

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

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

Key internal / external messages to be shared.

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

Assurance provided:

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

How does this paper support equality?

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

Considered by the Executive Leadership Team (ELT)

Date:

ELT comments:

Report provenance – including discussions with partners as applicable:

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

Report for:

Decision

Discussion

Information

x

Recommendation:

To note the work undertaken by the Brent LAC Service.

Brent Looked After Children [LAC] Health Service

Annual Report

1st April 2022 to 31 March 2023

Report Author

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

Date: June 2024

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1. Introduction

1.1 The National Picture

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

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

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

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

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



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

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

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



1.2 NATIONAL AND BRENT LOCAL PROFILES OF UNACCOMPANIED ASYLUM-SEEKING

CHILDREN [UASC]

National Profile

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

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

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

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

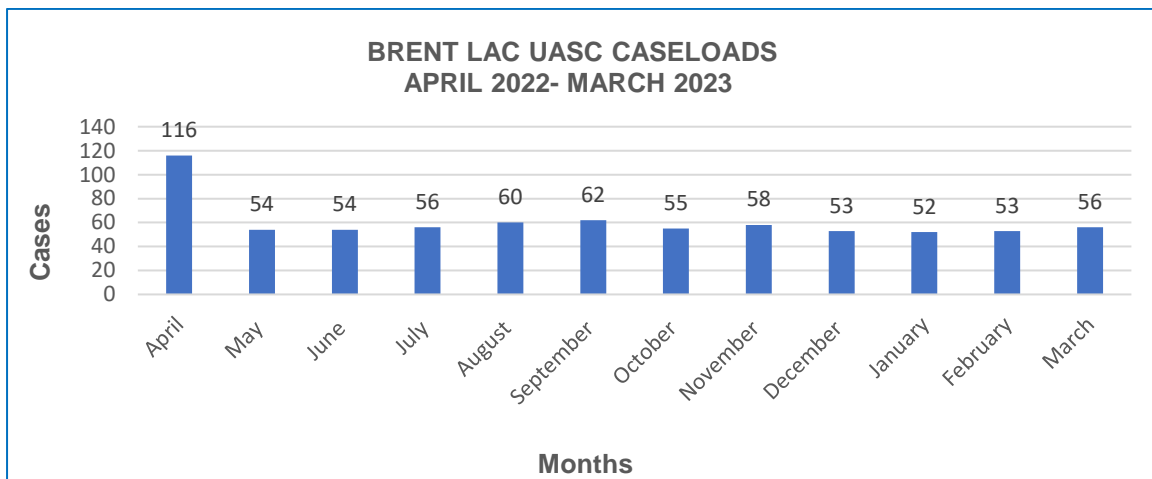
In February 2022, the voluntary National Transfer Scheme (NTS) became mandated, for local authorities to engage in the secure transfer of UACS across the UK, between local authorities, guaranteeing access to required services and support¹².



2.1 Brent Looked After Children Profile

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

Figure 1



2.2 The Local Picture

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

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

Figure 2

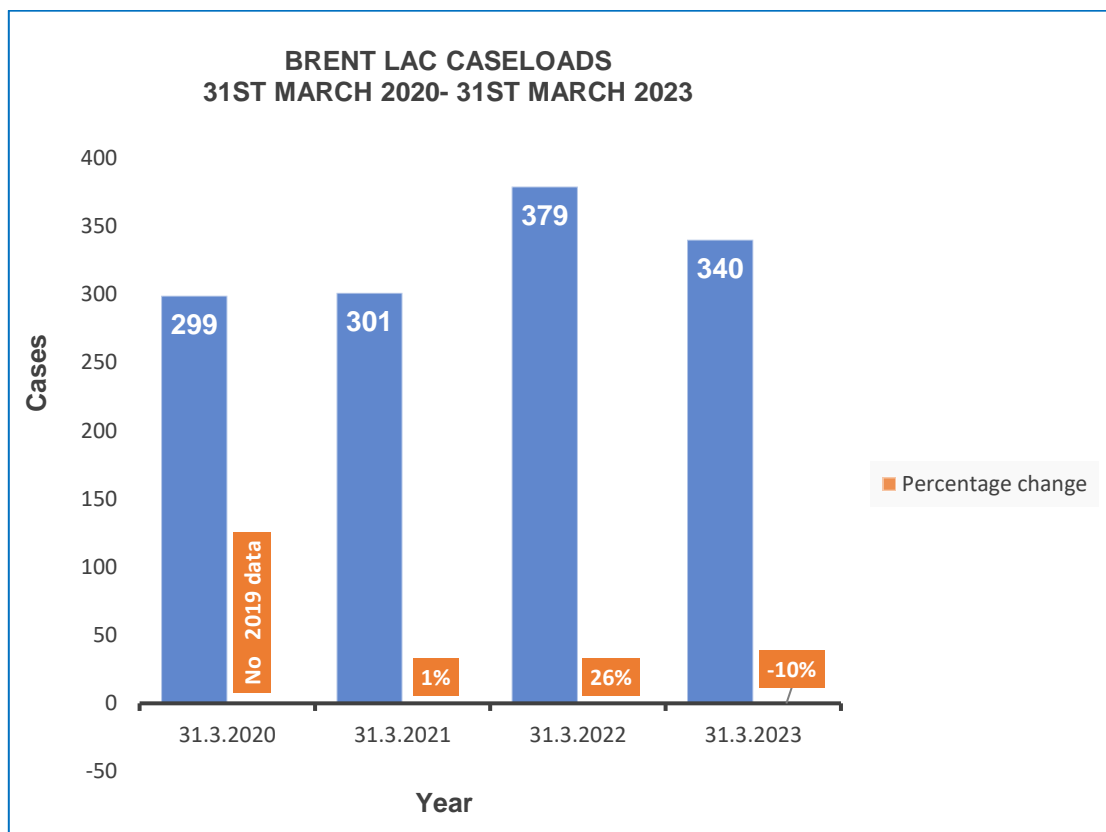


Figure 3 represents the age grouping categories, indicating that the majority of Brent LAC, were aged 6-16 years old, by March 2023.

Figure 3

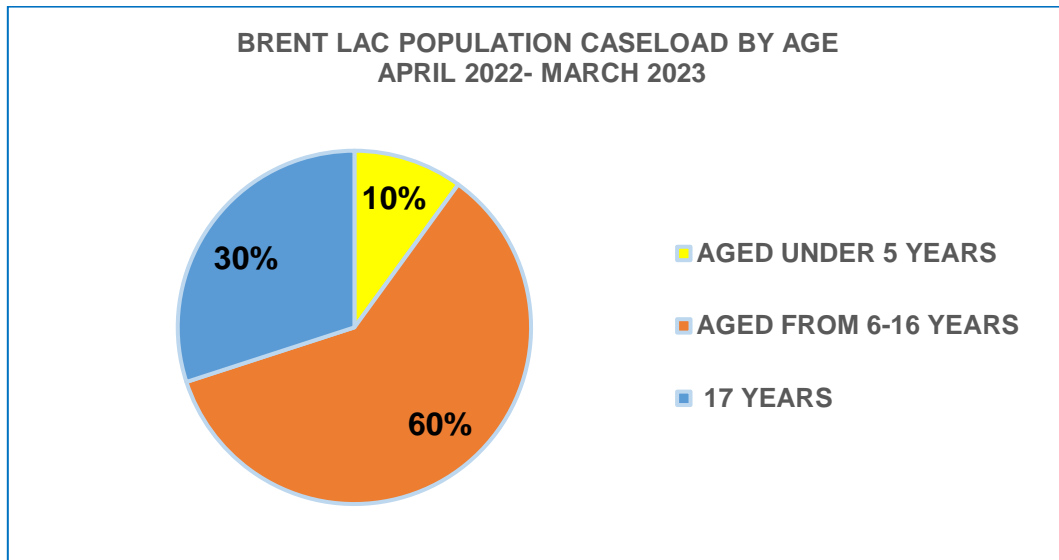


Figure 4 displays the proportion of Brent LAC location placements, which was largely outside of the London borough of Brent by March 2023.

Figure 4

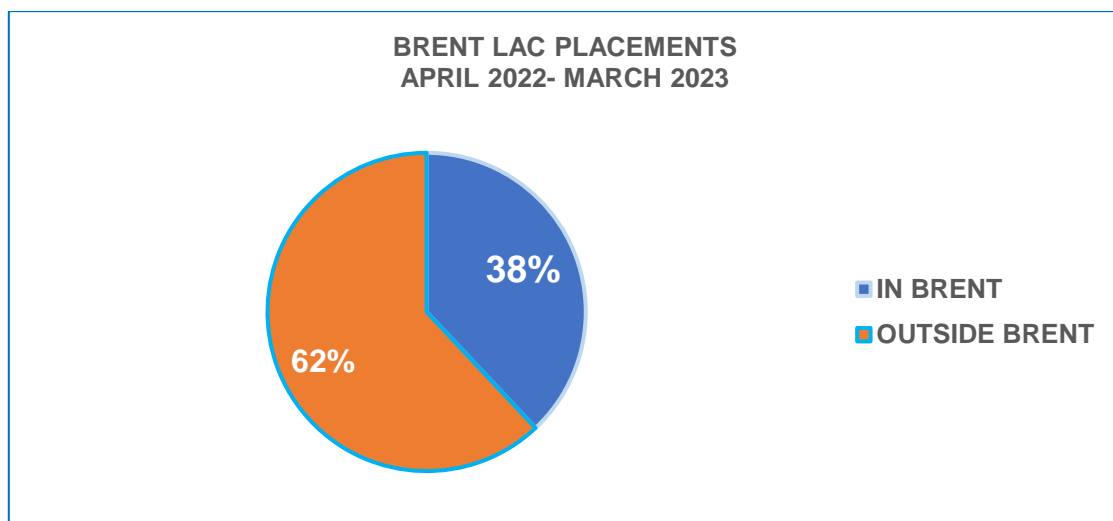
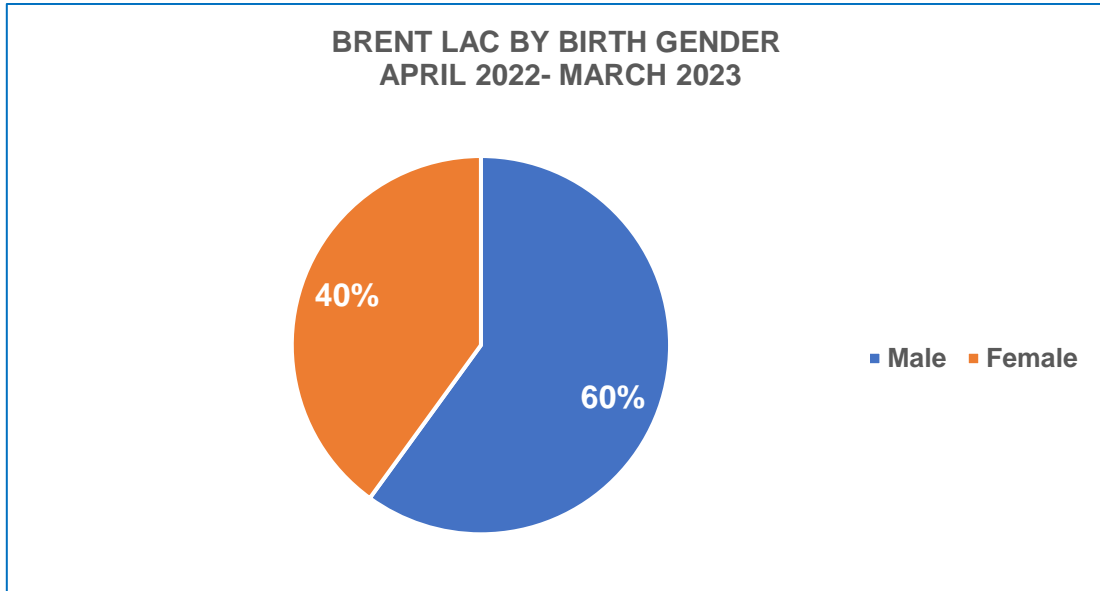


Figure 5 shows that the majority of Brent LAC were male for the year ending 2023.

Figure 5



3 Service summary

3.1 Staffing and supervision

Central London Community Healthcare NHS Trust

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

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

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

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

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

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



Integrated Care Board (ICB)

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

CLCH LAC Service

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

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

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

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



Safeguarding Supervision

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

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

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



3.2 Working together in partnership.

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

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

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

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



4 Performance Indicators

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

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

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



5 LAC Health Team Clinical Activity

5.1 Health Assessments

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

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

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

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



Table 1

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

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



Table 2

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

Rationale for performance in:

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

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

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



Table 3

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

Rationale for performance in:

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

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



Other contributing factors for performance:

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

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

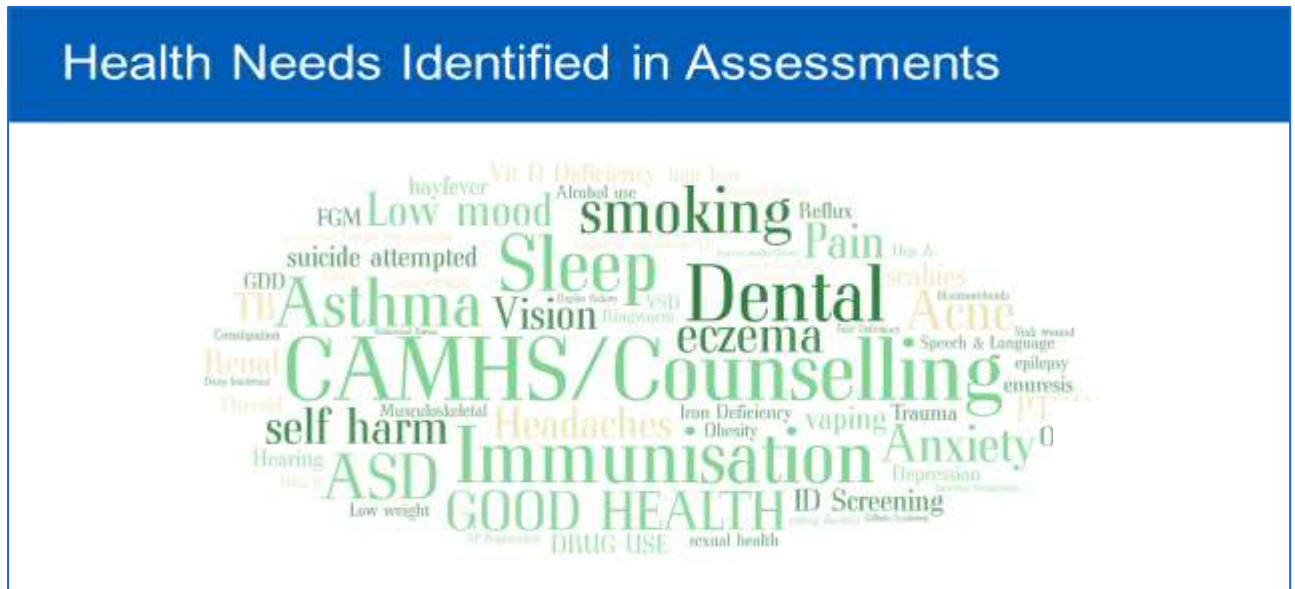
The Brent LAC doctors see children at Brent located clinics only, but the CLCH LAC nurses are commissioned to travel within the M25, a 20-mile distance from base. Although there is an argument for LAC nurses to undertake assessments for LAC placed out of borough children to provide continuity of care,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

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



5.2 Health needs of our Looked After children

Figure 6



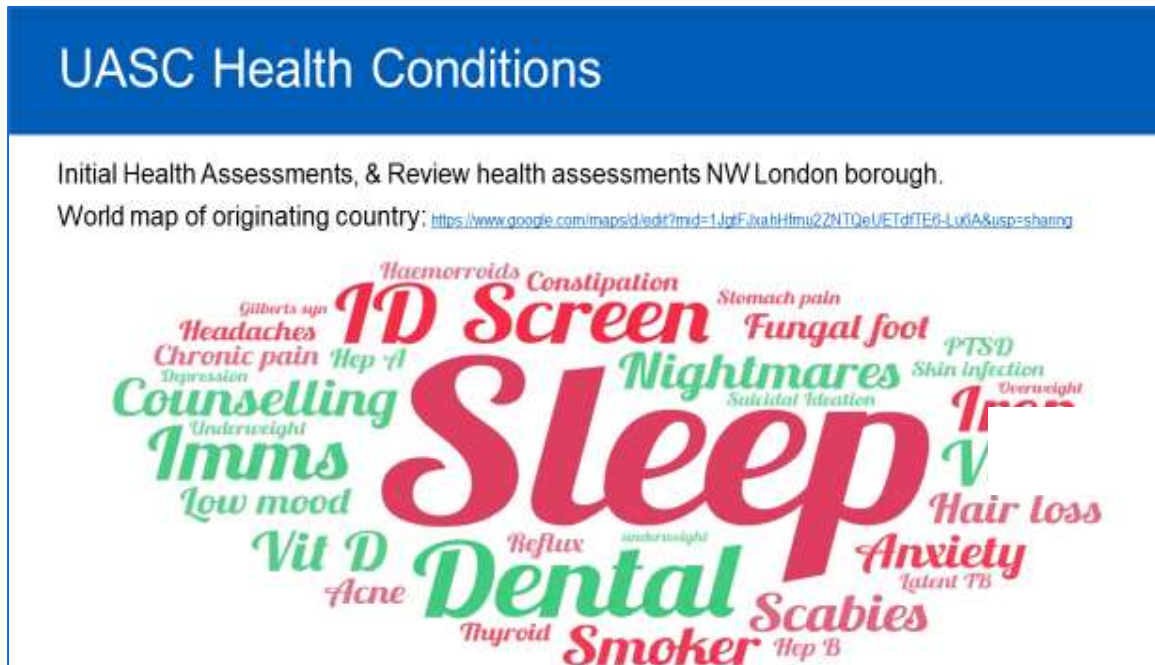
Children become looked after largely, as a result of abuse and neglect. Although they have many of the same health issues as their peers, such as is illustrated in **Figure 6**, the extent of these is often compounded by their Adverse Childhood Experiences (ACEs).

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



5.3 Health needs of our Unaccompanied Asylum-Seeking Children

Figure 7



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

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



5.4 Childhood Immunisations

Table 4

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

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

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

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



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

5.5 Dental Health

Table 5

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

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

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



5.6 Visual Health

Table 6

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

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

5.7 GP Registration

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

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



5.8 Emotional Health and Well-Being

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

Table 7

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

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

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



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

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

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

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

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

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



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

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

Chart 1.

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

5.9 Substance Misuse

Table 8

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

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



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

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

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



5.11 Quality-childrens experience of Health Assessments/journey:

Question:

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

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



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



5.12 Children adoption health advisory reports governance

(Table 9)

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

5.13 Adult health fostering reports governance

(Table 10)

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

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

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



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

5.14 Training

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



6 Service Improvements

6.1 Service Improvements and Team Achievements

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



6.2 Challenges

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

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



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

Figure 9.

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

6.3 Audits and Consultations

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

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

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



Forward Planning for 2023/2024

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

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



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

End of Report



Appendix - Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

IHA- Initial Health Assessment

LAC- Looked after Child

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child



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- ⁹ Children looked after in England including adoptions, National statistics, 17 November 2022)
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