

**CLCH Clinical Quality Group**  
**July 2024**

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

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

## **Brent Looked After Children [LAC] Health Service**

### **Annual Report**

**1<sup>st</sup> April 2023 to 31 March 2024**

#### **Report Author**

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

**Date: 20<sup>th</sup> June 2024**

## CONTENTS

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

## 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 1989<sup>1</sup> as a child who is subject to a full care order [or an interim care order] or who is accommodated by a local authority. DfE/DH [2015]

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

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

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



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

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]<sup>4</sup>
- Coram BAAF [2017]
- HM Govt. Working Together to Safeguard Children [2015]<sup>5</sup>
- NICE PH28 Promoting the Quality of Life of Looked after Children and Young People [2021]<sup>6</sup>

The number of children looked after on 31 March 2023 in England was 83,840 .This is an increase of 2% from the 2022 year<sup>7</sup>). No current available published statistics for March 2024.



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

### National Profile

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

From April 2022 to March 2023, there were 5,0202 asylum applications from UASC, a 7% increase from 2021-2022's total of 4,636<sup>8</sup>. This is in contrast to the lower number of 3,285 for March ending 2024, with a 5% total of applications.<sup>9</sup>

UASC now make up 5% of the Looked After Children population, with 95% being predominantly male. The common reasons for asylum being: 88% 'absent parenting', 7% from abuse or neglect, 4% with acute family stress<sup>10</sup> and were mostly of the 16+ age group<sup>11</sup>.

Application for asylum to the UK, was as a result of political instability from civil wars in other countries, such as Iran, Eritrea, Afghanistan, Vietnam, Iraq, Albania, Ethiopia, and Syria<sup>12</sup>.

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 support<sup>13</sup>.



## 2.1 Brent Looked After Children Profile

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

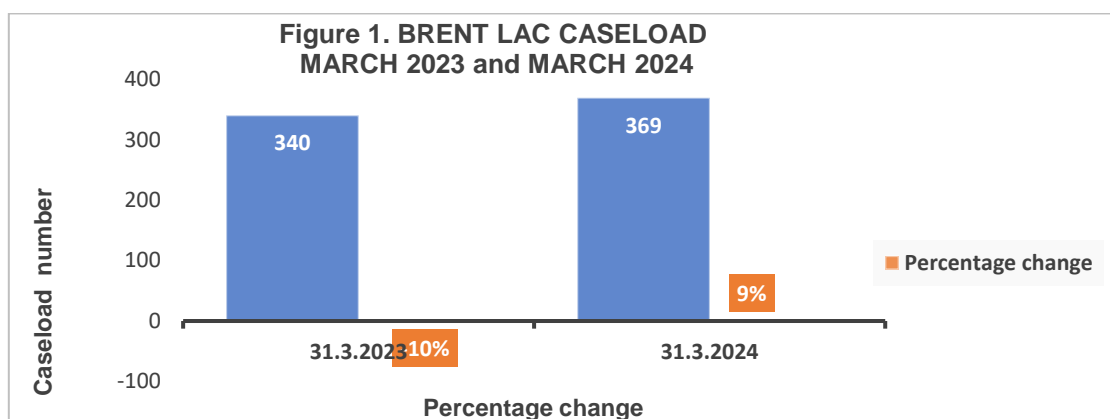
The health assessment referrals received for UASC, were predominantly male, with the primary reasons for being in care, as per national profile, of political instability in their country of origin, so either no parent around, risk of being killed or persecuted, if they stayed in their country of origin.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

## 2.2 The Local Picture

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

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

**Figure 1**

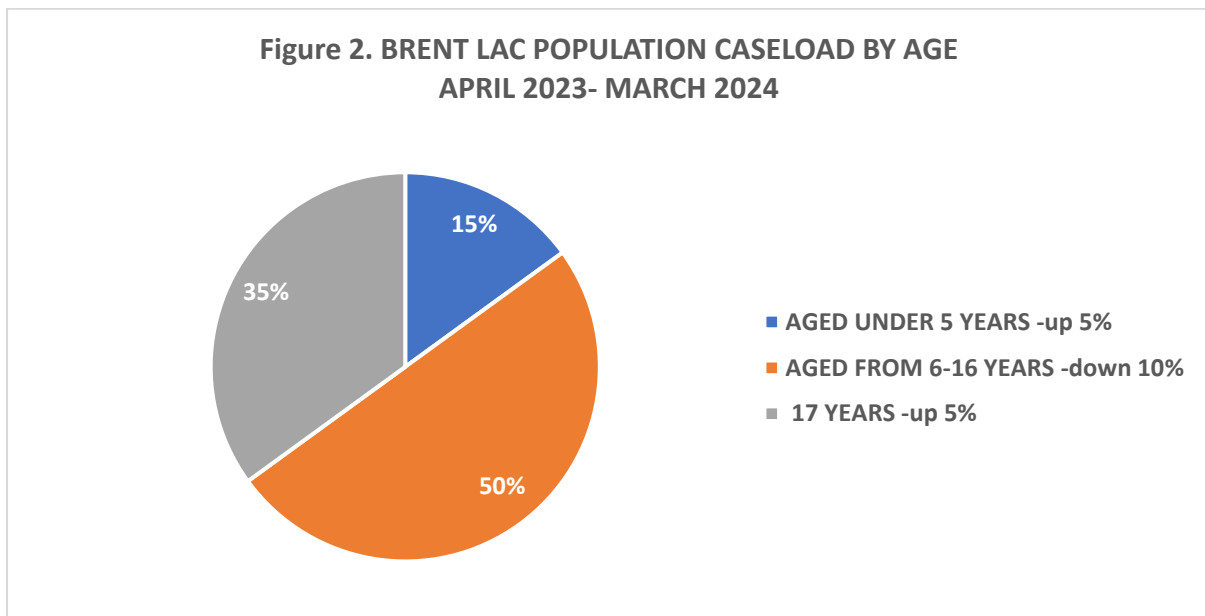




**Figure 2** represents the age grouping categories, indicating that the majority of Brent LAC, were aged 6-16 years old, which was the same indication for the previous year.

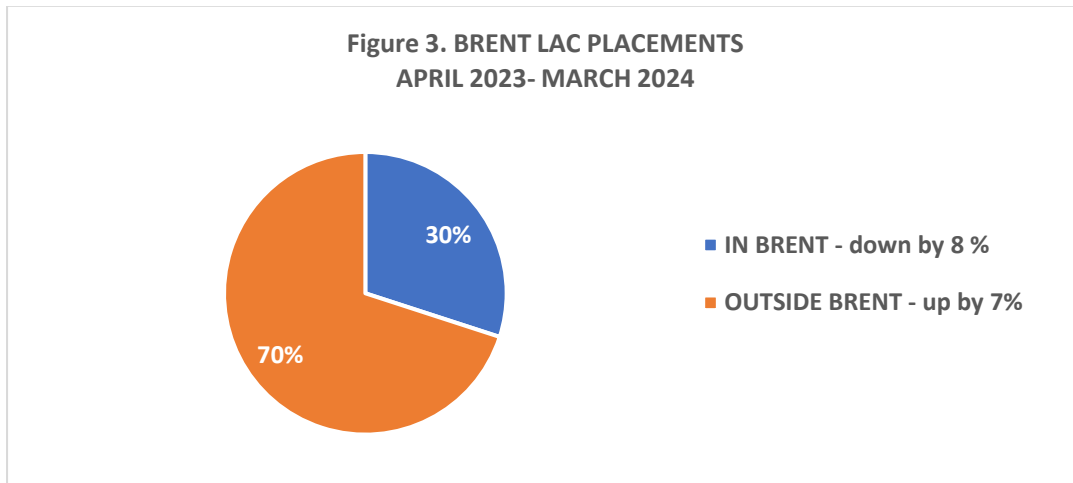
Interestingly, ending March 2024 also shows that the numbers for the age groups of under 5 years and 17 years+ had both increased by 5% respectively, but for the 6-16-years age group, the numbers had decreased by 10% since last year.

**Figure 2**

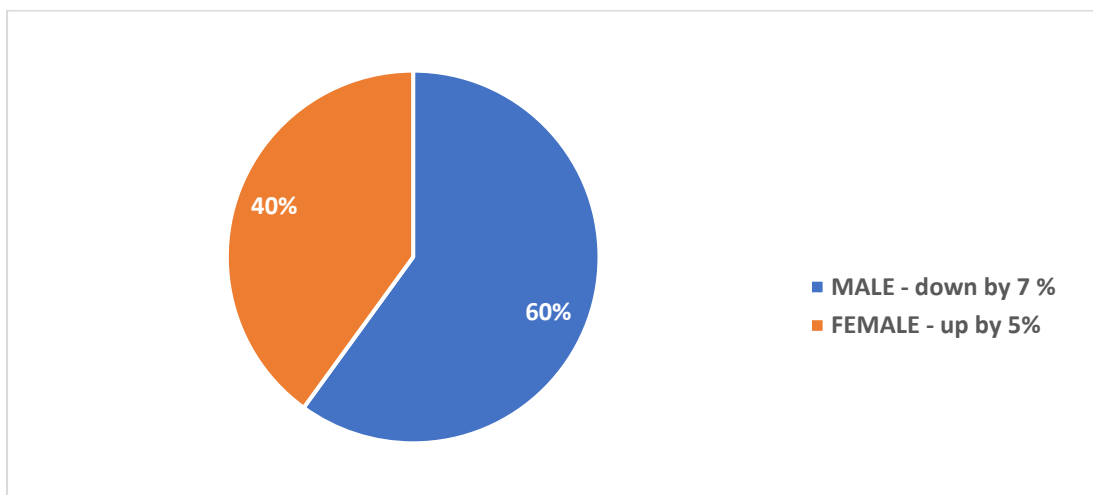


**Figure 3** displays the proportion of Brent LAC location placements, which was largely outside of the London borough of Brent. This has not changed since last year but notably, placements in Brent had decreased by 8% and outside Brent, had increased by a further 8% for 2024.

**Figure 3**



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



### 3 Service summary

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

#### 3.1 Staffing and supervision

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

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

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



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

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

The Royal College Intercollegiate Framework and guidance<sup>14</sup> for nursing staffing provision levels within the LAC services, agree that 1 WTE Band 7 nurse per 100 children and 1 WTE Band 8a per 50 children. Caseload stands at 340, so should have one band 8 and three band 7 nurses and 2 administrators, which aligns with team establishment.

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

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

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

CLCH LAC nurses clinical and safeguarding supervision at forums continued.



### 3.2 Working together in partnership.

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

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

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



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

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



## 4 Performance Indicators

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

#### Targets

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



## 5 LAC Health Team Clinical Activity

### 5.1 Health Assessments

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

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

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

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

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





**Table 1**

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

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

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



Table 2

Table 2. Timeliness of health assessments -2023-2024												
IHAs												
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
In Borough assessments due	4	0	5	3	2	3	6	1	4	8	1	2
In Borough assessments completed	3	0	5	3	2	3	6	1	3	8	1	2
In Borough reports in timescales	3	0	5	3	2	3	6	1	3	8	1	2
Out of Borough assessments due	12	3	9	10	4	5	2	8	7	5	2	8
Out of Borough assessments completed	9	3	6	8	4	3	1	6	7	4	2	3
Out of Borough reports in timescale	9	3	6	8	4	3	1	6	7	4	2	3
Total assessments completed	12	3	11	11	6	6	7	7	10	12	3	5
No. of exceptions	4	2	2	2	0	2	1	2	1	1	0	5
% Completed (excl exception)	75%	100%	79%	85%	100%	75%	88%	78%	91%	92%	100%	50%
% Completed (incl exceptions)	100%	100%	79%	100%	100%	100%	100%	100%	100%	100%	100%	90%

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

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

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

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

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

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



**Table 3**

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

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

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

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

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

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



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

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

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

**Other contributing factors for performance:**

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

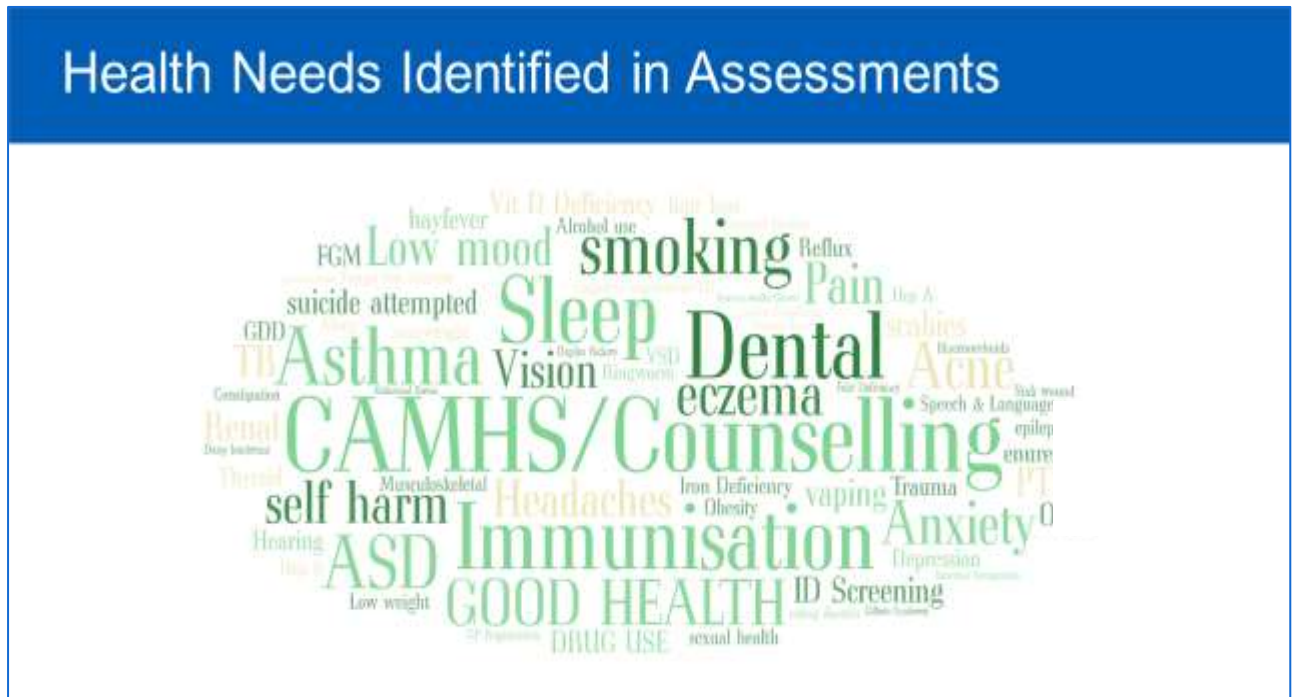
Implications for Brent LAC placed outside the M25, in particular, is that their waiting times for assessments can be prolonged, due to the hosting borough staffing capacity. The impacting on timelines is compounded by the late receipt of the baaf forms from the local authority (social care). Brent LAC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

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



## 5.2 Health needs of our Looked After children

Figure 4

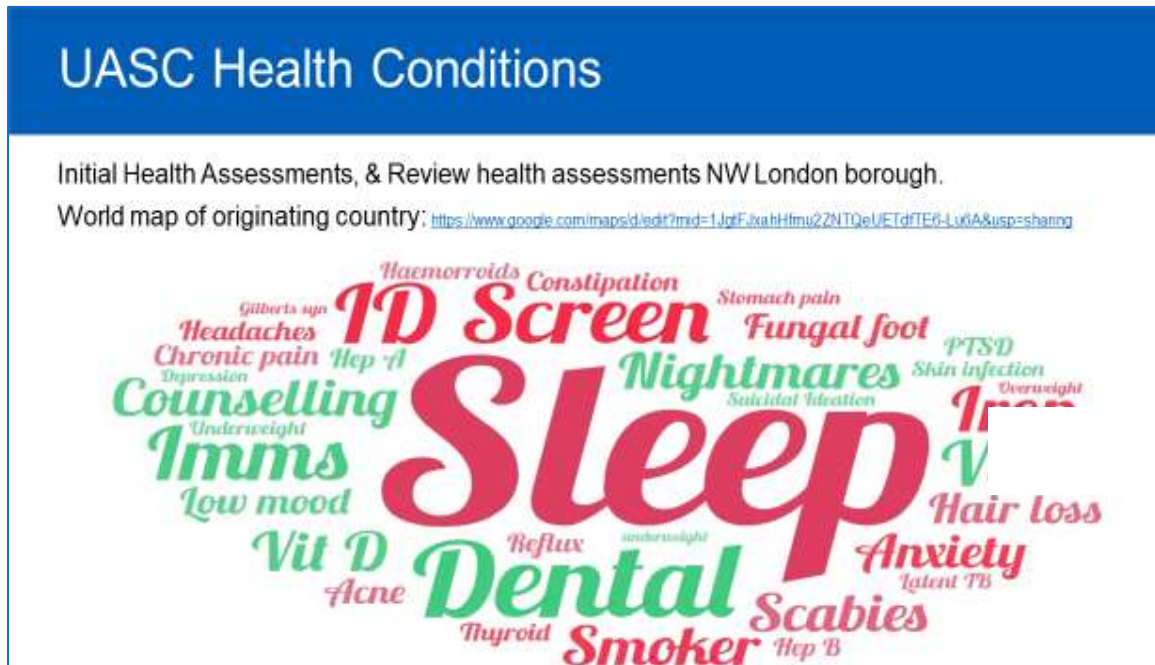


Children become looked after largely, as a result of abuse and neglect. Although they have many of the same health issues as their peers, as illustrated in **Figure 6**, the extent of these is often compounded by their Adverse Childhood Experiences (ACEs). For instance, almost half of children in care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



### 5.3 Health needs of our Unaccompanied Asylum-Seeking Children

Figure 5



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

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

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



## 5.4 Childhood Immunisations

**Table 4**

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

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

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



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

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





## 5.5 Dental Health

**Table 5**

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

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

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

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

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



## 5.6 Visual Health

**Table 6**

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

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

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



## 5.7 GP Registration

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

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

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



## 5.8 Emotional and Mental Health

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

**Table 7**

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

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

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



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

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

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

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



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

## 5.9 Substance Misuse

**Table 8**

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

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

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

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



**5.11 Quality-childrens experience of Health Assessments/journey:**

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

**Figure 6**

**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%



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

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



## 5.12 Children adoption health advisory reports governance

(Table 9)

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

## 5.13 Adult health fostering reports governance

(Table 10)

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

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

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





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

#### **5.14 Training**

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



## 6 Service Improvements

### 6.1 Service Improvements and Team Achievements

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

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



## 6.2 Challenges

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

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



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

**Figure 9.**

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

### 6.3 Audits and Consultations

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



## Forward Planning for 2023/2024

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

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



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

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

**End of Report**



## Appendix - Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend.

IHA- Initial Health Assessment

LAC- Looked after Child

LA- Local Authority ( Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child



## References

---

<sup>1</sup> HM Govt [1989] The Children Act Crown Publications

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

<sup>3</sup> Coram BAAF [2017] Coram BAAF Adoption and Fostering Academy.

[www.corambaaf.org.uk](http://www.corambaaf.org.uk)

<sup>4</sup> CQC [2016] 'Not Seen, Not Heard' Care Quality Commission.

[www.cqc.org.uk](http://www.cqc.org.uk)

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

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

[www.nice.org.uk](http://www.nice.org.uk)

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

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

<sup>8</sup> Kent County Council, 2023

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

<sup>10</sup> Children looked after in England including adoptions, National statistics, 17 November 2022)

<sup>11</sup> Anastasia Koutsounia on December 1, 2022, in Children, Social work leaders

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

<sup>12</sup> Appendix 4 of the CLA data collection guide).

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

<sup>13</sup> Children looked after in England including adoptions, National statistics, 17 November 2022

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

<sup>14</sup> Intercollegiate Guidance: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, March 2015

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

