child's preferred setting. Additionally, IROs are encouraged to consider closure activities with the older young people, as part of their final review, in order to celebrate all of their achievements.

Anonymised case study: Anonymised letter to a child following a LAC Review

You joined your review and contributed throughout. It was good to meet you for the first time, A. You confidently expressed your wishes and feelings – thank you for doing this!

You expressed you really like living with your sister B. You are happy with the time that you spend with your mother and said you do not want to see your father at this time. You shared that your father has let you down by not seeing you consistently in the past.

You showed me your bedroom after your review, and we spent a few minutes speaking alone. You did not have any issues you wished to discuss with me. Your room was neat and tidy. You showed me the Lego that you have built which is displayed nicely on your shelves – this is really impressive A! You also showed me the 3D comic characters on your wall – I have not seen these before – they are really cool! You like drawing and have some drawings you have completed within the lounge. You are talented at drawing.

I explained the role of an advocate and offered you this service. You informed me that this has previously been discussed with you and you do not wish to access this currently. I apologised and explained I need to check with you at each review, in case you change your mind! If you do, you can let C or me know and we can make the necessary referral.

3.15 Quality assurance and monitoring

3.16 Caseloads for full-time IROs are around 60 to 65 children in accordance with national guidance and Ofsted recommendations. Social work staff value the expertise and knowledge of IROs, who provide guidance and scrutiny on care planning. IROs complete midway meetings between reviews, liaise with professionals involved with children, including the guardian ad litem in court proceedings and ensure that the children's agreed care plans are being implemented.

3.17 The work of the Aidhour IROs is being monitored by the Safeguarding and Reviewing Service Manager through practice development meetings, quarterly contract monitoring meetings, reviewing of LAC performance data and audits, and individual supervision and discussions. Practice development meetings are used as a forum of communication for IROs to raise any issues they may have with senior leaders. Invitations for internal staff and external professionals include:

- The Head of LAC and Permanency
- The Head of the Virtual School
- The Head of Safeguarding and QA
- Service managers in LAC and Permanency, including those responsible for Leaving Care, Fostering and Adoption and the Service Manager for Children with Disabilities
- Brent Youth Justice Service (YJS)
- Brent CYP Commissioning and Resources Team
- The London wide Rescue and Response Service

- Barnardo's
- The Team Manager of the Performance Team
- Multi Agency partners
- (Children and Family Court Advisory and Support Service (CAFCASS))

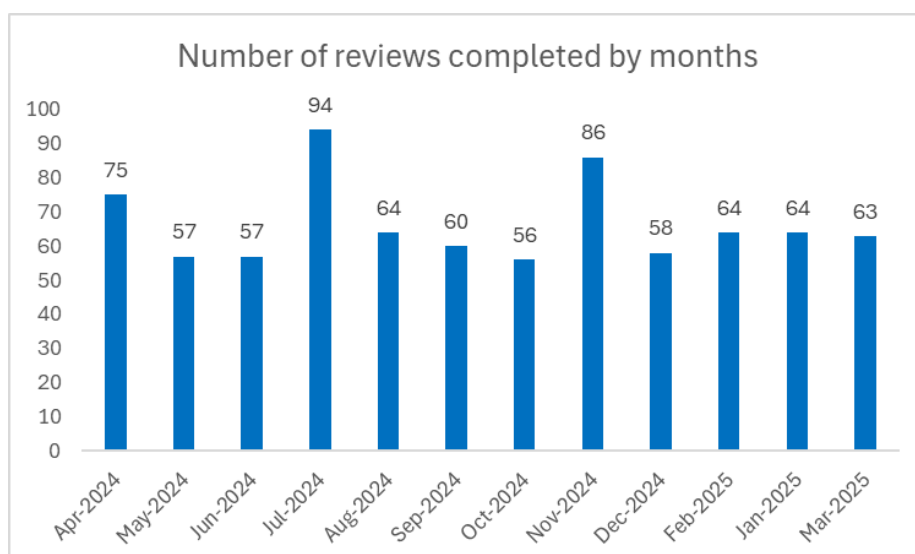
3.18 IROs ensure monitoring and scrutiny outside the statutory LAC reviews, via Quality Assurance activity such as midway reviews, escalations and consultations with social work teams. Dip sampling of case file records has shown that IROs are actively involved in discussions about children and young people. It was evident in individual discussions with all IROs as part of the transfer process to the newly recruited permanent IROs, that the IROs know their allocated children and young people very well. A new midway template has now been agreed to capture pertinent information between reviews. The process of de-planning looked after children from child protection plans, when children are dual registered, is now also working well, with the Child Protection Advisors being invited to the first LAC review to ensure the children's needs are fully met as part of their care plans.

3.19 Performance of the IRO service

3.20 The following information provides a summary of performance in 2024/25:

- 798 LAC Reviews took place for 440 children, 37 reviews fewer than in 2022-2023 (835 reviews).
- A total of 85% of reviews happened within statutory timescale. This is higher than in 2023/24 (83%) and continues to be an area of improvement for 2025/26. The IROs have raised issues such as professional and parent availability, late referrals and difficulties of re-scheduling the reviews as reasons why reviews are not taking place within timescales.
- On average there were 66 reviews chaired each month with peaks of 94 in July 2024 and 86 in November 2024. Less busy months were May, June, October and December 2024.

Table 6: Number of reviews per month



3.21 Attendance and participation of children

- 3.22 Continuing work is focusing on how LAC reviews can encourage greater participation of children of all ages. LAC reviews enable children to have their voice heard and choose who they would like to attend the meeting. Children are encouraged to set their own agenda and when possible, lead their own review meetings. Creative resources have been shared with the IROs are a continuing agenda items at IRO meetings. A dip sample audit was completed by the Service Manager in May 2025, where sixteen allocations across all IROs were reviewed. This audit has shown that children attended the majority of their reviews in person or if this is not possible the IROs will make every attempt to gather the children's views prior to the meeting. However, at times it is not possible for children to attend due to complex additional needs or choosing not to attend the meeting.
- 3.23 Children are able to participate in their reviews in a number of ways (see the participation types in table 7 below). The majority of children and young people aged over four years (510/684 or 76%) attended their review and spoke for themselves. This is similar to the previous year (77%). In addition, 22% of LAC aged 5 and over indirectly participated by attending with an advocate, instructing an advocate or a trusted person to convey their views or sharing their views with their IRO in advance. Only 2% of children did not share their views as part of their LAC Review. As noted in the 2023 Ofsted ILACS inspection, the direct participation of children and young people in their reviews is an ongoing focus and is being addressed via various measures as mentioned above. The IROs provided the some of the challenges to direct participation in LAC Reviews including despite preparation and support, some children choose not to attend their reviews and some LAC are missing/absent from placement at the time of the review. Some reviews are for children with additional needs, and although the IRO will meet with the child, an advocate or their foster carer communicates their views.

Table 7: Participation types

Participation Types	Description of codes	Number of children	% of children	% of children above 4 years (total 683)
PN0	Child aged under 4 at the time of the review	114	14.3%	N/A
PN1	Child physically attends and speaks for him or herself (Attendance).	519	65.1%	76.0%
PN2	Child physically attends and an advocate speaks on his or her behalf.	14	1.7%	2.1%
PN3	Child attends and conveys his or her	4	0.5%	0.6%

	view symbolically (non-verbally)			
PN4	Child physically attends but does not speak for him or herself	3	0.4%	0.4%
PN5	Child does not attend physically but briefs an advocate to speak for him or her	108	13.6%	15.8%
PN6	Child does not attend but conveys his or her feelings to the review by a facilitative medium	24	3.0%	3.5%
PN7	Child does not attend nor are his or her views conveyed to the review	11	1.4%	1.6%
Grand Total		797	100%	100%

3.24 Advocacy

3.25 Advocacy is a statutory requirement, entitling all looked after children and care leavers to independent advice. In Brent the advocacy service is provided by Coram Voice, who have been delivering an advocacy and a befriending service since 2021. All IROs are now fully aware of both the advocacy and befriending service, with advocacy being offered to/discussed with LAC at reviews. Due to an increase in demand in 2024/25, it was agreed that the annual provision of 500 hours of advocacy was not sufficient according to demand, hence there has been a contractual increase to 900 advocacy hours per year to manage the need in the most cost-effective way.

3.26 Coram Voice provided 43 children with child protection advocacy and 81 LAC and Care Leavers with issues-based advocacy; In 2024-25, the total number of advocacy hours provided was 975, exceeding the service specification by 75 hours across the year. Demand for the advocacy service in Brent continues to grow year on year. In total, young people have raised 259 advocacy issues; the table below highlights the top issues:

1. Housing	27
2. Education, Training & Employment – access to	19
3. Concerns about Social Workers/Personal Advisors	19
4. Support at meetings	17
5. Complaint	15

Coram Voice uses an outcome questionnaire at the beginning and at the end of the intervention to establish what the children and young people want to achieve. The analysis between the two questionnaires shows that, of the children who have completed the exit questionnaire, their most positive

indicators are their improvements around relationships, wellbeing and motivation.

Coram Voice is also commissioned to provide an Independent Visitor Service. In 2024/25, 17 young people were supported with this service. The contract target is to support 14 CYP. The service was operating a waiting list; however, this has now been closed to avoid prolonged waiting for appropriate matching. In 2024/25 532.6 hours of face to face and phone contact took place. There has now also been the introduction of memory books, which CYP create together with their independent visitors.

Learning from themes from advocacy and the Independent Visitor Service and evidencing impact of sharing these with IROs and to the LAC and Permanency Service is an area of development in 2025/26.

Feedback from children and young people using the advocacy service:

"[The Advocate] always listens to me. The most helpful thing about having an advocate was someone going to the meetings for me. Having an advocate is great" We asked this child if they had any suggestions of what could be improved, and they said: *"more activities together and more time to do them."*

"It's nice to have feedback and to be heard."

"Good to have you, because you make sure I have what I'm entitled to."

"I am happy with the plans now and know how I will be supported even after I am 18."

3.27 Quality of Care Planning and progress between reviews

3.28 The IROs' main responsibility is to monitor and scrutinise the quality-of-care plans. Work with IROs has been undertaken to ensure that all review reports (in the form of letters to children) are written in child friendly and easily accessible language. Children and young people are supported to contribute to their care plan and receive their own copy of their care plans.

3.29 In order to regularly monitor the progress of the implementation of care plans, mid-way reviews are being carried out with the social worker. A dip sample audit carried out by the SQA Service Manager in May 2025 of 17 children's and young people's case files has shown that IROs have a strong footprint on the case files, liaising with a variety to professionals, involved with LAC. The audit also showed that:

- all the reviews took place within statutory time frames
- meeting minutes indicated that all LAC directly and indirectly participated in their reviews
- most meetings were held in person
- compared to last year's dip sample audit, it was noted that the letter to the child (review meeting minutes) are now written in a more succinct

and shorter style. - most reviews go ahead without an updated care or pathway plan available prior or at the time of the review, which needs to be addressed.

- the use of escalation processes, supervision and IRO meetings, enables the Service Manager to be clear about practice issues

The supervision of permanent IROs allows for individual case discussions and an additional layer of management oversight.

All Looked After Children receive a child friendly leaflet entitled 'My Independent Reviewing Officer' at their initial review. The leaflet contains their IRO's name, contact number and email address. These details are also included in all review minutes, enabling children to contact their IROs directly to discuss any concerns.

- 3.30 IROs ensure that young people, above the age of 16 years, have a Pathway Plan, which ensures their transition needs to adulthood are met. They will ensure it is provided in a timely way and will escalate concerns if this is not in place. This includes promotion of Housing Vulnerability reports and encouraging an exploration of Staying Put arrangements. When children subject of a Child Protection Plan become looked after, IROs work closely with Child Protection Advisors to bring forward the Child Protection Conference to avoid children being subject to dual processes. The importance of focusing on young people's access to their health histories as part of their last LAC reviews, has been explored repeatedly at several IRO meetings to ensure that young people understand the responsibility meeting their own health needs as part of the transition process to adulthood.

3.31 Escalations and Practice Alerts

- 3.32 One of the key functions of the statutory role of the IRO is to seek resolution to any problem or professional disagreement arising from the care planning process. It is a core part of their independent role to scrutinise practice and challenge the Local Authority to achieve good and timely outcomes for children. As all IROs have either been in post for a longer period of time or are permanent, they have built strong relationships with Social Work Teams to resolve issues quickly, without the need for significant escalation to Senior Managers. IROs will also highlight good social work practice to the Service Manager so that this can be shared with Senior Managers. However, IROs remain alert that their primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration. There is regular reflection on how they balance both challenge and support the practice system.
- 3.33 The IRO Handbook, legislation and guidance around the planning for LAC requires Local Authorities to ensure they have a good Formal Dispute Resolution in place. Whilst this may look different in each local authority all systems must have a 20-day maximum time limit to resolve any disagreement from the beginning of the process to its conclusion. Since October 2024 an updated escalation policy has been put in place, to ensure that any

disagreements are resolved in a timely manner without the need to escalate to senior managers. In Brent this commences with an Informal Practice Alert being raised by the IRO with resolution at this level within 5 working days with the Team Manager. If this is not achieved, then the IRO will escalate to a formal alert allowing a further 10 days to reach resolution with a Senior Manager. If there was still no agreement after 15 days, then the IRO may escalate concerns to CAFCASS.

3.34 In 2024/25 IROs raised 27 escalations, compared to 34 in the previous year. The following main concerns were raised:

- The lack of an available care/pathway plan at the time of the review meeting
- Placement Planning Meetings not regularly taking place
- Drift in PLO actions
- Outstanding financial payments
- Lack of educational provision over a longer period of time
- Unclear transition/care plans.

3.35 When concerns are raised by IROs, these concerns are generally responded to in a timely way. However, some concerns need to be tracked and escalated by the Service Manager. No cases were escalated to the Director, Early Help and Social Care or the Director of Children's Services. All IROs are being encouraged to utilise the escalation process to resolve matter, directly with the social work teams in the first instance. Should this not be possible, IROs will escalate matters to the Service Manager. Senior management oversight ensures clear Local Authority decision making in the best interests of the child. There have been no escalations to the Director, Early Help and Social Care or the Corporate Director and no escalations to CAFCASS. In order to ensure that escalations are monitored and responded to in a timely way, the Service Manager, Safeguarding and Reviewing has introduced an additional layer of scrutiny to monitoring escalations. Additionally, there is now the new IRO Practice Manager in place, who will ensure the timely escalation and will have regular meetings with other Service Managers to discuss any difficulties and escalations.

3.36 Priorities for 2025/2026

3.37 As part of Phase 1 of the Early Help and Social Care Redesign, the role of IRO Practice Manager was established (beginning June 2025). This role is to supervise IRO, manage the Aidhour contract, provide greater oversight of the work of IROs and lead practice improvement work.

3.38 Priorities to improve the IRO service for 2025/26 are as follows:

- Continuing drive to make LAC reviews more child led, encourage more active participation and make this a creative experience for the child
- Ensuring that at least 90% of LAC reviews take place within statutory time frames

- Timely escalation of all occasions where a care plan/pathway plan is not available prior to the LAC review
- Robust tracking of all escalations until resolution, with oversight by the new IRO Practice Manager role
- Learning from themes from advocacy and the Independent Visitor Service and evidencing impact of sharing these with IROs and the LAC and Permanency Service
- Consider the recruitment of an additional permanent IRO as part of Phase 2 of the Early Help and Social Care redesign.

4.0 Stakeholder and ward member consultation and engagement

- 4.1 Looked after children, their family and carers are routinely consulted as part of LAC Review processes. Care experienced young people support with the recruitment of IROs.
- 4.2 Children and young people provide feedback through discussions with their social worker, IRO, or their carers SSW, Looked After Children Reviews, written feedback for Annual Foster Carer Reviews, Personal Education Plan (PEP) meetings, Care in Action/Participation activities and Brent Care Journeys.

5.0 Financial Considerations

- 5.1 There are currently no financial implications arising from this report. Consideration will be given to recruiting to a fifth IRO post as part of the Early Help and Social Care Redesign. If so, this will need to be within the current budget of the service.

6.0 Legal Considerations

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

7.0 Equity, Diversity & Inclusion (EDI) Considerations

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

8.0 Climate Change and Environmental Considerations

- 8.1 There are no climate change or environmental considerations.

9.0 Human Resources/Property Considerations (if appropriate)

- 9.1 There are no human resource or property considerations.

10.0 Communication Considerations

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

Report sign off:

Nigel Chapman

Corporate Director Children, Young People and Community Development