Central London Community Healthcare NHS Trust (CLCH)

Children Looked After (CLA) Health Service

Annual Report

2025/2026

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Named Nurse/Service Manager for Brent Children Looked After

25th June 2026

Central London Community Healthcare NHS Trust

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1. Introduction

National Context

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

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

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

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

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

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

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

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

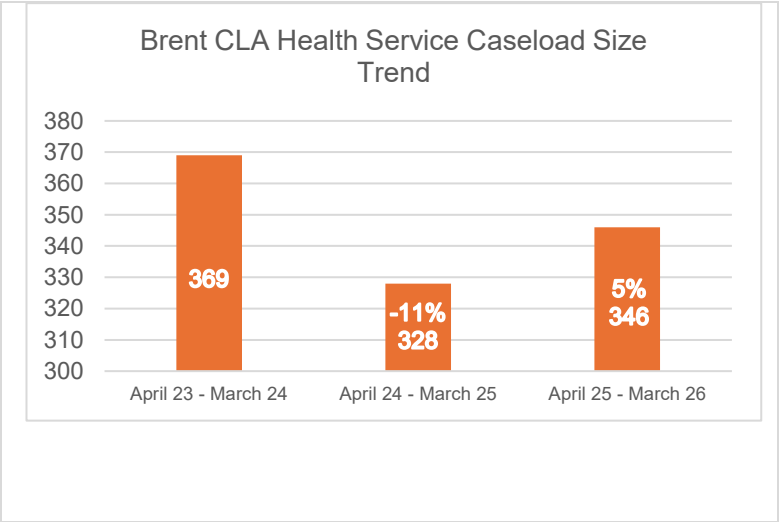
Fully validated SSDA 903 data for the year ending March 2026 will not be published until after June 2026, too late for inclusion in this report. Locally held Brent CLA health service data for 2025/26 has therefore been used within this report where required.

2. Local Picture (Demographics)

Brent CLA health service caseload profile

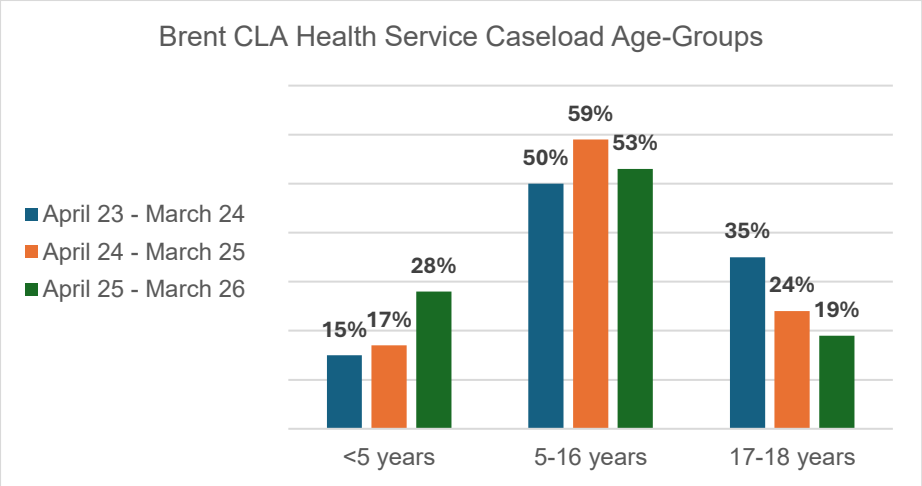
The Brent CLA health service caseload has fluctuated over recent years, peaking at 369 in 2024 during the period of increased UASC referrals and standing at 346 in 2026. The overall reduction in CLA reflects the national context. Please note that children who have recently entered care and have been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

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



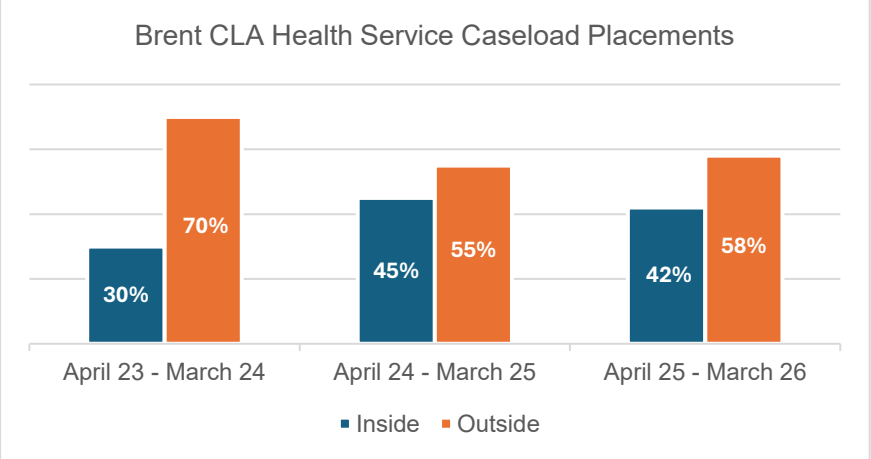
Brent CLA health service caseload by age-groups

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



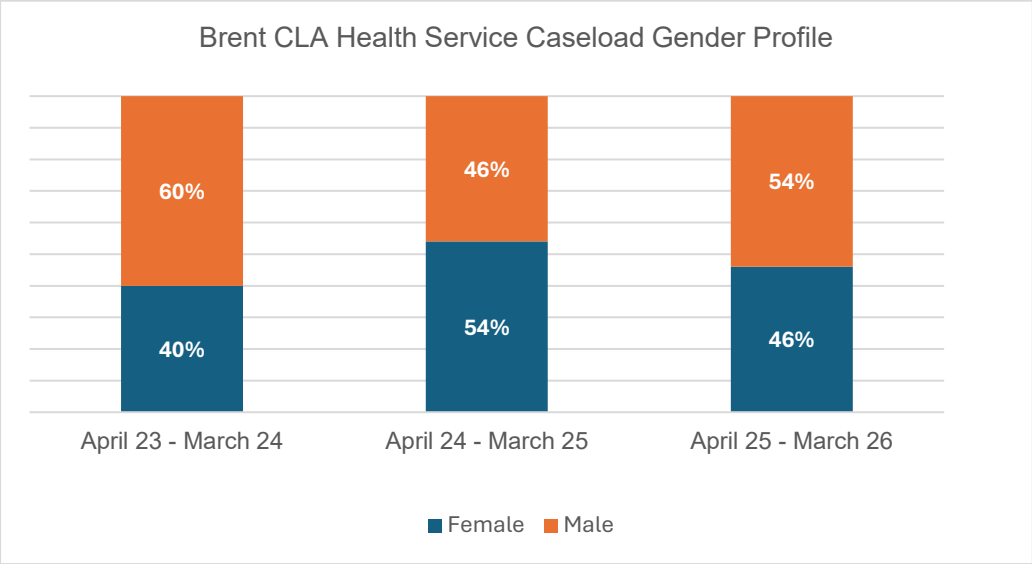
Brent CLA health service caseload by placement

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



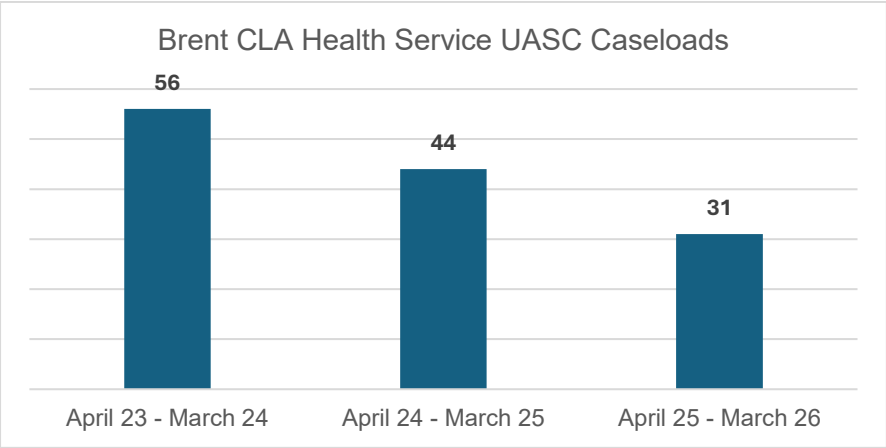
Brent CLA health service caseload by gender

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



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

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



3. Service Summary

Staffing, supervision and support

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

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

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

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

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

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

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

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

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

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

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

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

- Monthly CLCH Performance meetings
- Access to CLCH wellbeing activities

Working together in partnership.

Partnership meetings attended and their function includes:

- **6-weekly Designated Nurse for ICB and Brent Named nurse meeting**.
    - information sharing, addressing escalations/concerns and providing assurance for quality service delivery for CLA.
- **2 monthly- CLA health and social care subgroup meeting** for operational multidisciplinary planning, information sharing and monitoring for CLA.
- **2 monthly - Local partnership meeting**
    - strategic multidisciplinary planning, information sharing and monitoring for CLA.
- **Quarterly meetings with the CLA nurses and administrators across CLCH** Trust wide approach to CLA service, learning, supervision, support and information sharing and review of practice.
- **Fortnightly Entry to Care Panel meeting (ETC)**
    - multiagency discussion and decision plans to support vulnerable children including those requiring entry to care
- **Fortnightly Emotional, Violence and Vulnerability Panel (EVVP)**
    - multiagency discussion and decision plans regarding adolescents at risk, most are CLA - criminal and sexual exploitation, gangs, county lines
- **Strategy meetings** as they arise, on average weekly.
- **Fortnightly health and social care mangers meeting**
- **Foster carer training**: one session was delivered this year, with plans to increase delivery to three sessions per year.

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

Initial Health Assessments

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

Under the Integrated Care Board (ICB) service specification:

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

Brent CLA health service clinical activity - IHAs

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

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

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

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

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

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

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

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

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

Challenges- IHA

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

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

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

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

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

Review Health Assessments (RHAs)

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

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

Brent CLA health team clinical activity - RHAs

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

Performance -RHA

The ICB Key Performance Indicator (KPI) requires:

- 95% of RHAs to be completed within timescale.

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

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

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

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

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

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

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

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

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

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

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

Brent CLA health service administrators

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

Other contributing factors for performance:

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

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

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

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

Remedial Actions Undertaken to date:

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

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

Strategic Actions to date:

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

Ongoing Challenges:

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

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

Recommended Actions:

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

Actions to continue:

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

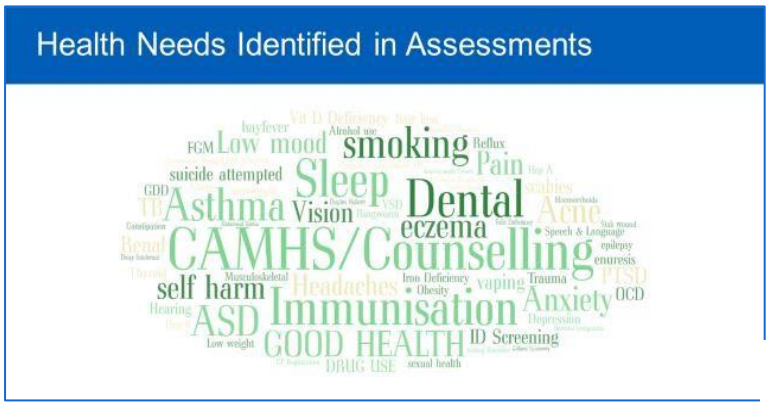
- Embed IHA and RHA process training within LA induction programmes.

Action to be introduced:

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

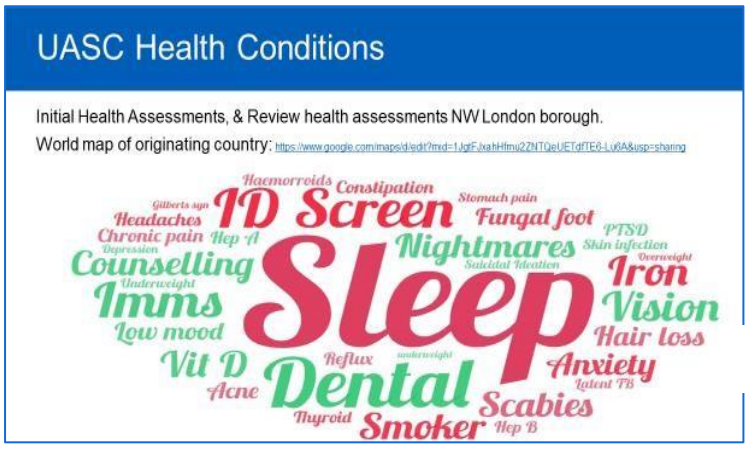
5.Brent CLA Health

Health Needs of Brent Children Looked After



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

Health Needs of Unaccompanied Asylum-Seeking Children (UASC)



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

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

Immunisations

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

- 95% Immunisations to be completed within timescales.

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

The LA, as a 'good parent' to CLA, has the right to approve the immunisation for children within its care, against vaccine preventable diseases as per the national immunisation schedule. Brent CLA health service offers advice, education, and support with accessing immunisation services via their registered GP and the community immunisation team. The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age:** Three doses of Diphtheria, tetanus, pertussis [whooping cough], polio and Hib [DTaP/IPV/Hib]. Two doses of Pneumococcal [PCV] and Meningitis C [MenC]

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

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

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

Dental Health

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

- 95% dental health assessments completed within the year.

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

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

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

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

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

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

Visual Health

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

- 95% visual health assessments completed within the year.

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

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

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

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

GP Registration

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

- 100 % General Practitioner (GP) registration

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

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

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

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

Emotional and Mental Health

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

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

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

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

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

Due to the nature of their experiences prior to being placed in care, many CLA will have poor mental health, and some do not acknowledge this. This may be in the form of significant emotional, behavioural and/or mental health problems, attachment disorders, attention deficit disorder [ADHD] and others with undiagnosed neurodivergent conditions, namely: Autism Spectrum Condition/Disorder (ASD/ ASC), Dyslexia (a neurodevelopment origin, affects how a person reads, spells, and writes), Dyspraxia (a motor coordination disorder) and obsessive-compulsive disorder (a mental health condition with repetitive behaviours (OCD).

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

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

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

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

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

Substance Misuse

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

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

Health summaries for Care Leavers (17-18 years)

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

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

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

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

Quality: Children's experience of health assessments and journey

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

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

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

Medical Advisors for Adoption and Fostering:

Child adoption health advisory reports governance

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

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

Adult health fostering reports governance

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

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

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

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

6. Service Improvements and Team Achievements

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

Audits

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

7. Forward Planning for 2026/2027

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

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

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

8. Appendix

Glossary of Terms

ACEs- Adverse Childhood Experiences

ADM- Agency Decision Maker

BAAF- British Adoption and Fostering

CAMHS- Child and Adolescent Mental Health Services

CYP- Children and Young People

DNA- Did not attend

IHA- Initial Health Assessment

LAC /CLA- Looked after Child / Child Looked after.

LA- Local Authority (Brent Social Services)

MA- Medical Advisor

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

SGO – Special Guardianship Order

UASC – Unaccompanied asylum-seeking child

WNB- Was not brought

Relevant documents supporting this report:

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

Care Planning, Placement and Case Review Regulations 2010

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

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

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

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

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

HM Govt [1989] The Children Act Crown Publications

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

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

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

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

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

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

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

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

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

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