

**CLCH Clinical Quality Group (CQG)**

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

# **Central London Community Healthcare NHS Trust (CLCH)**

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

### **Annual Report**

**2024/2025**

**Report Author:** Kim Lewis – Head of Clinical Services

**Date:** 11<sup>th</sup> June 2025

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## 1. Introduction

### 1.1 The National Picture

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

Under the Children Act 1989<sup>1</sup> a child is considered to be 'looked after' if they are accommodated by a local authority for a continuous period of more than 24 hours, are subject to a care order (Full (s31) or Interim Care Order (s38), an Emergency Protection Order (s44 & 46), a voluntary agreement with parents (s20) or remanded to a local authority or subject to a criminal justice Supervision Order (s21).

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

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

The number of children entering care is at an all-time high nationally. The majority of cases are due to parental abuse and neglect, however, the impact of poverty, poor housing, and parental substance misuse, significantly contribute to the figures. There are claims that austerity, changes within the benefits system, introduction of Universal Credit and the slashing of essential children and family services, are partly responsible for the record number of children now living in care [Coram BAAF 2017]<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]
- [Working Together to Safeguard Children](#) [HM Government, 2023]<sup>5</sup>



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

The number of children looked after on 31 March 2024 in England was 83,630. This is a small decrease of 0.5% from 2023<sup>7</sup>. Data for March 2025 has not yet been published.

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

### **National Profile**

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

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

UASC now make up 9% of the Looked After Children population, which has increased from 6% in 2020<sup>7</sup>. Application for asylum to the UK was commonly as a result of political instability from civil wars in other countries, such as Iran, Afghanistan, Syria<sup>8</sup>. The top country of origin for applications from unaccompanied children in the last 12 months was Sudan<sup>8</sup>.

In February 2022, the voluntary National Transfer Scheme (NTS) became mandated, for local authorities to engage in the secure transfer of UASC across the UK, between local authorities, guaranteeing access to required services and support<sup>9</sup>.

### **2.1 Brent Looked After Children Profile**

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

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

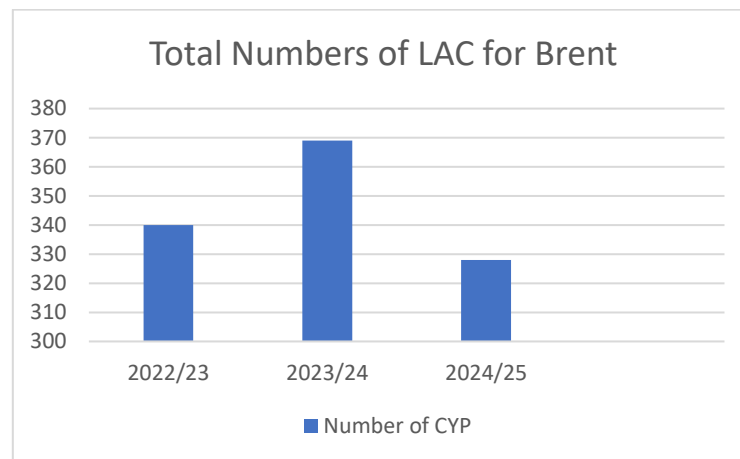


around, risk of being killed or persecuted, if they stayed in their country of origin. Age groups range from 15-17 years of age, with 17 being the common age.

## 2.2 The Local Picture

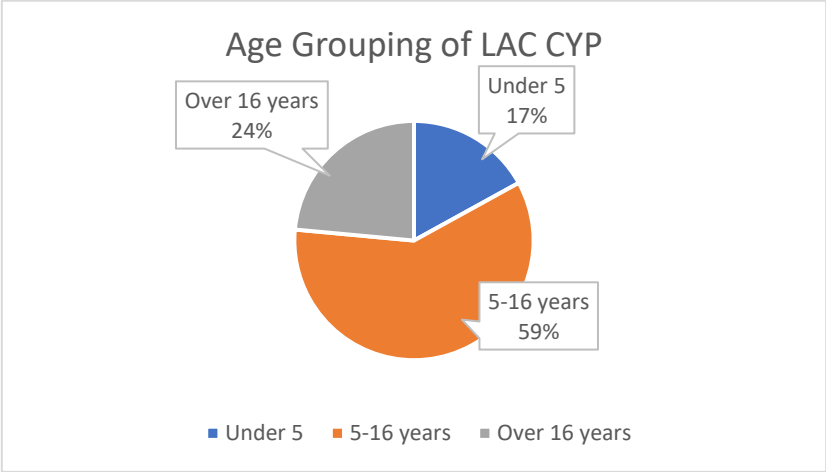
Brent LAC Health Team had 328 children on their caseload on the 31<sup>st</sup> of March 2025, compared to 368 in the previous year, a decrease of 40 children (note: children who have recently entered care and are therefore below 12 months in care, will cause variation in numbers for year ending). The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

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

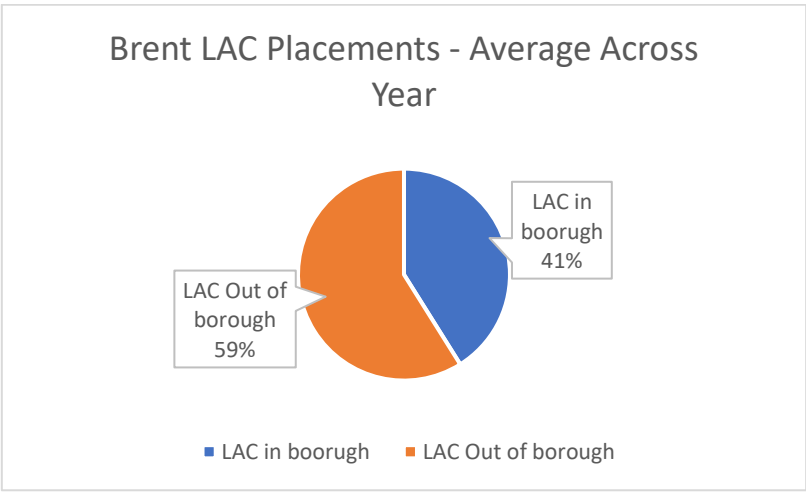


**Chart 2** represents the age grouping categories, indicating that the majority of Brent LAC are aged 5-16 years old, which was the same as the previous year. The number of CYP who are in the 5-16 age range has increased by 9% compared to last year, whereas the number of CYP over the age 16 has decreased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



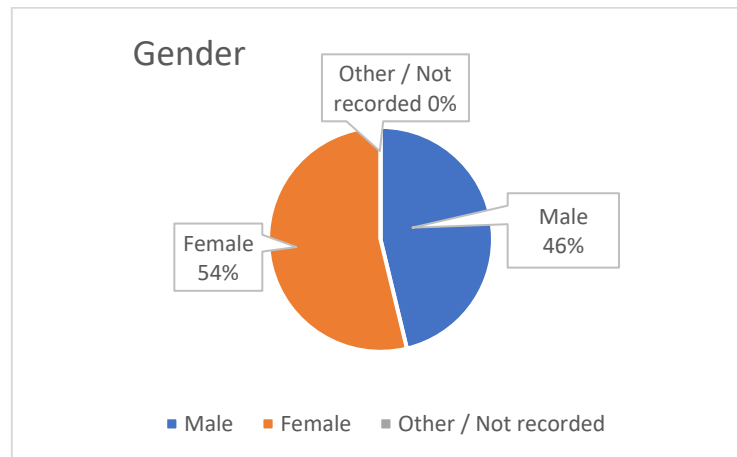


**Chart 3** displays the proportion of Brent LAC location placements, which is still predominantly outside of the London borough of Brent. This has reduced since last year when 30% were in Brent and 70% were out of Brent.



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





### Service summary

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

#### 3.1 Staffing and supervision

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

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

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



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

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

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

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

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

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

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

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



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

### **3.2 Working together in partnership**

Partnership meetings attended and their function includes:

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



## 4. Performance Indicators

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

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

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

## 5. LAC Health Team Clinical Activity

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

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

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

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



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

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

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

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

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



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

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

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



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

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

**Other contributing factors for performance:**

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



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

## Health Needs Identified in Assessments

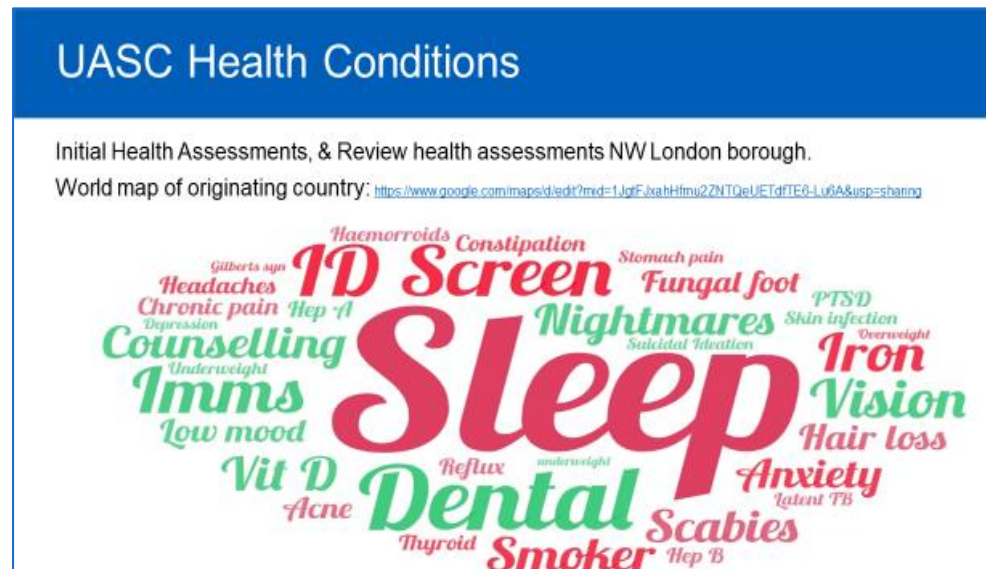


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chances of reaching their potential and leading happy and healthy lives as adults. (Promoting the health and wellbeing of looked after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015)

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



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

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



## 5.4 Childhood Immunisations

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

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

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

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

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



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

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

## 5.5 Dental Health

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

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

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

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



## 5.6 Visual Health

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

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

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

## 5.7 GP Registration

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



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

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

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

### **5.8 Emotional and Mental Health**

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

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

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



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

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

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

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

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

### **5.9 Substance Misuse**

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



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

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

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

### **5.11 Quality- Childrens experience of Health Assessments/journey:**

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

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

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

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



**Medical Advisors for Adoption and Fostering:**

**5.12 Children adoption health advisory reports governance**

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

**5.13 Adult health fostering reports governance**

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

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

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



Following the Somerset Ruling in April 2022, (CoramBAAF, 2022)<sup>11</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 followed.

#### **5.14 Training**

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

### **6 Service Improvements**

#### **6.1 Service Improvements and Team Achievements**

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



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

## 6.2 Challenges

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

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

## 6.3 Audits and Consultations

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



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

### **Forward Planning for 2025/2026**

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



## **Appendix - Glossary of Term**

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend.

IHA- Initial Health Assessment

LAC /CLA- Looked after Child / Child Looked after

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child



## References

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- <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.
  - <sup>4</sup> [Not Seen, Not Heard](#) Care Quality Commission, 2016.
  - <sup>5</sup> [Working together to Safeguard Children](#) HM Government 2023
  - <sup>6</sup> NG205 Looked-after children and young people [NICE, 2021].
  - <sup>7</sup> [Children looked after in England including adoptions](#) (HM Government, June 2025).
  - <sup>8</sup> [Top facts from the latest statistics on refugees and people seeking asylum](#) (Refugee Council 2025)
  - <sup>9</sup> [Children looked after in England including adoptions](#), (HM Government, November 2024) National statistics,
  - <sup>10</sup> [Looked After Children: roles and competencies of healthcare staff](#), (RCN/RCPCH, December 2020)
  - <sup>11</sup> [Update briefing: Somerset County Council v NHS Somerset Clinical Commissioning Group & Ors](#) CoramBAAF, 2022

