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Corporate Parenting Committee

Tuesday 14 July 2026 at 5.30 pm

Boardrooms 3&4 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

This meeting will be held in person.

The press and public will be excluded from this meeting.

Membership:

Members	Substitute Members
Councillors:	Councillors: Dixon and Grahl
Rubin (Chair)	Councillors: Madabhushi and Chowdhury
Chadha	Councillors: Unger and Want
N. Patel	Councillors: Alexandre and Vakani
Thomas	
Warsame	

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

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

2 Apologies for absence and clarification of alternate members

3 Declarations of interests

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

4 Minutes of the previous meeting 1 - 10

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

5 Matters arising (if any)

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

6 Update from Brent Care Journeys - Empire (BCJ 2.0) Representatives

This is an opportunity for members of Empire – BCJ 2.0 to feedback on recent activity.

7 Outcome of Ofsted Inspection of Local Authority Children's Services (ILACS) 11 - 30

To receive an update on the recent Ofsted Inspection of Local Authority Children's Services (ILACS) which took place in April / May 2026.

8 Annual Corporate Parenting Report 2025-26 31 - 70

To receive a summary of the activity alongside strengths and areas for growth in supporting care experienced children and young people in Brent. This report fulfils the Council's statutory obligations to present an annual report to the Corporate Parenting Committee, in line with the Care Planning, Placement and Case Review Regulations (2010).

9 Annual Looked After Children Health Report 2025-26 71 - 106

To receive information in relation to the health needs of children in care in Brent and the services provided to children in care in 2025-26.

10 Annual Independent Reviewing Officer (IRO) Report 2025-26 107 - 124

To receive information about the contribution of Independent Reviewing Officers (IROs) to the quality assurance 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 12 October 2026

MINUTES OF THE CORPORATE PARENTING COMMITTEE
Monday 13 April 2026 at 5.30 pm

PRESENT: Councillors Grahl (Chair), Kennelly, Dixon, L. Smith and Maurice (substituting for the Conservative Group)

1. **Exclusion of the Press and Public**

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

2. **Apologies for absence and clarification of alternate members**

None.

3. **Declarations of interests**

None.

4. **Minutes of the previous meeting**

RESOLVED: that the minutes of the last meeting, held on 2 February 2026, be approved as an accurate record of the meeting.

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

None.

6. **Update from Brent Care Journeys 2.0 (BCJ 2.0) Representatives**

The Chair welcomed representatives from Brent Care Journeys 2.0 (BCJ 2.0), now known as BCJ Empire, to the meeting and invited them to provide updates from the group.

SA and N presented the recent launch of the Empire Care Leavers Group, showcasing photos and videos from the launch event and the logo, which everyone had contributed to. J took the Committee through the resourcing involved in the project and the various consultation and design stages, which had all been undertaken by young people and voted on by young people. The launch event had taken place in The Base and had been open for both staff and guests with good attendance. The next steps for the project would be to acquire a safe space, undertake further recruitment to Empire, and launch the Trusted Buddies project. The Group was also planning for the Summer Fun Day.

N updated the Committee on the recent World Social Work Day event that she and other care leavers had been part of, where they had led a resilience activity which she presented videos and photos from.

In relation to Trusted Buddies, S was looking to set up a leadership programme to enhance the leadership skills of Empire Care Leavers which would align with the Trusted Buddies project and also enhance public speaking skills, hosting and team bonding. A survey had now been disseminated to garner interest in the projects.

SA informed the Committee that Empire would be visiting semi-independent providers to recruit more young people and would be raising awareness of Empire through social workers and personal advisors to encourage more young people to get involved.

S presented to the Committee regarding the Family Justice Young People Board, of which she was a member. She advised that the focus of the Board was to give a voice to others, and the priorities of the Board for 2025-2028 were; improving young people's participation in proceedings; helping professionals understand how Domestic Abuse affected children and ensuring all types of abuse and harmful parenting was considered; ensuring children knew their rights and there was a focus on children growing up safe and happy; and reducing delays in family courts to give children certainty and safe final decisions. The Board would be hosting their annual conference called Voice of the Child over the coming months. S had been involved in planning the conference, including agreeing the theme (children's rights), ensuring the conference reflected what was important to young people currently, agreeing roles for the day including interview panel members, theme leads and bringing in experts with the biggest impact, agreeing content and creating a physical resource to bring the conference to life. The previous year saw over 1,000 attendees, with Dr Jahnine Davis (National Kinship Care Ambassador), representatives from the Ministry of Justice, representatives from the DfE, and Justice Harris from the family courts participating in interviews. S invited Committee members to attend this year's conference and would share the relevant information with the Committee. Kelli Eboji added that there was a need to do some targeted advertising of the conference to ensure that social workers in the family court space attended.

The Chair congratulated Brent Care Journeys on the productive term, and commended the work being done to build the group and gain participation.

As no further issues were raised, the Chair thanked Empire Care Leavers for their updates and closed the item.

7. The Brent Pledge to Children in Care

Alice Weavers (Participation and Engagement Manager, Brent Council) introduced the report, which set out the revised Brent Pledge to children and young people in care. She advised that the Pledge set out what the Council wanted to achieve for children in care to ensure all young people received the same service and knew their rights. Empire 11-17 had looked at the existing pledge and provided feedback on what commitments should change, the design of the pledge, and asked for contact details to be included. As a result, every child's social worker would now sign the pledge and provide their contact details to each child in care. The documentation would also include information about Empire.

The Chair thanked Alice Weavers for the introduction and invited contributions from the Committee, with the following points raised:

The Committee commended the document, pleased that the language of the Pledge helped to give young people the words to advocate for themselves if they were not receiving what was set out in the Pledge. They felt the document was clear and concise and it was clear that children and young people had been involved in the revised Pledge and that the voice of the child was being reflected in what the Council did.

Noting that every social worker would be asked to sign the Pledge, the Committee asked how the service would ensure that, when new hires were appointed, they would understand the importance of the Pledge and sign the document. Kelli Eboji (Head of LAC and Permanency, Brent Council) advised that the Pledge and companion documents would be shared with new starters. Joint learning was captured in staff forums throughout the year where staff were kept refreshed on the Pledge and their obligations, and this would be a standing item in all staff forums.

In response to whether there was a way to monitor compliance with the signing of the Pledge and what questions young people were raising in relation to the Pledge, Kelli Eboji advised that there was no standard way of measuring that as it would form more qualitative data. The service would need to consider how some of that information could be captured as part of supervision and management oversight of cases, and ensure that managers were checking in with practitioners to understand that information. Palvinder Kudhail (Director of Early Help and Social Care, Brent Council) added that the service had a comprehensive audit programme and did themed audits periodically, such as educational outcomes and placement stability, all of which linked with the promises made to young people. There were also surveys and feedback forums, therefore she felt there were a number of ways to triangulate information to ensure the Pledge was being adhered to and taken seriously. Children in care also had annual meetings with their Independent Reviewing Officer (IRO) where the IRO checked the young person had received all of the information they needed.

As no further issues were raised, the Committee **RESOLVED:**

i) To approve the proposed plan for changes to the Brent Pledge.
ii) To approve the plan to co-produce an additional companion guide.
iii) For all councillors, as corporate parents, to receive the Pledge to understand the Council's commitments to children in care.

8. Annual Report form Brent Virtual School for Children in Care 2024-25

Michaela Richards (Headteacher, Brent Virtual School) introduced the report, which outlined the activity and impact of the Brent Virtual School (BVS) during the academic year 2024-25 in monitoring and supporting looked after children to achieve the best possible educational outcomes. In introducing the report, she highlighted the following key points:

- There had been a positive increase in the number of young people achieving grades 4 – 9 in English and Maths plus 3 other subjects, at an almost 10% increase for the whole cohort.
- 28% of the Statistical First Release (SFR) cohort (young people who at the time of the report were in care for at least a year from 1 March 2025) had achieved grades 4 – 9 in English and Maths plus three other subjects, which was a substantial improvement on previous years.

- Post-16 education, employment and training (EET) rates were between 77-83%, with 83% being a significant increase on previous years.
- There had been no Permanent Exclusions, in line with the historical trend. There had been a slight increase in Fixed Term Exclusions (FTE) on the previous year, but this was still lower than it had been for the past 3-4 years.
- 105 children had attended enrichment, which was well above 50% of the statutory cohort of 4-16 year olds, as it was recognised that enrichment was equally as important as academic attainment. The activities had a focus on wellbeing, enjoyment and ensuring cultural capital was being provided to children in care.
- Whilst the role of BVS was expanded in September 2024 to include extended duties for all children with a social worker, Michaela Richards advised that Brent had already been doing some of that work since 2021, including direct work, which was not a national requirement but it was recognised that the earlier BVS could intervene the more preventative they could be in terms of children coming into care. This also ensured a relationship was already in place if the young person did enter care.
- In March 2025, BVS employed a SEND Advisory Officer linked directly to the BVS due to the number of children with EHCPs and SEND support needs, and particularly the difficulties in ensuring appropriate educational placements for children with EHCPs not living in Brent. The proposal had been taken through the appropriate senior channels and approved on a trial basis, but there was now agreement for that to be a permanent role due to the impact it had.

The Chair thanked Michaela Richards for the report and then invited comments and questions from Committee members with the following raised:

The Committee commended the results, pleased to see children in care doing well academically despite the barriers they faced.

The Committee highlighted that school attendance had gone down and asked if there was any insight into why that was. Michaela Richards advised that one of the key challenges was the time at which some young people entered care, with some behaviours around non-attendance already embedded. She worked closely with the school attendance team, foster carers and social workers where it was recognised that attendance was a barrier to see what was needed to improve that. Whilst attendance may have dropped, there would be other interventions taking place to ensure that the child received academic support, such as through additional tutoring support provided in the home and ensuring pupil premium funding was put towards additional tutoring where it was clear the child would be out of school for a period of time. In terms of the decrease in school attendance figures, Michaela Richards explained that, due to the small cohort size, the attendance decrease could relate to 2-3 children with long-term attendance issues which would impact the overall figure. The national picture also showed that attendance had decreased on the whole, meaning that some of the factors may not be linked to looked after children but all young people. She assured Committee members that the current academic year had seen attendance improve again.

Brent Care Journeys asked what support was provided to ensure young people did attend education and understood how important and valuable receiving an education was. Michaela Richards expressed that young people did care about their education, but at times where there was a lot of change in their life education may not be a priority at the forefront of their minds. BVS worked to put small steps in place, working with the school, young person and foster carer to ensure that education was minimally disrupted. For example, BVS may negotiate a part-time or reduced timetable for a while. There was also

an element of enrichment BVS would look to get the young person involved in, seeing what worked best for the young person and what could be done differently. She confirmed that BVS staff got to know their cohorts very well and had positive, longstanding relationships with young people, which helped those staff support young people to sustain their education.

Brent Care Journeys asked how BVS advocated on behalf of children in care to individual schools, such as for those who had entered care just before their exam period. Michaela Richards advised that BVS did have experience of young people entering care in the lead up to their exam period, and in those situations would write a letter of support to the school outlining that the young person may not be able to sit their exams and the reasons. Sometimes mock papers could be used for the basis of that young person's results. She added that there were times where BVS had put an argument forward and the school or college may not be supportive in the same way, for example, in accepting a college placement where a young person did not have the required grade, but BVS would use the levers they had to advocate as much as possible. It was more challenging for those post-16, which was past statutory age, meaning there were fewer levers to influence.

Whilst recognising the improvement in Key Stage 4 attainment, the Committee highlighted that there was still a number of children looked after not achieving grades 4-9 at Key Stage 4 and asked what their options were for the future. Michaela Richards advised that the government had now invested in funding for post-16 education for children in care, and even when the Council did not have funding it had always supported a young person once they were ready to go into further education if they wanted. For example, a 21-year-old care leaver may come forward to do a course, which the Council would always support, and the Council now had the financial support to do that. In response to how those individuals were followed up, Kelli Eboji advised that there were Personal Education Plans (PEPs) for all care experienced young people, with professionals working with the young person to understand their next steps and ensure they were on track. The Committee asked that future reports expanded on this particular cohort in terms of their journeys and opportunities and included case studies.

In learning that the Council provided support to care experienced young people looking to go into education post-16, Empire Care Leavers asked how that was communicated to ensure young people were aware of that. Michaela Richards advised that this would be done in a bespoke way through the young person’s personal advisor depending on what that young person needed. Kelli Eboji advised care leavers to approach their personal advisors about this who would liaise with the BVS about what could be offered.

The Committee highlighted that the target for children and young people in education, employment and training was not included in the report and asked what that was and how the Council looked to achieve that. Michaela Richards advised that Brent’s target for the last few years was 80%, which the Council would ideally want to be higher than that. The report showed that, during the reporting year, 83% were in education, employment and training, which was beyond the target. Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council) added that there was no national target for this metric, but the Council did report to the DfE and could access benchmarking data on that, which showed that Brent performed relatively well compared to other boroughs. Some of those comparisons could be included in future reports.

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

9. Fostering Service 6-monthly / End of Year Update Report

Kelli Eboji (Head of LAC and Permanency, Brent Council) introduced the report, which provided both a 6-monthly update of the fostering service and an annual end-of-year report. In introducing the report, she highlighted the following key points:

- Section 4 outlined the fostering service priorities across the reporting year.
- One of the priorities was around recruitment of foster carers, which she highlighted as challenging. The service had not met the target of recruiting 10 carers, with 3 carers approved, 5 assessments in progress at the time of writing the report, 1 resignation and 2 de-registrations due to safeguarding concerns in the reporting year. She added that the offer continued to be competitive and well received by Brent foster carers, and no carers had transferred to any other local authorities or independent agencies.
- The first mockingbird constellation had been implemented during the reporting period, with the foster carers involved enjoying that additional support and building their communities.
- Whilst there had not been an increase in fostering capacity in terms of numbers of carers, placement stability performance was good, and vacancies with in-house foster carers were being fully utilised where the foster carer was free and appropriate risk assessment and matching had taken place.
- An area for continued improvement and development was the training and development of foster carers, and there was work being done to ensure carers took up that offer and completed their mandatory training.
- Other developments were taking place in fostering, including the West London Fostering Hub and regionalisation.
- The fostering front door was being developed to include assessment of foster carers.

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

Noting that a key development in fostering currently was the transition to regional fostering arrangements, which the Committee recognised as one of the biggest reforms to fostering in many years, members asked how the Council was working towards that and what the challenges would be to comply with the changes. Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council) advised that Josh McAllister (Children's Minister) was working to change how fostering worked and was keen to bring local authorities closer together to have the 8 local authorities in West London working together to provide one service, which was thought would improve the number of foster carers recruited. He highlighted that the main challenge for Brent, and many London boroughs, in finding foster carers was finding applicants with a spare room. As such, his view was that the regionalisation of the fostering service would not necessarily resolve that. However, merging into one service would enable officers to respond more quickly to enquiries, complete assessments quicker, and offer more to carers to encourage them to stay. Some of the challenges of delivering the regional service would be the timescales in which to implement the changes, as staff and funding needed to be considered, and he highlighted the need to do that at a pace that ensured this was done in the most appropriate way. It was likely that the changes would need to be brought to a future Cabinet meeting. Kelli Eboji added that there were opportunities in working across local authorities to learn from them and see what services could be implemented quickly, as well as the opportunity of more funding from DfE, which would be reliant on working together.

Kelli Eboji further added that workshops would be taking place throughout the week to consider the different aspects of the reforms, with the additional challenge being the

localised picture, as the aim of the fostering hub was to keep children close to home and near their networks, meaning there was a need to ensure knowledge of local factors and a localised response was retained. As such, the fostering service was being as creative as possible with the marketing of the fostering offer and maintaining that internally so that it could be tested as the service moved through the reforms.

The Committee highlighted the importance of maintaining relationships amongst social workers, children, and foster families where possible, whilst also recognising that the Council's definition of 'local' may differ from residents', as there were many different boundaries and borders across Brent. Empire Care Leavers also emphasised the need to be less rigid in relation to Brent being the young person's local area, highlighting that the matching process was more effective when children were placed with someone of a similar culture and background. Kelli Eboji confirmed that the biggest goal of the service was to match well, which was also one of the biggest challenges due to the placement sufficiency pressures.

Noting that there were recruitment barriers in terms of housing, with the fostering service reliant on applicants with a spare room, the Committee asked whether the recruitment drive targeted particular demographics or areas where individuals were more likely to have a spare room. Nigel Chapman confirmed that the service did general advertising across Brent and targeted specific groups through social media algorithms, such as those within a particular age range or those in homes with additional space. The Committee also highlighted particular community events as good places for outreach to different communities, and asked for a future report to outline how successful the different engagement and outreach activities were at leading to enquiries and subsequently converting those to applications.

In response to a query from Empire Care Leavers as to whether foster carers who had been with the service for a long time were reviewed, Kelli Eboji confirmed that foster carers were reviewed annually by an independent person. If there were any concerns raised, a serious concern or standards of care review would be undertaken to review their suitability. Nigel Chapman added that where there were concerns these would always be listened to, whilst ensuring that the service was helping foster carers grow and learn from their mistakes. He added that there were some foster carers had reached a point where ending their approval in a mutually agreed way was appropriate, and those conversations regarding retirement would take place with supervising social workers.

Councillor Dixon provided further details about the reviewing process, as she had previously been a Panel Member of the Fostering Panel. She confirmed that the Panel consisted of 7-8 members with lived experience or social work experience, who were required to undertake training in order to assess cases. The Panel received papers about the foster carers and read them thoroughly, which included many details about the foster carer, their early life and current circumstances, and then made a recommendation based on the papers they had received and the information they had heard directly from the social work team and foster carers themselves. She confirmed that it was a very intricate discussion amongst professionals and very responsible, and there were times when the Panel would have to refuse someone if they did not have what was necessary to be a foster carer. Where a case of concern or standards of care issue was raised, these would come back to Panel for review. Kelli Eboji further added that where a young person made a complaint, depending on the severity of the complaint, there were safeguarding procedures that would be followed and there would be actions coming out of those which may not be shared with the young person, such as training and development for the foster carer. Where concerns were serious, the foster carer would be put on hold whilst an investigation was carried out. The Committee highlighted the need to consider how the young person could be kept informed on the complaints they made, emphasising that whilst there were

robust processes taking place, the young person might not know that, and it was important they received feedback on what they had shared.

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

10. Six-Monthly Adoption Report from Adopt London West

Debbie Gabriel (Head of Service, Adopt London West) introduced the report, which provided a briefing on adoption performance data for the reporting period, progress and activity of Adopt London West (ALW) and outcomes being achieved for children. In introducing the report, she highlighted the following key points:

- 34 children had been placed by ALW within the year, which was the highest number of placements made since the establishment of ALW.
- 7 Brent children had been placed for adoption in the reporting year, making the overall placement numbers for Brent 12.
- Performance remained strong in relation to the timescales children were placed in, but often the care proceedings took a long time and did lead to some delays.
- 23 adopters had been approved in the reporting year, making it more likely that children could be placed with in-house adopters.
- The report detailed the support offer for families within ALW, including a new friendship group for children, a transition to adulthood group for 18-24 year olds, and a parent and child toddler group. The aim was to have spaces for children right across their age range to ensure there were opportunities for them to be with peers that may have had similar experiences to them.
- ALW had secured additional grant funding for a youth worker to develop those young person spaces, and additional funding to develop the multi-disciplinary team to ensure a clinical team was in place to support social workers.
- A new table had been included in the report which provided a comparison of ALW Brent's performance against England and statistical neighbours.

The Chair thanked Debbie Gabriel for her introduction and invited contributions from those present, with the following points raised:

The Committee asked whether there were any reflections on the advantages and challenges of moving to a regional model now that ALW was established. Debbie Gabriel advised that the opportunities were around being able to do more across the partnership with additional funding, meaning more services could be developed than previous. The challenges were around connection with local expertise and communities, but she felt that ALW's relationship with Brent was strong from the outset which had helped with that. Many individuals from Brent's adoption service had transferred to ALW, retaining that knowledge and those relationships, and ALW staff were always invited to the Brent staff forums to maintain that connection.

Noting the performance on length of time to place a child for adoption, the Committee asked whether there was any way to improve those times even more. Kelli Eboji (Head of LAC and Permanency, Brent Council) advised that the time taken to place a child was case by case, with some placements made more quickly, but others taking time where family members needed assessments, or there were international elements, with the courts less willing to make a decision for adoption where there were other alternatives. The complexity of the case and the child's particular needs may also impact the length of time to in order to undertake appropriate family finding.

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

11. **Any other urgent business**

None.

The meeting closed at 7:20 pm

COUNCILLOR GWEN GRAHL
Chair

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	Corporate Parenting Committee 14 July 2026
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children's Services, Employment and Climate Action – Cllr Jake Rubin

Outcome of April 2026 Ofsted Inspection of Local Authority Children's Services (ILACS)

Wards Affected:	ALL
Key or Non-Key Decision:	Non-Key
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:	Brent ILACS 2026
Background Papers:	Ofsted focused visit Nov 2025
Contact Officer(s): (Name, Title, Contact Details)	Palvinder Kudhail Director, Early Help and Social Care Palvinder.Kudhail@brent.gov.uk

1.0 Purpose of the Report

1.1 This report informs Members of the outcome of the Ofsted inspection of Local Authority Children's Services (ILACS) that took place between 27 April and 1 May 2026 and was published on 17 June 2026. Appendix one is a link to the full report.

2.0 Recommendation(s)

That the Corporate Parenting Committee:

2.1 Note the findings of the Ofsted report and the "Good" judgements across all four areas.

2.2 Note and comment on the planned actions to address the areas for improvement arising from the ILACS relating to children in care and foster carer mandatory training.

3.1 Contribution to Borough Plan Priorities & Strategic Context

The inspection activity is related to the work carried out by Brent's Children Young People and Community Development directorate. This work contributes to the following Borough priorities:

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

4.0 Background

4.1 The Ofsted framework for the Inspection of Local Authority Children's Services (ILACS) focuses on the effectiveness of local authority services and arrangements in the following areas:

- The impact of leaders on social work practice with children and families
- The experiences and progress of children who need help and protection
- The experiences and progress of children in care
- The experiences and progress of care leavers.

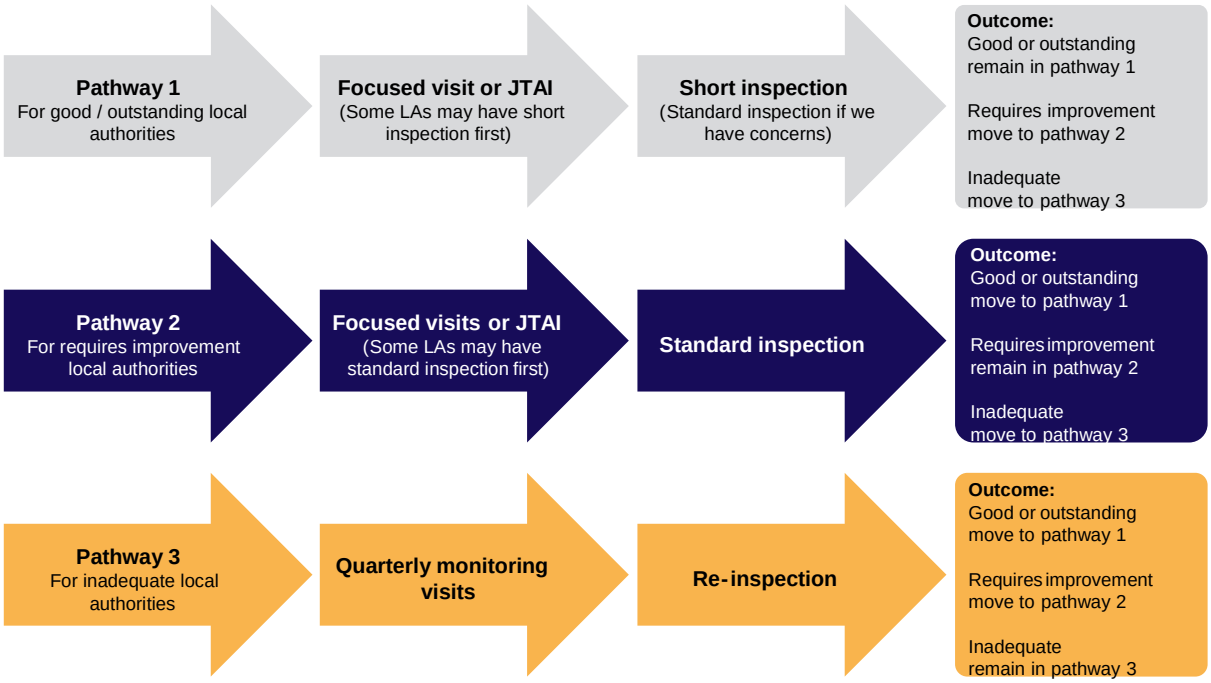
While the framework is primarily focused on social work and the quality of professional practice, the effectiveness of leaders and managers, the impact they have on the lives of children and young people as well as how well equipped and supported the workforce is to deliver effective practice are also evaluated.

4.2 ILACS is an inspection 'system', introduced in January 2018 aimed at making inspection risk-based and proportionate through more frequent contact tailored to each local authority. It comprises:

- an annual engagement meeting (Brent's most recent was January 2026) between the local authority and an Ofsted regional representative to reflect on what is happening in the local authority and to inform future engagement
- standard inspections (usually for local authorities judged requires improvement to be good)
- ***short inspections*** (for local authorities judged good or outstanding)
- focused visits that look at a specific area of service or cohort of children, taking placed over 2 days, usually between standard / short inspections
- monitoring visits for authorities rated 'inadequate'
- Joint Targeted Area Inspections (JTAI).

Local authorities are also encouraged to participate in activity outside inspection, such as sharing a self-evaluation for discussion at the annual engagement meeting.

4.3 The following diagram summarises the three inspection pathways in the ILACS framework. Brent is on Pathway 1, having been previously graded as overall 'Good' at the last ILACS inspection in February 2023.



4.4 The last focused visit took place in November 2025 with a focus on the local authority's arrangements for children in care (Ofsted focused visit Nov 2025). Brent was notified on 20 April 2026 that a short ILACS would be undertaken, commencing with immediate effect, with inspectors on site at the Civic Centre from the 27 April to 1 May 2026. There were up to 6 inspectors on site throughout the week who spent time with front line staff reviewing the quality of casework. Inspectors also met with partners, foster carers, adoptive parents, children in care, and care leavers to hear their views and experiences.

4.5 As part of the visit the inspectors also evaluated the impact of leaders, the arrangements for continuous learning and effectiveness of quality assurance activity, as well as performance management and decision making.

4.6 The inspection team tested the validity of Brent's most recent self-evaluation (September 2025) with the main focus on social workers' direct practice with families and the impact on outcomes for children. The inspection involved reading case files and supporting documentation, including evaluating individual children's records that have already been audited by the local authority.

4.7 The inspection identified many strengths within the local authority and how it delivers services for children in care and care leavers, particularly services to prevent children entering care, support for disabled children and the education and training opportunities available for children in care and care leavers. In relation to the leadership judgement inspectors found that Members of the Council and senior leaders are listening, committed and caring corporate parents, highlighting the impact of Brent Care Journeys Empire and our participation offer which supports practitioners to improve and strengthen services.

4.8 The Local Authority was judged to have remained 'Good' across all four judgement areas, including 'the experience and progress of children in care' and 'the experience and progress of care leavers'. Since April 2026 Ofsted have removed the single word judgement for overall effectiveness ahead of a revised framework, due for implementation in spring 2027.

4.9 An action plan has been prepared to address the recommendations arising from the inspection as well as other areas of practice improvement that were identified.

Key Findings

4.10 In the Ofsted focused visit in November 2025, inspectors noted that since the last ILACS inspection in 2023, children in care continue to benefit from effective services led by an experienced, stable senior team, with strong political and corporate support. They also noted the progress that leaders had made in overcoming previous recruitment challenges and strengthening workforce stability and retention, which had been particularly important for children in care. The areas for development from the focussed visit inspection included:

- The consistency and rigour of responses to children who go missing from care
- Life-story work for children in long-term care

4.11 Following the focused visit an improvement plan was created to address these two areas. The progress made was reflected in the ILACS inspection. However, due to the short duration of time between inspections and the systems work required to drive life-story work, this remains an area for improvement.

4.12 The ILACS identified many strengths within the Local Authority and how it delivers services for and supports children in care:

- Social workers take time to build strong relationships with children in care, visiting them across a range of settings and often seeing them alone. Social workers spend time understanding children's behaviours, discussing their experiences and ensuring that cultural, religious and identity needs are well understood and actively supported.
- Children are supported to remain living with their parents or extended family when it is safe for them to do so. Kinship arrangements are used effectively in order to support permanence, with kinship carers either becoming connected foster carers or special guardians.
- Children's health needs are prioritised, and they have access to specialist health appointments when medical needs are identified.
- Children in care are supported well to progress in their education. The experienced and aspirational headteacher of the virtual school, supported by a stable and well-regarded team, knows children and their individual circumstances well.
- Children in care who go missing or who are at risk of exploitation benefit from a well-coordinated multi-agency response. Social workers and partner agencies typically manage risks effectively.
- Children at risk of exploitation receive tenacious, relationship-based support, informed by a strong understanding of extra familial harm.
- Disabled children and their families receive assistance that is highly effective, from practitioners who build trusting, respectful relationships with children and parents. Risks for disabled children are clearly identified and comprehensively assessed, and intervention from skilled workers across the wider partnership is implemented with appropriate determination, resulting in sustained positive change for children.

- Most children, when possible, live locally with Brent's own foster carers, who know the children well and are proud of their achievements. Foster carers value the support they receive and the sense of working collaboratively for and with children.

- Unaccompanied asylum-seeking children benefit from strong support. Practitioners build enduring relationships with children, ensuring that their needs and circumstances are understood and considered in their care plans.

4.13 The ILACS also identified many strengths in services for care leavers including:

- Care leavers benefit from a committed and relational leaving care service. PAs are persistent in their attempts to engage care leavers and build meaningful relationships at the point of a change and increasing responsibility in a child's life.

- Pathway plans are completed promptly and reviewed within appropriate timescales. Young people's own words, views, rights and entitlements are captured exceptionally well in their pathway plans, which are detailed and sensitively written. Care leavers are encouraged to continue their involvement with their PAs beyond the age of 21, to benefit from ongoing support as young adults.

- A supportive local offer provides care leavers with valuable opportunities to learn and develop new skills for life.

- Care leavers spoke positively of the support that PAs have given to help and encourage them to remain in further education. There is a tailored focus, with PAs supporting individual care leavers to access the right pathways for them.

- Care leavers' housing needs are well supported, with many living in accommodation that reflects their capacity for independent living and their individual preferences.

- Care leavers' mental health needs are understood and met effectively.

- Care leavers in custody are supported by PAs who show *determination* in working with them, seeking updates on their welfare even when young people decline contact.

- Care leavers who are parents receive tailored support from their PAs, who are responsive to care leavers' individual circumstances and advocate effectively for their needs.

- Care leavers are supported well to develop independence skills as they transition into adulthood, through practical programmes, including cooking, DIY, financial management and formal qualifications. Care leavers value the range of independence support available to them, recognising these opportunities as giving them skills for life.

4.14 The ILACS highlighted that participation with children and young people is a particular strength. The report notes that Brent's children in care council, Brent Care Journeys Empire, provides meaningful opportunities for children in care to have their voices heard on the services they receive, with direct engagement by the Corporate Parenting Committee and purposeful involvement in service development and recruitment activities. The final report concludes by saying that "*Children's voices are at the centre of practice and wider decision-making. The children in care council and engagement*

activities for care leavers provide meaningful platforms for children and young people to influence services and support their peers. Leaders value and act on the feedback of children, young people and their families."

4.15 The ILACS highlighted four areas for improvement:

- The consistency with which work with children subject to care proceedings, and the pre-proceedings stage of the Public Law Outline (PLO) is progressed, in particular the management oversight and decision making of this work.
- The consideration of children's previous history in decision making in the Brent family front door.
- The consistency and quality of life-story work for children in long-term care.
- The completion of mandatory training for approved foster carers.

4.16 An action plan to address the above areas is being developed and must be submitted to Ofsted by 24th September. This will be monitored through the directorate's existing quality assurance processes.

4.17 To address consistency and quality of life-story work, improvement planning includes continuing to embed new guidance for practitioners , ongoing training for practitioners, continued focus on the quality of 3-monthly case summaries which provide a written narrative for children and young people of their journey through care, driving use of a life-story work virtual platform, and participating in national research.

4.18 Activity to address the completion of mandatory training for approved foster carers has also begun, working with foster carers to identify the best ways to support them to attend training around their fostering responsibilities.

5.0 Stakeholder and ward member consultation and engagement

5.1 During the ILACS inspectors met with social workers, managers, partners and service users. Separate discussions also took place with the Leader, the Lead Member for Children, Young People and Schools and the Council's Chief Executive.

5.2 Inspectors were particularly interested to hear from children and young people in care and care leavers. They also looked for evidence of children's views in their inspection of files and in discussions with professionals.

6.0 Financial Considerations

6.1 There are no immediate financial implications associated with this report.

7.0 Legal Considerations

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

8.0 Equity, Diversity and Inclusion (EDI) Considerations

8.1 There are no additional Equality, Diversity and 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 additional human resources or property considerations.

11.0 Communication Considerations

11.1 The outcome of the ILACS has been published and shared across the Council. The link to the online report can be found here: https://files.ofsted.gov.uk/v1/file/50304386

There are no additional communication considerations.

Report sign off:

Nigel Chapman

Corporate Director of Children, Young People and Community Development

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Inspection of Brent local authority children's services

Inspection dates: 27 April to 1 May 2026

Lead inspector: Monique Lindsay, His Majesty's Inspector

Judgement	**Grade**
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Good

Children in Brent benefit from responsive, compassionate social work that is firmly rooted in their individual needs and lived experiences. Practitioners know their children well and invest in building trusting relationships with them and their families. The local authority is part of a diverse borough, and its workforce reflects this richness, bringing cultural understanding and commitment to its work.

Since the previous inspection in 2023, when services were judged to be good overall, the experienced leadership team has maintained a clear focus on continuous improvement. The implementation of the Family First reforms has begun in earnest, with a family help service already operational and providing a coherent continuum of support. The relationship between early help and statutory services is well understood, so that children and families receive the right level of support at the right time.

Across most areas, practice is child centred and purposeful. Multi-agency working is highly developed, and partners work collaboratively to support children at risk. Children in care and care leavers benefit from committed practitioners who advocate strongly on their behalf, and care leavers experience meaningful relationships with their personal advisers (PAs). Leaders are approachable and responsive, promoting shared values and a positive and supportive working environment for practitioners and managers. Further development is needed in some areas of practice to secure consistently strong outcomes for all children.

What needs to improve?[1]

- The consistency with which work with children subject to care proceedings, and the pre-proceedings stage of the Public Law Outline (PLO) is progressed, in particular the management oversight and decision making of this work. (Outcome 2, national framework)
- The consideration of children's previous history in decision-making in the Brent family front door. (Outcome 2, national framework)
- The consistency and quality of life-story work for children in long-term care. (Outcome 4, national framework)
- The completion of mandatory training for approved foster carers. (Outcome 4, national framework)

The experiences and progress of children who need help and protection: good

1. The local authority is actively progressing the Family First reforms, and a family help service is already operational, offering targeted early help to prevent issues escalating into serious concerns. Support offered is built on an understanding of the family's own determination of their needs and enhanced through involving a suitable range of partner agencies. Children's needs and circumstances are appropriately stepped up, down and across services as their situations change, with the family help service providing support to children through their family support teams, child protection and court teams. Families are largely positive about the help they receive.

2. Children and families who require help and support receive a prompt response at the Brent Family Front Door (BFFD). Children receive the right level of intervention at the earliest opportunity. Decision-making is usually well reasoned and informed by children's voices, parents' views and professional curiosity, with clear risk ratings applied by team managers and explicit reference to the threshold of need document. Screening routinely includes analysis supported by research, identifying strengths, historical context and presenting risks, with feedback being provided to referrers. Risk to children and their needs are identified by practitioners who are supported by regular management oversight.

3. The cumulative nature of risk and need identified in previous referrals does not always sufficiently inform risk assessment and decision-making for children and their current lived experiences. When referrals result in no further action, there is not always sufficient curiosity about previous referral histories and prior management decisions. For a very small number of children, insufficient

[1] The areas for improvement have been cross-referenced with the outcomes, enablers or principles in the Children's Social Care: National Framework. This statutory guidance sets out the purpose, principles for practice and expected outcomes of children's social care.

consideration of repeat contacts means that opportunities to intervene early and decisively are missed.

4. Children at risk of, or experiencing, harm are considered through timely, and generally well-attended, multi-agency child protection strategy discussions and enquiries. There is effective information-sharing, accurate analysis of risk and proportionate safety planning, which means individual needs and associated risks are responded to swiftly for most children. Social workers see children promptly, often alone, and take time to understand their experiences, also keeping parents informed of actions taken and the rationale for them.

5. Assessments of children's needs are thorough and recorded sensitively, capturing children's lived experiences well and incorporating the relevant history and information from families and partner agencies. Children's voices are strongly evident throughout assessments, with direct work included and children's own words used in stronger examples. Assessments result in appropriate plans for children. Leaders acknowledge that the period of transition to the new Family Help model had a negative impact on assessment timeliness in some teams. They are taking active steps to address this.

6. Children at risk of harm are considered at initial child protection conferences (ICPCs) that are convened within statutory timescales, resulting in mostly robust child protection plans. When delays occur between strategy discussions and an ICPC, the recording of visits and safety planning during this period is not always consistent. Children subject to child in need or child protection plans benefit from child-focused plans with clear actions. When plans are not effective at securing sufficient progress for children, escalation is used appropriately and many children make positive progress.

7. Core group practice shows comprehensive engagement with parents and partner agencies, with evidence of progress for many children. Most child protection plans show clear rationale when stepping down to child in need. Practice around neglect is mostly positive, with children experiencing better outcomes when neglect concerns are appropriately escalated. When domestic abuse poses a risk, responses are robust.

8. Arrangements to oversee and track the progress of children subject to care proceedings, and the pre-proceedings stage of the PLO, are not sufficiently robust. Pre-proceedings letters are generally clear about concerns and next steps. However, some children are experiencing delay, and the pre-proceedings tracker is not consistently updated with sufficient information to support timely management oversight and decision-making. This means planning for some children lacks the decisiveness their circumstances require. Risks escalate for a very small number of children.

9. Children benefit from the inclusion of family networks in collaborative planning for their safety. Family-led decision-making meetings are used effectively in order to safeguard and support children. Families and friends are actively

involved in shaping child-focused plans, ensuring that children's voices, needs and lived experiences remain central to key decisions.

10. The LADO service is highly effective and led by an experienced and knowledgeable practitioner in the progression of enquiries into allegations against professionals. Referrals are appropriately managed, with excellent tracking systems in place to monitor live cases, trends and risk, which means children's needs and safety are better understood. Referrals are processed promptly and responses are timely and proportionate and involve professional challenge, with a clear focus on keeping children safe.

11. Children at risk of exploitation receive tenacious, relationship-based support, informed by a strong understanding of extra familial harm. Emerging risks to children at risk of extra familial harm, including sexual exploitation, organised crime and serious youth violence, are identified early by competent and knowledgeable workers in the Targeted Prevention Hub. Support is provided by a wide range of statutory and voluntary agencies. The Exploitation, Violence and Vulnerability Panel provides strong multi-agency oversight of planning and decision-making for children. Comprehensive mapping of peer groups, places and spaces of concern leads to timely and bespoke interventions, which means risk to children is well understood and consideration is given to their safety.

12. Children who go missing are supported by a coordinated multi-agency response through the BFFD, established panels and daily briefings with police. Return home interviews are offered to children, although practitioners are not always successful in making contact. When completed, return home interviews are generally thorough and child centred, but the recording of analysis drawn from these interviews for a few children, and how information informs future planning, is not always coherently captured. This means children may continue to go missing and face risk, without practitioners having a full understanding of push and pull factors.

13. Disabled children and their families receive assistance that is highly effective, from practitioners who build trusting, respectful relationships with children and parents. Risks for disabled children are clearly identified and comprehensively assessed, and intervention from skilled workers across the wider partnership is implemented with appropriate determination, resulting in sustained positive change for children.

14. Children with caring responsibilities are identified and supported well by social workers and a range of partner agencies, including schools and adult services. The number of children identified as young carers has increased significantly over the past year because of a determined awareness-raising programme, reflecting a real commitment to this group of children.

15. Children aged 16 or 17 who present as homeless receive a response that is timely, with support provided for them to have a safe place to live while joint housing assessments are completed. This includes living with extended family when appropriate. Practitioners provide early access for children to

independent advocacy, which ensures that practitioners understand children's viewsand preferred options.

16. Effective partnership working and engagement with schools means that timely and appropriate action is taken to respond to children who are at risk of going missing from education, including those known to children's social care. Professionals working collaboratively ensure effective oversight of children who are electively home educated, and they take prompt action when there are any safeguarding concerns.

17. Children living in private fostering arrangements benefit from timely assessment of their needs, and consideration of permanence when appropriate. Awareness-raising activity with faith groups and in social work teams has strengthened understanding of private fostering arrangements so that children are identified quickly and can access support as needed.

18. The emergency duty team provides a timely and proportionate out-of-hours response to children in need or at risk, and attempts are made to gather multi-agency information, including from the police and health services. For a small number of children, inconsistent recording, management oversight and information-sharing limit the team's effectiveness. Leaders were aware of these limitations, and they are implementing a focused improvement plan with key areas for development.

19. Children on the edge of care benefit from skilled practitioners, who build rapport and trusting relationships quickly, enabling children and their families to be supported to stay together safely.

The experiences and progress of children in care: good

20. Most children, including unaccompanied asylum-seeking children, come into care when it is right for them. Social workers take time to build strong relationships with children in care, visiting them across a range of settings and often seeing them alone. Social workers spend time understanding children's behaviours, discussing their experiences and ensuring that cultural, religious and identity needs are well understood and actively supported. For many children, settled relationships have developed, building the trust they need as they move into adulthood.

21. Children's permanence pathways are explored, with permanence plans identified at the earliest opportunity and progressed in a timely manner for most children. Appropriate permanence options are considered for children, including reunification, adoption and long-term kinship arrangement placements. Managers use a tracker in supervision to challenge any delay and to triangulate information to build a fuller picture of children's experiences. Senior leaders use multiple assurance routes to ensure that children are not experiencing delays in their care, such as the entry to care and residential panels.

22. Children are supported to remain living with their parents or extended family when it is safe for them to do so. Kinship arrangements are used effectively in order to support permanence, with kinship carers either becoming connected foster carers or special guardians. Many children in long-term foster homes are appropriately matched with their carers, providing assurance and certainty about future arrangements. Senior leaders approve decisions for children in care to be placed at home with their parents, following thorough assessment of need and risk.

23. Children's care plans reflect their changing circumstances and are updated regularly during looked-after reviews. Care plans are appropriately focused on meeting children's needs, and children attend their reviews and participate in planning for their futures.

24. Family-time arrangements are flexible and take place to meet children and families' wishes, including overnight stays, video calls and time with staff providing the care for children. This helps families and children to maintain relationships that are important to them.

25. Family network meetings are used effectively to support collaborative decision-making with families and friends, allowing children to be at the heart of planning. When adoption is the right plan for a child, practitioners work promptly alongside the regional adoption agency to find suitable homes, with well-written child permanence reports and strong management and independent reviewing officer (IRO) oversight.

26. Children in care benefit from IROs who have exceptionally strong knowledge of them and their lived experiences, which supports thorough planning for children. Concerns are escalated effectively, guardians and advocacy services are involved, and children's progress is monitored closely through regular midway review conversations. IROs write sensitively to children about their journeys and the decisions being made for them, forming an important part of their life story. IROs spoke positively about social workers' relationships with their children and their quick response to any escalation in children's needs or increasing risks.

27. Children's health needs are prioritised, and they have access to specialist health appointments when medical needs are identified. Children are registered with GPs and health information is incorporated into their care plans. When children experience emotional difficulties or self-harm, they receive therapeutic support through CAMHS, their schools and in children's homes, so that children's mental health needs are sensitively considered, and they can talk about how they feel.

28. Children in care are supported well to progress in their education. The experienced and aspirational headteacher of the virtual school, supported by a stable and well-regarded team, knows children and their individual circumstances well. The virtual school plays a key role in maintaining the quality and timeliness of personal education plans. Educational outcomes for

children in care are improving, with increasing engagement from schools and education providers in supporting children's progress. Improving school attendance levels for children in care is still a challenge, especially for children in secondary schools, and the service is rightly giving this a high priority. Children benefit from a wide range of enrichment and wider learning opportunities.

29. Children in care who go missing or who are at risk of exploitation benefit from a well-coordinated multi-agency response. Social workers and partner agencies typically manage risks effectively. However, there is some inconsistency in the quality and timeliness of return home interviews for children in care, particularly for those recorded as 'absent'. A lack of recorded analysis reduces the value of these interviews in informing longer-term planning for children.

30. Many children in care live in stable, loving foster homes. Unregistered children's homes, although rarely used, are supported by clear policies and procedures to aid the monitoring of these arrangements. At the point of this inspection, no children were living in unregistered children's homes. Further to evaluation of their needs, some children in care are living in supported accommodation and are helped to move effectively into adulthood.

31. Most children, when possible, live locally with Brent's own foster carers, who know the children well and are proud of their achievements. Foster carers value the support they receive and the sense of working collaboratively for and with children. Foster carer assessments are generally completed within expected timescales. Leaders have not set out their expectations regarding mandatory training for foster carers clearly enough. Some carers' training has been out of date for some time, potentially affecting carers' ability to meet the complex needs of children in their care.

32. Unaccompanied asylum-seeking children benefit from strong support. Practitioners build enduring relationships with children, ensuring that their needs and circumstances are understood and considered in their care plans. Children live in stable, nurturing homes; they are helped to register with health services, and support with their legal status is swiftly put in place. Children who do not speak English are supported into relevant training courses, with college applications and other educational opportunities. Older children are helped to attend college regularly. Although there is some delay in provision from child and adolescent mental health services, specialist partner agencies help children consider their personal histories and get in touch with family members who they have been unable to contact since making their journey to the UK. Most unaccompanied children in care make good progress and have positive experiences.

33. Life-story work remains underdeveloped for children in long-term foster care. Social workers collect pictures and use direct work tools to ascertain children's views, but children in long-term foster homes do not routinely benefit from a coherent life-story narrative that helps them understand their journey through

care. For younger children, particularly those moving in with adoptive families, life-story work is completed to a stronger standard.

34. Disabled children in care benefit from social workers who demonstrate compassion, build meaningful relationships with them and advocate effectively for their needs. Children who are approaching adulthood are mostly supported well, with residential and foster homes providing positive enrichment experiences and continuity of care, and practitioners creating opportunities for them to develop independence and workplace skills.

35. Brent's children in care council, Brent Care Journeys Empire, provides meaningful opportunities for children in care to have their voices heard on the services they receive, with direct engagement by the Corporate Parenting Committee and purposeful involvement in service development and recruitment activities. Children in care who spoke with inspectors said they were happy where they lived, felt safe, knew their IROs and participated in their reviews. They spoke of having opportunities to explore their interests and spend quality time with family members.

The experiences and progress of care leavers: good

36. Care leavers benefit from a committed and relational leaving care service. PAs are persistent in their attempts to engage care leavers and build meaningful relationships at the point of a change and increasing responsibility in a child's life. Some care leavers benefit from early introductions to their PAs, helping them to understand their move into adulthood and the support available.

37. Care leavers are supported by PAs who take time to understand their individuality, taking good account of their culture, religion and identity. Relationships between care leavers and PAs are consistently strong, stable and trusting, providing continuity of support across several years for many young people. This enables PAs to develop a detailed understanding of individual young people's histories, needs and aspirations, and to respond flexibly as their circumstances change.

38. Pathway plans are completed promptly and reviewed within appropriate timescales. Young people's own words, views, rights and entitlements are captured exceptionally well in their pathway plans, which are detailed and sensitively written. Care leavers are encouraged to continue their involvement with their PAs beyond the age of 21, to benefit from ongoing support as young adults. While most pathway plans include clear actions, some are less specific, which may limit the ability to measure care leavers' progress and give them a clear understanding of next steps.

39. A supportive local offer provides care leavers with valuable opportunities to learn and develop new skills for life. Care leavers are aware of their entitlements in the local offer, including financial allowances, gym membership, zip cards and oyster card discounts. PAs continue to highlight entitlements as

care leavers grow into adulthood, including making them aware of the higher education bursary available to encourage them to study at a higher level.

40. Care leavers spoke positively of the support that PAs have given to help and encourage them to remain in further education. There is a tailored focus, with PAs supporting individual care leavers to access the right pathways for them. A wide range of bespoke opportunities is available for young people, including theatre placements, work experience with major employers and in-house university support. As a result, an increasing proportion of young people are in education, employment and training.

41. Care leavers' housing needs are well supported, with many living in accommodation that reflects their capacity for independent living and their individual preferences. PAs actively mediate with providers, develop agreements to address rent arrears and take steps to prevent homelessness. However, some care leavers experience too many home moves while in temporary shared accommodation, which has a negative impact on their sense of stability.

42. Care leavers' mental health needs are understood and met effectively. Emotional wellbeing support is available through a range of services, including Elev8, grand mentors, St Giles Trust, advocates and adult mental health services. PAs are generally thoughtful about care leavers' wellbeing and are curious about what changes in presentation or behaviour might mean. Young people at risk have a robust Vulnerable Adolescent Risk Assessment completed and safety plan in place, with referrals made to the Exploitation, Violence and Vulnerability Panel. Referrals to adult services are made when there are mental health concerns and services are available to address concerns related to substance misuse.

43. Care leavers in custody are supported by PAs who show determination in working with them, seeking updates on their welfare even when young people decline contact. They ensure that care leavers understand their rights, entitlements and the support available to them on release. When exploitation risks are associated with an area, care leavers are supported to live in safer locations. A joint initiative with the Youth Justice Service and Resettlement aftercare supports young people when they leave custody to access accommodation and support. Partner agencies provide mentoring that benefits care leavers through their time in custody and beyond.

44. Care leavers who are parents receive tailored support from their PAs, who are responsive to care leavers' individual circumstances and advocate effectively for their needs.

45. Care leavers are supported well to develop independence skills as they transition into adulthood, through practical programmes, including cooking, DIY, financial management and formal qualifications. Care leavers value the range of independence support available to them, recognising these opportunities as giving them skills for life.

46. The service works effectively to reduce feelings of isolation among care leavers, with regular community events, such as games and pizza evenings, supporting connection. Children in care and care leavers spoken with during the inspection shared a range of experiences, with many describing feeling well supported and having access to activities that helped them explore their interests as well as their entrepreneurial and career ambitions.

The impact of leaders on social work practice with children and families: good

47. Effective leadership across children's services provides a strong and stable foundation for practice. Corporate leaders and elected members share a clear commitment to improving the quality of services for children and their families. The director of children's services and the experienced, stable leadership team provide purposeful direction, and the strategic vision is communicated well across the organisation and with partner agencies. Services for children and young people are a strategic priority in borough-wide plans, contributing to a collaborative system rooted in improving children's experiences and outcomes.

48. Governance arrangements are strong. The Corporate Parenting Committee provides effective challenge and scrutiny across a wide range of topics relevant to children in care and care leavers. There are well-established mechanisms to ensure that the voice of children and young people influences and guides service delivery. Corporate parenting responsibilities are understood and owned at a political level, and senior leaders maintain a clear line of sight to most frontline practice through a range of oversight mechanisms.

49. Leaders know services well. The local authority's self-evaluation is honest and insightful, accurately identifying both the progress achieved and the areas that require further development. Leaders have focused on areas identified at the previous inspection in 2023 and have driven improvement in a number of these. There is a targeted approach to addressing the areas still in need of development, such as life-story work for children in long-term care. Leaders are open and realistic about what needs to further develop, and this reflects a responsive and accountable approach to improvement.

50. Leaders have established a strong learning culture that promotes reflection and continuous improvement. The quality assurance framework is comprehensive, encompassing practice observations, dip sampling, partner engagement and feedback. Audit practice is a particular strength, providing reflective, detailed feedback to practitioners and senior leaders. The voices of children and families are helpfully located at the centre of the audit process.

51. Practitioners have access to relevant learning and development opportunities that support their practice, and many reference weekly training sessions as intensive but useful.

52. Supervision and management oversight are generally regular and reflective, providing practitioners with support and direction. For some practitioners, consistent management and team members provide support, a reflective space and positive help with practice activity. Most records of supervision and management oversight reflect an understanding of risk, analysis and purposeful challenge, supporting effective decision-making and planning.

53. Practitioners and managers demonstrate a high level of commitment and enthusiasm in their work with children and families. Social workers report feeling well supported and they enjoy working in Brent, with many of those spoken to having made a deliberate choice to work in this authority because of the positive working culture. Staff consistently describe leaders as visible, approachable and supportive, valuing the time leaders take to engage directly with teams. Leadership accountability is embedded through regular structured engagement activities, including senior leader updates and training sessions, which contribute to a strong sense of shared purpose and trust across the service.

54. Leaders have a strong and meaningful focus on difference. Brent's Ways of Working and the Inclusion strategy set the right tone and reflect the diversity of the community and workforce. The commitment to anti-racist practice is genuine, visible and embedded, advocating for the values of courage, curiosity and kindness. The diversity of the senior leadership team reflects that of the workforce and the communities served, and staff speak enthusiastically about working in Brent because of the richness of its diversity.

55. Leaders have a strong commitment to kinship care. They have developed an accessible and coherent kinship local offer that details the support offered to all kinship carers and the children they look after. Kinship arrangements are actively promoted and well supported, reflecting leaders' understanding of the importance of identity, belonging and continuity of relationships for children.

56. Strategic partnership working across the borough is effective and well embedded, contributing to both strategic and operational improvements. Leaders collaborate closely with health, education, police, housing and voluntary sector organisations to ensure that services are coordinated and responsive. This collaborative system is well established and insightful; partners understand that while progress has been made, there is more to do, and they are working together around clearly identified priorities.

57. Participation with children and young people is a particular strength. Children's voices are at the centre of practice and wider decision-making. The children in care council and engagement activities for care leavers provide meaningful platforms for children and young people to influence services and support their peers. Leader's value and act on the feedback of children, young people and their families.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

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	Corporate Parenting Committee 14 July 2026
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children's Services, Employment and Climate Action - Cllr Jake Rubin

Annual Corporate Parenting Report 2025-2026

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:	None
Background Papers:	None
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 Children Looked After (CLA) 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 children in care and care leavers in Brent.

1.2 CLA and care leavers in Brent continue to benefit from stable leadership, an experienced and largely permanent workforce, and sustained investment in services that improve permanence, wellbeing and independence. Ofsted inspection activity confirmed that children continue to receive effective services,

supported by strong political and corporate commitment.

1.3 During 2025/26, significant progress was made and key achievements were:

- Successful implementation of Phase 1 of the Early Help and Social Care redesign, strengthening family support pathways and reducing unnecessary transfer points for children and families.
- Achievement of a stable and predominantly permanent workforce across CLA and Leaving Care services, resulting in greater continuity of relationships for children and young people.
- Expansion of the Family Group Decision Making (FGDM) offer through Family Group Conferences and the recruitment of a Lifelong Links Co-ordinator to strengthen family and community networks for children in care and care leavers.
- Significant progress in care leaver accommodation pathways and independence planning, improving preparation for adulthood and move-on arrangements.
- Positive external validation through Ofsted inspection activity, which identified effective services, stable leadership and improved workforce retention.

1.4 Whilst progress has been substantial, the following risks and challenges remain:

- Greater consistency is required in the quality and timeliness of life story work and case summaries to ensure all children have a coherent narrative of their care journey.
- Continued recruitment and retention of local foster carers is needed to maximise opportunities for children to remain close to family, school and community networks.
- Sustaining workforce stability during ongoing service transformation and delivery of Families First reforms.
- Implementing and embedding learning and improvement actions arising from recent inspection activity.

1.5 The report also sets out the priorities of the Looked After Children and Permanency service (LACP) for 2026/27. The service is well placed to build on a strong year of improvement. Workforce stability, positive inspection feedback and progress against key strategic priorities provide a solid foundation for strengthening outcomes further for children in care and care leavers. The priorities for 2026/27 will focus on embedding recent reforms, addressing remaining areas of inconsistency and ensuring that children and young people continue to receive high-quality, relationship-based support that improves their long-term outcomes.

1.6 In this reporting period, Ofsted carried out a Focused Visit on the 18 and 19 November 2025. The focus of the inspection was the Local Authority's arrangements for, and experience of children in care, specifically in relation to assessment, planning and decision-making. A report on this inspection activity was presented to CPC on the 2 February 2026.

1.7 In addition, although just outside this reporting period, an ILACS inspection took place in April 2026. A report on this inspection activity will be presented to CPC alongside this report.

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 (CYPCD) 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's Services, Education and Employment, with cross party Member representation, scrutinises service performance. This occurs on a quarterly basis.

- By ensuring the attendance and engagement of BCJ Empire representatives at the CPC.
- Weekly liaison meetings between the Lead Member for Children's Services, Education and Employment, the Corporate Director CYPCD 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 Empire continued to attend the CPC throughout 2025/26 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 2025/26 scrutinised reports on various issues affecting Brent care experienced children and young people including the following:

a. In April 2025, the CPC was presented with a report on learning from the transition from BCJ to BCJ Empire facilitated by BCJ members with the support of Participation Officers. The CPC were also presented with an annual report from Brent Virtual School, and six-monthly reports from the Fostering Service and Adoption London West separately on fostering and adoption activity.

b. In July 2025, the CPC was presented with the Annual Corporate Parenting report for 2024/25, Annual LAC Health report 2024/25, and the Annual IRO report for 2024/25.

c. In October 2025, BCJ Empire members delivered a presentation on a co-produced Bright Spots Action Plan. Reports were provided on the London Protocol on Reducing Criminalisation of Looked After Children and Care Leavers, and both six-monthly monitoring reports for Fostering and Adoption.

d. In the February 2026 meeting, the Committee was presented with a progress report in respect to the new Brent Residential Children's Home, a report on the Ofsted ILACS Focused Visit, and a report on the updated Placement Sufficiency Strategy 2025-2029.

5.0 Profile of Looked After Children

5.1 At the 31 March 2026 Brent had 295 CLA compared to 297 children on 31 March 2025, a decrease of 0.7%. This represented 39.3 children per 10,000 child population against the rate for England of 67per 10,000 head of child population. In 2025/26, 152 children became looked after compared to 138 children last year and, compared to an average of 148 per year over the previous four years.

The reduction in the number of CLA is likely to reflect a combination of strengthened entry to care oversight and gatekeeping processes, alongside an increased use of pre-proceedings to support children safely remaining within their families where appropriate.

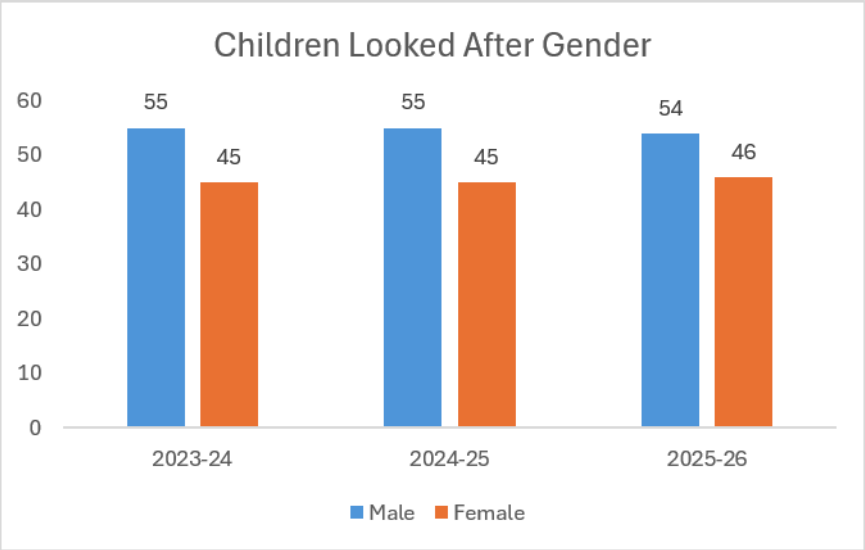
On 31 March 2026, the Local Authority looked after 30 UASC compared to 31 UASC in March 2025. This represented 10% of the total Brent CLA population. It appears

that Brent's UASC numbers have stabilised with no significant change in numbers since 2023/24.

On the 31 March 2026, there were 21 CLA and 28 care leavers allocated within the Disabled Children and Young People's 0-25 Team.

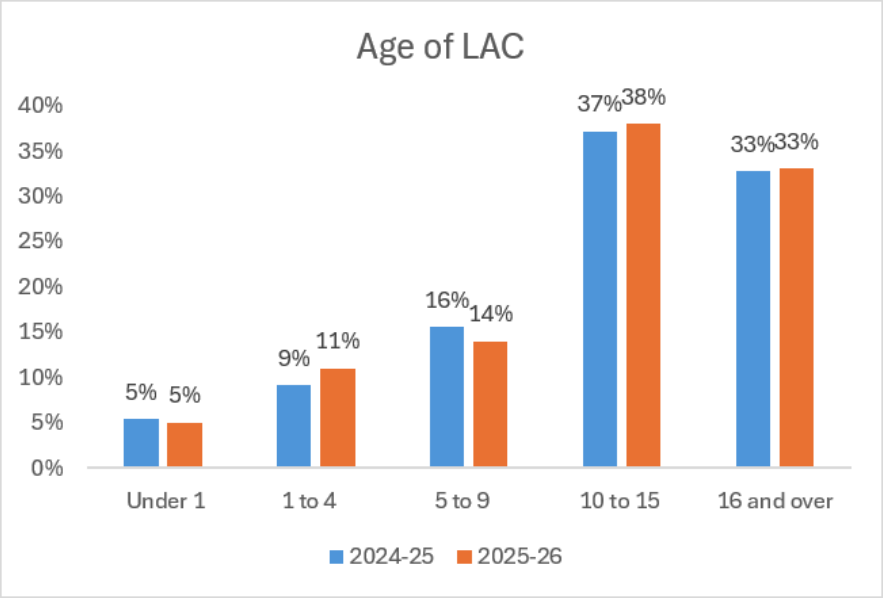
5.2 Of the 295 CLA on 31/03/26, 43 children had a previous looked after period. This represents 14.6% of the CLA cohort.

5.3 The gender of the CLA population consists of 54% male and 46% female; with the gender split narrowing slightly.



5.4 At the 31 March 2026, 32.5% of the care population in Brent was aged 16 and over, compared to 33 % at the end of March 2025. In addition, 70.5% of the care population was aged 10 and over. A predominantly adolescent care population presents a number of challenges, particularly in relation to outcomes such as placement stability, education, employment, and training. Many young people present with emotional and behavioural difficulties, as well as complex needs that foster carers may not always feel equipped to manage. Furthermore, there continues to be a national shortfall of foster carers with the specialist skills required to support teenagers.

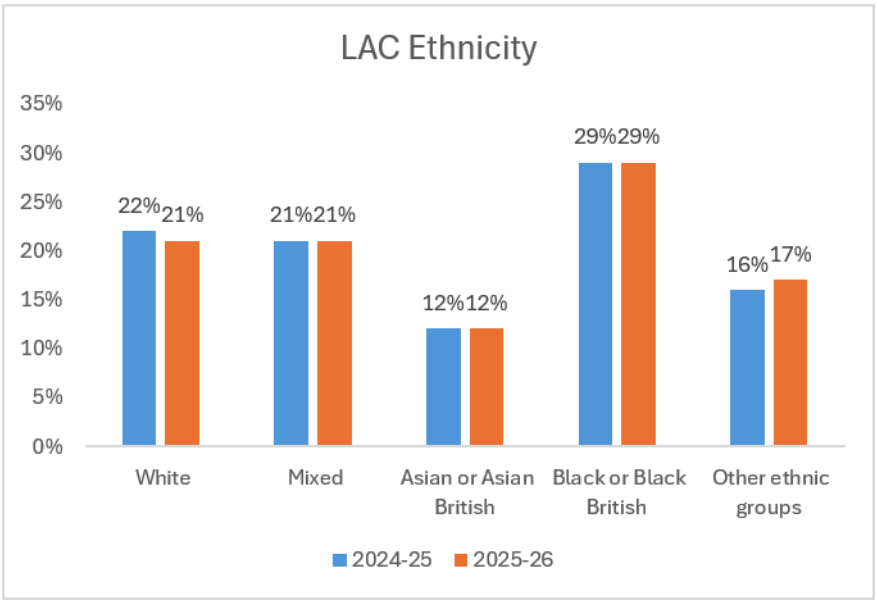
Whilst the number of children in care in Brent remains lower than that of our statistical neighbours, the children entering care are more likely to be older and to have entered the system at a later stage, increasing the likelihood of placement instability. Notwithstanding these challenges, placement stability in Brent has improved during this reporting period.



5.5 Ethnicity of CLA

5.5.1 The ethnicity[1] of CLA broadly remained the same compared to the previous year with a 1% decrease in the "White" demographic and a 1% increase in our "Other" demographic.

17% of our children in care were from 'other' ethnic groups. The greatest proportion of ethnicities noted within this group includes children and young people from Afghanistan, Syria and Iraq.

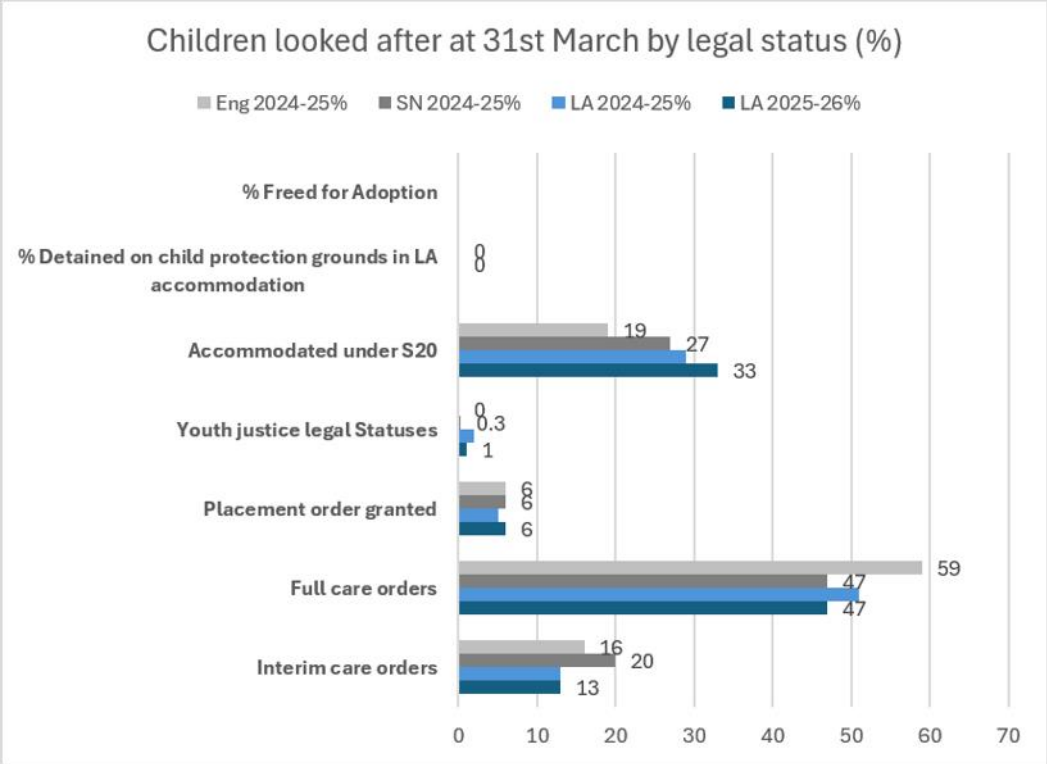


5.6 Legal status and placement location

1. Children looked after return 2025 to 2026: guide - GOV.UK

5.6.1 The majority of children in care were subject to Care Orders (both Interim and Full Care Orders) under the Children Act 1989, representing 60% of the care population. A further 96 children (33%) were looked after under voluntary arrangements with carers, pursuant to Section 20 of the Children Act 1989. All unaccompanied asylum-seeking children (UASC) are accommodated under Section 20 arrangements.

In this reporting period, 16 young people aged 16/17 present as homeless to the local authority. Of these 16, 9 became "looked after".



5.6.2 As of 31 March 2026, 20% of children were placed more than 20 miles from their home address, representing an increase of 2% compared to the previous year (18%). 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 current Sufficiency Strategy 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 were placed in foster care (180), representing 61% of all children in care, an increase of 2% from 2024-25.

5.6.5 The Local Authority operates an in-house fostering service which, as at the end of March 2026, was supporting 49 children in mainstream fostering placements, representing an increase of two children compared to March 2025.

Brent maintains a strong commitment to supporting family members and friends to become kinship foster carers, with the aim of enabling children to remain within their wider support networks and reducing the need for mainstream or alternative placements. As at the end of March 2026, 42 children were supported in kinship fostering (connected persons) arrangements.

6.0 Placement Stability

6.1 Number of Brent fostering households and approved fostering places (mainstream and kinship) on 31 March 2026 (and trend):

Collection year	Number of households	Number of places
2021	100	153
2022	98	142
2023	101	145
2024	103	145
2025	88	128
2026	95	132

6.2 Recruitment and retention of Brent foster carers remained a priority during 2025/26, with a significant amount of work being done in this reporting period with our neighbouring local authorities to share best practice and work together to drive fostering recruitment and retention in West London. There were 3 new mainstream fostering households approved in 2025/26. This was a net increase of 0, against the ambitious target of 10 for the year, due to 1 mainstream fostering household resigning and 2 mainstream fostering households being deregistered in the same period (due to safeguarding concerns). This was compared to a net increase of 6 mainstream foster carers in the previous year (2024/25).

This reporting year saw an increase in the number of fostering households, from 88(2024/25) to 95 (2025/26) which is attributed to kinship fostering households approved during the period. Aside from the resignations and deregistrations mentioned above, placement endings come about due to a number of reasons, including young people turning 18, rehabilitation to parents. In this reporting period 4 Kinship foster carers were granted Special Guardianship Orders (SGO).

6.3 In February 2026 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), that are currently in the West London Fostering Hub were asked to expand the current Fostering Hub to be an end-to-end model. The aim of this expansion is to improve recruitment and retention of foster carers by working together as a region.

Since February 2026 the Local Authority have been working closely with the Fostering Hub (Foster with West London) to plan the expansion by attending workshops, planning forums and other design mediums. The aim is for the new model to go live on 30th September 2026. After this date the current Brent fostering assessment and support team will move to a fostering support only team. All fostering enquiries and assessments will move to Foster with West London (FwWL); the aim is to have a

regional strengthened response to fostering recruitment to meet the DfE's ambitious aim of having 10,000 new fostering places across England. A report will be taken to Cabinet in July 2026 on this issue.

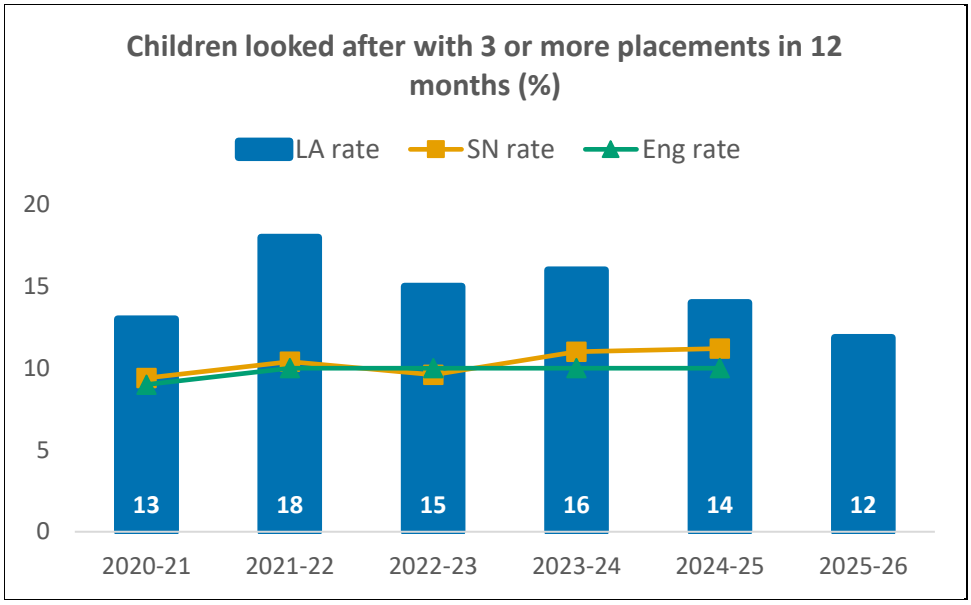
In this reporting period Brent launched its first Mockingbird constellation. The Mockingbird programme is an innovative method of delivering foster care using an extended family model where mockingbird hub carers are specially trained to offer sleepovers, peer support, emergency support, joint planning 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 Brent Mockingbird Hub Carers have been appointed, they have received their training, and the project went live in May 2025. The Department for Education were pleased with Brent's progress and agreed the continued funding for Mockingbird for 2025/26. The DfE have confirmed that they are making funding available to support the continued rollout of Mockingbird constellations during 2026/27, only if a local authority is within a fostering hub. Brent plans to launch a second constellation in 2026/27.

There has already been great feedback from the Brent foster carers involved in the constellation regarding the support they 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. In Brent we have already seen improved placement stability for the carers in the Mockingbird constellation; one foster carer reported '*I would have left fostering if I did not have this support in place'.*

6.4 Placement stability for children who have had 3 or more placements in a year has improved. Brent's data for 3 or more placement moves decreased by 2.1% from 14% in 2024/2025 to 11.9% in 2025/2026. The work being done to stabilise placements via Placement Stability meetings and the Children in Care Resilience Service (CRS, 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 10.2% compared to Brent's 10.1%. 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 Where placements are at risk of breaking down a stability meeting will be convened, attended by key professionals and where appropriate the child or young person 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 gathered 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 (supported accommodation) units. In this reporting year, placement stability meetings have been chaired by the allocated Team Manager for the social work team allocated for the child. Following our Early Help and Social Care redesign in June 2025, children in care now sit within the Child Protection and Court Teams, the 0-25 Children with Disabilities Teams as well as the Care Planning Teams. Advice and guidance for stability meetings can be sought from the LACP service as well as our commissioned service CRS.

The focus of these stability 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 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.

6.8 CRS 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.

34 foster carers were offered training, including all of the carers in the Mockingbird constellation.

In this reporting period CRS received 29 referrals. Children referred were between 4-17 years old, evenly split by gender, and covered a range of placement types including Brent foster care (mainstream and kinship), IFAs, and residential homes. Reasons for referrals were split equally between "risk of placement breakdown" and "behaviours of concern", with 6 children on a suicide prevention pathway and 21 children receiving the intensive support on Teir 3.

Positively, 89% of children referred to CRS sustained their placement or moved in a planned way as part of their care plan. Of all the children and young people closed to CRS in this reporting period, all reduced their risk scores, increased their goal scores and sustained their placement or moved in a planned way.

6.9 CRS estimate that they have saved Brent around £2.8mil by avoiding children moving from Brent foster care to IFA placements, and children moving from IFA placements to residential care. Not only is this a significant saving, but research also tells us that outcomes for children are better if they have fewer placements and more support.

7.0 Permanency Planning

7.1 Permanency planning remains a key priority within care planning, as it focuses on ensuring that children who become looked after are provided with stability, security, and a sense of belonging as quickly as possible. The core objective is to ensure that every child has a safe, stable, and loving home environment, where they can build secure attachments and receive consistent care that supports their emotional, physical, and developmental needs into adulthood.

7.2 When working towards permanency for a child, the approach is to ensure that social workers develop parallel care plans, so that a safe and stable long-term option can be secured for the child as quickly as possible. This helps to reduce delays and provides clarity about the child's future. Permanency outcomes can include a return to the care of the child's parent or parents where it is safe to do so, a long-term placement with extended family members or friends (kinship care), or alternative arrangements such as long-term fostering or adoption outside of the child's immediate network.

7.3 In the April 2026 ILACs, Ofsted inspectors commented that permanency planning for Brent CiC 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 previous reporting year, there has been a continued emphasis on securing permanency for children. The monthly permanency panels, chaired by a senior manager, has remained a key part of this approach. The purpose of the panels is to review progress, identify any delays or gaps in planning, and determine the necessary actions to move cases forward. The panel is organised by age group, separating older and younger children. For younger children, a representative from Adopt London West (ALW) attends to provide updates and insights on family-finding efforts and adoption planning, helping to support timely and appropriate permanency outcomes. For the older children, the focus is on securing permanency with their current foster carer or working towards returning them home, if they have been on a Permanency with Parents (PWP) arrangement.

7.4 Between 01/04/2025 and 31/03/2026, 6 children were adopted and 5 children left care through the making of Special Guardianship Orders.

7.5 At the 31/3/2026:

- 18 children were subject of Placement order
- 10 children with a Placement order waiting to be matched
- 8 children with a placement order who were matched and placed for adoption.

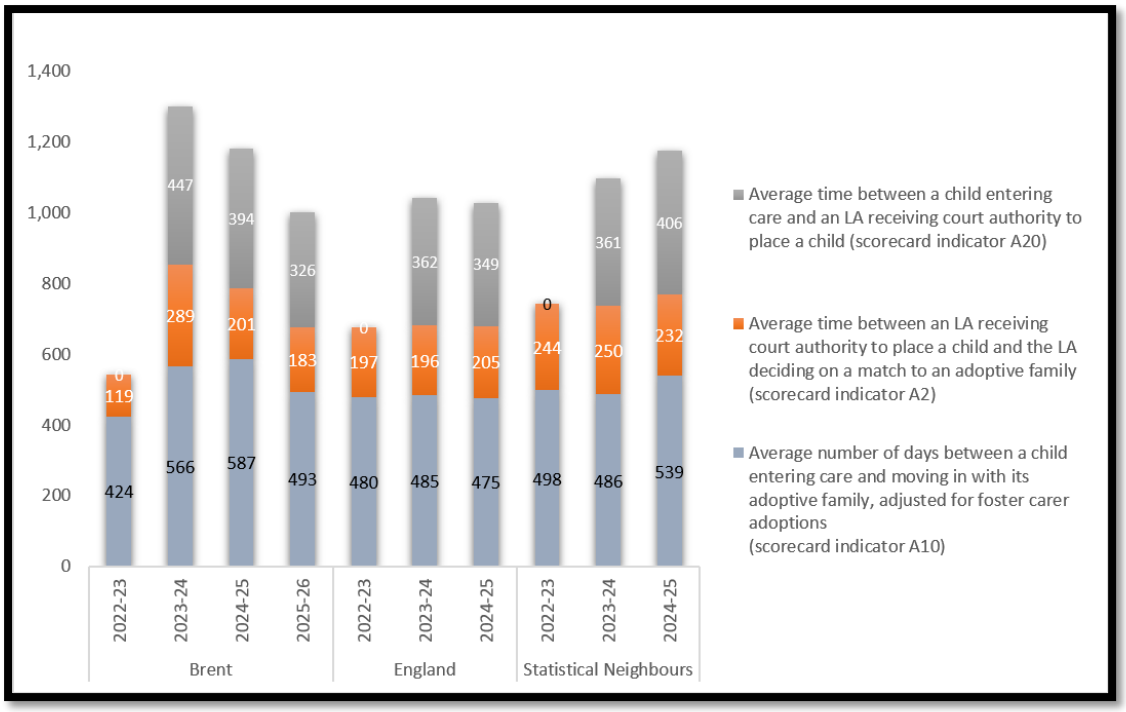
3 of the children placed this year have been placed in Early Permanence placements, allowing the children to move earlier and begin building attachments to their new families sooner.

7.6 The non-published data at the end of March 2026 compared to the published national and statistical neighbour averages demonstrates that adoption timeliness remains above statistical neighbour averages.

Brent's 3-year performance for 2023-26 is:

- **A1** (The average time taken for a child entering care to being placed for adoption): 554 days (3-year average) (493 in the last 12 months) compared with 503 days in 2024-25.
- **A2** (The average time taken from the Local Authority receiving court authority to place a child for adoption and a match being approved): 212 days (3-year average) (183 in the last 12 months) compared with 180 days in 2024-25
- **A20** (The average time between a child entering care and the Local Authority receiving court authority to place a child): 383 days (3-year average) (326 days in the last 12 months).

The below graph provides a comparison across Brent, England and statistical neighbours performance in relation to the A1, A2, and A20 indicators for each year. This demonstrates a comparative and improving performance picture for adoption timeliness for Brent children.



Variations in performance within this small group of children can arise from a number of factors. In some cases, delays affecting a single child such as prolonged and complex care proceedings can significantly impact overall outcomes. Additionally, a child's specific needs may limit the availability of suitable adoptive families, meaning that the family-finding process can take longer than anticipated. These factors can, in turn, influence the average timescales for all children being placed.

7.7 Adopt London West (ALW)

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.

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 N was born to his birth mother, who was in the UK on a student visa studying at university. On Child N's birth, his parents signed section 20 for Child N to be accommodated, as they stated that they wanted him to be adopted.

Birth parents shared that they are from different castes, and their family would not be accepting of each other and would never agree for the relationship to continue. Birth mother was worried that she would be disowned and was quite clear with her wish for Child N to be adopted, however N's birth father was more ambivalent about adoption, feeling that things may change in future.

A family finder from ALW was allocated and family finding commenced, with Child N's profile being circulated within ALW initially and then broadened to a nationwide search to find the right family for Child N.

Birth parents were provided counselling via ALW and a Children's Guardian was appointed from CAFCASS to take forward the adoption by consent process.

After receiving counselling and support from social workers and meeting with CAFCASS several times, both parents made the decision that it would be in their sons' best interest to be adopted.

Child N was placed with Early Permanence Foster Carers (approved adopters who are temporarily approved as foster carers) The plan moving forward is for Child N to be matched with his prospective adopters at the Adoption Panel and then for the adopters to make an adoption application to court, where Child N will be formally adopted.

8.0 Care Proceedings

8.1 The number of care proceedings initiated by Brent increased with 45 care applications being issued in 2025/26 compared to 41 care applications in 2024/25. There were 67 children on Brent's care applications in 2025/26 compared to 51 children the previous year.

At the 31 March 2026 Brent had the largest number of open cases in the West London Family Court of the 7 West London local authorities.

Nationally, between April 2025 and March 2026 CAFCASS worked on 16,195 (for 25,801 children) new public law cases which is an increase of 0.7% compared to the previous year (117 more children's cases, but 151 fewer children on new cases).

8.2 In 2025/26, 77 children's cases concluded, compared to 89 in the previous year, with the following outcomes:

- 19 Full Care Orders
- 8 Full Care Order and Placement Order
- 3 Child Arrangement Orders and Supervision Orders
- 1 Family Assistance Order
- 16 No Order
- 5 SGOs
- 25 Supervision Orders

8.3 The timeliness of concluded care proceedings in 2025/26 is 45 weeks, compared to 66 weeks in 2024/25.

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Brent Internal Data	39.5 weeks	43 weeks	55 weeks	56 weeks	66 weeks	45 weeks
National Average (CAFCASS data)	41 weeks	45 weeks	45 weeks	44 weeks	40 weeks	TBC

8.4 Brent's five longest running cases were reviewed at the end of the reporting period, with the longest running case at approximately 70 weeks. The delay in this case has been because of parental immigration matters and international elements and assessments.

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 non-engagement, assessment delays, additional assessments, court availability, 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.

8.5 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 a 'Care Proceedings Tracking meeting', chaired during this reporting period by the Service Manager/Head of Service 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 specific 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.

As a result of the 2025 Early Help and Social Care redesign care proceedings work has moved from the Care Planning teams to the new Child Protection and Court Teams. This means that children and their families will experience continuity of social worker throughout child protection, pre-proceedings, and court proceedings work. Cases will transfer to Care Planning at the conclusion of proceedings when Full Care Orders are granted. Early indications of this change have been positive, with timeliness improvements(above).

Case Study – Care Proceedings

Child J has been known to Brent Social Care on and off, due to her mother's chaotic lifestyle and poor parenting. Child J had no contact with her father for a significant period, and he was absent from her life. The most recent referral was in relation to concerns that Child J was "out of parental control" and at risk of sexual and criminal exploitation.

Following threats to Child J's life, the local authority issued care proceedings, applying for an ICO, which was granted. Child J's father did not engage in the proceedings. Exploration of Child J's extended family members was prioritised, however following assessments there were no available or suitable long term care options within her network.

Unfortunately, during care proceedings, Child J's mother initially refused to engage in any of the assessments directed, which significantly impacted on the court timescales. Towards the latter part of the proceedings she agreed to engage however then failed to make herself available. Despite mother's vocal wishes to resume care of her daughter, her refusal to engage with experts and assessors resulted in the court granting a full Care Order to the local authority for Child J.

Child J was later placed in a residential unit outside of London, due to the presenting safety risks where she remains.

The long-term care plan for Child J is to step down from residential care to a supportive and well-matched foster family, where she can remain for her minority.

9.0 Participation of children and young people in care and care leavers

9.1 CLA and care leavers had their voices reflected in various ways during 2025/26, 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. CLA also have access to Coram Voice advocacy that enables them to have independent support in expressing their views. IROs are often a continuing person of trust for many CLA, who might have several social workers involved in their lives.

9.2 Young people have their voices heard in the design and delivery of services and within council decision-making processes through the BCJ Empire programme, led by the participation team. BCJ Empire is the programme for Brent's Children in Care Council (previously called 'Care 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.

9.3 BCJ Empire is run by the participation team, comprising a Participation and Engagement Manager (0.4 FTE), a Participation and Engagement Officer (0.8 FTE) and two Participation Support Officers (0.3 FTE). In 2026/27, three sessional participation worker roles will be added to the team, with the roles aimed at care experienced individuals to offer opportunities for care leavers to become formally employed in the Council. The participation team are developing a comprehensive training package for sessional workers.

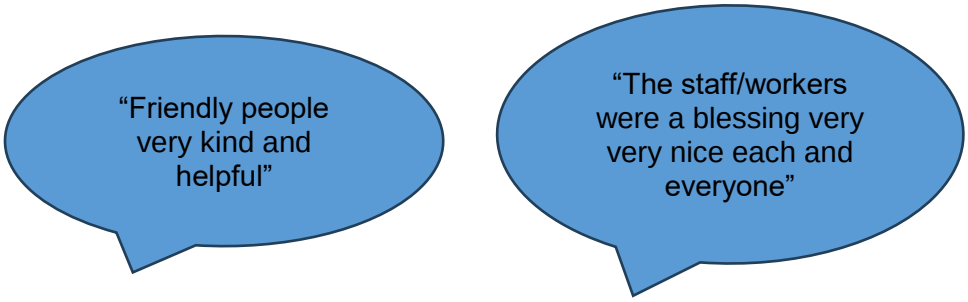
9.4 BCJ Empire projects and events in 2025/26

9.4.1 We provided fun spaces for young people to connect and build positive relationships during the holidays. In May 2025 half term, young people aged 7-17 took part in a mini golf activity at Box Park. In October 2025 half term, young people aged 7-17 attended a Halloween party in the base in the civic centre. This included fun Halloween themed games and was supported by young people from the care leavers group. In November 2025, young people aged 7-17 attended an end of year party. They took part in fun games, shared food and were joined by the Mayor of Brent who answered their questions about his role.

9.4.2 The participation team formed a new partnership with arts charity Create Arts in 2024 which continued into May 2025 to deliver an arts programme for young people in BCJ Empire. 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 and were reported on in the last annual report.

9.4.3 The drama project ran for three days in the easter holidays and the music project ran for 6 weeks in April 2025. Young people really enjoyed being creative and having a social and creative space to chat to each other. Young people involved in the music project enjoyed being able to work with a professional musician and have access to music production software and instruments. The group wrote, produced and recorded their own song about their experiences of being a care leaver which was really powerful and has since been used in presentations.

9.4.4 We hosted a summer fun day in August at the Unity Centre in Harlesden for children in care, care leavers, foster carers and staff with over 60 people attending. There were a lot of indoors and outdoors activities for all ages, including a bouncy castle, ball pit, arts activities, pool table, quiz and a DJ. Attendees shared positive feedback of the event:



9.4.5 In summer 2025, 11 care leavers attended Stubbers Adventure Centre for a two-night residential. The aim of the residential was for care leavers to get to know each other and begin a co-design project to rebrand BCJ Empire. The trip involved fun activities, workshops, and discussions. They took part in activities such as high ropes, kayaking and laser tag.

9.4.6 In summer 2025, seven young people from the 11-17 group attended a one night residential at Gordon Brown Centre. They took part in activities such as climbing, laser tag and spending time with the animals. The group also took part in a co-design session to share their ideas on rebranding BCJ Empire and an activity linked to Bright

Spots about trusted adults to share their views on the skills and qualities a social worker and foster carer should have.

9.4.7 In September 2025, 12 care leavers took part in a workshop with Ikea to design care crates for young people leaving care. The group worked with Ikea staff to put together the ideal crate with all the equipment and furnishings they felt were important for young people to create their own homes. This included kitchen equipment, bedding, storage units and plants.

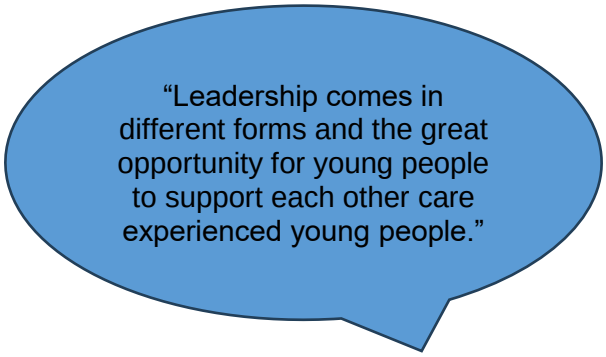
9.4.8 In December 2025, care leavers attended an end of year dinner in Wembley. They shared their reflections on the year and chatted with the Corporate Director for Children, Young People and Community Development who attended to meet the group. These trips ran alongside other projects in the BCJ Empire programme including co-design workshops, arts programmes and a range of participation opportunities.

9.5 <u>Young people's participation in decision-making and service design</u>

9.5.1 Young people have led a co-design project to rebrand BCJ Empire which has involved sessions with both groups since summer 2025 and ending with a launch event in April 2026 (which will be reported on in the next annual report). This involved 21 sessions with care leavers, three sessions with the 11-17 group, group catch up calls, weekly group updates, one-to-one support and home tasks, research and prep. The group led a consultation with their peers on branding and logos and used this to design and test several different logos. They presented their work at Corporate Parenting Committee and took on board feedback from Councillors and officers. Through the co-design project, young people developed confidence and skills in decision-making, consultations, leadership and design.

9.5.2 Participation has been embedded in the Corporate Parenting Committee since the space was re-designed by young people and councillors in 2024/25. 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 have attended every committee meeting and have shared updates on their activities and discussed issues related to the agenda papers. Young people look forward to attending the committee and have developed their understanding of local democratic structures and decision-making processes.

9.5.3 Young people from BCJ Empire and BYP have spoken at staff conferences to hundreds of members of staff about their experiences of participation. Young people developed their confidence in public speaking, and their participation was praised by staff members:



9.5.4 Care leavers have been involved in several interview panels to recruit staff for roles in the new children's home and three Heads of Service roles. On all panels, young people have joined senior staff to ask interview questions and share their views in recruitment discussions.

9.5.5 Representatives from BCJ Empire care leavers group wrote the Forward to the Looked After Children and Care Leaver's Strategy 2025-2027, in collaboration with the Head of LACP Service.

9.5.6 Young people in the 11-17 group took part in the Ofsted focused visit in November 2025 as BCJ Empire ambassadors. They represented their peers in meetings with Ofsted Inspectors to share their views about their time in care.

9.5.7 Young people in the 11-17 group refreshed the Brent Pledge at the end of 2025. They shared feedback on the design and ideas for how it could be improved. The refreshed pledge was presented to Corporate Parenting Committee in April 2026.

9.5.8 Young people from BCJ Empire helped participation staff write a funding application for the Amplified By Care Experience project ran by Coram Voice. The project will identify strong youth-led initiatives created by children in care councils, care experienced groups and local authorities and support them to grow. The aim is to take the best local ideas and help them reach more care-experienced young people across England. The BCJ Empire application focused on youth voice and leadership to show how care experienced young people can be more involved in decision-making in local authorities. In April 2026, BCJ Empire was shortlisted for the project and young people presented at a national event in Birmingham in May 2026 (this will be reported on in the next annual report). The outcome is expected in June 2026.

9.5.9 Six care experienced young people continued to be employed as Care Quality Ambassadors (CQAs), one of whom also attend the Corporate Parenting Panel. Care Quality Ambassadors continue to be encouraged to attend quality assurance visits and positively impact on the lives of other children and young people. On these visits they speak to the children and young people living in the placement to hear directly from them, and they provide their own report at the end of a quality assurance visit.

9.5.10 In the 2025 /2026 financial year, Care Quality Ambassadors participated in 16 quality assurance visits out of a total of 32 undertaken by the Commissioning Resource Team, which was 50% of all quality assurance activity undertaken. Quality assurance visits have been undertaken to children's residential home providers and supported accommodation providers. This approach will continue for the 2026/2027 financial year.

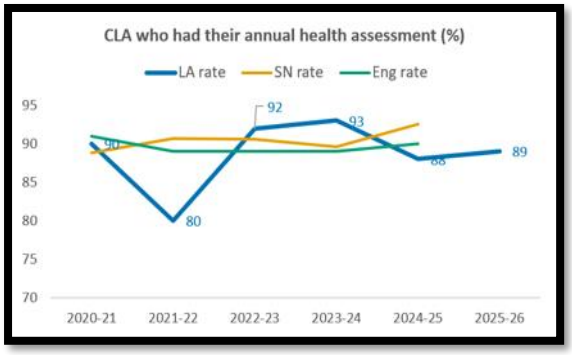
9.6 Participation priorities for 2026/27 include; launching the rebranded BCJ Empire; recruiting and training care experienced sessional participation workers; involving more children in care and care leavers in participation opportunities; exploring opportunities for external funding with national charities.

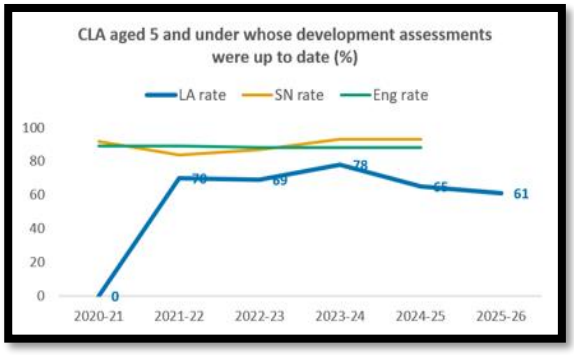
10.0 Health of Looked After Children

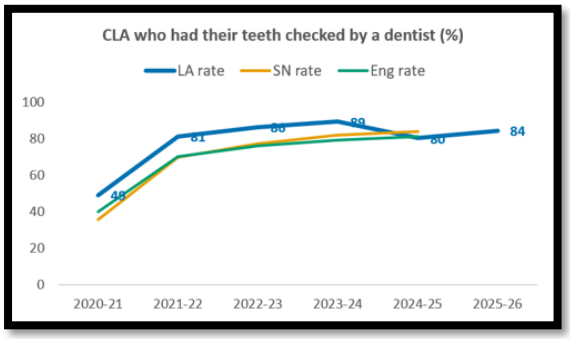
10.1 Local Authorities, in their role as Corporate Parents, have a responsibility to ensure that children in care receive appropriate and timely health support. This includes regular health assessments every six months for children under five, and annually for those aged five and above, alongside routine dental check-ups and up-to-date immunisations. Statutory health performance data is reported specifically for children

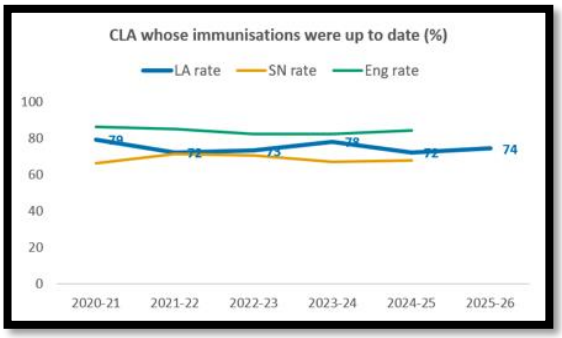
who have been in care for a continuous period of 12 months or more, to monitor and ensure their health needs are being effectively met.

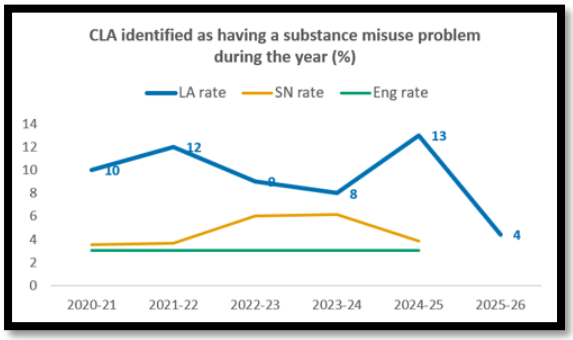
10.2 Unpublished data shows that there has been an upward trend in performance during this reporting period across the spectrum of health-related measures compared to the last reporting year, apart from 6-monthly health assessments for under 5s.

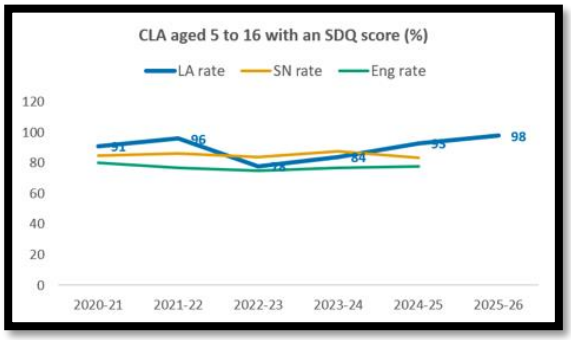












10.3 The completion of six-monthly health assessments for under 5s will continue to be a priority for the coming months. Quality assurance work is underway currently to understand the reasons for declining performance in this area and to identify the actions required to improve performance. This information will be shared with health partners and will feed into the quality assurance work being led by health that has informed joint action planning to date. For more detailed information refer to the CLA Health Service Annual Report 2025/26.

10.4 The Health and Wellbeing subgroup of the Local Partnership group meets every other month and includes representatives from children's Social Care, the health provider team, ICB, CLCH, Public Health, and community organisations. This subgroup, accountable to the Local Partnership group for CLA and care leavers, is also

responsible for quality assurance in relation to timeliness and quality of health services to CLA. Where there are areas of underperformance, these are addressed by partners within the subgroup, in the first instance. Persistent areas of underperformance are escalated to the Head of Clinical Services for Brent children (CLCH) and the Head of Service for LACP.

10.5 In line with our priorities for 2025/26, there was continued focus on providing support regarding emotional wellbeing of looked after children and care leavers in this reporting period.

10.6 The Wellbeing and Emotional Support Team (WEST) continued to provide a wide targeted service for identified vulnerable groups, including children in care and children with a disability, until January 2026. The service provided 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.

10.7 In January 2026, Brent Partnership Local Youth Resource and Advice Service (LYRA) was launched and is a new Mental Health and Emotional Wellbeing Service for children and young people in Brent. LYRA offers support for emotional wellbeing needs, working closely with families and professionals to provide joined up help in schools, community spaces and online. This is a partnership offer provided by Brent Wellbeing Team (Anna Freud), Brent Young People THRIVE, Brent Centre for Young People, and CNWL CAMHS.

The support from LYRA includes:

- Peer Support Groups
- Mentoring
- Building Resilience and Confidence
- Psychoeducation and Coping Skills
- Therapeutic support

10.8 Other low to moderate mental health and wellbeing services that are providing support to our looked after young people are Via (formerly Elev8) and CRS (please see section 6 for more information) These resources have been well received by children, young people and professionals.

10.9 During this reporting period the CAMHS Looked After Child and Transition Mental Health Care Coordinator post was 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, when filled, contributes to the Health and Wellbeing subgroup (linked to the Local Partnership group) which brings together professionals who focus on and work to drive forward improvements for the health and wellbeing of our care experienced young people.

10.10 Unaccompanied Asylum-Seeking Children (UASC)

- In 2025 ongoing support has been provided to the UASC population through individual and group therapeutic work provided by WEST.
- The service successfully applied for Public Health funding during the previous reporting period to deliver a bespoke Emotional Wellbeing and Mental Health support for UASC and Former UASC over the next three years. During this

reporting period, the Afghanistan and Central Asian Association (ACAA) was commissioned to deliver this project on behalf of the service. The project was mobilised in November 2025 and went live in December 2025.

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, Young People and Community Development 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 from the Children's Trust to the Health and Wellbeing Board.

11.2 The Local Partnership Meeting (LPM) for Care Experienced Children and Young People consists of relevant officers from Brent Council (including CYP Departments (LACP, 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 EMPIRE attend and contribute to the LPM priorities via the Voice and Influence subgroup and act as conduits between the LPM and representatives of BCJ EMPIRE.

11.3 The LPM has been responsible for driving and delivering the priorities set out by the Brent Children's Trust for 2024/25 and 2025/26 and continues to drive activity through the subgroups with multiagency membership. Progress on activity is reported on throughout this report.

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)
- Paths to Independence

12.0 Children Missing or Absent from Care

Definitions of 'missing' and 'absent'

Missing: Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another'.

Absent: A person is not at a place where they are expected or required to be'.

London Child Protection Procedures 2025

12.1 At year ending 31st March 2026, 80 CLA were reported to be missing from their placements at least once, compared to 78 in the previous year. This represented 17.6% of all children in care at any point during the year (n=455) compared to 17% in the previous year (n=460).

14.1% of Brent CLA had more than one missing incident in the year.

12.2 An absence refers to a situation where a child has not returned home at an agreed time, but their whereabouts are known, or where their location is known but permission for their absence has not been granted. During this reporting year, there were 728 absent incidences compared to 723 the previous year.

18.5% of CLA had an absent incident in the year which is a reduction from 20% last reporting year.

12.3 Missing data for 2025/26 demonstrates a similar position as 2024/25, with very small fluctuations. Brent's care population is predominantly children aged 10 years and above, making the likelihood of more absent/missing episodes a possibility.

12.4 The allocated social worker is responsible for assessing risk, coordinating the professional network around the young person, and completing Safety Plans specific to each young people who are regularly missing.

12.5 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 (TPH). The missing children (both from home and care) functions now sit in a single service area within the TPH. The service includes a Missing Coordinator and a Return Home Interview (RHI) Key Worker under the leadership of the Contextual Safeguarding Lead.

It was recognised that additional capacity was required to deliver RHIs. As a result, three new Social Work Assistant roles were introduced. Two posts have been filled since January 2026, with the third due to commence in summer 2026. This additional resource demonstrates the Local Authority's commitment to addressing missing children and has contributed to increased RHI offers and improved acceptance rates since February 2026.

The Key Worker, who has undertaken RHIs in Brent for the past four years, demonstrates a proactive and persistent approach in engaging young people. Their ability to build relationships and explore wider issues beyond missing episodes has been key in improving RHI engagement. For young people who go missing frequently, established relationships with both them and their families help build trust and confidence in professional support.

A bi-weekly high-risk Missing Management Panel is in place, chaired by the Contextual Safeguarding Lead and attended by Children and Young People (CYPCD) officers and the Police Missing Persons Unit. This panel reviews cases, confirms actions, and ensures effective tracking of children who are currently missing. Plans for safe recovery are agreed, and adherence to missing protocols is monitored.

Daily monitoring reports have been replaced by a Missing Children Tracker, enabling Heads of Service to better monitor key actions. Weekly exception reports are shared with Directors and the Director of Children's Services (DCS) for children missing for extended periods. Data indicates a significant reduction in children missing for 10 days or more, with such cases now increasingly rare, demonstrating the impact of targeted interventions.

Through this oversight, it was identified that recent changes to Mosaic workflows limited visibility of RHI offer and acceptance rates. Specifically, the system did not record offers that were declined, resulting in underreporting. As offering an RHI is not mandatory, this reduced the granularity of available data. This issue has been identified, and a scheduled system fix went live on 1 May 2026.

12.6 In this reporting period, audit activity highlighted that although practitioners were identifying safeguarding risks for vulnerable young people, improvements were required in relation to adherence to protocols, delivery and recording of RHIs, timeliness of risk assessments, communication with multi-agency partners, and overall management oversight and escalation processes.

12.7 Actions Taken as a result of audit activity

- A multi-agency working group was established to review processes, resulting in a revised Missing Children Protocol issued in April 2026.
- Learning from the audit and inspection has been shared through staff forums.
- Training workshops on Missing from Care and the Philomena Protocol have been incorporated into the 2026/27 training programme.
- A multi-agency workshop (January 2026) strengthened collaboration between police, care homes, and social workers.
- Staff have been instructed to review missing child notifications daily and address backlogs in care planning.
- RHI processes have been reviewed to ensure sustainability, with clear tracking of offers, completions, and reasons for non-completion.
- Additional staffing capacity has improved consistency in RHI delivery.

12.8 Strengthening the Response to Missing Children

12.8.1 The response to children reported missing has been significantly strengthened through a combination of service redesign, increased capacity, enhanced oversight, and a clear focus on partnership working as described above.

12.8.2 The response to missing children has also undergone significant review, with a renewed focus on proactive, joined up working with police and safeguarding partners. Close partnership with the Missing Persons Police Team has led to the co-design and delivery of targeted training, equipping practitioners to apply the Missing Child Protocol, understand police risk assessment processes, and implement the Philomena Protocol that supports children missing from residential children's homes. This protocol strengthens joint responsibility and accountability across agencies, particularly in relation to children looked after, by clearly setting out roles when children go missing from care, alongside the introduction of practical measures such as grab packs to support swift and informed responses.

12.8.3 The Missing Children Policy has been updated to reflect these developments, including the use of grab packs for children in care, ensuring clarity of expectations and consistency across services. In response to lower recorded RHI figures, there has been increased scrutiny of practice, including robust daily tracking of missing children overseen by the Contextual Safeguarding Lead. These layers of oversight support both individual safeguarding responses and the identification of emerging patterns.

12.8.4 Ongoing workforce development ensures that training on missing episodes is delivered across all relevant services, while additional analytical capacity has strengthened understanding of data, improved recording, and supported timely completion of RHIs on Mosaic. Fortnightly multi-agency Missing Meetings provide structured quality assurance, enabling detailed case analysis of repeat missing incidents and the identification of themes such as geographic hotspots and peer group links. Together with improved performance monitoring, including the Missing Children Tracker and regular reporting to senior leaders, these developments have created a more robust, coordinated, and intelligence-led response to children who go missing.

13.0 Education of Looked After Children

13.1 The Brent Virtual School for Looked After Children Annual Report September 2024 – August 2025 was presented to the Corporate Parenting Committee in April 2026.

13.2 The BVS sits within the Education, Partnerships and Strategy Department in the Children and Young People and Community Development (CYPCD) directorate. The Virtual School operates as a multi-disciplinary team focused on supporting children and young people in care to achieve their full potential and experience positive educational outcomes. The team includes a range of specialist roles, comprising both teaching and non-teaching advisory staff, an Educational Psychologist, Education Officers, a dedicated Unaccompanied Asylum-Seeking Children (UASC) and Year 11 Education Officer, a Post-16 Advisor and an Enrichment Coordinator. A nominated officer in the CYPCD Performance Team also provides analytical and data support to the service, strengthening the Virtual School's ability to monitor outcomes and identify areas for targeted intervention. During the 2024/25 academic year, in addition to the core team, BVS draws on the expertise of commissioned services delivered on behalf of the local authority, including Prospects, which provides careers education, information, advice and guidance, and the Wellbeing and Emotional Support Team (WEST), which offered specialist support to promote emotional wellbeing and resilience.

13.3 In the 2026 ILACS inspection Ofsted found that "*Children in care are supported well to progress in their education. The experienced and aspirational headteacher of the virtual school, supported by a stable and well-regarded team, knows children and their individual circumstances well. The virtual school plays a key role in maintaining the quality and timeliness of personal education plans. Educational outcomes for children in care are improving, with increasing engagement from schools and education providers in supporting children's progress. Improving school attendance levels for children in care is still a challenge, especially for children in secondary schools, and the service is rightly giving this a high priority. Children benefit from a wide range of enrichment and wider learning opportunities*."

14.0 Care Leavers

14.1 In Brent, we have a dedicated Care Leavers Service comprising three teams who work together to provide high-quality support to young people as they transition to adulthood. The service provides support to all young people who leave care from the age of 18 years (including those leaving care at the age of 16 and 17) until they reach the age of 25.

14.2 At the 31 March 2026, Brent was responsible for support to 311 Former Relevant Young People [aged 18 - 21] (a decrease from 357 reported for 31 March 2025) and 239 *eligible* young people aged 22-24, of which 138 are currently receiving support (an increase from 125 last year). In line with the Social Work Act 2017, Brent offers a 21+ service providing support, advice and guidance to any care leaver who may wish to have this support up to the age of 25.

14.3 All care leavers have an allocated personal advisor, whom we aim to introduce to them at age 17.5 to begin building a relationship and to advocate for them as they approach 18. This approach ensures that all those in care who are approaching 18 already know their personal advisor and have developed a positive relationship with their allocated social worker; this 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 youth justice, housing organisations or youth groups. In 2025/26, the staffing establishment of the Leaving Care Service comprised three teams with 6 personal advisors, each supervised by a team manager. The teams also work closely with external partners such as Prospects, Grandmentors, and Settle. The team managers each have a specific area of responsibility; for example, one manager has built strong partnerships with Youth Justice, Probation, and Housing, where she sits on the tenancy allocation panel. The other areas of responsibility are Employment, Education and Training. One of our managers has built strong relationships with internal and external partners, and the remaining manager has lead responsibility for our life skills independence programme and Grandmentors. 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, and a PA who works with care experienced young people to co-design the annual Care Leaver week activities and celebrations.

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

15.0 Brent's Local Offer for Care Leavers

15.1 Our Care Leaver Local Offer was refreshed, updated and presented to the Corporate Parenting Committee in October 2024, prior to being published. Our Care Leaver Local Offer can be found at: Care leavers | Brent Council

15.2 The service has begun the process of reviewing our Care Leavers Local Offer for 2027–2029. The review will include consultation events, online questionnaires, and direct engagement with young people via PAs. Feedback from stakeholders will also be sought. Feedback will play a central role in shaping future priorities and ensuring that the refreshed Local Offer reflects the aspirations of care leavers, the council (as Corporate Parents), and the commitments made through the Care Leavers Compact. The new revised Local Offer will be brought to CPC in October 2026.

15.5 **Pan-London Care Leavers Compact and Covenant**

The Pan-London Care Leavers Compact and Covenant creates a shared framework for London boroughs and partner organisations to improve outcomes for care-experienced young people. Working collaboratively and agreeing on commitments ensures care leavers have consistent support, opportunities, and services as they move towards independence. These commitments are now part of our revised Local Offer.

In 2025, the Council continued to strengthen its commitment to the Pan-London Care Leavers Compact, which promotes consistent and high-quality support for care leavers across London. The Compact sets out five housing commitments: the Council exempts care leavers from council tax, prevents them from being found intentionally homeless, provides access to rent deposit schemes, recognises care leavers as a priority group for housing support, and ensures strong joint working arrangements between Housing and Children's Services.

15.6 **Brent Care Leavers Charter**

The Charter for Care Leavers is designed to raise expectations, aspirations and understanding of what care leavers need and what local authorities should do to be good Corporate Parents. The Brent Care Leavers Charter was last updated in January 2025 and will be reviewed along with the Local Offer.

15.7 **Extended Youth Justice Service (YJS) offer**

During this reporting period an extended YJS offer has been designed and agreed for care experienced young people. This voluntary offer will apply to young people already supported by YJS and also those who are already in custody.

YJS will work with young people to co-produce an Enhanced Exit Plan which will set out clearly their access to a range of services. This is an opportunity for 18+ to receive co-ordinated, multiagency, wraparound support during a period (transition to adulthood/release from custody) of extreme vulnerability.

16.0 Care Leavers' Enrichment Programme

"The Hub"

16.1 The 'Hub Group' is an integral part of the Care Leavers Service. It seeks to combat isolation, build a network of friends, and bridge the gap between younger and older care leavers. The group plans activities, maintains contact, and meets monthly. Some care leavers also meet outside the Hub Group and have formed closer friendships. Each monthly session sees 6 - 15 young people attend. We continue to see more younger care leavers join the group.

16.2 The Hub Group provides a valuable forum for care leavers to discuss the challenges of everyday life, current world events, and the ongoing cost-of-living pressures. The group also serves as a platform for sharing employment opportunities, job vacancies, and other relevant information.

Care leavers continue to use these sessions to share their experiences, offer peer support, and engage in meaningful and informative discussions. The Hub Group remains a safe and supportive environment where young people can build relationships, socialise, and reduce feelings of social isolation. Feedback from participants consistently highlights the value they place on this dedicated space and the positive impact it has on their wellbeing.

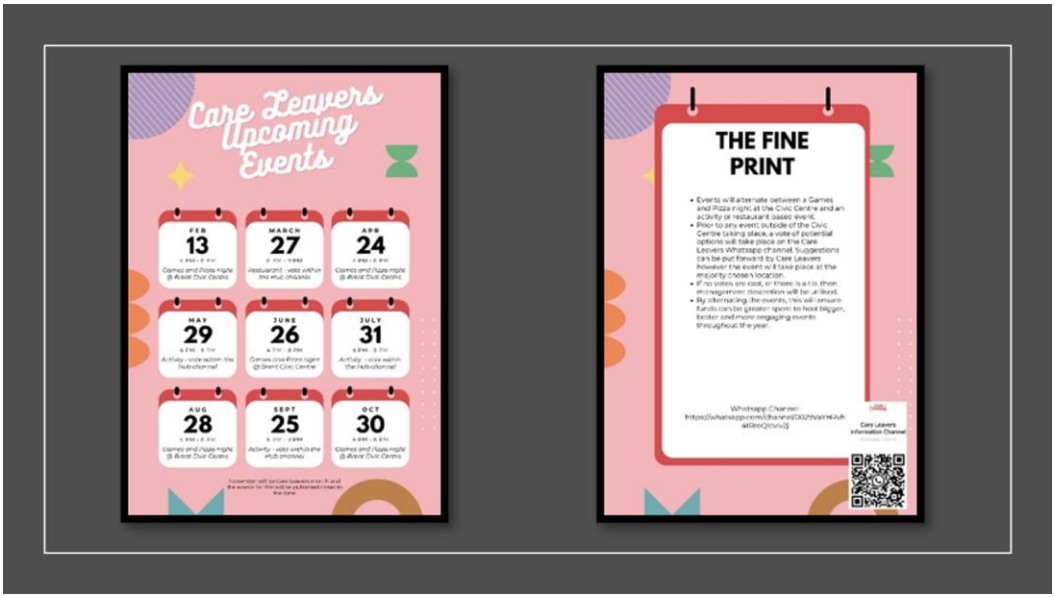
"Its great to be here and be able to talk and chat with other people and speak to staff and ask them questions and what we would like together during the summer."

16.3 Care leavers aged 18 to 25 attend the Hub Group, with some care-experienced adults over 25 also continuing to participate. Older members (aged 22 and above) actively mentor and support younger care leavers, sharing their experiences and offering guidance on parenthood, independent living, managing finances, higher education, apprenticeships, employment, and future aspirations.

These peer relationships significantly shape the personal development of group members. Many young people report feeling less isolated and more confident, progressing from initially being quiet and withdrawn to becoming active, confident, and valued members of the Hub community.

Several Hub members over 25 have expressed a desire to continue attending, reflecting the strong relationships and lasting sense of support and belonging the Hub provides.

In the last quarter of this reporting period, the service received some feedback about the Hub structure and events which were listened to and a new programme and structure for the Hub was discussed and proposed. Young people were happy to be able to have options and assist with planning events, hence every other month there is the opportunity for an "away" event. Care leavers have also shared that they also appreciate being able to gather locally and bring their children along.



Grandmentors

16.4 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.

16.5 Between April 2025 and March 2026, the Grandmentors programme has shown positive growth and increased stability. Across the reporting period, referral activity fluctuated, with the strongest levels seen during July and August, followed by a quieter period in early autumn. Referral numbers are now beginning to increase again toward the end of the reporting year.

16.6 A total of 28 new referrals were received during this period, alongside 12 new matches formed across the year. The number of active matches increased steadily, rising from 4–5 at the start of the year to a peak of 12 in December, and has since stabilised at approximately 9–10 active matches.

16.7 While some matches ended due to disengagement (6 cases), there were also examples of successful planned endings, demonstrating positive outcomes for young people who completed their mentoring journey. To maintain a consistent pipeline of matches, it is recommended that each Leaving Care team aims to make 1–2 referrals per month (approximately 3–6 referrals overall).

16.8 The Grandmentors offer, which was extended to 16 and 17 year olds in 2024/25, has continued to provide significant benefit during this reporting period. Early access to mentoring support is proving valuable in helping young people prepare for the transition out of care, equipping them with emotional resilience and practical life skills at a critical stage. In addition, the programme has strengthened its capacity through volunteer development, with new cohorts of Grandmentors trained during the year, supporting the growth in active matches and ensuring sustainability of the offer.

16.9 Grandmentors continue to have a significant impact on young people's emotional wellbeing, particularly in addressing low self-esteem, which remains a common need among those referred.

The programme offers young people aged 16–24 a consistent, trusted adult relationship that differs from statutory support. Grandmentors are not assigned in the same way as professionals; instead, matches are carefully tailored based on shared interests, experiences, and the young person's individual goals.

Through regular and meaningful engagement, Grandmentors:

- Build confidence and self-esteem
- Support young people to set and achieve personal goals
- Encourage progress in education, employment, and independence
- Promote the development of healthy relationships

Ultimately, the programme supports young people to develop the skills, confidence, and self-belief needed to lead successful and independent lives.

16.10 While the programme is now in a more stable position, there remains an opportunity to further strengthen outcomes through consistent referral pathways and ongoing volunteer training, ensuring a steady flow of successful matches. Detailed case studies and further analysis will be included within the full Annual Report, which will provide deeper insight into individual outcomes, programme impact, and future recommendations. The service provided by Grandmentors is overseen by a manager and service manager for the Leaving Care service with quarterly meetings, with the Head of Service attending an annual meeting. The annual report is presented to the Local Partnership meeting which provides an additional layer of governance.

16.11 In February 2026, Grandmentors hosted their first-ever breakfast morning, bringing together mentors, mentees, and colleagues from across the Leaving Care, Looked After, and Permanency teams. The event provided a valuable opportunity to build connections, share experiences, and the impact mentoring is having across the service. They also welcomed four new volunteers, all of whom have successfully completed their training and are now ready to be matched, further strengthening our pool of available mentors. A new Grandmentor said, "*It was a useful networking event. Good to meet experienced mentors too and hear about their journeys with their mentees. The most valuable part was meeting the social work team and hearing how they felt Grandmentors could support the young people that they are working with*."

16.12 The following feedback from a young person demonstrates the impact a Grandmentor can have on their lived experience:

> "***I'm really grateful to have such an amazing mentor. She's helped me a lot with budgeting and always makes me feel comfortable opening about both work and personal things. She's been incredibly supportive of my mental health even coming with me to doctor's appointments which has meant a lot and made me feel like I'm not alone. Her support has truly made a big difference in my life***"

Support for Care Leavers who are parents

16.13 During the reporting period, the service had hoped to establish a support group for care leavers who are parents. The group was initially due to be co-facilitated by a

care leaver; however, they were unable to continue with the project due to personal reasons. Despite efforts to promote the group and encourage participation, interest from young parents was limited, and the initiative was not successful in its current format.

Moving forward, we plan to focus our engagement efforts through a programme of summer holiday activities and trips. These activities will provide opportunities to re-engage young parents, strengthen relationships with staff, and better understand the barriers that may be preventing participation. We hope that these informal engagement opportunities will help build trust and confidence, enabling young parents to access future support services. During the autumn and winter months, we aim to introduce targeted drop-in sessions where young parents can receive advice, guidance, and practical support around parenting, employment, education, and independent living.

Care Leavers Month 2025

16.14 During Care Leavers Month, held in November 2025, the service celebrated the achievements and contributions of young people who have left care and highlighted the ongoing support available to them as they transition into adulthood. Activities throughout the week provided opportunities for care leavers to share their experiences, build connections, and access information on education, employment, housing, health, and wellbeing. Feedback was positive, with young people valuing the opportunity to have their voices heard, celebrate their successes, and influence development of future services. The timetable was full of activities ranging from football to our MasterChef competition, which was as popular as ever. A party to mark the end of the month ended the month, where staff cooked and acted as waiters for our care leavers so that they could enjoy the event.

17.0 Care Leavers in Education, Employment and Training

17.1 There were 38 young people in higher education in 2025/26(unpublished data). Of these 38 young people, 15 are in the 19 to 21 age range.

The historical data below suggests that while more young people are engaging in education overall, they are increasingly choosing alternative further education and training/employment rather than university. This reflects changing aspirations, labour market opportunities, and financial considerations.

This data is also directly impacted by an increase in young people choosing to pursue self- employment and an increase in the number of former UASC who have No

Recourse to Public Funds(NRPF) representing a larger proportion of the NEET population. It is also recognised that many care leavers access higher education later than their peers who are not care experienced. This is evidenced by the increase in the number of care leavers entering higher education after age 21.

	2020	2021	2022	2023	2024
Care leavers aged 19,20,21 looked after for at least 13 weeks after their 14th birthday, including some time after their 16th birthday	239	250	243	264	255
In higher education	24	22	19	20	18
In education other than higher education	53	75	62	67	67
In training or employment	51	42	48	50	69

Care leavers currently engaged in higher education are undertaking a diverse range of courses, including Business Management, Psychology, and Health and Social Care. The table below provides provisional comparative data relating to care leavers participating 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%	6%	6%
2025-26	15	6.5%	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%, matching the figure from 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. Brent's data is higher than the statistical neighbour average.

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%	54%	54%
2025-26	139	60%		

17.3 The percentage of care leavers aged 19 to 21 engaged in education, employment or training (EET) highlights the need for continued targeted support and engagement. Many care leavers are exploring alternative pathways and may require additional time, encouragement and personalised support to identify and pursue opportunities that align with their aspirations and individual circumstances.

Some young people are undertaking informal or short-term work arrangements to supplement their income. While these arrangements do not contribute towards formal EET measures and are not encouraged as long-term sustainable options, they can reflect young people's motivation to generate income and develop independence. The Care Leavers Service continues to work closely with young people to promote access to accredited education, training and sustainable employment opportunities, while providing advice and guidance on the benefits of engaging in formal employment and learning pathways.

A care leaver in Higher Education

A is a 19-year-old care leaver who is currently living with his former foster carer under a ‘staying put arrangement’. He has also shown an interest in computer animation and has worked hard to secure a place at Escape Studios London, where he is completing an undergraduate degree in Animation and Games. This is a unique, amazing opportunity that R is fully committed to!

A care leaver in Higher Education

K is a 21-year-old care leaver who, through his own personal journey and exposure to the industry, has committed to a four-year degree in Psychology at the University of East London. K has embarked on his 4th year and has now secured a job in the Care Sector, further developing his skills in the field and preparing himself for independence. K has shown himself to be a capable, likeable, and empathetic young man, and we are all excited to see how he will progress into this field.

A care leaver applying for Higher Education

C is an 18-year-old care leaver who has shown remarkable resilience. She overcame significant adversity in her childhood. Although initially adopted, challenges in her adoptive placement led C to return to Local Authority care.

Despite these experiences, C stays committed to her education. She always demonstrates determination and perseverance. After achieving her GCSEs, C is now studying A Levels in sixth form and making excellent academic progress.

C aspires to higher education and has applied to study law at university. Her hard work and ambition have earned her four conditional offers. She is considering Westminster University or Queen Mary University as her preferred choice. C's achievements show her resilience, strong work ethic, and positive aspirations for the future.

17.4 Brent has several 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 currently support the Leaving Care Service with a designated worker 3 days a week. This worker covers the 18–25-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

S is a 22-year-old care leaver. He first came to Brent's attention at age 13, when he presented to the Local Authority as an Unaccompanied Asylum-Seeking Child. S has faced significant challenges throughout his journey as a looked-after child and care leaver, largely because he experienced trauma both in his country of origin and during his journey to the UK.

These experiences impacted S's emotional wellbeing and, at times, his ability to engage steadily with education, training, and employment. During his time as a care leaver, he accessed therapeutic and substance misuse support to address these challenges.

Over the past year, a key milestone was S's renewed engagement in education and employment planning. With support from the Leaving Care Service and Prospects, he explored pathways and enrolled on a Construction course—a significant step. His successful course completion and receipt of a Construction Skills Certification Scheme (CSCS) card mark concrete achievements along his journey.

S is now awaiting confirmation of employment opportunities within the construction sector. This milestone highlights his resilience, perseverance, and dedication to building a positive future.

Additional organisations

John Lewis

The Leaving Care Service is currently one of the Local Authorities participating in the John Lewis 'Building Happier Futures' programme. This initiative provides care leavers with valuable employment opportunities through a combination of work experience placements and guaranteed interviews across a number of John Lewis branches.

The programme offers care-experienced young people an easy way into work. It helps reduce barriers common in usual recruitment. It gives them practical experience, support, and direct access to jobs, helping them build skills, confidence, and employability. This supports them to achieve lasting employment.

Lumina Future Pathways

The Leaving Care Service has formed a new partnership with Harrow School and its employment initiative, Lumina Future Pathways, through our local community work. Lumina Future Pathways helps talented young people with higher education or further qualifications consider their next career move. Harrow School's network provides them with strong connections to employers across the UK and a range of employment opportunities.

Lumina representatives have met Leaving Care Service staff and now accept referrals from Brent care leavers. This early-stage partnership offers our young people tailored support, networks, and clear employment routes.

This partnership shows our commitment to all care leavers, including those advancing in education and employment. We ensure that high-achieving young people continue to receive guidance and opportunities to realise their potential.

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 the previous 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 model has been operational since September 2024 when our first home became operational, with the second shared home operational in this reporting period. 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 homes 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 secured a second 6-bed block contract, and both houses continue to support care leavers waiting for their own tenancy.

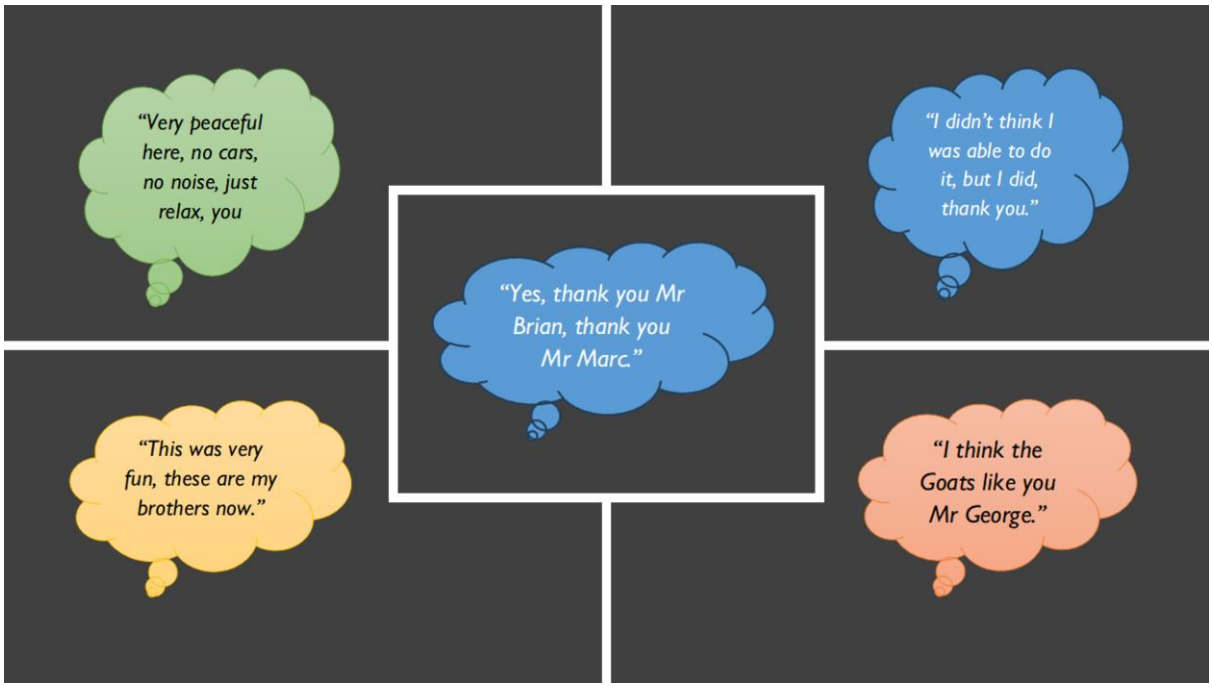
18.5 In preparation for independent living, young people are supported to complete either the ASDAN Independent Skills Programme or the Gordon Brown Practical Skills Weekend along with the Money Ready Course and in-housing Housing Workshop before being referred for their own accommodation. PAs continue 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 six months before being eligible for a Direct Offer to which they are added to the waiting list. 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 28 young people into their own tenancies.

18.7 The Gordon Brown Centre is now fully embedded and part of 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. 24 young people attended Gordon Brown in 2025 the majority 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 Money Ready Course and Housing 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 practical and fun activities:



18.9 The Team Manager who leads on housing continues to work with the Social Housing Team and jointly chairs the monthly Housing Allocation Panel meetings where young people are nominated for tenancy. The manager also continues to liaise 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 Crisis

Relief Fund 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 2025-26, 92% (211) of care leavers aged 19-21 were in suitable accommodation, compared to 85% the previous year. The care leavers who are deemed not to be in suitable accommodation would be either on remand or have lost touch with the 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%*	*209*	*89%*	*33810*	*89%*
2025-26	*211*	*92%*				

**Brent's statistical neighbours changed in 2024/25 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. We currently have 20 young people who have had their 1st appeals rejected and have submitted a further appeal. We have 6 young people under the age of 21 who have NRPF (no recourse to public funds), at 21 they will be referred to the Home Office for section 4 support.

19.0 Priorities for Corporate Parenting 2026/27

- Continue implementation of the Families First Programme, including embedding the new Family Group Decision Making offer by launching "Lifelong Links" for children in care and care leavers, continuing to prioritise kinship care options and ensuring that where children are returning home there is a safe and supportive network involved to ensure successful reunification.

- Launch and embed a digital life story work platform, alongside strengthening compliance with life story work standards and practice guidance.
- Further improve health outcomes for children in care and care leavers, with a particular focus on timeliness of health assessments, immunisations, emotional wellbeing and access to health summaries.
- Strengthen placement sufficiency through recruitment and retention of Brent foster carers, working with West London partners and developing the Fostering Hub.
- Maintain workforce stability and further improve practice quality through learning from inspection findings, quality assurance and workforce development.

20.0 Stakeholder and ward member consultation and engagement

20.1 Stakeholder consultation and engagement take 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, and Brent Care Journeys 2.0 activities and programmes.

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.

Relevant Documents:

1. Ofsted Focused Visit for Children in Care report- presented to CPC in February 2026

2. BVS Annual Report 2024/25- presented to CPC in April 2026

Report sign off:

Nigel Chapman
Corporate Director of Children, Young People and Community Development

Brent	**Corporate Parenting Committee**
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Childrens' Services, Employment and Climate Action - Cllr Jake Rubin

Brent CLCH Children Looked After Annual Health Report 2025/26

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:	Appendix 1 - Brent CLCH Children Looked After Annual Health Report 2025/26
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	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 2025/26.

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 CLA health provider service.

4.0 Background

4.1 Please refer to Appendix 1, Brent Children Looked After Annual Health Report 2025/26.

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 Equity, Diversity & Inclusion (EDI) Considerations

8.1 There are currently no Equity, 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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Central London Community Healthcare NHS Trust (CLCH)

Children Looked After (CLA) Health Service

Annual Report

2025/2026

Julia Blankson

Named Nurse/Service Manager for Brent Children Looked After

25th June 2026

CONTENTS

1. Introduction

National Context

Under the Children's Act 1989, a child is considered "looked after" when they are accommodated by a local authority for a continuous period of more than 24 hours and are subject to a Care Order (Full order-section 31), Interim Care Order (section 38), an Emergency Protection Order (s44 & 46), a voluntary agreement with parents (section 20) or remanded to a local authority or subject to a criminal justice Supervision Order (section 21). Children under 18 years, who have applied for asylum in their own right and are separated from both parents and/or any other responsible adult, are considered as unaccompanied asylum-seeking children (UASC). Hence, under the Children's Act 1989, not only do all local authorities have a legal duty to provide accommodation for these children but that children's health services also have a duty of care to provide health service support.

Advocacy groups and young people often prefer terms like "child looked after" (CLA), "child in care" (CIC), or "care-experienced" over "looked after child" (LAC), which is often perceived as depersonalising (NSPCC, 2025). In line with best practices, CLA is used throughout this report.

Brent CLA health service works in partnership with the London Borough of Brent, referred to throughout this report as the Local Authority (LA).

CLA face the same health risks and problems as their peers but generally experience poorer baseline health and more severe complications. This is heavily driven by early exposure to trauma, including poverty, abuse, and neglect (Data Resource Profile: 2016).

Almost half of CLA have a diagnosable mental health disorder. Additionally, they are three times more likely to have a Special Educational Need (SEN) and nearly seven times more likely to hold an Education, Health and Care Plan (EHCP) compared to their peers (Department for Education, 2024).

For the reporting year ending 31 March 2025, the national number of CLA was 81,770, a 2% decrease since 2024. The CLA rate per 10,000 children under 18 years of age was 67, down from 69 in 2024. UASC represented around 8% of all CLA, at 6,540, a decrease of 12% since 2024.

Most UASC are male (94%) and are usually older, with 90% aged 16 years or over compared with 27% of all CLA. The main reason for UASC being in care is absent parenting (89%).

The number of CLA who were adopted and therefore no longer looked after was 3,040, an increase of 1% since 2024. The number of CLA who ceased to be looked after due to Special Guardianship Orders (SGO) was 4,110, an increase of 6% since 2024. (Department for Education, 2025).

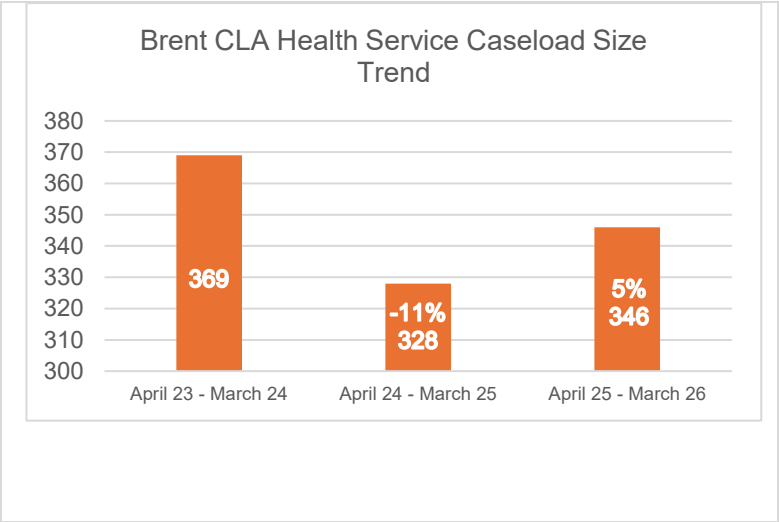
Fully validated SSDA 903 data for the year ending March 2026 will not be published until after June 2026, too late for inclusion in this report. Locally held Brent CLA health service data for 2025/26 has therefore been used within this report where required.

2. Local Picture (Demographics)

Brent CLA health service caseload profile

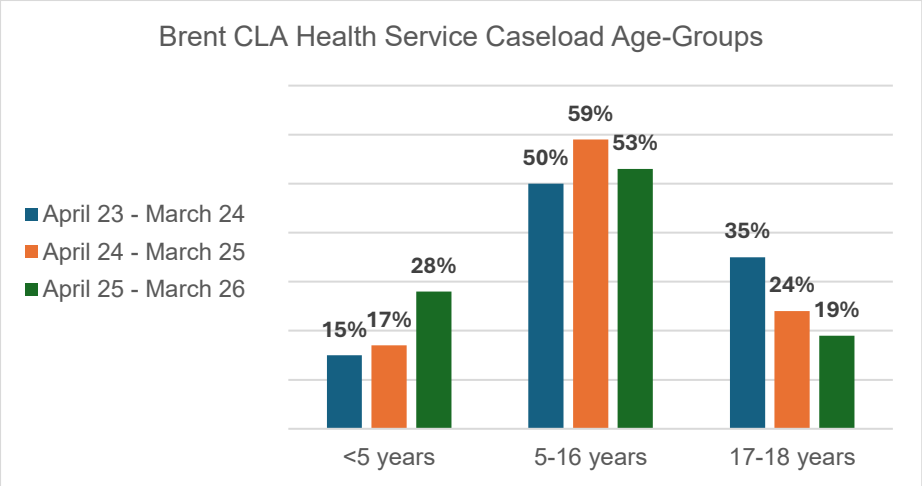
The Brent CLA health service caseload has fluctuated over recent years, peaking at 369 in 2024 during the period of increased UASC referrals and standing at 346 in 2026. The overall reduction in CLA reflects the national context. Please note that children who have recently entered care and have been in care for less than 12 months will affect year-end figures.

***Figure 1**: Shows the fluctuating trend in Brent CLA health service caseload numbers: 346 in 2026, a 5% increase compared with 328 in 2025, following a peak of 369 in 2024.*



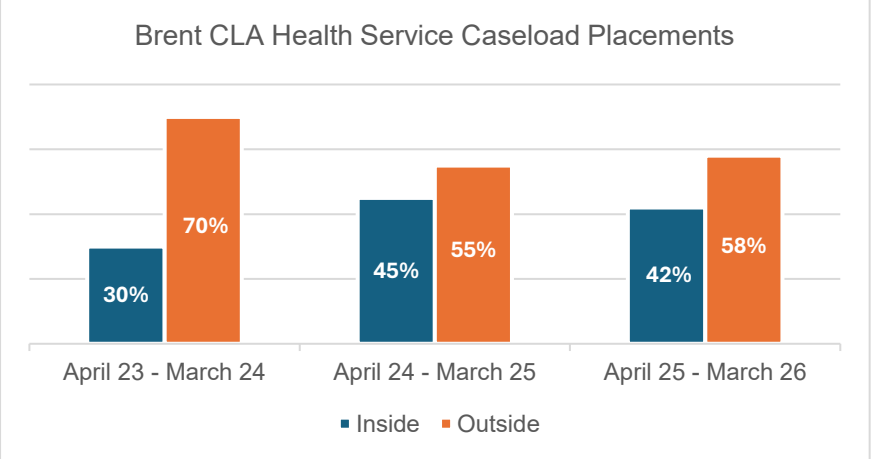
Brent CLA health service caseload by age-groups

***Figure 2**: Shows the age-group categories, indicating that the majority of the Brent CLA health service caseload has remained within the 5–16-year age group. The 17–18-year age group has declined significantly, while the under-5 age group is gradually increasing.*



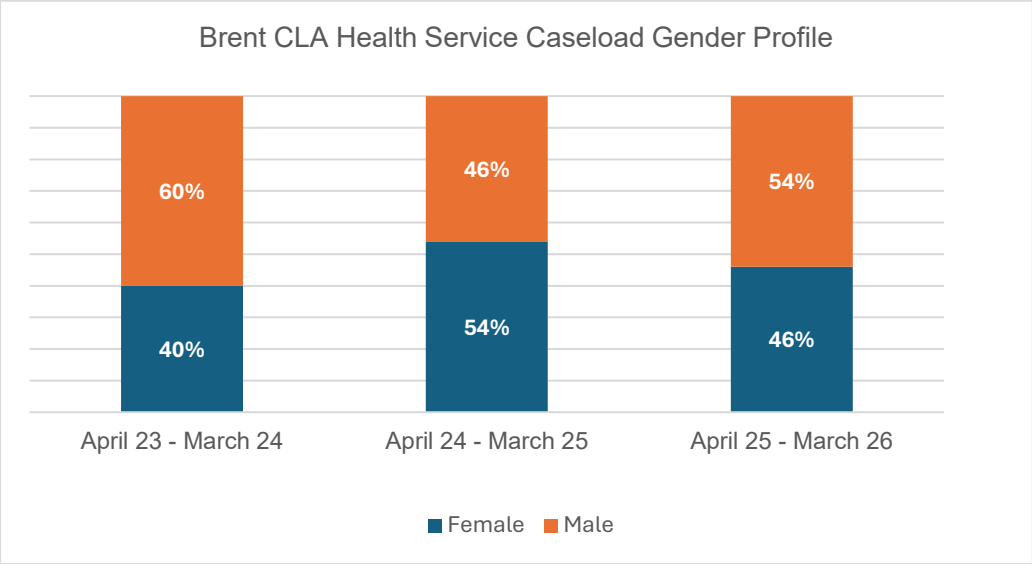
Brent CLA health service caseload by placement

***Figure 3**: Shows the proportion of the Brent CLA health service caseload by placement location. The majority of placements remain outside the London Borough of Brent.*



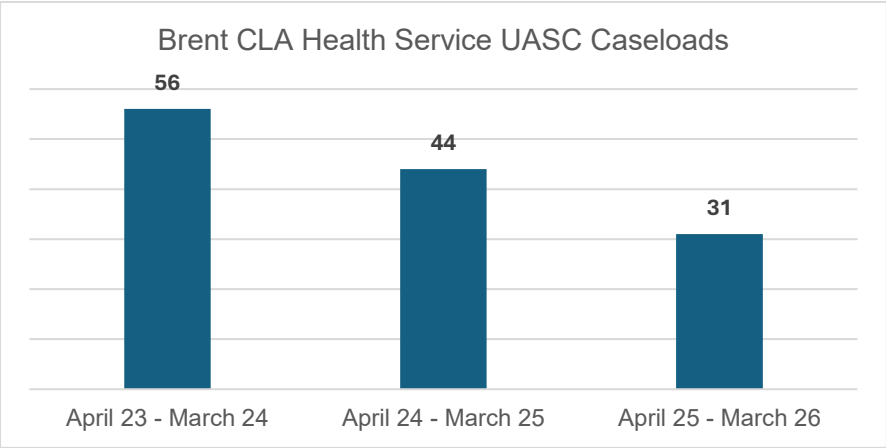
Brent CLA health service caseload by gender

***Figure 4** : Shows the proportion of Brent CLA health service caseload by gender. Historically, the caseload has had a higher proportion of males. This trend reversed in 2025, when there were more females, before shifting back to a higher proportion of males in 2026, with an 8% increase.*



Brent CLA health service caseload by Unaccompanied Asylum-Seeking Child (UASC) status

***Figure 5**: Illustrates the declining trend in the Brent CLA health service caseload by UASC status, which aligns with the national context.*



3. Service Summary

Staffing, supervision and support

The Brent CLA health service is located across two sites. Nursing and administrative staff are based at Sudbury Primary Care Centre, and paediatricians are based at Chalkhill Centre for Health.

Staffing in the clinical team has remained stable throughout 2025/26. However, maternity leave, long-term sickness and a recent retirement have had some impact.

Each Integrated Care Board (ICB) within the Integrated Care System (ICS) commissions a Designated Doctor and a Designated Nurse for CLA. In Brent, these posts are currently filled. They work with Brent CLA health service, wider health services and the LA to support service development and address any identified gaps.

The service provides health assessments to all CLA aged 0–18 who are looked after by the LA. The service also undertakes health assessments for CLA placed in Brent by other boroughs where an assessment request is made. This report focuses mainly on the Brent CLA commissioned by ICB.

Through a standalone contract with the LA until November 2026, Brent CLA health service also currently manages the governance of administrative and advisory reports for children's adoption and adult health fostering. This is supported by administrative staff and bank part-time Medical Advisors for Adoption and Adult Health Fostering (AH), both of whom are Consultant Paediatricians.

The service management and all data are reported centrally, primarily by the Named Nurse for CLA and Band 7 CLA nurses in her absence.

The Royal College's Intercollegiate Guidance for Looked After Children (December 2020)[1] sets out the recommended clinical caseloads for nurses within CLA teams:

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

The Brent CLA health service caseload trend has varied over the past three years. It was at 369 March ending 2024, decreased to 328 in March 2025 and increased to 346 at March ending 2026. Notably, the caseload fluctuated over the past 12 months, from 313 to a peak of 368 in August 2025.

In line with intercollegiate recommendations, an average caseload of 350 requires a workforce of 1.0 WTE Band 8 and 3.0 WTE Band 7 nurses. The team currently has 2.6 WTE Band 7 CLA specialist nurses and requires recruitment to an additional 0.4 WTE.
The Named Nurse holds a clinical caseload alongside operational, educational and supervisory responsibilities, including overall management of Brent CLA health service. The quality of the service has been maintained through the support of the team, Named Doctor, rotating paediatric residents, designated professionals, social care teams and the Head of Clinical Services.

Brent CLA health service team members receive supervision in line with NMC guidance and have access to additional structured support sessions, which they report as beneficial to their roles:

- Referral of all new CLA specialist nurse starters for safeguarding induction with the CLCH safeguarding children team.
- 1:1 quarterly safeguarding supervision with the CLCH safeguarding children advisor
- Team group safeguarding supervision (this is group supervision using the ‘Voice of the Child) 6 monthly.
- CLA nurses clinical and safeguarding supervision at trust wide CLA forums
- Open access 1:1 sessions with the Named Nurse for CLA specialist nurses to discuss cases and support staff wellbeing. Uptake is positive and regular.
- 1:1 session for the Named Nurse with the CLCH Named Nurse for Safeguarding Children and CLCH Head of Clinical Services, respectively.
- Statutory mandatory training and appraisals for all staff annually.
- Weekly team tracker for RHAs/IHAs/ Adoption/ Adult health
    - to plan, coordinate, allocate, monitor, and collate KPIs for CLA.
- Monthly Brent CLA Health Team meeting
    - Information sharing and planning for the CLA health service as a whole.

- Monthly CLCH Performance meetings
- Access to CLCH wellbeing activities

Working together in partnership.

Partnership meetings attended and their function includes:

- **6-weekly Designated Nurse for ICB and Brent Named nurse meeting**.
    - information sharing, addressing escalations/concerns and providing assurance for quality service delivery for CLA.
- **2 monthly- CLA health and social care subgroup meeting** for operational multidisciplinary planning, information sharing and monitoring for CLA.
- **2 monthly - Local partnership meeting**
    - strategic multidisciplinary planning, information sharing and monitoring for CLA.
- **Quarterly meetings with the CLA nurses and administrators across CLCH** Trust wide approach to CLA service, learning, supervision, support and information sharing and review of practice.
- **Fortnightly 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 CLA - criminal and sexual exploitation, gangs, county lines
- **Strategy meetings** as they arise, on average weekly.
- **Fortnightly health and social care mangers meeting**
- **Foster carer training**: one session was delivered this year, with plans to increase delivery to three sessions per year.

4.Health Assessments, Performance Indicators, Challenges and Remedial Actions

Initial Health Assessments

Statutory guidance requires all CLA to receive an Initial Health Assessment (IHA) within 20 working days of entering care, with the completed report available for the child's first review meeting, chaired by the Independent Reviewing Officer (IRO).

Under the Integrated Care Board (ICB) service specification:

- LA must submit IHA referrals within 5 working days of the child entering care to Brent CLA health service. (Care Planning, Placement and Case Review Regulations 2010)
- Brent CLA health service must then complete the assessment, report, and return documentation within the remaining 15 working days.

Brent CLA health service clinical activity - IHAs

The IHA assesses the child's physical, developmental, emotional, social, educational and mental health needs.

Face-to-face, in-borough IHAs continue to take place at Wembley and Willesden Centre for Health and Care. These are undertaken by doctors from the Brent medical team, including consultant paediatricians and resident doctors working in the service on rotation. Where a placement is a significant distance away, the local hosting health team is requested to complete the assessment.

Performance-IHA
The ICB Key Performance Indicator (KPI) requires:

- **95% of IHAs to be completed within 20 working days of entry into care.**

Performance across the system remains below target due to persistent systemic operational barriers impacting timely delivery of statutory assessments.

Table 1.a. shows Brent IHA performance for 1st April 2024 – 31st March 2025

Months	Apr 24	May 24	June 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
IHA performance	61%	53%	20%	20%	90%	56%	25%	92%	67%	80%	100%	62%

Table 1.b. shows Brent IHA performance for 1st April 2025 – 31st March 2026

Months	Apr 25	May 25	June 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
IHA performance	60%	90%	100%	71%	67%	45%	83%	57%	56%	50%	0%	78%

Challenges- IHA

There are a number of system-wide challenges impacting IHA performance across Brent. Analysis of IHA breaches over the past two years (2024/25 and 2025/26) identifies a range of recurring operational and pathway issues affecting compliance with statutory timescales.

Table 2: Where breaches to statutory timescales occur, reasons for the breach are recorded monthly and reported to the ICB and Brent Social Care. These are summarised in table 2 below:

Although the data is presented by primary breach reason in the table below, breaches are often affected by multiple systemic factors. For example, a late referral may be followed by a wait for an out-of-borough team, or a young person may be in hospital and subsequently miss an appointment due to being was not brought (WNB).

Cause of Breach - IHA	% of breaches across 24/25 year	% of breaches across 25/26 year	Comments
Did not attend / was not brought (WNB)	18%	13.6%	Brent CLA health service sends appointment reminders to carers and communicates with LA social workers for follow-up.
CYP declined assessment	3.6%	6%	These are typically older CYP.
Referral forms received late from LA	40%	57.4%	In 24/25, timeliness of referrals improved significantly during the second half of the year following introduction of new forms and increased training for social workers. However, late referrals have increased again through 25/26.
Waiting for assessment in borough outside of borough / commissioned area	34%	6.8%	In 24/25, the number of CYP waiting for assessments in other boroughs became a greater issue in the second half of the year. Some improvement in 25/26 due to weekly chase-ups from Brent CLA health to hosting boroughs and to LA social workers following notification of a new CLA with no referral.
Misc other (eg: CYP in hospital or on remand, staff sickness, report delays due to emergency leave)	4.4%	15.2%	

A full deep dive of 2025/26 breach reason data, including multi-factorial cases, was undertaken by Brent CLA health service in June 2026. The findings have recently been shared with the social care CLA team, and an action plan to address breaches is being agreed jointly between the two teams. This work will continue during the coming year and is discussed later in this report.

Review Health Assessments (RHAs)

Statutory guidance requires all CLA to receive a Review Health Assessment (RHA) every six months for those aged under 5 years, and annually for those aged 5 to 18 years if they remain in care. The completed report should be available for the child's review meeting, chaired by the Independent Reviewing Officer (IRO).

Under the Integrated Care Board (ICB) service specification:
LA must submit RHA referrals within 2 months of the RHA due date to Brent CLA health service.
Brent CLA health service is commissioned to see all CLA residing within the M25, completing six-monthly and annual assessments, reports and returned documentation within the required timescales for the LA.

Brent CLA health team clinical activity - RHAs

The RHA assesses the child's physical, developmental, emotional, social, educational and mental health needs.
Face-to-face RHAs continue to take place at Wembley and Sudbury Centre clinics, in schools and in placement homes, delivered by specialist CLA nurses. Where a placement is outside the M25, the local hosting health team is requested to complete the assessment. In exceptional circumstances, where a CLA does not want a face-to-face appointment, a risk assessment is undertaken and a virtual or telephone assessment may be offered. Agile working on an individual basis for health assessments provides flexibility in the mode and method of assessment and is viewed positively by some CLA and foster carers.

Performance -RHA

The ICB Key Performance Indicator (KPI) requires:

- 95% of RHAs to be completed within timescale.

Performance across the system remains below target due to persistent systemic operational barriers impacting timely delivery of statutory assessments.

Table 3.a. shows Brent RHA performance for 1st April 2024 – 31st March 2025

Months	Apr 24	May 24	June 24	July 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
RHA performance	79%	71%	60%	50%	63%	59%	86%	67%	71%	44%	64%	35%

Table 3.b. shows Brent RHA performance for 1st April 2025 – 31st March 2026

Months	Apr 25	May 25	June 25	July 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
RHA performance	58%	50%	57%	82%	62%	19%	50%	57%	32%	18%	42%	33%

As with IHAs, there remain a number of system-wide challenges impacting RHA performance across Brent. Analysis of RHA breaches over the past two years (2024/25 and 2025/26) identifies a range of recurring operational and pathway issues affecting compliance with statutory timescales.

Table 3c: Where breaches to statutory timescales occur, reasons for the breach are recorded monthly and reported to the ICB and Brent Social Care. These are summarised in the table below:

Cause of Breach - RHA	% of breaches across year 24/25	% of breaches across year 25/26	Comments
Did not attend / was not brought (WNB)	5.9%	3.2%	Brent CLA health service sends appointment reminders to carers and communicates with LA social workers for follow-up.
CYP declined assessment	0%	3.9%	These are typically older CYP.
Referral (BAAF forms) received late / not received from social care teams	56.2%	72%	In 24/25, timeliness of referrals improved during the second half of the year following introduction of new forms and increased training.

			However, this has increased again through 25/26.
Waiting for assessment in borough outside of borough / commissioned area	38%	16.2%	
Other misc:	0%	3.9%	3.9% in 25/26 due to health team delay

As noted for IHAs, the data in the table above is presented by primary breach reason. In practice, breaches are often affected by multiple systemic factors, such as late referral followed by a wait for an out-of-borough team, or late referral compounded by a missed appointment due to 'was not brought' (WNB).

As with IHAs, a full deep dive of 2025/26 breach reason data, including multi-factorial cases, was undertaken by Brent CLA health service in June 2026. The findings have recently been shared with the social care CLA team, and an action plan to address breaches is being agreed jointly between the two teams. This work will continue during the coming year.

Brent CLA health service administrators

Brent CLA health service administrators are responsible for booking assessment appointments. Efficient booking depends on proactive collaboration with key stakeholders to ensure that notification, current status, consent and relevant documentation for the CLA are received from the LA in a timely manner. To support this, Brent CLA health service sends advance reminder notices to the LA two months before assessments are due, followed by monthly reminders. Escalations are made through partnership working involving CLCH, the LA and the Designated Doctor and Nurse at the ICB.

Other contributing factors for performance:

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

Belvedere, Essex, Norfolk, Northamptonshire, Yorkshire, Swindon, Luton, Dagenham, Kent, Barking, Derby and Romford. For Brent CLA placed outside the M25, waiting times for assessments can be prolonged due to staffing capacity in hosting boroughs. This is compounded by late receipt of referral requests from the LA and the need for Brent CLA health service to quality assure reports received from out-of-borough teams, which often require reworking.

Brent CLA doctors see children only at Brent-based clinics, and nurses are commissioned to travel within the M25 from base. Although there is an argument for CLA nurses travelling further to support continuity of care, extensive travel would reduce capacity for the volume of CLA seen each month and limit time available for essential health promotion work. In addition, Brent CLA nurses are less likely to be familiar with local resources in other areas of the country, which may limit their ability to provide effective support and referrals for CLA placed in those areas.

The different health teams across North London boroughs have historically been commissioned differently in relation to travel arrangements for CLA teams. During 2025/26, NWL ICB developed a new core offer specification to introduce greater consistency of practice across the eight boroughs formerly covered by NWL ICB, now part of West North London ICB. Contractual discussions are ongoing regarding impact and implementation of the new specification prior to roll out.

Remedial Actions Undertaken to date:

A range of operational and strategic actions have been implemented to improve IHA and RHA performance and statutory compliance. Joint working between LA and Brent CLA health service has included:

- Clarification of IHA and RHA terminology, pathways, and agency responsibilities.
- Delivery of training and guidance for LA social workers on referral processes and statutory timescales.
- Introduction of streamlined referral forms and regular multi-agency operational meetings.
- Appointment reminders and flexible clinic locations to improve attendance.
- Monthly performance and breach reporting shared with the ICB and Social Care teams.
- Teams' virtual session with Brent Foster Carers to improve process and health needs understanding and support attendance to appointments.

Strategic Actions to date:

- An NWL ICB-led IHA Working Group (2024) with 4 NHS trusts led by the ICB Assistant Director for Maternity & Neonates, and Babies, Children & Young People. This reviewed system barriers and improvement opportunities.
- A further ICB Collaborative Improvement Review (2025), was led by the ICB Director of Clinical programmes (Maternity & Neonates, Children and Young People), examined provider performance, challenges, and solutions.
- Both the above reviews focussed on NHS provider performance but did not address systemic challenges outside of the NHS.
- IHA and RHA performance and breach analysis continue to be reported through the Corporate Parenting Committee (yearly) and ICB governance arrangements (monthly).
- Ongoing collaboration with ICB Designated Professionals to support pathway and process improvements.

Ongoing Challenges:

Key challenges continue to affect IHA and RHA performance, including:

- Delayed LA social worker notifications of children entering care and late referral submissions.
- Gaps in understanding within social care teams regarding referral processes and required timescales, with a need for training to be reintroduced and prioritised.
- Lack of shared IT access and unimplemented co-location plans due to workforce and organisational pressures.

Recommended Actions:

Implementation of the actions below will improve IHA and RHA performance in Brent:

Actions to continue:

- Continue regular operational and strategic meetings between Health, LA, and ICB partners.
- Reinstate and strengthen joint training arrangements.

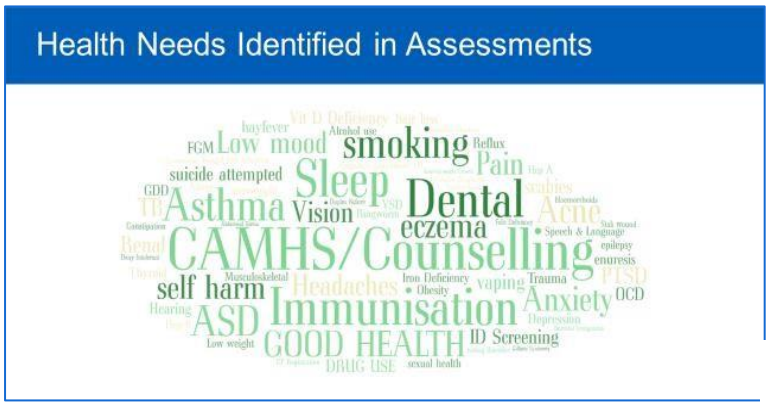
- Embed IHA and RHA process training within LA induction programmes.

Action to be introduced:

- Consider dedicated LA administrative support for IHA and RHA referrals and notifications.
- Improved interoperability between Health and LA IT systems.
- Revisit co-location and shared MOSAIC access arrangements.
- Strengthen joint NHS/LA senior leadership oversight and joint responsibility to support resolution of ongoing cross-agency barriers.

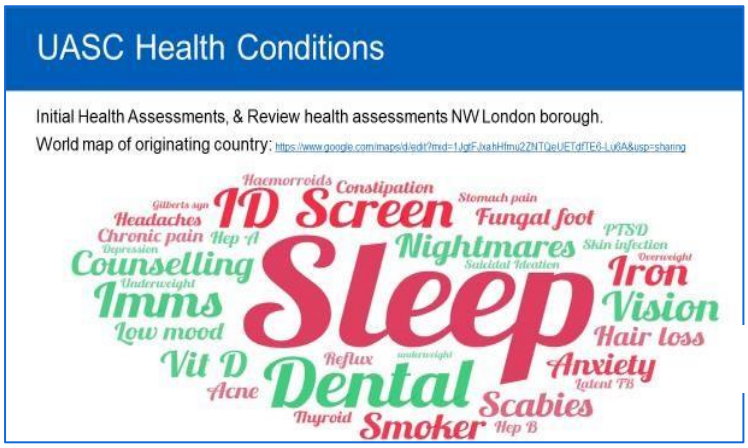
5.Brent CLA Health

Health Needs of Brent Children Looked After



Although CLA experience many of the same health issues as their peers, the impact and complexity of these needs are often compounded by Adverse Childhood Experiences (ACEs). Almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting emotional wellbeing and mental health needs can have far-reaching effects across all aspects of their lives, including their ability to reach their potential and live happy and healthy adult lives (Promoting the health and wellbeing of looked after children, 2015).

Health Needs of Unaccompanied Asylum-Seeking Children (UASC)



The UASC population experiences many of the same health needs as other CLA, alongside needs specifically related to their experiences in their country of origin, countries travelled through, migration journeys, infections, sleep difficulties, nightmares and chronic pain. Although many UASC report concerns about their emotional wellbeing, they frequently decline to access services. They are often not registered with a GP, dentist or optician, and language barriers can affect timely access to healthcare without appropriate support and advocacy.

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

Immunisations

Brent CLA health service specification Key Performance Indicator (KPI) target is:

- 95% Immunisations to be completed within timescales.

Table 4.	***Immunisations -Trend 2022-2026***
	Source: Brent CLA health service exception report 25/26 (unvalidated data set)
LA13.07- Percentage of children whose immunisations were up to date.	Of the IHAs seen, the percentage ranged between 0-100%, averaging at 50%. Of the RHAs seen, the percentage ranged between 7- 100%, averaging at 60%. Full Validated SSDA 903 immunisation data for 2025-2026, will not be available until after June 2026.

The LA, as a 'good parent' to CLA, has the right to approve the immunisation for children within its care, against vaccine preventable diseases as per the national immunisation schedule. Brent CLA health service offers advice, education, and support with accessing immunisation services 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.

Reasons for immunisation data shortfalls include some parents with shared responsibility declining consent, some 17-year-olds declining immunisations, needle phobia, and a small number of children being unable to receive immunisations due to previous severe reactions.
UASC often have no or incomplete immunisation history at IHA, requiring support to complete this. Frequent placement moves, incomplete data in red books and the use of different, non-linked health databases also have a negative impact on immunisation data.

Improvement in vaccination rates between IHA and RHA dates was noted, possibly due to health promotion and information by the clinician. Although the service has not reached target, it continue to support CLA and their carers and the service is exploring partnership work with other immunisation professionals, to support the uptake of immunisations within our CLA population.

Dental Health

Brent CLA health service specification Key Performance Indicator (KPI) target is:

- 95% dental health assessments completed within the year.

Table 5.	***Dental health***
	Source: Brent CLA health service exception report 25/26 (unvalidated data set)
LA13.08- Percentage of children who had their teeth checked by a dentist.	Of the IHAs seen, the percentage ranged between 33-67%, averaging at 60%. Of the RHAs seen, the percentage ranged between 56- 100%, averaging at 80%. Fully validated SSDA 903 dental health data for 2025-2026, will not be available until after June 2026.

Dental health is an integral part of the health assessment. The LA and Brent CLA health service are required to ensure that all CLA receive regular check-ups with a dentist.

The Community Dental Service continue to support with CLA complex needs and those who continue to experience difficulties in accessing dental services.

Reasons for dental data shortfalls include difficulties experienced by carers in registering CLA with local dentists and frequent placement moves. Work continues to support access to dental health services.

Validated SSDA 903 dental health data for 2025-2026, will not be available until after June 2026.

Improvement between having IHA and RHA was noted, possibly due to health promotion and information by the clinician.

Visual Health

Brent CLA health service specification Key Performance Indicator (KPI) target is:

- 95% visual health assessments completed within the year.

Table 6.	***Visual Health***
Source: Brent CLA health service exception report	
Percentage of CYP who had their eyes checked by an optician within the year.	Of the IHAs seen, the percentage ranged between 29-100%, averaging at 30%. Of the RHAs seen, the percentage ranged between 44- 91%, averaging at 60%.

Visual checks are often not completed because of difficulties registering with local opticians, frequent placement moves and the fact that most opticians accept registrations from the age of 4 years.

Improvement between having IHA and RHA was noted, possibly due to health promotion and information by the clinician.

LA do not report on optician visits through SSDA 903 data. Data collected from the Brent CLA health service exception reporting.

GP Registration

Brent CLA health service specification Key Performance Indicator (KPI) target is:

- 100 % General Practitioner (GP) registration

Table7	**GP Registration**
Source: Brent CLA health service exception report (unvalidated data set)	
Percentage of CYP registered with a GP.	Of the IHAs seen, the percentage ranged between 50 -100%, averaging at 80%. Of the RHAs seen, the percentage was 100% Validated SSDA 903 GP registration data for 2025-2026 , will not be available until after June 2026.

Some CLA aged over 16 years refuse GP registration. Although this wish must be respected, Brent CLA health service continues to work with the LA, CLA and their carers to understand the rationale for refusal, remove barriers and facilitate GP registration where possible. CLA who refuse GP registration can access health services through walk-in centres, pharmacies and accident and emergency services.

Improvement between having IHA and RHA was noted, possibly due to health promotion and information by the clinician.

Validated SSDA 903 GP registration data for 2025-2026 , will not be available until after June 2026.

Emotional and Mental Health

Brent CLA health service specification Key Performance Indicator (KPI) target is:

- 100 % Completed and scored Strengths and Difficulties Questionnaire (SDQ) from L.A supplied annually to Brent CLA health service to inform a holistic health assessment.

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening tool used to assess a child's mental wellbeing across broad categories and to inform therapeutic support referrals. SDQs are completed for children aged 4–17 years.

A score of 0–13 is considered normal, 14–16 is slightly raised or borderline, and 17–40 is high and a cause for concern, requiring consideration of specialist mental health intervention. However, the tool must be used alongside a holistic assessment to provide a more valid picture, as forms may be subjective when completed by CLA, teachers or carers.

During 2025/26, 21% of Brent CLA were reported as having emotional or mental health concerns. Completed SDQs were received from the LA for 8.3% of CYP on the caseload. Despite 21% of CYP being reported as having emotional or mental health concerns, only 11% of the CLA caseload accepted referral to CAMHS or other therapeutic support.

Due to the nature of their experiences prior to being placed in care, many CLA will have poor mental health, and some do not acknowledge this. 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 CLA can access mental health support via their GP, local Child and Adolescent Mental Health Services (CAMHS), and other local services aligned to the LA. A key challenge is that CLA who do not attend health appointments, or where referral requests are not received from the LA, may experience delays in early diagnosis, intervention and improved health outcomes. Identification of emotional or mental health need also requires specialist service capacity to provide timely support. These services are overstretched, resulting in long waiting lists of up to two years, delayed early intervention and potential poorer health outcomes. Some CLA also refuse referral because they do not feel the current therapeutic offer meets their needs, while rising care leavers aged 17+ may fall

between children's and adult mental health services. Care for those with mental health problems can continue over several months or years, and for some into adulthood. On average, children are under the care of CAMHS for at least 18 months if they engage in psychological or psychotherapeutic intervention.

Validated SSDA 903 SDQ data for 2025-2026, will not be available until after June 2026.

To accurately understand and respond to the mental health needs of CLA, and to support genuine inclusion in therapeutic support, we need to review timely joint pathways, screening tools, frameworks, available services and effective mental health provision. This should ensure that CLA emotional and mental health needs are understood beyond observable surface behaviours.

Substance Misuse

During 2025-2026 period, 8.6% of the Brent CLA health caseload were reported as having substance misuse problems and only 2.6% accepted substance misuse service support.

All young people identified during health assessments as misusing substances are offered support services. There was a decrease in referral acceptance for support services this year compared with the previous year, and overall service uptake remains low. The most common reason given was that young people did not consider their substance misuse significant enough to require specialist support. Work plans continue to focus on further health education and promotion with CLA and carers, including partnership work with therapeutic services, ICBs and the LA to review shared pathways and evidence-based approaches to improve service uptake by CLA.

Health summaries for Care Leavers (17-18 years)

Brent CLA health service specification Key Performance Indicator (KPI) targets:

- **100% Care leaving health summaries for 17+**

A health summary is completed for each CLA aged 17–18 years as a final health review. It focuses on the CLA's wishes and needs and includes their health history while looked after, alongside post-18 support advice. Brent CLA health service is working towards achieving the 100% target and

continues to share all health summaries with the London Borough of Brent's Care Leavers team for follow-up.

Quality: Children's experience of health assessments and journey

No formal or informal complaints or concerns were received regarding the Brent CLA health service in 2025/2026. There have been no serious incidents (SIs) reported in this timescale.
Brent CLA health service has worked with young people on a co-produced animation project titled 'Through Our Eyes: Shaping safer, more effective care through the lived experience of Children Looked After'.

The animation has been created using the real words and drawings of young people in care in Brent. Developed by Brent CLA health service in partnership with the local council and youth services, it aims to help professionals understand what young people need and how to support them more effectively. The animation supports improved communication, trust-building and involvement of young people in their care, as well as increasing understanding of health assessments undertaken by Brent CLA health service.

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 was shortlisted for a HSJ Patient Safety award under the category of *'Improving Care for Children and Young People Initiative of the Year'*.

Medical Advisors for Adoption and Fostering:

Child adoption health advisory reports governance

Table 8: Children adoption advisory reports governance- Trend from April 2022-March 2026				
Source : Brent CLA Health				
Type of report advice requested	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**
For the Agency Decision Maker (ADM)	10	22	6	14
For Adoption	5	5	15	11

Total cases	**15**	**27**	**21**	**25**

Adult health fostering reports governance

Table 9: Adult health fostering advisory reports governance- Trend from April 2022-March 2026				
Source : Brent CLA Health				
Type of fostering report advice requested	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**
Special guardianship order (SGO)	35	39	20	15
Kinship foster carer	29	9	15	15
General foster carer	84	74	68	82
Other - Short breaks carer	2	7	3	1
Nominated carer	0	1	0	1
Total cases	**150**	**130**	**106**	**114**

Through a standalone contract with the LA, Brent CLA health service currently manages the governance of administrative and advisory support for children's adoption and adult health fostering. This is supported by administrative staff and two bank part-time Medical Advisors for Adoption and Fostering, both Consultant Paediatricians. The current contract is in place until November 2026.

The tables above show adoption and fostering cases from the Brent CLA population. Adoption cases have fluctuated across the years and are now slightly higher than last year. Adult fostering health assessments show a downward trend over time, stabilising since last year. All cases were completed during 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 CLA health and agreed with the London Borough of Brent continue to be followed.

6. Service Improvements and Team Achievements

- The team continues to use and refine systems for managing requests, queries and health advice to other professionals.
- Quality assurance of reports and continued systematic processes to collate KPI assessment data, ensuring the health needs of CLA are captured and actioned.
- Leaving care summaries now include pertinent information and links to GP registration, access to health records, immunisations, sexual health and wellbeing services.
- The team continue to promote free prescriptions for CLA which is discussed and documented within in the 'leaving care summary' for each young person.
- Brent CLA health service will resume scheduled training sessions for professionals and foster carers who support CLA.
- The breach data deep-dive undertaken by the service in June 2026 has strengthened understanding of the factors contributing to breaches and is informing future action planning to improve both IHA and RHA performance. Planning meetings between the Health and Social Care CLA teams are underway to jointly develop this work, which will continue throughout 2026/27.

Audits

- A North West London ICB-wide audit for CLA was undertaken by the Designated Nurse and Doctor for CLA, with positive informal feedback on the quality of Brent assessment reports. The report is yet to be published.

7. Forward Planning for 2026/2027

- Continue contractual discussions regarding the new NWL core offer specification for CLA. This includes changing service delivery parameters to a 20-mile boundary from clinical base for all NWL trusts, rather than the current Brent-commissioned M25

catchment area. An impact analysis of these changes, including potential workforce implications, is required ahead of operationalisation.

- Review of staffing WTE requirement and recruitment as required.
- Strengthen joint working with placement providers, fostering teams, the LA UASC team, LA care leavers team, LA children's disabilities team, community dentists, community immunisation team, GPs, emotional wellbeing team, CAMHS, virtual school, youth offending service, foster carers and keyworkers. This will support children and young people to access dental and optician services, complete immunisations, access emotional support, receive nutritional and healthy lifestyle advice, register with a local GP and benefit from sessional health promotion education and advice.
- Reinstate Brent CLA health service training sessions on CLA service awareness for professionals including social workers, health visitors, school nurses, therapists, community children's nurses, student nurses, trainee doctors, allied therapists and General Practitioners. Training will cover the service offer, the health needs of CLA and joint working arrangements.
- Explore partnership work with other immunisation professionals to support the uptake of immunisations within our CLA population.
- Explore partnership work to review emotional and mental health screening, substance misuse screening and related services, with a view to updating processes and systems to better support the CLA population.
- Collate, analyse and present the results of the 16–18-year-olds survey to inform discussion and planning for any health needs requiring service delivery changes.
- Collate and present feedback from CLA participants involved in the joint video project on being looked after and their experience of health assessments

8. Appendix

Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend

IHA- Initial Health Assessment

LAC /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

WNB- Was not brought

Relevant documents supporting this report:

Accredited official statistics, Children looked after in England including adoption: 2024 to 2025. Information on looked after children at both national and local authority levels for the reporting year 2024 to 2025. Department for Education. November 2025 includes SSDA903**.**

Care Planning, Placement and Case Review Regulations 2010

Children looked after in England including adoptions (HM Government, June 2025)

Children looked after in England including adoptions, (HM Government, November 2024) National statistics

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

Data Resource Profile: Children Looked After Return (CLA) International Journal of Epidemiology-2016)

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

HM Govt [1989] The Children Act Crown Publications

Looked After Children: roles and competencies of healthcare staff, (RCN/RCPCH, December 2020)

Looked-after children and young people [NICE Guidance NG205, 2021]
NG205 Looked-after children and young people [NICE, 2021].

Not Seen, Not Heard Care Quality Commission, 2016. NSPCC, 2025)

Outcomes for children in need, including children looked after by local authorities in England, 2024-Department for Education

Pass the Parcel, Children Posted Around the Care System [Children's Commissioner 2019]

Promoting the health and wellbeing of looked after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)

The Royal Colleges Intercollegiate Guidance Looked After Children: roles and competencies of healthcare staff (December 2020)

Top facts from the latest statistics on refugees and people seeking asylum (Refugee Council 2025)

Update briefing: Somerset County Council v NHS Somerset Clinical Commissioning Group & Ors

CoramBAAF, 2022
Working Together to Safeguard Children [HM Government, 2023]

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	Corporate Parenting Committee 14 July 2026
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Childrens' Services, Employment and Climate Action - Cllr Jake Rubin
Independent Reviewing Officer, Advocacy and Independent Visiting Annual Report 2025/26	

Wards Affected:	N/A
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:	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 2026/27.

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
- 1 part time IRO Practice Manager/IRO
- Four full-time, permanent IROs
- Five IROs commissioned via Aidhour, an independent agency
- Six Child Protection Advisors (covering five full time roles)
- One LADO (Local Authority Designated Officer)

3.4 Aidhour has been commissioned to provide Independent Reviewing Officers (IROs) for Brent for the past 26 years and secured a new contract in October 2024. This contract represents a reduction compared to previous years, reflecting the recruitment of two permanent in-house IROs. In addition to their IRO provision, Aidhour continues to undertake all annual Brent foster carer reviews. As the majority of IRO activity sits within the in-house team and given that the majority of Aidhour IROs have consistently worked in Brent, there remains a strong level of stability and continuity for Brent's Looked After Children. More recently, one Aidhour IRO left the service and has been replaced by two new Aidhour IROs. While this has resulted in a change of IRO for a small number of children, the vast majority have continued to benefit from having the same IRO, maintaining overall continuity of relationships.

3.5 The revised 2024 Aidhour contract focuses on older (16/17) looked after children with the younger CLA cohort being supported by the in-house IROs. This provides greater stability to children who are likely to be looked after for longer.

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 10 IROs operating in Brent (including the IRO manager) with representation of male and female IROs (3 males and 7 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	**3**
Black or Black British	**3**
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 (IRO) Handbook*, which provides statutory guidance for IROs and local authorities. This was implemented in April 2011 alongside the revised Care Planning, Placement and Case Review (England) Regulations 2010 and associated guidance. While subsequent legislation, including the Children and Social Work Act 2017, has strengthened the wider corporate parenting framework, the core statutory role and functions of the IRO have remained consistent.

3.9 The statutory duties of the IRO, as set out in section 25B(1) of the Children Act 1989, are to:

- Monitor the performance by the local authority of its functions in relation to the child's case
- Participate in any review of the child's case
- Ensure that the child's wishes and feelings are ascertained and given due consideration by the local authority

3.10 The core functions of the IRO include:

- Ensuring that the child's care plan accurately reflects their current needs and that all planned actions are consistent with the local authority's statutory responsibilities. In line with the corporate parenting principles set out in the Children and Social Work Act 2017, the local authority is expected to act as a reasonable and responsible parent would for any child in its care.
- Providing independent oversight of the local authority's performance as a corporate parent, including identifying areas of drift, delay or poor practice, as well as recognising positive practice. This includes identifying themes or patterns that may impact on the quality of care provided to Looked After Children. Where broader service concerns are identified, the IRO has a responsibility to escalate these to senior managers in accordance with the IRO Handbook.

4.0 Update on priorities for 2025/26

4.1 **Priority 1:** Continuing drive to make LAC reviews more child led, encourage more active participation and make this a creative experience for the child

4.2 **Update:** IROs continue to prioritise child-led LAC reviews, with a strong focus on supporting children and young people to participate meaningfully. Between April 2025 and April 2026, children and young people attended or contributed directly or indirectly to 673 of 829 LAC reviews (81%). Of the 156 children who did not participate, 134 were under the age of four.

4.3 IROs maintain a careful balance when facilitating meaningful participation, ensuring that children's wishes and feelings are heard, understood, whilst fulfilling their statutory role in providing independent oversight and challenge.

4.4 Findings from the 2026 dip sample audit of IRO letters confirm that all IROs are actively seeking children's views and promoting participation, with good examples of creative approaches being used to engage children and young people of various ages. Where a small number of young people choose not to attend or participate directly, IROs consistently seek their views beforehand and make efforts to engage them in alternative, creative ways.

4.5 The 2026 IRO letter dip sample audit also demonstrated that for children under four, or for those unable to verbalise their wishes and feelings due to disability, IROs appropriately incorporate direct observations to ensure the child's experience is represented.

4.6 **Priority 2**: Ensuring that at least 90% of LAC reviews take place within statutory time frames

4.7 **Update:** In 2025/26, 86% of LAC reviews were completed within statutory timescales, representing a small improvement from 85% in 2024/25 (85% in 2023/24 and 83% in 2022/23). This reflects steady progress, although the target of 90% has not yet been achieved.

4.8 In October 2025, a LAC dashboard was introduced to strengthen oversight of review timeliness. Regular monitoring reports are now in place to ensure that all children have an allocated IRO, supporting the timely scheduling and completion of reviews. Monthly performance reports are also shared with Aidhour colleagues to support follow-up where delays are identified.

4.9 Analysis of late reviews indicates that delays are often linked to late IRO allocation requests (this process is currently under review) as well as unavoidable factors such as illness requiring rescheduling by IROs or social workers. Timeliness remains an area for further improvement in 2026/27.

4.10 Performance is subject to ongoing scrutiny through supervision with in-house IROs, and further enhancements to the LAC dashboard are expected to strengthen the tracking and management of LAC review performance.

4.11 **Priority 3:** Timely escalation of all occasions where a care plan/pathway plan is not available prior to the LAC review

4.12 **Update:** There is evidence that IROs are escalating concerns where care plans or pathway plans are not available prior to LAC reviews. However, to maintain oversight and avoid delay, reviews have proceeded rather than being cancelled.

4.13 In some instances, escalation has taken place informally outside of the formal IRO escalation process. This reflects IRO recognition that, following significant realignment of services in summer 2025, several social workers were new to care planning processes. As the realignment is now established, a clearer and more consistent approach is required.

4.14 From June 2026, strengthened guidance will be implemented to support IROs in the timely use of alerts and formal escalation processes where care plans or pathway plans are not available ahead of review. This will be a continued area of focus for 2026/27 to ensure robust oversight and compliance.

4.15 **Priority 4:** Robust tracking of all escalations until resolution, with oversight by the new IRO Practice Manager role.

4.16 **Update:** The IRO Practice Manager has worked in partnership with the Mosaic Development and Performance Team to implement a revised system for recording and managing IRO escalations. This system went live in December 2025 and ensures that all escalations are recorded and responded to within Mosaic. This has contributed to improvements in the timeliness and consistency of responses to IRO escalations.

4.17 A review of escalations in May 2026 identified a small number of process issues within Mosaic, which are currently being addressed to further strengthen the system. Plans are also in place to incorporate escalation tracking into the LAC dashboard, which will provide the IRO Practice Manager with enhanced oversight and the ability to monitor patterns and themes.

4.18 Ensuring timely and effective responses to IRO escalations remains a key priority for the IRO Practice Manager and will continue to be a focus for 2026/27.

4.19 **Priority 5:** Learning from themes from advocacy and the Independent Visitor Service and evidencing impact of sharing these with IROs and the LAC and Permanency Service

4.20 **Update:** The IRO Practice Manager has oversight of the Advocacy and Independent Visitor Services, attending quarterly review meetings and sharing key learning with the IRO Service through team meetings.

4.21 In June 2026, an overview report was completed following a review of advocacy (Coram) and the Independent Visitor Service, highlighting key themes and areas of learning based on young people's experiences.

4.22 While this has strengthened awareness within the IRO and LAC and Permanency Service, further development is required to ensure that this learning consistently informs practice and leads to measurable service and system improvements. This will be a continued area of focus for 2026/27, with an emphasis on evidencing the impact of changes made in response to the issues raised by children and young people.

4.23 **Priority 6:** Consider the recruitment of an additional permanent IRO as part of Phase 2 of the Early Help and Social Care redesign.

4.24 The IRO Practice Manager is currently developing a proposal to bring all IRO case holding in-house. This includes considering the potential impact on staffing, capacity and associated costs, alongside the implications for service delivery, continuity for children and young people, and the future use of commissioned IRO provision.

4.25 **2026/27 Priorities**

A number of the 2025/26 priorities have been carried forward into 2026/27. This reflects a period of significant service development, including service realignment, the introduction of a new IRO Practice Manager role, an Ofsted inspection, and the implementation of a new CLA/IRO dashboard. While these priorities remain ongoing,

there has been clear progress, with strengthened oversight, improved processes, and emerging outstanding practice. The continuation of these priorities into 2026/27 reflects a focus on embedding and sustaining these changes to ensure consistent and measurable impact for children and young people.

Case Example: **Anonymised letter to a child following a LAC Review**

> *Your social worker and I did not want your LAC review meeting to be heavy and focussed on it being more relational. I suggested we have a nice lunch/meal together; we came up with the idea of us chatting over a sip and paint activity with some of your favourite snacks (spicy Cheetos, Dr Pepper and deli meat).*
>
> *It was a fun activity, but it was very evident that [the social worker] and I, were entering your territory. Whilst we were following the tutorial video, you free handed your painting, and it was beautiful. The rest of us tried our best and yours had resemblances of flowers 😊.*
>
> *What was more poignant of today's meeting is that I got a little bit of insight to you as a person. You spoke about your dreams/ambitions for your future. You would like to pursue a course in the Arts and is looking at applying to [college]. You said that you originally considered becoming an interior designer, but you have developed a passion for tattooing and piercing and is looking at pursuing this as a career.*
>
> *Thank you for allowing me, [social worker] and [carer] to have this time with you; you have been open, honest, and brave. I do not see you often, so I really appreciate how much you chose to share today. It was clear that you feel grounded and settled, living with [carer] and that's lovely to see. Like you, my hope is that you can stay with [carer] until you are eighteen years old and therefore with the support of the adults around you, I hope you are able to go into school more often.*

6.0 Quality assurance and monitoring

6.1 The IRO Service was considered as part of two recent Ofsted inspections. During the Ofsted focused visit on the local authority's arrangements for children in care, the report states:
"Children in care benefit from improvements made to the independent reviewing officer (IRO) service since the last inspection. Increased IRO capacity and manageable workloads mean that IROs are better able to scrutinise children's plans robustly, preventing drift and delays in care planning and securing permanence. Most children participate in their reviews, and they receive carefully crafted letters confirming to them the outcome of the meeting. Children say that they know their IROs well and how to contact them if they need to. Mid-way reviews help to keep children's progress on track, and IROs escalate issues to tackle problems when identified. Managers are putting steps in place to improve the way the IRO 'footprint' is captured on children's records." Ofsted focussed visit Nov 2025

6.2 A full Ofsted Inspection of Local Authority Children's Services took place in April/May 2026. The feedback about the IRO Service is as follows:

Children in care benefit from IROs who have exceptionally strong knowledge of them and their lived experiences, which supports thorough planning for children. Concerns are escalated effectively, guardians and advocacy services are involved, and children's progress is monitored closely through regular midway review conversations. IROs write sensitively to children about their journeys and the decisions being made for them, forming an important part of their life story. IROs spoke positively about social workers' relationships with their children and their quick response to any escalation in children's needs or increasing risks. Ofsted ILACS 2026

6.3 The feedback from Ofsted on the calibre of the IRO service provides reassurance that the improvements made over the past three years are leading to a strong service for children and families. During these inspection processes, improvement work was shared with inspectors and demonstrated that there was full awareness of strengths and areas for improvement.

6.4 Caseloads for full time in house IROs average around 55 children and young people, which is within the levels set out in the IRO Handbook (50 -70). This reflects a recognition that the IRO Handbook was published some time ago and that the scope and expectations of the IRO role have increased, particularly in relation to oversight, challenge and quality assurance. Reduced caseloads support IROs to undertake their full range of responsibilities effectively, including midway monitoring, participation in QA activity, and maintaining regular engagement with children and professionals. This also considers the practical demands of the role, including significant travel as a high proportion of children and young people are placed outside of Brent. It also ensures strengthened IRO oversight, improved scrutiny of care planning, and more effective escalation, contributing to improved outcomes and compliance with statutory responsibilities for children and young people.

6.5 A significant proportion of children and young people continue to be placed at distance from Brent, with 59.6% of new placements in 2025/26 outside the local authority boundary and 11.5% placed over 20 miles away. This presents ongoing challenges for IROs in terms of travel time, the ability to see children regularly between reviews, and building and maintaining meaningful relationships. While IROs make every effort to remain involved and visible, distance can limit opportunities for any additional contact and direct engagement with children and carers.

6.6 Placement stability has shown some improvement, with 11.9% of children experiencing three or more placements during the year (down from 14% in 2024/25). However, where placement moves or breakdowns do occur, this requires an early review to be held within statutory timescales, often at short notice, placing additional pressure on IRO capacity and scheduling. This can further impact the ability to plan visits and maintain consistent oversight, particularly where children are placed out of borough.

6.7 The IRO Practice Manager, who is managed by the Safeguarding and Reviewing Service Manager, provides oversight of Aidhour IROs. Monitoring is undertaken through practice development meetings, quarterly contract monitoring meetings, review of LAC performance data and audits, as well as individual supervision and regular discussions. Practice development meetings also provide an opportunity for IROs to raise any issues or themes with senior leaders, ensuring effective communication and escalation of concerns. Invitations for internal staff and external professionals include:

- The Director of Early Help and Social Care
- 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
- The Service Manager for Children with Disabilities
- Adopt London West
- The Mosaic System Review Lead
- The Service Manager of the Performance Team

6.8 IROs provide ongoing monitoring and scrutiny outside of statutory CLA reviews through quality assurance activity, including midway monitoring, escalation where required, and consultation with social work teams. There is clear evidence from case file dip sampling and Mosaic records that IROs are actively involved in planning and decision-making for children and young people.

6.9 A revised IRO midway monitoring template has been implemented to ensure consistent capture of key information between reviews. In addition, practice has strengthened in relation to children who are both looked after and subject to child protection plans, with Child Protection Advisors now routinely invited to the first CLA review to support effective care planning and ensure that children's needs are fully addressed.

6.10 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. The new midway template has now been implemented into mosaic in December 2025 to capture pertinent information between reviews, this is tracked within the IRO/CLA dashboard by the IRO Practice Manager. The process of ending child protection plans for looked after children , 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.

7.0 Performance of the IRO service

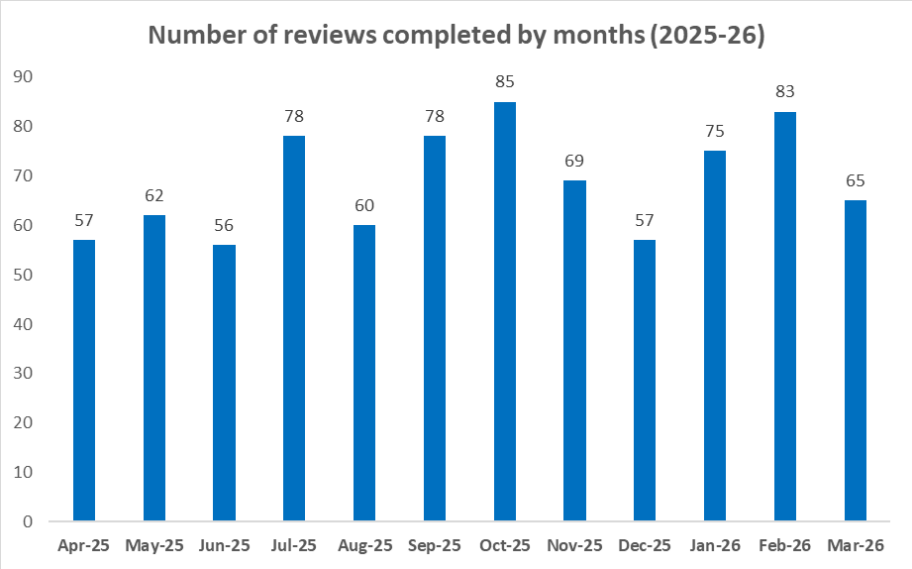
7.1 The following information provides a summary of performance in 2025/26:

- 825 LAC Reviews took place for 455 children, 27 reviews more than in 2024-2025, when 798 LAC Reviews took place for 440 children.

- A total of 86% of reviews happened within statutory timescale. This is slightly higher than in 2025/24 (85%) and in 2023/24 (83%) and continues to be an area of improvement for 2026/27. IROs have identified factors contributing to delays in reviews, including limited availability of professionals and parents, late referrals, and the challenges of rearranging reviews once scheduled.

- There were on average 69 reviews chaired each month in 2025/26 compared to a monthly average of 66 in 2025/24. Reviews peaked to 85 in Oct 2025 and 83 in February 2026 with less busy months being April, June and December 2025.

7.2 **Table 6: Number of reviews per month**



7.3 Attendance and participation of children

7.4 Ensuring that IROs, during CLA reviews, encourage meaningful participation from children and young people of all ages remains an expected practice standard for IROs. CLA reviews provide an important opportunity for children to have their voice heard, to influence who attends their review, and, where appropriate, to help shape the agenda and lead parts of the meeting. Creative resources continue to be shared with IROs and will remain a standing item at IRO practice meetings to support child-centred practice, with evidence of good practice being shared in future practice meetings.

7.5 Participation data for 825 reviews shows that the majority of children and young people were enabled to contribute to their reviews in a range of ways: 60% physically attended and spoke for themselves, with a further 14% contributing through an advocate or IRO where they did not attend in person, and 6% sharing their views through another facilitative method. A small number attended and expressed their views symbolically (1%) or were present without speaking (1 %). 16% of reviews related to children under the age of four, where direct participation is not developmentally appropriate in the same way. Only 2% of reviews recorded that the child did not attend and that their views were not conveyed.

7.6 This demonstrates that where children are unable or choose not to attend, IROs generally make every effort to gather and present their views in advance of the meeting. However, there remain occasions where participation is affected by age, disability, complex additional needs, or a young person's choice not to engage directly. Supporting participation in ways that reflect each child's individual needs and circumstances remains an IRO practice standard.

7.7 Participation & description of codes data table

Participation Types	Description of codes	Number of reviews	% of Reviews
PN0	Child aged under 4 at the time of the review	133	16%
PN1	Child physically attends and speaks for him or herself (Attendance)	498	60%
PN2	Child physically attends and an advocate speaks on his or her behalf	3	0%
PN3	Child attends and conveys his or her view symbolically (non-verbally) (Attendance symbols)	5	1%
PN4	Child physically attends but does not speak for him or herself	7	1%
PN5	Child does not attend physically but briefs an advocate to speak for him or her (Views represented by advocate or independent reviewing officer (IRO) through texting	114	14%
PN6	Child does not attend but conveys his or her feelings to the review by a facilitative medium (Texting the chair)	50	6%
PN7	Child does not attend nor are his or her views conveyed to the review	15	2%
Grand Total		**825**	**100%**

8.0 Advocacy

8.1 Advocacy is a statutory entitlement for looked after children and care leavers, giving them access to independent advice and support. Since 2021, Brent has commissioned Coram Voice to provide this service to care experienced children and young people, as well as those subject to Child Protection Plans and Children in Need. The service is confidential and child-led, with a clear focus on helping young people have their views heard and taken seriously.

8.2 The number of young people accessing advocacy has continued to grow, increasing from 60 in 2021/22 to 127 in 2025/26. This reflects greater awareness of the service, both within Children's Services and among young people themselves. Most referrals

continue to come from professionals, although it is encouraging that young people are also self-referring, showing that they understand their right to advocacy and how to access support.

8.3 The main issues young people are seeking support with have shifted over time. Housing for care leavers is now the most common reason for advocacy, with support at meetings and access to education, training and employment also featuring strongly. Concerns about social workers or personal advisors have reduced and have not featured in the top issues during 2025/26.

8.4 Demand is not only higher in terms of numbers but also in the level of support required. Several children/young people have needed more intensive advocacy input, meaning the total number of advocacy hours exceeded the contracted level by around 300 hours this year. As a result, a waiting list was briefly introduced for a short period to manage demand.

8.5 A recent review of the service, including a dip sample of children and young people receiving the highest levels of support, provides good assurance about the quality and impact of the work. The findings show that advocacy is making a real difference for some of the most vulnerable children and young people, helping to ensure their views are heard and their rights are upheld at key points in their care.

8.6 Coram Voice uses outcome charts to gather feedback from young people, measuring areas such as confidence, wellbeing and relationships before and after intervention. Completion rates remain low, with on average four young people completing the chart each year, largely due to non-engagement, loss of contact, or in some cases disability. A small number of cases are also supported via the helpline, where outcome charts are not required.

8.7 Despite the low completion rate, the available feedback is consistently positive, with all young people reporting improvements across all outcome areas following advocacy support. Coram Voice continues to explore alternative ways to capture feedback from children and young people, which remains a focus within contract monitoring discussions. There have been no complaints about the service, and qualitative feedback from young people and professionals continues to be shared on a quarterly basis.

8.8 Continuing to learn from themes emerging from the Advocacy and Independent Visitor Service and evidencing the impact of sharing this learning with IROs and the LAC and Permanency Service, has been identified as an area for further development in 2026/27. In 2026/27, the Advocacy Service will be recommissioned with an increased budget to reflect the demand trends for advocacy support.

8.9 Feedback from children and young people using the advocacy service:

‘I felt well supported by you at my CLA Review’.

- YP feedback, Issues-Based Advocacy

'The young person has told me she was very grateful to Helpline for connecting them with CLLC and legal support YP received before an advocate was allocated'.

- YP feedback, Issues-Based Advocacy

'The young person's self-advocacy has improved hugely. Where initially they did not feel comfortable sharing their views with professionals, at their most recent LAC Review, the YP participated fully with notes that they had independently prepared'.

- YP feedback, Issues-Based Advocacy

9.0 The Independent Visitor (IV) Service

9.1 Brent's Independent Visiting Service (IV), delivered by Coram Voice, provides children and young people in care with trained volunteer Independent Visitors who offer long-term friendship, mentoring and emotional support.

The IV Service continues to provide meaningful support to children and young people, although demand and referrals have fluctuated. During 2025/26, 13 matches were supported, slightly below the contract specification of 14 per year, compared to 17 matches in 2024/25. There were eight new referrals over the year, with most referrals coming from a small number of IROs who had strong knowledge of the young people and actively supported matching. Three new matches were made, with 12 active matches in place at the end of the year and five young people awaiting allocation. All matched relationships included face to face contact, supporting the development of positive relationships and new experiences, with a total of 482.5 hours of direct contact recorded. Work is ongoing to manage the waiting list and prioritise children most in need of an Independent Visitor.

10.0 Quality of Care Planning and progress between reviews

10.1 IROs play a central role in monitoring and scrutinising the quality of care plans. Continued work has supported improvements in how review records are written, with letters to children becoming more child-friendly, concise and accessible. Children and young people are supported to contribute to their care planning and receive copies of their review records to ensure they are kept informed and involved.

10.2 Midway monitoring remains an important part of oversight between statutory reviews, enabling IROs to track progress against care plans with social workers. Dip sample audits of case records and Mosaic activity shows a strong IRO presence, with regular engagement across the professional network. This is consistent with Ofsted findings, which identified that IROs know their children exceptionally well and demonstrate strong, consistent oversight. Inspectors noted that IROs use their understanding of children's lived experiences to inform planning, contribute effectively to decision-making, and escalate concerns appropriately. Reviews were found to be thorough, with

clear evaluation and next steps, and oversight supports plans progressing in a timely way to meet children's needs.

10.3 The 2026 dip sample audit highlights a strong and consistent standard of IRO practice, with the strengths identified last year clearly continuing. Letters are generally child-centred and well matched to the age and needs of the child or young person, with good examples of meaningful engagement and participation, including the use of advocacy and direct discussion. There is clear evidence of IRO oversight, particularly in how actions from previous reviews are followed up and progressed. Reviews are largely within timescales, with care plans available to inform discussions, and there are good examples of direct contact with children. Recording is thorough, with key areas such as health, education and care planning well covered, and most review minutes are completed on time. Overall, the audits show a service that is focused on listening to children, keeping oversight of their plans, and making sure things move forward for them.

10.4 Areas for improvement include ensuring that letters are consistently clear, accessible and easy for children and young people to understand, particularly by reducing the use of social work and legal terminology or explaining this more clearly where it is necessary. Recommendations also need to be more focused, with clear actions, named responsibility and timescales to strengthen accountability. For older young people, further work is needed to ensure that leaving care requirements are completed in a timely way, including making sure Pathway Plans are in place and Personal Advisers are involved. IROs also need to continue to identify and challenge practice that falls below the expected standard, including ensuring the consistent completion of care plans and pathways prior to reviews. Improvements in the consistency of the timelessness of review minutes is required to ensure that review minutes are uploaded of within 20 working days additionally some, clearer recording of life story work is required.

Progress will be monitored through regular audits and performance reports. This will include checking that review letters are child-friendly, recommendations are clear and action-focused, Pathway Plans and Personal Adviser involvement are in place for care leavers, review minutes are completed within timescales, and life story work is clearly recorded. IRO managers will also continue to monitor and challenge any practice that does not meet the required standard.

10.5 An identified area for improvement is IROs having updated care plans, health plans and pathway plans available in advance of a LAC review. While IROs are identifying these gaps, this is not always leading to formal escalation. In many cases, IROs are dealing with this informally with social work teams so that reviews can still go ahead and oversight is maintained.

10.6 This partly reflects the period following service realignment, where a number of social workers were new to care planning processes, and IROs have taken a pragmatic approach to resolving issues at an early stage. However, this has also meant that the use of formal escalation has not always been consistent. Strengthening this, so that

gaps in care plans, pathway plans and health reviews are more routinely escalated where needed, will be an area of focus going forward.

10.7 IROs maintain oversight of pathway planning for young people aged 16 and above, ensuring that plans are in place and reflect their transition needs into adulthood. Where plans are not available or are delayed, IROs will challenge and escalate as appropriate. This includes promoting timely housing planning, including Housing Vulnerability reports, and encouraging consideration of Staying Put arrangements.

10.8 Following Ofsted feedback, strengthening the consistency and timeliness of pathway planning will be a key priority for IROs in 2026/27. This includes a clearer focus on ensuring that pathway plans are in place ahead of reviews and that young people's wishes and future plans are properly reflected.

10.9 Where children become looked after whilst subject to a Child Protection Plan, IROs continue to work closely with Child Protection Advisors to ensure an early review and avoid children being subject to dual processes. There has also been ongoing focus on supporting young people to understand their health histories as part of their final CLA reviews, helping them prepare to take responsibility for their health needs as they move into adulthood.

10.10 Supervision of in house IROs continues to provide an additional layer of oversight, supporting reflective practice and scrutiny of individual cases.

11.0 Escalations and Practice Alerts

11.1 Resolving concerns and professional disagreements in care planning is a key part of the IRO role. IROs provide independent oversight and are expected to challenge where there is delay or drift, while working alongside social work teams to support timely progress for children. In practice, many issues are addressed at an early stage through established working relationships, without the need for formal escalation. At the same time, IROs remain clear about their primary responsibility to quality assure care planning and ensure that each child's wishes and feelings are properly taken into account. Good practice is also fed back to senior managers to support wider learning across the service.

11.2 Statutory guidance requires local authorities to have a clear and timely dispute resolution process, with an expectation that concerns are resolved within 20 working days. In Brent, the escalation framework supports this, with issues progressing to formal escalation with senior management oversight where they are not resolved at an earlier stage. Where necessary, IROs retain the option to refer concerns to Cafcass.

11.3 Since December 2025, all IRO escalations have been recorded and managed through a revised Mosaic system, developed in partnership with the Mosaic Development and Performance Team. This has improved the consistency of recording and supported more timely responses. A review in May 2026 identified some practical system issues, which are now being addressed. Further work is planned to link escalation tracking into

the CLA dashboard, giving clearer oversight of themes and patterns. Ensuring that escalations are responded to promptly and effectively remains a key area of focus for 2026/27.

11.4 IRO's made 67 escalations in relation to children/young people in 2025/26 this is an increase from 27 in 2024/25. The reasons for IRO escalation remain consistent with the previous themes.

- 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.
- Delay in PA's being allocated

11.5 Where concerns are raised by IROs, these are generally responded to in a timely way, with many issues resolved at an early stage through discussion with social work teams. However, some require formal escalation and ongoing tracking to ensure resolution.

11.6 While there have been no escalations to the Director of Early Help and Social Care, the Corporate Director, or Cafcass, there remains a need to strengthen the timeliness of responses at Team Manager level within the Mosaic escalation process. This has been identified as an area for improvement to ensure that concerns are addressed more consistently within expected timescales.

11.7 The IRO Practice Manager has been in post since June 2025 and has strengthened oversight of escalations, including regular monitoring and discussion with Service Managers to support resolution where there are delays or complexities. Senior management oversight continues to support clear and appropriate decision-making in the best interests of children. Strengthening the timeliness and effectiveness of escalation responses will remain a focus for 2026/27.

12.0 Priorities for 2026/2027

12.1 Priorities for 2026/27 reflect the need to build on recent improvements following service realignment, strengthen consistency in practice, and evidence impact. The key priorities are:

Priority 1: Strengthen consistency and timeliness of care planning documentation

Ensure care plans, pathway plans and health plans are in place ahead of all CLA reviews, with a clear expectation that gaps are formally escalated and tracked where required. In line with Ofsted feedback, ensure that pathway plans are consistently in place, timely, and reflect young people's wishes, with robust oversight of transition planning, including housing and Staying Put arrangements.

Priority 2: Improve timeliness and quality of CLA review records

Build on current progress to increase compliance towards the 90% target through

improved tracking, earlier allocation, and strengthened oversight via the CLA dashboard. Increase practice to achieve at least 75% of CLA review minutes completed and uploaded within 20 working days, and ensure that all recommendations are clear, specific and measurable to support effective tracking and accountability.

Priority 3: Strengthen the use and impact of escalation processes
Improve the consistency of formal escalation, ensure timely responses at Team Manager level, and embed the use of Mosaic and dashboard tracking to monitor progress and outcomes of escalations.

Priority 4: Further embed child-centred practice and participation
Continue to develop creative approaches to engagement, ensuring that all children's wishes and feelings are captured effectively, including for those who do not attend reviews or who have additional needs. Develop a feedback form for young people to share their views about their IRO, working with Brent Care Journeys Empire to agree the most effective approach.

Priority 5: Ensure learning from advocacy and the Independent Visitor Service leads to measurable impact
Strengthen how themes from advocacy and IV services are shared with IROs and the LAC and Permanency Service, and evidence how this learning influences practice and service improvement.

13.0 Stakeholder and ward member consultation and engagement

13.1 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.

13.2 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.

14.0 Financial Considerations

14.1 The priorities and commitments included in the report for 2026/27 will be met within existing resources. The current budget of the reviewing service is £701K.

14.2 The Brent IRO service is delivered through a combination of in-house IROs and some externally commissioned resource. In recent years, with the recruitment of two permanent in-house IROs, the proportion of work undertaken by the external contractor has reduced.

14.3 The service is considering recruiting additional permanent IROs to deliver most of the service in-house. Detailed analysis will need to be undertaken to assess the financial impact of any proposals and budget implications. This should include a review of the activity data, costs implications of additional officers and potential reduction to the external contract budget.

15. Legal Considerations

15.1 There are no additional legal considerations arising from this report.

16. Equity, Diversity & Inclusion (EDI) Considerations

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

17. Climate Change and Environmental Considerations

17.1 There are no climate change or environmental considerations.

18. Human Resources/Property Considerations (if appropriate)

18.1 There are no additional human resource or property considerations.

19. Communication Considerations

19.1 There are no additional communication considerations.

Report sign off:

Nigel Chapman

Corporate Director Children, Young People and Community Development

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