



LOOKED AFTER CHILDREN AND CARE LEAVERS ANNUAL REPORT 2018-2019

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1.0 Executive summary

This is the sixth Looked After Children (LAC) Annual Report provided to NHS Brent Clinical Commissioning Group (BCCG) written in response to the statutory guidance, 'Promoting the health and well-being of looked-after children' (2015)¹

It covers the period from 1st April 2018 to 31st March 2019. The LAC Annual Report forms part of Brent CCGs assurance arrangements, in relation to Looked After Children and wider Safeguarding Children arrangements.

Under the Children Act 1989², a **child is looked after** by a local authority if he or she falls into one of the following:

- is provided with accommodation, for a continuous period of more than 24 hours (Children Act 1989, Section 20 and 21)
- is subject to a care order (Children Act 1989, Part IV), or
- is subject to a placement order

Wherever possible, the Local Authority will work in partnership with parents. Many children and young people whom become 'looked after' retain strong links with their families and many eventually return home. The term 'Children Looked After' (CLA) is sometimes used interchangeably with LAC.

A child will cease being "Looked After" when they are adopted, return home or reach the age of 18 years.

Care Leavers are those children who have been previously Looked After and are now being supported to live independently, with an age range of 18 to 25 years.

Social care responsibilities for Care Leavers over the age of 21 has now changed under the recently published Children and Social Work Act (2017), which enables care leavers to request support up to the age of 25, regardless of whether or not they are in education.

As with previous reports, it includes information about service performance and sets out the objectives and priorities for the coming year. This covers the CCG and Provider Health reports for this service. The health provider is London North West University Healthcare NHS Trust (LNWUHT). The report outlines the delivery of health services to LAC by the London Borough of Brent, in line with National Statutory Guidance. It reviews performance indicators, clinical work undertaken by the LAC health team, service improvements and plans for further development to safeguard and promote the welfare of the LAC population whether they are placed in Brent or elsewhere.

¹ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2015>

² <https://www.legislation.gov.uk/ukpga/1989/41/contents>

Effective partnership working with the local authority and the provider is focussed upon reducing avoidable delays in children receiving their relevant health reviews, and planning how CCG records can identify looked after children living in Brent.

This report covers the commissioning aspects of the service as well as the provider aspects of delivery, for ease of reading and to demonstrate the joint working partnership across health including:

- Monitoring initial and review health assessments for Looked After Children.
- Supporting LNWUHT updated offer for Looked After Children's health assessments.
- Initiating an audit of Care Leavers support to be undertaken in spring 2019.
- Delivering multi-professional training on the health needs of Looked After Children.
- Participating in a multiagency semi-independent audit of Care Leavers accommodation.

The 2018 Brent Ofsted Inspection of Local Authority Children's Services (ILACS)³ report that was undertaken between 14th May 2018 and 25th May 2018 concluded that the

"The experience and progress of children in care and care leavers' was 'Outstanding.'"

"Excellent support is available for children and young people to help them achieve stability in their lives. Strong multi-agency work across partnerships is helping children and young people thrive. Effective health screening and support ensures that children in care and care leavers improve their physical health.

Of particular note is how emotional well-being is prioritised. Close attention is paid to the early identification of the impact of trauma. Consequently, children and young people receive a variety of targeted interventions, and this is reducing the need for more specialised interventions. Specialised support is provided for carers and professional consultation is provided for social workers to help them understand the impact of trauma. Where needs escalate, children and young people are promptly triaged and interventions are prioritised and delivered for as long as they are needed."

2.0 The function & responsibility of NHS Brent CCG

Under the Children Act (1989, 2004) CCG's have a duty to comply and cooperate with requests from the Local Authority to assist them in providing support and services for LAC. In order to discharge this duty effectively NHS Commissioners must ensure that the services they commission can meet the particular needs of these children so that they are able to access a range of universal and specialist services without undue delay. The starting point for ensuring this provision should be the Joint Strategic Needs Assessment. NHS Brent CCG remains committed to improving health outcomes for LAC and recognises the importance of having high quality, responsive services in order to achieve this. The CCG continues to work closely with the provider health team (LNWUHT), Brent Local Authority (Brent LA),

³ <https://files.api.beta.ofsted.gov.uk/v1/file/50004482>

NHS England, service users and other key partners to ensure our LAC population have speedy access to high quality health care, as and when they need it.

3.0 The national context

In England the number of looked after children has increased every year since 2008.

At 31 March 2018, the number of children looked after by local authorities in England ⁴ increased, up 4% to 75,420 from 72,590 in 2017, continuing increases seen in recent years. This is equivalent to a rate of 64 per 10,000 in 2018, which is up from 62 per 10,000 in 2017 and 60 per 10,000 in 2016.

The number of children starting to be looked after has fallen slightly this year, by 3%, after a period of gradual increases. 32,050 children started to be looked after in the year ending 31 March 2018, down from 32,940 in 2017.

The number ceasing to be looked after has fallen again by 5% to 29,860, from a high of 31,850 in 2016.

The broad characteristics of looked after children have remained similar to previous years; just over half **(56%) are male, (44%) are female.**

The largest age group (39%) of looked after children are aged 10-15 years; 23% are aged 16 years and over, 19% are aged 5-9 years, 13% are aged 1-4 years and 6% are aged under 1 year.

In the year ending 31 March 2016 there was a large increase in the number of unaccompanied asylum-seeking children. This sub group are generally older (aged 16 years +), boys, and are in need due to absent parenting. In many cases, the patterns seen in figures throughout this release are influenced by this 5 homogeneous group, some of whom are now of an age to leave care.

At 31 March 2018 there were **4,480** unaccompanied asylum-seeking children, down 4% on the number at 31 March 2017. In 2018, unaccompanied asylum-seeking children continue to represent around 6% of all children looked after in England

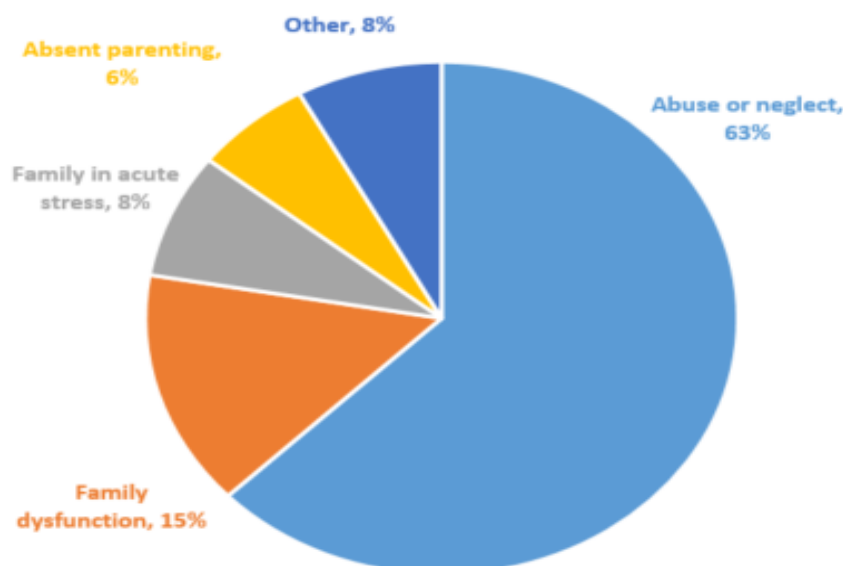
The majority of looked after children are of white ethnicity (75%). 9% were of mixed ethnicity and 7% were of Black or Black British ethnicity. Since 2014, the proportion of looked after children of white ethnicity has decreased steadily from 78% to 75%, whilst the proportions of 'Asian or Asian British' and 'Other' have increased slightly. It is likely this slight change is due to the broadly non-white make up of unaccompanied asylum seeking children, a group which has grown in numbers in recent years.

4

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

When a child is assessed by children's services their primary need is recorded. 47,530 children were identified as having a primary need of 'abuse or neglect' - the most common reason identified. 11,270 were in need due to 'family dysfunction' and 5,980 were due to the 'family being in acute stress'. 4,860 were identified as in need due to 'absent parenting', almost all of whom are unaccompanied asylum-seeking children.

Proportions of looked after children by primary need England, 31 March 2018



NOTE: For this report- the timescale is from 01 April 2017- 31 March 2018.

3.1 The Policy context

Services and responsibilities for LAC are underpinned by an array of legislation, statutory guidance and good practice guidance which include:

- Promoting the health & well-being of looked-after children (2009, updated in 2015)
- Working Together to Safeguard Children (2010, 2015)
- The Children Act (1989, 2004)
- Children & Families Act (2014)
- The Health & Social Care Act (2012)
- The Leaving Care Act (2000)
- Adoption and Children Act (2002)
- Care Planning, Placement and Case Review (England) Regulations (2010)
- Intercollegiate Role Framework; Looked-after Children: Knowledge, skills & Competencies for Health Staff (2012, 2015)
- National Institute of Clinical Excellence (NICE) Quality Standard (QS31) for the Health & Well-being of Looked After Children (April 2013)
- Safeguarding Vulnerable People in the Reformed NHS – Accountability & Assurance Framework (2015)

- National Tariff Payment System 2015/2016
- Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years (2015)
- Children and Social Work Act (2017)
- Safeguarding unaccompanied asylum seeking and refugee children (2016)
- Strategy setting out the government's commitments to safeguard and promote the welfare of unaccompanied asylum seeking and refugee children (2017).

4.0 Governance & accountability for LAC health services in Brent

LAC interface closely with safeguarding children and governance arrangements, and are therefore aligned.

- The NWL Collaboration of CCGs Designated Safeguarding Professionals Meeting supports the work to share and align safeguarding children, looked after children and safeguarding adult standards and practices across eight CCGs. This forum provides the link to the Strategic Chief Nurse and Director of Quality, as the professional lead for safeguarding on the Boards and Designated Professionals across the eight CCGs. The Assistant Director provides line management to the Designated Professionals for LAC in Brent. Brent Children's Trust (BCT) is a local partnership. The primary functions relate to developing a joint vision and strategy for improving outcomes and commissioning. This requires joint planning and collaborative working to ensure that resources are allocated and utilised to deliver the maximum benefits for children and young people, including those who are looked after.
- The Local Partnership Group for LAC is a transformational group whose purpose is to deliver a programme of work that will support the actions for LAC Joint Commissioning Framework. The group is accountable to the Children's Trust
- Accountability for the services provided to LAC from both the local authority and the CCG is directed through the Local Partnership Group. The Designated Nurse for LAC attends the Local Partnership Group meetings in line with national recommendations.
- The Joint LAC Quality Performance Monitoring Meeting is bi monthly and chaired alternately by the Children's Commissioners from the Local Authority (LA) and Clinical Commissioning Group (CCG). It is attended by Senior Management from the LA and LNWUHT, the Lead Doctor and Nurse for LAC, LNWUHT and the Designated Nurse for LAC, NHS Brent CCG.
- The Local Children's Safeguarding Boards are attended by the Designated Professionals for Safeguarding Children.

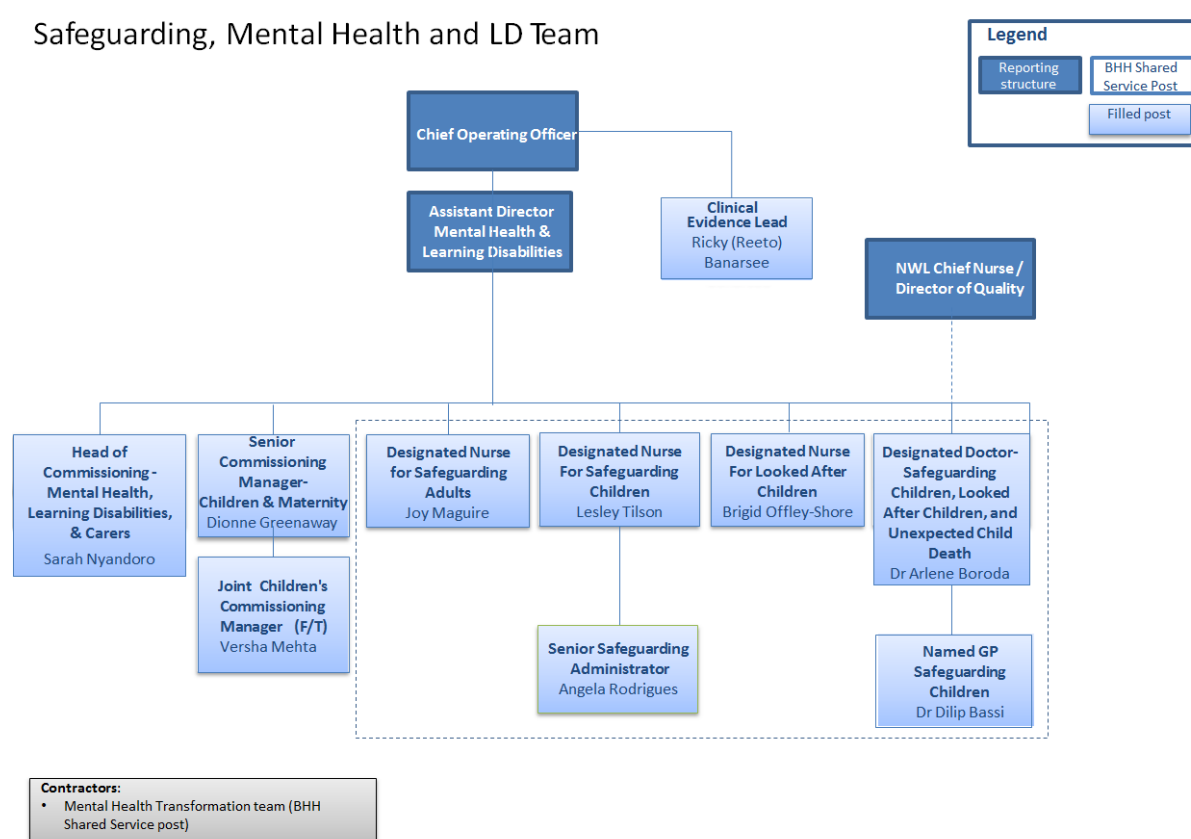
4.1 Local Leadership for LAC

In 2018/2019:

- The Executive Lead for Safeguarding Children and LAC is the Managing Director, NHS Brent CCG.
- The Senior Responsible Officer SRO in NHS Brent CCG is the Assistant Director for Mental Health, Learning Disability, children, maternity, communications, Safeguarding and Looked After Children.
- The Lead Nurse & Director for Quality, Safety and Risk is the professional lead for the Designated Professionals for both Safeguarding and LAC across the eight NWL Collaboration of CCG's.

4.2 NHS Brent CCG Safeguarding Governance Structure (2019)

Safeguarding, Mental Health and LD Team



5.0 The age profile of Looked After Children

The number of children starting to be looked after has fallen slightly this year, by 3%, after a period of gradual increases. 32,050 children started to be looked after in the year ending 31 March 2018, down from 32,940 in 2017.

The national year is for a previous financial year due to time taken for reporting.

5.1 Brent LAC population. (Brent Local Authority statistics)

LAC by Age Group	Under 1	1 - 4	5 - 9	10 - 15	16 and over	Total
England 2017-18	4525	9804	14330	29414	17347	75,420
Brent 2018-19	8	24	34	105	128	299
Brent 2017-18	16	25	31	119	127	318
Brent 2016-17	12	21	40	108	138	319
Brent 2015-16	13	16	54	132	121	335

Gender	Male	Female
Brent 2018-19	186	113
Brent 2017-18	199	119
Brent 2016-17	206	113
Brent 2015-16	206	130

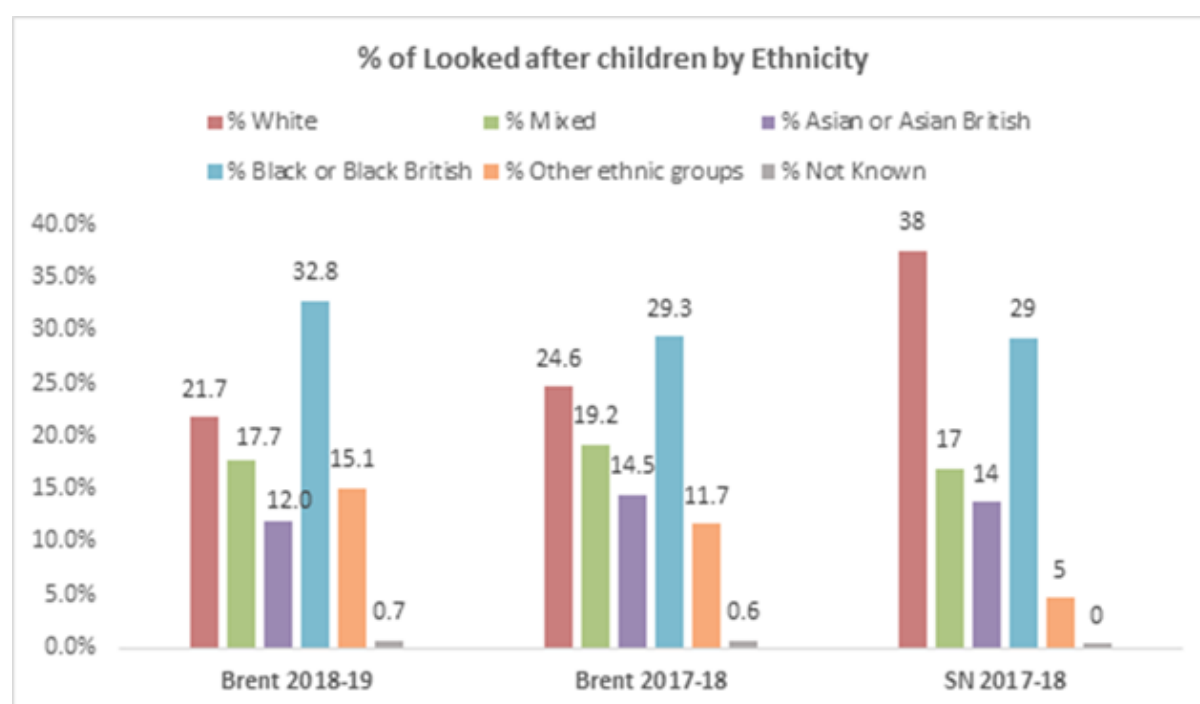
CARE/STARTED / CEASED	2019
Total Number of Children who have Started to be Looked After	162
Total Number of Children who have Ceased Care	175
Number LAC at 31st March	299
UASC	54

Between April 2018 and March 2019 a total of **299** children were accommodated by Brent LA. There were **318** children looked after at 31st March 2018, a decrease of 6.3%.

The gender of the Brent LAC population consists of **62.2% Male** and **37.8% Female**.

Children aged 16 years and over make up the highest proportion of Brent Looked After Children (**42.8%**) compared to **40.0%** at the end of March 2018. Of the **299** children looked after at 31st March 2019, there was a decrease of 2.3% in the children looked after aged 0-1 year. In the 1-4 years age group this remained the same at 8%. In the age group 5-9 years there was an increase of 1.4%, in the age groups 10-15 years there was a decrease of 1.9% and in the age group 16 years and over there was an increase of 2.8% aged 10-15 compared to 31st March 2018.

5.2 The ethnicity of LAC in Brent as at 31st March 2019 was as follows:



SN refers to statistical neighbours

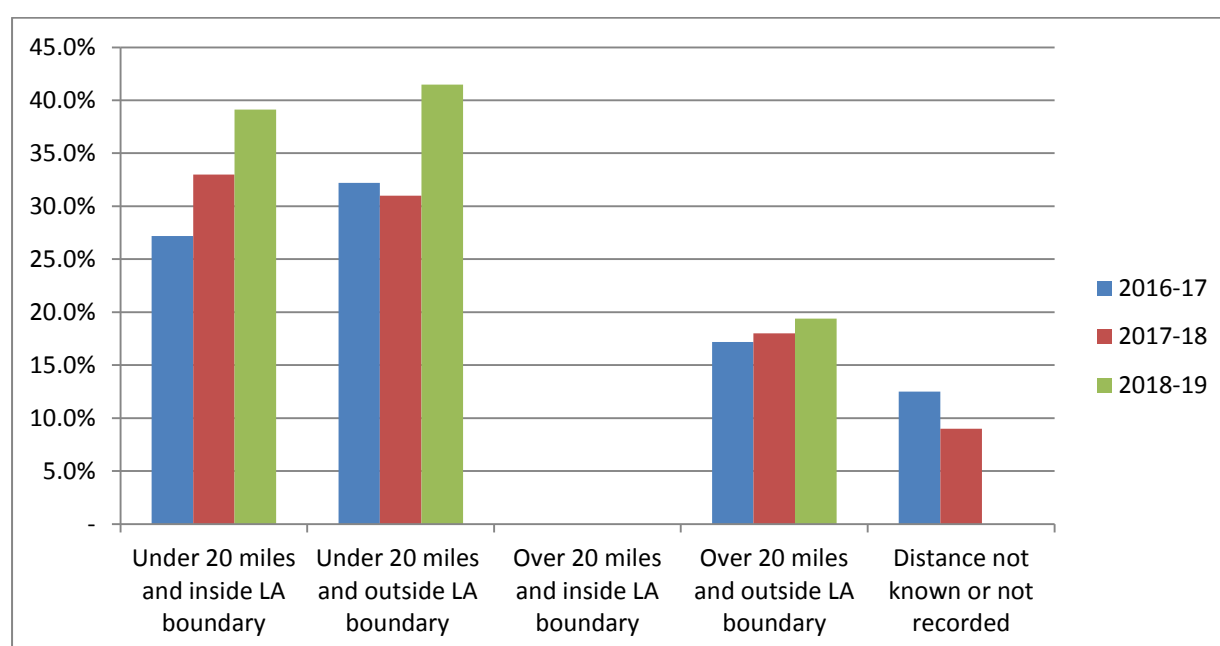
Brent is ethnically diverse: 64.7% of the population is Black, Asian or other minority ethnicity (BAME). The Indian ethnic group currently makes up the largest minority group representing 17.6% of the population, followed by Other Asian (12%). The White ethnic group represents 33%.

Source: [Public Sector Equality Duty Report Brent Clinical Commissioning Group 01 January 2018 – 31 December 2018](#).

6.0 Placement of Brent's LAC as at 31st March 2019 were as follows

LAC by Placement Type	Brent 2018-19	Brent 2017-18	Brent 2016-17	Brent 2015-16
Foster placements	192	212	204	236
Placed for adoption	2	4	8	x
Placement with parents	8	8	x	x
Other placement in the community	0		x	0
Secure units, children's homes and semi-independent living accommodation	88	81	94	85
Other residential settings	4	9	x	x
Residential schools	5	4	6	x
Other placement	0	0	0	0

6.1 Brent LAC at 31 March 2019 by placement location



117 (39%) of Brent LAC are placed under 20 miles and inside Brent LA boundary.

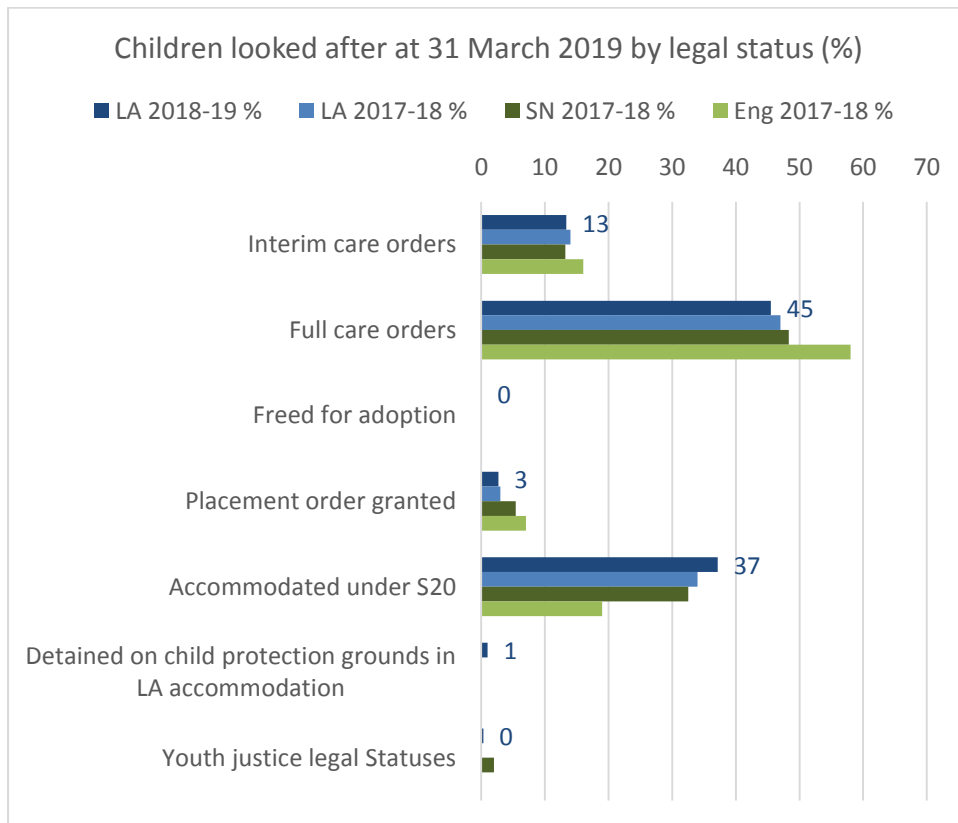
A high proportion of Brent's LAC **182 (61%)** are placed over 20 miles away i.e. outside the LA boundary. This is due to a shortage of local placements which is a common finding, particularly across London.

The placement of LAC outside of the borough has implications for the LNWUHT LAC Health Team in terms of resources, capacity and ensuring the continuity of high quality health care. In cases where the nurses are not able to see the child or young person, a request is made to the health team within the child's placement area, in line with the statutory guidance and the National Tariff Payment System.⁵

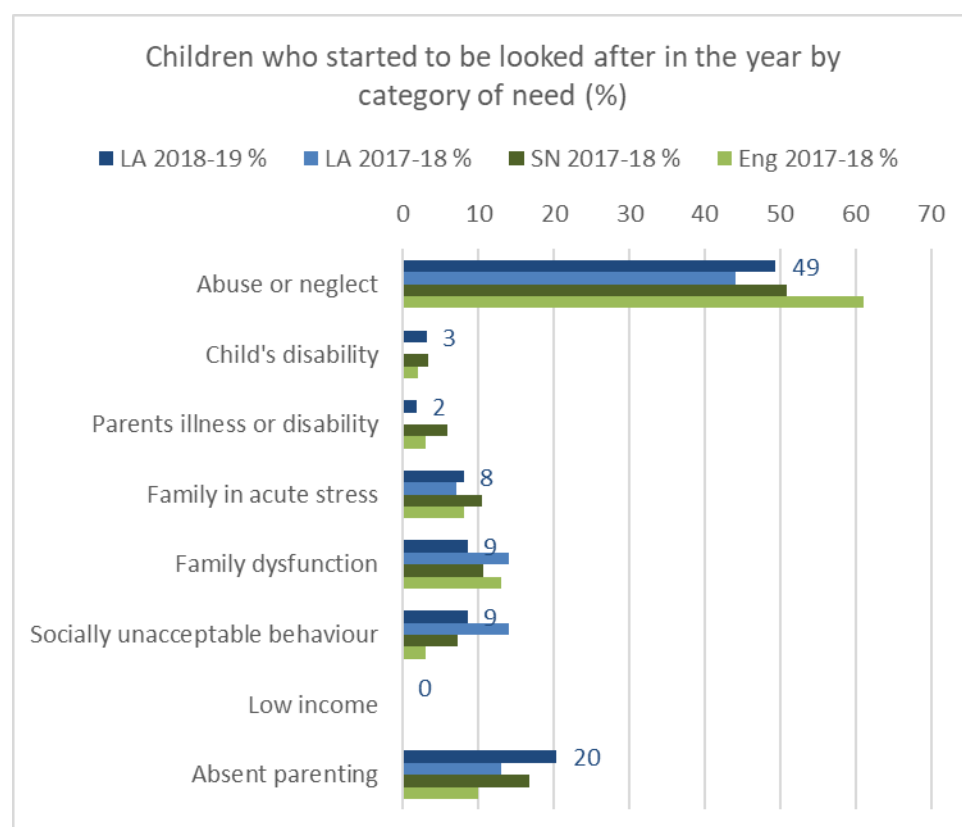
⁵ <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

6.2 Legal status of all Brent LAC

The majority of Brent Looked After Children are subject to Care Orders i.e. Interim Care Orders and Full Care Orders under the Children Act 1989, representing **58%** of all LAC in this reporting year. A further **(37%** of all LAC) were in care through a voluntary agreement with the parents/carers.



6.3 Brent children starting a LAC episode by reason (category) of need



(All above data provided by Brent LA)

6.4 Number of LAC from other areas placed in Brent

The CCG and LNWUHT also have a duty to comply with requests for support from other Local Authorities (OLA's) and CCG's who have their LAC placed within the Brent borough. This includes requests to undertake health assessments on behalf of the originating CCG. This number is only an indication. During the period 1st April 2018 – 31st March 2019 the LNWUHT LAC Health Team completed 29 health assessments for LAC placed within Brent from other LA's. (The previous year they completed 17). Whilst LA's should be informing us when they place children in our borough and when they move them out, we do find that this is not consistent.

This is set to increase in the coming year following the introduction of the Standard Variation. Brent has a significant number of Looked after children from other boroughs; It is difficult to get an accurate number due to gaps in the notification process. It is estimated to be between 60 and 80 Children and young people. LNWUHT are now charging for undertaking health assessments for LAC from other areas. This is a mandatory charge in accordance with the NHS 2017/18 and 2018/19 National Tariff Payment System⁶.

⁶ https://improvement.nhs.uk/documents/1044/2017-18_and_2018-19_National_Tariff_Payment_System.pdf

7.0 Health Team for Looked After Children in Brent

The LAC Health team is provided by the Community Paediatric Services of the London North West University Healthcare Trust in Brent.

The table below details the existing staffing posts and working hours dedicated to LAC within Brent.

Position/ Organisation	WTE
Designated Nurse LAC -CCG	0.6
Designated Doctor LAC- CCG	0.20
Medical Advisor Adoption & Fostering/LNWUHT	0.25
Short term fostering AH forms/panel support/LNWUHT	Included in admin posts
Lead Doctor LAC/LNWUHT	0.25
Lead Specialist Nurse LAC/LNWUHT, Band 8a	1
Specialist Nurse LAC/LNWUHT, Band 7	2
LAC Admin, Band 4 /LNWUHT	1
LAC Admin, Band 3 /LNWUHT	1

It is not possible to compare the staffing levels within the LNWUHT LAC Health Team with teams from other areas. This is due because nationally there remains considerable variation of staffing levels within LAC Health Teams which are not necessarily being determined by caseload sizes. Nursing and Midwifery guidance indicates safe staffing levels of 1WTE Nurse per 100 children

7.1 Staffing

At the end of 2017 the Designated Doctor for LAC commenced the role as part of the CCG for 2 sessions a week. The lead doctor for LAC remains part of LNWUHT.

The health team covering the provider services have shown consistent leadership and committed provision over the year.

8.0 Monitoring timeliness of Health Assessment, Key Performance Indicators (KPI) and Targets for LAC in 2018-19.

Brent Local Authority and Brent Community Services have a shared protocol and in accordance with the statutory guidance, 'Promoting the Health of Looked After Children, March 2015'⁷ this specifies the completion of a holistic health assessment for children entering care with regular review health assessments thereafter.

The statutory requirements include

- That all LAC should receive an initial health assessment (IHA) within 20 working days of child becoming looked after this includes booking and completing assessment as well as completion of the Health Action Plan (IHA)
- Children under 5 years receive a review health assessment (RHA) every 6 months
- Children and young people over 5 years will receive review health assessments (RHA) every 12 months
- The operational protocol includes the following:

The Local Authority will refer new LAC to the LAC Health Team or other health professional e.g. out of borough placements within 5 working days of LAC start date. This should include obtaining parental consent when necessary.

Parents should be encouraged to attend the health assessment when appropriate. Health information should follow the child e.g. immunisation history, birth/medical history, family and social history including information on substance misuse, mental or physical health issues, school/nursery, dentist and GP summary record.

8.1 Timeliness of Notifications and Statutory Health Assessments

The majority of health assessments for LAC are completed by the LNWUHT LAC Health Team within the statutory timeframes. Meeting these timeframes relies heavily on the LAC Health Team receiving prompt notification from the LA about children requiring health assessments. Unfortunately, a number of these notifications are delayed resulting in increased pressure on the LAC Health Team.

It is a statutory requirement that children and young people who are looked after receive a health assessment at specified points during their time in care. The purpose of these health assessments is to identify health needs promptly so that the appropriate care and treatment can be arranged.

Health and social care have a joint responsibility and must work together to ensure the timeliness and quality of health assessments for LAC. To support this area of work in Brent a joint protocol has been developed to clarify processes, arrangements and accountability.

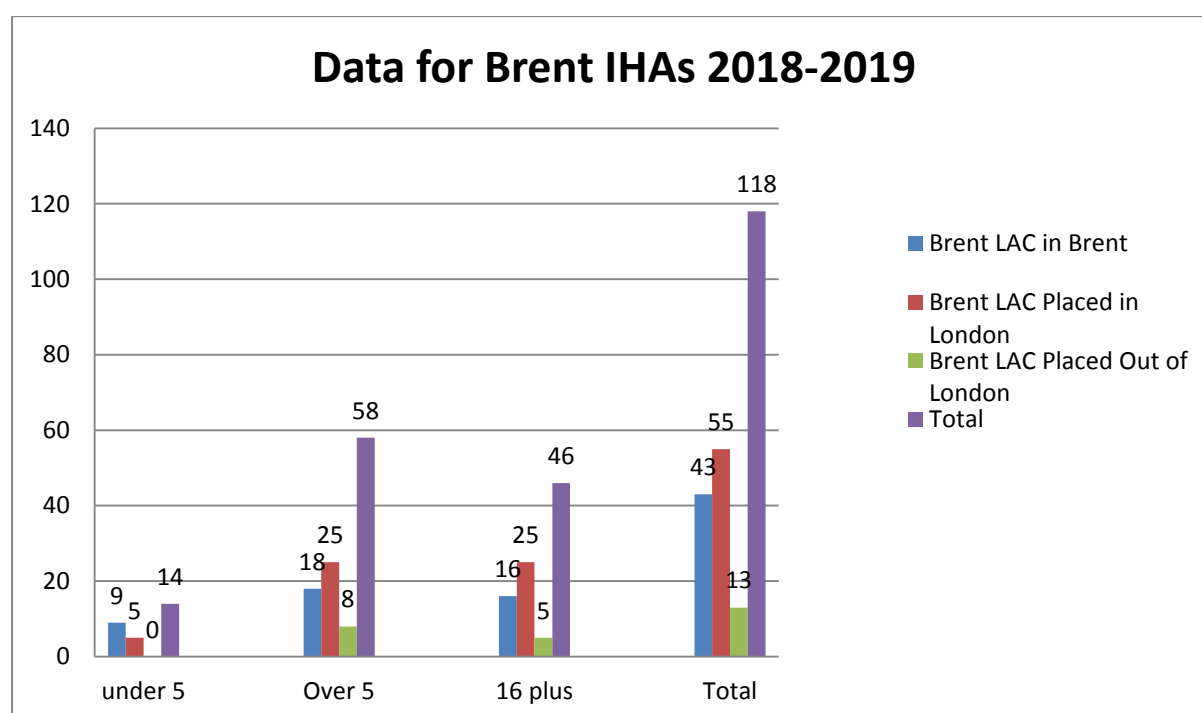
When Children and Young People (CYP) are placed in secure accommodation they

⁷ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2015>

undergo a comprehensive health assessment tool (CHAT) undertaken by an independent nurse professional commissioned by Care UK. Often there is no communication in respect of health needs with the placing provider service and there is a delay in sending the health information back to Brent. There is no national standard pathway to ensure that all CYP placed in secure accommodation undergo a health assessment in a timely manner.

The completion of health assessments for LAC within the statutory timeframe is robustly monitored at bi monthly Joint Quality and Monitoring Meetings.

Summary of notifications for Coram BAAF IHA received from Brent LA- April 2018-March 2019

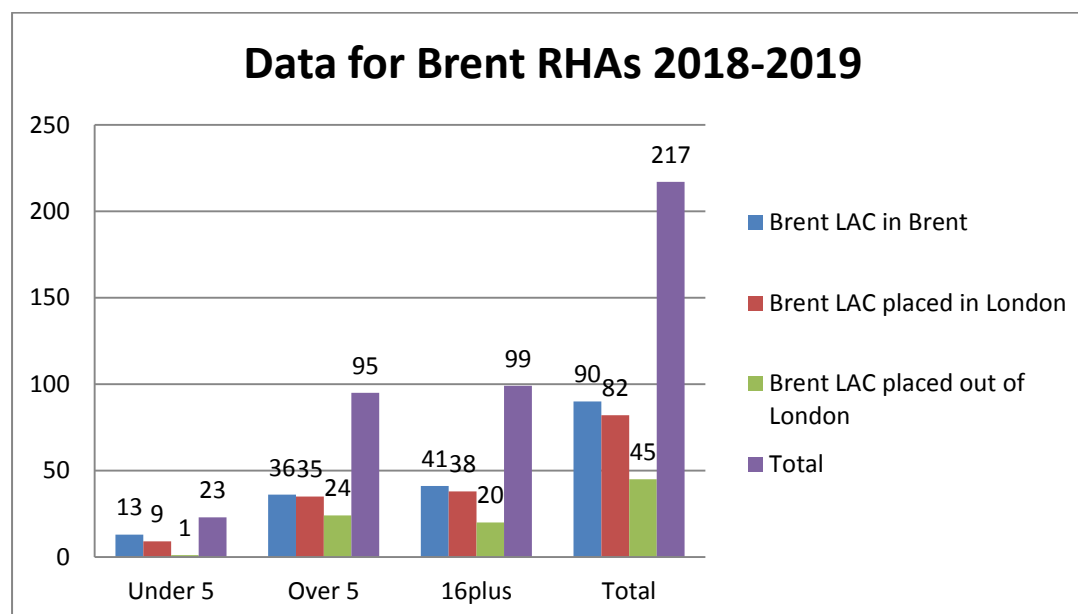


There is an increase in IHAs in the 0-5 year age group **(32)** in 2018-2019 compared to **(14)** in 2017-2018.

There is an increase in IHAs in the 5-15 year age group **(58)** in 2018-2019 compared to **(35)** in 2017-2018.

Numbers remain similar in the 16-18 year group **(46)** for 2018-19, **(51)** in 2017-2018.

Summary of notifications for Coram BAAF RHA received from Brent LA- April 2018- March 2019



There has been a decrease in the number of completed RHA (**217**) seen in 2018-2019 compared to (**271**) in 2017-2018. This can be accounted for in the number of YP who have reached 18 years and also those who are no longer Looked After. The overall figures compared to last year remain relatively consistent. Again, the placement of CYP is higher across London boroughs and outside of London, compared to placements made within the borough of Brent.

Brent CCG, LA & LNWUHT continue to work together to improve processes for arranging health assessments. To date this has included monitoring of the Joint Protocol Action Plan;

Objectives of the Action Plan:

- To improve timeliness of Initial and Review Health Assessment notifications for looked after children
- To trouble-shoot dilemmas/barriers in current practice and establish effective systems to address those
- To improve communication and partnership between Children's Social Care and Health colleagues via achieving co-location and better functioning IT systems.

It is delivered by an Operational Group under Heads of Service supervision; monitored via LAC Health Quality Assurance Group and progress. Additionally, there is an escalation process, visual guides and training of social work teams.

8.1 Plans to make further improvements in access, outcomes and/experiences for 2018/19

There are further improvements around the requirements that are undertaken in relation to LAC due to changes in tariff arrangements and the alignment of health assessments for all LAC. NHS England has identified variations in relation to both quality and payment processes⁸. The CCG is facilitating multi-agency workshops to review current arrangements of health assessments and funding options.

8.2 Quality Assurance of Health Assessments & Health Plans

The Brent Health and Wellbeing Strategy 2008 – 2018⁸ include the key objectives to deliver progress on this priority for helping vulnerable families; *“To improve the health of looked after children and young people”*.

All healthcare staff who comes into contact with LAC should be working within the Royal Colleges Intercollegiate Framework⁹. This framework identifies the competences that enable healthcare staff to promote the health and well-being of LAC effectively and safely.

8.3 Audits

Brent LAC Health Provider record keeping audit

- Records were randomly selected by the Senior LAC Health Administrator from Brent LAC Health Provider Team.
- The ages of the CYP ranged between newborn to 18 years old to include both male and female CYP.
- A sample of 40 anonymised cases were reviewed, 20 IHAs and 20 RHAs which included health assessments which were undertaken both in and out of the borough.

Areas of good practice were noted:

Overall the results are good; records are accurate, written contemporaneously and objectively, using appropriate language. Consent was recorded in all records. The Record keeping demographics audited included; full name, date of birth, ethnicity, address, contact number and GP details. Of the records viewed 1 record did not have a patient's full name, and 4 records did not record the ethnicity. GP details were recorded in all records.

8

<https://www.brent.gov.uk/media/10211032/Health%20and%20Wellbeing%20Strategy%202014-2017%20refreshed.pdf>

⁹ Intercollegiate Role Framework, Looked after children: Knowledge, skills and competences of health care staff; March 2015

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

Areas for improvement are:

The use of abbreviations in records should be avoided to ensure clear understanding of the records.

The health provider is currently not giving the patient/carer leaflets or additional written information, which would support the care plan developed with the children and young people.

A Care Leaver audit:

A Care Leaver audit was undertaken by LNWH Trust on 30 YP who were selected randomly from the master list aged between 16-18 years. 8 (27%) of the YP were unaccompanied asylum seeking children (UASC). The YP were known to the service between 1st April 2018 and 31st March 2019. RHAs were looked at retrospectively. The audit tool was created by the Designated Nurse for LAC, NHS Brent CCG. The audit looked at medical, family medication and immunisation histories to include if they were registered with a GP, Dentist and Optician. A question was included if health summaries records were available to ensure that they have timely access to health services support.

Good areas of practice areas were:

- Documentation of educational and developmental progress
- Where the YP lives is documented
- Evidence records of GP, dentist and optician
- Immunisation history
- Giving of appropriate sexual health advice and signposting
- Giving advice on health promotion and signposting

Areas for improvement highlighted:

- Health summary record was not available when the final review health assessment was undertaken
- The name of the LA personal advisor for YP aged 16-18 who would be transitioning to adult services was not made known to health professionals

Recommendations from this audit have highlighted health summaries:

- Record general health history, family history into the health summary record
- Health passport for the YP, a digital format is currently being considered
- Advice on how the YP can access GP services including other health services
- Give advice on how the YP can access personal health records from the GP
- Include GP and other health professionals contact information
- Follow up for those who have on-going health needs to ensure that there is a smooth transition to adult service provision

8.4 Monitoring of Health Outcomes for LAC

The CCG, LNWUHT and the LA have a joint responsibility to monitor the health outcomes of Brent LAC. This requires regular monitoring of the child or young person's individual health plan to ensure that they are being implemented.

9.0 Brent Child Health profile outcome Indicators for Looked After Children

National performance indicators are produced in partnership with social care in children looked after at 31st March who had been looked after for at least 12 months. These indicators provide data for the Children's Annual Performance Assessment required by central government from social care departments.

The following data, submitted to DfE, covers all children and young people who have been looked after continuously for 12 months as of the 31st March 2019¹⁰.

- **Annual Health Assessments – 96.4% of LAC had received their statutory health assessment in 2018/2019. There is an increase from 2017/2018 (92.0%) data but higher than the national average of 88.0%**
- **Substance Misuse – 8.8% of Brent's LAC population for more than one year were identified as having a substance misuse problem. This shows a decrease of compared to 2017/2018 (15%). Nationally, of the 52,180 children looked after for at least 12 months in the year ending 31 March 2018, 4% were identified as having a substance misuse problem. The percentage of children looked after who were identified as having a substance misuse problem has remained the same since 2016.**
- **Annual Dental Checks – 82.5% of LAC in Brent had an up to date dental check in 2018/19 compared to 84.0% in 2017/2018. This is lower than the national average of 84%.**
- **Immunisations – 70.6% of LAC for more than one year were reported to have up to date immunisations remains stable compared to 67.0% in 2017/18. This is lower than the national average of 85%. Where no evidence is available. Many of these children and young people will have no record of their immunisation history and will therefore be recorded as having immunisations outstanding. It is proving difficult for the provider service to have full immunisation records in SystmOne that are up to date and difficulty in getting this information**

¹⁰ <https://www.gov.uk/government/statistics/2018-child-health-profile>.

from GP's wherever the CYP is placed. The quality of data remains problematic on the CHIS platform.

- **Up to date Development Assessment (under 5's) – 100% of children had received their developmental assessment.** This is higher than the national average of 85%.
- **Pregnancy or Parenting** – There was no data that specifically denote LAC population.

10.0 Responding to the emotional health and wellbeing needs of Looked After Children in Brent

The high levels of poor mental health amongst children in the care system and care leavers are well documented with almost half having a diagnosable mental health problem¹¹. Delays in these children receiving the support and intervention they need can have far reaching and long-term harmful consequences.

Child and adolescent mental health services (CAMHS) play a crucial role in assessing and meeting any needs identified as part of the Strengths and Difficulties Questionnaire (SDQ) screening process.

CCGs, local authorities and NHS England will ensure that CAMHS and other services provide targeted and dedicated support to looked-after children according to need. This could include a dedicated team or seconding a CAMHS professional into a looked-after children multi-agency team. Professionals need to work together with the child to assess and meet their mental health needs in a tailored way.

In March 2015 the government published 'Future in Mind'¹², their ambition and strategy for promoting, protecting and improving the mental health of children and young people. The report acknowledges the particular vulnerability of LAC and care leavers and the importance of them being able to access timely, high quality well-coordinated mental health care.

In response to 'Future in Mind', Brent CCG has been working collaboratively with neighbouring CCG's to develop a CAMHS transformation plan and improve outcomes for children.

Implementing 'Future in Mind, 2015' Transforming the care pathway for children and adolescents with mental health needs, introducing a 'tier free' model and ensuring

¹¹ What works in preventing and treating poor mental health in looked after children? Luke, N. et al. (2014)

<https://www.nspcc.org.uk/globalassets/documents/evaluation-of-services/preventing-treating-mental-health-looked-after-children-summary>

¹² Future in Mind: Children and Young People's Mental Wellbeing
<https://www.england.nhs.uk/blog/martin-mcshane-14/>

that when children do need to be admitted to specialist tier 4 services they are able to do so within London, close to home.

Brent CCG currently commissions the following:

Specialist CAMHS services are commissioned by Brent CCG provided by Central and North West London (CNWL) NHS Foundation Trust. LAC can access specialist community CAMHS and are prioritised alongside other children based on clinical need.

- Tier 2 (single professional) and Tier 3 (multidisciplinary team) CAMHS from CNWL by the Local Authority as support for social care professionals and foster carers¹³.
- Tier 2 CAMHS psychological therapy from Brent Children and Young People's Service
- Low volume of Tier 2 family therapy from The Tavistock and Portman NHS Foundation Trust

A mapping exercise was conducted by Brent mental health commissioners that included the LAC services – presented in January 2018.

On a case by case basis individual funding requests are agreed for specialist placements that have mental health provision integral to the service providing assessments and therapeutic input for the child and young person. These placements are jointly funded by Brent Social Care and the CCG as part continuing health care cases.

10.1 Screening for the emotional health of LAC via Strengths & Difficulties Questionnaires (SDQ)

The SDQ should be completed for every child looked after for at least 12 months and aged 5 to 16 years-old as at the end of March¹⁴.

Research has found that the use of the SDQ with LAC is effective in estimating the prevalence of mental health conditions¹⁵.

¹³ <https://camhs.cnwl.nhs.uk/find-services/clinics/brent-emotional-wellbeing-service/>

¹⁴

Children looked after in England (including adoption and care leavers), year ending 31 March 2017: additional tables (Page 14)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664998/SFR50_2017_Additional_Tables_Text.pdf

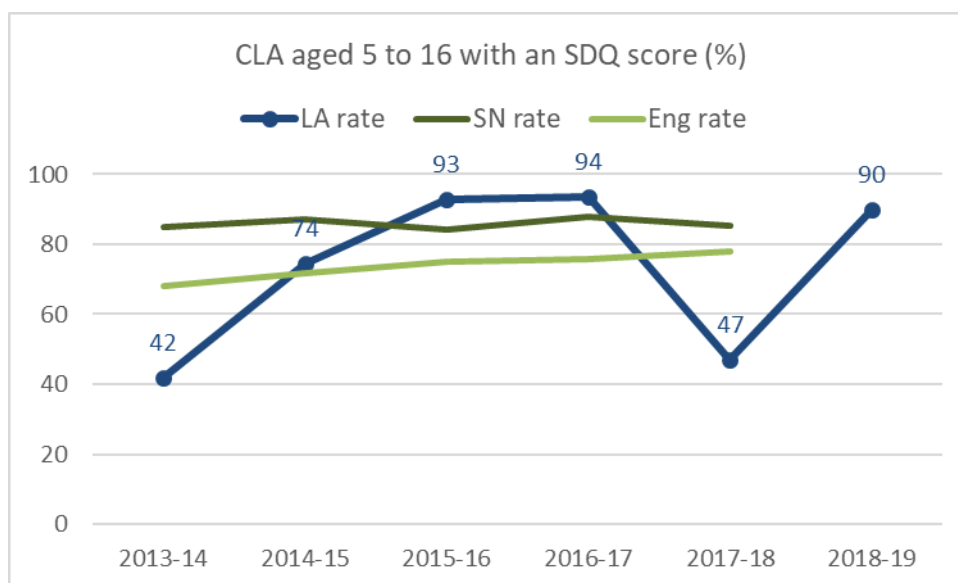
¹⁵ What works in preventing and treating poor mental health in looked after children? EXECUTIVE SUMMARY Nikki Luke, Ian Sinclair, Matt Woolgar and Judy Sebba; (2014)

<https://www.nspcc.org.uk/globalassets/documents/evaluation-of-services/preventing-treating-mental-health-looked-after-children-summary>

The SDQ tool was introduced into the DfE data collection for LAC in 2008 and has remained the outcome measure used for tracking the emotional and behavioral difficulties of LAC at a national level.

It is recommended that the child's main carer, i.e. their foster carer, helps them to complete the questionnaire with support from their social worker. The completed SDQ should be sent back to the local authority. The completed SDQ should be repeated annually and be available to inform the Review Health Assessment (RHA).

As of 31st March 2019 a snapshot of eligible looked after children in care for at least twelve months aged 5 to 16 with an SDQ score in Brent showed that **89.8%** had a completed SDQ. This is an increase (47.0%) in 2017-18.



Obtained from Brent LA data

Of the 39,590 children aged 5 to 16 years, who were looked after at 31 March 2018 for at least 12 months, 30,730 (78%) had a SDQ score reported, up from 76% in 2017 and 75% in 2018.¹⁶

As an action plan throughout 2018 the Service Manager for LAC and Permanency Service alongside the Clinical Psychologist and Team Lead for Brent Emotional Wellbeing Team, Children with Disabilities & Looked after Children (CAMHS) delivered SDQ training awareness to social workers and foster carers. The SDQ component is now available on the LA Mosaic IT system to enable social workers to complete and have the SDQ scoring available for all eligible review health assessments. This has now reflected with an increased uptake in 2018-19.

10.1 Looked After Children (LAC) and Adopted Children - CAMHS

¹⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

The definition of vulnerable group has been widened that has improved accessibility for Brent's most vulnerable Children and Young People including LAC. Their mental health and wellbeing would be picked up by the professionals during initial and review of health assessment and referrals made according to their needs. In addition this is also picked up in the SDQ and acted upon. There is on-going awareness raising of GP's and partners of the needs and vulnerabilities of LAC, as part of overall safeguarding training..

To prevent family breakdown and support families in crisis the local authority have developed the Accelerated Support Team (AST) which provides a rapid-response service to young people between the ages of 11 and 17 and their families. The team intervenes when the situation at home appears to be getting more serious, and where there is a risk of the child/children entering the care system if the situation does not improve. The team can be mobilised quickly, providing intensive support for up to 12 weeks to address problems operating across extended hours.

NHS Brent CCG commissions a specialist LAC-CAMHS worker who coordinates the mental illness treatment and emotional wellbeing and to facilitate any learning and development needed to help contain anxiety between professionals. The Local Authority has additional support to practitioners, foster carers and some 1: 1 sessions.

Brent will be prototyping a specialist mental health worker as part of the Looked After Children's placement team. Social workers, and teams of professionals (particularly for the >150 children placed outside Brent) would get advice on suitable services and care planning.

Despite multiple attempts to recruit a LAC worker the post is unfilled at the moment.

Next Steps

- Recruit LAC worker for out of borough placements to improve mental health of LAC placed out of borough through earlier access to local services and reduction in placement breakdowns.

10.2 Care Leavers

Young people's health needs do not end because they have ceased to be looked after. The support follows the young person. Statutory guidance on '*Promoting the health and well-being of looked after children*' requires Local Authorities, Clinical Commissioning Groups and NHS England to ensure that there are effective plans in place to enable looked-after children aged 16 or 17 to make a smooth transition to adulthood. The leaving care summary, sometimes known as the care leaver's passport, is aimed at ensuring that the young person has a record of their health history, the health needs of the individual are documented and that there is sufficient

signposting to help to address the issues that young people face when leaving care. There are around 325 care leavers between the ages of 18 -25 in Brent.

10.3 Multi-agency Audit of Semi-Independent Providers.

A multi-agency audit (local authority and Brent CCG) was undertaken of 3 semi-independent providers, including Centrepoint, between September 2018 and February 2019. The audit found that young people interviewed confirmed that they were being prepared for independent living. All young people were registered with a GP, dentist and optician. 80% were in some form of education, employment or training. One provider used a personal outcomes framework for each young person that set out how they would be supported to transition to adulthood. In terms of facilities, all properties complied with Health and Safety requirements.

The audit also identified a number of areas for improvement. The audit found inconsistency in the quality of accommodation across the sample of units, for example not all provided access to desks and computer facilities to support personal study. The accommodation of one provider was considered to be of poor quality and actions were taken by the provider to improve this quality, including to install a new shared bathroom and kitchen.

Whilst all three providers supplied evidence that young people were supported in preparing for adulthood, not all providers had a structured programme that prepares young people for adulthood and independence and a framework that sets out how young people will be supported to be healthy and to participate in activities and opportunities aimed at improving young people's self-esteem, confidence and economic well-being.

Providers are being supported to develop structured frameworks by signposting to good examples when these are not in place.

There was variability in how young people's health needs are supported. Contract requirements that all staff are fully aware of the health plans and medical needs of each young person have been clarified, as has the requirement that social workers and personal advisors are kept fully abreast of young people's health needs so that they can ensure that relevant multi-agency professionals are working together to provide holistic support. Through the audit process, health colleagues have recommended that staff and all young people have access to the 'NHS go' App that provides health information and information about local clinics, A/E, NHS walk-in health centres, alcohol, drug and substance misuse services, services related to mental health and emotional well-being and one stop information services. Information regarding this App has been circulated to providers.

(Source: Update on Semi-independent Provision for looked after children and care leavers- for Brent Corporate Parenting Meeting held on 24/07/2019)

Children with Disabilities (CWD) emotional wellbeing service and Training

Brent has a dedicated service to offer support and advice to foster carers and parents. This is commissioned by Brent Council. This provision by LA was moved to Central & North West London NHS Foundation Trust, to align with other Brent CAMHS developments in September 2018.

In addition other CAMHS commissioned services have an element of training for all practitioners including school settings.

Brent CCG has dedicated funding for training school staff, practitioners, GPs that is delivered by local authority.

Next Steps

- Continue to carry out the recruitment of LAC out of area post.
- Continue training programme.

11.0 Special Educational Needs and Disability

In September 2014 the special educational needs and disability (SEND) reforms came into effect as part of the Children and Families Act 2014. See the SEND code of practice: 0 to 25 years.

Following on the Brent joint Ofsted and C.Q.C. inspection of Special Educational Needs & Disability (SEND) in May 2017, the LAC health team continue to link LAC children and their educational and also their disability needs.

Work is on-going to try and have a better overview of vulnerable youths in prisons and to highlight whether their disabilities and specifically learning needs are being addressed and met.

11.1 Brent Virtual School

Brent Virtual School (BVS) does not exist in real terms, or as a building. Children do not attend it - they remain the responsibility of the school at which they are enrolled. BVS is simply an organisation which has been created for the effective co-ordination of educational services at a strategic and operational level. On average Brent has around 250 LAC of statutory school age, of which approximately 50 per cent are educated in schools in Brent.

BVS also has a role in promoting the education of children and young people who are post LAC and may have been adopted or subject to a special guardianship (SGO) or child arrangement order. The role with post LAC is to offer advice and guidance to schools.

As of 2018 local authority Virtual school now have a responsibility to offer advice and guidance to post LAC children e.g. those who have been adopted, or are on special guardianship or child arrangement orders.

- Promotes the importance of a high quality education and high expectations for all LAC and YCL
- Influences policy and develops and improves services for LAC and YCL
- Promotes individual achievement and wellbeing by RAG rating our LAC cohorts and ensuring that the right children and young people are targeted with the right intervention at the right time
- Provides advice, support and training to a wide range of professionals both in education and social care
- Improves access to specialist services, mental health assessments and treatment
- Provides access to professional advice and guidance on education, training and employment
- Provides additional opportunities for out of school learning and enrichment
- Facilitates access to early education and child care
- Produces an Annual Achievement Report
- Organises an annual Celebration of LAC Achievement Event.

BVS is governed by Brent's Corporate Parenting Committee.

The head teacher, who is also head of inclusion, and the deputy head teacher provide strategic and operational leadership and management to the BVS team ensuring that all statutory duties are met and that all Brent LAC and YCL receive appropriate support and intervention. They also oversee the allocation of the Pupil Premium Plus (PPP) and support Year 12 and 13 Personal Educational Plans.

The Advisory Teachers track and monitor the progress of Brent LAC in their key stage, with a particular focus on those RAG rated as RED, coordinating and deploying BVS support to raise their attainment according to an assessment of their needs. They quality assure statutory Personal Education Plans (PEPs) for LAC in their key stage. They contribute to training for designated teachers, schools, social workers, foster carers and governors, and act as advocates by positively challenging the practice of schools.

The Life Coach works to support all Year 11 LAC with their transition to post-16 education and training.

The Education Psychologist carries out assessments of identified LAC to support applications for statutory assessment. She also contributes to the training programme.

The Data Analyst supports the team, schools and social care colleagues with a wide range of data and information. This includes the maintenance of detailed LAC Pupil Tracker.

BVS also supports the key stage 5 cohort, carrying out PEPs for those in education or training and working with other professionals, in particular social care colleagues, to encourage those not in education, employment or training to re-engage.

12.0 Care Leavers

Eligible children are young people aged between 16 and 17 who have been looked after by the Local Authority (LA) for at least 13 weeks, since the age of 14 and are still being looked after¹⁷. The period of 13 weeks does not need to be continuous and the young person can have entered care at any time in between the ages of 14 and 18. The number of Eligible care leavers in Brent as of the **31st March 2019 was 108**.

A Relevant care leaver is a young person aged 16-17 years old who qualified as Eligible whilst in care, but left care before their 18th birthday. There are usually very few 'Relevant' young people and their status changes to 'Former Relevant' on their 18th birthday. The number of relevant care leavers as of the **31st March 2019 was 7**.

Former relevant children are young people aged between 18 and 21 who have been either eligible or relevant children or both. If, at the age of 21, the young person is still being helped by the responsible authority with education or training, then he or she remains a former relevant child until a maximum age of 25, and the programme of education or training will be set out within the Pathway Plan.

Statutory guidance¹⁸ requires CCG's to ensure that care leavers are properly supported during their transition into adult services. It recommends that wherever possible, care leavers should be equipped to manage their own health needs and be provided with a summary of their health records (including genetic background and details of any illness and treatment). Care leavers need to know what health services, advice and support is available locally to meet their needs.

In 2014 a Health Passport was introduced for all Care Leavers aged 16 years and over. The passport is completed by the nurses and contains useful information about the young person's health history, including birth details if known. Although some young people appear to like the Health Passport the experience of the nursing staff is that they rarely remember to bring them to future appointments and/or often report losing them. All Care Leavers at the age of 17 years are now provided with a Care Leavers Health Summary. This is prepared for the YP's Last annual Review.

Moving forward it is likely that young people will be encouraged to register for their online 'Summary Case Records' which was introduced by GP's across the NHS in 2015.

¹⁷ Children looked after by local authorities in England (May 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713001/CLA_SSDA903_2018-19_Guide-Version_1.1.pdf

¹⁸

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Table 2018-19 shows

	Brent 2019	Brent 2018	Brent 2017	SN 2019
Care Leavers now aged 19, 20 and 21	236	223	203	NOT AVAILABLE UNTIL PUBLISHED
Local authority In touch with care leaver	208	178	163	
Young person refuses contact	2	13	15	
Young person no longer requires services	5	6	0	
Local authority not in touch with care leaver	21	26	25	
Young Person returned home more than 6 months (RHOM)	10	15		
% Care Leavers now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday	100	100	100	
% Local authority In touch with care leaver	88.1%	79.82%	80	
% Young person refuses contact	0.8%	5.83%	7	
% Young person no longer requires services	2.1%	2.69%	0	
% Local authority not in touch with care leaver	8.9%	11.66%	12	

Recommendations:

- 1. All Care Leavers to be provided with a 'Care Leaver's Summary' once the final review health assessment is completed**
- 2. Encourage Care Leavers to register onto the online system in order that they can access their own GP records**

13.0 Unaccompanied Asylum Seeking Children (UASC)

An unaccompanied asylum-seeking child (UASC) is an individual, who is under 18, who has applied for asylum in his/her own right, is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so.

In 2017, over 2500 separated children were referred to the Refugee Council's Children's Section. These children claim asylum in the UK, arriving alone, with no family to support them. They are seeking safety and protection, having to leave their country of origin due to conflict, political instability or other reasons. These children undertake long and difficult journeys to get to the UK.

For unaccompanied asylum seeking children, 91% have a primary need of absent parenting and 5% are looked after due to abuse or neglect.^{19 20}

3,261 unaccompanied children were supported in 2018. In recent years we have seen the increase in unaccompanied asylum-seeking children being largely driven by more males, however this year there is a greater increase in females – male unaccompanied asylum seeking children rose by 5% whereas female unaccompanied asylum-seeking children rose by 19% between 2016 and 2017. However, females still only account for 390 (8%) of unaccompanied asylum seeking children looked after at 31 March 2017²¹.

At 31 March 2018 there were 4,480 unaccompanied asylum-seeking children, down 4% on the number at 31 March 2017. In 2018, unaccompanied asylum-seeking children continue to represent around 6% of all children looked after in England.²²

13.1 UASC placed in Brent

Year	2014	2015	2016	2017	2018	2019
Total	30	48	64	74	56	54

There were **54 UASC as at 31/03/19** compared with 56 in March 2018 in Brent. The number of UASC care leavers is exceeding the number of new UASC LAC presentations.

The health needs of UASC are often very complex. Many will be suffering from post-traumatic stress related to their often tragic experiences and separation from their families. They will often have undiagnosed and untreated health conditions when

¹⁹ Care of unaccompanied migrant children and child victims of modern slavery statutory guidance for local authorities November 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf

²⁰ The Children's Section
https://www.refugeecouncil.org.uk/what_we_do/childrens_services

²¹
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

²²
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf
https://www.refugeecouncil.org.uk/what_we_do/childrens_services

they arrive and details regarding immunisations and past medical history is frequently missing.

The complexity of health needs of UASC and the other contextual factors identified above will often mean that their assessments take more time and are more resource intensive than those involving LAC from within the UK. Interpreters are provided for all UASC who require this support during their health assessments.

14.0 Adoption and Fostering

During 2018-19 out of a total of **175** who ceased care **6 (3.4%)** were adopted in Brent.

It is a statutory requirement that community services Brent provide, medical advice to adoption and long term fostering services. This involves the assessments of applicants who wish to become foster carers or prospective adoptive parents with regards to their suitability. The assessments include their physical, mental, emotional health and identifying life style issues that may impact on their ability to parent and care for children. The medical advisor provides summaries, reports on applicants Adult Health/Adult Health 2 (AH/AH2) and children referred or who are looked after. The applicants need to be counselled on the children's health, emotional needs, genetic and future risks. Pre counselling is an essential element of the matching process. This also supports provision of reports for court, social services and panels with information collation from the GP, social care, specialists and other health professionals. Cases that do not go to adoption panel are dealt by ADM process for which reports are provided by the medical adviser.

The medical advisor also provides induction, training to trainee doctors and social workers. The medical advisor for adoption panel attends training, updates at the local authority LAC peer review group and London Coram BAAF health group.

As a part of the regionalisation of adoption panels, the Brent adoption panel will join the London Adoption West (LAW) alongside three other boroughs from September 2019. The plan is to have two adoption panels a month.

During the year 2018, the Brent Medical Advisor for Adoption was on long term sick leave for seven months. The panel work was covered by the Medical Advisor to Ealing Adoption Panel.

The medical advisor to short-term fostering panel attends the fostering panel once a month and completes summaries on short term foster carers on the adult health (AH/AH2) forms.

15.0 Participation

The voice of LAC should be embedded in all aspects of service development and delivery and they should be actively encouraged to participate in decisions about

their health care. The Designated and Lead Nurses for LAC have worked with participation workers on a number of initiatives.

A Multi-Agency Quality Assurance into semi-independent accommodation audit took place between September and December 2018. An audit subgroup was formed which included representatives from social care, CCG LAC Designated Professionals, virtual school, commissioning, safeguarding and participation. The purpose of this audit was to establish whether the arrangements are suitable for Young People (YP) and Care Leavers in terms of their safety, wellbeing and provision. This was a good opportunity to gain their views of experience with semi-independent living and the support that they are given. Three semi-independent providers were selected in order to provide a sample of services working in different settings, with a diverse range of young people, and offering a variety of placements. All three services operate in or near London Borough of Brent. The report makes recommendations for improving the inspection and monitoring framework of 'Other Arrangements'/'Suitable Accommodation' in order to ensure appropriate standards are in place.

'Other Arrangements' and 'suitable accommodation' is the term used for accommodation and placements for children looked after and care leavers usually aged 16 & 17, in some circumstances care leavers aged 18 and older which is not regulated under the Care Standards Act 2000 and as a result is not inspected by Ofsted or the CQC.

The LNWUHT routinely involves the children and young people in the health assessment process. Evidence of this can be found in the following areas:

- Prior to a health assessment taking place an informed consent is sought from all children and young people who are able to provide it
- The views and wishes of LAC are captured throughout the health assessment and help to inform the resulting health action plan
- Children and young people are routinely asked to complete a feedback questionnaire after every health assessment. These are audited annually by LNWUHT
- Consultation events with the Children in Care Council & Time to Ask sessions
- Care Leavers are asked to take part in the recruitment and interviews of new LAC health staff
- A Care Leaver is invited to the bi monthly Local Partnership meetings, stays for the duration of the meeting to participate and share views

15.1 Service user/participation working feedback received

12/07/2018 – from Social Worker

'Thanks for being so proactive, the female Adopter xxxx- felt very supported when you called her to share your assessment. At the review last week the Adopters were very positive about a referral you facilitated has had been informed that this is a specialist team, but I understand it has to go through the local provider first and its very good that the CAMHS team have agreed to take it on given the ages of the

children and them only being placed with the prospective adopters for a few months. Thanks again for going the extra mile in supporting the children and the Adopters’.

22/10/2018 – From Social Worker

‘Thanks for sending the comprehensive referral for SALT

XXX received a call today first appointment booked for Friday

We are very grateful for this and the virtual school advisor will be delighted

Many thanks’

18/02/19 – From social worker

‘Thank you also for your comprehensive and therapeutic Review Health Reports these were very helpful for me in writing up court reports and statements as was able to provide objective evidence re how much the boys’ have benefited from consistent and nurturing care.

Adopter told me she is going to miss you as part of the team and said you were very supportive and reassuring’.

15.2 Local Partnership Meetings

The aim of the group is to promote overall outcomes for looked-after children and care leavers under the duty of our Corporate Parenting responsibility. ‘*Corporate Parenting*’ is the term used to refer to the collective responsibility of Brent Council and its partners to provide the best possible care and protection for children and young people who are looked after. Health representatives from the CCG and LNWUHT attend.

These meetings:

- Take multi-agency ownership of the LAC improvement agenda in order to achieve the best outcomes for children and Young People
- Ensure the effective, timely and efficient delivery of services for Brent’s LAC and Care Leavers
- Ensure through robust consultation that the views of children and young people are central to all service provision including the commissioned services.
- Ensure that the views of children looked after are included in any strategic plans and developments for children’s services
- Scrutinise performance against agreed KPIs for LAC
- Agree, plan and implement action plans to identify and resolve any blocks in the system that may be affecting the service delivery

The Health-sub group is overseen by the Designated Nurse for LAC on the theme that: ‘*The Health and Wellbeing of Looked After Children improves’.*

- Leaflets for signposting to sexual health services are handed out during IHA and RHA assessments. Documentation of records that 'NHS Go' App is highlighted to CYP.
- Provider LAC Health Team (DT/NK) to liaise with the Named Nurse for Safeguarding, LNWUHT regarding LAC CYP who access GUM clinics to raise awareness to clinic staff of the sensitivity around LAC due to them being at high risk to CSE pregnancy and terminations.
- Ensure that all foster carers and UASC's are fully aware of all the information available as to how to access sexual health information and explore ways to get updates from foster carers of areas that they find difficulty to open up with CYP e.g. through a monkey survey exercise with foster carers.

Ensuring that each of these children has a shared health care plan with their placement, school and social workers.

Brent LA sought to measure the quality of Looked After Children's care experience and their sense of well-being by Coram Voice in conjunction with Bristol University.

Survey outcome and actions:

- Brent Virtual School to liaise with both statutory and further education provision to raise awareness and address any issues of bullying for LAC.
- Contact between LAC & their networks including family members continued to be discussed at supervisions and LAC Reviews.
- Thematic review to be undertaken to explore suitability of contact arrangements for LAC.
- More CYP to respond to future Bright Spot Surveys to be increased to maximise participation and engagement of LAC and Care Leavers.
- Training in relation to bullying in schools continued to be provided to practitioners and foster carers.
- Work to build life-long links for LAC and Care Leavers to be enhanced in participation with care in action and care leavers in action groups.
- Life-Story work for LAC to continue and efficiency of training provided to practitioners and foster carers to be reviewed.
- Joint work to be undertaken by Commissioning and Resource Team and Social Work Teams to agree on a proforma that could be used during Social Worker visits to enable raising and addressing issues pertaining to settlement and stability of placement.
- Discussion to take place at the IRO forum regarding IROs role to raise issues around settlement and stability of placements.
- Recruitment and retention of SW to be continued to minimise disruption for LAC

Achievements in 2018-19 were:

LAC & LD emotional wellbeing service

- Brent has a dedicated service to offer support and advice to foster carers and parents, as well as providing some direct support to children placed outside Brent

- In 2018 the service was moved to Central & North West London NHS Foundation Trust to align with other Brent CAMHS developments
- Young people can access emotional wellbeing and 'the need to talk' from Kooth.com. This on-line resource is available until 10.00pm in the privacy of the young person's own space.
- LAC and Care Leavers with substance misuse are identified through their health assessments. Workshops are delivered to staff by Public Health, Provider and Young People's Team. A project worker from Westminster Drug Project (WDP) who works in Public Health is arranging workshops.
- LAC are educated (appropriate to age) about sexual health and know how to seek help and information. Workshops provided include staff, foster carers and semi-independent provisions. Leaflets for signposting to sexual health services are handed out during Initial Health Assessments and Review Health Assessments. The 'NHS Go' app is highlighted to all Children and Young People (CYP). Liaison has taken place with the Named Nurse for Safeguarding LNWUHT to support LAC CYP who access GUM clinics to raise awareness to clinic staff of the sensitivity around LAC due to them being at high risk to Child Sexual Exploitation (CSE) pregnancy and terminations.
- Foster Carers and UASC's are made fully aware of all the information available as to how to access sexual health information.
- There is now an effective and timely use of Strengths and Difficulty Questionnaires (SDQ's) across services.

Work in progress:

Working groups are in progress to manage long term conditions such as diabetes, asthma, allergies and epilepsy as a partnership for LAC CYP. Work has already commenced for those who are identified with diabetes. By providing streamlined information through providing information packs about the health needs of LAC with long term conditions ensures that this vulnerable group of children and young people will have opportunities for improved health outcomes. Training in specific long term conditions will be given to social workers. LNWUHT Specialist Diabetes Team has provided packs around diabetes management and care which is now in progress. Transitioning to adult services takes place at 16 age years.

A booklet is currently being developed by the health sub-group which provides information and resources for Care Leavers, children in care and the people who support them. It is planned that this information will be added to the Brent App which will be used for the Pathway Plan. Copies will be in hard copy and electronic versions to enable access to all.

Missing Operational Panel (MOP)

In response to improvement actions identified from the recent 2018 Ofsted inspection, this panel was established to help drive improvements in the operational

oversight of children including LAC who go missing from care and home. Meetings are arranged as part of the monthly multi-agency MOP meeting that will assess, track and monitor the individual outcomes of high risk children missing from care and home.

Violence Against Women and Girls (VAWG)

Violence against women and girls (VAWG) is a key issue for Brent and requires a multi-agency approach to tackle it successfully. The Designated Nurse for LAC attends the meetings. The objectives are to raise public awareness about Violence against Women and Girls, providing guidance and support where necessary and work together with all agencies and improve multi agency working and information sharing in tackling the VAWG agenda alongside the Safer Brent Partnership.

16.0 Training for multi-agency partners

The Designated Professionals and Lead Nurses for LAC continue to provide training sessions for social workers on the process and timeframes for arranging health assessments.

The table below outlines the training programme for foster carers and social worker's between April 2018 & March 2019. From April 2019 training for foster carers will be commissioned directly by the Local Authority.

TRAINING/TOPIC	DATE	COMPLETED/TRAINER
Health needs of LAC for semi-independent placement providers	18 th April 2018	Esther Power and Dr Arlene Boroda
Managing Children with Medical Needs/ Administration of Medication	30 th Oct. 2018	Brigid Offley-Shore and Dr Arlene Boroda
Engaging Teenagers	30 th Oct. 2018	Brigid Offley-Shore
Immunisations	30 th Oct. 2018	Brigid Offley-Shore and Dr Arlene Boroda

17.0 LNWUHT LAC Health Team audit schedule for 2018-2019

LNWUHT Brent LAC Health Team is compliant with their statutory duties under Sec 11 of the Children Act 2004 and completes a number of self audits annually. The schedule for 2018/2019 is as follows.

AUDIT	COMPLETION DATE
Care Leaver Audit	December 2018
Record keeping audit of LAC	November 2018 - January 2019

18.0 Safeguarding Brent Looked After Children

The Designated Professionals for Safeguarding, Looked After Children and Adults across the eight CCGs meet monthly with the Director of Quality and Safety to share common areas of work, discuss areas of concern and to agree areas for development. Supervision for the Provider Service is overseen by the Head of Safeguarding, LNWUHT.

Under the Children Act 2004 local authorities and other key partners are expected to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. This includes planning to prevent children from going missing and to protect them when they do. Brent LA adheres to the statutory guidance on children who go missing from home or care (2014)²³.

A well-established multi-agency “Missing Children” panel is in place and meets on a monthly basis. This panel tracks all children missing from both care and home and advises on plans to keep the children safe, including cross referencing with other panels addressing gang relations and CSE risks. It includes representation from all key agencies including the police, community safety, health and education. All children who go missing receive a “safe and well” interview with a police officer and a return interview with a social worker when they return. The service analyses any emerging trends from these interviews²³

²³ Statutory guidance on children who run away or go missing from home or care January 2014

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care_3_.pdf

19.0 Priorities for 2020-2021

In order to ensure the continued improvement in health outcomes for LAC in Brent, multi-agency partners will need to work together in taking forward the following recommendations and devising a robust plan of action.

1. LNWUHT and Designated Nurse for LAC Brent CCG to contribute to the induction and update training for new and existing Social Workers.
2. Designated Professionals and Named Professionals for LAC to contribute actively to the Local Partnership Panel.
3. Brent CCG to work with key partners to review existing substance misuse services for children and young people in Brent
4. Designated Professionals LAC to repeat the quality audit of Health Action Plans annually
5. During their statutory health assessment all Care Leavers should be encouraged to register onto the online system in order to access their own GP records
6. LNWUHT to continue to encourage Care Leavers to access up to date health information via the 'NHS go' and 'NHS HealthhelpNow' Apps
7. LNWUHT and Brent CCG to continue to monitor the number of unaccompanied asylum seeking children and implement a health check list for this service group
8. Implement and monitor the NHS National Tariff Payment System (2018 and 2019) in Brent to reduce the unwarranted variation in the health delivery and commissioning arrangements for LAC²⁴, scheduled to commence on 1st October 2018

²⁴ https://improvement.nhs.uk/documents/1044/2017-18_and_2018-19_National_Tariff_Payment_System.pdf

20.0 Abbreviations used in the report

AH	Adult Health
BAME	Black Asian and Minority Ethnic Groups
BCCG	Brent Clinical Commissioning Group
BCT	Brent Children's Trust
BVS	Brent Virtual school
CAMHS	Child and Adolescent Mental Health Services
CHAT	Comprehensive Health Assessment Tool
CNWL	Central and North West London NHS Trust
Coram BAAF	Adoption and Fostering Academy
CHIS	Child Health Information System
CSE	Child Sexual Exploitation
CWD	Children with Disabilities
DfE	Department for Education
EHCP	Educational and Health Care Plan
HAP	Health Action Plan
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
JCG	Joint Children Commissioning
KPI	Key Performance Indicator
LBB	London Borough of Brent
LA	Local Authority (London Borough of Brent)
LNWUHT	London North West University Healthcare NHS Trust
LAC	Looked After Children
LAW	London Adoption West
OOB	Out of Borough
OLA	Other Local authorities
PEP	Personal Educational Plan
RHA	Review Health Assessment
SEN	Special Educational Needs and Disability
SEG	Safeguarding Executive Group
SDQ	Strengths and Difficulties Questionnaire
UASC	Unaccompanied Asylum Seeking Children
WTE	Whole Time Equivalent (37.5 hours/week)

21.0 Authors

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